25000 lipase units

in just one capsule

This high lipase formulation of Creon should allow Cystic Fibrosis patients to substantially reduce their daily capsule intake and achieve better compliance.

New **creon®** pancreatin 25000

HIGHER DOSE, FEWER CAPSULES, HAPPIER PATIENTS

Prescribing Information

Presentation: Opaque orange yellow hard gelatin capsules containing brownish coloured enteric coated pellets of pancreatin, equivalent to:

25,000 BP units of lipase
18,000 BP units of amylase
46* BP units of protease

Available in packs of 50. Basic NHS price £19.50

Indication: Pancreatic exocrine insufficiency.

Dosage and Administration: Adults (including elderly) and children: Initially one capsule 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 very high doses of pancreatin.

Overdosage although not experienced until now, could precipitate meconium ileus equivalent. Perianal irritation, and rarely, inflammation, could occur when large doses are used.

Product Licence Number: 5*2* 0006

Name and Address of Licence Holder

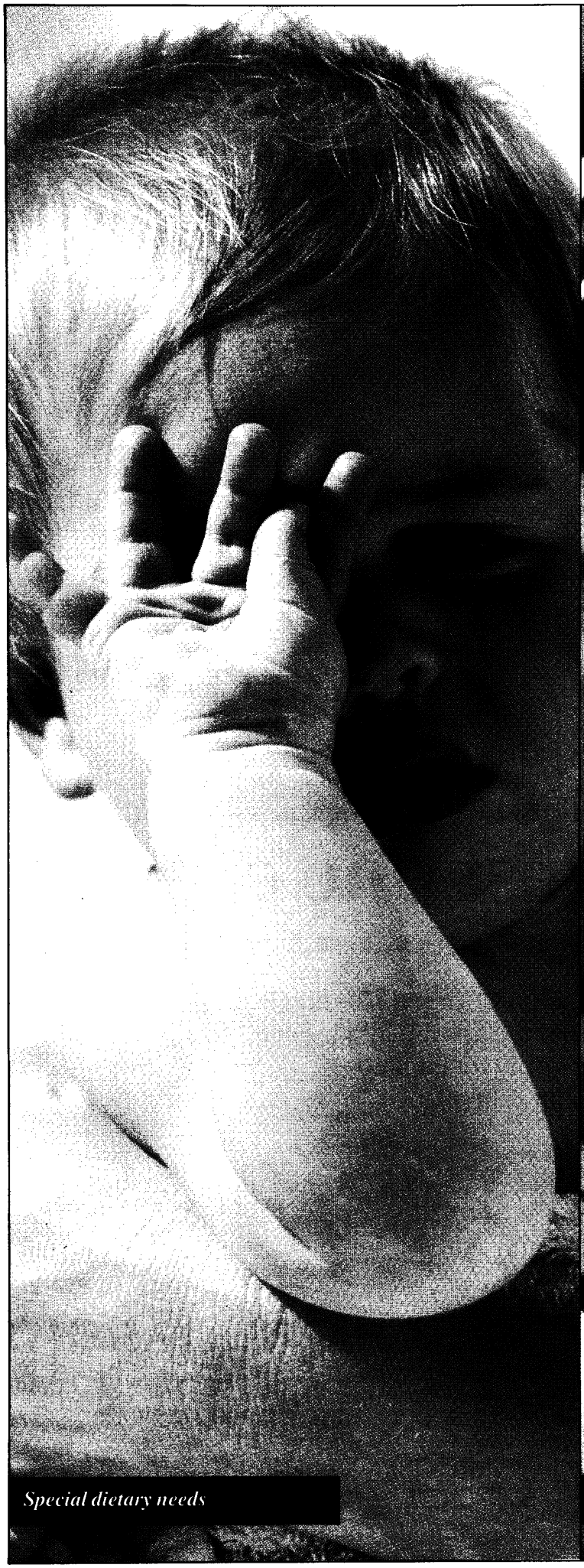
Kali Chemie Pharma GmbH, Hans-Bockler-Allee 20, 3000, Hannover 1, Germany.

Further information is available from: Duphar Laboratories Limited, Gaters Hill, West End, Southampton SO3 3JD. Tel: (0703) 472281

® Registered Trade Mark

duphar
A member of the Solvay Group

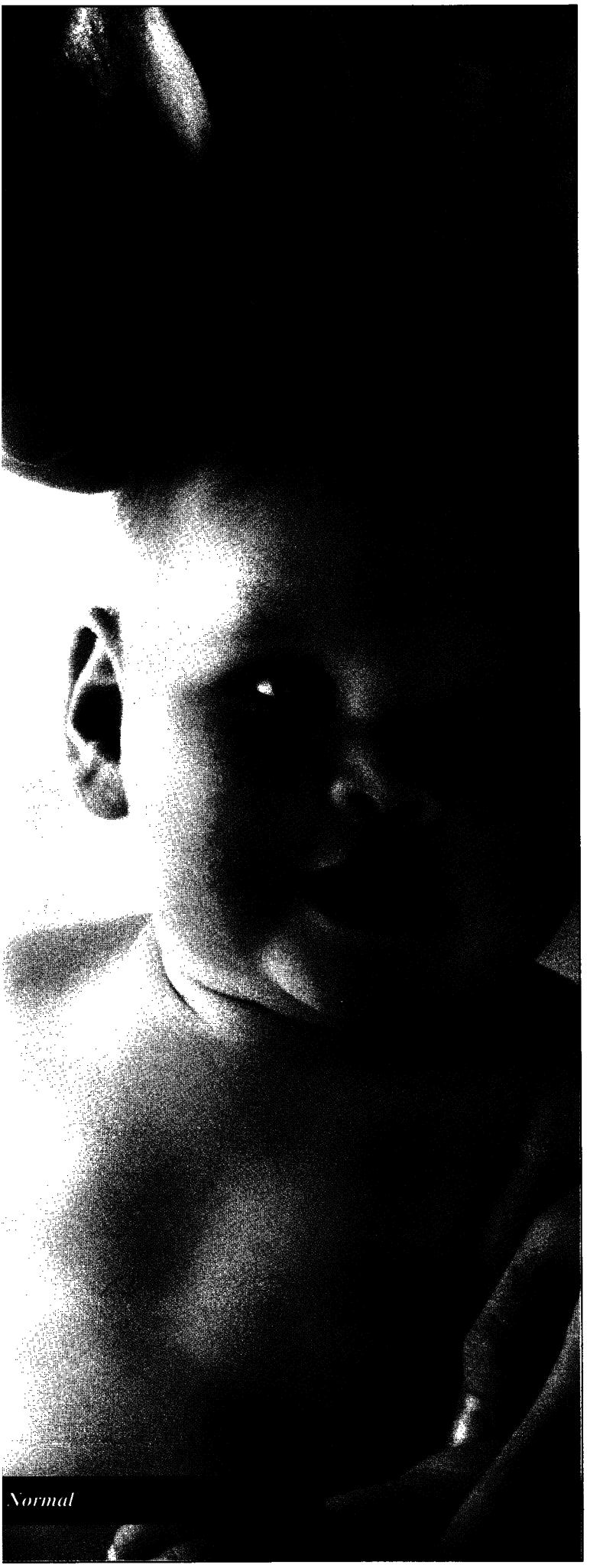
CR CFJA 0192



Special dietary needs

Low birth weight

Cow & Gate Ltd., Trowbridge, Wiltshire BA14 0XQ. Tel: 0225 768381



One babymilk won't feed them all

but one babymilks company can.

Each baby has different needs which calls for a wide range of feeds.

Breastmilk is the best milk for a healthy baby so we advocate breastfeeding as a mother's first choice.

However, some babies need a low birth weight formula or a special dietary formula such as Nutrilon Soya previously Formula 'S' for milk intolerant infants. So you'll be relieved to hear that one company can respond to all these needs.

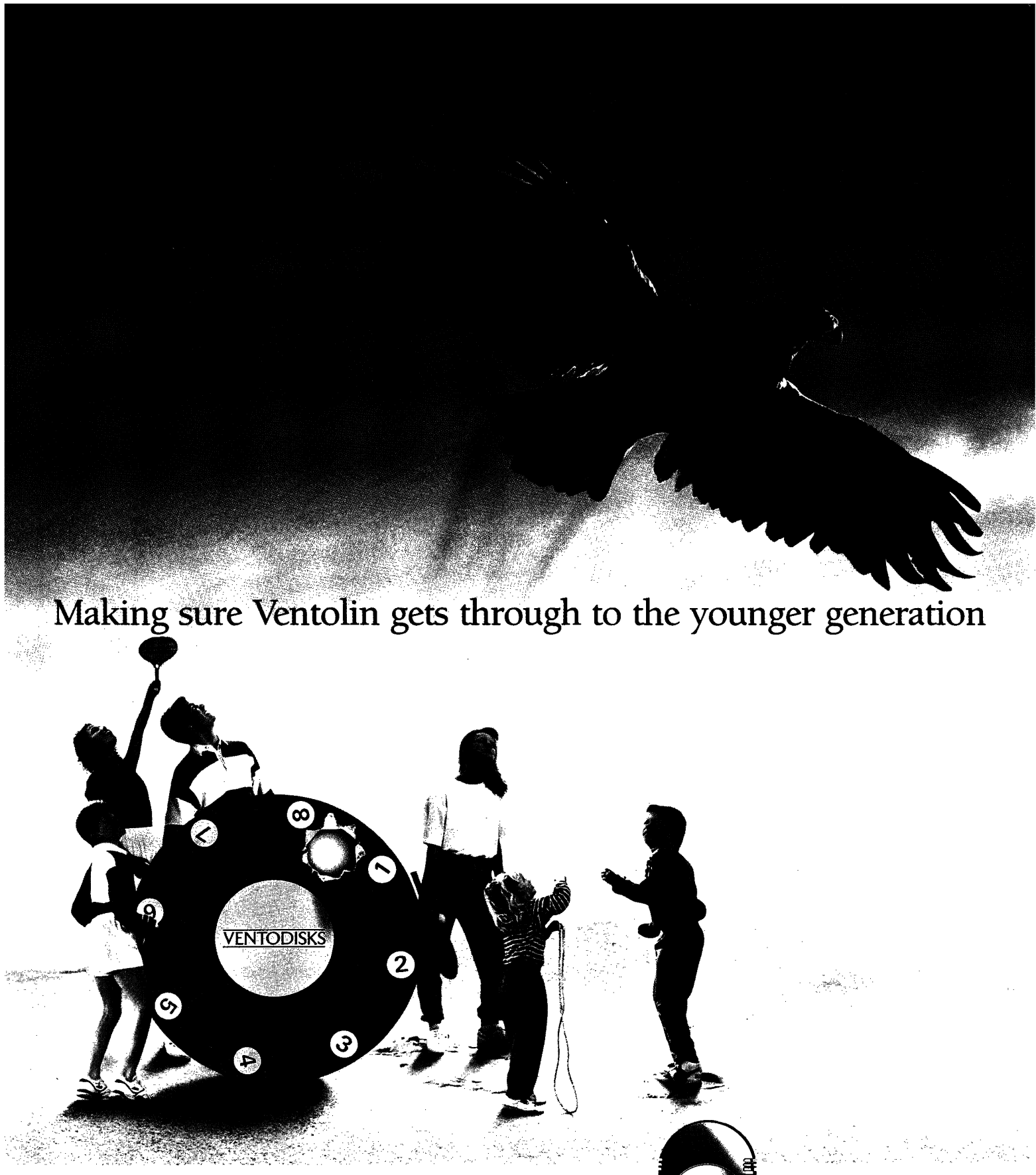
As specialists in infant nutrition Cow & Gate provide the widest range of feeds available today. For over 80 years it has been our business to make sure babies get the best. So you can rely on us to take care of them.

Cow & Gate

The Babyfeeding Specialists

Breastmilk is the best food for babies. The purpose of infant milk formula is to replace or supplement breastmilk when a mother cannot, or chooses not to, breastfeed. The cost of infant milk formula should be considered before deciding how to feed a baby.

This advertisement has been prepared for the information of the Health Care Professional only.



Making sure Ventolin gets through to the younger generation

VENTODISKS

(Salbutamol BP)

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 β_2-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 Ventolin 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

Further information is available on request from: Allen & Hanburys Limited, Stockley Park West, Uxbridge, Middlesex UB11 1BT
Ventodisks should only be used with a Ventolin Diskhaler. Diskhaler, Ventodisks and Ventolin are trade marks

PRESCRIBING INFORMATION Presentation **TILADE Mint** is a metered dose pressurised aerosol inhaler which delivers 56 puffs, each containing 2mg Nedocromil sodium. Indications **TILADE Mint** is indicated for the preventive treatment of reversible obstructive airways disease, including asthma and asthmatic bronchitis. Dosage and Administration Adults and children over 12 years of age: 2 puffs (4mg Nedocromil sodium) to be inhaled twice daily. If necessary, dosage may be increased to 2 puffs four times daily. Children under 12 years of age: it is recommended that **TILADE Mint** should not be used since it is still under investigation in this age group. **TILADE Mint** is intended for regular daily usage and should not be used for relief of symptoms in an acute attack. Side effects, precautions and contra-indications Few side effects have been reported, principally headache and nausea. The mint flavour has been added to mask any bitter taste of the drug. Caution should be exercised in the use of **TILADE Mint** in pregnant or lactating women. There are no specific contra-indications. Basic NHS Cost 2 x 56 actuations £18.65. PL Number: 0113/0140. Further information is available on request.

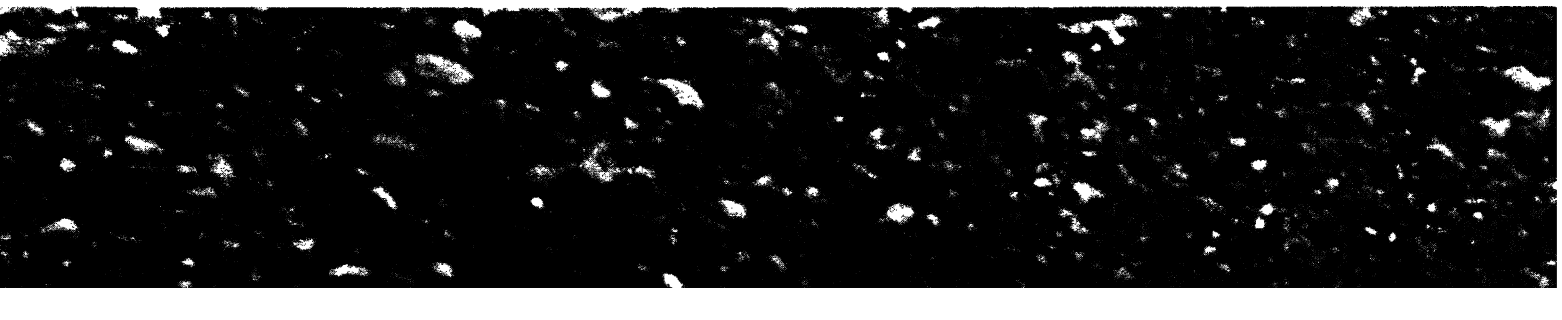
Fisons plc - Pharmaceutical Division,
12 Derby Road, Loughborough,
Leicestershire LE11 0BB

NEW MINT TASTE

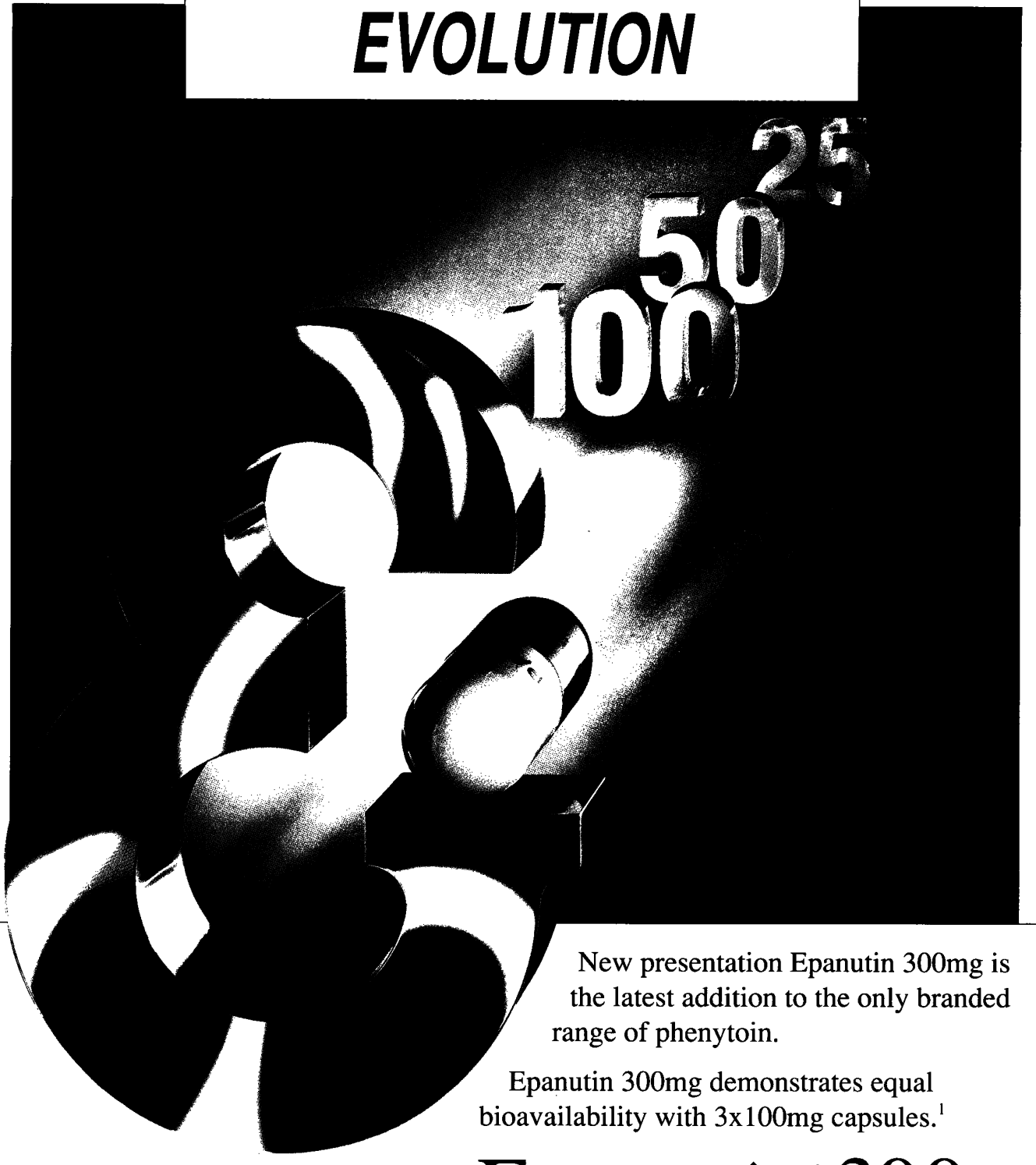
FISONS Pharmaceuticals

TILADE®

nedocromil sodium



EVOLUTION



New presentation Epanutin 300mg is the latest addition to the only branded range of phenytoin.

Epanutin 300mg demonstrates equal bioavailability with 3x100mg capsules.[1]

Epanutin* 300

PHENYTOIN B.P.

QUALITY CONTROL OF EPILEPSY

Prescribing Information Presentation: Epanutin Capsules, 25mg, 50mg, 100mg or 300mg phenytoin sodium Ph Eur. Epanutin Suspension 30mg/5ml phenytoin BP. Epanutin Infatabs, 50mg phenytoin BP. **Indications:** Grand mal epilepsy, temporal lobe seizures and certain other convulsive states. **Dosage:** Usual maintenance dosages: Infants and children: 4-8mg/kg, up to a maximum of 300mg daily. Adults: 200 -500mg daily in single or divided doses. Exceptionally, a daily dose outside this range may be indicated. Dosage recommendations are only guidelines and should be titrated for individual patients. Chew Infatabs. Titrate dosage gradually. Plasma level monitoring is advisable. Equal doses of Infatabs and capsules may not give equivalent blood levels. **Contra-indications and precautions:** Hypersensitivity to hydantoins. Use in pregnancy and lactation. Liver dysfunction. Replacement of or with other anticonvulsant therapy should be gradual. Plasma levels may be altered by other drugs - see literature. **Side-effects:** Transient GI and CNS disturbances subsiding with continued use. Allergic phenomena (e.g. rash, lupus erythematosus, hepatitis, lymphadenopathy) may occur. Haematological disorders, gingival hypertrophy, hirsutism and excessive motor activity have been reported. Nystagmus with diplopia and ataxia indicates that dosage should be reduced. **Legal category:** POM. **Product Licence Numbers:** Capsules, 25, 50, 100mg/18/0112, 18/5079, 18/5080, 300mg, 18/0158. Suspension 18/5106. Infatabs 18/0069. **Basic NHS cost:** Capsules, 25mg 500 £9.82; 50mg 500 £10.02; 100mg 500 £12.77;1000 £24.15; 300mg 100 £7.66; Infatabs 100 £5.49. Suspension 500ml £3.56

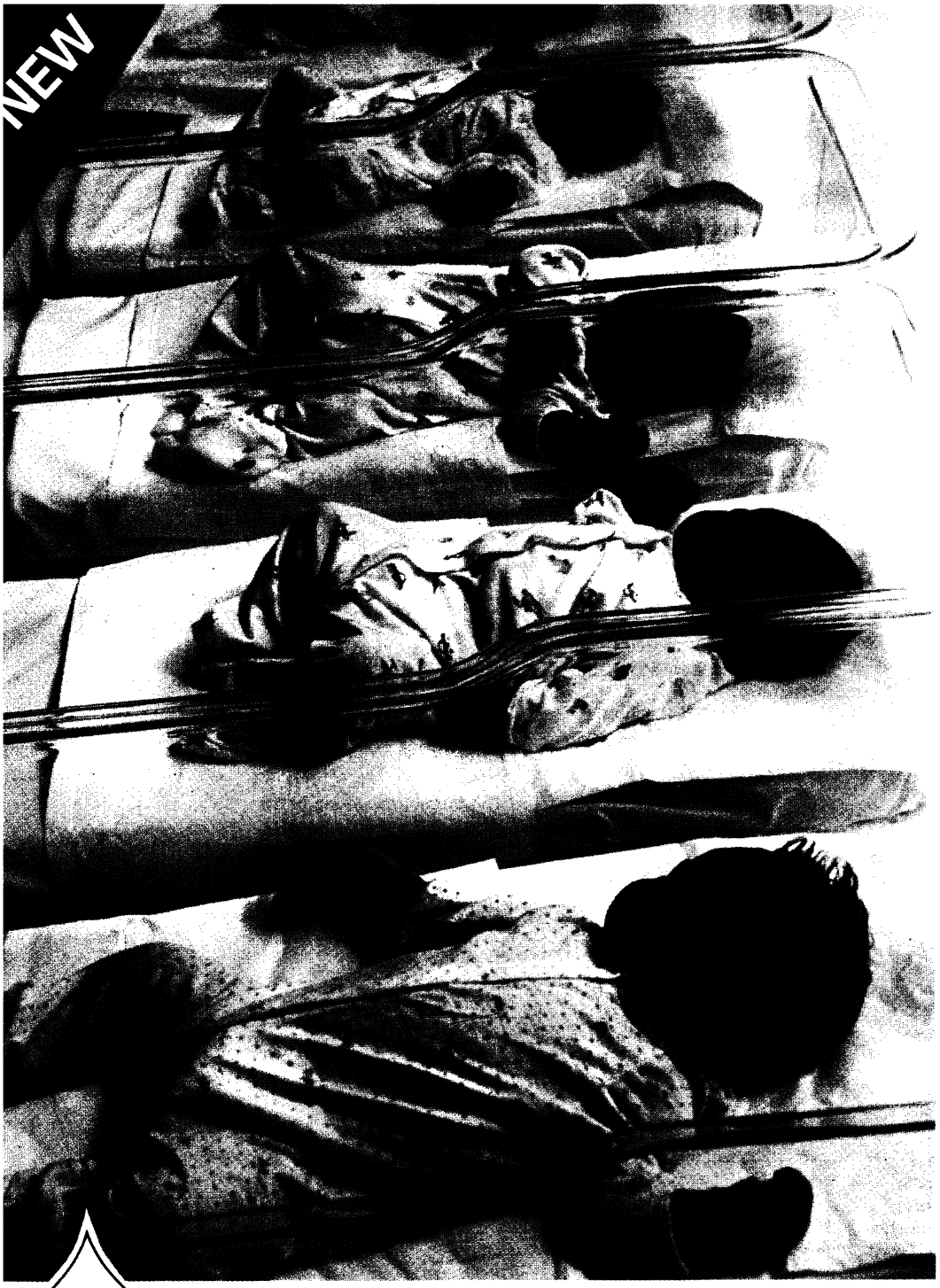
Further information is available from Parke-Davis Research Laboratories, Lambert Court, Chestnut Avenue, Eastleigh, Hampshire SO5 3ZQ.
Telephone: (0703) 620500.

References:

1. Data on file, Parke-Davis Research Laboratories.

PARKE-DAVIS RESEARCH LABORATORIES

* Trade mark A118-UK-Mar92



Caring for nature's little things

Vaminolact®

WITH TAURINE

New formulation replaces Vamin® Infant

New Vaminolact® is formulated to closely resemble the natural source of protein for premature and older infants — human milk protein. So it's only natural that it should contain the right balance of essential and non-essential amino acids, like low phenylalanine and added taurine. New sulphite-free Vaminolact® specifically for use in paediatric parenteral regimens — when all that matters are the little things.

FIRST LINE AMINO ACIDS FOR NEONATES AND INFANTS

Kabi Pharmacia

ABBREVIATED PRESCRIBING INFORMATION

PRESENTATION: A solution for intravenous nutrition, specifically formulated for paediatric use.

L-Alanine	6.3g
L-Arginine	4.1g
L-Aspartic acid	4.1g
L-Cysteine/cystine	1.0g
L-Glutamic acid	7.1g
Glycine	2.1g
L-Histidine	2.1g
L-Isoleucine	3.1g
L-Leucine	7.0g
L-Lysine	5.6g
L-Methionine	1.3g
L-Phenylalanine	2.7g
L-Proline	5.6g
L-Serine	3.8g
Taurine	0.3g
L-Threonine	3.6g
L-Tryptophan	1.4g
L-Tyrosine	0.5g
L-Valine	3.6g
In each 1000ml	65.3g

Osmolality: 510mosmol per kg water.

Nitrogen per litre: 9.3g corresponding to 58g of protein.

Energy content per litre: 240kcal (1.0MJ).

Indications: Vaminolact should be used for the prophylaxis and therapeutic treatment of protein depletion in neonates and infants where sufficient enteral nutrition is impossible or impracticable.

DOSAGE AND ADMINISTRATION:

Recommended dosage for infants: the dosage should be increased gradually during the first week of administration to a final daily dose of up to 35ml Vaminolact per kg body weight given as a continuous infusion over 24 hours. The duration of infusion should be at least 8 hours.

Recommended dosage for children: The dosage should be increased gradually during the first week of administration to the final dosage ranges indicated below and should be infused over 24 hours:

Weight (kg)	Dosage* (ml per kg bodyweight per 24 hours)
10	24.0
20	18.5
30	16.0
40	14.5

*The duration of infusion should be at least 8 hours.

Caution: The recommended infusion rate should not be exceeded.

Contra-indications, warnings etc: Vaminolact is contra-indicated in patients with irreversible liver damage and in severe uraemia when dialysis facilities are not available. Care must be exercised in the administration of large volume infusion fluids to patients with cardiac insufficiency. Amino acid infusions must also be administered with caution to patients with disturbances in protein metabolism.

Precautions: Hyperkalaemia, hypernatraemia, and acidosis should be corrected prior to commencement of intravenous nutrition. Serum electrolytes, blood glucose levels and acid-base balance should be regularly monitored. Fluid balance should also be monitored since hypertonic dehydration may occur. Amino acid solutions may precipitate acute folate deficiency and folic acid should be given daily.

Side-effects: Vaminolact is well tolerated. Rarely, nausea may occur. As with all hypertonic solutions, thrombophlebitis may occur when peripheral veins are used. Abnormal liver function tests have been observed during intravenous nutrition.

Legal category: POM.

Package quantities: Bottles of 100ml and 500ml.

Further information: The manufacturer can be consulted for full information on complete and balanced intravenous nutrition regimens.

Product Licence number: 0022/0092.

Product authorisation numbers: 100ml 187/35/1. 500ml 187/35/2.

Product Licence/Authorisation holder:
Kabi Pharmacia Limited, Davy Avenue, Knowlhill, Milton Keynes, MK5 8PH. Distributed by Cahill May Roberts Limited for Kabi Pharmacia (Ireland), Pharmapark, Chapelizod, Dublin 20.

Cost: Vaminolact 100ml £3.80. Vaminolact 500ml £8.70.

European Journal of
Pediatrics
Incorporating
Acta Paediatrica Belgica
and
Helvetica Paediatrica Acta

Volume 150 No. 12 1991

Indexed in *Current Contents*

Springer International

Subscription information

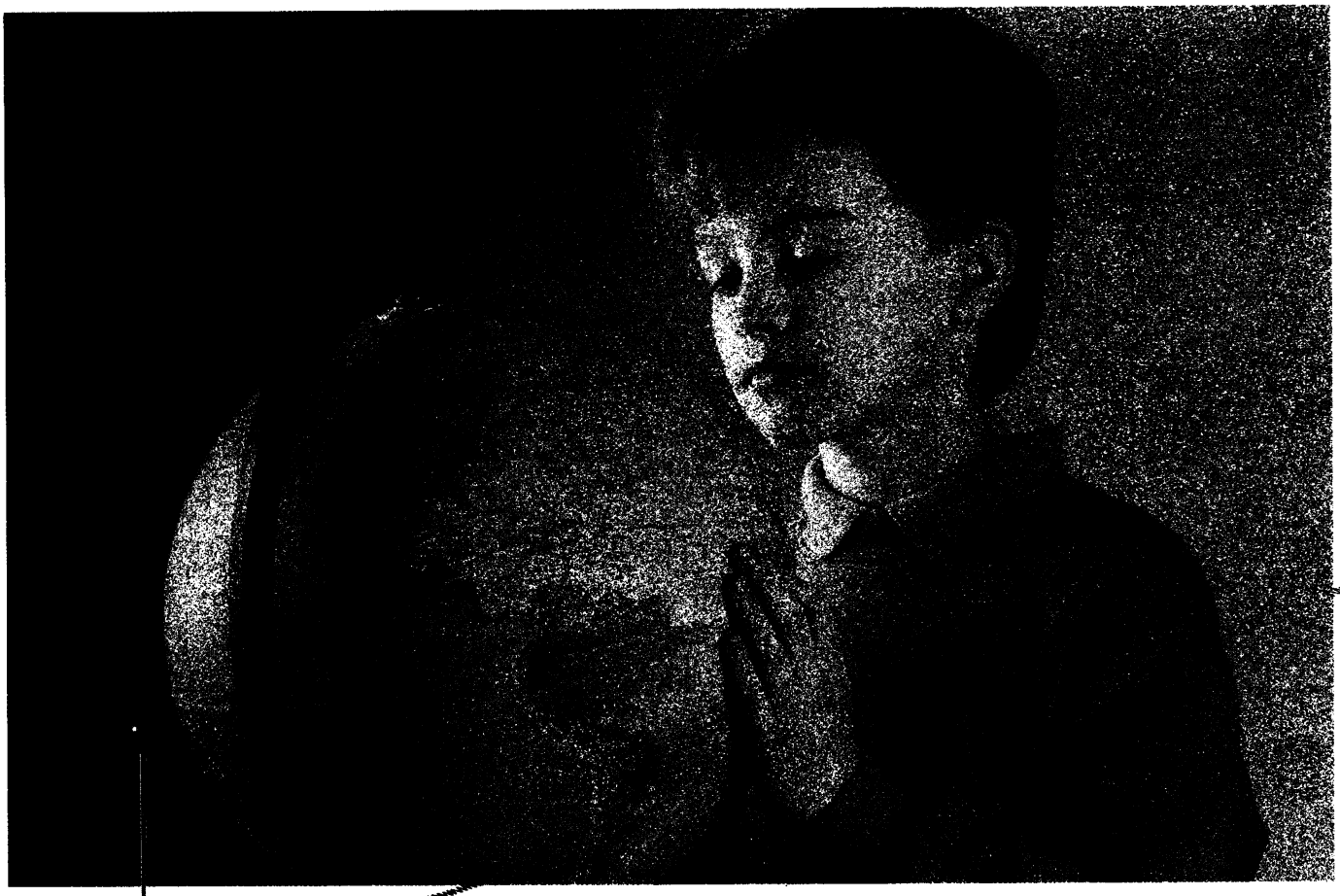
Volume 150 (12 issues) will appear in 1991. Information about obtaining back volumes and microform editions available upon request.

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

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

All other countries. Annual subscription rate: DM 1598.00 plus carriage charges; Federal Republic of Germany: DM 27.61 incl. value added tax; all other countries: DM 60.60 except 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



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]

SABRIL®
VIGABATRIN

Controlling seizures, changing lives

Abridged prescribing Information and reference appear on the following page

What would you feed her born prema[illegible]e?

The Challenge

What to feed the preterm, low [illegible] is
the biggest challenges in neonatology [illegible]
may have a five-fold range of body weight [illegible]
level of immaturity. But advances over the last decade [illegible]
made important contributions to the [illegible] their
special nutritional needs.[1]

Clinical data shows an excellent performance from Milupa Prematil[3, 4] and low birthweight formulae in general.[5, 6] Babies fed preterm formulae grow faster and better than those fed EBM or standard formulae.

Milupa Prematil has been developed to meet the latest ESPGAN guidelines[2] for preterm formulae and translate them into action.

[illegible] being used in **over** 60 Special Care [illegible] the country.

[illegible] Prematil — Proven performance in clinical [illegible]

[illegible] blend includes 30% MCT for high fat absorption (87%) ensuring energy retention and enhanced protein utilization.

★ Excellent protein utilization (90%) promotes growth without metabolic overload.

★ Good tolerance and nutritional balance ensures supplementation is rarely required.

★ No added iron allows greater flexibility in the management of iron status.†

milupa Prematil®

From **milupa Prematil®** to **Aptamil®** an assured path to normal formula feeding.

References

1. Committee on Nutrition of the Preterm Infant. European Society of Paediatric Gastroenterology and Nutrition. Nutrition and feeding of preterm infants. Oxford: Blackwell, 1987.
2. ESPGAN Committee on Nutrition of the Preterm Infant. Acta Paediatr Scand. 1987 Suppl. 336: 1-14.
3. Salle. B., Putet G. Service de Néonatologie de L'Hôpital Universitaire Edouard Herriot, Lyons, France. Senterre.J, Rigo.J, Service de Néonatologie de L'Hôpital Universitaire de Bavière, Liege, Belgium (data on file).
4. Miall-Allen V.M., Whitelaw A.G.L. Dept. Paediatrics and Neonatal Medicine. Hammersmith Hospital, London (data on file).
5. Brooke, O.G. et al. Archives of Disease in Childhood 1982, 57, 898-904.
6. Lucas, A. et al. Archives of Disease in Childhood, 1984, 59, 722-730.

† Iron supplementation should therefore be considered from around 6 weeks.

Milupa Ltd., Milupa House, Uxbridge Road, Hillingdon, Uxbridge, Middlesex UB10 0NE. Tel: 081-573 9966.

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:
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 suppositories.

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 overdose.

PRODUCT LICENCE NO: 0017/0250.

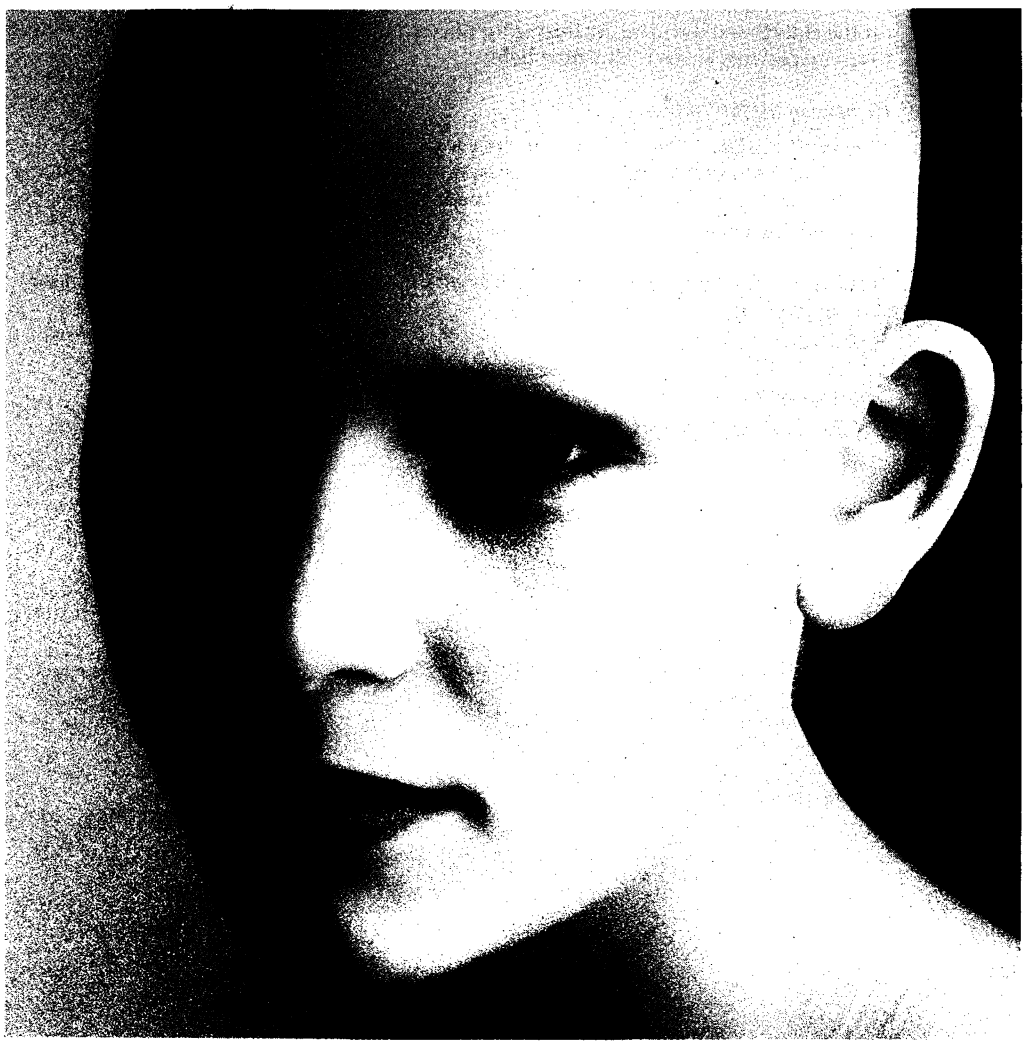
PRODUCT LICENCE HOLDER: Astra Pharmaceuticals Ltd., Home Park, Kings Langley, Herts WD4 8DH.

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.

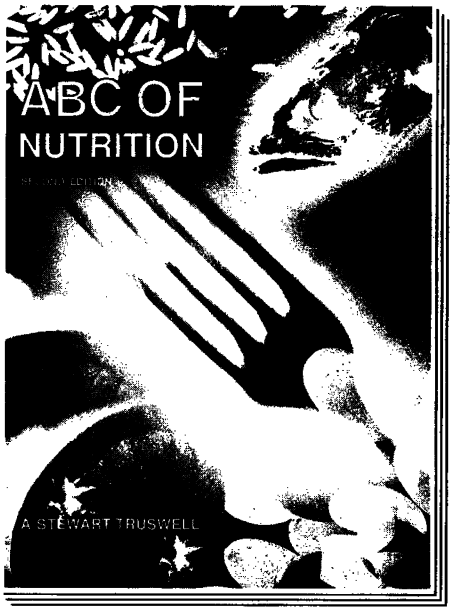
While you're trying to make it better, make it bearable.



Zofran
ondansetron

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 daily 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 daily 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 orally 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 ondansetron in 2ml aqueous solution or 8mg ondansetron in 4ml aqueous solution (Product licence number 0004/0375, 4mg x 5 ampoules £52·50; 8mg x 5 ampoules £75). Zofran 4mg Tablets each containing 4mg ondansetron (Product licence number 0004/0376, 4mg x 30 tablets £187·50). Zofran 8mg Tablets each containing 8mg ondansetron (Product licence number 0004/0377, 8mg x 10 tablets £90). **Product licence holder** Glaxo Operations U.K. Limited, Greenford, Middlesex UB6 0HE. Zofran is a Glaxo trade mark. Further information is available on request from: Glaxo Laboratories Limited, Stockley Park West, Uxbridge, Middlesex UB11 1BT. Tel: 081-990 9444.

ABCs for 1992



"Value judgments about food are being made all the time—they are nearly always subjective and usually wrong." A Stewart-Truswell, Boden professor of human nutrition at the University of Sydney, separates fact from fallacy in the *ABC of Nutrition*. This fully revised and updated edition offers the general medical reader a refreshingly down to earth review of all aspects of nutrition—from anorexia to obesity, infant feeding to dietary guides for the elderly—and will be invaluable for doctors and other medical professionals wishing to advise patients about their eating habits.

Reviews of the first edition

"Truswell . . . has written *the* introductory textbook for students of nutrition at any level . . . All physicians, medical students, nurses, nursing students, dieticians, dietician students, and those interested in nutrition education should have a copy of this book."
American Journal of Clinical Nutrition

"I for one will recommend this excellent book for medical undergraduates and . . . any general practitioner . . ."
Irish Medical Journal

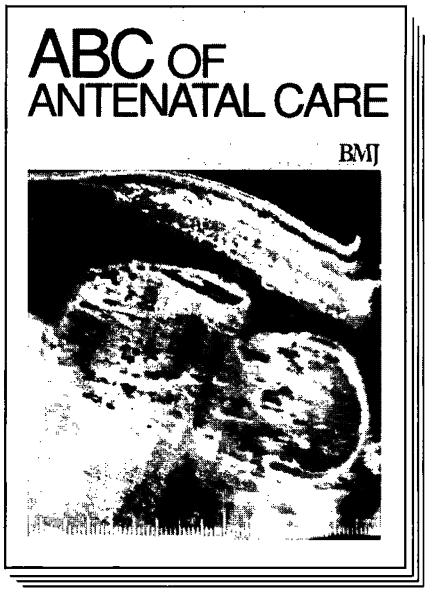
Second edition March 1992
UK £8.95; Abroad £10.50 (BMA members £8.45 or £10.00)

Healthy women with normal pregnancies need little formal care; those at risk of damage to their own or their baby's health need the best of scientific medicine. The aim of antenatal care is to distinguish between these two groups, giving those who need it the full range of diagnostic and therapeutic measures while avoiding unnecessary intervention in those whose pregnancy proceeds normally. In the *ABC of Antenatal Care* Geoffrey Chamberlain, professor and chairman of the department of obstetrics and gynaecology at St George's Hospital Medical School, London, outlines the practicalities of routine antenatal care and the management of the major medical problems that may arise. Originally published as a series of articles in the *BMJ*, this manual discusses with common sense and humour the background to current practice and indicates how it could be improved in the 1990s.

Chapters include

- Normal antenatal management
- Detection and management of congenital abnormalities
- Work in pregnancy
- Medical problems in pregnancy
- Preterm labour

January 1992
UK £9.95; Abroad £12.00 (BMA members £8.95 or £11.00)



ORDER FORM British Medical Journal, PO Box 295, London WC1H 9TE.

Please send me the following books:

QTY	TITLE	AUTHOR/EDITOR	AMOUNT

Prices include postage, by air abroad

TOTAL £

NAME _____
(print clearly)

ADDRESS _____

_____

_____ POSTCODE _____

☐ Please send me a book catalogue

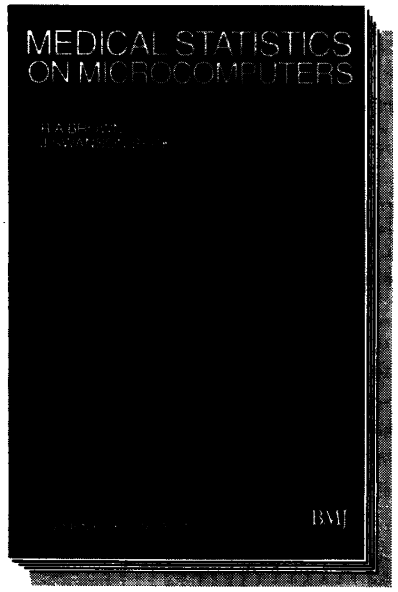
Membership No _____

Cheque enclosed (made payable to British Medical Journal) £ _____
Debit my AMERICAN EXPRESS/VISA/MASTERCARD

Card No _____ Exp _____

Signature _____

BMJ books are also available from major booksellers or the BMJ bookshop in BMA House. Book tokens accepted (UK only).



UK £8.95; Abroad £10.50; US$25.00
BMA members: £8.45 or £10.00
ACP members: US$21.00

How is no longer a problem — but there's still which and why

The microcomputer revolution has made powerful machines and highly complex programs generally available. This means that users of statistical techniques need no longer be concerned with the arithmetical and algebraic details — the software will take care of all that. What is vital, however, is to understand the ideas and the basic principles of statistical analysis. In *Medical Statistics on Microcomputers* R A Brown and J Swanson Beck show how to get the best use out of microcomputers when analysing data, particularly in the pathology laboratory. They explain the rational basis of various widely applicable statistical methods and also indicate their limitations so that you can make an informed choice. Chapters include:

- Data handling
- Analysis of data from one or two groups
- Comparison of several groups
- Analysis of categorical data
- Statistical methods for diagnostic tests.

Let the BMJ guide you through statistics:

STATISTICS WITH CONFIDENCE — Confidence intervals and statistical guidelines. Martin J Gardner, Douglas G Altman.
Many medical journals, including the *British Medical Journal*, now expect scientific papers submitted to them to contain confidence intervals when appropriate. Why? what are they? and how do you calculate them? *Statistics With Confidence* tells you. A clear explanation of the reasons for using confidence intervals is followed by detailed presentation of methods of calculation, including numerous worked examples and specially compiled tables. To make things even easier, a computer programme, Confidence Interval Analysis (CIA), for calculating confidence intervals, has been specially designed by Martin Gardner and details are available from the Publishing Department, *British Medical Journal* (or the American College of Physicians).
UK £8.95; Abroad £10.50; US$24.00 BMA members £8.45 or £10.00 ACP members US$19.00

STATISTICS AT SQUARE ONE — T D V Swinscow
The statistical testing of data is indispensable in many types of medical investigation and a help on countless occasions in clinical practice. This book provides step by step instruction. Subjects covered include standard deviation, X^2 tests, t tests, non-parametric tests, and correlation. The book includes sections on Fisher's exact probability test and rank correlation. Methods specially adapted to pocket calculators.
UK £3·95; Abroad £5.00; US$13.00 BMA members £3.45 or £4.50 ACP members US$11.00

STATISTICS IN PRACTICE — Sheila M Gore, Douglas G Altman
No doctor can afford to ignore statistics: most modern medical research uses statistics. This important and authoritative book provides clear information on designing studies, applying statistical techniques, and interpreting studies that use statistics. It can be easily understood by those with no statistical training and should be read by all those who want to keep abreast of new developments.
UK £8.95; Abroad £11.00; US$23.00 BMA members £7.95 or £10.00 ACP members US$19.00

EPIDEMIOLOGY FOR THE UNINITIATED — Geoffrey Rose, D J P Barker
Epidemiology has its own techniques of data collection and interpretation and its necessary jargon of technical terms, and in *Epidemiology For The Uninitiated* the authors guide the novice expertly through the theory and practical pitfalls. The second edition of this popular *BMJ* handbook has been revised to include further details of epidemiological methods and some of their more dramatic applications, such as the investigations on the Spanish cooking oil epidemic, and AIDS.
UK £4·95; Abroad £6.00; US$14.00 BMA members £4.45 or £5.50 ACP members US$12.00

ORDER FORM

BRITISH MEDICAL JOURNAL, PO Box 295, London WC1H 9TE, *any leading bookseller, or the BMJ bookshop.*
North America only: AMERICAN COLLEGE OF PHYSICIANS, P.O. Box 7777-R-0270, Philadelphia, PA 19175. In Pennsylvania, add 6% sales tax. Residents of Canada add 7% GST.

Please send me _____ copy/ies of the following BMJ books _____

_____ Membership no. _____

I enclose a cheque for _____ made payable to **British Medical Journal** (North America: American College of Physicians)

Debit my ☐ Visa ☐ American Express ☐ Mastercard _____

Card No.

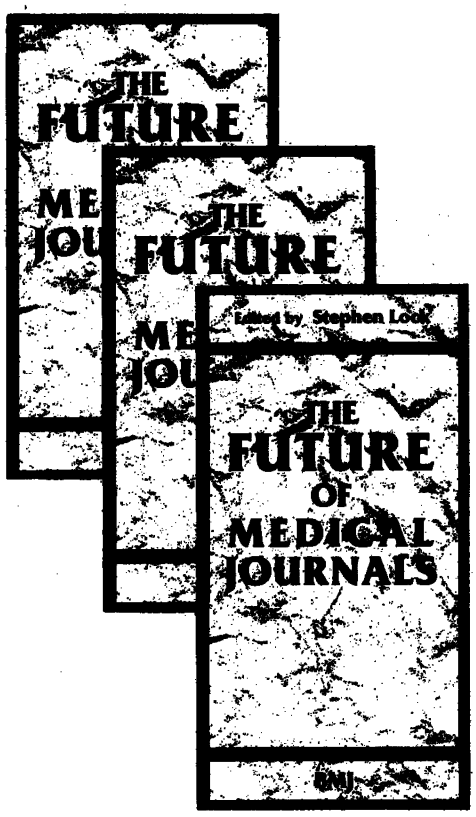
Expiry Date _____ Signature _____

NAME _____

ADDRESS _____

_____ POSTCODE _____

All prices include postage, by air abroad.



The future is bright

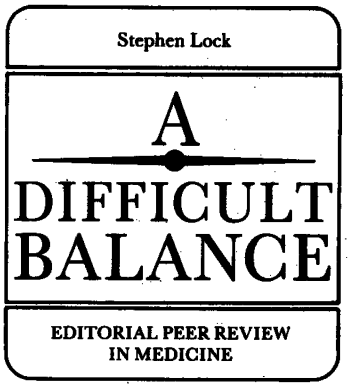
"Many articles are neither read nor cited; indeed many articles are poor. In general many journals seem to be of little practical help to clinicians facing problems at the bedside."
"... in the course of a year at least half the journals on the shelves are never looked at at all."
"Most editors ... are 'half nun, half whore.'"
"... in the 300 years of their existence journals have done little to examine their own practices."
"What *are* editors?"
"'If an editor does not please himself,' he used to say, 'he will not please anybody.'"
"Defensive editing we do not need."
"Medical journals in developing countries are, with very few exceptions, unattractive."
"I believe that the future for general medical journals—particularly those published in English—is bright. They will undoubtedly change, but they will not disappear."

The debate was lively and the opinions conflicting and forcefully expressed when, to mark its 150 year past, the *BMJ* decided to join with other general medical journals in examining their perhaps not too certain future. At a conference at Leeds Castle editors of major general medical journals throughout the world, with experts in information science, sociology, and epidemiology, discussed the functions and effectiveness of modern journals, and debated possible choices for development. Edited by Stephen Lock, *The Future of Medical Journals* is a unique compilation of papers on this important but little analysed aspect of medical science.

September 1991
UK £14.95; Abroad £17.50 (BMA members £13.95 or £16.50)

Peer review is one of the key processes at several stages of scientific research, applications for a research grant, assessing an abstract of a contribution submitted to a meeting of a scientific society, and refereeing a paper for publication in a journal. Without publication, which entails such preliminary validation (continued afterwards by the journal's general and specialist readers), science cannot advance. And ensuring that peer review is as accurate, fair, and quick as possible is one of the principal tasks of most scientific editors.

Third impression 1991 (with new introduction)
UK £12.95; Abroad £15.50 (BMA members £11.95 or £14.50)



✂

ORDER FORM **British Medical Journal, PO Box 295, London WC1H 9TE.**

Please send me the following books:

QTY	TITLE	AUTHOR/EDITOR	AMOUNT
		TOTAL £	

Prices include postage, by air abroad

NAME _____ (print clearly)
ADDRESS _____
_____
_____ POSTCODE _____
☐ Please send me a book catalogue

Membership No _____
Cheque enclosed (made payable to British Medical Journal) £ _____
Debit my AMERICAN EXPRESS/VISA/MASTERCARD
Card No _____ Exp _____
Signature _____
BMJ books are also available from major booksellers or the BMJ bookshop in BMA House.

BMJ JOURNALS

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 BMJ 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:

Fiona 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 _____
_____
_____
_____ **Date** _____

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

EVEN BETTER DESIGNED • EVEN MORE MIXTURES • EVEN FINER NEEDLES

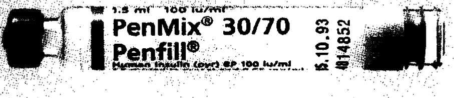
NovoPen® II

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.

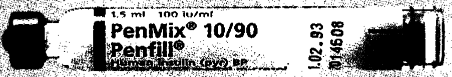
PenMix® Penfill® cartridges

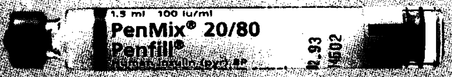
Biphasic Isophane Insulin Injection, Human Insulin (pyr).

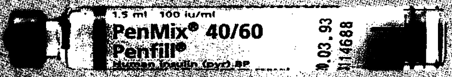
The first premixed insulin in a Penfill was PenMix 30/70 Penfill, in a ratio well suited to the majority of diabetics using premixed insulins.

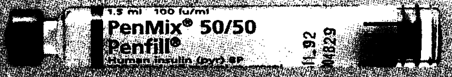


The introduction of four additional mixtures makes PenMix® Penfill® the widest range of premixed insulins available in cartridges, and means that even more diabetics could be using NovoPen II.









New NovoFine® needles

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

NovoPen® II FOR MIXTURES TOO

NOVO NORDISK A/S
Copenhagen, Denmark

Further information is available from:
NOVO NORDISK PHARMACEUTICALS LTD
Novo Nordisk House, Broadfield Park,
Brighton Road, Pease Pottage, Crawley,
West Sussex RH11 9RT.
Telephone: (0293) 613555.

Free supplies of NovoPen available on request.
Dial 100 and ask for Freephone Novo Nordisk Insulin.

Abbreviated Prescribing Information. [illegible] Hypoglycaemia. Precautions: [illegible] followed by a meal within 30 minutes of administration. A dosage [illegible] with human insulin. Product Licence Numbers and Basic NHS Price: PenMix 10/90 Penfill PL4668/0032. PenMix 20/80 Penfill [illegible] References: 1. [illegible] 2. [illegible] BMJ 1991; [illegible]