

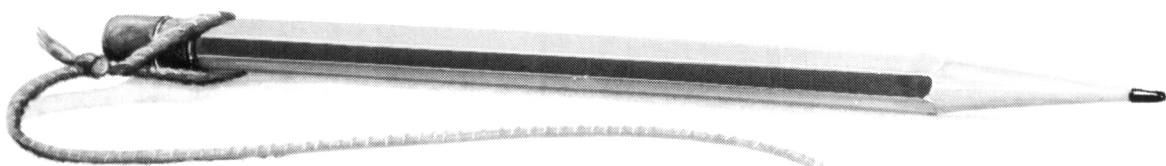
# THE CANADIAN JOURNAL OF NEUROLOGICAL SCIENCES

# LE JOURNAL CANADIEN DES SCIENCES NEUROLOGIQUES

<b>Editorial</b> .....	<i>Frank B. Walsh</i>	<b>page</b>	<b>5</b>
<b>Editor's Note</b> .....	<i>R. T. Ross</i>	<b>page</b>	<b>6</b>
<b>The Aphasia Quotient: The Taxonomic Approach to Measurement of Aphasic Disability</b> <i>Andrew Kertesz and Elizabeth Poole</i>		<b>page</b>	<b>7</b>
<b>Complex Symptomatology Simulated by Unstructured Neural Nets</b> <i>R. A. Cyrulnik, P. A. Anninos and R. Marsh</i>		<b>page</b>	<b>17</b>
<b>CANADIAN ASSOCIATION OF ANATOMISTS SYMPOSIUM: Functional Morphology of the Hypothalamus</b>			
<b>Introduction</b> .....	<i>D. G. Montemurro</i>	<b>page</b>	<b>23</b>
<b>The Endocrine Hypothalamus: An Historical Review</b> .....	<i>T. F. Lévêque</i>	<b>page</b>	<b>24</b>
<b>Localization of Neuroendocrine Functions within the Hypothalamus</b>	<i>Lee L. Bernardis</i>	<b>page</b>	<b>29</b>
<b>Ultrastructure of Hypothalamic Neurons and of the Median Eminence</b> <i>R. E. Clattenburg</i>		<b>page</b>	<b>40</b>
<b>Scanning and Transmission Electron Microscopy of the Ependymal Lining of the Third Ventricle</b> .....	<i>J. E. Bruni</i>	<b>page</b>	<b>59</b>
<b>Role of the Ventricular System in Neuroendocrine Processes: Synthesis and Distribution of Thyrotropin Releasing Factor (TRF) in Hypothalamus and Third Ventricle</b> <i>K. M. Knigge, S. A. Joseph, D. Schock, A. J. Silverman, M. C. H. Ching, D. E. Scott, D. Zeman, and G. Krobish-Dudley</i>		<b>page</b>	<b>74</b>
<b>Announcements</b> .....		<b>page</b>	<b>85</b>

# **AKINETON<sup>®</sup>**

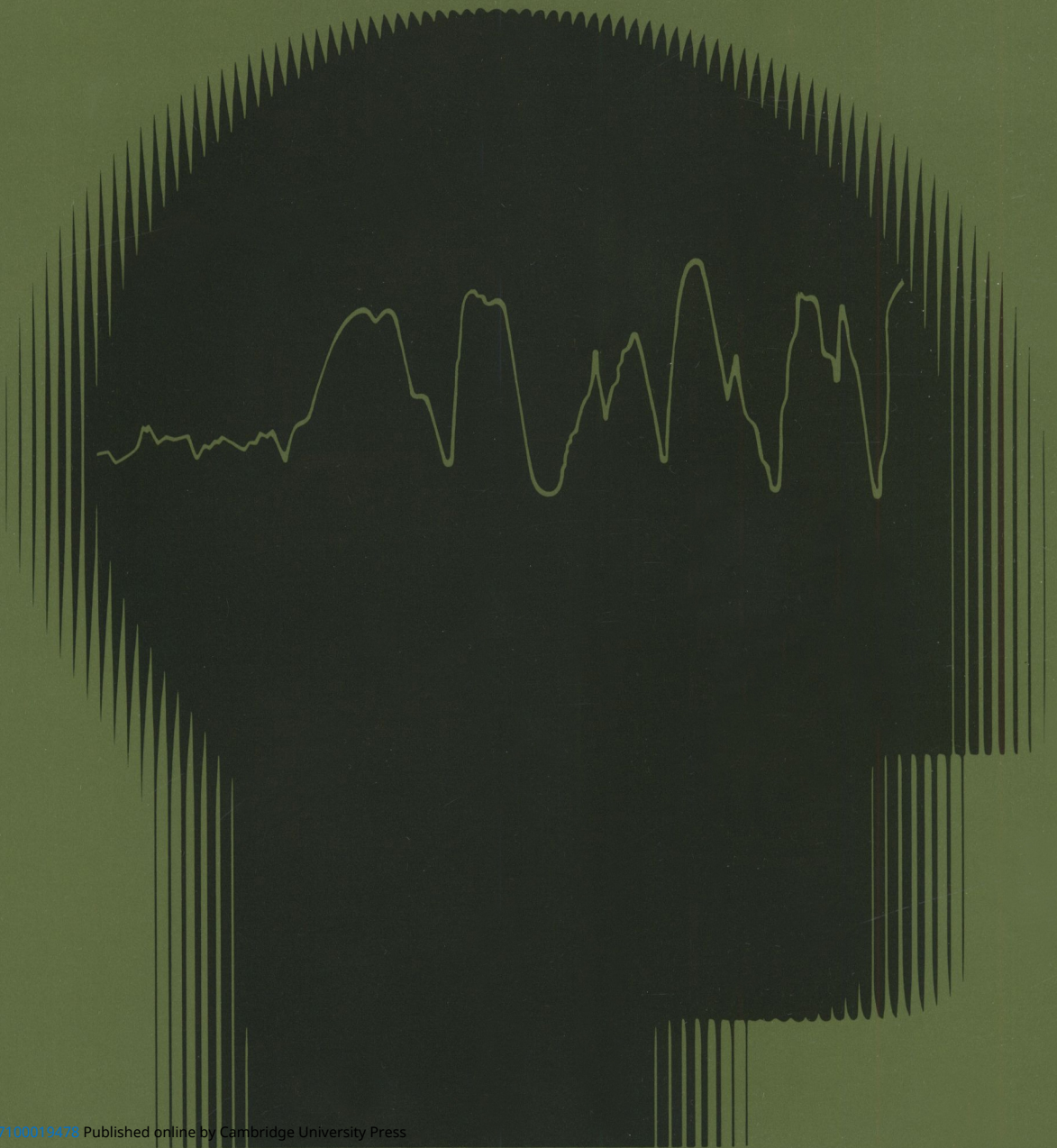
**works well  
in any  
Parkinsonism  
syndrome,  
regardless of  
etiology.  
Organic or  
drug-induced.**



- effective at low daily doses
- reduces rigidity and tremors
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- versatile – available in 2mg. tablets and injectable
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In epilepsy  
control of seizures is always  
the prime consideration . . .

. . . but seizures  
are only one manifestation  
of the underlying condition.





# New in epilepsy Tegretol<sup>®</sup>

carbamazepine

anticonvulsant

The first anticonvulsant providing reliable control of seizures plus alleviation of associated personality disorders.

An anticonvulsant second to none in its ability to control or reduce certain epileptic seizures.

Features a unique psychotropic effect manifested by a lightening of mood, regression of irritability and stabilization of disturbed behaviour.

By virtue of its dual action, may provide more comprehensive patient management.

The first major advance in epileptic therapy in over 20 years.<sup>1,2</sup>

Well tolerated and non-habituating even in long-term therapy.

Rarely produces incapacitating drowsiness.

Does not cause hyperplasia of gingival mucosa, hypertrichosis or cerebellar ataxia.

Compatible with all other anticonvulsant therapy.

The drug of first choice in temporal lobe (psychomotor) epilepsy.<sup>3</sup>

<sup>1</sup> Livingston, S.; et al.: JAMA, 200; 3:204-208, 1967

<sup>2</sup> Braunhofer, J.; Med. Klin. 60: 343-348, 1965

<sup>3</sup> Livingston, S.; Comprehensive Management of Epilepsy in Infancy, Childhood and Adolescence. Springfield, Charles C. Thomas, 1972

## Brief prescribing information Tegretol<sup>®</sup> 200mg Anticonvulsant

### Properties

Tegretol has a proven anticonvulsant effect. In addition, Tegretol also has a distinct psychotropic effect, improving the mood and relieving irritability of the epileptic patient with associated behavioral or personality disturbances. Tegretol relieves or diminishes the pain associated with trigeminal neuralgia, usually within 24-48 hours.

### Indications

#### 1 Epilepsy

Temporal lobe (psychomotor) epilepsy, and as an adjunct in secondary epilepsy or partial epilepsy with complex symptoms or secondarily generalized seizures.

#### 2 Neuralgia

Trigeminal neuralgia (tic douloureux), glossopharyngeal neuralgia.

### Dosage

A gradual increasing schedule is recommended with adjustment to suit the needs of the individual. When Tegretol is added to, or substituted for, existing anticonvulsant therapy, the dosage of the other drug(s) should be gradually reduced.

### Epilepsy

Initially 1/2-1 tablet (100 mg-200 mg) twice daily increasing over a period of 4-6 days until optimal control is achieved (usually with 3 tablets daily).

### Trigeminal Neuralgia

Initially - 200 mg daily in divided doses of 100 mg (1/2 tablet), increasing by 200 mg (1 tablet) daily until pain relief is obtained. Dosage in excess of 4200 mg (6 tablets) daily is not recommended. All patients should be maintained on the minimum effective dose.

### Adverse Reactions

Most frequently reported are: drowsiness, disturbances of accommodation, vertigo, dizziness and gastrointestinal disturbances. They usually occur only during initial phase of therapy and can be minimized, if not prevented, by starting treatment at a low dosage. Although rare, effects on the blood forming elements, skin, genitourinary and circulatory system have been reported. The most serious adverse reactions which may require discontinuation of therapy are the haematological including blood dyscrasias, the hepatic including jaundice, the dermatological, the neurological, the cardiovascular, the genito-urinary, the digestive, and the ocular. Miscellaneous including fever and chills, lymphadenopathy, aching joints and muscles, leg cramps and conjunctivitis.

### Precautions

Careful clinical and laboratory supervision should be instituted prior to and maintained throughout treatment. Caution should be observed while treating patients with increased ocular pressure or urinary retention and also in patients with a history of coronary artery disease, organic heart disease or congestive failure. There is a possibility of agitation and confusion in the elderly or activating a latent psychosis.

### Contraindications

Concomitant use of monoamine oxidase inhibitors (two weeks should elapse before Tegretol is prescribed for patients who have received MAOI drugs), first trimester of pregnancy, nursing mothers, patients with a history of hepatic disease or serious blood disorder, or known sensitivity to any tricyclic compound. Tegretol should not be given to women of child-bearing potential unless, in the opinion of the physician, the expected benefits to the patient outweigh the possible risk to the foetus.


### Warnings

Although reported infrequently, serious adverse effects have been observed during the use of Tegretol. Agranulocytosis and aplastic anemia have occurred in a few instances with a fatal outcome. Leucopenia, thrombocytopenia and hepatocellular and cholestatic jaundice have also been reported. It is, therefore, important that Tegretol should be used carefully and close clinical and frequent laboratory supervision should be maintained throughout treatment in order to detect as early as possible signs and symptoms of a possible blood dyscrasia.

### Treatment of Overdosage

No specific antidote.

### Availability

Tegretol 200 mg  
Each round, white, single scored tablet with  seal contains carbamazepine 200 mg, available in bottles of 50 and 500. Full information is available on request.

# Geigy

Dorval 780, Que.

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When Parkinson symptoms begin to disable . . . . start

**AKINETON**<sup>®</sup>  
(b i p e r i d e n)

In early Parkinsonism, tremor and rigidity of the upper extremities are emotionally debilitating as capacity to write or for self-care are reduced. Start AKINETON early to minimize or relieve symptoms, improve function.

**WARNINGS, PRECAUTIONS, ADVERSE REACTIONS:** Isolated instances of mental confusion, euphoria, agitation and disturbed behavior have been reported in susceptible patients. Use with caution in manifest glaucoma, prostatism and cardiac arrhythmia. Dry mouth, blurred vision and drowsiness appear infrequently. If gastric irritation occurs, it may be avoided by administering during or after meals. With parenteral administration, mild transient postural hypotension may be evidenced. The only known contraindication is sensitivity to Akineton (biperiden.) **SUPPLIED:** Tablets—2 mg. (bisected) Akineton HCl.



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