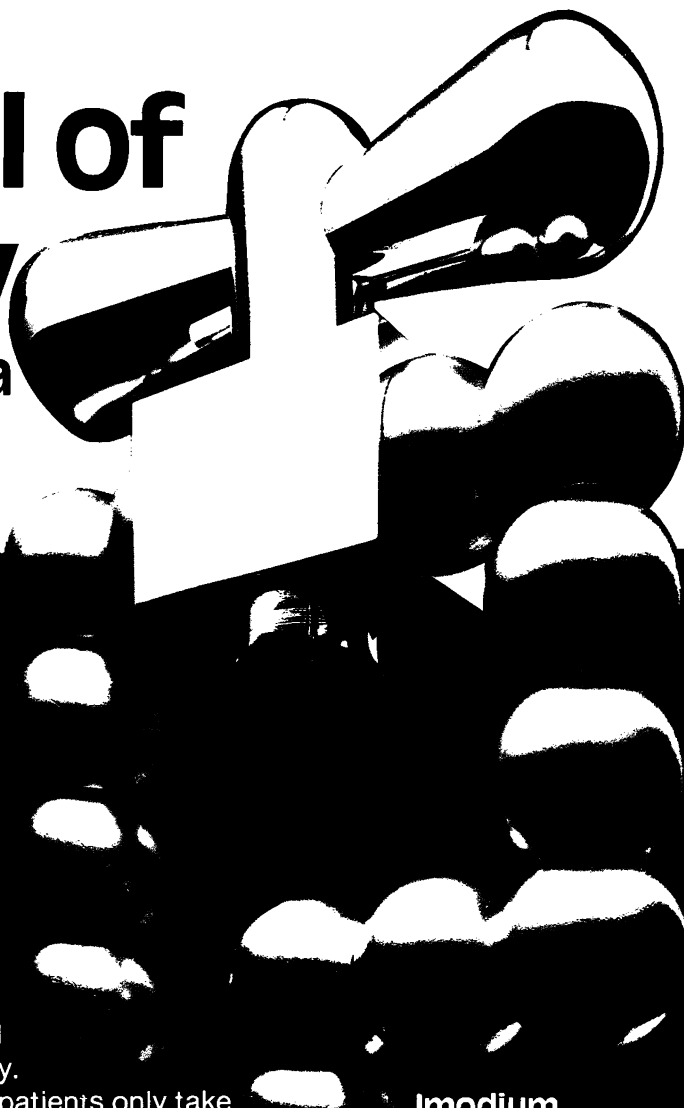


# Imodium

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**

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

# TODAY'S TREATMENT/3

Diseases of the respiratory and urinary systems account for a high proportion of all consultations in general practice, justifying the 200 pages devoted to them in the third volume of Today's Treatment. The remaining section deals with the use of antibiotics across the whole spectrum of medicine, looking at the advantages and drawbacks of the major categories and their use in clinical settings where decision-making may be difficult. Like its predecessors, Today's Treatment/3 concentrates on practical issues and provides the busy clinician with the information he needs in his day to day practice.

Price: Inland £5.50;  
Abroad US\$13.75

(Concessionary price to BMA members:

Inland £5.00; Abroad US\$12.50.

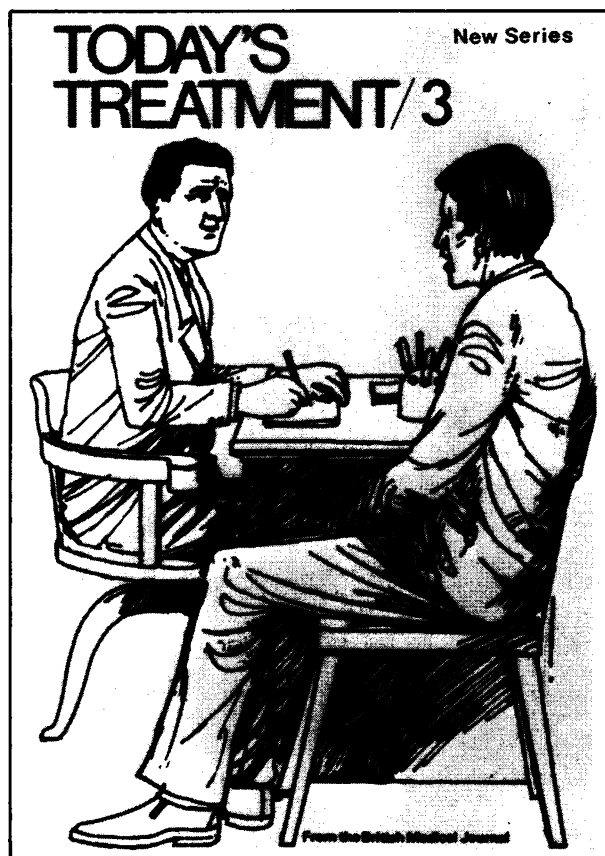
When ordering BMA members must quote their membership number or the full price will be applicable.)

Complete your collection of this series by ordering copies of Today's Treatment 1 and 2 at the combined reduced rate of Inland £6.00; Abroad US\$15.00 thereby saving 25% of the full price.

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London WC1H 9JR

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# 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 1 1/2 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

## 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 is intended for cardiologists of consultant status with not less than 5 years' experience, heads and assistant heads of 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.

## THE BIOLOGICAL BASIS OF RADIOTHERAPY

**7-19 February 1982 in London**

The course will be directed by Professor G E Adams and Professor M J Peckham of the Institute of Cancer Research and Royal Marsden Hospital. Examples of the subjects which will be covered by the course are: molecular, cellular and tissue radiobiology, including mechanisms of radiation action and cellular response, modification of radiation effects by oxygen, chemical radiation sensitisers, radioprotective drugs, cytotoxic drugs, hyperthermia, radiation quality dose-rate and fractionation. The course is intended for Professors and heads of departments of Radiotherapy and Radiobiology, clinicians with a major interest in radiation oncology, pharmacologists working with radio sensitisers and chemotherapy.

There are vacancies for 40 members.  
Fee to be announced.  
Applications must be received in London by 21 September 1981.

## CARDIOVASCULAR AND RESPIRATORY CLINICAL MEASUREMENT

**25 October-6 November 1981 in London**

This 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.

## PAEDIATRIC GASTROENTEROLOGY

**7-19 March 1982 in Birmingham.**

The course will be directed by Professor A S McNeish, Professor of Paediatrics and Child Health, University of Birmingham, and Dr J T Harries, Reader in Paediatrics, Institute of Child Health, London. The course will be held at the Institute of Child Health, Birmingham. A wide range of topics in paediatric gastroenterology will be covered, and recent advances in theoretical and practical knowledge highlighted. Throughout the emphasis will be on problem solving. Participants will be invited to contribute actively to several parts of the programme. There will be opportunities to present to fellow course members, interesting cases, X-rays and histological specimens from their own experience. The course is intended for those who have a substantial clinical or research interest in paediatric gastroenterology, either medical or surgical. It is hoped that, by emphasising problem solving, it will be of interest to workers both in developing countries and in Europe and North America. It will be particularly relevant to clinicians who have responsibility for establishing or developing paediatric gastroenterology in their region or country, and to research workers whose major interest is in paediatric gastrointestinal pathophysiology in broad sense.

There are vacancies for 35 members.  
Fee including demi-pension £580.  
Applications must be received in London by 30 September 1981.

## THE LIVER

**24 January-5 February 1982 in London**

The aim of this course is to review fundamental processes and disease mechanisms in the liver with special emphasis on recent advances. The Director of Studies will be Professor Dame Sheila Sherlock of the Department of Medicine, the Royal Free Hospital, London, and the course will be based mainly at the Royal Free Hospital with some sessions at other hospitals in London. The course is intended for senior medical practitioners from overseas who wish to become further acquainted with recent advances in this field.

There are vacancies for 35 members.  
Fee including demi-pension accommodation £630.  
Applications must be received in London by 31 August 1981.

## FURTHER COURSES PLANNED

### THE CHILD AND INFECTION

(Dr W A M Cutting and Dr W C Marshall)  
Second half of February in London. Fee: to be announced.  
Closing date: October 1981 (vacancies for 30 members)

### MEDICAL ONCOLOGY IN THE 1980s: THE MULTIDISCIPLINARY APPROACH

(Professor D K Bagshawe)  
14-26 March 1982 in London. Fee: to be announced.  
Closing date: 15 November 1981 (vacancies for 30 members)

### UROLOGICAL CANCER

(Professor J P Blandy and Dr R T D Oliver)  
18-29 April 1982 in London. Fee: £630.  
Closing date: 31 December 1981 (vacancies for 30 Members)

**FURTHER INFORMATION AND APPLICATION FORMS CAN 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.**

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# IMPORTANT ANNOUNCEMENT

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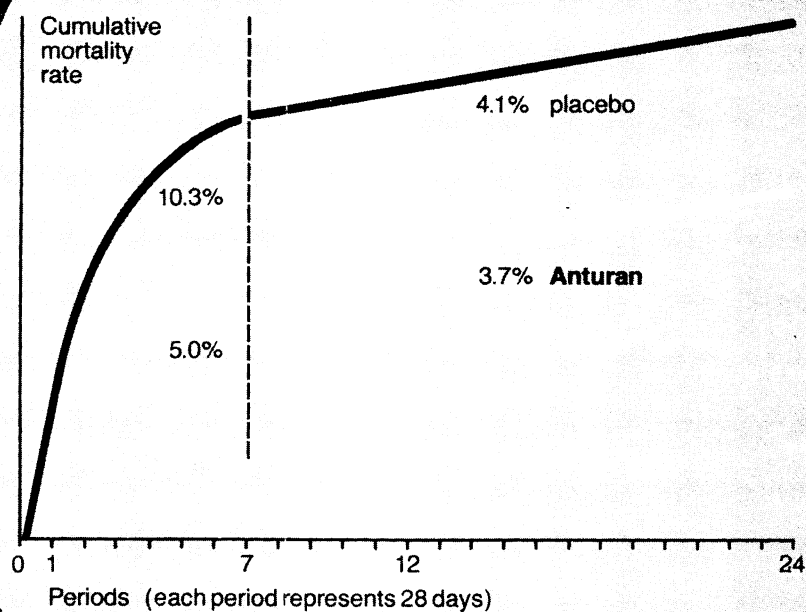
**D**uring April Calcisorb from Riker Laboratories will replace Whatman Sodium Cellulose Phosphate which is being discontinued. This is a product name and packaging change only. Formulation and dosage will remain the same.

## CALCISORB sodium cellulose phosphate

For the treatment  
of idiopathic hypercalciuria  
associated with recurrent  
formation of renal calculi.

**Prescribing information. Composition:** Each 5g sachet contains 4.7g sodium cellulose phosphate. **Indications:** Calcisorb is used to diminish calcium absorption from the diet: 1) in the treatment of hypercalciuria and recurrent formation of renal stones 2) in osteopetrosis 3) as a basis of a test for calcium absorption. Other possible uses are: 1) treatment of idiopathic hypercalcaemia of infancy 2) treatment of hypercalcaemic sarcoidosis 3) treatment of vitamin D intoxication. **Dosage and administration:** Adults: 15g daily, divided as three 5g doses with meals. Children: 10g daily, divided as three doses with meals. The required dose should be dispersed in water and taken orally. Alternatively the powder may be sprinkled onto food. **Side-effects:** Side-effects are rare. Isolated cases of diarrhoea have been reported. One patient with mild renal disease, developed a moderate magnesium deficiency. This was readily corrected by halving the dose. **Caution:** No signs of calcium deficiency have been reported during the continuous use of cellulose phosphate for up to 11 years. This theoretical hazard is particularly relevant to pregnancy, but in view of the absence of data on the effect of cellulose phosphate on calcium levels in pregnant women it is recommended that treatment is discontinued during pregnancy and lactation. Likewise growing children should be prescribed Calcisorb only at the discretion of a senior physician and under his direct supervision. **Contra-indications:** Renal failure. Congestive heart failure and other conditions in which a low sodium intake is essential. **Further Information:** Calcisorb should be used in conjunction with a low calcium diet in which dairy products in particular are severely restricted. **Basic NHS price:** Packs of 100 x 5g sachets: £17.35. **Product licence number:** 68/5900. Calcisorb; Riker; 3M: trade marks. Further information is available on request.

**Geigy**



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**200**

**Now calendar packed**

**reduces  
cardiac mortality  
following recent  
myocardial infarction**