

ANTURAN[®] 200 mg

a product for serious consideration in
many patients with arterial thromboembolic
disorders

a unique regulator of platelet function

exerting a true antithrombotic and
anti-embolic effect

well tolerated over long periods of
continuous administration

Brief prescribing information ANTURAN

Indications

1 Thromboembolic conditions in which abnormal platelet
behavior is a causative or associated factor, as demonstrated by:

thromboembolism associated with vascular and cardiac
prostheses

recurrent venous thrombosis

arteriovenous shunt thrombosis

2 Chronic phases of gout, both the intercritical or silent stage
and the gouty arthritis stage.

Dosage and Administration

In the treatment of thromboembolic conditions, the usual daily
dosage is 600-800 mg in divided doses. It is recommended not to
exceed 1000 mg (20 mg/kg for a 50 kg man) daily.

In gout the usual daily dosage is 200-400 mg in divided doses. This
may be increased to 800 mg if necessary, or reduced to 200 mg
when urate blood level has been satisfactorily controlled.

Minimum effective dose should be maintained indefinitely without
interruption even during acute attacks, which should be treated
concomitantly with either Butazolidin or colchicine.

The change from other uricosuric agents to Anturan should be made
at full dosage.

It is important to distribute the total dose as well as possible over a
24-hour period. It is recommended that Anturan be taken with meals.

Contraindications

The safe use of Anturan in pregnancy has not been established.

Active peptic ulcer.

Known hypersensitivity to Anturan.

Severe hepatic or renal disease, unless due to platelet aggregates.

Warnings

Avoid concurrent salicylate therapy, unless administered under
careful supervision:

- i) Salicylates may cause unpredictable and at times serious prol-
ongation of the bleeding time and in combination with Anturan may
cause bleeding episodes. If during Anturan therapy, aspirin or
another chemically-related drug must be used, patients should be
urged to report immediately any undue bleeding episode.
- ii) Salicylates and citrates antagonize the uricosuric action of Anturan
and may therefore interfere with uric acid excretion.

It should be administered with care to patients with a history of
healed peptic ulcer.

Precautions

Patients receiving Anturan should be kept under close medical
supervision and periodic blood counts are recommended. Use
cautiously in patients with known sensitivity to phenylbutazone and
other pyrazoles.

Recent reports have indicated that Anturan potentiates the action of
sulfonamides, e.g., sulfadiazine, sulfisoxazole. Other pyrazole
compounds e.g. phenylbutazone, potentiate the hypoglycemic
effects of sulfonylureas. There have also been reports that phenyl-
butazone enhances the effects of insulin in diabetics. Therefore, it is
recommended that Anturan be used with caution in conjunction with
insulin, sulfonamides, the sulfonylurea hypoglycemic agents and,
in general, with agents known to displace, or to be displaced by
other substances from serum albumin binding sites.

Because Anturan is a potent uricosuric agent, it may precipitate
uric acid and renal colic, especially in the initial stages of therapy,
in hyperuricemic patients. For this reason, an adequate fluid intake
and alkalinization of the urine are recommended. In cases with
significant renal impairment, periodic assessment of renal function
is indicated.

Since Anturan modifies platelet behavior and, therefore, interferes
with one of the components of the blood-clotting system, it should be
used with care in conjunction with certain vitamin K antagonists
which inhibit clotting through a different mechanism. Regular
estimations of bleeding time should be performed.

Adverse Reactions

The most frequently reported adverse reactions to Anturan have
been gastric complaints or disturbances. Anturan may aggravate or
reactivate peptic ulcer. Gastrointestinal bleeding has been reported.

Skin rashes have been reported in rare instances. When they occur,
Anturan should be withdrawn.


Anemia, leukopenia, agranulocytosis, thrombocytopenia have rarely
been associated with the administration of Anturan.

Dosage Forms

Anturan 100 mg

Each white, scored tablet branded , contains 100 mg sulfi-
pyrazone Geigy standard. Supplied in bottles of 100 and 1,000.

Anturan 200 mg

Each white, sugar-coated tablet, branded , contains 200 mg
sulfipyrazone Geigy standard. Supplied in bottles of 100 and 500.

Full information available on request.

Francis McNaughton Prize Essay in Neurology Award Rules 1977-1978

1. Junior Members of the Society, Trainees in Neurol-
ogy and other Residents and Interns are eligible for
this award.
2. The Trainee need not be the sole author but should be
primarily responsible for the work to be presented.
3. The study to be original and not presented previ-
ously.
4. The deadline for receipt of submissions is January
1st, 1978.
5. The Prize Essay Committee consists of the President
and the two immediate Past Presidents of the Cana-
dian Neurological Society.
6. The time allotted for the presentation is twenty
minutes.
7. There should be two abstracts submitted — one of
two hundred words and one of two thousand words.
Both should be in triplicate.
8. The prize consists of an honorarium of \$200.00, air-
fare from the residence of the trainee to the city of the
Congress, and a suitably inscribed book prize.
9. The authors should indicate in their covering letter
whether they wish their paper to be automatically
submitted to the Program Committee for considera-
tion of presentation at the Congress if it is not chosen
for the prize.
10. Please submit abstracts to Dr. Frederick Andermann,
President, The Canadian Neurological Society,
Montreal Neurological Hospital and Institute, 3801
University Street, Montreal, H3A 2B4, before
January 1st, 1978.

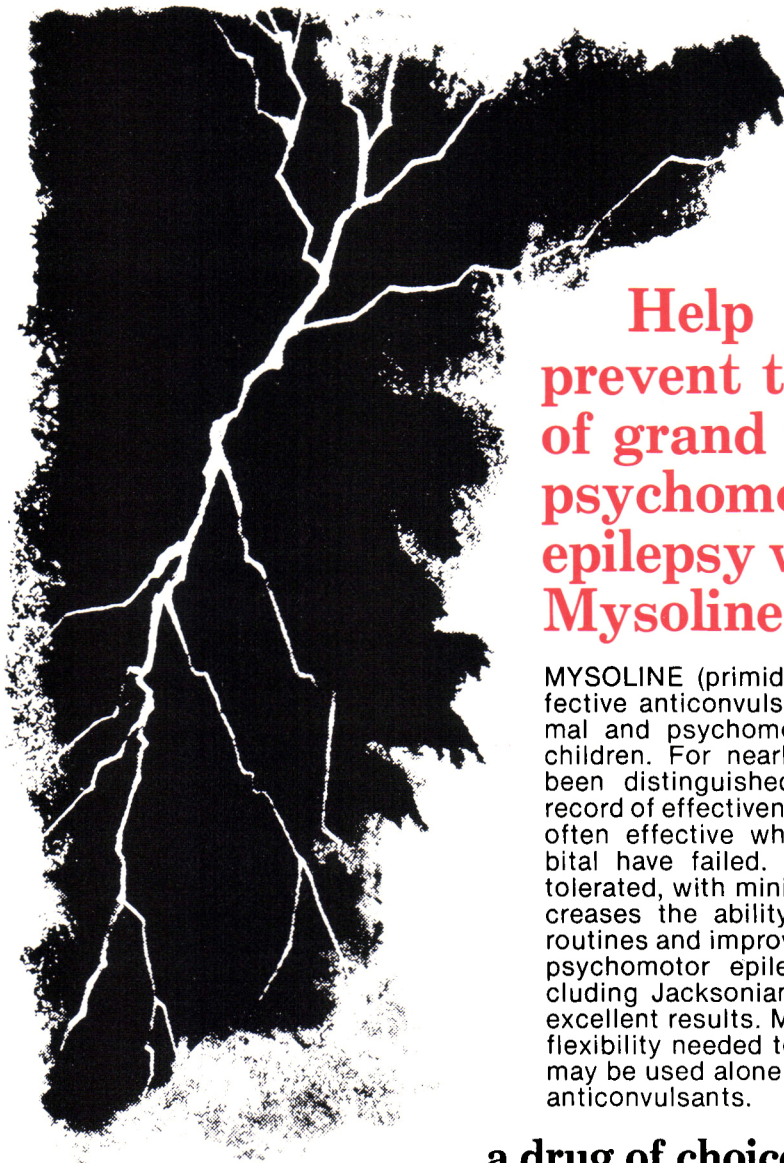
Geigy

Dorval, P.Q.
H9S 1B1

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Help prevent the storm of grand mal and psychomotor epilepsy with Mysoline

MYSOLINE (primidone USP) is a safe and effective anticonvulsant for the control of grand mal and psychomotor epilepsy in adults and children. For nearly 20 years MYSOLINE has been distinguished by its worldwide clinical record of effectiveness and safety. MYSOLINE is often effective where phenytoin or phenobarbital have failed. It is also frequently better tolerated, with minimal sedation. MYSOLINE increases the ability to carry out normal daily routines and improves outlook. In grand mal and psychomotor epilepsy, in focal epilepsy, including Jacksonian seizures, MYSOLINE gives excellent results. MYSOLINE allows the dosage flexibility needed to individualize therapy and it may be used alone or in combination with other anticonvulsants.

**a drug of choice for control and
maintenance in epilepsy.**

Mysoline*

Dosage: Adults and children over 8 years—week I: 250 mg h.s.; week II: 250 mg b.i.d.; week III: 250 mg t.i.d.; week IV: 250 mg q.i.d. Dosage may be increased until seizures are controlled but should not exceed 2 gm daily. Children under 8 years—half the adult dosage. In patients already receiving other anticonvulsants, dosage is gradually increased while the dosage of the other drug(s) is gradually decreased. **Adverse Effects:** Drowsiness, ataxia, vertigo, anorexia, irritability, general malaise, nausea and vomiting. These reactions are usually minor and transitory tending to disappear as therapy is continued or dosage is adjusted. No serious irreversible toxic reactions have been observed. (Occasionally, megaloblastic anemia has been reported, which is reversible by folic acid, 15 mg daily, while MYSOLINE is continued). As with any drug used over prolonged periods, routine laboratory studies at regular intervals are recommended. **Supplied:** Tablets—250 mg and 125 mg Suspension—250 mg/5ml. Complete prescribing information available on request.



* T. M. Reg.

AYERST LABORATORIES,

division of Ayerst, McKenna & Harrison Limited, Montreal, Canada
Made in Canada by arrangement with IMPERIAL CHEMICAL INDUSTRIES LTD.

Ayerst

Quality has
no substitute

**A simple
task**

**but an
embarrassing
moment
for the
patient
with
parkinsonism**

Cogentin^{*}

(benztropine mesylate, MSD Std.)

Antiparkinsonian agent



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& DOHME** CANADA LIMITED
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*Trademark CGT-7-488-JA

FULL PRESCRIBING INFORMATION AVAILABLE ON REQUEST

For the management of Vertigo in Meniere's disease



SERC[®]
(Betahistine hydrochloride) TABLETS

A decade of clinical success in Canada

Chemically Unique
Vasoactive Compound

- Vascular responses similar to those of histamine^{1,2}
- Tends to restore, not depress vestibular response^{3,4}

May Increase Blood Flow
To Inner Ear

- Increases cochlear blood flow in experimental animals^{5,6}
- Increases basilar and labyrinthine artery flow in canine studies^{7,8}

Demonstrated Efficacy and
Patient Acceptance

- Reduces the number and severity of vertigo attacks^{9,10}
- Suitable for long term management^{9,10}
- Effective when other medications failed^{9,10}
- Well tolerated^{2,3,4,9,10}

histaminic – not antihistaminic
often a more helpful approach

REFERENCES

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3. Bertrand, R. A.: Meniere's disease: Subjective and objective evaluation of medical treatment with betahistine HCl. *Acta oto-laryng. Supplement* 305:48, 1972.
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PRESCRIBING INFORMATION

DESCRIPTION AND CHEMISTRY: SERC is the proprietary name for a histamine-like drug generally designated as betahistine hydrochloride.

INDICATIONS: SERC may be of value in reducing the episodes of vertigo in Meniere's disease. No claim is made for the effectiveness of SERC in the symptomatic treatment of any form of vertigo other than that associated with Meniere's disease.

DOSAGE AND ADMINISTRATION: The usual adult dosage has been one to two tablets (4 mg. each) administered orally three times a day.

Recommended starting dose is two tablets three times daily. Therapy is then adjusted as needed to maintain patient response. The dosage has ranged from two tablets per day to eight tablets per day. No more than eight tablets are recommended to be taken in any one day.

SERC (betahistine hydrochloride) is not recommended for use in children. As with all drugs, SERC should be kept out of reach of children.

CONTRAINDICATIONS: Several patients with a history of peptic ulcer have experienced an exacerbation of symptoms while using SERC. Although no causal relation has been established SERC is contraindicated in the presence of peptic ulcer and in patients with a history of this condition. SERC is also contraindicated in patients with pheochromocytoma.

PRECAUTIONS: Although clinical intolerance to SERC by patients with bronchial asthma has not been demonstrated, caution should be exercised if the drug is used in these patients.

USE IN PREGNANCY: The safety of SERC in pregnancy has not been established. Therefore, its use in pregnancy or lactation, or in women of childbearing age requires that its potential benefits be weighed against the possible risks.

ADVERSE REACTIONS: Occasional patients have experienced gastric upset, nausea and headache.

HOW SUPPLIED: Scored tablets of 4 mg. each in bottles of 100 tablets.

Full Prescribing Information available on request.

UNIMED Pharmaceuticals Limited
Dorval, Québec, H9P 2P4

PAAB
CCPP



Released

from tension headache

DOSAGE: 2 tablets or capsules at once, followed by 1 tablet or capsule in a ½ hour and 1 tablet or capsule every 3 to 4 hours if required.

SIDE EFFECTS: In rare instances, drowsiness, nausea, constipation, skin rash or dizziness may occur.

PRECAUTIONS: Due to presence of butalbital, may be habit-forming. Sensitive patients should be cautioned against activities requiring rapid or precise response (i.e. driving an automobile or operating dangerous machinery) until their response to the drug has been determined.

ANALGESIC plus SEDATIVE
Fiorinal®

Tablets or Capsules — without phenacetin
Let Fiorinal help release the patient from the aching, pressing, painfully tight feeling of tension headache. Its analgesic component helps relieve pain while its sedative component helps relax the patient.

Sandoz (Canada) Limited, Dorval, Quebec.

CONTRAINDICATIONS: Porphyria, hypersensitivity to any of the components.

COMPOSITION: Each tablet or capsule contains: 330 mg acetylsalicylic acid, 40 mg caffeine, 50 mg Sandoptal (butalbital).

SUPPLY: Bottles of 100 and 500 tablets or capsules.

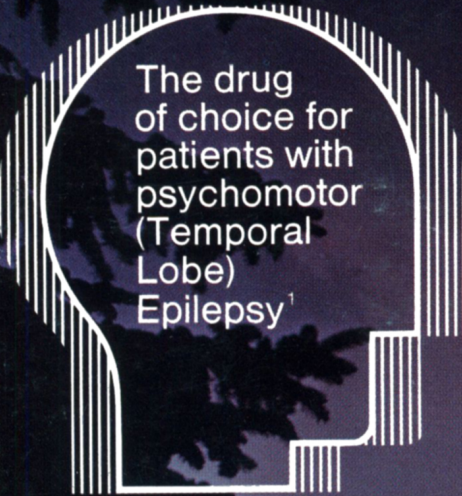
Full prescribing information is available upon request.

SANDOZ®
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In epilepsy*

Tegretol[®]

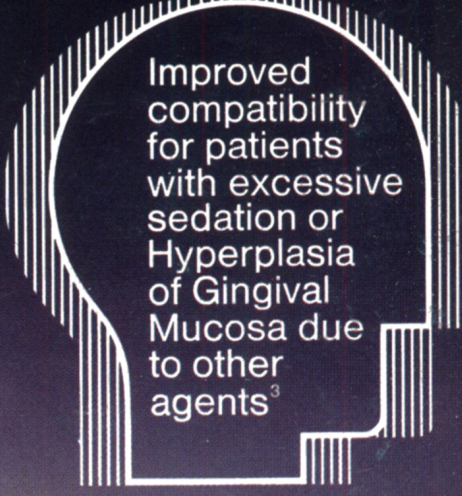
provides control of seizures
and alleviation of personality
disorders.



The drug
of choice for
patients with
psychomotor
(Temporal
Lobe)
Epilepsy¹



Reliable
control for
patients who
are refractory
to treatment
with other
anticonvul-
sants²



Improved
compatibility
for patients
with excessive
sedation or
Hyperplasia
of Gingival
Mucosa due
to other
agents³

For Full Prescribing
Information See Page ix

Geigy

Dorval, P.O. H9S 1B1

Complete information available
from Geigy or through your
Geigy representative

* See indications, brief prescribing
information