FROM TECA: A UNIQUE NEW DIRECT RECORDING ELECTROMYOGRAPH

Multiple, single sweep and continuous records appear rapidly on inexpensive 100 mm wide recording paper—without chemical processing —on the TECA Model TE-4 Direct Recording EMG—using a new inertialess recording method.

The new TECA TE-4 permits, through modular plug-in design, one to four EMG channels. ■ Four traces of information are displayed on a large 7" cathode ray tube and may be automatically recorded simultaneously on 100 mm wide recording paper. ■ An electronic time ruler, a direct reading latency indicator, a delayed stimulus nerve stimulator with dual pulse capability, and a stabilized current muscle stimulator, permit a wide range of accurate rapid tests. A two channel magnetic tape recorder is integrated into the System. ■ The TE-4 is of solid state design, making extensive use of integrated circuits. Modular plug-in construction simplifies service and permits easy expansion of capabilities by addition of modules listed. Many of the above standard EMG features pioneered by TECA are further detailed in the TE-4 Specifications. Also included are new amplifier, stimulator, and System features and extended performance ranges offered.
Optional plug-ins: Evoked Potential Averager, Dual Pulse Train Stimulator, Signal Delay Unit (Delay Line), Integrator, Strain Gauge Amplifier.

PHOTOCOPY OF ACTUAL TRACING

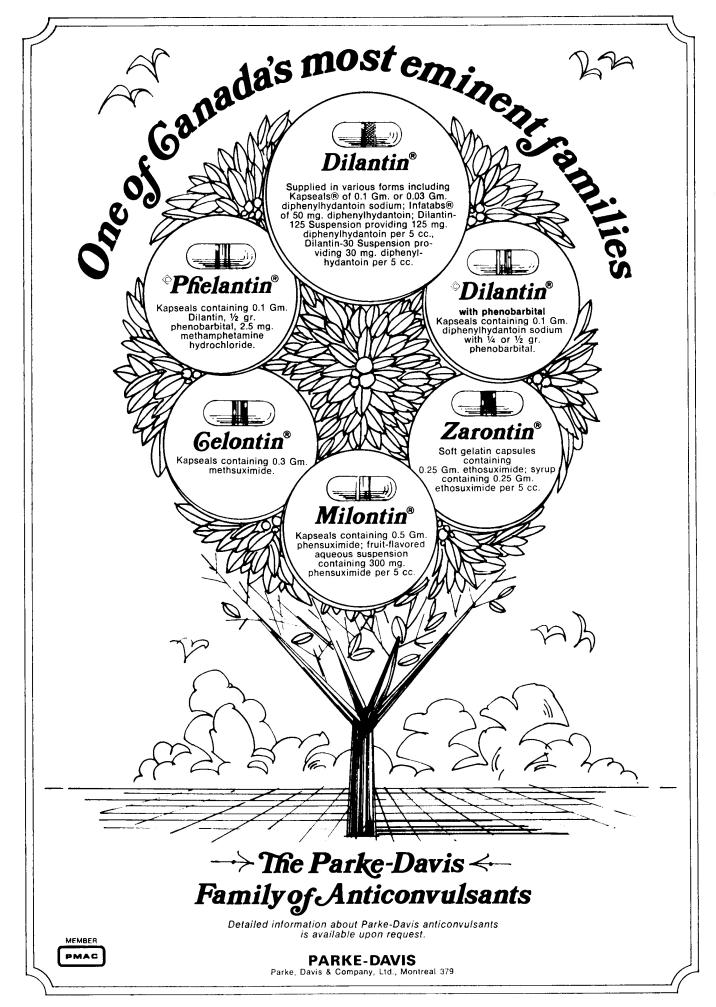
TECA is an independent company concerned for the past 15 years with the development, production and maintenance of neuromuscular instrumentation and electrodes for clinical and research studies. TECA also offers a complete range of autoclavable electrodes.





220 FERRIS AVE., WHITE PLAINS, N.Y.

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for the management of Parkinson's syndrome

(Not related to levodopa or anticholinergic

antiparkinson drugs.)

Chemically distinct Fast onset of action

(Usually effective within 1 week in contrast to the slower response from levodopa.)

Effective with levodopa

(Either initiated concurrently or added to levodopa. Additional benefit may result — such as smoothing out of fluctuations in performance which sometimes occur when levodopa is administered alone. When the levodopa dose must be reduced because of side effects, the addition of Symmetrel may result in better control of Parkinson's syndrome than is possible with levodopa alone.)

Effective with other anticholinergic antiparkinson drugs

(When these drugs, e.g. benztropine mesylate, provide only marginal benefits, Symmetrel used concomitantly may provide the same degree of control of Parkinson's syndrome, often with a lower dose of anticholinergic medication, and a possible reduction in anticholinergicsideeffects.)

S Effective

(Lessening of Parkinsonian symptomatology usually evident within one week in responsive patients.)

CONTRAINDICATIONS "Symmetrel" is contraindicated in patients with

WARNINGS Patients with a history of epilepsy or other "seizures" should be observed closely for possible untoward central nervous system effects.

observed closely for possible untoward central nervous system effects. Patients with a history of congestive heart failure or peripheral edema should be followed closely as there are patients who developed congestive heart failure while receiving "Symmetrel" (amantadine HCI). Safety of use in pregnancy has not been established. Therefore, "Symmetrel" should not be used in women with childbearing potential, unless in the opinion of the physi-cian, the expected benefit to the patient outweighs the possible risks to the fetus (see Toucology-Effects on Reproduction). Since the drug is secreted in the milk, "Symmetrel" should not be administered to nursing mothers.

PRECAUTIONS The dose of "Symmetrel" may need careful adjustment in patients with renal impairment, congestive heart failure, peripheral edema, or ortho-static hypotension. Since "Symmetrel" is not metabolized and is mainly excreted in the urine, it may accumulate when renal function is inadequate.

Care should be exercised when administering "Symmetrel" to patients with liver disease, a history of recurrent eczematoid rash, or to patients with psychosis or severe psychoneurosis not controlled by chemotherapeutic agents. Carful observa-tion is required when "Symmetrel" is administered concurrently with central nervous system stimulants.

Patients with Parkinson's syndrome improving on "Symmetrel" should resume normal activities gradually and cautiously, consistent with other medical considera-tions, such as the presence of osteoporosis or phetothrombosis.

Patients receiving "Symmetrel" (amantadine HCI) who note central nervous system effects of blurring of vision should be cautioned against driving or working in situa-tions where alertness is important.

"Symmetrel" (amantadine HCI) should not be discontinued abruptly since a few patients with Parkinson's syndrome experienced a Parkinsonian crisis, i.e., sudden marked clinical deterioration, when this medication was suddenly stopped. The dose of anticholinergic drugs or of "Symmetrel" should be reduced if atropine-like effects appear when these drugs are used concurrently.

ADVERSE REACTIONS Adverse reactions reported below have occurred in patients while receiving "Symmetrel" (amantadine HCI) alone or in combination

ith anticholinergic antiparkinson drugs and/or levodor

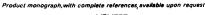
The more important adverse reactions are orthostatic hypotensive episodes, con gestive heart failure, depression, psychosis and urinary retention; and rarely confu sion, reversible leukopenia and neutropenia, and abhormal liver function test results subi, reversible evolution and recuropena, and administrative function test results. Other adverse reactions of less importance which have been observed are: anorexia, anxiety, ataxia, confusion, hallucinations, constipation, dizziness (lightheadedness), dry mouth, headache, insomnia, lived or reicularis, nausea, perpineral edema, drowsiness, dyspnes, faligue, hyperkinesia, irritability, nightmares, rash, slurred genech, visual disturbance, womiting and weakness; and very rarely eczematoid dermatitis and oculogyric episodes.

Some side effects were transient and disappeared even with continued administration of the drug.

DOSAGE AND ADMINISTRATION The initial dose of "Symmetrel" is 100 mg daily for patients with serious associated medical illnesses or who are receiving high doses of other antiparkinson drugs. After one to several weeks at 100 mg once daily, the dose may be increased to 100 mg twice daily. When "Sym-metrel" and levodopa are initiated concurrently, "Symmetrel" should be held constant at 100 mg daily or twice daily while the daily dose of levodopa is gradually increased to optimal dose. When used alone, the usual dose of "Symmetrel" is 100 mg twice a day.

Patients whose responses are not optimal with "Symmetref" (amantadine HCI) at 200 mg daily may benefit from an increase to 300 mg daily in divided doses Patients who experience a fall-off of effectiveness may regain benefit by increasing the dose to 300 mg daily; such patients should be supervised closely by their physicians.

DOSAGE FORMS CAPSULES: (bottles of 100) - each red, soft gelatin capsule contains 100 mg of amantadine HCL.





Subsidiary of E.I. du Pont de Nemours & Co. (Inc.)