

WHAT NEXT?

1. ASA

2. ASA

3. ASA

4. ASA

5. ASA

6. ASA

7. ASA

8. ASA

9. ASA

10. ASA

11. ASA

PRESCRIBING INFORMATION APPEARS
AT THE END OF THIS ADVERTISEMENT



ANNOUNCING
A TRULY
REMARKABLE
CEPHALOSPORIN

NEW
FORTUM
certazidime

For the first time.

The bactericidal power
of aminoglycosides
and exceptional
antipseudomonal activity
from an extended spectrum
cephalosporin.

Hospital antibiotics created in Britain by



A TRULY REMARKABLE NEW CEPHALOSPORIN

FORTUM ceftazidime

PRESCRIBING INFORMATION

Presentation

Fortum for Injection is supplied in vials containing 500mg, 1g and 2g ceftazidime (as pentahydrate) with sodium carbonate.

Uses

Fortum is a bactericidal cephalosporin antibiotic which is resistant to most beta-lactamases and is active against a wide range of Gram-positive and Gram-negative bacteria.

It is indicated for the treatment of single infections and for mixed infections caused by two or more susceptible organisms. Fortum, because of its broad antibacterial spectrum, may be used alone as first choice drug, pending sensitivity test results. -

Dosage and administration

The usual adult dosage is in the range 1g to 6g i.m. or i.v. per day (see Data Sheet for details).

Contra-indication

Fortum is contra-indicated in patients with known hypersensitivity to cephalosporin antibiotics.

Precautions

Cephalosporins may, in general, be given safely to patients who are hypersensitive to penicillins. Care is indicated in patients who have experienced an anaphylactic reaction to penicillin.

Cephalosporin antibiotics at high dosage should be given with caution to patients receiving concurrent treatment with nephrotoxic drugs. Clinical experience with Fortum has shown that this is not likely to be a problem at the recommended dose levels. Reduce dosage when renal function is impaired (see Data Sheet).

As with all drugs, Fortum should be administered with caution during the early months of pregnancy and in early infancy. Fortum is excreted in human milk in low concentrations.

Fortum does not interfere with enzyme-based tests for glycosuria. Slight interference with copper reduction methods may be observed. Fortum does not interfere in the alkaline picrate assay for creatinine.

Fortum and aminoglycosides should not be mixed in the same giving set or syringe.

As with other broad spectrum antibiotics, prolonged use of Fortum may result in the overgrowth of non-susceptible organisms (e.g., *Candida*, *Enterococci*) which may require interruption of treatment or adoption of appropriate measures.

Side effects

Fortum is generally well tolerated with only infrequent adverse reactions, e.g., pain and/or inflammation after i.m. administration and phlebitis and/or thrombophlebitis after i.v. administration, rashes, fever, pruritis, gastro-intestinal disturbances, headache, dizziness, paraesthesiae and bad taste. Transient changes in laboratory values may occur including: eosinophilia, a positive Coombs' test, thrombocytosis and slight rises in hepatic enzymes.

Basic NHS cost (exclusive of VAT)

The basic NHS cost of Fortum is £9.90 per gram.

Available in packs of: 5 x 500mg, 5 x 1g and 5 x 2g vials and an infusion pack of 5 x 2g vials.

Product Licence numbers

500mg: 0004/0292

1g: 0004/0293

2g: 0004/0294

Further information is available on request from:

Glaxo

Glaxo Laboratories Limited, Greenford, Middlesex UB6 0HE

Fortum is a Glaxo trade mark.

MILUPA STUDENT ELECTIVE GRANT FUND

STUDENT ELECTIVE GRANTS FOR PAEDIATRIC NUTRITION PROJECTS

Milupa Limited are offering, during 1984, a limited number of Grants, of up to £500 each, to enable Medical Students attending Universities in the U.K. to undertake a specific research project related to paediatric nutrition during their Elective period.

Applications should be supported with full details of the proposed project, a recommendation from the Head of the Department at their University Medical School, and documented agreement that the applicant will be received in the host department, together with a brief curriculum vitae and summary of expenses.

Grants will be made on a competitive basis and will be awarded in July 1984. The closing date for applications will be 31st May 1984. Applications for elective periods to be undertaken before July 1984 cannot be considered.

The selection of applicants for awards will be made by an independent scientific panel. Applications should be sent to Mr. T. L. Bell, Managing Director, Milupa Limited, Milupa House, Hercies Road, Hillingdon, Uxbridge, Middlesex UB10 9NA.

CONGENITAL HEART DISEASE MADE SIMPLE

Organized and given by:

Jane Somerville
Robert Anderson
Fergus Macartney
Glennis Haworth

A succinct course to present the current knowledge of anatomy, natural history, presentation, haemodynamics, angiography and cross-sectional echocardiography of the major congenital cardiac anomalies.

For paediatricians, cardiologists, neonatologists, radiologists and all junior staff in training

8-11 October 1984

at

Kennedy Lecture Theatre, Institute of Child Health,
30 Guilford Street, London WC1N 1EH.

Fee: £150

Application to: Sub-Dean's Secretary
Institute of Child Health
30 Guilford Street
London WC1N 1EH
Tel: 01-242-9789 ext. 124

Hospital antibiotics created in Britain by **Glaxo**



Human Monocomponent Insulin for the architects of tomorrow



Insulin treatment today may lead to antibody problems in the future, a persuasive argument in favour of using the least immunogenic insulin.

Novo's human insulin is identical to the hormone they are unable to make for themselves.

There are three U100 formulations, Human Actrapid, Human Monotard and Human Protaphane all made to the same exacting standard of Monocomponent purity.

As a result of their structure and purity, Novo Human Monocomponent insulins have been shown to cause fewer antibodies than even the purest animal insulins!



Prescribing Information

Human Actrapid® 100 i.u./ml ▼
Human Insulin (emp) (Neutral Insulin Injection)

Human Monotard® 100 i.u./ml ▼

Human Insulin (emp) (Insulin Zinc Suspension)

Human Protaphane® 100 i.u./ml ▼

Human Insulin (emp) (Isophane Insulin Injection)

Indications The treatment of insulin-requiring diabetic patients.

Human Actrapid is indicated for diabetics who require a quick and intense-acting insulin, particularly in emergencies such as diabetic hyperglycaemic coma, during surgery and severe infections in diabetics, and in the management of pregnant diabetics. Human Monocomponent insulin may be advantageous in the treatment of insulin-induced fat atrophy, insulin allergy, insulin resistance and when intermittent short-term therapy is required.

Dosage and Administration The dosage of Human Actrapid, Human Monotard and Human Protaphane is determined by the physician according to the needs of the patient.

Human Actrapid may be given by injection or infusion, subcutaneously, intramuscularly or intravenously.

Human Monotard and Human Protaphane should be well shaken and given immediately by subcutaneous or intramuscular injection. They may be given twice, or occasionally once daily. Human Actrapid may be admixed with Human Monotard or Human Protaphane in the syringe and injected immediately. U100 insulins must only be used with U100 syringes. Peristaltic pumps (roller pumps) are not suitable for use with Human Actrapid due to the risk of precipitation. Human Monotard and Human Protaphane must not be used in insulin infusion pumps.

Contra-Indications, Warnings and Adverse Effects Insulin is contra-indicated in hypoglycaemia. In the event of an overdose, glucose should be given orally if the patient is conscious. The unconscious patient should be treated with glucose intravenously and glucagon may be administered intramuscularly or subcutaneously.

On transfer from porcine monocomponent insulins or other highly purified porcine insulins to Human Monocomponent insulin, no change in dosage is anticipated other than the routine adjustments made in order to maintain stable diabetic control. However, patients transferred from conventional (predominantly bovine) insulins may require a dosage adjustment. The addition of corticosteroids, oral contraceptives or thyroid hormone replacement therapy is likely to lead to an increase in insulin requirements. The addition of a beta-adrenergic blocking agent or a monoamine oxidase inhibitor (MAOI) may also necessitate an adjustment of insulin dosage. Lipodystrophy, insulin resistance and hypersensitivity reactions have been associated with insulin therapy, but the incidence and severity of these unwanted effects is minimal with Human Monocomponent insulins. Severe local or generalised allergic reactions require immediate treatment and, in some cases, desensitisation may also be necessary.

Pack Size and Basic NHS Price (UK only)

All Human Monocomponent insulins
10ml vials £7.88

Product Licence Numbers

Human Actrapid 100i.u./ml 4668/0003

Human Monotard 100i.u./ml 4668/0006

Human Protaphane 100i.u./ml 4668/0007

Product Licence Holder:

Novo Industri A/S, Novo Alle, DK-2880 Bagsvaerd, Copenhagen, DENMARK.

Sole Distributor:

Farillon Ltd., Bryant Avenue, Romford, Essex RM30PJ.
Tel: Ingrebourne 71136

References

I. Scherthaner G, et al. Immunogenicity of Human Insulin (Novo) vs. PAK Insulin in HLA-DR Typed Insulin-dependent Diabetic Individuals. In: International Symposium on Human Insulin, Eds Karam J H, Elzwiier D D, Diabetes Care; 6 (Suppl 1): 43-48.

NOVO INDUSTRIAS
Copenhagen, Denmark.

Further information is available on request from:

NOVO LABORATORIES LTD

Ringway House, Bell Road, Daneshill East,

Basingstoke, Hampshire RG24 0QN.

Tel: Basingstoke (0256) 55055.



Novo Human Monocomponent Insulin
for diabetic children with a full life
ahead of them



Little things mean a lot.

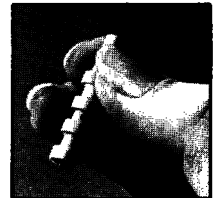
NEW UNILET®

A sterile blood lancet for manual or AUTOLET use

- Purpose designed needle for good blood flow
- Purpose designed shape and size for ease of manual use
- Easy, safe ejection from AUTOLET

The precision ground triangulated cutting point is designed to produce an open puncture and hence good blood flow whilst keeping trauma and discomfort in the baby to absolute minimum whether UNILET is used manually or more ideally with AUTOLET.

UNILET is manufactured in Great Britain and sterilised by gamma irradiation.



Owen Mumford Limited
Medical Division, Brook Hill, Woodstock
Oxford OX7 1TU Telephone (0993) 812862

This Publication is available in Microform.



University Microfilms International

Please send additional information for _____
(name of publication)

Name _____

Institution _____

Street _____

City _____

State _____ Zip _____

300 North Zeeb Road
Dept. P.R.
Ann Arbor, Mi. 48106

European Journal of Pediatrics

Incorporating

ACTA PAEDIATRICA BELGICA

Volume 141 Number 3 January 1984

The pioneers of pediatric medicine 133

Reviews

C. R. Bartram: Oncogenes: Clues to carcinogenesis 134

U. B. Schaad: The cephalosporin compounds in severe neonatal infection 143

Original investigations

R. Happle, H. Traupe, H. Gröbe, G. Bonsmann: The Tay syndrome (congenital ichthyosis with trichothiodystrophy) 147

C. Jakobs, L. Sweetman, S. K. Wadman, M. Duran, J.-M. Saudubray, W. L. Nyhan: Prenatal diagnosis of glutaric aciduria type II by direct chemical analysis of dicarboxylic acids in amniotic fluid 153

K. Kruse, H. Bartels, U. Kracht: Parathyroid function in different stages of vitamin D deficiency rickets 158

A. L. Rosenbloom, J. I. Malone, J. Yucha, T. C. Van Cader: Limited joint mobility and diabetic retinopathy demonstrated by fluorescein angiography 163

Z. Katzir, E. Okon, A. Ludmirski, Y. Sherman, H. Haas: Generalized lymphadenitis following B.C.G. vaccination in an immunocompetent 12-year-old boy 165

W. Beck, P. Stubbe: Pulsatile secretion of luteinizing hormone and sleep-related gonadotropin rhythms in girls with premature thelarche 168

Case reports

W. E. Winter, J. H. Silverstein, D. J. Barrett, E. Kiel: Familial DiGeorge syndrome with tetralogy of Fallot and prolonged survival 171

P. Beyer, D. Kahn, J. Horbach, H. Schmid, W. Graf, B. Weber: Unusual progression of a *Legionella pneumophila* infection in a young child 173

J. L. Bernard, M. A. Baeteman, J. F. Mattei, C. Raybaud, F. Giraud: Wilms' tumor, malformative syndrome, mental retardation and de novo constitutional translocation, t(7;13)(q36;q13) 175

R. C. A. Sengers, J. M. F. Trijbels, J. A. J. M. Bakkeren, W. Ruitenbeek, J. C. Fischer, A. J. M. Janssen, A. M. Stadhouders, H. J. ter Laak: Deficiency of cytochromes b and aa₃ in muscle from a floppy infant with cytochrome oxidase deficiency 178

T. Ohzeki, S. Egi, M. Egawa, K. Hachimori: Thyroid hormone unresponsiveness in two siblings with intrauterine growth retardation and exophthalmos 181

S. D. Flatz, A. Schinzel, E. Doehring, D. Kamran, E. Eilers: Opitz trigonocephaly syndrome: Report of two cases 183

S. Özsoylu, T. Coşkun: Sodium nitroprusside treatment in erythromelalgia 185

Letter to the editors

F. Majewski, M. Steger: Fetal head growth retardation associated with maternal phenobarbitone/primidone and/or phenytoin therapy 188

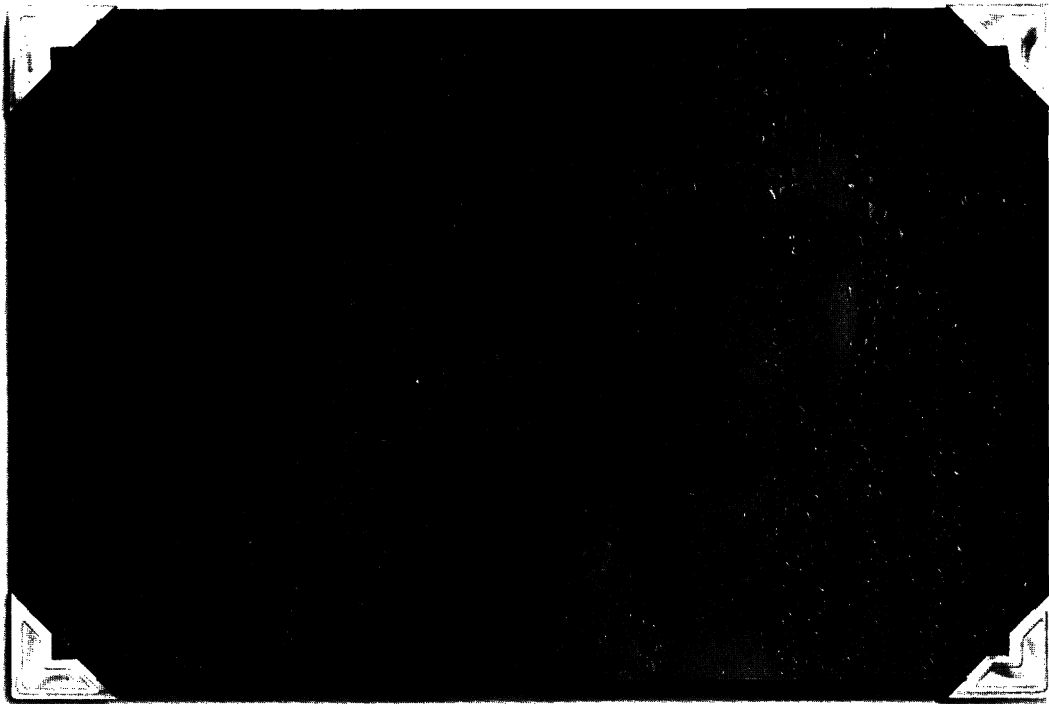
Subscription information: Volumes 142 and 143 (4 issues each) will appear in 1984. Information about obtaining back volumes and microform editions available upon request.

North America. Annual subscription rate: Approx. US \$ 336.00 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 0023-125994.

All other countries. Annual subscription rate: DM 820.00 plus carriage charges. Airmail delivery on request only. For Japan, carriage charges (Surface Airmail Lifted) are DM 71.50; for India DM 43.40. Single issue price: DM 123.00 plus carriage charges. Orders can either be placed with your bookdealer or sent directly to: Springer-Verlag, Heidelberg Platz 3, D-1000 Berlin 33, Tel. (0) 30/8207-1, Telex 01-83319.



Springer International



Tegretol[®] making epilepsy easier to live with

carbamazepine BP

Tegretol[®]

Indications Epilepsy (generalised tonic-clonic and partial seizures), trigeminal neuralgia. **Dosage in epilepsy** Use a gradually increasing dosage scheme, adjusting to patient's needs. Adults: 100-200mg once or twice daily, increasing slowly up to 800-1,200mg daily; in some cases 1,600mg daily may be necessary. Children: up to 1 year old, 100-200mg daily; aged 1-5 years, 200-400mg daily; aged 5-10 years, 400-600mg 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 (13-42µmol/l). **Dosage in trigeminal neuralgia** Begin with small doses, using 100mg tablets or syrup, and increase gradually until satisfactory therapeutic response is obtained; 200mg 3-4 times daily is generally sufficient to maintain pain-free state. **Side-effects** Dizziness and diplopia (usually dose-dependent), less frequently drowsiness, dry mouth, diarrhoea, nausea and vomiting. Generalised or symmetrical 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 atrioventricular conduction abnormalities 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) £5.17 per 300ml bottle. *denotes registered trademark.

Geigy

Full prescribing information is available on request from Geigy Pharmaceuticals, Horsham, West Sussex.