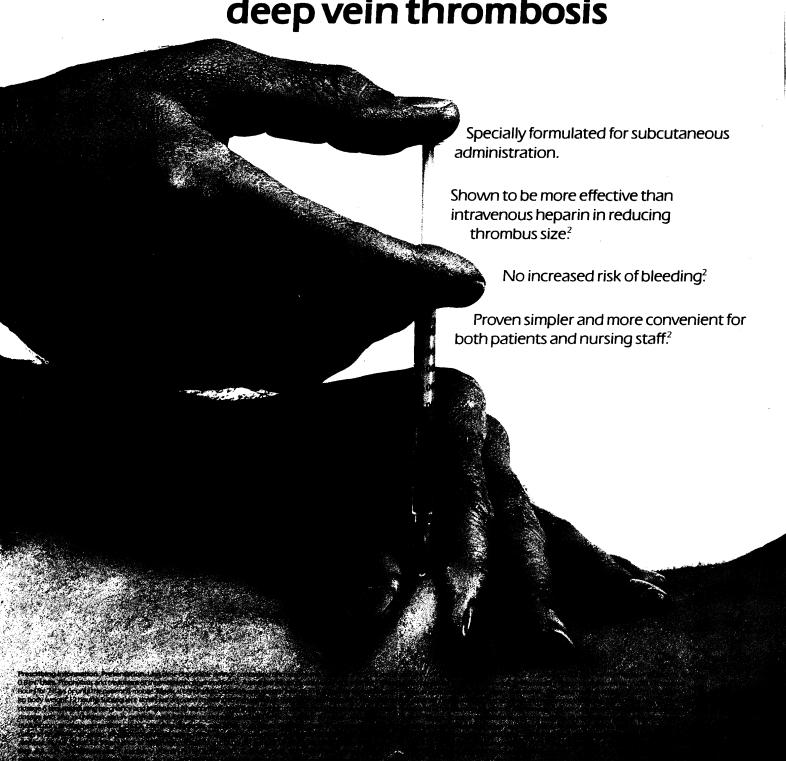


Prescribing Information Presentation Clear, colourless, aqueous injection, containing \$500cg/ml alfentant hydrochloride, in 2ml ampoules. Uses Analgesic adjunct to anaesthesia in short operative procedures and outpatient surgery, requiring spontaneous respiration in adults) Initial: Up to \$500cg (1ml). This should be given by slow i.v. injection over about 30 seconds. Supplemental: Up to \$250cg (0.5ml) every 4.5 minutes or sooner if the patient exhibits signs of insufficient analgesia. Anticipation of surgical stimulation is helpful. Contra-indications, warnings etc. Contra-indications: Obstructive airways disease or respiratory depression in not ventilating. Administration with MAOI's or within two weeks of their discontinuation. Administration in labour or before clamping of the cord during Caesarian section. Warnings: May produce a transient fall in blood pressure. Doses in excess of 1000cg (2ml) will produce significant respiratory depression, usually milly office significant respiratory depression, usually will produce a transient fall in blood pressure. Doses in excess of 1000cg (2ml) will produce significant respiratory depression, usually milly office and an expension of 1000cg (2ml) will produce a stransient fall in blood pressure. Doses in excess of 1000cg (2ml) will produce a stransient fall in blood pressure. Doses in excess of 1000cg (2ml) will produce a stransient fall in blood pressure. Doses in excess of 1000cg (2ml) will produce a stransient fall in blood pressure. Doses in excess of 1000cg (2ml) will produce a stransient fall in blood pressure. Doses in excess of 1000cg (2ml) will produce a stransient fall in blood pressure and the stransient fall in blood pressure. Doses in excess of 1000cg (2ml) will produce a stransient fall in blood pressure. Doses in excess of 1000cg (2ml) will produce a stransient fall in blood pressure

# Calciparine

a proven choice for prophylaxis

and now for treatment of deep vein thrombosis





- Smooth, sustained diuresis
- Distinctive tablet aids compliance, avoids confusion
- Avoids the need for K<sup>+</sup> supplements
  - Now available as an oral solution

### Abridged Product Information

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

Uses Potassium-conserving diuretic/antihypertensive. For hypertension, congestive heart failure, or hepatic cirrhosis with ascites, where potassium depletion might be anticipated. **Dosage and administration** Dose range is 1 to 4 tablets (or 5 to 20 ml) daily.

Contra-indications Hyperkalaemia, potassium-conserving agents, potassium supplements; anuria; acute renal failure, severe renal disease, diabetic nephropathy; blood urea over 60mg per 100ml; serum creatinine over 1.5mg per 100ml, when electrolyte and urea levels cannot be monitored; sensitivity to amiloride or hydrochlorothiazide. In renal failure hyperkalaemia may develop rapidly. Not recommended for children; during pregnancy, or lactation.

Precautions Diabetes mellitus: hyperkalaemia occurs commonly in diabetics on amiloride. Check renal function in known or suspected diabetics. Discontinue before a glucose-tolerance test. Insulin requirements of diabetics may alter. Latent diabetes may become manifest. Initiate only with caution in severely ill patients liable to acidosis. Hyperkalaemia: seen particularly in the aged, diabetics, cirrhotics, cardiac oedema with known renal involvement, where patients seriously ill or undergoing vigorous diuresis. Discontinue 'Moduretic' immediately if hyperkalaemia develops as some deaths have been reported. On rare occasions, 'Moduretic' may not prevent hypokalaemia. If hypokalaemia occurs use the two agents separately with appropriate dosage adjustment. Potassium should not be given. Hyponatraemia and hypochloraemia may occur. Increases in blood urea may accompany vigorous diuresis; serum electrolyte and blood urea should be monitored in these patients. Caution in renal impairment. Avoid cumulative or toxic effects following reduced excretion. Azotaemia may be precipitated or increased by hydrochlorothiazide. Discontinue if increasing azotaemia and oliguria occurs. Effects in cirrhosis: diuresis is more frequently accompanied by adverse reactions. Hepatic encephalopathy reported with amiloride. Observe these patients for encephalopathy. Jaundice has occurred, relationship uncertain. Sensitivity reactions to thiazides may occur. Hydrochlorothiazide potentiates other antihypertensives. Dosage of these agents may need reduction when 'Moduretic' added. Do not give lithium with diuretics. Activation or exacerbation of systemic lupus erythematosus may occur. Hydrochlorothiazide may decrease arterial responsiveness to noradrenaline. Responsiveness to tubocurarine may increase. Calcium excretion is decreased. Magnesium excretion is increased. Thiazides may decrease serum PBI levels without thyroid disturbance. Changes in parathyroids with hypercalcaemia and hypophosphataemia have been reported. Discontinue before tests for parathyroid function. Hyperuricaemia or gout may occur.

Side effects Gastro-intestinal: intolerance and pain. Diuretic effects: dry mouth, thirst, paraesthesiae, blurring of vision, sialadenitis, dizziness, vertigo, weakness, muscle cramps, orthostatic hypotension. Other side effects: rash, pruritus, confusion, visual disturbances. Thiazide effects: headache, restlessness, jaundice, pancreatitis, yellow vision, hyperglycaemia, glycosuria, hyperuricaemia, thrombocytopenia, leucopenia, agranulocytosis, aplastic anaemia, purpura, rash, urticaria, photosensitivity, necrotising angiitis, fever, respiratory distress. Isolated instances of GI bleeding. Increases in liver function may relate to amiloride. One patient with pre-existing partial heart block developed complete heart block.

Basic NHS cost Tablets (5 mg amiloride hydrochloride BP and 50 mg hydrochlorothiazide BP) £7.59 per 100 (ex 500 pack). Solution (5 mg amiloride hydrochloride BP and 50 mg hydrochlorothiazide BP in 5 ml) £4.95 for 200 ml.

Product licence numbers Tablets, 0025/5016. Solution, 0025/0165.

Issued December 1983. ® registered trademark.



Merck Sharp & Dohme Limited, Hoddesdon, Hertfordshire, EN11 9BU



Simple to start with. Simple to stay with.

Last year, 15,000,000 attacks of cold sores were suffered. 500,000<sup>1</sup> of them were so severe, or so embarrassing, that patients sought treatment from their doctor.

Now, there is new Zovirax Cream, an important achievement of Wellcome antiviral research.

Fiddian et al.<sup>2</sup> found that treatment with Zovirax Cream achieved impressive results.

When treatment was begun before lesions developed, 42% of lesions were suppressed, compared to only 11% with placebo (P=0.04).

For the best results, treatment with Zovirax Cream should begin as soon as possible during an attack, preferably during the prodrome, so that the "... proportion of lesions effectively aborting may be increased to a third or more."2

So when patients come to you suffering from recurrent cold sores, prescribe Zovirax Cream.

With early treatment, the cold sores may not show their face.

<sup>1</sup>Data on file

<sup>2</sup>Fiddian, A.P. et al. (1983), British Medical Journal, **286**, 1699

At the first sign of a cold sore

**ACYCLOVIR** 

Prescribing Information: Zovirax Cream Presentation

Presentation
Acyclovir 5% w/w in a white aqueous cream base.
Uses
Treatment of herpes simplex infections of the skin including initial and recurrent genital herpes and herpes labialis.
Dosage and Administration
Zovirax Cream is applied five times daily at approximately four-hourly intervals. Treatment should be continued for

5 days. If healing is not complete, treatment may be continued for a further 5 days. Therapy should begin as early as possible after the start of an infection, preferably during the prodromal period.

Contra-indications

Patients known to be hypersensitive to acyclovir or propylene glycol.

Warnings and adverse effects

Transient burning or stinging following application may

occur. Erythema or mild drying and flaking of the skin have been reported in a small proportion of patients. Basic NHS cost 2g tube £4.86 10g tube £14.66 Product Licence No. PL3/0108.

Further information is available on request.

Wellcome Medical Division The Wellcome Foundation Ltd, Crewe, Cheshire





								-						
													L	
						Ċ			•					
							,							
			,											
						·		•						
					Carbid	opa and	levodop	a, MSD	<b> </b>					
		Pull presenti	hina inform	etion is sw			CT INFURA Preces						L	
	and E	Full prescribing information is available on request and should be consulted before prescribing. Indications Parkinson's disease and syndrome. Desage and administration Dosege variable. Patients not receiving levodopa Usually I tablet of Sinemet-Plus' three times a day, Adjust as necessary, Maximum daily dose is 8 tablets. If more levodopa required, substitute Sinemet'-278, I tablet three or four times a day. If further titration needed, increase 'Sinemet'-278 to maximum 8 tablets a day. Patients receiving levodopa Discontinue levodopa at least twelve hours (24 hours for slow-release preparations) before starting 'Sinemet'. Dose of 'Sinemet' approximately 20% of previous daily dosage of levodopa. Usual starting dose 'Sinemet'-278 I tablet three or four times a day. Patients requiring less than 1,500 mg levodopa a day start with 'Sinemet-Plus' I tablet three or four times a day. Maximum is 8 tablets						ommended for with severe	cardiovascule	r or pulmonar		nusly .		
	10							bronchial asthma, renal, hepatic, endocrine disease, psychoses, chronic wide-angle glaucoma, with a history of myocardial infarction; and when receiving antihypertensives (adjust dosage if necessary). Monitor carefully for mental changes, depression with suicidal tendencies, and other serious antisocial behaviour. Observe carefully patients with history of severe involuntary movements or psychoses						
	Usu													
	req furt								ccur in patien	ts with history	of peptic ulce		L	
	Pat							If general anaesthesia is required, Simemer may be continued whilst patient permitted oral intake. Usual daily dosage may be given when oral medication is possible.  Transient abnormalities in renal function tests, liver function tests, and protein-bound iodine may occur without evidence of disease.  Not recommended for children under 18 years of age.						
	apg													
	Pat Sin							lects orm, dystonic	;, and other in	voluntary mov	rements are m	ost		
		ontra-indicat		wn hypersen	sitivity. Do not u	use in	Less frequences	sent are cardi non, GI intole	ovascular irre rance, and dis		·		L	
	pat ski	ents with histo lesions. Disc	ory of melanor continue MAO	na or with sus	picious undiag	mosed	leucopen	a, and agram	locytosis.	hypertension, semolytic anac				
		ting 'Sinemet.' 'regnancy and lot recommend	lactation	g mothers. Us	e in women of		extremely Other side	rare. e effects inclu	- de psychiatri	c, neurologica	1, GI,		<u> </u>	
		dbearing pote inst possible h			ed benefits be occur.	weighed	weight ga			al, special ser s in laboratory	uses, hot flushe y tests.	8 <b>8,</b>	ŀ	
							per 100 pi				a BP) tablets f iP) tablets £14.		┝	
į					. ,	,	per 100 per 10	çk;	-		P) tablets £7.70			
I								t licence mus Phus; 0025/015					$\vdash$	
<b></b>	l						Sinemet'-	275, 0025/008 110, 0025/0084	3 .					
					•		e cencies	registered tra	SJEITHIK				$\vdash$	
					170 Acc		@ denote:						1	
					78.65				ME	BCK				
		: :			7.46		@ denote:		S) <b>D</b> ) SH.	RCK ARP HME		٠		
		:		K	etang.		@ denote:	oril 1983	S D SH. DO Merck Sharp	ARP HME & Dohme L				
		4					@ denote:	oril 1983	S D SH. DO Merck Sharp	ARP HME & Dohme L	imited re, EN11 9BU			
	- (				The state of the s		@ denote:	oril 1983	S D SH. DO Merck Sharp	ARP HME & Dohme L	re, EN11 9BU	J 83.GB.9010.J		
	744						@ denote:	oril 1983	S D SH. DO Merck Sharp	ARP HME & Dohme L	re, EN11 9BU			
							@ denote:	oril 1983	S D SH. DO Merck Sharp	ARP HME & Dohme L	re, EN11 9BU			
					The second secon		@ denote:	oril 1983	S D SH. DO Merck Sharp	ARP HME & Dohme L	re, EN11 9BU			
					these same and the		@ denote:	oril 1983	S D SH. DO Merck Sharp	ARP HME & Dohme L	re, EN11 9BU			



Prescribing information. Uses: Routine control of bronchospasm in bronchial asthma, bronchitis and emphysema, or as required to relieve attacks of acute bronchospasm. Doses may also be taken before exertion to prevent exercise-induced asthma or before exposure to a known unavoidable challenge. Dosage and administration: As single doses for the relief of acute bronchospasm, for managing intermittent episodes of asthma and to prevent exercise-induced bronchospasm. Using Ventolin Inhaler – Adults: 1 or 2 inhalations. Children: 1 inhalation increasing to 2 if necessary. For chronic maintenance or prophylactic therapy: Using Ventolin Inhaler – Adults: 2 inhalations three or four times a day. Children: 1 inhalation three or four times a day increasing to 2 inhalations if necessary. For optimum results in most patients inhaled Ventolin should be administered regularly. Contra-indications: Ventolin

preparations should not be used for the prevention of threatened abortion during the first or second trimester of pregnancy. **Precautions:** If a previously effective dose of inhaled Ventolin fails to give relief lasting at least three hours, the patient should be advised to seek medical advice. Ventolin should be administered cautiously to patients suffering from thyrotoxicosis. Unnecessary administration of drugs during the first trimester of pregnancy is undesirable. **Side effects:** No important side effects have been reported following treatment with inhaled Ventolin. **Presentation and Basic NHS cost:** Ventolin Inhaler is a metered-dose aerosol delivering 100 micrograms Salbutamol BP per actuation. Each canister contains 200 inhalations. Basic NHS cost £3·00. **Product licence number:** Ventolin Inhaler 0045/5022.



Further information is available on request from: Allen & Hanburys Limited, Greenford, Middlesex UB6 0HB. Ventolin is a trade mark of Allen & Hanburys Limited.

# Wellcome introduces ceftizoxime sodium

Prescribing information:

**Presentation:** Vials containing 500mg, 1g and 2g of ceftizoxime as the sterile sodium salt.

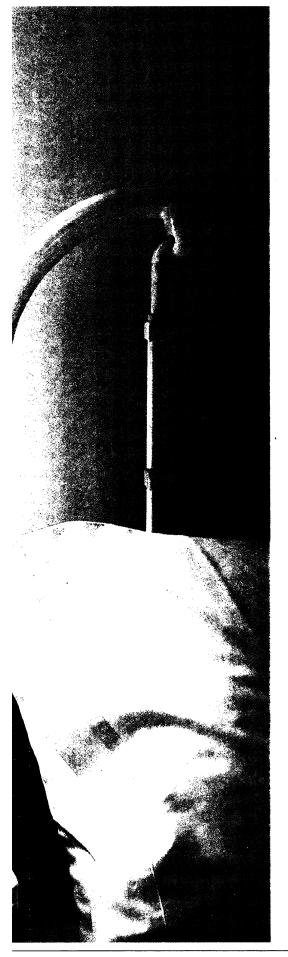
Uses: Broad-spectrum, bactericidal, cephalosporin antibiotic. Indications include lower respiratory tract infections, genito-urinary tract infections including gonorrhoea, intra-abdominal infections, septicaemia, skin and soft tissue infections. Cefizox is active against a wide range of Gram-positive and Gram-negative organisms and is stable to a broad spectrum of beta-lactamases produced by both aerobic and anaerobic organisms.

aerobic and anaerobic organisms. **Dosage and administration:** By slow intravenous injection

by continuous or intermittent intravenous infusion, or by deep intramuscular injection. For reconstitution details see Data Sheet. Modification of the following guideline dosages is necessary in patients with impaired renal function (see Data Sheet). Adults: urinary tract infection, 0.5-Ig 12-hourly, IM or IV; gonorrhoea, Ig single dose, IM; other infections, 1-2g 8-12 hourly, IM or IV; severe or life-threatening infections, 2-3g 8-hourly, IM or IV. Children over the age of 3 months: 30-60 mg/kg bodyweight/day in 2-4 divided doses, increased in severe or life-threatening infections to 100-150mg/kg bodyweight/day. The total dose should not exceed the adult dose. Index the age of 3 months: insufficient data to recommend use.

**Contra-indications:** Hypersensitivity to cephalosporin antibiotics.

Precautions: Renal status should be monitored, especially in seriously ill patients receiving maximum dose therapy and coadministration of aminoglycoside antibiotics. Although the occurrence has not been reported with Cefizox, nephrotoxicity has been reported following concomitant administration of other cephalosporins and aminoglycosides. As with any other antibiotic, prolonged use may result in overgrowth of non-susceptible organisms. Caution in penicillin-sensitive patients because of possible cross-reaction. Side- and adverse effects: Cefizox is generally well



The excellent *in vivo* performance of Cefizox is the sum of many factors. Most notably, its powerful spectrum of antibacterial activity, stability to ß-lactamases, and highly effective tissue penetration.

Potent antibacterial spectrum

Cefizox is a powerful, third-generation, injectable cephalosporin. It has a wide spectrum of activity against both Gram-negative and Gram-positive aerobic and anaerobic organisms including *E. coli, Klebsiella pneumoniae, Proteus mirabilis, H. influenzae, Strep. pneumoniae, Staph. aureus* and *Strep. pyogenes*!,2

It is also active against hospital opportunist pathogens not so frequently encountered, such as indole-positive Proteus, *Serratia marcescens, Morganella morganii*, and Enterobacter.<sup>1,2</sup>

Superior &-lactamase stability

Cefizox has excellent ß-lactamase stability, and is resistant to a wider range of ß-lactamases than cefotaxime.

**Excellent tissue penetration** 

After a single dose, concentrations of Cefizox in most tissues and body fluids are easily in excess of the MIC of likely pathogens.

Study has shown that Cefizox achieves greater concentration in most tissues and body fluids than cefotaxime, after equivalent doses!

And, unlike cefotaxime, Cefizox is not metabolised. Thus the full therapeutic effect of Cefizox is maintained.

**International clinical success** 

Extensive experience confirms that Cefizox provides excellent clinical results against opportunist hospital pathogens.

It has been shown to be highly effective in lower respiratory tract infections, genito-urinary tract infections including gonorrhoea, intraabdominal infections, septicaemia, and skin and soft tissue infections?

Cefizox has also been notably successful in treating infections resistant to ampicillin, carbenicillin, cefamandole, tobramycin or gentamicin.

And Cefizox has proved suitable for use in neutropenic patients<sup>7</sup> and children.<sup>8</sup>

With a broad spectrum of antibacterial activity, proven efficacy and a low level of side effects? Cefizox is a logical choice in serious infection. Especially before the infecting organism is identified, where multiple infection is suspected, or the infection is resistant to other cephalosporins, aminoglycosides or penicillins.

When infection threatens, Cefizox is an excellent choice.



**References** 1 Barry, A.L. *et al* (1982), *J. Antimicrob. Chemother*, **10**, Suppl. C, 25. 2 Parks, D. *et al* (1982), *ibid.*, 327. 3 Simpson, I.N., *et al* (1982), *J. Antimicrob. Chemother*, **9**, 357. 4 Gerding, D.N. and Peterson, L.R. (1982), *J. Antimicrob. Chemother*, **10**, Suppl. C, 105. 5 Quintiliani, R. and Nightingale, C.H. (1982), *ibid.*, 99. 6 Neu, H.C. (1982), *ibid.*, 193. 7 Lawson, R.D. and Baskin, R.C. (1982), *ibid.*, 159. 8 Shikuma, C.M. *et al* (1982), *ibid.*, 293. 9 Platt, R. (1982), *ibid.* 135. Cefizox is a Trade Mark.

tolerated. The most common adverse reactions have been local following IM or IV injection. These include burning, cellulitis, pain, induration, tenderness, paraesthesia and phlebitis. Other adverse reactions include hypersensitivity reactions (rash, pruritis, fever), gastrointestinal disturbance (diarrhoea, nausea, and vomiting), vaginitis, transient eosinophilia, thrombocytosis. Neutropenia, leucopenia and thrombocytopenia have been reported rarely. Some individuals have developed a positive Coombs' test. Transient elevation in SGOT, SGPT, alkaline phosphatase, BUN and serum creatinine have occasionally been observed. **Use in pregnancy and lactation:** There are no data in

pregnant women, thus the benefit of using Cefizox in pregnancy should be weighed against the possible hazard. Caution should be exercised if Cefizox is administered to a nursing mother.

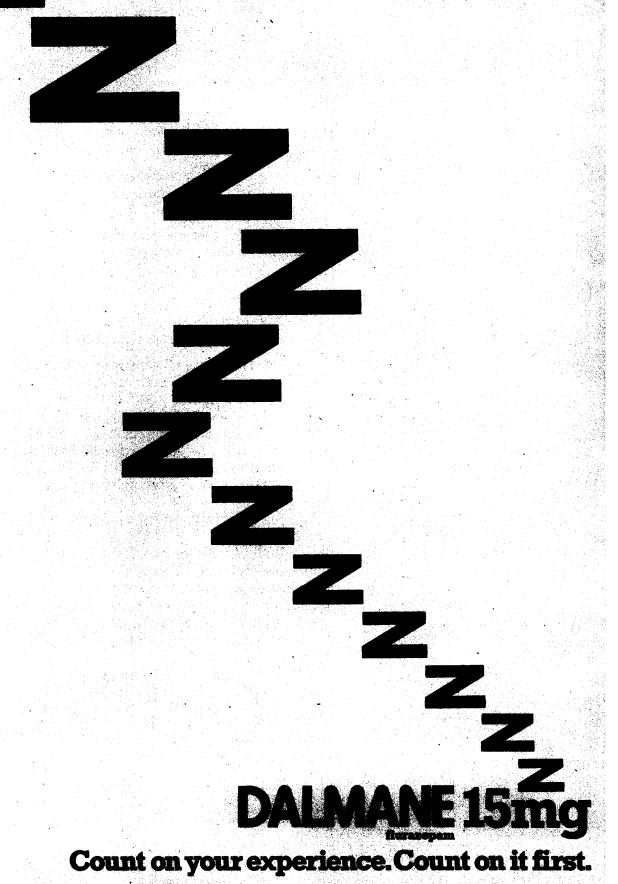
**Basic NHS costs:**1 x 500mg vial (PL3/0174) \$2.76
1 x 1g vial (PL3/0175) \$5.50
1 x 2g vial (PL3/0175) \$11.00

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

Made by Fujisawa Pharmaceutical Co Ltd, Osaka, Japan, for The Wellcome Foundation Ltd, London.



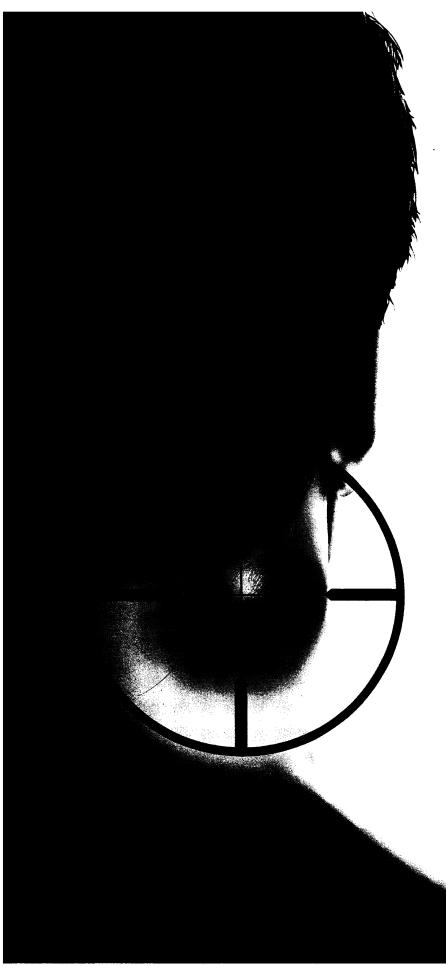




This information: Indications Insomnia of all degrees. Sleep disturbances due to organic conditions, in conjunction with specific therapy. Dosage Adults: Mild insomnia 18mg.

The to severe insomnia 15 or 30mg. Severe insomnia 30mg. Elderly patients 18mg. Precautions As with other CNS drugs, patients should avoid alcohol while under treatment. Patients' (driving ability, etc.) may be modified. Prescribe in early pregnancy only when absolutely indicated. The use of high doses of benzodiazepines, especially over prolonged periods, it is a large to dependence particularly in patients with a history of alcoholism or drug abuse. Treatment in these cases should be withdrawn gradually. Side-effects Dalmane is well forever, morning drowsiness, dizziness and ataxis may occur. Occasionally patients may experience a bitter after-taste. Basic NHS Cost 1 x 15mg capsule 4.5p per 1 x 12 mg capsule 6.0p per night as 500 pack. Product Licence Numbers 0031/0065 (capsules 15mg). 0031/0066 (capsules 30mg). Presentations Dalmane

RECNE



# Aim at the most likely cause of skin infections.

The most likely cause of skin infections in hospital is *Staphylococcus aureus*! Unfortunately this organism is now usually resistant to many widely used antibiotics such as penicillin V and G, ampicillin and amoxycillin?

It is therefore important, in the treatment of these infections, to choose an antibiotic upon which you can depend to eradicate *Staphylococcus aureus*.

Floxapen is active against 98% of isolates of *Staphylococcus aureus*<sup>2</sup>; you can rely on it for effective treatment.

Make Floxapen your first choice for skin infections.



References 1. J. Hosp. Inf. 1981, 2 (Suppl.), 35-39. 2. Audit of Antibiotic Sensitivity Reports 1981, Market Investigations (P & A) plc.

PRESCRIBING INFORMATION Uses Floxapen is a penicillinase-stable penicillin, indicated for the treatment of infections due to Gram-positive organisms; including infections caused by penicillinase-producing staphylococic Dosage ADULTS ORAL 250mg q i d I M = 250mg q i d IV = 250-500mg q i d OLD COMPAGE (1998) and the producing staphylococic Dosage ADULTS ORAL 250mg q i d IV = 250-500mg q i d OLD CHILDREN 2-10 years: 12 adult dose Under 2 years: 14 adult dose Systemic dosages may be doubled where necessary Administration ORAL. Oral doses should be administered: 12-1 hour before meals Floxapen syrup may be difficiently and the produced of the produced where the produced with syrup B P INTRAMUSCULAR. Add 15 mi Water for Injections B P to 250mg vial contents or 2ml Water for Injections B P to 300mg vial contents. INTRAVENOUS Dissolve 250-500mg in 5-10ml Water for Injections B P to 400mg vial contents by slow intravenous injection (three to four minutes) Floxapen may also be added to infusion fluids or injected, suitably difficient in the dript tube over a period of three to four minutes For information on dosage and administration of Floxapen by Intrapleural, Intra-articular and Intrathecal injection or by Nebulser solution please refer to the Data sheet or Package Enclosure Leaflet Contra-indications Penicillin hypersensitivity, ocular administration. Side-effects As with other penicilins

Availability and basic NHS prices (Correct at October 1983) Favourable Hospital Rates are available from the Company

CAPSULES 250mg-£4.32 for 20. 500mg-£8.64 for 20. SYRUP 125mg/5ml-£3.42 per 100ml.

VIALS FOR INJECTION 1g-£3 83 each. 500mg-£1.91 each. 250mg-96p each.

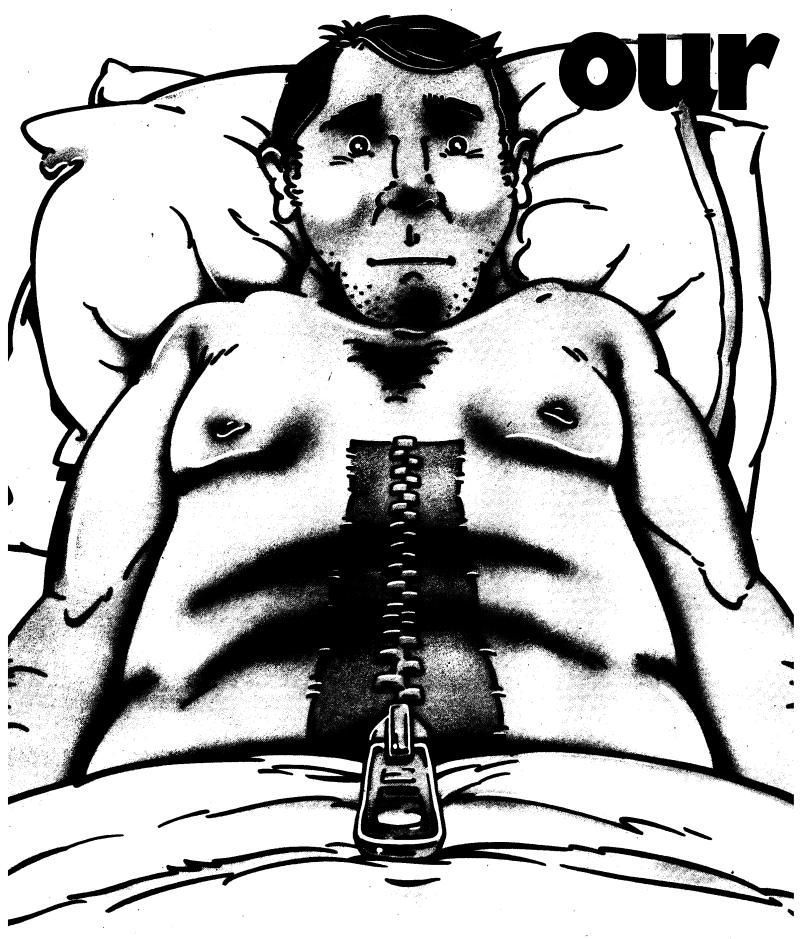


Further information is available on request to the Company Floxapen (flucloxacillin) is a product of British research from

**Beecham Research Laboratories**Brentford, Middlesex TW8 9BD



# The shut and



# open case for new gloves.

Even with the best gloves, there's always a chance you'll have to open up the patient again: starch on the gloves can cause peritonitis and adhesions.

"Six of the seven patients with proven starch peritonitis were re-operated upon because the surgeons felt they could not rule out major postoperative septic complications."

Until now, starch powder has always been used in the actual manufacture of surgeons' gloves, and adding powder makes them easier to don. But starch does cause problems.

"... Contamination of the peritoneal cavity is inevitable when starch-precoated gloves are used."<sup>2</sup>

Of course, thorough washing after donning gloves will remove most of the starch; but it won't remove <u>all</u> the starch particles, even when done conscientiously by everyone in the theatre team. And it wastes time and money.

So we have come up with the answer: our new Regent BIOGEL', surgeons' gloves.

They're completely starch-free inside and out: but you can still don them with remarkable ease,

without using starch – and even with wet hands. •Patents Pending

I. Ignatius, J.A., Hartmann, W.H., (1972) Ann. Surg. <u>175</u>: 388 2. Jagelman, D.G., Ellis, H., (1973) Brit. J. Surg. <u>60</u>: 111. BIOGEL surgeons' gloves have all the advantages of the original Regent surgeons' gloves: beaded cuffs for security, roughened surface for grip, 'hand-shaped' moulding for superb fit, latex for strength with sensitivity.

You can tell BIOGEL surgeons' gloves at once, because they're so easy to don. And they're starch-free.

So far as glove starch is concerned, when you wear BIOGEL surgeons' gloves you can close your abdominal cases once and for all.



BIOGEL and REGENT DISPO are trade marks

First choice for everybody and made in Britain.

LRC Products Limited, REGENT® North Circular Rd, Chingford, London E48QA. **DISPO** 

# DID YOU ER WISH FOR NOTHER OPTION?

Until now many severe chronic asthmatics have required oral steroids over prolonged periods to control their condition.

symptomatic control of severe asthma with measurable improvement in lung function. Many patients requiring maintenance oral steroids are able to reduce their oral steroids; a significant number are able to stop them altogether.

Becloforte

(Beclomethasone Dipropionate BP)

THE ALTERNATIVE TO ORAL STEROIDS IN SEVERE CHRONIC ASTHMA

Prescribing information Uses For those asthmatic patients who require high doses (greater than 800µg to 1.000µg daily) of beclomethasone dipropionate to control their symptoms and patients with severe asthma who would otherwise be dependent on systemic corticosteroids to control their symptoms. Desage and administration Adults: Two inhalations (500µg) twice daily, or one inhalation (250µg) four times daily. If necessary, dosage may be increased to two inhalations (500µg) three or four times daily. Centra-indications, warnings, etc. No specific contra-indications are known, but special care is necessary in patients with active or quiescent pulmonary tuberculosis. Unnecessary administration of drugs during the first trimester of pregnancy is undesirable. Precautions Patients being treated with high doses of Becotide Inhaler may be transferred directly to treatment with Becloforte Inhaler. In the majority of patients no significant adrenal suppression occurs

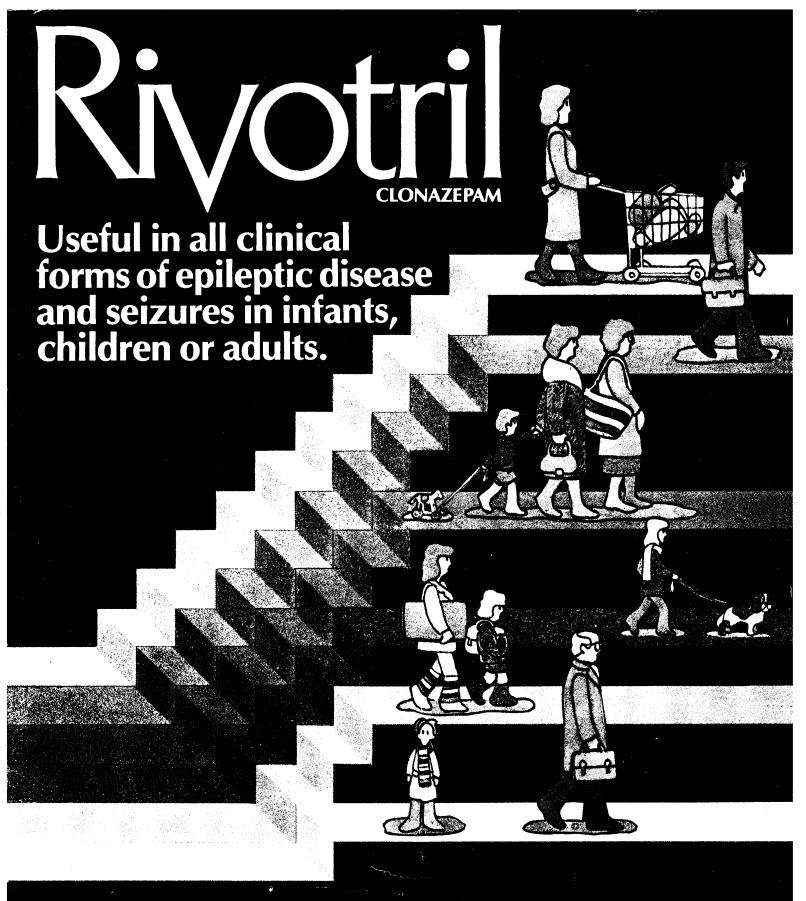
until doses of 1,500µg per day are exceeded. Some patients receiving 2,000µg of Becloforte per day may show a degree of adrenocortical suppression although short term adrenal reserve remains intact. In such patients the risks of developing adrenal suppression should be balanced against the therapeutic advantages and precautions should be taken to provide systemic steroid cover in situations of prolonged stress. Patients being treated with oral steroids should be in a stable state before Becloforte Inhaier is added to their therapy. Gradual withdrawal of systemic steroids may be attempted after a week or two. Adrenocortical function should be monitored in patients who have been treated with systemic steroids for long periods of time or at a high dose. These patients should be warned that they may need to increase the dosage of oral steroids in times of stress. Treatment with Becloforte should not be stopped abruptly. Side effects. Occasional candidiasis of the mouth and throat occurs in

some patients. Topical therapy with antifungal agents usually clears the condition whilst still continuing with Becloforte Inhaler. **Presentation and Basic NHS cost** Becloforte Inhaler is a metered dose aerosol delivering  $250\mu g$  Beclomethasone Dipropionate BP per actuation and containing 200 inhalations. Basic NHS cost £21:00.**Product Ilcence number** 0045/0125 Becloforte and Becotide are trade-marks



Further information is available on request from:

Allen & Hanburys Limited Greenford, Middlesex UB6 OHB



# Flexible dosage, easily adjusted to suit patient response

ribing information
ations All clinical forms of epileptic disease
izures in infants, children or adults,
ally typical or atypical petit mai, generalised
y or secondary tonic-clonic seizures
ng grand mai; focal seizures with elementary
plex symptomatology; various forms of

**Dosage** The dosage must be adjusted according to the needs of the individual. Treatment should be started with low doses, not exceeding 1mg/day for adults, 0.5mg/day for children and 0.25mg/day for

infants and small children. The data sheet should be consulted for full details.

consulted for full details.

Precautions Avoid alcohol. May modify patients' reactions (driving ability, operation of machinery, etc.). Careful dose adjustments when used in conjunction with other anti-epileptic drugs. Withdraw gradually, Pregnancy.

Side-effects Fatigue, somnolence, occasional muscular hypotonia and co-ordination disturbances. In infants and small children: salivary or bronchial hypersecretion with drooling.

Paradoxical effects: aggressiveness, irritability or agitation, grand mal or activation of a new seizure type.

Presentation Tablets containing 0.5mg or 2mg clonazepam.

**Basic NHS Cost** 0.5mg tablets £3.37 per 100, 2mg tablets £7.02 per 100.

Product Licence Numbers 0031/0076 (tablets 0.5mg), 0031/0077 (tablets 2mg).



ion of Roche Products Limited PO Box 8, Welwyn Gard Hertfordshire AL7 3AY

Rivotril is a trade mark

# Guard against infection in surgery

Glaxo

Hospital antibiotics cr



# PROPHYLACTIC INACE F

Prescribing information

.

Adults: Generally 750mg t.d.s. i.m. or i. Severe infections 1.5 grams t.d.s. i.v. Frequency of injections can be increase to six-hourly if necessary.

Intants and children: 30 to 100mg/kg/day in three or four divided doses. 60mg/kg/day will be appropriat for most infections.

Neonates: 30 to 100mg/kg/day in two or three divided doses.

Gonorrhoea: Single dose of 1.5 grams (2 x 750mg into different sites).

Prophylaxis: The usual dose of 1.5 grams iv. with induction of anaesthesia for abdominal, pelvic and orthopaedic operations, may be supplemented with two 750mg i.m. doses eight and sixteen hours later. In cardiac, pulmonary, cesophageal and vascular operations, the usual dose is 1.5 grams i.v. with induction of anaesthesia continuing with 750mg i.m. t.d.s. for a further 24 to 48 hours. In total joint replacement, 1.5 grams celuroxime powder may be mixed dry with each pack of methyl methacrylate cement monomer before adding the liquid polymer.

Contra-Indications

Typersensitivity to cephalosporins.

Precautions

counting

Cephalosporins may, in general, be
given salely to patients who are
hypersensitive to penicillins.

Care is indicated in patients who
have experienced an
anaphylactic reaction to
penicillin. As with all drugs,
Zinacef should be administered
with caution during the early.

months of pregnancy. Linacel does not interfere with enzyme-based tests for glycosuria. Slight interference with copper reduction methods may be observed. Zinacef may cause falsenegative results in the ferricy ande test for glucose. This antibotic does not interfere in the alkaline picrate assay for creatinine. Zinacef should not be mixed in the syringe with aminoglycoside antibiotics. Reduce does qe when renai function is markedly impaired.

Cephalosporins at high dosage should be given with caution to patients receiving concurrent treatment with potent diuretics such as Irusemide, as these combinations are suspected of adversely affecting renal function. Clinical experience with Zinacef has shown that this is not likely to be a problem at the recommended dose levels.

Side effects

Adverse reactions are rare and generally mild and transient, e.g., rashes, gastro-intestinal disturbances, decreased haemoglobin concentration, examphilia, a positive Coombs' test, transient rises in serum liver enzymes and transient pain (after i.m. injection). As with other antibiotics, prolonged us may result in the overgrowth of nonsusceptible organisms, e.g. Candida.

Product Licence number 4/0263

Recommended price

(exclusive of VAT) 5 x 250mg £4.90 5 x 750mg £14.70 1.5 gram £5.88 1.5 gram £5.88 infusion pack

Further information on Zinacef (trade mark) is available from:

Glaxo

Glaxo Laboratories Limited Greenford, Middlesex UB6 0HE

injectable cefuroxime

PROTECTION FROM WITHIN

# THE KEYNES PRESS

A new series of limited editions of medical classics, published under an imprint named after Sir Geoffrey Keynes

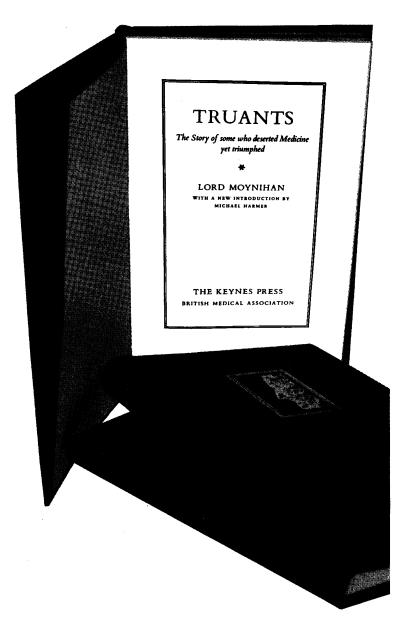




Sir Geoffrey Keynes, who died in July 1982 at the age of 95, was one of the great polymaths. His twin loves were medicine and surgery, on the one hand, and literature and arts, on the other, and he pursued both with equal success. He worked closely with the Nonesuch Press, editing several of its books, and it is therefore fitting that a new venture, the Keynes Press, should be named after him.

Aimed primarily at reprinting classics with a medical interest published in the period of Keynes's life, the press intends to pursue the same standards of scholarship and elegance that characterised the Nonesuch Press. Thus each book will be specially edited and contain a commissioned introduction by an expert. Each will be individually designed by Sebastian Carter of the Rampant Lions Press, and the emblem of the press is a profile of Keynes specially drawn by David Gentleman.

The first three books, published this November, are: Truants: the Story of some who deserted Medicine yet triumphed, by Lord Moynihan. Introduction by Michael Harmer,



Consulting Surgeon, Royal Marsden Hospital, London. Pp xxii + 73.

Epidemiology in Country Practice, by William Pickles. Introduction by David Barker, Professor of Clinical Epidemiology, University of Southampton. Pp xiv + 110.

A Sense of Asher. A collection of writings and essays by Richard Asher. Introduction by Ruth Holland, Editorial Assistant, British Medical Journal. Pp. xvi + 97.

Their format is demy octavo, the type being 12/13 Monotype Bembo; the paper is Abbey Mill suede in *Truants* and Glastonbury cream wove in *Epidemiology in Country Practice* and A Sense of Asher; each has Abbey Mill endpapers. Each volume is limited to a total of 300 numbered copies for sale, the price for each being £35 including postage.

Copies may be ordered from the Publishing Manager, British Medical Journal, BMA House, Tavistock Square, London WC1H 9JR. (Cheques should be made payable to the British Medical Journal.)



### Indications include:

Indications include:
Severe respiratory tract infections. Post-operative chest and wound infections. Prophylaxis in major surgery. Mixed infections, particularly those where penicillinase - producing staphylococci are suspected or confirmed.

Usual Adult Dosage: Oral: 500mg-1g q.i.d., ½-1 hour before meals. I.M.: 500mg q.i.d., dissolved in 1.5ml Water for Injections B.P. or 1g q.i.d., dissolved in 2ml Water for Injections B.P. I.V. (Injection): 500mg q.i.d., dissolved in 10ml Water for Injections B.P. or 1g q.i.d., dissolved in 20ml Water for Injections B.P. Administer by slow intravenous injection (3-4 minutes). I.V. (Infusion): Magnapen injection may be added to infusion fluids or injected,

suitably diluted, into the drip tube over a period of 3-4 minutes. Magnapen solutions for injection should be used immediately. Magnapen may be added to most intravenous fluids but should not be mixed with blood products or other proteinaceous fluids (e.g. blood products of other profernaceous fluids (e. profein hydrolysates). In intravenous solutions containing glucose or other carbohydrates Magnapen should be infused within 2 hrs. Children's Dosage: See Data Sheet. Side-effects: As with other penicillins. An erythematous rash may occasionally occur, as with ampicillin. The incidence of this rash is particularly high in patients with infectious mononucleosis. If a rash is reported it is advisable to discontinue treatment.

Contra-indications: Penicillin hypersensitivity, ocular administration.

See Data Sheet for full prescribing information. Availability and Basic NHS Prices (Correct at October 1983.) Capsules: 500mg £4.74 for 20. Syrup: 250mg/5ml £3.86 for 100ml. Vials: 500mg £1.14 each; 1g £2.27 each.

Further information on Magnapen and our favourable Hospital Terms are available on request to the Company.

Magnapen (ampicillin with flucloxacillin in equal parts) is a product of



**Beecham Research** Laboratories Brentford, England.

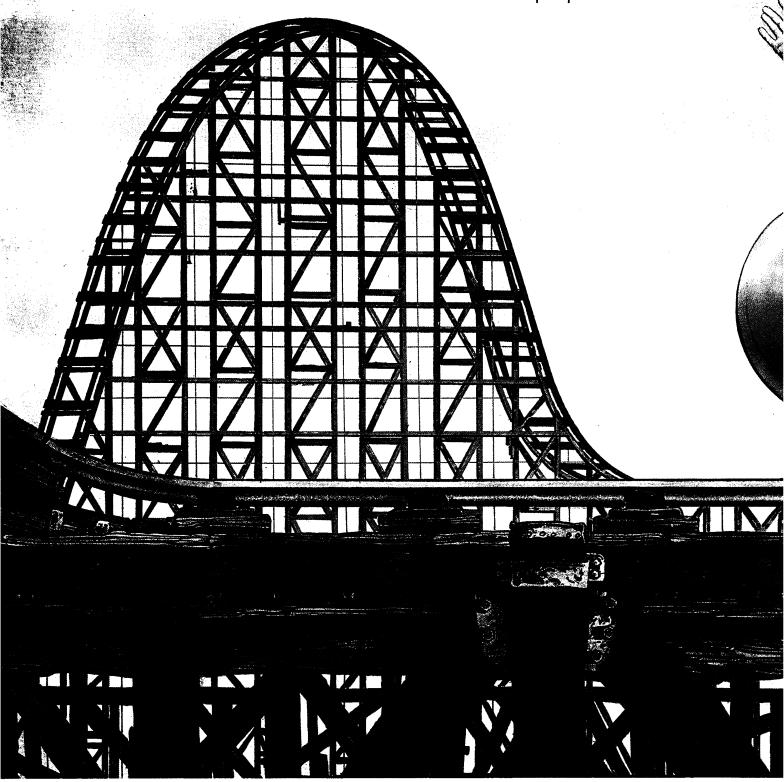
Magnapen and the BRL logo are trade marks.

PL0038/0089,0090,0120

# 'Fenbid'. Arthritis th

Conventional arthritis therapy can result in large variations in drug serum levels. If the levels fall too low an adequate effect may not be achieved. If they are too high, side effects are more likely.

'Fenbid' is a sustained-release preparation of



PRESCRIBING INFORMATION. Presentation — 'Fenbid' Capsules, PL 0002/0111, each containing 300 mg ibuprofen in sustained-release form. 120, £8.40. Indications — Rheumatoid arthritis, osteoarthritis, ankylosing spondylitis, other seronegative (non-rheumatoid) arthropathies; acute periarticular disorders; relief of mild to moderate pain in sprains, strains, low back pain, dysmenorrhoea; dental and post-operative pain. Dosage — Adults and children over 12 years: Start with 2 capsules night and morning. May be increased to 3 capsules b.d. until acute phase is controlled. Maintenance: 1 or 2 b.d. Do not chew or suck capsules or pellets. Capsule may be opened and pellets mixed with soft food. Contra-indication — Active peptic ulceration. Cautions — Gastrointestinal disease (but may be tolerated in patients with intolerance to other anti-rheumatic druos): actual. or history of. bronchial asthma. Monitor

# erapy on the level.

ibuprofen formulated to reduce these highs and lows. 'Fenbid' provides effective relief of symptoms. And is at least as well tolerated as conventional ibuprofen.

Effective and well tolerated; a dosage that is simple and convenient. Arthritis therapy on the level.



prothrombin time daily for first few days in patients on anticoagulant therapy. Pregnancy and lactation. Adverse reactions — Gastrointestinal upsets, rash, headache, nervousness, tinnitus, oedema. Rarely gastrointestinal haemorrhage. Blurred vision, toxic amblyopia, thrombocytopenia, oliguric renal failure reversed on stopping treatment. Overdosage — Treatment: maintain normal blood pressure, correct electrolyte imbalance; consider emeis in children and gastric lavage in adults; symptomatic measures. Legal category — POM. 2.11.83. Smith Kline & French Laboratories Limited, Welwyn Garden City, Hertfordshire AL7 1EY. 'Fenbid' is a trade mark. © 1983 Smith Kline & French Laboratories Limited. FN:AD23.

INTRAMUSCULAR/INTRAVENOUS – PIPERACILLIN

# decisive therapy for hospital infections

Extremely broad spectrum of activity against common and problem pathogens

Synergistic with aminoglycosides without adding to their toxicity

Reassuring penicillin safety for compromised patients, children and infants

Prescribing Information. Indications: Pipril is a broad spectrum bactericidal penicillin for the treatment and peri-operative prophylaxis of systematic or local infections caused by sensitive organisms. Dosage: Adult patients with normal renal function should recieve 4-8g daily in divided doses for mild or uncomplicated infections. In serious or life-threatening infections 12-16g daily in divided doses. For peri-operative prophylaxis 2g just prior to surgery followed by at least two doses of 2g at four or six hour intervals. Patients with renal insufficiency may need dosage reduction – see Data Sheet. Children 2 months to 12 years of age. 100-300mg/kg daily in three or four divided doses. Neonates and infants under two months of age: 100-300mg/kg daily in two equally divided doses. Contra-indications: Penicillin or severe cephalosporin hypersensitivity. Precastions: Safety for use in pregnant or lactating women has not yet been established. Side effects: Uncommon and typical of injectable penicillins. Administration: Pipril is presented as 1g or 2g vials, 4g infusion bottles and 4g infusion packs containing piperacillin as piperacillin sodium. See Data Sheet or package leaflet for full details of preparation and administration. Product Licence No: 0095-0073 Basic NHS Price: 1g vial £2 63, 2g vial £5 20, 4g vial £10.29, 4g infusion pack £10.96. Further information is available on request.

**Ederle** Lederle Laboratories

Division of Cyanamid of Great Britain Ltd., Fareham Road, Gosport, Hants PO13 0AS (Tel: 0329-236131)

PIPRIL is a trade mark

# Just published AVIATION MEDICINE

Richard M Harding & F John Mills

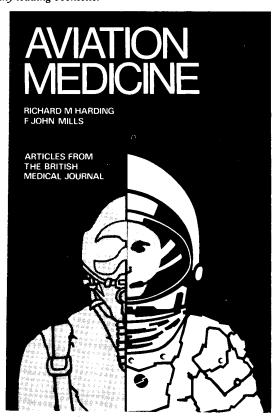
This authoritative and highly readable account of the little known specialty of aviation medicine will interest both general readers and those interested in it as a career. Comprehensive information on the management of airline passengers with particular medical conditions before, during, and after flight will help doctors faced with deciding whether or not their patient is fit to fly and with coping with a medical emergency in the air while themselves passengers on board an aircraft. The chapters on the problems of altitude, acceleration, the function of the special senses in flight, special forms of flight, and aviation psychology describe clearly and precisely the physiological and behavioural effects that flight imposes on man.

Price: Inland £5.50; Overseas £7.50/USA\$13.00 (Inland £5.00; Overseas £7.00/USA\$12.00 to BMA members) Despatched by air overseas

### 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



# A SCIENTIFIC SPRING BREAK IN CAMBRIDGE

The BMA will be holding a Scientific Meeting from the 12th to 14th April at Churchill College, Cambridge. The Meeting will be opened with an Address on "Medical Education" by Professor Sir John Butterfield, Regius Professor of Physic, University of Cambridge and there will be sessions on "In Vitro Fertilisation, Immediate Medical Care, Day-Case Surgery, Lasers in Medicine, Comparative Medicine and Transplant Surgery". The Scientific Meeting has been approved for zero-rating under the Section 63 regulations for three and a half sessions.

A registration fee of £25 will be charged for BMA members (£50 for non members) and this will be incorporated into residential charges for those staying at Churchill College. The programme for Accompanying Persons will include an all day tour to Suffolk Wool Towns and a half-day walking tour of Cambridge Colleges. Dinners will be held at both Churchill and King's College, Cambridge.

Further details of this Meeting may be obtained by writing to Miss Jill Draper, Annual Meetings Officer, BMA House, Tavistock Square, London WC1H 9JP.



# Just published

# **NEW DRUGS**

In the past few years the number of important new drugs and our understanding of pharmacology have continued to increase. Reliable and unbiased information on the therapeutic use of these agents is, however, not always readily available. Articles recently published in the  $BM\mathcal{I}$  on entirely new groups of drugs –  $H_2$  receptor antagonists, calcium antagonists, captopril – and on new members of groups of drugs already available – beta-blockers, tranquillisers, hypnotics, diuretics – fill this gap and are now collected together in book form. Busy practitioners will find that this comprehensive review allows them to make a more rational choice of treatment.

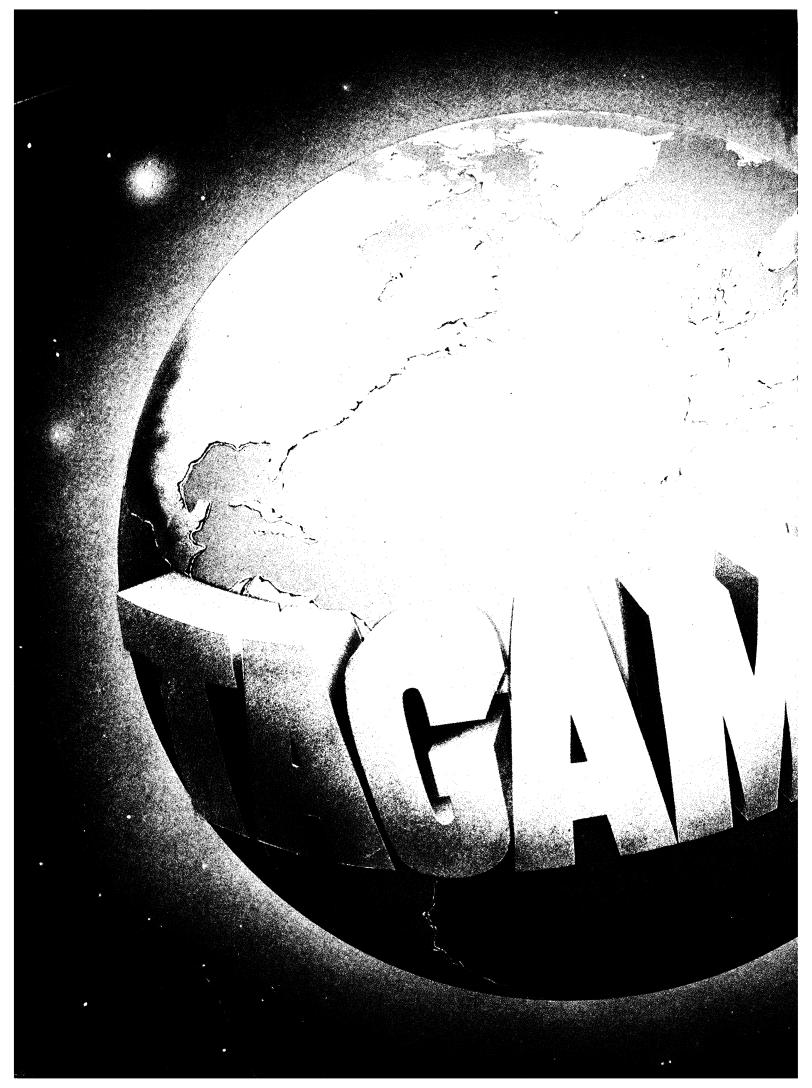
Price: Inland £6.50; Overseas £7.50/USA\$13.00 (Inland £6.00; Overseas £7.00/USA\$12.00 to BMA members)

Despatched by air overseas

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



# 

en effective over service years of caread clinical experience, et' is a known quantity in 'alcer treatment.

Tagamet, 25 million patients of the less experienced oners, you're on familiar ground.

# cimetidine THOROVEHLY EXPLORED S you in control of gastric acid

### Propositions bales maker

Recommendations: Sugarmed Tablets, PL 0002/0082 each containing, abb eig picker specifies, 95, 616 of Tegament Tablets, PL 0002/0083, each containing 200 mg curebdine, 500, 574 15. Tagamgir Syrut PL, 0002/0073, containing 200 mg crimetidine per 5 ml. 200 ml, 581 17.

Indicationar Duodenal utger benigin gastric utger recurrent and aborati vilgeration coesuphageal reliux disease. Other conditions where teduction of gastric acid is beneficial prophylaxis of stress-induced gastrointestinal fraemorragia and of acid espiration (Mendelsonis) syndrome, malebsorption and fluid loss in short lowest syndrome. Zollinger-Ebison syndrome.

Designe (dead dosage, Adults: Duodenal vicer, 400mp b.d. with beaming and a bedime. or 2000 mg t.d.s. with meets and 400 mg at beatime (1.0 g.tbg) for at least 4 weeks. To prevent relapse. 400 mg at beatime (1.0 g.tbg) for at least 4 weeks. To prevent relapse. 400 mg at beatime (1.0 g.tbg) for at least 6 weeks. One bedtime for at least 6 months. Beangrigister uitaer, 200 mg t.d.s. with meets and 400 mg at beatime (1.0 g.tbg) for at least 6 weeks. One bosophigenal reflux casessat, 400 mg t.d.s. where Promithates of areas influence. gastronriestima haemorrhage, un to 2 g. a day divided to maintain integraphic pla above 4. Prophylaxis of and appretion syndrome. 400 mg 90-120 mine before induction of general ansestitiesia. 400 mg 91-stat of labour then 200 mg 92-broth yes recessary maximum 1.6 g. Do not use "lagarinet synus Zollinger-Elisson syndrome use to 400 mg 91 div. Farely up to 2 g. a day Recurrent and store to be settled to the syndrome use to 400 mg 1 div. To bowell syndrome. 200 mg 1 div. and

N.B. For full dosage instructions see Data Sheet: Caustions impaired renal function reduce disage! see Data Sheet! Potentiation of oral anticoagularits, phenytrin and teophylline (see Data Sheet! Prolonged treatment, observe patients periodically Exclude malignancy in gastric ulcer Care in patients with compromised borne marrow (see Data Sheet). And during pregnancy and lactation.

during pregnancy and lactation.

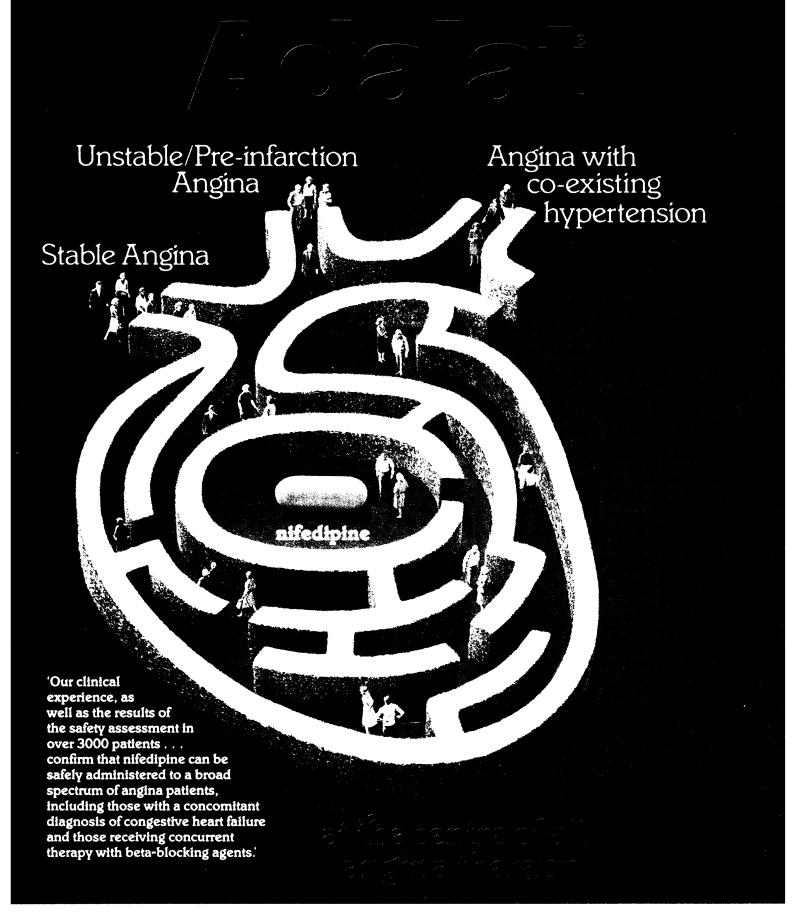
Adverse reactions Diarrhoea, dizziness, rash, tiredness. Rarely, mild gynaecomastia, reversible liver damage, confusional states (usually in the elderly or very ill) interstitual perhiritis, acute.

Legislatis.

SMEE SMITH KLINE & FRENCH LABORATORIES LIMITED, W

telwyn Garden City, Hertfordshire AL7 1E





### Prescribing Information

Indications: For the treatment and prophylaxis of angina pectoris. Dosage and Administration: Maintenance 1 to 2 10mg capsules nifedipine (Adalat) 3 times daily with a little fluid during or after meals: the 5mg capsule of nifedipine (Adalat) 5) permits titration of initial dosage in the elderly. Contra-Indications: Must not be given to women capable of child bearing. Warnings and Precautions: Adalat is not a beta-blocker and therefore gives no protection against the dangers of abrupt beta-blocker withdrawal, any such withdrawal should be by gradual reduction of the dose of beta-blocker, preferably over 8-10 days. Adalat may be used in combination with beta-blocking drugs and other antihypertensive agents, but the possibility of an additive effect resulting in postural hypotension should be bome in mind. Adalat will not prevent possible rebound effects after cessation of antihypertensive therapy. Adalat should be used with caution in patients whose cardiac reserve is poor. Ischaemic pain has been reported in some patients, commonly within 30 minutes of the introduction of Adalat therapy. Patients experiencing this effect should discontinue Adalat. The use of Adalat in diabetic patients may

require adjustment of their control. There is no known drug incompatibility. Side Effects: Adalat is well tolerated. Minor side effects, usually associated with vasodilatation are mainly headache, flushing and lethargy. These are transient and invariably disappear with continued treatment. Overdosage – standard measures such as atropine and noradrenaline may be used for resultant bradycardia and hypotension. Intravenous calcium gluconate may be of benefit.

Pharmaceutical Precautions: The capsules should be protected from strong light and must be stored in the manufacturer's original container. Legal Category: POM. Pack Quantities: Adalat and Adalat 5 are available in foil packs of 100 capsules. Daily Treatment Cost: Adalat: 37p per 3 capsules. Adalat 5, 26p per 3 capsules. Product Licence Number: UK Adalat capsules 10mg PL0010/0021 UK Adalat 5 capsules 5mg PL0010/0079.



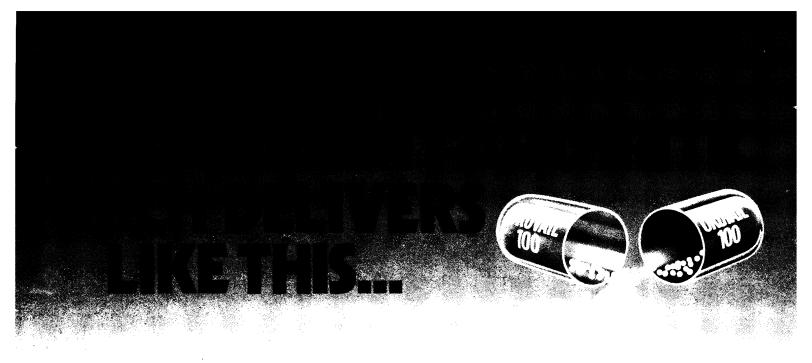
Full prescribing information on Adalat (nifedipine) is available from:

Bayer UK Limited, Pharmaceutical Division, Haywards Heath, West Sussex, RH16 1TP.
Telephone: Haywards Heath (0444) 414161. \*Registered trademark of Bayer, Germany.



# PATIENT RESPONSE

In a recent multicentre trial: over 12 weeks, a satisfactory response was obtained in 81% of patients. Ref. 1 May & Baker Ltd., data from 1,625 patients analysed to date (Sept. 1983). Prescribing information appears civerleaf



# .NO RELEASE IN THE STOMACH

The acid environment prevents release of the drug through the pH-sensitive membrane of each pellet.

Gastric irritation is therefore minimised.

# .PROGRAMMED RELEASE IN THE

As the pH increases, there is a

saine diansing membrane

ketoprofen

ONCE-DAIL 2 CAPSULES o.d

1

controlled release ketoprofen

assurance of success in

Dosage Orally with food, 100-200mg once daily. Indications Rheumatological orders, including osteoarthritis, rheumatoid arthritis, ankylosing spondylitis, acute musculoskeletal conditions and dysmenorrhoea. Contra-indications Peptic iceration, chronic dyspepsia, use in children, use in patients sensitive to aspinn or other non-steroidal anti-inflammatory drugs known to inhibit prostaglandin



M&B May&Baker

synthetase or with bronchial asthma or allergic disease. **Precautions** Pregnancy, lactation. Concomitant administration of protein-bound drugs. **Side-effects** Occasional gastro-intestinal intolerance, very rare gastro-intestinal haemorrhage/skin rashes **Presentation** 100mg capsules **Pt.** 0012/0143. **Basic NHZ Gost (**Aug '83) 100 x 100mg capsules £17.98. Oruvail is a trade mark Further information is available on request. May & Baker Ltd., Dagenham, Essex RM10 7XS

# ABC of **BRAIN STEM DEATH**

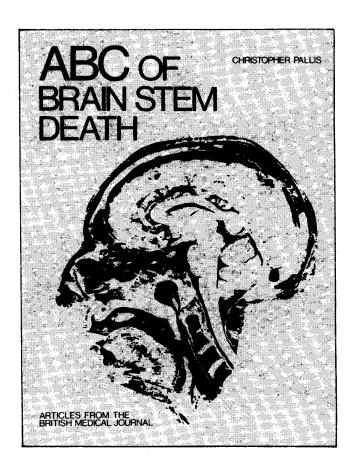
CHRISTOPHER PALLIS

The subject of brain stem death still arouses misconceptions—witness the response to the BBC Panorama programme on transplantation and brain death. Dr Christopher Pallis has dispelled some of the misconceptions, examined the concepts underlying our ideas of death, and described the practical aspects of diagnosing brain stem death. These articles have been collected into a book together with additional material on the wider aspects of the subject, including some of the neurological controversies.

Price: Inland £6.00; Overseas £7.50/USA\$13.00 (Inland £5.50; Overseas £7.00/USA\$12.00 to BMA members) Despatched by air overseas 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



"At a modest £5.50 this volume is a must for all clinicians who care for patients who may suffer brain stem death. All anaesthetists and senior nursing staff working in Intensive Care should read it . . . A difficult ethical subject has been clearly and carefully unravelled.

Anaesthesia 1983; 38: 708-709

"... a well-referenced account of the controversial issues but lightened by the dramatic and amusing asides that are the secret of many good teachers. The reader is left in no doubt at the end of each chapter what the conclusion is, and what consequences this has for practice."

World Medicine 1983; 18: 54

Just published

# ABC OF COMPUTING

Although computers are being widely used in medicine, their possibilities and limitations are still not clear to many potential users. This book, aimed at the non-expert, describes some of the uses of computers in medicine; because most doctors' involvement will be indirect, liaising with computer experts rather than designing systems themselves, the book concentrates on concepts rather than detailed descriptions of how computers work. It provides a useful introduction for the doctor who wants to know how computers can contribute to his practice of medicine.

Price: Inland £5.75;

Overseas £8.00\*; USA \$14.00\*

(Inland £5.25;

Overseas £7.50\*; USA \$13.00\*

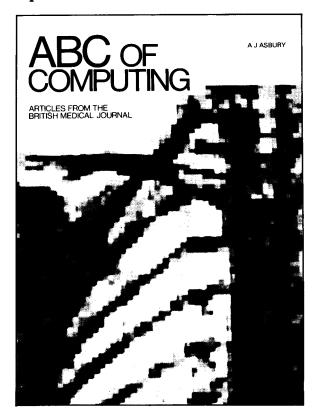
to BMA members)

\*including air mail postage

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



# Wiley announce two



# Diabetic Medicine



A Journal of the British Diabetic Association

EDITOR: Dr. John Ireland Consultant Physician, Southern General Hospital, Glasgow G51 4TF, UK

EDITORIAL BOARD will include \_

K.G.M.M. ALBERTI

D. ARMYTAGE A. BLOOM

J.W. FARQUHAR C.M. FLETCHER

C.N. HALES

H. KEEN

JANET KINSON P.H. SÖNKSEN

R.B. TATTERSALL

J.D. WARD P.J. WATKINS

ASSOCIATE EDITORS

S.R. BLOOM

J.L. DAY C.J. FOX

B.M. FRIER

E.A.M. GALE

SUE JUDD D.R. HADDEN

R.J.JARRETT

J.I. MANN

W.M.G.TUNBRIDGE

S. WALFORD P.H. WISE.

AIMS AND SCOPE

This journal is an information exchange on all aspects of diabetes mellitus and aims to interest everyone helping diabetic patients whether through fundamental research or better health care. The journal will provide a multidisciplinary forum combining original articles, reviews,

comment, news and corespondence by which it is hoped to increase knowledge about the aetiology and pathogenesis of diabetes and its complications and to promote new ideas about management and education.

### EDITORIAL PHILOSOPHY

The aim of DIABETIC MEDICINE, as of the BDA itself, is to advance knowledge about diabetes and its management. DM should be of interest to those working in the centres of excellence, but the overwhelming need is to extend this

interest to a wider audience and to generate a climate where diabetes will be identified as a subject deserving more health care resources.

# PAPERS APPEARING IN EARLY ISSUES

### REVIEWS

CONTROLLING THE ADOLESCENT DIABETIC. J.W. Farquhar, Edinburgh NORMOGLYCAEMIC RE-ENTRY AND DIABETIC COMPLICATIONS, H. Keen, London INDUCTION OF ALTERED IMMUNITY AND THE

### **SYMPOSIUM**

PUMPS IN PRACTICE: Practical Aspects of Continuous Subcutaneous Insulin Infusion, (CSII)

### **ROSTRUM**

HARNESSING RESOURCES, P.R. Harsant, Basingstoke CAREERS IN DIABETIC MEDICINE, J.K. Wales, Leeds

### **ORIGINALS**

MICROALBUMINURIA PREDICTS MORTALITY IN NON-INSULIN DEPENDENT DIABETES, R.J. Jarrett et al, London

LEFT VENTRICULAR DYSFUNCTION IN YOUNG DIABETIC PATIENTS, R.J. Northcote et al, Glasgow

### SUBSCRIPTION DETAILS

Bimonthly, starting April 1984

BETA CELL, G.F. Bottazzo, London

Volume 1 (4 issues)

UK: £39.00 Elsewhere: US \$69.00

For a detailed prospectus and/or specimen copy please write to the most convenient address below.

Journals Department. John Wiley & Sons Ltd. Baftins Lane - Chichester. Sussex PO19 1UD England



# major medical journals



THE JOURNAL OF

# Pathology A Journal of the Pathological Society of Great Britain and Ireland

## EDITOR-IN-CHIEF

Professor D.H. Wright, Department of Pathology, University of Southampton, U.K.

# EDITORS

Dr. A.G. MacIver, Department of Pathology, University of Southampton, U.K. Professor F. Walker, Department of Pathology, University of Leicester, U.K.

# EDITORIAL BOARD

P.P. ANTHONY, UK C.L. BERRY, UK

J.W. BRADFIELD UK

T.J. CHAMBERS, UK

C.M. FENOGLIO, USA C.H.W. HORNE, UK

P. ISAACSON, UK

J.V. JOHANNESSEN, Norway

E.L. JONES UK

J.W. KEELING, UK

I. LAUDER, UK

J.M. POLAK, UK

P.J. SCHEUER, UK

J.R. TIGHE, UK

P.G. TONER, UK

J.C.E. UNDERWOOD,

R.A. WALKER, UK

M.N.I. WALTERS, Australia

N. WOOLF, UK

N.A. WRIGHT, UK

A.H. WYLLIE, UK

# AIMS AND SCOPE

THE JOURNAL OF PATHOLOGY is a journal of the Pathological Society of Great Britain and Ireland. From January 1984, it will incorporate the other affiliated journal, DIAGNOSTIC HISTOPATHOLOGY. The new group of Editors intend that the journal shall reflect the interests of the members of the Society. This will be no easy task since they cover the whole range of experimental and diagnostic histopathology.

High quality papers, written in English and dealing with descriptive histopathology will be welcome. Papers dealing with new techniques and those that elucidate the mechanisms underlying disease processes and histopathological

appearance will be particularly encouraged.

Original articles in the field of experimental pathology, relevant to human disease, will be welcome. Review articles dealing with general and experimental pathology, as well as diagnostic histopathology, will be solicited. Unsolicited reviews will also be accepted if they are clearly written and topical. Editorials, a letter column and reviews of recently published books will form regular features of the Journal. Meetings abstracts of the Pathological Society of Great Britain and Ireland will be published as they become available and the annual C.L. Oakley Lecture will continue to be included.

# FORTHCOMING ARTICLES

LIVER SINUSOIDAL CELLS by J.W.B. Bradfield **B2 MICROGLOBULIN IN NON-MALIGNANT AND** MALIGNANT HUMAN BREAST: A FEATURE OF DIFFERENTIATION by K. Sidky and R.A. Walker

THE EFFECT OF PROSTACYCLIN ON THE ADHESION OF LEUCOCYTES TO INJURED VASCULAR ENDOTHELIUM by G. Jones and J.V. Hurley

HISTOGENESIS OF GRANULAR CELL TUMOR - AN IMMUNOHISTOCHEMICAL AND ULTRASTRUCTURAL STUDY by M. Miettinen. E. Lehtonen, H. Lehtola, P. Ekblom, V-P. Lehto and

FIBRONECTIN IN DISEASE by A.J. D'Ardenne and J.O. McGee

### SUBSCRIPTION DETAILS

Volume 142-144 (1984)

UK: £80.00

Elsewhere:

US\$149.00

For a detailed prospectus and/or specimen copy please write to the most convenient address below.

Journals Department, John Wiley & Sons Ltd. Baffins Lane · Chichester, Sussex PO19 1UD · England



# ALCOHOL PROBLEMS

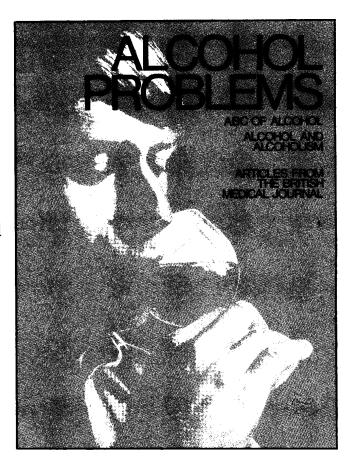
In recent years alcohol problems have increased dramatically and the thinking on them has undergone a revolution. Alcohol Problems brings together two series of articles published in the BMJ—the ABC of Alcohol, with its emphasis on straightforward advice for the clinician, and Alcohol and Alcoholism, 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.

Price: Inland £5.50 Overseas £8.00/USA\$14.00 (Inland £5.00; Overseas £7.50/USA\$13.00 to BMA members)

Despatched by air overseas

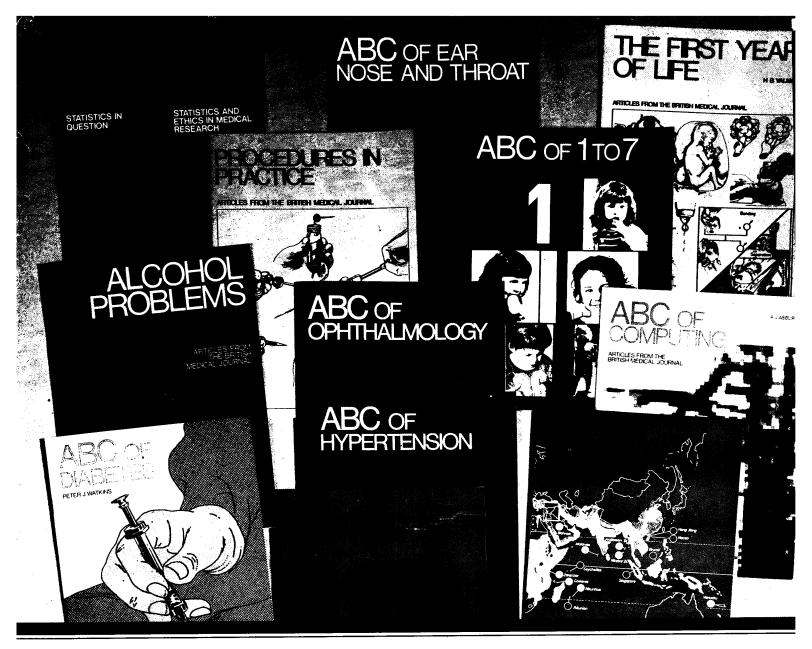
Payment must be enclosed with order

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



"... a good account of the right kinds of observations to make in order to detect people with alcohol problems... These articles are succinct and well written and provide the best source of information and reference for general practitioners and trainees. This is an outstanding series which will be of great value to everyone concerned with the prevention, identification and management of alcohol-related problems."

Update 1983; 26: 301



# FROM THE

Since 1979 the BMJ has published 12 books in its popular and highly successful ABC format. Each is reproduced, in A4 size, from series that have appeared in the BMJ; each is heavily illustrated, text and illustrations combining to provide a practical guide for non-specialists.

ABC OF COMPUTING A J Asbury
An introduction to the uses of computers in medicine.
UK £5.75 (£5.25) USA \$14.00 (\$13.00)
Elsewhere £8.00 (£7.50)

ABC OF HEALTHY TRAVEL
Eric Walker and Glyn Williams
A practical guide to advising travellers and managing UK £4.00 (£3.50) USA \$10.50 (\$9.50) Elsewhere £6.00 (£5.50)

ABC OF BRAIN STEM DEATH Christopher Pallis ABL OF BRAIN STEM DEATH Cristopher Palls Sets the procedures for diagnosing brain stem death in their philosophical and neurological context. UK £6.00 (£5.50) USA \$13.00 (\$12.00) Elsewhere £7.50 (£7.00)

ABC OF DIABETES Peter Watkins Describes current practice in managing diabetes and its complications.
UK £4.50 (£4.00) USA \$ 11.50 (\$ 10.50)
Elsewhere £6.50 (£6.00)

ALCOHOL PROBLEMS

Includes Richard Smith's survey of current thinking on alcohol "Alcohol and Alcoholism" and "ABC of Alcohol" by Alex Paton and his colleagues.

UK £5.50 (£5.00) USA \$14.00 (\$13.00)

Elsewhere £8.00 (£7.50)

ABC OF 1TO 7 Bernard Valman How to deal with common problems of childhood. UK £8.50 (£7.50) USA \$20.50 (\$19.00) Elsewhere £11.75 (£10.75) STATISTICS IN PRACTICE

Includes "Statistics in Question" by Sheila Gore and "Statistics and Ethics in Medical Research" by Douglas Altman. UK £8.00 (£7.00) USA \$ 19.00 (\$ 17.50) Elsewhere £11.00 (£10.00)

ABC OF ENT Harold Ludman
The common problems of ENT.
UK £4.00 (£3.50) USA \$10.50 (\$9.50)
Elsewhere £6.00 (£5.50)

ABC OF HYPERTENSION

ABO OF HTFET ENGINE Blood pressure measurement, reduction, and managements. UK £4.00 (£3.50) USA \$10.50 (\$9.50) Elsewhere £6.00 (£5.50)

PROCEDURES IN PRACTICE

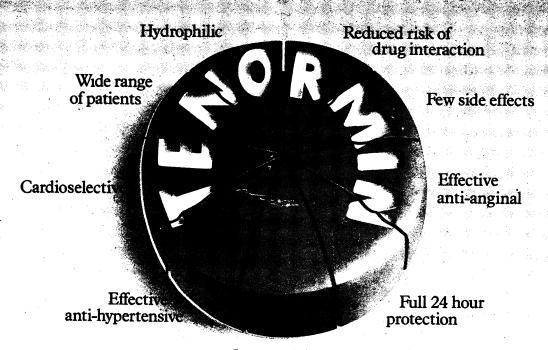
A step by step guide to common hospital procedures. UK £4.50 (£4.00) USA \$13.00 (\$12.00) Elsewhere £7.00 (£6.50)

THE FIRST YEAR OF LIFE Bernard Valman
Management of medical problems of early infancy.
UK £5.50 (£5.00) USA \$14.00 (\$13.00)
Elsewhere £8.00 (£7.50)

ABC OF OPHTHALMOLOGY Peter Gardiner A guide to common eye problems. UK £3.50 (£3.00) USA \$9.50 (\$8.50) Elsewhere £5.50 (£5.00)

Order from: The Publisher, BMJ, BMA House, Tavistock Square, London WC1H 9JR, or any leading Prices include postage, by air abroad. Members must quote their membership number. Members prices shown in brackets.

# IN HYPERTENSION AND ANGINA



Increased work performance

# in one tablet daily

# **TENORMI**

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

### 'Tenormin' Prescribing notes:

Presentation: Tenormin' ablets 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' 288 £7.05. Product Licence Number: Tenormin' 0029/0122.

Full precribing information is available on request to the



Stuart Pharmaceuticals Ltd Carr House, Carrs Road Cheadle, Cheshire SK8 2EG 'Tenormin' is a trademark.

