## Francis McNaughton Prize Essay in Neurology Award Rules 1977-1978

1. Junior Members of the Society, Trainees in Neurology 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 previously.
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 Canadian 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, airfare 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 consideration 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.



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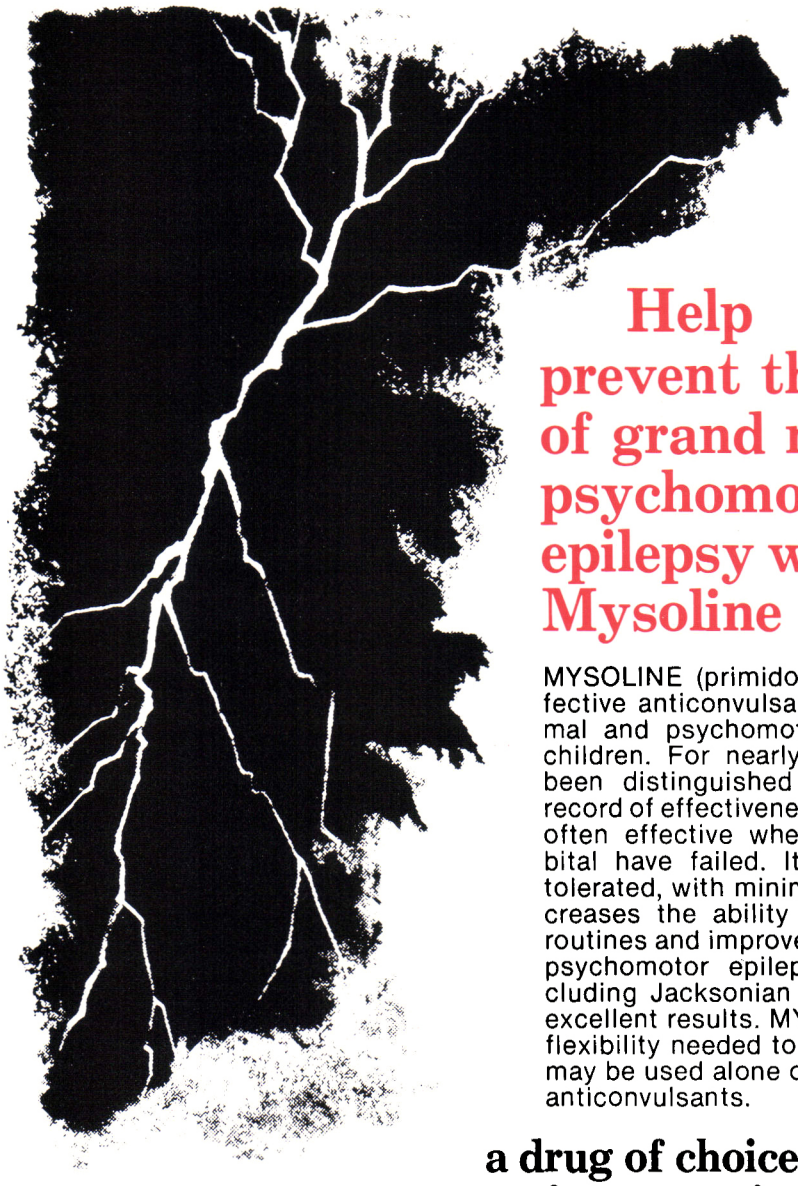

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**Dosage:** Adults and children over 8 years—week 1: 250 mg h.s.: week II: 250 mg b.i.d.: week III: 250 mg t.i.d.: week IV: 250 mg q.i.d. Dosage may be increased until seizures are controlled but should not exceed 2 gm daily. Children under 8 years—half 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.

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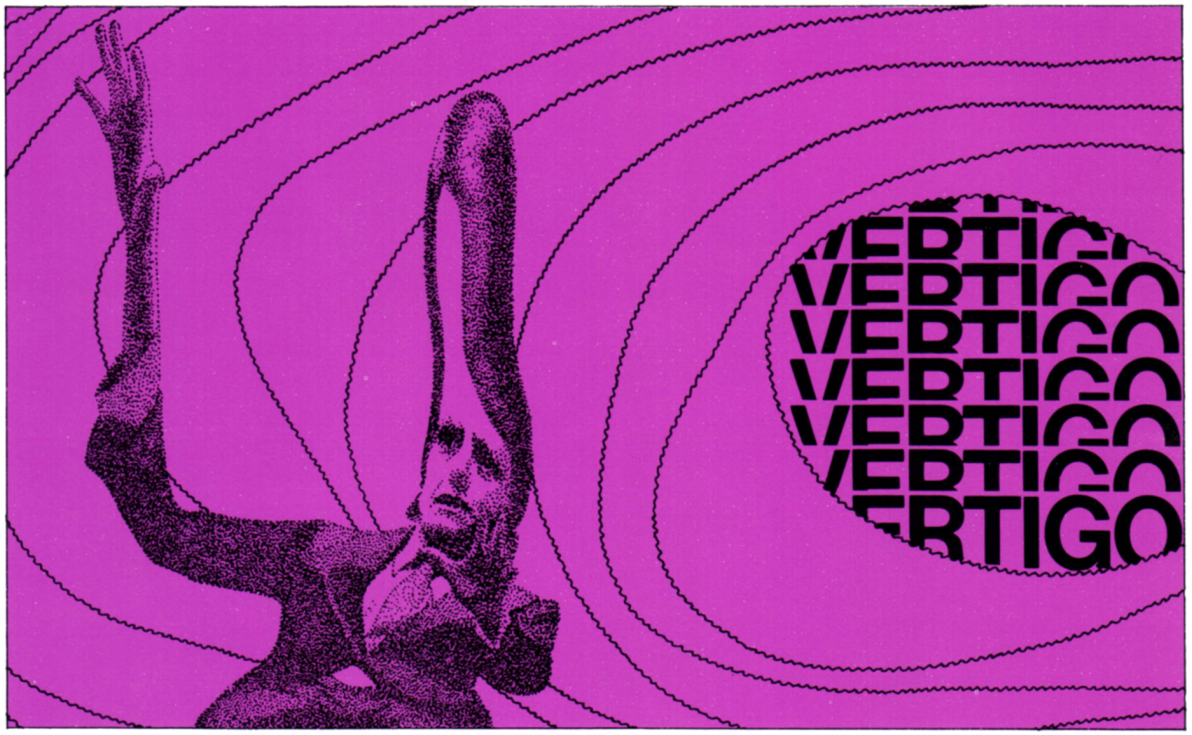
# For the management of Vertigo in Meniere's disease

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(Betahistine hydrochloride) TABLETS

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- Vascular responses similar to those of histamine[1, 2]
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### May Increase Blood Flow To Inner Ear

- Increases cochlear blood flow in experimental animals[5, 6]
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### 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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### PRESCRIBING INFORMATION

DESCRIPTION AND CHEMISTRY: SERC is the proprietary name for a histamine-like drug generically 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.**

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## 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.

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**Tablets or Capsules — without phenacetin**

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**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.

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