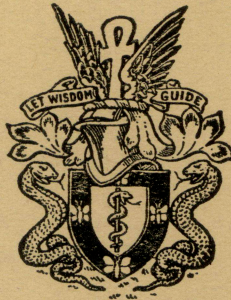


THE JOURNAL
OF
MENTAL SCIENCE
(THE BRITISH JOURNAL OF PSYCHIATRY)



BY AUTHORITY OF
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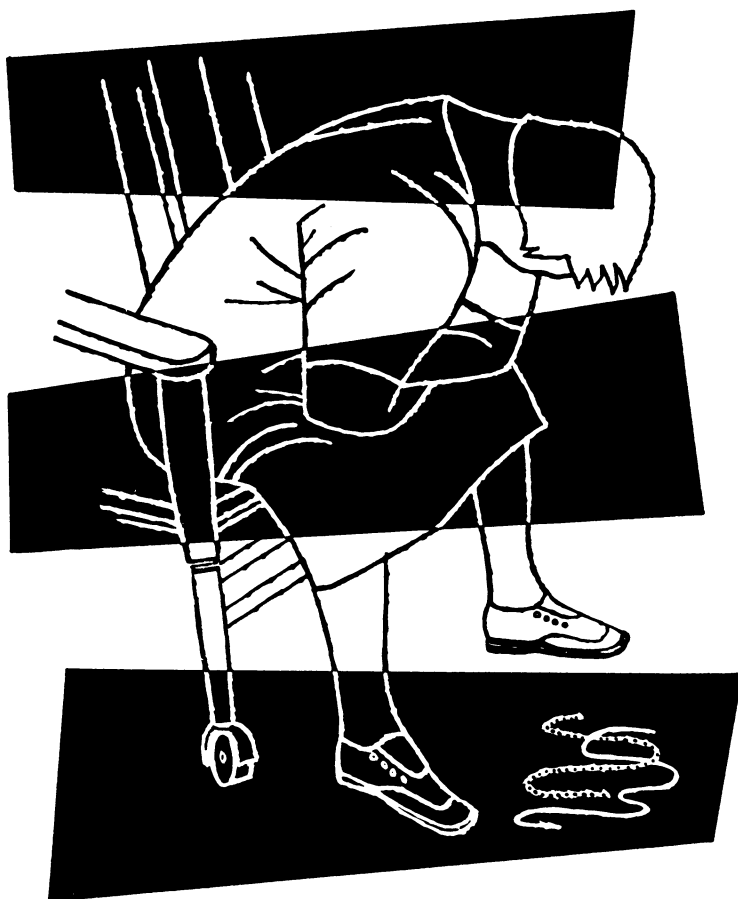
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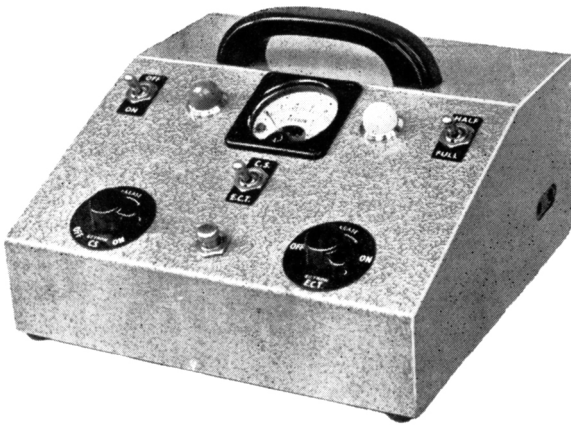
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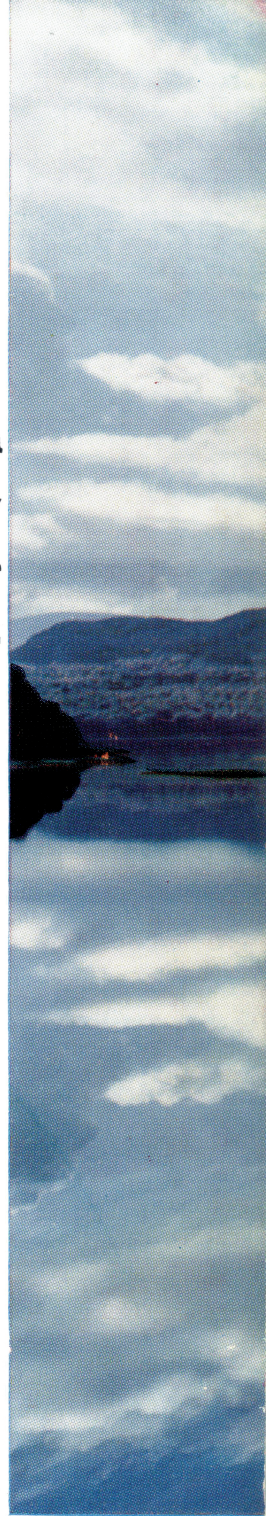
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in mental and emotional disturbance

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| | |
|--|--|
| <i>Mental and emotional disturbance</i> | Daily dosage range |
| <i>Severe:</i> acute schizophrenia, manic psychoses etc. | 150 - 600 mg. |
| <i>Moderate:</i> psychomotor agitation in severe psychoneuroses etc. | 75 - 200 mg. |
| <i>Mild:</i> anxiety, tension, apprehension etc. | 30 - 100 mg. |
| <i>Behaviour disorders in children:</i> under 5 | 0.5 mg/lb. body weight |
| over 5 | $\frac{1}{4}$ - $\frac{1}{2}$ adult dosage |

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Melleril is extremely well tolerated and side-effects are rare and very mild in the normal dosage ranges. Drowsiness, dizziness, faintness, dryness of mouth and nasal stuffiness may occur initially with high dosage, but are usually transient.

All clinical reports underline the almost complete absence of serious toxic reactions. Even mild degrees of parkinsonism are extremely rare; moreover, patients disabled by extrapyramidal side-effects with other phenothiazines show no parkinsonism on therapeutically equivalent or larger doses of Melleril. Amenorrhoea, impairment of sexual function and lactation may occur, but respond to reduction of dosage. Oedema and leucopenia, both transient, have been reported in extremely rare instances. As with all phenothiazines, the physician should nevertheless be alert to the possibility of depression of bone marrow activity in susceptible individuals. No cases of depression of liver function, jaundice, dermatitis, photosensitivity, seizures or agranulocytosis have been reported.

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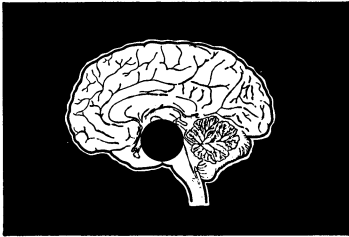
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4 papers presented at a conference on Amine Oxidase Inhibitors, New York Academy of Sciences, November 1950.
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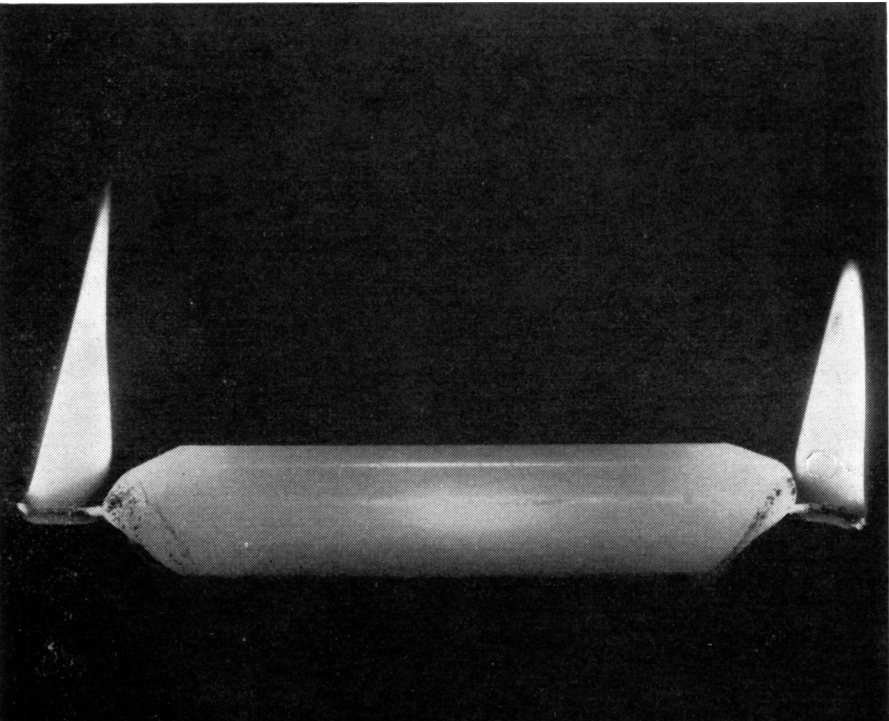
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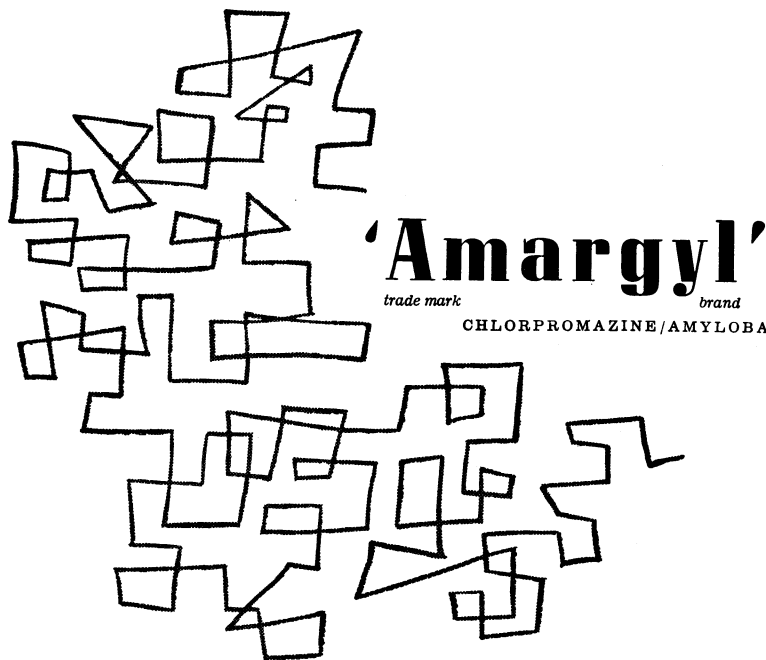
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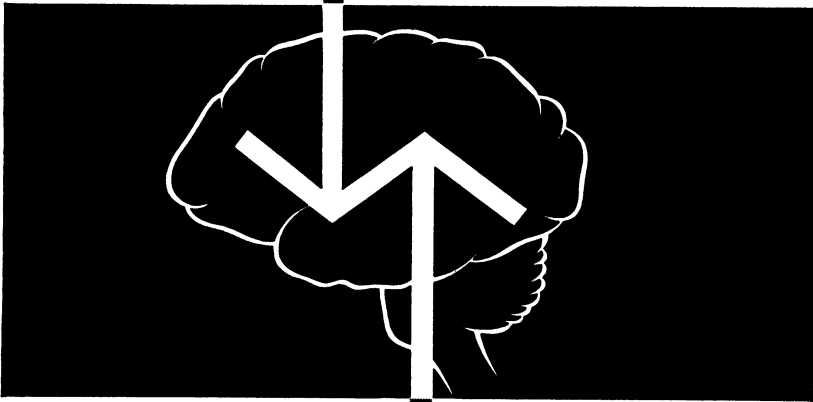
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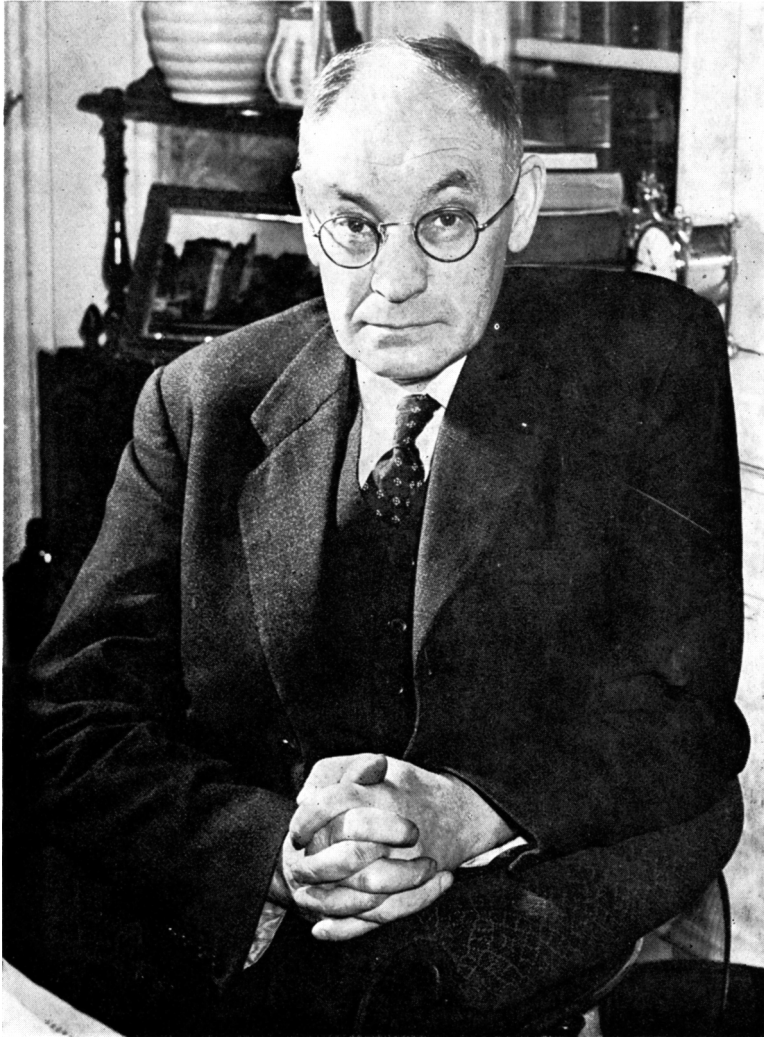
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