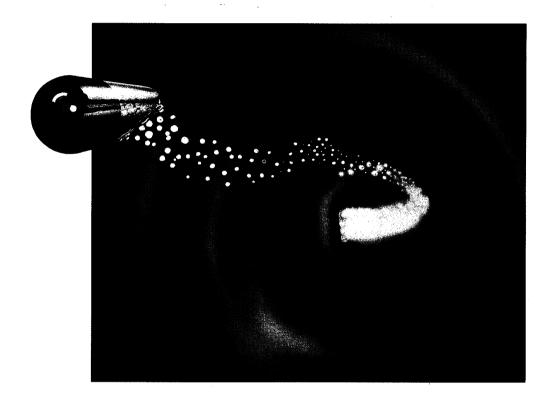
PROGRESS

In The Management Of Cystic Fibrosis





RIGHT ON TARGET - RIGHT FROM THE START

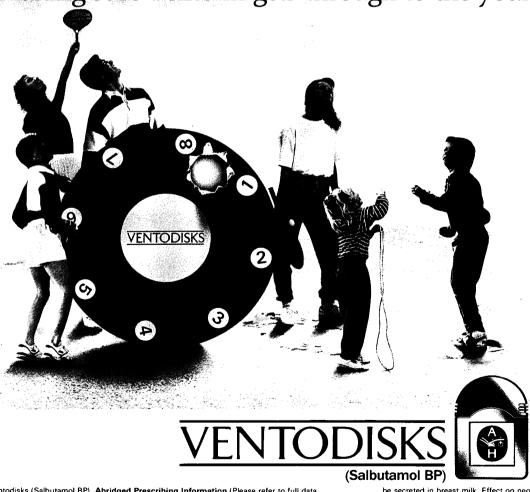
Prescribing Information — Presentation: Brown-yellow capsules containing enteric coated granules of pancreatin equivalent to: 9,000 BP units of amylase, 8,000 BP units of lipase, 210 BP units of protease. Available in packs of 100. Basic NHS price £13.33. Indication: Pancreatic exocrine insufficiency. Dosage and administration: Adults and children: Initially one or two capsules with meals, then adjust according to response. The capsules can be swallowed whole, or for ease of administration they may be opened and the granules taken with fluid or soft food, but without chewing. If the granules are mixed with food, it is important that they are taken immediately, otherwise dissolution of the enteric coating may result.

Contra-indications, Warnings, etc: Contra-indications: Substitution with pancreatic enzymes is contra-indicated in the early stages of acute pancreatitis.

Warnings: Use in pregnancy: There is inadequate evidence of safety in use during pregnancy. The product is of porcine origin. Rarely cases of hyper-uricosuria and hyper-uricaemia have been reported with high doses of pancreatin. Overdosage could precipitate meconium ileus equivalent. Perianal irritation could occur, and, rarely, inflammation when large doses are used. **Product Licence Number**: 5727/0001. Name and address of Licence Holder: Kali Chemie Pharma GmbH, Postfach 220, D-3000, Hannover 1, West Germany.



Making sure Ventolin gets through to the younger generation



Ventodisks (Salbutamol BP). Abridged Prescribing Information (Please refer to full data sheet before prescribing.) Uses: Treatment and prophylaxis of acute and chronic bronchospasm. Dosage and administration: Adults: 400 micrograms as single dose or three to four times daily. Children: 200 micrograms as single dose or three to four times daily. Contra-indications: Threatened abortion during first or second trimester. Hypersensitivity. Precautions: If previously effective dose lasts less than three hours, seek medical advice. Caution in patients with thyrotoxicosis. Avoid use with non-selective beta-blockers. Hypokalaemia may occur, particularly in acute severe asthma. It may be potentiated by xanthine derivatives, steroids, diuretics and hypoxia. Serum potassium levels should be monitored in such situations. Pregnancy: Avoid unnecessary use during early pregnancy. Only consider if expected benefit outweighs possible risks. Lactation: Salbutamol likely to

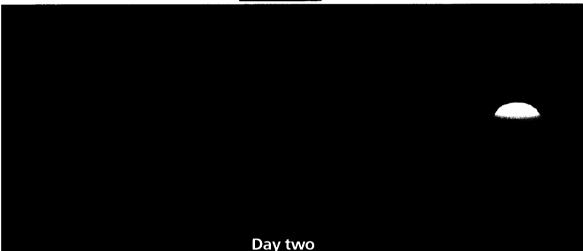
be secreted in breast milk. Effect on neonate unknown. Balance risks against benefits.
Side effects: Mild tremor, headache occur rarely. Very rarely — transient muscle cramps and hypersensitivity reactions. Potentially serious hypokalaemia may result from 8₂-agonist therapy. Paradoxical bronchospasm could occur – substitute alternative therapy.
Presentation and Basic NHS cost: Pack of 14 Ventodisks each containing 8 x 200 micrograms Salbutamol BP (as sulphate) — light blue or 8 x 400 micrograms Salbutamol BP (as sulphate) — dark blue, together with a Ventodiin Diskhaler. For inhalation. £7:11 and £12:02. Refill pack of 14 x 8 Ventodisks only. 200 micrograms, £6:54; 400 micrograms, £11:45. Product licence numbers: Ventodisks 200 micrograms 0045/0134, Ventodisks 400 micrograms 0045/0135.



ALLEN& HANBURYS

Bronchitis simplicity







Abbreviated Prescribing Information for ZITHROMAX*

Indications and dosage: Upper and lower respiratory tract infections, skin and soft tissue infections and otitis media: 500mg once daily for 3 days. As an alternative a single dose of 500mg on day 1, then 250mg once daily on days 2 to 5. Use in the elderly: Normal adult dosage is recommended. Use in children: For dosage recommendations see data sheet. Administration: ZITHROMAX should be administered as a single daily dose at least 1 hour before or 2 hours after food, ZITHROMAX oral suspension should be administered to children using the spoon provided. Contraindications: Hypersensitivity to azithromycin or other macrolide antibiotics. Patients receiving ergot derivatives. Warnings and Precautions: Moderate or severe renal· impairment (creatinine clearance <40ml/min), liver impairment. Pregnancy and lactation: Not recommended. Drug Interactions: Antacids, ergot derivatives. Monitor patients on concurrent warfarin, digoxin or cyclosporin. Side-Effects: Nausea, abdominal discomfort. vomiting, flatulence, diarrhoea, loose stools, elevation in liver transaminases and reduction in neutrophil counts. Package quantities and Basic NHS Cost: 250mg capsule, pack of 6, £14.99 (PL 0057/0335); Powder for Oral Suspension - bottles of 15ml, 22.5ml and 30ml containing ZITHROMAX 200mg/5ml - 15ml bottle (600mg), £7.05; 22.5ml (900mg), £10.35; 30ml (1200mg), £13.80 (PL 0057/0336). Hospital prices are available on request.

Further information on request. Richborough Pharmaceuticals A Division of Pfizer Limited, Sandwich Kent

References 1. Foulds G et al. (1990) J Antimicrob Chemother, 25(Suppl A): 73-82. 2. Hopkins S. (1991) Am J Med; 91(Suppl 3A): 40S-45S. 3. Data on file, Richborough Pharmaceuticals (Ref PR326).



ZITHROMAX*, the first once-daily, 3 day course for bronchitis, simplifies therapy and assists patient compliance. Sustained high tissue concentrations are achieved by **ZITHROMAX***, so therapy continues for up to seven days after dosing stops.¹

ZITHROMAX* is effective and well tolerated² with a good clinical response in 94% of patients suffering from bronchitis.³





STAT LOCUMS



always require Consultants, Registrars and SHO's in Paediatrics for short term and long term locums.

Phone: 081 393 7672 or

081 393 7819

Fax: 081 786 7826

or write with c.v. to

Stat Locums Ltd. 29 Longdown Lane North Epsom Surrey KT17 3HY

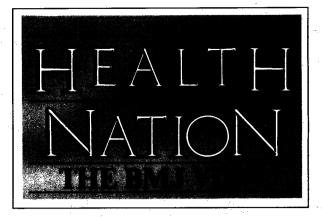
For your copy of the



Book Catalogue

write now to

Books Marketing Department, British Medical Journal, BMA House, Tavistock Square, London WC1H9JR.



Edited by Richard Smith, Editor of the BMJ

"...a strategy imposed by the government which takes no heed of the views of those who will have to implement it...is valueless". So writes William Waldegrave, Secretary of State for Health, in his introduction to *The Health of the Nation*, the government's consultative document that sets out a strategy for improving the health of the English. Taking Mr Waldegrave at his word on wanting to listen to everybody, the BMJ commissioned a series of articles that explain the views of some of those most concerned. Contributors discuss each of the 16 key areas defined in the strategy and suggest other subjects that might qualify as key areas. One article, from the Radical Statistics Health Group, is strongly critical of the strategy; others are critical of various aspects of it. but almost all of the contributors support the idea of setting targets for improving health. Originally published in the BMJ, this collection of articles is an important contribution to the debate on how to achieve health for the nation. Furthermore, the articles will be useful beyond the borders of England because most developed countries are now setting strategies to improve health.

Published 27 November 1991

UK £9.95; Abroad £12.00 (BMA members £8.95 or £11.00) including postage, by air abroad.

Available from BRITISH MEDICAL JOURNAL, PO Box 295, London WC1H 9TE, major booksellers or the BMJ bookshop in BMA House		
Please send me copy/ies of The Health of the Nation: the BMJ view		
NAME		
ADDRESS		
POSTCODE		
I enclose BMA Membership No		
Please make cheques payable to British Medical Journal. Debit my credit card (please tick box)		
☐ Visa ☐ American Express ☐ Mastercard		
Card No.		
Card expiry date		
Signature		
Please send me a book catalogue		



A world of difference

More and more patients with uncontrolled epilepsy are able to face the world thanks to the efficacy of SABRIL.

Many have become seizure free for the first time and approximately half can benefit from a > 50% reduction in their seizures.¹



Controlling seizures, changing lives

tition: White, tablets with a breakline marked SABRIL, each containing 500mg vigabatrin.

Desc: Indications: Treatment of epilepsy not controlled by other antiepileptic drugs.

Dosege and Administration: Oral administration once or twice daily added to the patient's current therapeutic regimen.

Adults: Recommended starting dose 2g/day. Increased or decreased in 0.5g or 1.0g increments depending upon clinical response and tolerability. Maximum 4g/day. There is no direct corre between plasma concentration and efficacy.

Children: The recommended starting dose in children is 40mg/kg/day increasing to 80-100mg/kg/day depending on response. Convenient recommendations in relation to bodyweight are:

10-15kg 0.5 to 1a/day

1.0-1.5g/day 1.5-3g/day

30-50kg 1.5-3g/day

>50kg 2.4-g/day

Infants with West syndrome may require doses of 100mg/kg/day or higher.

Elderly: Consider dose reduction in patients with impaired renal function.

Contra-Indications, Precautions, Warmings etc.

Use in pregnancy and lactation: Contra-Indicated.

Precautions: Abrupt withdrawal may lead to rebound seizures. Caution in patients with history of psychosis or behavioural problems. Caution in elderly patients, particularly creatinine clearance below 60ml/min. Reduce dose and monitor closely for adverse events.

Warnings: Vigabatrin causes intramyelinic cedema in the brain white matter tracts of animals but there is no evidence of this in man. However, monitor patients for neurological changes. See the full

Warnings: Vigab

product data sheer.

Effects on driving ability: Drowsiness has been seen and patients should be warned.

Side effects: Are mainly CNS related. Aggression and psychosis have been reported and a previous history of psychosis or a behavioural problem appears to be a predisposing factor. Other reported events: drowsiness and fatigue, dizziness, nervousness, infability, depression, headache and less commonly confusion, memory disturbance and vision complaints; also weight gain and minor gastrointestinal side-effects. Also in children excitation and agitation. Some patients may experience an increase in seizure frequency with vigabatrin, pericularly those with myocionic seizures. Tests have not revealed evidence of neurotoxicity in humans. Lab data do not indicate renal or hepatic toxicity. Decreases in SGOT and SGPT have been observed. Chronic treatment may lead to a slight decrease in haemoglobin.

Drug Interactions: Are unlikely. A gradual reduction of about 20% in plasma phenytoin concentration has been observed.

No clinically significant interactions with carbamazepine, phenobarbitone or sodium valproate.

Legal Category: POM

angery: POM nge Quentities

Product Licence Number: PL 4425/0098

Product Liberios PL 4420036
NHS Price: £46.00
Date of Preparation: January 1992.
You must refer to the full prescribing information before administering Sabril. Further information including full product data sheet is available from the Licence Holder: Marion Merrell Dow Ltd., Lakeside House, Stockley Park, Uxbridge, Middlesex. UB11 1BE.

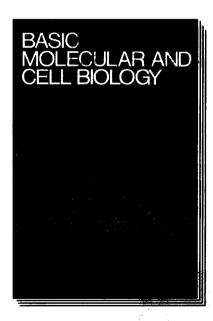
1 Mumford JP Br J Clin Pract 1988: 42 (Suppl 61): 7-9



MARION MERRELL DOW LTD.



Trademarks: Marion, Merrell, Dow, Sabril, SAB/AD/0492



UK £6.95; Abroad £8.00 (BMA members £6.45 or £7.50) including postage, by air abroad

ORDER YOUR COPY

NOW

An excellent beginner's guide

The extraordinary technical developments in molecular biology over the past few years, and the equally rapid advances in understanding of cell biology, will almost certainly result in far reaching changes in medical research and practice. In this collection of articles experts in molecular and cell biology provide the background information to give clinicians an insight into the way in which the medical sciences may be moving over the next few years and into the exciting possibilities opening up for the treatment of genetic disorders, cancer, and the common illnesses of Western society such as degenerative vascular disease and diabetes.

Available from: BRITISH MEDICAL JOURNAL, PO Box 295, Landon WC1H 9TE, medical booksellers or the BMY bookshop in BMA House	I enclose Please make cheques payable to British Medical Journal
	Debit my credit card (please tick box)
Please send mecopy/ies of	☐ Visa ☐ American Express ☐ Mastercard
BASIC MOLECULAR & CELL BIOLOGY	Card No
NAME	Card expiry date
ADDRESS	Signature
	BMA Membership No
POSTCODE	☐ Please send me a book catalogue



WHEN THEY FEEL LIKE THIS ABOUT SWALLOWING THEIR MEDICINE

When children won't or can't tolerate oral pain killers, another course of action is needed.

Alvedon paracetamol suppositories provide a fast, effective alternative. 1,2 Its antipyretic effect being as rapid as that of oral paracetamol. 1,2

So when oral treatments are out of the question, choose Alvedon.

TRY ANOTHER ROUTE



RELIEVES PAIN - REDUCES FEVER

The other methods have good after overdood on the processing from the continue Store below 25°C, legal Continue of the formed plants after a step of 5 × 2 or 5 × 10 suppositioning. Freedood Landson (or 100 from the continue of the continu

British CDs. 1, Memor S. et al. Archives of Dissour in Childhood, 1979, 54; 469-679, 2; Moron I.I. & Shor, A.C., Current Dissource Resolution, 1976, 30: No. 1, 45-52.

Company of the Compan



Alvedon™ Suppositories 125mg

PRESENTATION: White to yellowish white suppositories containing 125mg paracetamol.

USES: For treatment of mild to moderate pain and pyrexia in children. Alvedon suppositories may be especially useful in patients unable to take oral forms of paracetamol eg. post-operatively or with nausea and vomiting.

DOSAGE AND ADMINISTRATION: Children: 1-5 years, 1-2 suppositories.

The dosage should be based on age and weight ie.

1 year (10kg) 1 suppository 5 years (20kg) 2 suppositories

These doses may be repeated up to 4 times daily.

CONTRA-INDICATIONS, WARNINGS, ETC:

Contra-indications:

Hypersensitivity to paracetamol.

Precautions:

Paracetamol should be given with care to patients with impaired kidney or liver function.

Interactions:

Drugs which induce hepatic microsomal enzymes such as alcohol, barbiturates and other anticonvulsants may increase the hepatotoxicity of paracetamol particularly after overdosage.

Side-effects at therapeutic doses are rare. Isolated cases of liver damage and allergic reactions such as skin rash have been reported.

Redness of the mucous membrane of the rectum and minor local vascular changes have been reported after the use of Alvedon suppositories. Hepatic necrosis may occur after overdosage. (See below).

Pregnancy and Lactation:

Not applicable.

PHARMACEUTICAL PRECAUTIONS: Store below 25°C.

LEGAL CATEGORY: P

PACKAGE QUANTITIES: 10 strips each containing 5 suppositories or 2 strips each containing 5

FURTHER INFORMATION: Treatment of overdosage: Clinical symptoms of liver damage are manifested usually after 48 hours. Overdosage results in saturation of the conjugation capacity of the liver and irreversible binding of a reactive intermediate metabolite in the hepatocytes. N-acetylcysteine intravenously or L-methionine orally protects the liver if adminstered within 10-12 hours of ingesting an

PRODUCT LICENCE NO: 0017/0250.

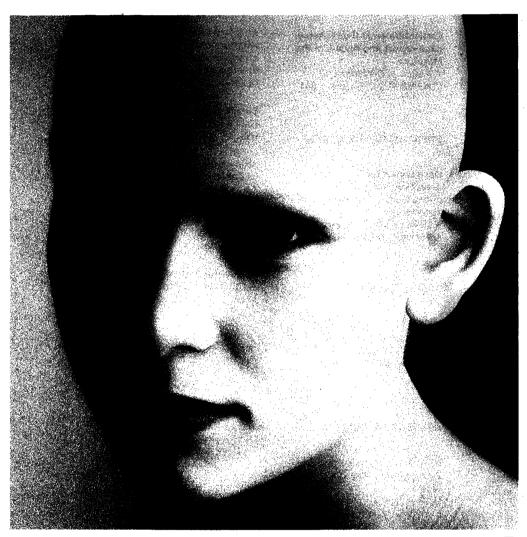
PRODUCT LICENCE HOLDER: Astra Pharmaceuticals Ltd., Home Park, Kings Langley, Herts

DATE OF PREPARATION: June 1991.

Alvedon suppositories are marketed and distributed by NOVEX PHARMA, a division of NOVEX PHARMA LTD., Henley-on-Thames, Oxon, RG9 1EL

*Alvedon trademark applied for by AB Astra.

While you're trying to make it better, make it bearable.





Prescribing information: Uses Nausea and vomiting due to chemotherapy or radiotherapy. Dosage Emetogenic chemotherapy and radiotherapy: Either, 8mg i.v. as a slow injection immediately before treatment, or 8mg orally 1 to 2 hours before treatment, followed by 8mg orally twelve-hourly. To protect against delayed emesis, Zofran should be continued orally, 8mg twice doily for up to 5 days. Highly emetogenic chemotherapy: A single dose of 8mg i.v. as a slow injection immediately before chemotherapy, followed by 8mg orally twice doily for up to 5 days to protect against delayed emesis. The efficacy of Zofran over the first 24 hours of highly emetogenic chemotherapy may be enhanced by the addition of a single i.v. dose of 20mg dexamethasone immediately before treatment. Alternatively, higher doses of Zofran may be beneficial, up to 32mg depending on the severity of the emetogenic challenge. Children: A single i.v. dose of 5mg/m² immediately before chemotherapy, followed by 4mg arally twelve-hourly for up to 5 days. Elderly and patients with renal impairment: No alteration of dosage, dosing frequency or route of administration is required over 65 years or with renal impairment. Patients with hepatic impairment: In patients with moderate or severe hepatic impairment, a total daily dosage of 8mg should not be exceeded. Contra-

indications Hypersensitivity to components. Precautions Pregnancy or lactation. Side effects Headache, constipation, a warm or flushing sensation in the head or epigastrium. Occasional transient rises in aminotransferases. Rare, immediate hypersensitivity reactions (see data sheet). Presentations Zofran Injection ampoules containing 4mg andansetron in 2ml aqueous solution or 8mg andansetron in 4ml aqueous solution (Product licence number 0004/0375, 4mg x 5 ampoules £75). Zofran 4mg Tablets each containing 4mg andansetron (Product licence number 0004/0376, 4mg x 30 tablets £187-50). Zofran 8mg Tablets each containing 8mg andansetron (Product licence number 0004/0377, 8mg x 10 tablets £990). Product licence holder Glaxo Operations U.K. Limited, Greenford, Middlesex UB6 OHE. Zofran is a Glaxo trade mark. Further information is available on request from: Glaxo Laboratories Limited, Stockley Park West, Uxbridge, Middlesex UB11 IBI. Tel. OR1-990 9444



European Journal of

Acta Paediatrica Belgica and Helvetica Paediatrica Acta

Volume 150 No. 12 1991

The pioneers of pediatric medicine 823

Review

Small-intestinal abnormalities in cystic fibrosis patients E. Eggermont, K. De Boeck 824

Cardiology

Left ventricular thrombus in a 2-year-old boy with cardiomyopathy: lysis with recombinant tissue-type plasminogen activator O. N. Krogmann, R. v. Kries, S. Rammos, H. H. Kramer, M. Bourgeois 829

Gastroenterology/Hepatology

Documented latent coeliac disease in a child with insulindependent diabetes mellitus C. Catassi, G. Natalini, I. M. Rätsch, O. Gabrielli, G.V. Coppa, P.L. Giorgi 832

Hematology/Oncology

Optic gliomas in children with neurofibromatosis type 1 A.M.Lund, F.Skovby 835

Cytoplasmic granules in leukaemic cells of the cerebrospinal fluid in a child with non-granular acute lymphocytic leukaemia

T. Hanada, I. Ono, N. Moriyama, K. Koike 839

Transcobalamin II deficiency: case report and review of the literature

Y. Kaikov, L. D. Wadsworth, C.A. Hall, P.C.J. Rogers 841

Immunology/Allergology

Cord serum IgE and early detection of the atopic phenotype: suitable for routine screening?

H.S. Varonier, G.C. Lacourt, A. Assimacopoulos 844

Medical genetics

Cartilage hair hypoplasia in infancy: a misleading chondrodysplasia M. Le Merrer, P. Maroteaux 847

Metabolic diseases

Chronic pancreatitis in a child with glycogen storage disease type 1

M. Kikuchi, K. Hasegawa, I. Handa, M. Watabe, K. Narisawa, K. Tada 852

Neonatology

Ipratropium bromide for symptomatic preterm infants B. Yuksel, A. Greenough 854

All other countries. Annual subscription rate: DM 1598.00 plus carriage charges; Federal Republic of Germany: DM 27.61 incl. value Letters to the editors

Mitral valve and tricuspidal valve prolapse in Melnick-Needles syndrome

G. Krüger, K. Schumacher, F. Erfurt, L. Pelz 858

An infant having Potter facies without pulmonary hypoplasia after prolonged oligohydramnios due to a placental mass M. Ohyama 859

Simultaneous epiglottitis siblings B. Zimmer, K. Vogel, D. Schranz

Acute caffeine poisoning in a child

P. G. Jorens, J. M. Van Hauwaert, M. I. Selala, P. J. C. Schepens

Abstracts

The Summer Meeting of the Scottish Paediatric Society, Aberdeen, 31 May 1991 861

Acknowledgement to our reviewers 865

Contents of Volume 150

Index of key words

Indexed in Current Contents



Subscription information

Volume 150 (12 issues) will appear in 1991. Information about obtaining back volumes and microform editions available upon re-

North America. Annual subscription rate: approx. US \$ 1060.00 (single issue price approx. \$ 102.00), including carriage charges. Subscriptions are entered with prepayment

Orders should be addressed to: Springer-Verlag New York Inc. Service Center Secaucus 44 Hartz Way Secaucus, NJ 07094, USA Tel. (201) 348-4033 Telex 023125994 FAX (201) 348-4505

added tax; all other countries: DM 60.60 ex-

cept for the following countries to which SAL delivery (Surface Airmail Lifted) is mandatory: Japan DM 125.40, India DM 96.60, Australia/ New Zealand DM 141.00. Airmail delivery to all other countries is available upon request. Volume price: DM 1598.00, single issue price: DM 159.80 plus carriage charges. Subscriptions can either be placed via a bookdealer or sent directly to:

Springer-Verlag Heidelberger Platz 3, 1000 Berlin 33, FRG Tel. (0)30/8207-0, Telex 183319 FAX (0)30/8214091



CALL FOR PAPERS

Quality in Health Care

EDITOR: FIONA MOSS AUDIT SPECIALIST & RESPIRATORY PHYSICIAN

ASSOCIATE EDITORS: Steve Nixon, Surgeon, Richard Baker, GP, Michael Maresh. Obstetrician Alison Kitson, Director of RCN Standards of Care Project Richard Thomson, Public Health and Chris West, District General Manager

QUALITY IN HEALTH CARE is a

new quarterly journal being launched in March 1992, by the BMI to reflect and report initiatives to improve quality of health care, from everybody involved in health care.

The Journal aims to monitor:

- The relationship between clinical and medical audit and quality assurance programmes
- The development of clinical and medical audit as local activities and as larger national initiatives
- The integration of medical audit into medical practice
- The impact of medical and clinical audit on postgraduate and undergraduate training and education
- The relationship between management and quality initiatives

The editorial board includes, clinicians from a variety of specialties, together with representatives from management, nursing, other health care professions, quality assurance programmes, public health and medical education.

RESEARCH AREAS

- The development and testing of quality measures
- The development of outcome measures
- Studies on the appropriateness and effectiveness of medical and other clinical interventions
- Commissioned articles will include critical overviews of evidence on which medical and other clinical interventions are based. Opposing views will be sought and debated.

SUBMISSION

Papers should be submitted, in accordance with Instructions to Authors as set out in the BMJ, to:

Flona Moss, Editor, Quality in Health Care, North West Thames Regional Health Authority, 40 Eastbourne Terrace, Paddington, London W2 3QR. Telephone: 071 262 8011 ext. 3098 Fax: 071 258 0530

To receive more information and a sample copy complete the form below:

Order Form

QUALITY IN HEALTH CARE PUBLICATION: Quarterly ISSN: 0963-8172

Please tick

- ☐ Please send me more information
- Please send me Instructions to Authors
- Please send me a sample copy

Signature Name (Capitals)

Address

Send orders to: British Medical Journal, BMA House, Tavistock Square, London. WC1H 9JR.



NovoPen® II

Already a design award winner,1 NovoPen II has recently received even more attention to detail. The latest model incorporates an easy grip on the dosage dial and a smoother action on the locking ring a safety feature unique to NovoPen II. The stylish new appearance completes the latest design improvements making NovoPen II even better than before.

PenMix® Penfill® cartridges

Biphasic Isophane Insulin Injection, Human Insulin (pyr).

The first premixed insulin in a Penfill was PenMix 30/70 Penfill, in a ratio well suited to the majority of diabetics using premixed insulins.



The introduction of four additional mixtures makes PenMix® Penfill® the widest range of premixed insulins available in

cartridges, and means that even more diabetics could be using NovoPen II.



New NovoFine® needles

The new NovoFine needles for NovoPen II are very fine 28-gauge needles for a virtually painless injection.2

NovoPen® III
FOR MIXTURES TOO

NOVO NORDISK A/S Copenhagen, Denmark

Further information is available from: NOVO NORDISK PHARMACEUTICALS LTD Novo Nordisk House, Bresifield Par Brighton Road, Pease Postage, Ca West Suspex RH11 9RT: Telephone: (0293) 613555.

Proc supplies of Nobeltas available Dhd 100 and ask fac Prochance No