



The first depot with a consistent 4 week duration

NEW

haloperidol

Haldol Decanoate

DEPOT · NEUROLEPTIC

Simpler in the long-term

Representation Straw coloured, viscous solution presented in 1 ml brown glass ampoules equivalent to 100 mg/ml haloperidol (as decanoate ester); in packs of 5. **Use** as a depot injectable form of haloperidol, indicated for adults where long term maintenance treatment with a neuroleptic is required, for example in schizophrenia, other psychoses (especially paranoid) and other mental or behavioural problems where maintenance treatment is clearly indicated. **Side Effects, Precautions, Contra-indications:** **Contra-indications** Haloperidol is not recommended during lactation. **Use in Pregnancy** The safety of haloperidol in human pregnancy has not been established. **Precautions** Caution in liver disease, Parkinson's disease, phaeochromocytoma, thyrotoxicosis, epilepsy and conditions predisposing to epilepsy. Antagonism of adrenaline, guanethidine, phenindione, anti-Parkinson effects of levodopa, and impairment of metabolism of tricyclic anti-depressants have been reported. Haloperidol may increase the effects of CNS depressant drugs, and enhanced CNS effects when combined with methyldopa have been reported. Neuroleptic reactions to combined treatment with lithium and haloperidol have been reported. **Side Effects** In common with all neuroleptics, the following side effects may be observed: sedation, extra-pyramidal symptoms, tardive dyskinesia, mental dullness, dizziness, headache, excitement, agitation, insomnia, hyperprolactinaemia, lactorrhoea, gynaecomastia, oligo- or amenorrhoea, hypotension. Gastro-intestinal symptoms and weight changes have been reported. Anti-Parkinson agents should only be given as required. The elderly are more susceptible to sedative/hypotensive effects. **Dosage** Haldol* decanoate provides one month's therapy following a single deep intra-muscular injection in the gluteal region. Dosage should be individually determined. As a guide: in mild symptomatology and in the elderly 5-100 mg every 4 weeks; in moderate symptomatology 100-200 mg every 4 weeks; in severe symptomatology 200-300 mg or more every 4 weeks. **Product Licence No.** PL0242/0095. **Basic N.H.S. Cost** 1 ml x 5 £24.00 (correct at time of printing). Further information is available from Janssen Pharmaceutical Limited, Janssen House, Chapel Street, Marlow, Bucks. SL7 1ET.

*Trademark JPL/180/82

ALCOHOL PROBLEMS

In recent years alcohol problems have increased dramatically and the thinking on them has undergone a revolution. *Alcohol Problems* brings together two series of articles published in the *BMJ*—the *ABC of Alcohol*, with its emphasis on straightforward advice for the clinician, and *Alcohol and Alcoholism*, Dr Richard Smith's more discursive survey of current thinking and controversies. Together they cover both the clinical aspects of managing alcohol problems and the social and political factors that surround them.

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UNIVERSITY OF LONDON (British Postgraduate Medical Federation) INSTITUTE OF NEUROLOGY (QUEEN SQUARE) SANDOZ FOUNDATION ADVANCED LECTURES ON CLINICAL AND EXPERIMENTAL NEUROLOGY

Advanced lectures for postgraduates on the broader aspects of the Scientific Basis of Neurology are being given on WEDNESDAY EVENINGS throughout the Academic Year 1982-83. The two lectures on each evening usually deal with the same topic from an experimental and clinical viewpoint. The following lectures are to be given during the term January-March 1983.

*The first lecture will be given from 6-6.45 p.m.
The second lecture will be given from 7-7.45 p.m.
Admission free – without ticket.*

12th January

Basic electrophysiological mechanisms of epilepsy – Dr. Peter Fenwick, M.B. B.Chir., M.R.C.Psych., D.P.M. (Institute of Psychiatry)

Recording clinical seizures – Professor R. W. Gilliatt, M.A., D.M., F.R.C.P. (Institute of Neurology)

19th January

Basic pathophysiology of epileptic brain damage – Dr. B. S. Meldrum, Ph.D., M.B. B.Chir. (Institute of Psychiatry)

Infantile spasms – Dr. M. H. Bellman, M.R.C.P., D.C.H. (Hospital for Sick Children, London)

26th January

Biochemical changes associated with kindling – Dr. D. Blackwood, M.R.C.P., M.R.C.Psych. (MRC Brain Metabolism Unit, Edinburgh)

Remission and relapse – does epilepsy have a good prognosis? – Dr. S. Shorvon, M.R.C.P. (Institute of Neurology)

2nd February

Cerebellar influences on experimental epilepsy – Dr. I. B. Gartside, Ph.D. (Charing Cross Hospital Medical School)

Hemispherectomy, should it be resuscitated? – Mr. C. B. T. Adams, F.R.C.S. (Radcliffe Infirmary, Oxford)

9th February

Pharmacology of the excitatory/inhibitory synapse in epilepsy – Dr. J. C. Watkins, Ph.D. (University of Bristol)

Clinical pharmacokinetics of anticonvulsants – Professor A. Richens, Ph.D., B.Sc., F.R.C.P. (Welsh National School of Medicine)

16th February

The GABA receptor complex in epilepsy – Dr. R. W. Horton, B.Sc., Ph.D. (St. George's Hospital Medical School)

Epilepsy and pregnancy – Dr. M. L. E. Espir, F.R.C.P. (Institute of Neurology)

23rd February

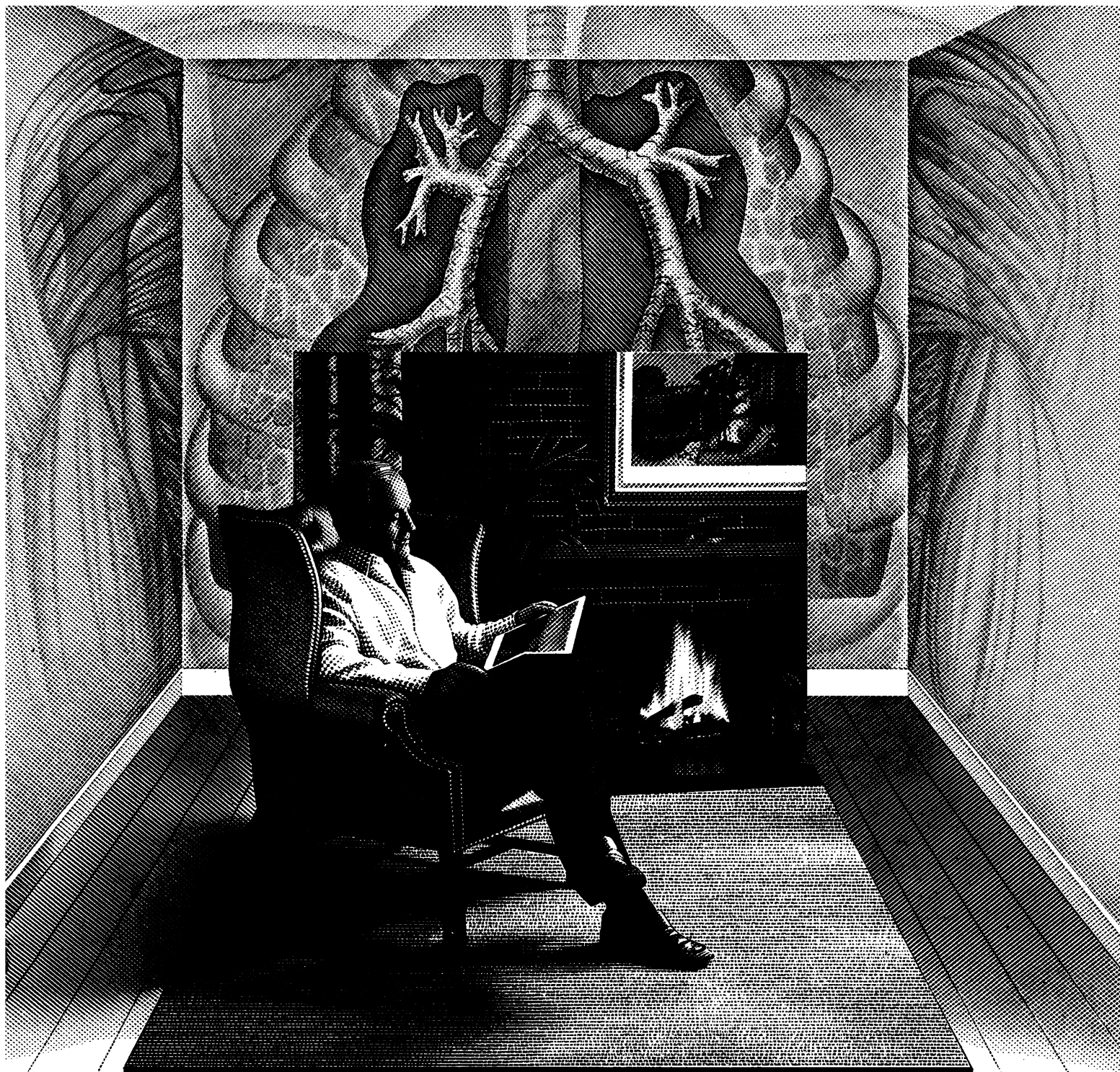
Cellular physiology of experimental epilepsy – Dr. J. Jefferys, B.Sc., Ph.D. (Institute of Neurology)

Modern perspective on febrile convulsions – Dr. S. J. Wallace, F.R.C.P. (University Hospital of Wales)

2nd March

Experimental psychology and epilepsy – Dr. Jane Mellanby, D.Phil. (University of Oxford)

Limbic epilepsy – Dr. M. Trimble, M.R.C.P., F.R.C.Psych. (Institute of Neurology)



Septrin Assurance

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 five days or until the patient has been symptom-free for two 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, trimethoprim or co-trimoxazole; should not be given during pregnancy or to neonates.

Precautions In 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 160 mg Trimethoprim BP and 800 mg Sulphamethoxazole BP. PL3/0121.

Septrin* Forte 1b.d. co-trimoxazole

Further information is available on request.
Wellcome Medical Division
The Wellcome Foundation Ltd., Crewe, Cheshire



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Temgesic Sublingual

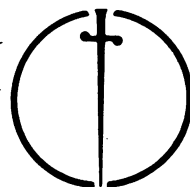
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an injection,
just put these tablets
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Temgesic Sublingual

Relief from acute and long

Prescribing information Temgesic Injection 0.3mg/ml buprenorphine, as the hydrochloride, ampoules of 1ml (0.3mg) or 2ml (0.6mg). Temgesic Sublingual tablet containing 0.2mg buprenorphine, as the hydrochloride.
Uses: As a strong analgesic for the relief of moderate to severe pain. **Dosage and Administration:** Temgesic Injection: Adults: 1-2ml (0.3-0.6mg) by i.m. or slow i.v. injection, every six to eight hours or as required. Temgesic Sublingual: 1-2 tablets (0.2-0.4mg buprenorphine) dissolved under the tongue, every six to eight hours or as required. The tablet should not be chewed or swallowed. Temgesic is not at present recommended for children. **Contra-indications, Warnings, etc:** There are no absolute contra-indications for Temgesic. However, care should be taken when treating patients with impaired respiratory function as Temgesic may infrequently affect respiration. Because buprenorphine has antagonist properties, it may precipitate mild withdrawal symptoms in narcotic addicts, and it should be given with care initially to patients previously treated with narcotic analgesics. Temgesic may cause some drowsiness; this could be potentiated by other centrally-acting agents, including alcohol. Ambulant patients should be warned not to drive or operate machinery if affected. Since buprenorphine is metabolised in the liver, the intensity and duration of its action may be affected in patients with impaired liver function. Until further information is available, Temgesic should be used with caution in patients receiving monoamine oxidase inhibitors, and it is not recommended for use during pregnancy. **Side Effects:** Drowsiness is the most common side effect. In common with other strong analgesics, nausea, vomiting, dizziness and sweating have been reported and may be more frequent in ambulant patients. Clinically significant respiratory depression has been observed rarely and only in the post-operative period. **Product Licence Numbers, NHS Price:** Temgesic Injection 1ml—PL44/0056. £5.52/pack 10 ampoules. Temgesic Injection 2ml—PL44/0057. £9.89/pack 10 ampoules. Temgesic Sublingual PL44/0063. £6.00/pack 50 tablets. Irish Product Authorisation Nos. 1ml—PA27/3/1; 2ml—27/3/2; Temgesic Sublingual No. PA27/3/3. Additional information available on request from Reckitt & Colman Pharmaceutical Division, Hull HU8 7DS.
PO3069



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Taking more care of more hypertensive patients

Abridged Product Information

Full prescribing information is available on request and should be consulted before prescribing.

Indication Mild to moderate hypertension.

Dosage One to two tablets a day. **Contraindications** Bronchospasm, bronchial asthma, severe chronic obstructive pulmonary disease, sinus bradycardia, second- and third-degree AV block, congestive heart failure, right ventricular failure, significant cardiomegaly, cardiogenic shock. Hyperkalaemia. Anuria, renal insufficiency, severe or progressive renal disease. Anaesthetics causing myocardial depression, hypersensitivity to components, or to sulphonamide-derived drugs. Potassium-conserving agents or supplements (except in severe and/or refractory cases of hypokalaemia). **Pregnancy and lactation** Not recommended. **Precautions** Abrupt withdrawal is not recommended.

Congestive cardiac failure: caution in cardiomegaly or history of cardiac failure. **Cardiac arrhythmias:** if risk of heart failure, monitor for bradycardia, AV block and respiratory distress. Withdraw if cardiac failure persists. **Surgery:** in patients with angina, withdraw prior to elective surgery. **Renal and hepatic disease:** caution in renal or hepatic disease.

Hypokalaemia or hyperkalaemia may occur. **Diabetes mellitus, hypoglycaemia:** caution in hypoglycaemics and diabetics, and determine renal function. Discontinue three days before glucose tolerance testing. Reports of skin rashes and dry eyes associated with beta-blockers. Incidence is small; most cases symptoms have cleared on withdrawal. Gradual withdrawal should be considered. Sensitivity reactions may occur. Thiazides may exacerbate or activate SLE reactions. Beta-blockers may mask hyperthyroidism. Hypercalcaemia and hypophosphataemia reported with thiazides. Discontinue prior to testing for parathyroid function. Hyperuricaemia or acute gout precipitated. Not recommended for children. **Side effects** Asthenia and bradycardia are common. GI intolerance. A few reports of GI bleeding and activation of probable pre-existing peptic ulcer associated with amiloride. **Other:** rash, pruritus, visual and psychiatric disturbances. Leucopenia, agranulocytosis, thrombocytopenia, aplastic anaemia and haemolytic anaemia rarely. Purpura, urticaria, photosensitivity, necrotising angitis, fever, respiratory distress, pneumonitis, anaphylactic reactions, abnormal liver function test, and hyperuricaemia reported. Thiazides commonly cause headache, restlessness, jaundice, pancreatitis, xanthopsia, hyperglycaemia, glycosuria, and hyperuricaemia. Diuresis may induce dry mouth, thirst, paraesthesiae, sialadenitis, dizziness, vertigo, muscle spasm, and orthostatic hypotension. One patient developed complete heart block with amiloride. **Timolol maleate related to beta-blockade:** GI intolerance, dizziness, headache, and dyspnoea. Less commonly insomnia, dreams, nightmares, congestive heart failure, severe bradycardia, bronchospasm, AV block, hypotension, cold extremities, Raynaud's phenomenon, fatigue, sedation, and mental depression. Hallucinations rare. Rashes and pruritus occasionally, and one case of exfoliative dermatitis. **Basic NHS cost 'Moducren' (25 mg hydrochlorothiazide, 2.5 mg amiloride hydrochloride, and 10 mg timolol maleate) Tablets, £5.80 per 28 calendar pack.**

Product licence number 0025/0141.

® denotes registered trademark.
Issued December 1982.

References
1. Bergis, K., *Medizinische Welt*, 1979, 30 (46), 1733.
2. Hull, D. H., et al., *Aviation, Space, and Environmental Medicine*, 1978, 49, 503.
3. Brogden, R. N., et al., *Drugs*, 1975, 9, 164.



Thomas Morson Pharmaceuticals
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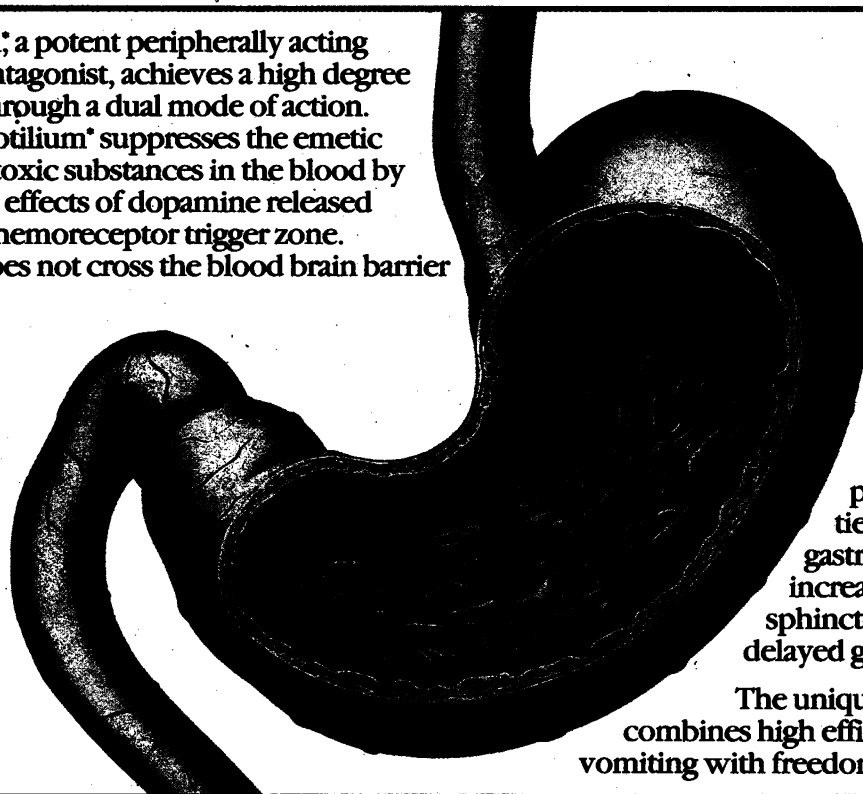
New **Motilium**^{Trademark} (domperidone)

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Firstly Motilium* suppresses the emetic response to toxic substances in the blood by blocking the effects of dopamine released within the chemoreceptor trigger zone.

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and therefore does not interfere with the nigrostriatal and mesolimbic systems.

Secondly Motilium* possesses gastrokinetic properties. Acting locally on the upper gastro-intestinal tract Motilium* increases lower oesophageal sphincter pressure and improves delayed gastric emptying.

The unique mode of action of Motilium* combines high efficacy in controlling nausea and vomiting with freedom from central side effects.

Motilium* Prescribing Information ▼

Presentation Small, white tablets marked M/10, each containing domperidone 10mg. Clear, colourless aqueous solution.

Uses Adults: acute nausea and vomiting. Children: nausea and vomiting following cancer chemotherapy or irradiation only.

Dosage Adults: 1-2 tablets by mouth or 1-2 ampoules by IV or IM injection at 4-8 hourly intervals. Children: 0.2-0.4mg/kg by mouth or injection at 4-8 hourly intervals.

Prophylactic administration may be helpful where vomiting can be predicted e.g. anti-cancer therapy.

Contra-indications, Warnings etc. Motilium* has been associated with cardiac dysrhythmia in some patients receiving IV bolus administration and predisposed in one or more of the following ways:- 1) Concomitant cytotoxic chemotherapy. 2) Hypokalaemia. 3) Cardiac disease. For this reason predisposed patients who need intravenous Motilium* should receive an infusion rather than an IV bolus. Motilium* raises serum prolactin; however the clinical relevance of this has not been established. No specific contra-indications. Although no teratogenic effects have been observed in animals, the safety of Motilium* in pregnancy has not yet been established.

Product Licence Numbers Tablets 0242/0071. Injection 0242/0073.

Basic NHS Cost Pack of 100 tablets: £11.00. Pack of 10 ampoules: £3.10.

Further information is available from:
Janssen Pharmaceutical Ltd.,
Janssen House, Chapel Street, Marlow, Bucks. SL7 1ET.

*Trademark



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Publication date 4 January 1983

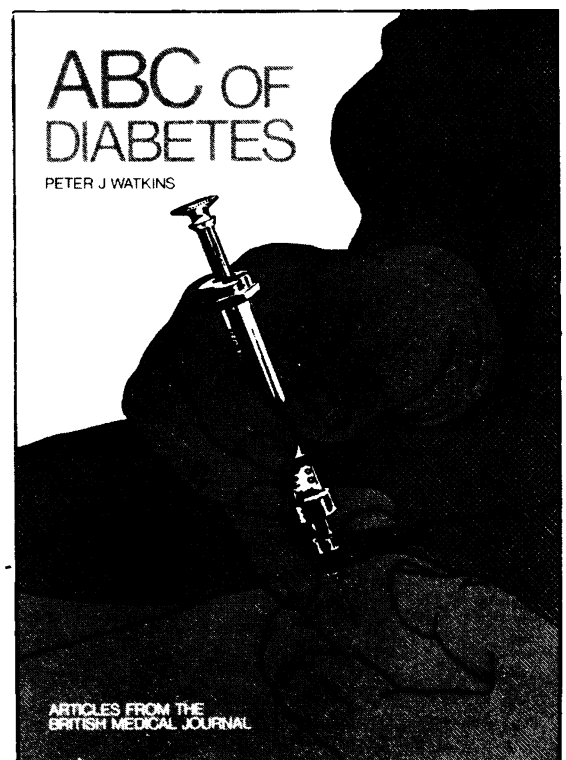
ABC OF DIABETES

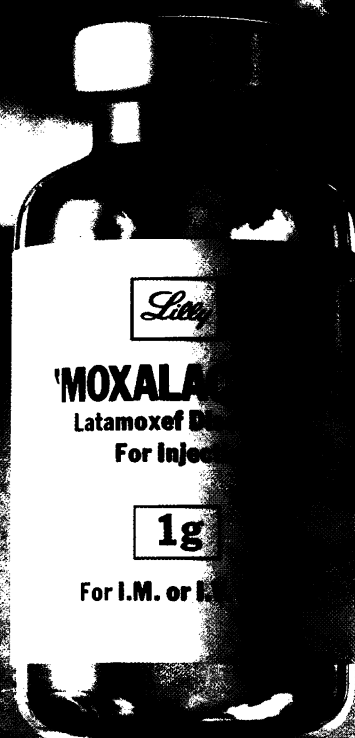
Innovations in the treatment of diabetes have increased rapidly in the last decade: self measurement of blood glucose, intravenous infusions and intramuscular insulin for diabetic emergencies, continuous subcutaneous insulin infusions, and light coagulation for diabetic retinopathy have all helped to improve the outlook for diabetics. Dr Peter Watkins' articles in the *BMJ*, now collected together in book form, set these advances in their clinical context and provide a practical guide to the management of diabetes for the non-specialist, both doctor and nurse.

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GRAM-NEGATIVES

GRAM-POSITIVES

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Moxalactam is the first single agent to provide comprehensive cover of most Gram-negative, Gram-positive and anaerobic organisms.

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Moxalactam's single agent strength produces consistently high levels of clinical efficacy usually only achievable with combinations of penicillins, cephalosporins, aminoglycosides and anti-anaerobic agents.

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Moxalactam is not only effective. It's cost effective. Compared with the cost of widely used combinations, such as metronidazole plus an aminoglycoside or cephalosporin, Moxalactam offers comparable efficacy at a substantially lower cost.

Low side-effects.³

In over 4,000 patients local effects, hypersensitivity, G.I. and C.N.S. effects were all less than 2% and

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No evidence of toxicity.⁵

Over 3,500 patients were monitored for signs of toxicity in multi-centre trials by 173 investigators. There was no evidence of renal or hepatic toxicity.

Finally, Moxalactam's unique chemistry produces a long half-life which offers the advantage of simple and flexible i.m. or i.v. dosage.

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MOXALACTAM
In a class of its own.

Moxalactam abbreviated prescribing information.

Name of Product

MOXALACTAM, latamoxef disodium.

Presentation

Vials containing 500mg, 1g, or 2g Moxalactam.

Uses

For the treatment of infections of the lower respiratory tract, urinary tract, gall bladder and peritoneum, female reproductive system, skin and soft tissue, bones and joints; also for septicaemia and meningitis (except neonatal meningitis due to Group B streptococci).

Moxalactam is usually active against the following organisms *in vitro*:

Beta-haemolytic and other streptococci (strains of enterococci, e.g.,

Streptococcus faecalis, are resistant).

Staphylococci, including penicillin-sensitive and penicillin-resistant strains (susceptibility of *Staphylococcus epidermidis* is variable and methicillin-resistant staphylococci are resistant).

Streptococcus pneumoniae

Haemophilus influenzae (including ampicillin-resistant strains)

Escherichia coli

Klebsiella species

Proteus mirabilis

Proteus species (indole-positive, including *Pr. rettgeri* and *Pr. vulgaris*)

Morganella morganii

Enterobacter species

Providencia species

Serratia species

Acinetobacter species (many strains are relatively resistant)

Pseudomonas aeruginosa (some strains are resistant)

N. meningitidis

Anaerobic bacteria, including *Clostridium* species and *Bacteroides fragilis*.

Dosage and Administration

For intravenous or deep intramuscular injection.

Adults The usual dose is 500mg to 6g per day, depending on the severity and site of the infection and the susceptibility of the causative organism.

Moxalactam may be administered as a twice daily regimen, but in life-threatening infections or infections due to less susceptible organisms, doses of up to 4g every eight hours (i.e. a maximum of 12g per day) may be required.

Paediatrics The following dosage schedule is recommended

Neonates

0-1 week of age 25mg/kg q 12 h

1-4 weeks of age 25mg/kg q 8 h

Infants and Children 50mg/kg q 12 h

For more serious infections the dosage may be doubled.

For children, the maximum daily dose should not exceed the maximum adult dose.

For details of administration and dosage in renal failure, see data sheet.

Contra-indications, Warnings, etc.

Contra-indication

Hypersensitivity to Moxalactam.

Warnings

Use cautiously in patients sensitive to beta-lactam antibiotics.

Usage in pregnancy The safety of this product for use during pregnancy or for the nursing mother has not been established.

Precautions

As with other broad-spectrum antibiotics, hypoprothrombinaemia has been reported rarely, especially in elderly or debilitated patients with deficient stores of vitamin K.

Side-effects

Hypersensitivity—Morbilliform eruptions, positive Coombs' tests, drug fever and anaphylaxis.

Haematological—Eosinophilia, reversible leucopenia, thrombocytopenia, hypoprothrombinaemia.

Abnormal hepatic and renal laboratory values.

Legal Category POM

Package Quantities Single vials in packs of 10.

Price One 1g vial—£6.11.

Product Licence Number 0006/0152

Date of Preparation August 1982

References

1. Webber, J.A., Symposium on the New Generation of Beta-Lactam Antibiotics, (1981), Royal College of Physicians, London.

2. Preston, D.A., Symposium on the New Generation of Beta-Lactam Antibiotics, (1981), Royal College of Physicians, London.

3. Data on file, Lilly Research Laboratories.

4. MIMS, July 1982.

5. Kammer, R.B., Symposium on the New Generation of Beta-Lactam Antibiotics, (1981), Royal College of Physicians, London.



Full Prescribing Information from
Eli Lilly and Company Limited,
Kingsclere Road, Basingstoke, Hampshire RG21 2XA.

*MOXALACTAM is a Lilly trade mark.

MX7 Sept. '82.

THE ROYAL COLLEGE OF SURGEONS
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SPECIALTY FELLOWSHIP IN CARDIOTHORACIC SURGERY — FRCSEd (C/Th)

A diet of the Specialty Fellowship Examination in
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Candidates who should normally hold a Diploma of Fellowship of a Surgical College or an equivalent Diploma are required to have three years' post-Fellowship experience in Cardiothoracic Surgery of which one year must have been completed in an approved centre in the United Kingdom. Candidates must submit written evidence of their experience in the specialty including their operative experience.

The application form, examination calendar and Regulations are available on request from the Examinations Secretary, The Royal College of Surgeons of Edinburgh, Nicolson Street, Edinburgh EH8 9DW.

Applications for entry must be received by 25 March 1983. **Fee: £130.00**

J. D. H. WIDDESS

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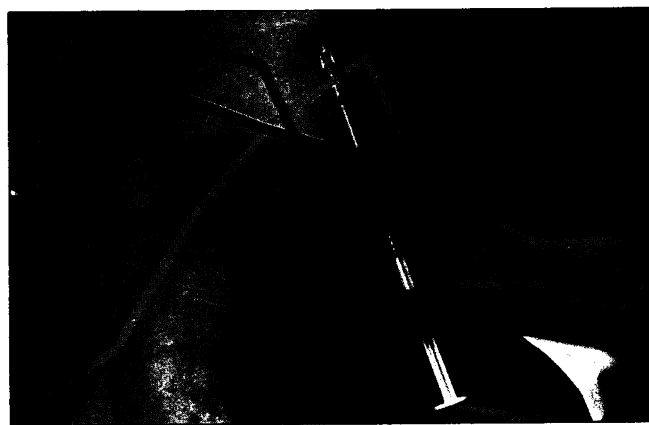
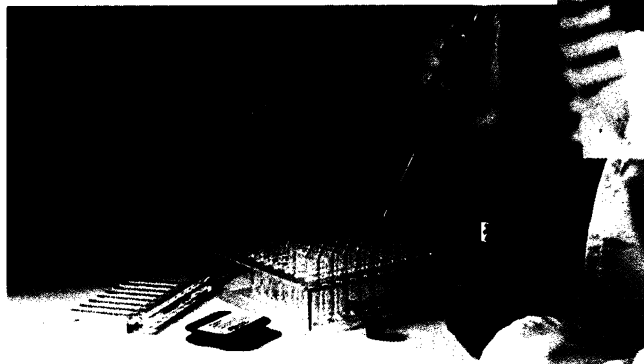
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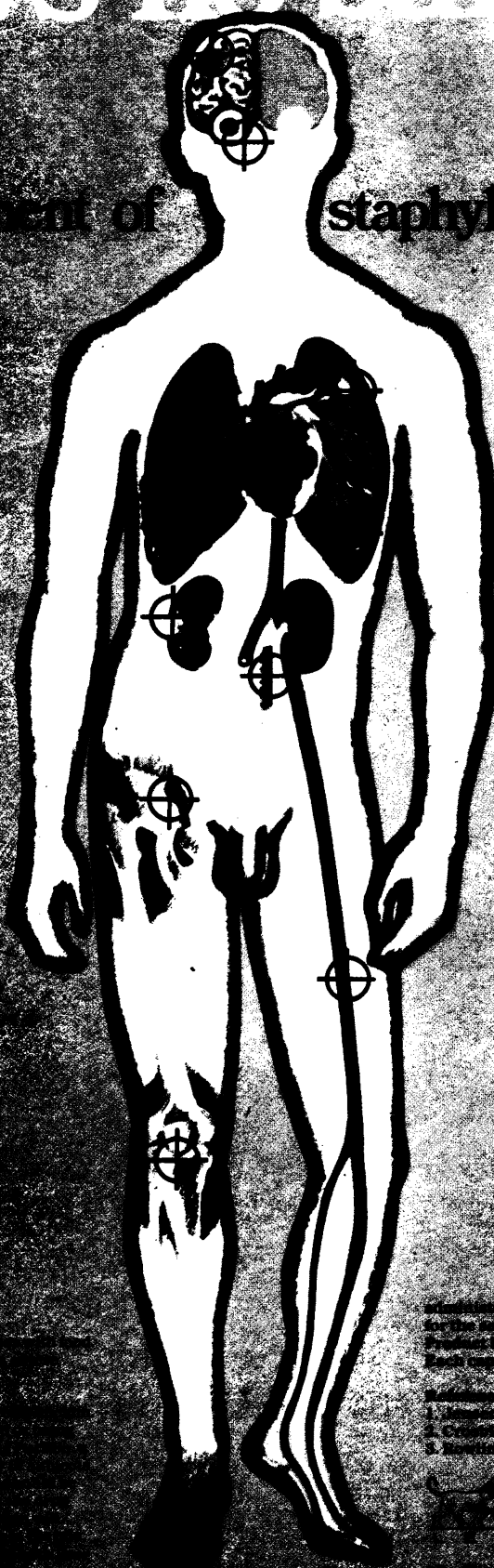
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- Diabetic gangrene

Interference in conjunction with other drugs which may compete for the same transport pathway.
Fucidin (sodium fusidate) B.P.
Each capsule contains 500mg sodium fusidate B.P.

References:

1. J. Am. Med. Assoc. 1973; 229: 1000-1001.
2. Clin. Med. 1973; 1: 170-171.
3. J. Am. Med. Assoc. 1973; 229: 1000-1001.



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