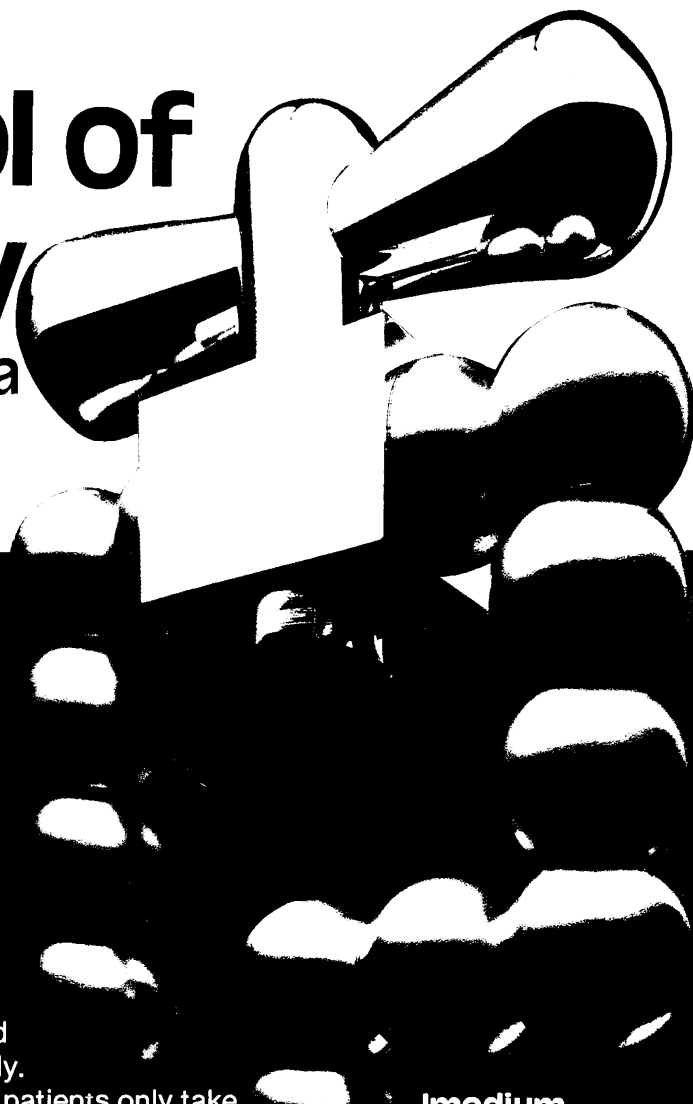


Imodium

TRADEMARK

(loperamide hydrochloride)

symbol of
accuracy
in acute diarrhoea



Imodium's specific action controls diarrhoea, relieving pain and abdominal cramps rapidly and effectively.

A tailored dosage regime means that patients only take Imodium when they really need it, minimising the risk of constipation and encouraging economy of medication. Patients will find Imodium capsules easy to take and the blister pack of just twelve capsules is convenient to carry throughout the working day.

Imodium

Simply Stops Diarrhoea - fast

**2 // stat and 1 /
at each loose stool**

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Further information is available from :



JANSSEN PHARMACEUTICA
2340 Beerse, Belgium

or

JANSSEN PHARMACEUTICAL LTD.
Marlow, Bucks. SL7 1ET.

Presentation :

Hard gelatin capsules containing 2 mg loperamide hydrochloride and syrup containing 1 mg loperamide hydrochloride per 5 ml.

Indications :

Imodium* is indicated for the symptomatic control of acute diarrhoea of any aetiology.

Contra-indications and warnings etc. :

There are no specific contraindications to Imodium*. Studies in animals have shown no abnormal teratogenic effects, however the use of loperamide during pregnancy is subject to the usual precautions. In trials, no side effects have been reported that can reliably be distinguished from the symptoms of the gastro-intestinal disorder being treated. As persistent diarrhoea can be an indicator of potentially more serious conditions, Imodium* should not be used for prolonged periods until the underlying cause of the diarrhoea has been investigated.

Dosage and Administration :

Acute Diarrhoea : *Adults* : Two capsules initially, followed by one capsule after every loose stool. The usual dosage is 3 to 4 capsules a day; the maximum daily dose should not exceed 8 capsules. *Children* : 4 to 8 years : Syrup 5 ml four times daily until diarrhoea is controlled. In children under 8 years, further investigation may be necessary if diarrhoea has not responded to three days' treatment. 9 to 12 years : Syrup 10 ml (or 1 capsule) four times daily until diarrhoea is controlled.

Basic NHS Cost :

12 capsules (ex 250 pack) 104p. (correct at time of printing)

Product Licence Numbers :

Capsules 0242/0028 - Syrup 0242/0040

© JPL/037/80

* Trademark



The nasal-block buster

FOR COLDS, RHINITIS AND SINUSITIS

ACTIFED TABLETS

triprolidine hydrochloride BP/pseudoephedrine hydrochloride BP

Indications Symptomatic relief of upper respiratory congestion in: the common cold, hay fever, vasomotor and allergic rhinitis, acute sinusitis, otitis barotrauma.

Dosage Three times a day: Adults and children over 12 years: 1 tablet or 10 ml. 6-12 years: 7.5 ml. 1-6 years: 5 ml. 3-12 months: 2.5 ml.

Contra-Indications Actifed* is contraindicated in persons under treatment with MAO inhibitors and within two weeks of stopping such treatment.

Precautions Although at recommended dosage pseudoephedrine has virtually no pressor effects in normotensive subjects, Actifed should be used with caution in patients with cardiovascular disorders. As with other antihistamine-containing

preparations, drowsiness may occur. In some patients the action of antihistamines may be potentiated by alcohol.

Presentation Each Actifed tablet contains 2.5 mg triprolidine hydrochloride and 60 mg pseudoephedrine hydrochloride. PL3/5003.

Each 5 ml of Actifed Syrup contains 1.25 mg triprolidine hydrochloride and 30 mg pseudoephedrine hydrochloride. PL3/5004.

Additional information is available on request.

Wellcome Medical Division
The Wellcome Foundation Ltd., Crewe, Cheshire.



*Trade Mark

Today's antibacterial



Success 9 times out of ten in chest infections would be hard to beat. It is this order of success, confirmed in worldwide clinical studies involving over 8,500 patients, that has helped thousands of doctors to decide that Septrin* is today's antibacterial. With over 2,500 published reports and more than 250 million prescriptions written worldwide, is it any wonder that Septrin is Britain's No. 1 branded antibacterial?

PRESCRIBING INFORMATION

Indications Sensitive bacterial infections of the lower respiratory, urinary and genital tracts, sinusitis, otitis media, skin infections, septicaemia, typhoid and paratyphoid fevers, and other infections caused by sensitive organisms.

Dosage Septrin Forte Tablets. Adults and children over 12 years: 1 forte tablet twice daily. Maximum dosage for particularly severe infections 1½ forte tablets twice daily. In acute infections Septrin should be given for a minimum of 5 days or until the patient has been symptom-free for 2 days.

Contra-indications Septrin is contra-indicated in patients with marked liver parenchymal damage, blood dyscrasias or severe renal insufficiency. Septrin should not be given to patients hypersensitive to sulphonamides or co-trimoxazole; should not be given during pregnancy or to neonates.

Precautions In cases of renal impairment a reduced dosage is indicated and an adequate urinary output should be maintained. Regular blood counts are necessary whenever long-term therapy is used. Caution is advised in patients with folate deficiency. Care should be taken when giving Septrin to patients receiving oral anticoagulants of the coumarin group, pyrimethamine or sulphonylureas.

Adverse Reactions Occasionally, nausea, vomiting, glossitis and skin rashes may occur with normal doses and, very rarely, haematological reactions.

Presentation Septrin Forte Tablets each contain 160mg Trimethoprim B.P. and 800mg Sulphamethoxazole B.P.

Basic NHS cost: £1.34 for 10. PL3/0121



RESEARCH IS OUR ONLY SHAREHOLDER

Additional information is available on request.

Wellcome Medical Division

The Wellcome Foundation Ltd., Crewe, Cheshire

Septrin Forte

CO-TRIMOXAZOLE BP WELLCOME

a successful first choice
in chest infections

*Trade Mark

British Council Medical Courses

PAEDIATRIC CARDIOLOGY

5-17 July 1981 in Cambridge

This course on the management of congenital heart disease will cover sequential chamber localisation, atrioventricular defects, univentricular hearts, truncus arteriosus, total anomalous pulmonary venous drainage, coarctation of the aorta, interrupted aortic arch, pulmonary atresia with and without ventricular septal defect, tetralogy of Fallot, complete and corrected transposition and arrhythmias. For each topic the pathological anatomy, clinical presentation, results of invasive and non-invasive investigation and medical and surgical management will be covered. The course will be held at Clare College, Cambridge, under the direction of Professor Fergus Macartney, Professor Robert Anderson and Professor Anton Becker; Dr Alan Houston and Dr Stuart Hunter will act as resident pathologists or echocardiographers for approximately one week each. This course is intended for doctors with several years' experience in the field of paediatric cardiology or paediatric cardiac surgery.

There are vacancies for 35 members.

Fee fully inclusive £575.

Application forms must be received in London by 15 February 1981.

NEONATAL SURGERY

19-28 July 1981 in Liverpool

The course is designed to provide an up to date review of current practice in neonatal surgery. Against a background of the well-developed knowledge of the aetiology, pathology, diagnosis and treatment of individual conditions demanding urgent surgery in the first few days of life, special attention will be directed to the problems of management of children with multiple anomalies and of the increasing numbers of children who are also of very low birth weight and surviving as a result of aggressive neonatal intensive care. The course will be under the direction of Professor James Lister and contributors will include members of the staff of the Department of Paediatric Surgery, University of Liverpool, and other consultant surgeons from northern universities; there will, in addition, be a number of distinguished contributors from other centres. This course is intended for experienced surgeons at or near consultant level with a major interest in paediatric surgery.

There are vacancies for 30 members.

Fee fully inclusive £550.

Application forms must be received in London by 28 February 1981.

HEAD INJURIES

6-18 September 1981 in Glasgow

The aim of this course is to review current knowledge concerning head injuries. It will be held at the University of Glasgow's Institute of Neurological Sciences, the head injury centre for the West of Scotland. The Directors of Studies will be Professor B J Jennett and Mr G M Teasdale of the Department of Neurosurgery. The course is primarily for clinicians concerned with the management of head injuries. Neuropathologists and basic scientists will describe the lesions found in fatal cases, the dynamic pathophysiological processes which follow injury and will review experience with experimental injuries. Methods of clinical assessment, neuro-radiological diagnosis including CT scanning, and monitoring methods will be discussed and demonstrated. Treatment will be dealt with by neurosurgeons, anaesthetists and others directly involved. Assessment of prognosis and its value as a method of determining the efficacy of treatment will be described. It will also cover areas such as epidemiological aspects and the analysis of local needs for the provision of a service for head injuries. This course is intended for experienced neurosurgeons as well as for anaesthetists and other surgeons who have a major responsibility for the care of patients with head injuries.

There are vacancies for 30 members.

Fee fully inclusive £595.

Applications must be received in London by 15 April 1981.

ALCOHOL

13-25 September 1981 in Edinburgh

The aims of the course are to review current methods of dealing with alcohol dependence and the many other medical and social ills attributable to alcohol and to stimulate informed discussion of the best ways of treating and preventing these disorders in the future. The course will be held in the Department of Psychiatry of the University of Edinburgh and will be directed by Professor R E Kendell. The course is intended for psychiatrists and other physicians concerned with the treatment of alcohol dependence and other alcohol related disorders or with the planning of relevant services; the course is also open to social workers and psychologists with appropriate experience.

There are vacancies for 25 members.

Fee fully inclusive £575.

Applications must be received in London by 15 April 1981.

ADVANCES IN CARDIOLOGY

**18-30 October 1981 in
Glasgow/Edinburgh/Newcastle**

This course aims to provide an up to date review of current methods of investigation (particularly non-invasive techniques) and management of cardiovascular disorders. It will be held in the University Departments of Cardiology in Glasgow, Edinburgh and Newcastle. In addition, the Medical Research Council Blood Pressure Unit, Glasgow, will contribute. The Director of Studies will be Professor T D V Lawrie, Walton Professor of Cardiology at the Royal Infirmary, Glasgow. The course will consist of lectures, demonstrations and discussions. In addition, informal seminars will be held in the evenings on such topics as the epidemiology of coronary heart disease and experimental aspects of ischaemic heart disease. This course is intended for Cardiologists of consultant status with not less than 5 years' experience, heads and assistant heads of departments and general departments and general physicians engaged in active cardiology for at least the major part of their professional workload.

There are vacancies for 30 members.

Fee including demi-pension accommodation £595.

Applications must be received in London by 1 June 1981.

CARDIOVASCULAR AND RESPIRATORY CLINICAL MEASUREMENT

25 October-6 November 1981

The course is designed to show how modern methods of measurement in medicine are contributing to the improvement of diagnosis and treatment. The course will be related to those branches of the basic sciences which make such measurements possible and will include aspects of the physiology and pathology of systems under discussion. It is planned to include a tutorial/demonstration of methods of teaching clinical measurement. The course will be under the direction of Dr P Cliffe, Director of the Department of Clinical Measurement, Westminster Hospital, assisted by Dr J P Blackburn, Consultant in the same Department. The working sessions will be held mainly at Westminster Hospital, but will include visits to the Royal Postgraduate Medical School, the Clinical Research Centre at Northwick Park, Brompton Hospital, Guy's Hospital, Charing Cross Hospital and the Royal Free Hospital. There will also be visits to the University of Oxford and Oxford Medical Systems Ltd and to the Midhurst Medical Research Institute, Sussex. The course is intended for qualified anaesthetists, cardiologists and intensive care clinicians who have more than 5 years' experience.

There are vacancies for 30 members.

Fee including demi-pension accommodation £590.

Applications must be received in London by 15 June 1981.

FURTHER INFORMATION AND APPLICATION FORMS CAN BE OBTAINED FROM LOCAL OVERSEAS REPRESENTATIVES OF THE BRITISH COUNCIL, OR FROM THE BRITISH COUNCIL, THE DIRECTOR, COURSES' DEPARTMENT, 65 DAVIES STREET, LONDON W1Y 2AA, BRITAIN.



TEGRETOL[®]
carbamazepine BP

an extra dimension in
epilepsy control

Effective control of temporal lobe and grand mal epilepsy with benefits for mood and behaviour.

"If, as this study suggests, carbamazepine is less liable to impair mentation and psychiatric states of epileptic patients than other drugs, then it represents an important advance in therapy."

Trimble, M.
Tegretol in Epilepsy, Proceedings of an
International Meeting, Guernsey (1977).

Geigy

TEGRETOL (carbamazepine BP) Uses: Epilepsy - grand mal and temporal lobe Trigeminal neuralgia. Dosage: Use a gradually increasing, divided dosage regimen. Children: up to 1 year old, 100-200mg per day; aged 1-5 years, 200-400mg per day; aged 5-10 years, 400-600mg per day; aged 10-15 years, 600-1000mg per day. Adults: 100-200mg per day, increasing to 800-1200mg per day; in some cases 1600mg per day may be needed. It is recommended that plasma drug levels be monitored; optimum therapeutic range is 3-10µg/ml (13-42µmol/l). Contra-indication: Previous drug sensitivity to Tegretol. Precautions: As with other drugs, avoid using during the first trimester of pregnancy if possible. Do not administer with, or within 14 days of MAOI therapy. It is suggested that serum folic acid levels be monitored during anticonvulsant therapy. In rats treated with carbamazepine for two years, incidence of tumours of the liver was found to be increased. There is, however, no evidence to indicate that this observation has any significant bearing on the therapeutic use of the drug. Side-effects: Dizziness, drowsiness, dry mouth, diarrhoea, nausea and vomiting. Idiosyncrasy may be manifested in the following ways - generalised erythematous rash, light-sensitive dermatitis, jaundice, leucopenia, aplastic anaemia, acute renal failure. It is suggested that the white cell count be checked in the early stages of treatment. Availability: White, uncoated, compressed tablets, 7mm in diameter, impressed 'Geigy' on one side containing 100mg (PL0001/5027). £2.80 per 100. White, scored, compressed tablets, 9mm in diameter, impressed 'Geigy' on one side containing 200mg (PL0001/5028). £4.83 per 100. Syrup, white caramel flavoured, containing 100mg per 5ml (PL0001/0050). £4.65 per 300ml bottle. Full prescribing information is available on request from Geigy Pharmaceuticals, Horsham, West Sussex.