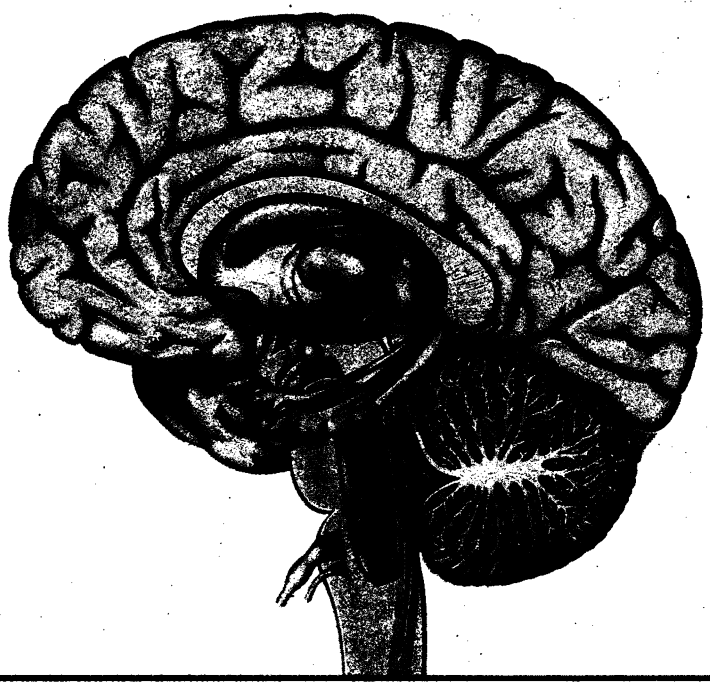
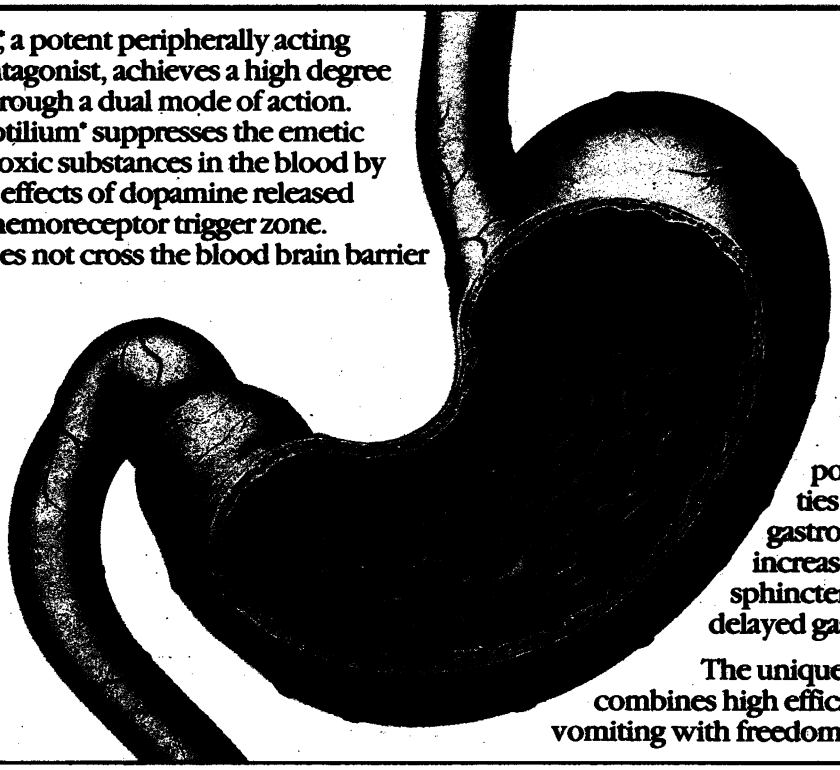


Motilium™
(domperidone)

controls nausea and vomiting without central effects

Motilium*, a potent peripherally acting dopamine antagonist, achieves a high degree of efficacy through a dual mode of action.

Firstly Motilium* suppresses the emetic response to toxic substances in the blood by blocking the effects of dopamine released within the chemoreceptor trigger zone. Motilium* does not cross the blood brain barrier 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:** White tablets containing domperidone maleate equivalent to 10mg domperidone base. Sweet tasting, white suspension containing domperidone 1mg/ml. 2ml colourless ampoules each containing 5mg/ml domperidone. **Uses:** Adults: acute nausea and vomiting from any cause. Children: nausea and vomiting following cancer chemotherapy or irradiation only. **Dosage:** Adults: 10-20mg by mouth or 1-2 ampoules by IM or IV injection at 4-8 hourly intervals. Patients requiring intravenous MOTILIUM* who are also receiving concomitant cytotoxic chemotherapy or who are predisposed to hypokalaemia or cardiac arrhythmias should receive an infusion diluted 1:10 with saline over 15-30 minutes. **Contra-indications, Warnings etc:** No specific contra-indications. MOTILIUM* produces a rise in serum prolactin; however the clinical relevance of this has not been established. Although no teratogenic effects have been observed in animals, the safety of MOTILIUM* in pregnancy has not yet been established. **Product Licence Numbers:** Tablets 0242/0100, Injection 0242/0073, Suspension 0242/0077. **Basic NHS Cost:** 9p per 10mg tablet (ex 250 pack) Pack of 10 ampoules: £3.10 Bottle of 200ml suspension: £1.80 (Correct at time of printing).

Further information is available from:- **Janssen Pharmaceutical Limited,** Janssen House, Chapel Street, Marlow, Bucks. SL7 1ET. *Trademark © JPL/157/83

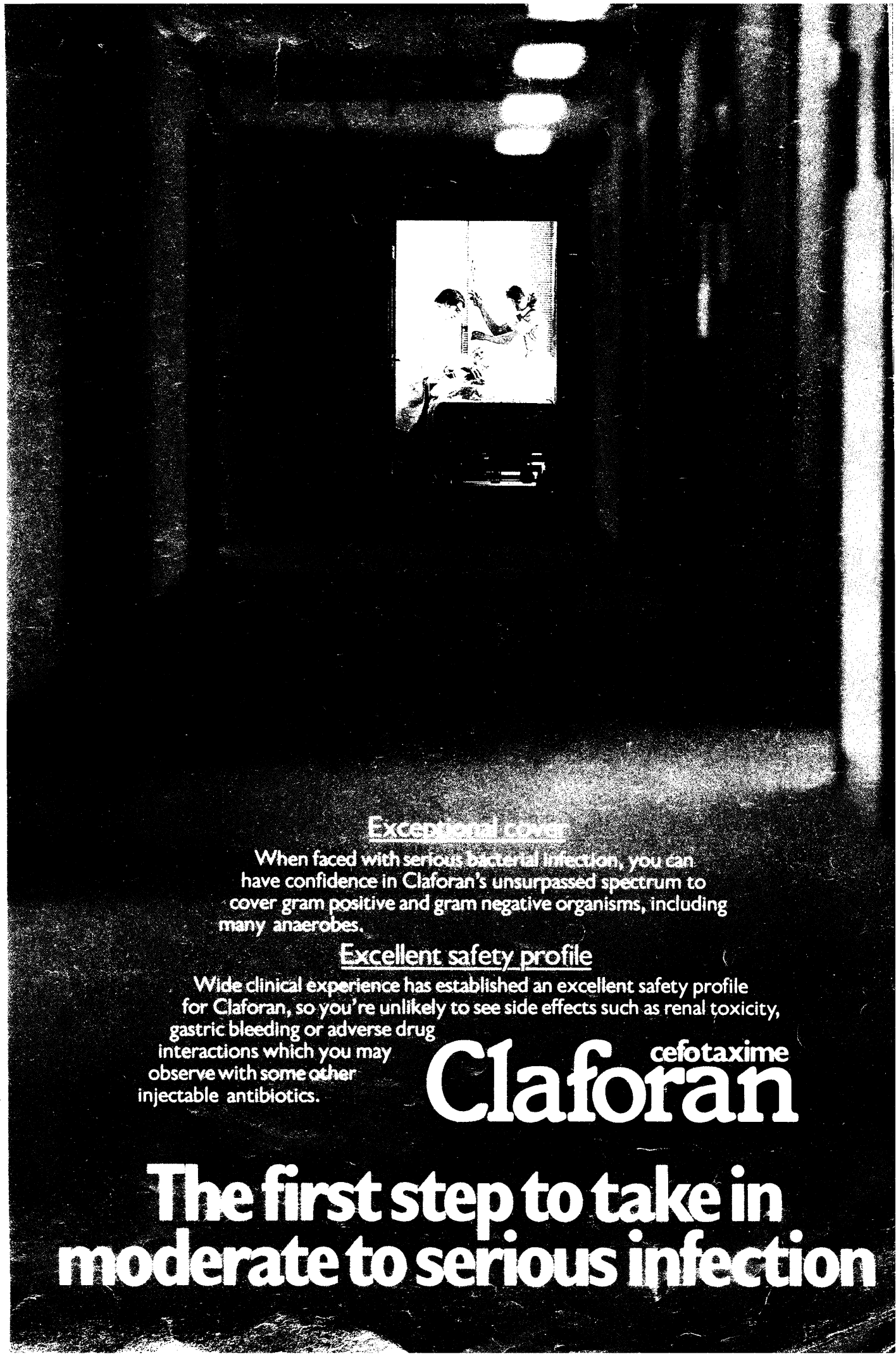
Septrin Assurance

Prescribing Information
Indications Sensitive bacterial infections of the lower respiratory, urinary and genital tracts, sinusitis, otitis media, skin infections, septicaemia, typhoid and para-typhoid fevers, and other infections caused by sensitive organisms.
Dosage Septrin Paediatric Suspension. Children 6-12 years: 10 ml twice daily. 6 months to 6 years: 5 ml twice daily. 6 weeks to 6 months: 2.5 ml twice daily. Septrin Paediatric Suspension may be diluted with Syrup BP. In acute infections Septrin should be given for at least 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.
Additional Information In the treatment of tonsillo-pharyngitis due to Group A beta-haemolytic streptococci, eradication of these organisms from the oro-pharynx is less rapid than with some other antibiotics.
Presentation Septrin Paediatric Suspension contains 40 mg Trimethoprim BP and 200 mg Sulphamethoxazole BP in each 5 ml.
Basic NHS cost £1.56 for 100 ml. PL3/5222.

Septrin* Paed. Susp. b.d.
co-trimoxazole

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

Wellcome



Excellent cover

When faced with serious bacterial infection, you can have confidence in Claforan's unsurpassed spectrum to cover gram positive and gram negative organisms, including many anaerobes.

Excellent safety profile

Wide clinical experience has established an excellent safety profile for Claforan, so you're unlikely to see side effects such as renal toxicity, gastric bleeding or adverse drug interactions which you may observe with some other injectable antibiotics.

cefotaxime

Claforan

The first step to take in moderate to serious infection

Presentation Vials containing 500mg, 1g or 2g of cefotaxime sodium. **Indications** Infections before identification of the organism. Infections caused by bacteria of established sensitivity, including chest infections, septicaemia, urinary tract infections, soft tissue infections, obstetric and gynaecological infections, bone and joint infections, meningitis, gonorrhoea. **Dosage** Claforan is administered i.m. or i.v. *Adults:* Moderate infections: 1g 12-hourly. Severe infections: up to 12g daily in 3 or 4 divided doses. For infections caused by sensitive Pseudomonas spp., doses of more than 6g daily are usually required. *Children:* 100-150mg/kg/day in 2 to 4 divided doses. Up to 200mg/kg/day may be given in very severe infections. *Neonates:* 50mg/kg body weight daily in 2 to 4 equally divided doses. In cases of severe infection, divided daily doses of 150-200mg/kg have been given. **Dosage in renal impairment** Reduced dosage is only required in severe renal failure (GFR<5ml/min) when, after an initial loading dose of 1g, the daily dose is halved without change in frequency of dosing. **Contra-indications** Known allergy to cephalosporins. **Precautions** Cephalosporin antibiotics may usually be given safely to patients who are hypersensitive to penicillins. Special care is indicated in patients who have had an anaphylactic response to penicillin. Patients with severe renal dysfunction — see previous. Cephalosporin antibiotics at high dosage should be given with caution to patients receiving aminoglycoside antibiotics or potent diuretics such as frusemide. At recommended doses, enhancement of nephrotoxicity is unlikely with Claforan. A false-positive reaction to glucose may occur with reducing substances. Claforan should not be mixed in the syringe with aminoglycoside antibiotics. The safety of Claforan in human pregnancy has not been established. **Side effects** Adverse reactions are rare and generally mild and transient, but include diarrhoea, candidiasis, rashes, fever, eosinophilia, leukopenia, transient rises in liver transaminase and alkaline phosphatase, transient pain at the site of injection and phlebitis. **Product licence number** 0109/0074 ▼. **Package quantities and basic N.H.S. price** Vials of 500mg, 1g and 2g in packs of 10. One gram vial £4.95. **Date of preparation** May 1983. *Further information available from:* **Roussel Laboratories Ltd., Roussel House, Wembley, Middlesex HA9 0NF.**

From theory

A Wellcome discovery made it possible

Epoprostenol is a naturally occurring prostaglandin, which prevents platelets sticking to vessel walls and to each other.

The discovery of epoprostenol (or prostacyclin as it was called at the time) was a significant achievement of Wellcome prostaglandin research – a discovery which has since generated immense interest.

In 1975, Dr John Vane and colleagues embarked on a line of research to determine whether vessel walls synthesised thromboxane A_2 (TXA_2). The latter had already been shown to cause platelet aggregation and vasoconstriction.

In fact, Vane *et al* disproved the synthesis theory, but observed that the endoperoxide precursor of TXA_2 was being converted into another, unknown substance.

Further work showed this substance to be the biological counterpart of TXA_2, epoprostenol. It relaxed vessel walls and was found to be the most potent inhibitor of platelet aggregation known. So powerful, in fact, that it can also disaggregate platelet clumps.

For this, and other discoveries in the field of prostaglandins and related substances, Dr. Vane shared the 1982 Nobel Prize for Medicine.

Flolan is the synthetic sodium salt of epoprostenol.

Wellcome

A Data Sheet and further information is available on request

Wellcome Medical Division,
The Wellcome Foundation Ltd,
Crewe Hall, Crewe, Cheshire, CW1 1UB.

FLOLAN Prescribing Information

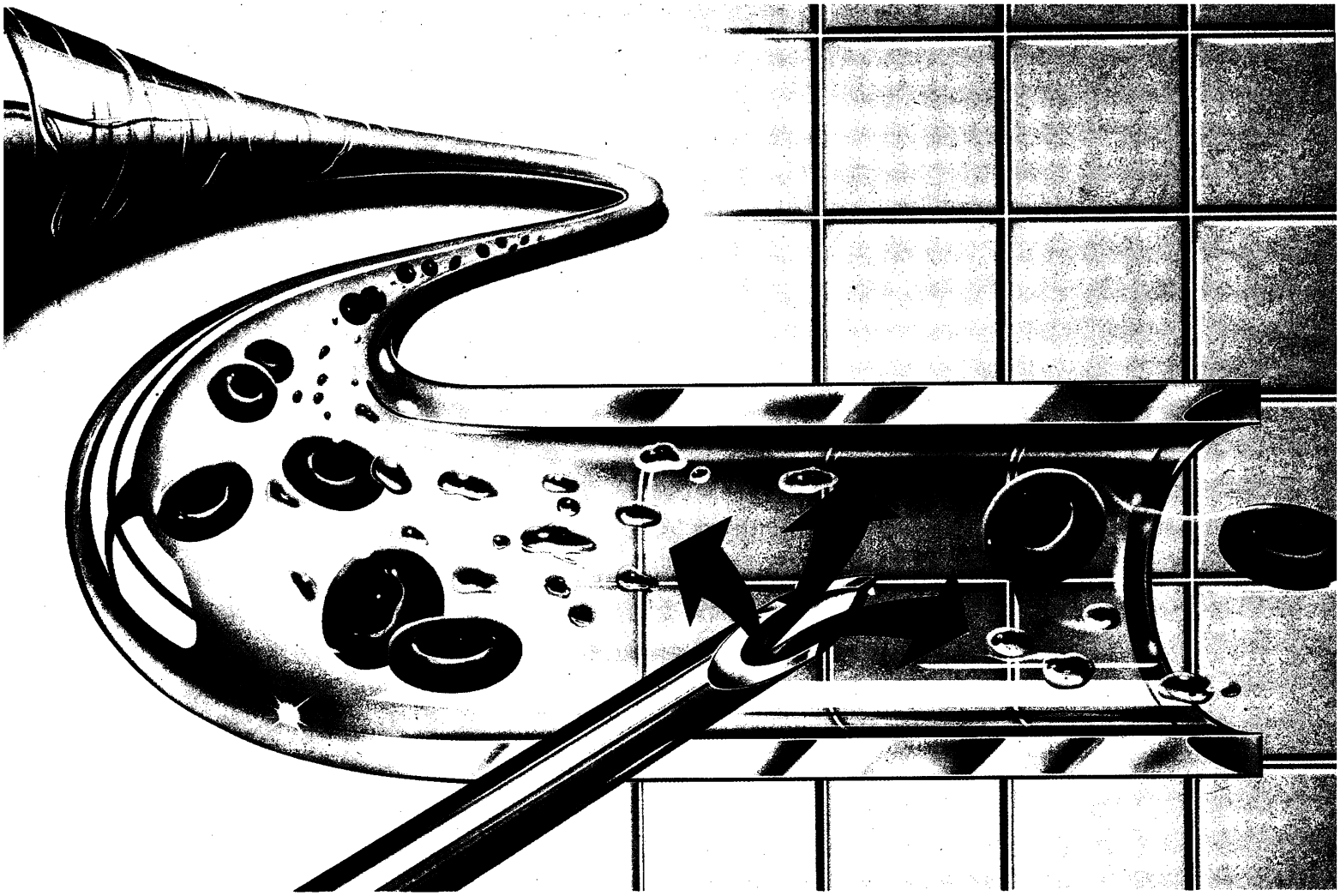
Presentation In each pack is a vial containing 500μg freeze-dried epoprostenol sodium, plus a 50 ml vial of sterile diluent containing Sodium Chloride BP 0.147% w/v and Glycine BP 0.188% w/v in clear solution.

Uses Flolan inhibits platelet aggregation. It is indicated for the preservation of platelet numbers and function during cardiopulmonary bypass and charcoal haemoperfusion, and as an alternative to heparin during renal dialysis.

Dosage and administration Flolan is suitable for continuous infusion only, either intravascularly or into the blood supplying the extracorporeal circulation.
The dosage schedule varies according to the indication. For details see Data Sheet or pack leaflet.
Reconstitution must be performed aseptically, using only the diluent provided. For the method of reconstitution see Data Sheet or pack leaflet.

Contra-indications No recognised contra-indications.

Precautions Flolan should not be used to replace heparin in cardiopulmonary bypass or charcoal haemoperfusion but can do so in renal dialysis. However, standard anti-coagulant monitoring is advisable when concomitant anti-coagulants are administered.
Haemorrhagic complication should be considered in patients with spontaneous or



to theatre.

Therapeutic roles – now and to come

In the operating theatre, Flolan is of particular benefit in extracorporeal circulation procedures, for example, cardiopulmonary bypass, renal haemodialysis and charcoal haemoperfusion. In such circuits, blood is brought into contact with artificial surfaces, which can cause activation, aggregation and consumption of platelets.

The resulting clumps may circulate in the body as microaggregates and can result in renal and cerebral impairment. Platelets also aggregate onto membranes and filters in the circuit, and slow the filtration rate.

Flolan helps prevent these problems by inhibiting aggregation. Fewer platelets stick to the artificial surfaces, more intact platelets return to the body, and the risk of circulatory microaggregates is significantly reduced.

Flolan is an exciting and continuing development which may also show great promise in the treatment of vascular and other diseases.

Wellcome is at work exploring its full potential.

Flolan is a Trade Mark

Flolan

Epoprostenol sodium (formerly known as prostacyclin)

Keeps platelets in circulation

drug-induced haemorrhagic diatheses.
Flolan and other vasodilators may augment each other's hypotensive effects.
The effects of Flolan on heart rate may be masked by concomitant use of drugs which affect cardiovascular reflexes.
If excessive hypotension occurs, the dose should be reduced or the infusion discontinued.
The hypotensive effect of Flolan may be enhanced by the use of acetate buffer in the dialysis bath during renal dialysis.
Elevated serum glucose levels have been reported occasionally.
Use in pregnancy and lactation The potential benefits must be weighed against the risks.

Side- and adverse effects Facial flushing is common. Headache and gastro-intestinal symptoms including nausea, vomiting and abdominal colic have occurred. Bradycardia associated with a considerable fall in systolic and diastolic blood pressure has followed a dose of 30 ng/kg/min in healthy conscious volunteers. Bradycardia accompanied by pallor, nausea, sweating, and sometimes abdominal discomfort and orthostatic hypotension, has occurred in healthy volunteers at doses greater than 5 ng/kg/min.
Basic NHS cost 1 pack containing 1 vial of Flolan + 1 vial of diluent £103.86 (PL3/0151)

Publication date 1 September 1983

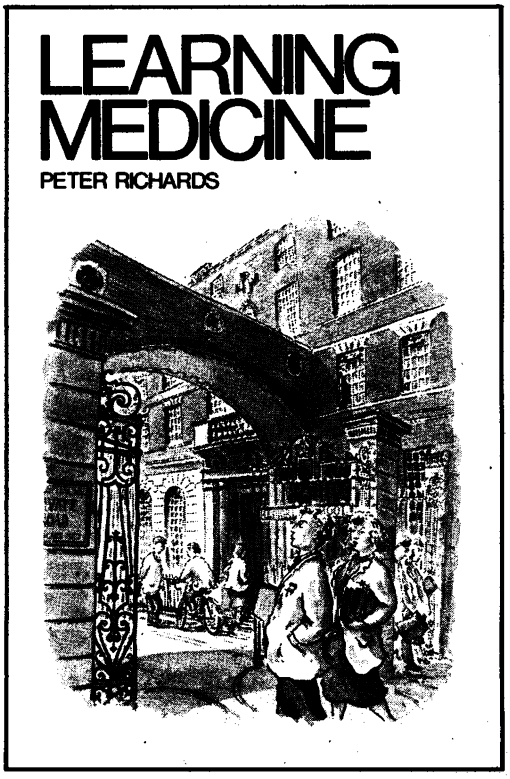
LEARNING MEDICINE

Sixthformers and others contemplating a career in medicine need a source of advice that not only tells them the requirements for entry to medical school and details of the course and career to which it leads but also suggests some of the less definable qualities that medical schools look for and that a career in medicine demands. Written by the dean of a London medical school, *Learning Medicine: an Informal Guide to the Course and Career* is not only an authorative source of information on entry requirements, the process of selection, the curriculums offered by British medical schools, and, later on, the preregistration year and specialist training. It also paints a clear picture—helped by the drawings of Paul Cox—of the life of a medical student during the preclinical and clinical years and of the challenges of gradually assuming responsibility for patients.

Price: £4.00
(£3.50 to BMA members)

Payment must be enclosed with order

Order your copy now
From: The Publisher
British Medical Journal
BMA House
Tavistock Square
London WC1H 9JR
or any leading bookseller



The Americans are having fewer heart attacks.

Could this become a habit?

Over the last ten years, the Americans have been changing their habits. Millions have stopped smoking altogether. Alcohol consumption has been reduced. Exercise has become the nation's favourite leisure activity.

There is also a significant shift away from foods of a high saturated fat content. Instead, more foods like fish, chicken, fruit and vegetables are being eaten.

For spreads and in cooking, products made from vegetable oils of a high polyunsaturate content are increasingly preferred.

The American Heart Association confirms a real benefit emerging from this healthier way of life: a marked decrease in CHD mortality.*

It can't just be coincidence and, with the current high levels of heart disease in Britain, it's obviously time the British changed to healthier habits.

In all this, Flora margarine can make a positive contribution. Flora is made with pure sunflower oil, so it's high in polyunsaturates.

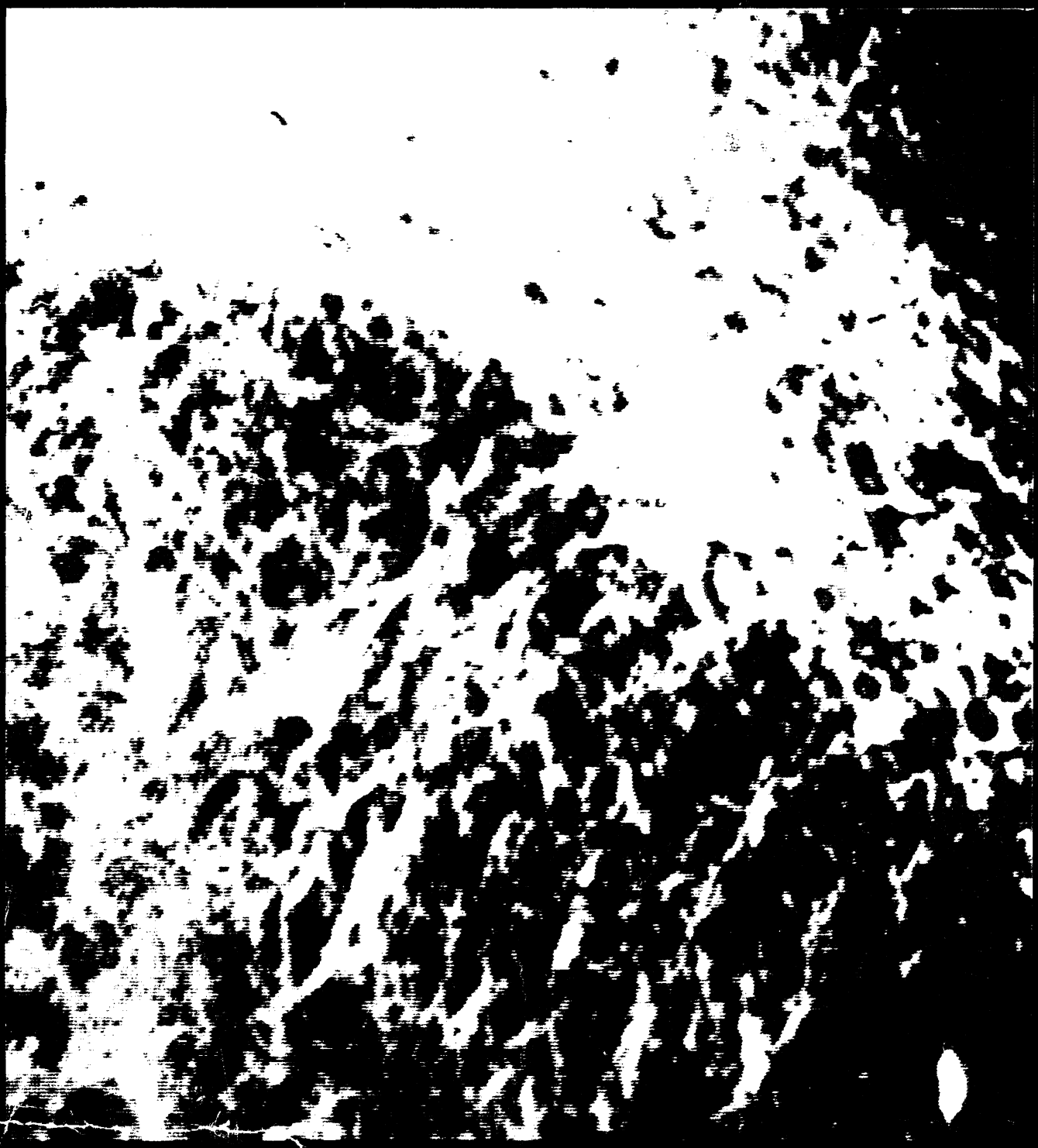
Eaten as part of a properly balanced diet and combined with a sensible health routine, Flora can help your heart-risk patients enjoy an altogether fitter, healthier lifestyle.

Flora. High in polyunsaturates. The margarine that matters.

*AHA Committee Report - Risk Factors and Coronary Disease (1980)

For further information, please contact: Flora Information Service, 25 North Row, London W1R 2BY.

An Investment in Neuroscience



Dopaminergic neurons in the rat substantia nigra.
Quantification of dopamine content by coded colours - red colours code the highest dopamine content.

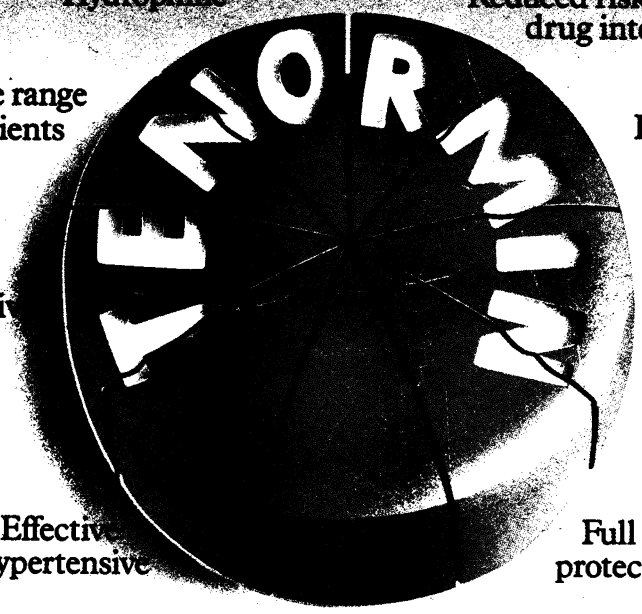
Understanding the role of neuronal plasticity
as restorative mechanism in nervous system disorders.

Trying to link progress in neuroscience research
to human therapeutic benefit.

FIDIA Research Laboratories
P.O. Box 110 - Abano Terme - ITALY - 35031

IN HYPERTENSION AND ANGINA

prescribe Tenormin...



Hydrophilic

Reduced risk of drug interaction

Wide range of patients

Few side effects

Cardioselecti

Effective anti-anginal

Effectiv anti-hypertensive

Full 24 hour protection

Increased work performance

...in one tablet daily

TENORMIN

fits the profile of the ideal beta blocker in hypertension and angina

'Tenormin' Prescribing notes:

Presentation: 'Tenormin' tablets containing atenolol 100 mg are round, bi-convex, orange and film coated. **Uses:** Management of hypertension and angina pectoris. **Dosage:** Hypertension: One tablet daily. Angina: 100 mg daily in single or divided doses. **Contraindications:** Heart block. Co-administration with verapamil. **Precautions:** Untreated cardiac failure, bradycardia, renal failure, anaesthesia and pregnancy. Clonidine withdrawal. **Side Effects:** Coldness of extremities and muscular fatigue. Sleep disturbance rarely seen. Rashes and dry eyes have been reported with beta blockers – consider discontinuance if they occur. Cessation of therapy with beta blockers should be gradual. **Pack size and Basic NHS cost:** 'Tenormin' 28's £7.05. **Product Licence Number:** 'Tenormin' 0029/0122.

Full prescribing information is available on request to the Company

Stuart Pharmaceuticals Ltd
Carr House, Carrs Road
Cheadle, Cheshire SK8 2EG