

ABRIDGED PRESCRIBING INFORMATION

Presentation: Metered dose pre-compression atomiser delivering 10 micrograms Desmopressin per spray. Uses: Desmopressin is a structural analogue of the natural antiduretic hormone vasopressin, writt increased antiduretic activity and prolonged duration of laction. The pressor activity is greatly reduced as a result of which side-effects are rarely seen. INDICATIONS and DOSAGE. Primary Nocturnal Enuresis Adults and children from 5 years of age: one spray in each nostin (20 micrograms) at bedtime. The dose may be increased up to 2 sprays in each nostin (40 micrograms) if the lower dose is not sufficiently effective. The treatment should not be prescribed for more than 28 days. Treatment of Diabetes Inspidus: The average maintenance dose in adults and children is one or two sprays (10 to 20 micrograms) once or twice daily. Contra-indications. When used to control Primary Nocturnal Enuresis DESMOSPRAY should be used in patients with normal.

blood pressure Precautions: DESMOSPRAY should be used with caution in pregnant patients attnoop the oxytocic effect is very low. Care should be taken with patients who have reduced renal function and/or cardiovascular disease. Fluid overload should be avoided and patients should only take as much fluid as required to satisfy thirst. Legal category: POM Package quantity. 5 mll bottle Basic N.H.S. Price: £19.92 PL No. 3194/0024 PL Holder: Ferring Pharmaceuticals Ltd. 11 Mount. Road. Feitham. Middlesex TW13 GIG. DESMOSPRAY is a trademark.

FERRING PHARMACEUTICALS

Three good reasons for



Little Experts to smile.

The first days with baby are full of new experiences and little discoveries to share. Feeding is just one of the areas that new parents often find a little bewildering. What to feed? When to feed? How much to feed?

These three babies all have different needs, but each is happily settling down to a regime of good feeding. There's Jennifer getting the very best with her mother's breast milk. And Simon and Chloe whose mothers decided to bottle-feed, are being fed Milupa babymilks—the very acceptable alternative.

Breast milk. Jennifer was breastfed from birth and soon happily settled to this ideal way of feeding, and she thrived on it. Had she been born premature, Jennifer could still have been fed on her mother's own expressed breast milk, or Milupa's new preterm formula — Milupa

Prematil, specially formulated for low birthweight babies. Or a combination of both.

Aptamil. Simon was bottle-fed straight from birth. For him, Aptamil was just right. This formula is designed for babies who have never been sized, and those bottle-fed from an early age.

Breastfed at birth, then bottle-fed later, add a different nutritional balance from Aptamil.

Shigher levels of protein and carbohydrate, helped

Milupa babymilks are used in hospitals throughout Great Britain and Europe.

Well digested, well accepted, and granulated for easy use, they are known by mothers for their excellent taste and certainly appreciated by their Little Experts...

Because they have the last word (even before they can say one!)

Their smiles say it all.

IMPORTANT: Breast milk is the best milk for a baby. A doctor, midwife, nurse or health visitor should be consulted for any advice needed. If a babymilk is used it is important for the baby's health that all preparation instructions are followed carefully.

milupa®

Milupa babymilks. Well digested and well accepted.

Milupa Ltd., Milupa House, Uxbridge Road, Hillingdon, Uxbridge, Middlesex UB10 ONE. Tel: 01-573 9966.

1. G. Elborn and M.M. Kerr. June 1982 Midwives Chronicle and Nursing Notes p. 210 – 211.



Monatsschrift Kinder- Organ der Deutschen Gesellschaft für Kinderheilkunde

136. Band Heft 9 September 1988

Springer-Verlag Berlin Heidelberg New York London Paris Tokyo

	Thema des Monats	This Month's Topic	
	Die kindlichen Hypoglykämien	Hypoglycemia in Childhood	591
J. Wendel	Diagnostisches Vorgehen bei kindlichen Hypoglykämien	Diagnostic Procedure in Hypoglycemic Syndromes	
K. Baerlocher	Hypoglykämien im Kindesalter. Pathophysiologische Überlegungen und Beispiele von Hypoglykämien bei hereditären Störungen des Kohlenhydratstoffwechsels	Hypoglycemia in Childhood: Pathophysiologic Considerations and Examples of Hypoglycemia Due to Inborn Errors of Carbohydrate Metabolisr	
H. Przyrembel	Stoffwechseldefekte mit hypoketotischer Hypoglykämie	Metabolic Defects with Hypoketotic Hypoglycemia	606
3. Biggemann	Endokrin bedingte Hypoglykämieformen	Hypoglycemia Due to Endocrine Disorders	612
	Pädiatrie aktuell	Trends in Paediatrics	616
	Was hat das Kind?	What's Wrong with the Child?	
	Trainingsprogramm für die Weiterbildung zum Kinderarzt	Program for Continuing Education of Paediatricians	617
	Aus Klinik und Forschung Originalien	Clinic and Research Originals	-
R. Hümmelink, W. G. Sippell	Klinische Wertigkeit des GHRH-Tests in der Minderwuchsdiagnostik	Clinical Value of GHRH-Tests in the Diagnosis of Growth Hormone Deficiency	618
K. Heyne, F. K. Tegtmeyer	Postinfektiöse Thrombozytose als Akute Phase-Reaktion: das Beispiel Haemophilus influenzae-Meningitis	Postinfectious Thrombocytosis as an Acute Phase Reaction: the Example of Haemophilus influenzae Meningitis	
3. Gottschalk, H. G. Wiesemann, J. Stephan	Vergleich von zwei Pankreasenzym-Präparaten zur Behandlung der Verdauungsinsuffizienz bei Muko- viszidose (zystische Fibrose)	Comparison of Two Pancreatic Enzyme Products for the Treatment of Maldigestion in Cystic Fibrosis (Mucoviscidosis)	626
M. Kratky-Dunitz, P. J. Scheer	Psychosomatische Aspekte der Enkopresis	Psychosomatic Aspects of Encopresis	630
Ch. Vogtmann, G. Grubbe, K. E. Ruckhäberle, H. Böttcher, Ch. Ockert	Auswirkungen einer Frühtherapie mit Indomethazin auf die Manifestation eines persistierenden Ductus arteriosus bei extrem untergewichtigen Frühgeborenen	The Effects of an Early Indomethacin Treatment on the Manifestation of a Patent Ductus arteriosus in Very Low Birth Weight Infants	636
	Der interessante Fall	Interesting Cases	
H. Müller, P. Greiner, R. Salm, W. Wenz, Fiedler	Posthepatischer Ikterus durch Fehlbildungen des pankreatiko-biliären Gangsystems im Kleinkindesalter	Posthepatic Cholestasis Due to Anomalies of the Pancreatico-Biliary Tract in the Young Child	640
D. Körholz, W. Nürnberger, U. Göbel, V. Wahn	Gold-induzierter systemischer Lupus erythematodes	Gold-Induced Systemic Lupus erythematosus	644
	Briefe an die Redaktion — Diskussionen	Letters to the Editor	
G. S Reusz, T. Tulassay, M. Miltényi	Zur Arbeit "Exakte Beschreibung nicht-glomerulärer und glomerulärer Erythrozytenformen bei kindlicher Hämaturie" von F. Hildebrandt et al. Monatsschr Kinderheilkd 136:10-16	Comment on "Non-Glomerular and Glomerular Erythrocytes in the Urinary Sediment of Children with Hematuria" by F. Hildebrandt et al. Monatsschr Kinderheilkd 136:10-16	647
P. Eggert	Bemerkungen zur selben Arbeit	Comment on the Same Paper	647
Hildebrandt	Stellungnahme zu vorstehenden Bemerkungen	Remarks on the Comment by P. Eggert	648
	Auflösung und Kommentar des Trainings- programms für die Weiterbildung zum Kinderarzt	Solution and Commentary in the Program for Continuing Education of Paediatricians	635
	Neue Bücher	New Books	648
	Tagesgeschichte, Personalia	News of the Day, Personal News	650
	Tagungskalender	Forthcoming Meetings	650

Indexed in Current Contents

Monatsschr Kinderheilkd (1988) 136, 9

Annual subscription: DM 298,- plus postage



Think about

it

You make a clinical diagnosis. Do you ever consider the thought processes by which you arrived at it? Medical students and practitioners are often concerned with examples of diagnostic logic, but seldom consider them in the context of a general philosophy. Is diagnostic logic out on a limb, or is it based on the same principles as logic in general?

In Logic in Medicine doctors and philosophers combine to provide a coherent system of diagnostic logic with a broader view of the science and art of reasoning.

LOGIC IN MEDICINE

Price: Inland £5.95; Abroad £7.50; USA \$11.50 BMA members: Inland £5.45; Abroad £7.00; USA \$10.50 (including postage, by air abroad)

Payment must be enclosed with order.

ORDER YOUR COPY NOW FROM British Medical Journal, PO Box 295, London WC1H 9TE or any leading medical bookseller



Royal Postgraduate Medical School

(University of London)

Respiratory illness in pre-school children

20-22 February 1989

Do you deal with chesty children?
Are you a paediatrician, general practitioner, community doctor, physiotherapist or specialist nurse?

THIS COURSE IS FOR YOU!

The course will cover new aspects of the following topics:

- * infection and immunity
- * sudden infant death
- wheezing disorders—usual and unusual
- * perinatal illness and its outcome
- * apnoea-a practical approach
- gastro-oesophageal reflux
- * respiratory failure and ITU
- * cystic fibrosis in infants
- * epidemiology versus physiology

* prevention

Course fee

Further details from:

Course organiser

Dr Michael Silverman £150

Wolfson Conference Centre

Royal Postgraduate Medical School

Hammersmith Hospital

London W12 0NN

Telephone: 01 740 3117



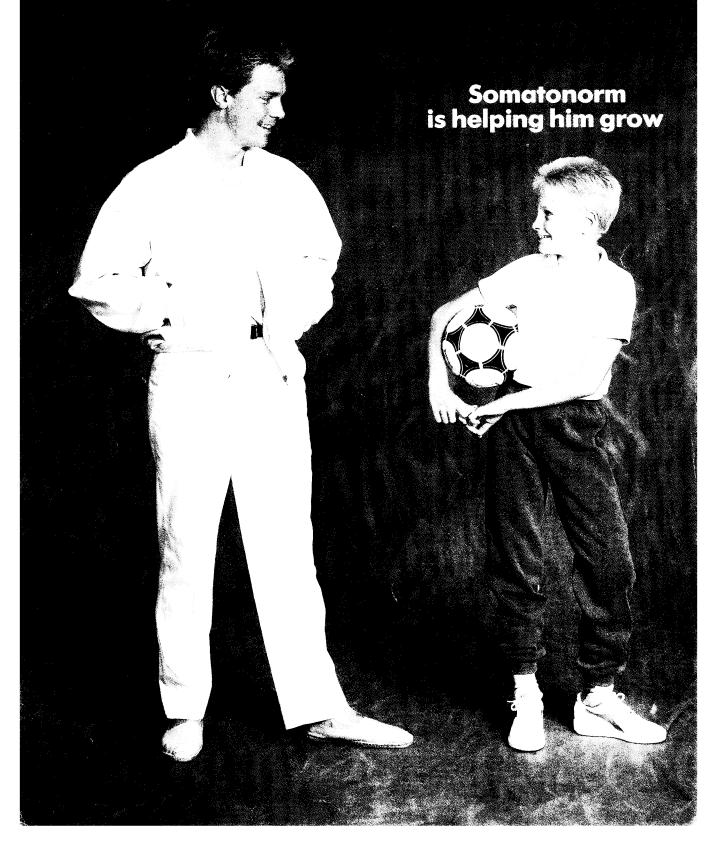
International reproduces this publication in microform: microfiche and 16mm or 35mm film. For information about this publication or any of the more than 13,000 titles

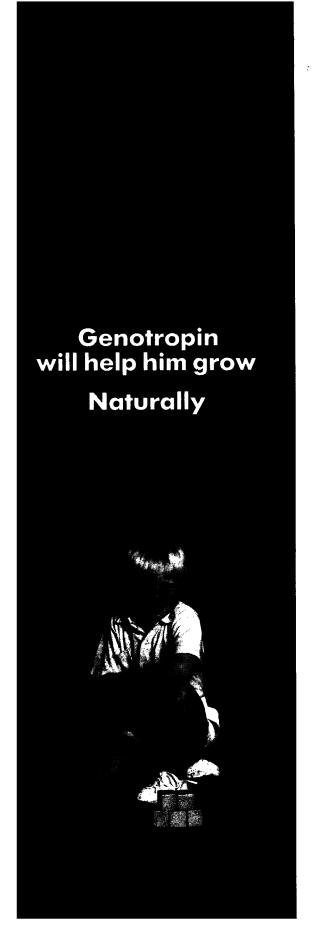
we offer, complete and mail the coupon to: University Microfilms International, 300 N. Zeeb Road, Ann Arbor, MI 48106. Call us toll-free for an immediate response: 800-521-3044. Or call collect in Michigan, Alaska and Hawaii: 313-761-4700.

□ Please send information about these titles:				
Company/Institution				
Address				
City				
State	Zip			
Phone ()				

University Microfilms International

Crescormon helped him grow





NEW

Genotropin (rbe) Genotropin (rbe)

Kabi announce the introduction of the authentic sequence biosynthetic growth hormone, Genotropin (somatropin (rbe)).

Genotropin[™] 4IU

Genotropin, available in 4IU vials, is structurally identical to naturally occurring growth hormone, and as such is the natural successor to Crescormon and Somatonorm.

PRESCRIBING INFORMATION

Presentations A vial of sterile lyophilised powder containing 4IU somatropin (rbe) supplied with a 1 ml ampoule of Water for Injections for reconstitution. Indications The treatment of short stature caused by decreased or absent secretion of pituitary growth hormone. Reconstitution Add 1 ml of Water for Injections to the lyophilised powder in the vial and dissolve gently without shaking vigorously. Dosage and Administration Administer by subcutaneous or intramuscular injection. Generally a dose of 0.5 – 0.7 IU/kg body weight per week is recommended divided into six or seven subcutaneous injections. Alternatively two to three intramuscular injections can be given. Contra-Indications Only patients with unfused epiphyses should be treated. Precautions Patients with diabetes mellitus may require adjustment of their antidiabetic therapy. Patients treated with Genotropin should be regularly assessed by child growth specialists. If given subcutaneously, the injection site should be varied to prevent lipoatrophy. Pregnancy and Lactation In the event of pregnancy occurring during Genotropin therapy, treatment should be discontinued. No information is available as to whether peptide hormones pass into breast milk. Side-Effects A few children developed transient local skin reactions during clinical trials. Some patients develop antibodies to growth hormone although the frequency with Genotropin has been low in clinical trials. Pharmaceutical Precautions Store between 2 - 8°C and protect from light. Genotropin 4IU is for single dose use only. Reconstituted Genotropin 4IU may be stored for up to 24 hours in the refrigerator before use. Legal Category POM Package Quantities Combined pack containing one vial of somatropin (rbe) 4IU and one vial of Water for Injections or ten vials of somatropin (rbe) 4IU and ten vials of Water for Injections. Product Licence Numbers Genotropin 4IU PL 0022/0071 Water for Injections PL 0022/0082 Product Authorisation Number PA 187/32/I Price NHS Price Genotropin 4IU £30.50 Genotropin 10× 4IU £305.00 Product Licence and Product Authorisation Holders KabiVitrum Ltd. KabiVitrum House, Riverside Way, Uxbridge, Middlesex, UB8 2YF, KabiVitrum, Cahill May Roberts Ltd. P.O. Box 1090 Chapelizod. Dublin 20. Further information is available on request from the Product Licence holder.



PRESCRIBING INFORMATION
HUMAN VELOSULIN® V (Neutral Insulin Injection, human insulin (emp)). HUMAN INSULATARD® V (Isophane Insulin Injection (NPH), human insulin (emp)). HUMAN INITARD® 3070 V (Neutral Suspension comprising 30% Neutral Insulin Injection (NPH), human insulin (emp)). HUMAN INITARD® 5050 V (Neutral Suspension comprising 30% Neutral Insulin Injection (NPH), human insulin (emp)). HUMAN INITARD® 5050 V (Neutral Suspension comprising 50% Neutral Insulin Injection and 50% Isophane Insulin Injection (NPH), human insulin (emp)). Presentation HUMAN VELOSULIN, HUMAN INITARD® 5050 V (Neutral Suspension comprising 50% Neutral Insulin Injection Injection (NPH), human insulin (emp)). Presentation HUMAN INITARD 50/50 V (Neutral Suspension comprising 50% Neutral Insulin Injection (NPH), human insulin (emp)). HUMAN INITARD 50/50 V (Neutral Suspension comprising 50% Neutral Insulin Injection Injec





HUMAN

HUMAN

Human neutral soluble insulin (emp)

Human isophane (NPH) insulin (emp)

Quick and intermediate acting insulins developed to be compatible.

No interaction when mixed.' Predictable effect in individually titrated regimens. The latest Keynes Press publication marks the ninetieth anniversary of a major breakthrough in tropical medicine

This day designing God
Hath put into my hand
A wondrous thing, And God
Be praised. At His command,

I have found thy secret deeds
Oh million-murdering Death.

I know that this little thing A million men will save— Oh death where is thy sting? Thy victory oh grave?

Not many scientists are moved to verse by the fruits of their research, but few results are as momentous as the one celebrated by Ronald Ross in The Great Malaria Problem and its Solution. Adapted from Ross's memoirs, this Keynes Press edition gives the full story of Ross's discovery of the mode of transmission of malaria by the Anopheles mosquito. Engagingly written, it is the frank and accurate picture of four years painstaking work, full of hope, despair, elation, frustration, and what Ross describes as the "sacred passion for discovery." It also shows the close and moving scientific partnership between Ross and Patrick Manson, the "father of tropical medicine", as evidenced in the 155 letters exchanged between them over this period.

Pully illustrated, and with an introduction by L J Bruce-Chwatt, emeritus professor of tropical public health at the University of London, this unique volume provides a fascinating insight into the process of scientific research as well as a self portrait of one of the most impressive and colourful individuals in the history of tropical medicine. Moustiques at Malaria

The Property of Addison and Employed Services

(From a Mauritian Newspaper, 1908.)

THE KEYNES PRESS



The Keyner Press Emitted editions of medical classics, handsomely printed and bound.

Price: Inland 645.00; Abread 652.00; USA \$73.00, including postage.

Order from: British Medical Journal (Keynes Press) PO Soc 295, Lordon WCIR FUB

Autobiographical

ynical

The BMJ's new series of books of general interest by medical writers

The MEMOIR Club

Polemical

Whimsical

Historical



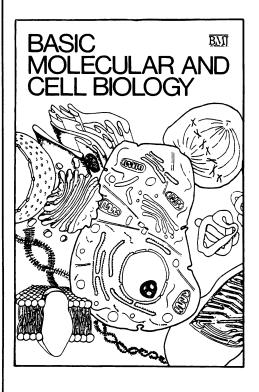
The second book in the series. published in November 1987, is Recollections and Reflections by Douglas Black. His recollections are of his remarkable career, in which he has been professor of medicine at Manchester university, chief scientist at the DHSS, president of the Royal College of Physicians, and the occupant of important posts when officially "retired". His reflections are on the practice and progress of medicine, university teaching and administration, public service, and life in general. Absorbing and provocative, the book bears its author's hallmarks of insight, scholarly precision, and dry wit.

Price: Inland £14.95; Abroad £17.50; USA\$29.00 BMA members: Inland £14.45; Abroad £16.50; USA\$27.00 including postage, by air abroad Please enclose payment with order

ORDER FROM British Medical Journal, PO Box 295, London WC1H 9TE, or any leading bookseller.

Philosophical

One revolution leads to another . . .



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.

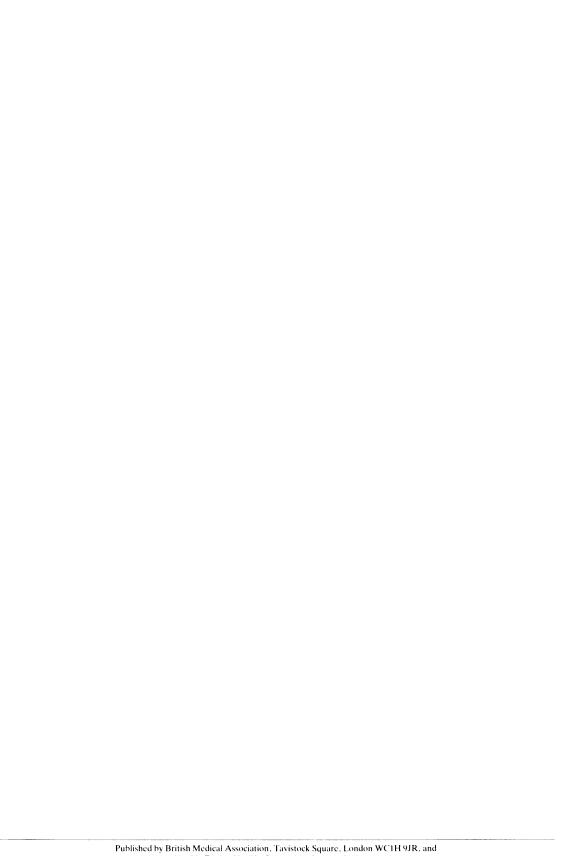
Price: Inland £5.95; Abroad £7.50; USA \$12.00

BMA members: Inland £5.45; Abroad £7.00; USA \$11.00

including postage, by air abroad

Payment must be enclosed with order.

Order from BRITISH MEDICAL JOURNAL, PO Box 295, London WC1H 9TE or any leading medical bookseller



Indications Epilepsy (generalised tonic-clonic and partial seizures).

Dosage in epilepsy Use a gradually increasing dosage scheme, adjusting to the patient's needs. Adults: 100–200mg once or twice daily, increasing slowly up to 800–1200mg daily; in some cases 1600mg 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, 600-1000mg daily. It may be helpful to monitor drug levels: the optimum therapeutic range is 3-10μg/ml (13-42μmol/l).

Side-effects

Dizziness and diplopia (usually dose dependent). less frequently dry mouth, diarrhoea, nausca, vomiting. Generalised erythematous rash, disappearing on cessation of therapy.

Isolated reports of oedema, hyponatraemia, exfoliative dermatitis, leucopenia, thrombocytopenia, agranulocytosis, aplastic anaemia, cholestatic jarandice 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. Macrolide antibiotics (e.g. erythromycin) and isoniazid may elevate carbamazepine levels. 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 patient with atrioventricular conduction abnormalities unless paced.

Tablets of 100mg (PL0001/ 5027) basic NHS price

£3.10 per 100, £14.93 per 500; tablets of 200mg (PL0001/5028) £5.76 per 100, £27.75 per 500; tablets of 400mg (PL0001/0088) £11.32 per 100; liquid 100mg/5ml (PL0001/0050) £5.53 per 300ml bottle. ® denotes registered trade mark. Full prescribing information is available from Geigy Pharmaceuticals, Horsham, West Sussex.







After seizure control there's a lot of living to do 🤻

