

A new milk drink specially made for babies 4-6 months and older and nutritionally superior to cow's milk. That's Progress.

By the age of four months a baby's digestive system is maturing to cope with changing nutritional needs, such as extra protein intake.

Even when solids are introduced milk is still a very

important source of nutrients.

Both the DHSS1 and the European Society for Paediatric Gastroenterology and Nutrition (ESPGAN)² advise against the early introduction of doorstep cow's milk. In fact, it may be beneficial to avoid it for the first 12 months. ESPGAN have set out guidelines for and recommend the use of a follow-on formula rather than cow's milk.

PROGRESS is such a formula, for babies four to six months and older. Progress is not intended to replace breastfeeding. Given in conjunction with solids it provides more complete nutrition than cow's milk.

Boiling of cow's milk depletes vitamins such as B₁ and C and of course, diluting with water lowers all nutrients.

Parents will be pleased to know Progress contains a full complement of vitamins and minerals especially iron and vitamins A, C, D and E which are insufficient in cow's milk. The all vegetable fat blend contains a lot less saturated fat than cow's milk, with energy provided mainly from carbohydrate rather than fat.

Progress has 67% more carbohydrate than cow's milk and the high quality protein is readily usable for building of body tissue.

You will be pleased to know that Progress has been specially formulated for the older baby by Wyeth Nutrition, makers of Britain's most popular baby milk-food.



More suitable than cow's milk for older babies.

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Wyeth Laboratories, Huntercombe Lane South, Taplow, Maidenhead, Berks. SL6 0PH.

whatever his mum worries about, it won't be his asthma.

Regular Intal therapy can give real protection from asthmatic attacks, minimising both incidence and severity.¹

With reduced anxiety, there is less need to resort to symptomatic medication such as bronchodilators? or oral corticosteroids?

Current investigations suggest
that these improvements are accompanied by a reduction
of cellular infiltration in bronchial mucus.
Which indicates that Intal therapy may have a beneficial effect
on the underlying pathology of asthma.

Because the Intal routine can be integrated unobtrusively into the day's normal activities, the asthmatic child can get on with the real business of growing up.

He'll be more at ease with his condition. And so will his parents, teachers and friends.

References:

Bernstein, L. et al., J.Allergy Clin.Immunol., (1972), **50**, 4, 235-245.
 Rubin, A. E., Airoy, G. & Spitzer, S., Curr.Med.Res.Opin., (1983), **8**, 553.
 Toogood, J. H. et al., J.Allergy Clin.Immunol., (1973), **52**, 6, 334-345.
 Diaz, P. et al., Thorax. (1983), **38**, 9, 702-703.

Presentation Intal and Intal Compound Spincaps* both contain 20mg Sodium Cromoglycate B.P. Isoprenaline Sulphate (0.1mg) is included in Intal Compound Spincaps. The powder from Spincaps is inhaled using the Spinhaler* or Halermatic* which work by the patient's inspiratory effort. The Intal Inhaler is a metered dose pressurised aerosol delivering 200 inhalations of 1.0mg Sodium Cromoglycate. Intal Nebuliser Solution is presented in ampoules each containing 20mg Sodium Cromoglycate in 2ml sterile aqueous solution. Indication Preventive treatment of bronchial asthma, including the prevention of exercise-induced asthma.

Dosage and Administration Adults and children: the normal dose is one Spincap (Intal or Intal Compound) two puffs of Inhaler or one ampoule of Nebuliser Solution to be inhaled four times daily, Intal Nebuliser Solution is administered from a suitable power-operated nebuliser. Since Intal therapy is preventive it is important that the patient is instructed to maintain regular dosage as distinct from intermittent use to relieve symptons. Side effects With the powder formulations of Intal, irritation of the throat and traches may occur in patients sensitive to the inhalation of dry powder. Although it has not been reported for the Inhaler or Nebuliser Solution, rare cases of severe biprichospasm have occurred following the administration of Intal Spincaps using a Spinhaler. Precautions For Intal Compound the precautions normally applying to isoprenaline should be observed. Withdrawal of therapy This should be done progressively over one week. Symptoms.may recur. Any previous steroid therapy should be reinstated prior to the withdrawal of Intal.

Basic NHS Cost and Product Licence Number Intal (per 100 Spincaps) £10.07 PL0113/5022. Intal Compound (per 100 Spincaps) £8.20 PL0113/0080. Nebuliser Solution (per 48 ampoules) £8.20 PL0113/0080. Nebuliser Solution (per 48 ampoules) £8.20



THE PRACTICAL MANAGEMENT OF **DIABETES MELLITUS**

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'HUMULIN'S ▼ 'HUMULIN'I ▼ 'HUMULIN' Zn▼ Human insulin (crb) **Presentation**: Humulin S: A sterile, aqueous solution of human insulin (crb), 40, 80 and 100 IU/ml. <u>Humulin I:</u> A sterile suspension of isophane human insulin (crb),40,80 and 100 IU/ml. <u>Humulin Zn:</u> A sterile suspension of crystalline human insulin (crb), 100 IU/ml. Uses: For the treatment of insulindependent diabetics. Dosage and Administration: The dosage should be determined by the physician, according to the requirements of the patient. Humulin S may be administered by subcutaneous, intramuscular or intravenous injection. Humulin I and Humulin Zn should be administered by subcutaneous or intramuscular injection only. Humulin S may be administered in combination with Humulin I or Humulin Zn as required. Humulin I and Zn: Rotate vial in palm of hands before use to re-suspend. Mixing of insulins: The shorter-acting insulin should be drawn into the syringe first, to prevent contamination of the vial by the longer-acting preparation. It is advisable to inject immediately after mixing. Contra-indications, Warnings, etc. Contra-indications: Hypoglycaemia. Under no circumstances should Humulin I or Humulin Zn be given intravenously. **Precautions:** <u>Usage in pregnancy</u>: Insulin requirements usually fall during the first trimester and increase during the second and third trimesters. <u>Transferring from other insulins</u>: A small number of patients transferring from insulins of animal origin may require a reduced dosage, especially if they are very tightly controlled and bordering on hypoglycaemia. The risk of hypoglycaemia can be considered minimal if the daily dosage is less than 40 IU. Insulin-resistant patients receiving more than 100 IU daily should be referred to hospital for transfer. Side effects: Lipodystrophy, insulin resistance and hypersensitivity have rarely been reported. Legal Category: Package Quantities: 10ml glass vials in packs of 5.

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RG21 2XA. Telephone: Basingstoke (0256) 473241
'HUMULIN' is a trade mark. HU68 Dec '83 1. Johnson I.S., Diabetes Care 1982, Vol. 5, Suppl. 2 4-12. 2. Fineberg, S.E. et al, Diabetologia 1983, 25, (6) 465-469.





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Humulin

European Journal of Pediatrics

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concentrations.

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- Morgan G, Duerden B I, Lilleyman J S. J of Antimicrob Chemother 1983; 12 (Supp. A): 347-351.
- 2. Shelling S, Hart C A, Cooke R W I. J of Antimicrob Chemother 1983; 12 (Supp. A): 353-356.
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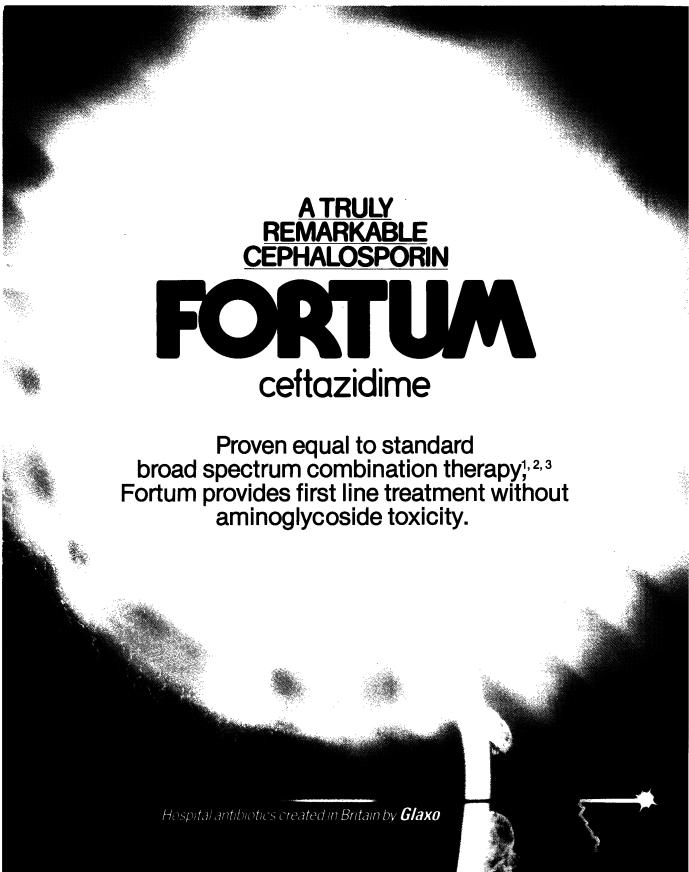
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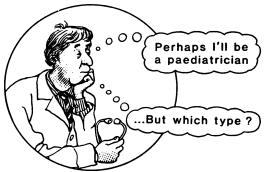
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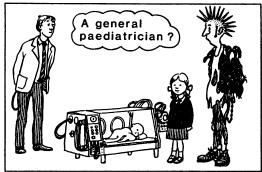
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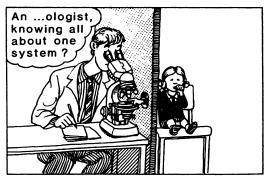




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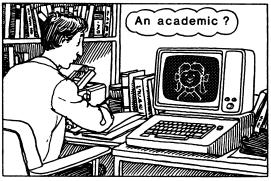


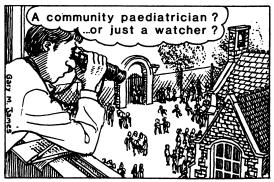












There is a need for the education of medical students in careers in paediatrics: F CARSWELL with artistic help from D ROBINSON and G JAMES (Department of Child Health, University of Bristol) hopes that the above may complement the more formal approach of the Paediatric Specialist Advisory Committee.

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Eighth Sigrid Jusélius Foundation Symposium: Helsinki, Finland, August 9-12, 1982 Kari O. Raivio, Niilo Hallman, Kauko Kouvalainen, and Ilkka Välimäki

1984, 448pp., \$55.00/£33.00 (UK only), ISBN: 0.12.576180.5

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133. Band Heft 1 Januar 1985

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600mg daily: aged 10-15

years, 600-1,000mg daily.

It may be helpful to monitor plasma drug levels optimum therapeutic range is 3-10µg/ml (13-42µmols/1). Side-effects Dizziness and diplopia (usually dosedependent) less frequently dry mouth, nausea and vomiting. Generalised erythematous rash. disappearing on cessation of therapy. Isolated reports of oedema, hyponatraemia. exfoliative dermatitis. leucopenia, thrombocytopenia. agranulocytosis aplastic anaemia, cholestatic

jaundice and acute renal failure. Blood count should be checked in early stages of treatment. Precautions Caution in patients taking oral anticoagulants or requiring oral contraception. In pregnancy, potential benefits of Tegretol must be weighed against potential hazards. Do not administer with, or within two weeks of cessation of, MAOI therapy. In rats treated with carbamazepine for two years, incidence of liver

tumours increased (no evidence of significant bearing on the therapeutic use of the drug). Serum folic acid levels should be observed during anticonvulsant therapy.

Contra-indications

Previous drug sensitivity to Tegretol. Do not administer to patients with atmoventricular conduction abnormalities unless paced

unless paced **Packs** Tablets of 100mg
(PL0001/5027) basic NHS
price £2.90 per 100. £13.95
per 500. tablets of 200mg

(PL0001/5028 £5.38 per 100. - £25.93 per 500: tablets of 400mg (PL0001/0088) £10.58 per 100: syrup 100mg/5ml (PL0001/0050) £517 per 300ml bottle. " denotes registered trademark. Full prescribing information is available on request from Geigy Pharmaceuticals. Horsham. West Sussex.

Geigy



Tegretol[®]

for the effective control of epilepsy