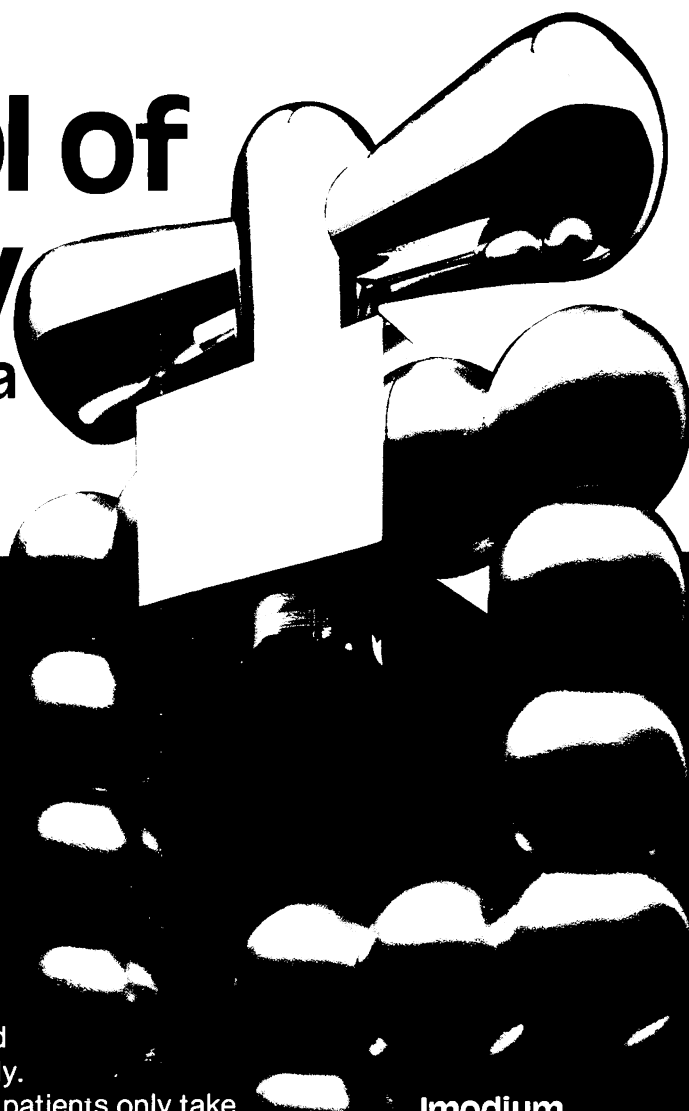


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(loperamide hydrochloride)

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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.

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2 // stat and 1 /
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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

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CO-EDITORS: Dr. Ruth Skrine and Dr. Mary Pollock

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The journal serves as a channel of communication between the council of the National Association of Family Planning Doctors and the members. These include doctors working in hospitals, general practice and N.H.S. and private clinics. Consultants from many of the medical specialities are among the membership which now totals nearly 2,000 and is growing rapidly. Health authorities and postgraduate medical centres are subscribing to the journal in increasing numbers.

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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.

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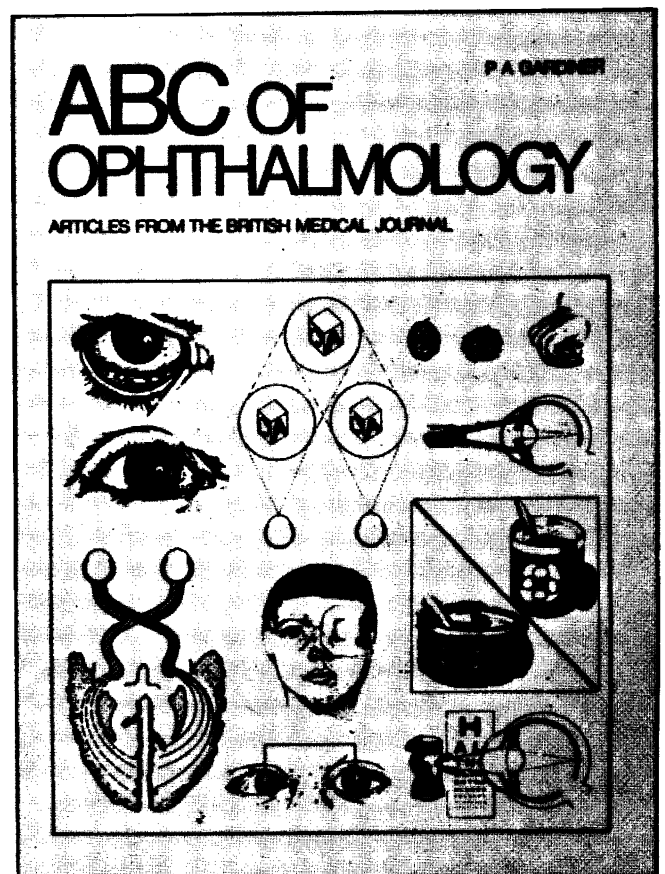
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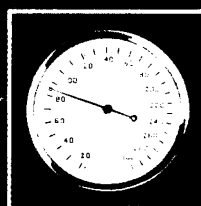
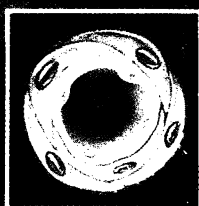
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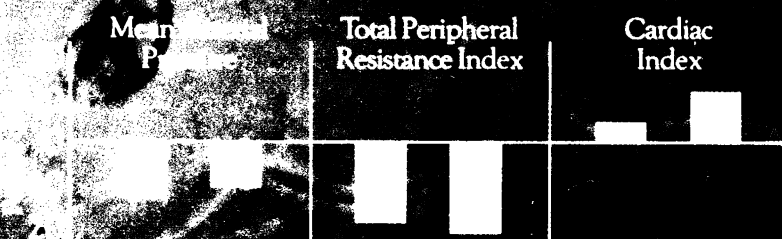
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1. Lund-Johansen, P.: Postgraduate Medicine Clinical Symposium Proceedings, November, 1975, pp. 45-52.

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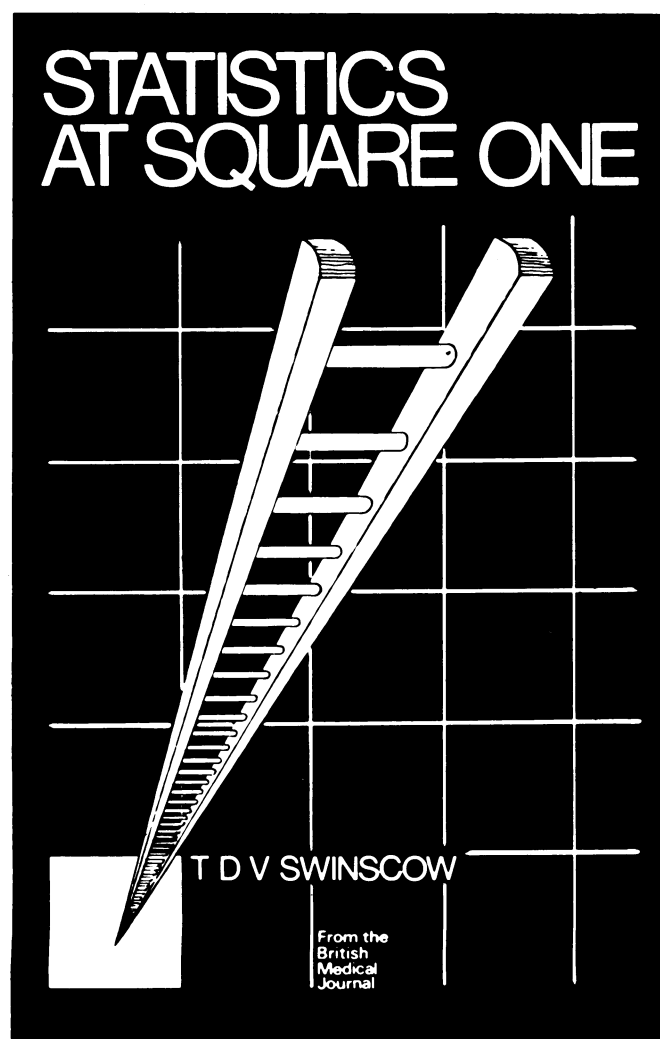
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de Jong, Rudolph H., *J.A.M.A.*, 1977, 237, 1874



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British Council Medical Courses

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. 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, neuroradiological 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.

TECHNIQUES AND INTERPRETATION OF GASTROINTESTINAL TRACT BIOPSY

1-6 November 1981 in London

The purpose of this course is to provide an up-to-date review of practical problems and recent developments in methods of obtaining histological and cytological material from the human gastrointestinal tract. It is intended to be of interest to the clinicians – gastroenterologists and surgeons – who need diagnostic information and take specimens, and also to those histopathologists and cytologists who process and interpret them. There will be particular emphasis on methods of improving collaboration and present techniques, as well as their relevance to the management of patients. The course will include an exhibition of relevant equipment, and practical live demonstrations on closed-circuit colour television of new techniques such as endoscopic polypectomy and macro-biopsy. The Directors of Studies will be Dr B C Morson, Consultant Pathologist, St Mark's Hospital, London and Dr P B Cotton, Consultant Gastroenterologist, The Middlesex Hospital, London. The course is open to senior pathologists, gastroenterologists, and surgeons interested in the techniques and interpretation of gastrointestinal tract biopsies.

There are vacancies for 45 members.
Fee including demi-pension accommodation £280.

Applications must be received in London by 15 June 1981.

ORGANISATION, TRAINING AND RESEARCH IN ANAESTHESIA

8-20 November 1981 in Oxford/Bristol/Cardiff

The aim of this course is to show how three British academic departments are organised and how they contribute to the development of anaesthesia by the organisation of training and research. The Directors of Studies will be Professor M K Sykes of the Nuffield Department of Anaesthetics, Oxford, and Professor M D A Vickers, Department of Anaesthesia at the Welsh National School of Medicine. The course will be based at the Nuffield Department of Anaesthetics, Oxford, for the first 5 days. Topics covered will be the organisation of the National Health Service, patterns of clinical training, the role of the Universities and the other organisations connected with anaesthesia, and the organisation of training at both national and local levels. There will be an opportunity to participate in a symposium on "The Organisation of Research in Anaesthesia", chaired by Dr J F Nunn. The remainder of the course will take place at Bristol where members will be able to participate in a programme organised by

Professor C Prys-Roberts, and Cardiff at the University Hospital, Heath Park. In Cardiff there will be tours of the Department and operating theatres, and the opportunity to participate in one of a number of interesting and relative topics. The course is designed for senior anaesthetists concerned with the organisation of academically-oriented Departments of Anaesthesia.

There are vacancies for 35 members.
Fee fully inclusive £680.

Applications must be received in London by 30 June 1981.

IMMUNITY TO PARASITES

29 November-11 December 1981 in London

The course, based in London, will aim to illustrate methods currently employed to elucidate the nature of immune reactions to protozoan and metazoan parasites. The techniques used to isolate and characterise functionally important antigenic components of these complex organisms will be emphasised. The course will also visit the Molteno Institute in Cambridge, as well as the Wellcome Museum in London. The Director of Studies will be Professor Sydney Cohen of the Department of Chemical Pathology, Guy's Hospital Medical School, London. Members should be senior immunologists, parasitologists, molecular biologists and clinicians with several years' experience in the diagnosis and management of parasitic disease.

There are vacancies for 35 members.
Fee including demi-pension accommodation £595.
Applications must be received in London by 15 June 1981.

GROWTH HORMONE

6-18 December 1981 in Cambridge

The aim of the course is to review all aspects of growth hormone in its effect on human metabolism, including relevant experimental animal work. It will cover the basic biochemistry of the growth hormone family and the technical and conceptual problems in its purification for research and therapeutic purposes as well as the clinical implications. The Director of Studies will be Dr M A Preece, Senior Lecturer in Child Health and Growth, at the Institute of Child Health, London. This course is intended for doctors with several years' experience in endocrinology or growth disorders as well as laboratory workers in associated fields.

There are vacancies for 30 members.
Fee fully inclusive £540.
Applications must be received in London by 17 July 1981.

RENAL TRANSPLANTATION

17-29 January 1982 in Glasgow

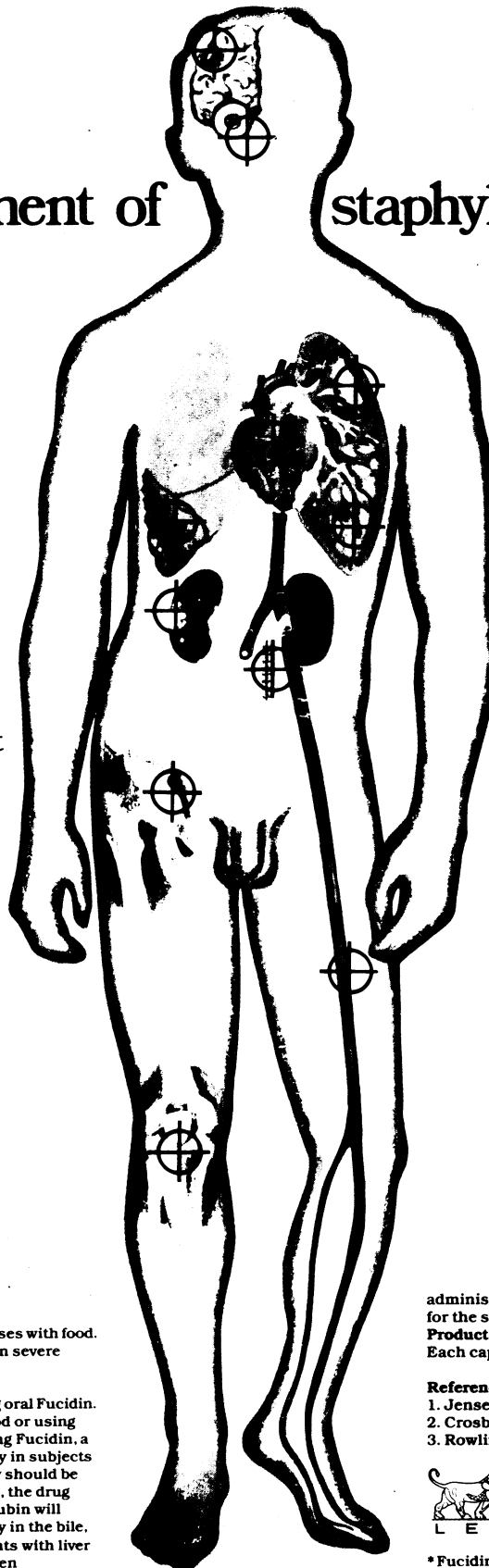
The aim of this course is to cover in depth the theoretical and practical aspects of renal transplantation as currently practised in Britain. Particular attention will be paid to the immunological aspects of transplantation. The important points in the medical and surgical management of the patient will be dealt with including a session on dialysis. In each session an up-to-date account of the subject will be presented by the speakers following which there will be ample time for participation in the discussion by the course members. The Directors of Studies will be Dr J D Briggs and Mr D N H Hamilton of the Transplant Unit in the Western Infirmary, Glasgow and Dr Heather Dick of the Department of Immunology in Glasgow Royal Infirmary. The course will be aimed at general surgeons, urologists and physicians working in transplant units. It is expected that those applying will already have experience in renal transplantation.

There are vacancies for 30 members.
Fee including demi-pension accommodation £590.
Applications must be received in London by 1 September 1981.

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

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- Diabetic gangrene

Oral dosage:

Adults: 500mg (2 capsules) 3 times daily with food.
Children: 20-40mg/kg body weight daily in 3 divided doses with food.
The standard dose may be doubled for initial therapy in severe infections.

Adverse reactions and precautions:

Gastro-intestinal upset occurs in some patients taking oral Fucidin. This can be minimised by taking the capsules with food or using Fucidin Enteric Coated Tablets. In some patients taking Fucidin, a reversible jaundice has been reported, most frequently in subjects receiving intravenous therapy. In general, oral therapy should be instituted as soon as possible. If the jaundice persists, the drug should be withdrawn, following which the serum bilirubin will invariably return to normal. Fucidin is excreted mainly in the bile, and liver function tests should be carried out in patients with liver dysfunction, when used for prolonged periods and when

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Each capsule contains 250mg sodium fusidate B.P.

References:

1. Jensen, K., and Lassen, H.C.A., Ann. Intern. Med., 60, 790, 1964.
2. Crosbie, R. B., Br. Med. J., 1, 788, 1963.
3. Rowling, D. E., J. Bone Joint Surg., 52B, 302, 1970.



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