

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.



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
- 467 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: 5727 0006

Name and Address of Licence Holder

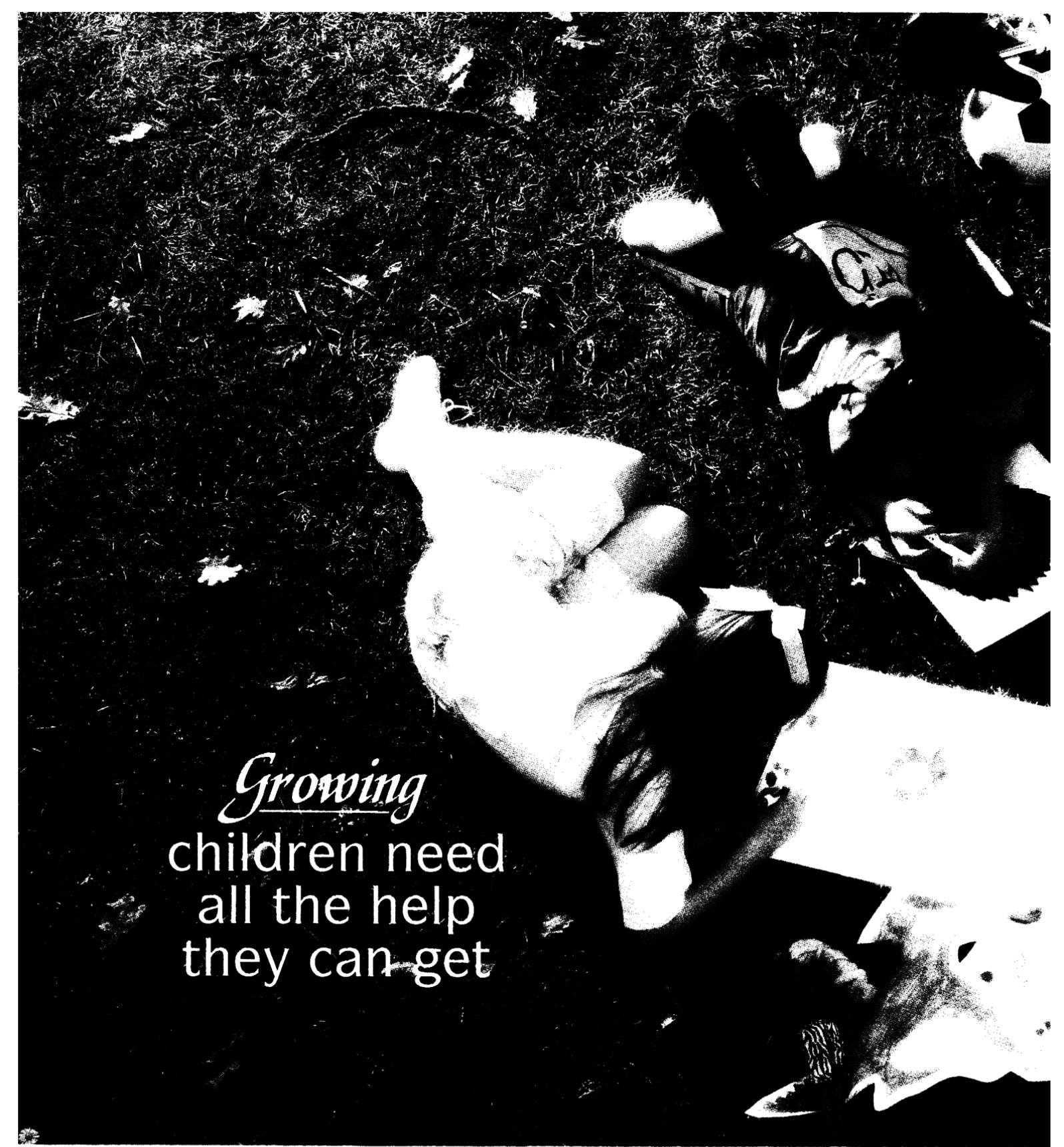
Kali Chemie Pharma GmbH, Hans-Böckler-Allee 20, 3000, Hannover 1, Germany.

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



Growing
children need
all the help
they can get

Children with growth failure need the best care you can provide. And sometimes more.

The Lilly Growth Initiative is a new support programme aimed at everyone involved in the management of growth failure. The programme looks beyond the role of growth hormone therapy, to help create the right environment for growth.

It involves communicating with children at their own level, providing advice and reassurance in terms they can easily relate to. Helping parents to understand and deal with the challenges their children face. Offering practical assistance and material support to Growth Centres. Helping clinicians through educational support, growth data management, and information services.



Discover how the Lilly Growth Initiative can help you succeed in the management of growth failure. Write to: The Lilly Growth Initiative, Eli Lilly & Company Ltd., Dextra Court, Chapel Hill, Basingstoke, Hampshire RG21 2SY

The Lilly Growth Initiative.
A growing involvement in child development.



Growth



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. **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. Rare reports of hyperactivity in children.

Presentation and Basic NHS cost Hospital pack of 5 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 – £2.54 and £4.30. **Product licence numbers** Ventodisks 200 micrograms 0045/0134, Ventodisks 400 micrograms 0045/0135.



ALLEN & HANBURY'S

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

NEW



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.



LAMICTAL IN EPILEPSY

– IT'S NOT ONLY THE PATIENT WHO NOTICES THE DIFFERENCE

It's not only the patient who has to put up with the disruption of epilepsy. Friends, family, colleagues and strangers can also be affected. Alienation and isolation can result.

For many people with epilepsy, reducing the severity of their seizures could help overcome the alienation and may be just as important as reducing the overall number of seizures.

For some patients with partial or secondarily generalised tonic-clonic seizures previously treatment-resistant, Lamictal as add-on therapy has been shown to reduce both seizure frequency and seizure severity¹. Noticeably improving life for patients and those around them.

▼Lamictal
lamotrigine

Making a difference
to epilepsy management

Prescribing Information

Presentation: Pale yellow tablets containing 50mg and 100mg lamotrigine and coded 'LAMICTAL 50' AND 'LAMICTAL 100' respectively.

Uses: Lamictal is an antiepileptic drug, indicated as an add-on treatment of partial seizures and secondarily generalised tonic-clonic seizures not satisfactorily controlled with other antiepileptic drugs.

Dosage and administration: *Adults, children over 12 years:* Initial dose of 50mg twice a day for the first two weeks. Usual daily maintenance dose is 200-400mg in two divided doses. For patients taking sodium valproate, either alone or in combination, the initial dose is 50mg per day for the first two weeks, with a usual daily maintenance dose of 100-200mg in two divided doses. *Children under 12, the elderly:* As yet, insufficient information available and consequently not yet recommended for use in these groups.

Contra-indications, warnings, etc: Known hypersensitivity to lamotrigine. Cannot yet be recommended in renal/hepatic impairment. Close monitoring (including hepatic, renal and clotting parameters) of patients who acutely develop any combination of unexplained rash, fever, flu-like symptoms, drowsiness or worsening seizure control is recommended. **Precautions:** Liver enzyme inducers (eg. carbamazepine, phenytoin) may increase dose requirements. Sodium valproate may reduce metabolism

of lamotrigine. In pregnancy the potential benefits must be weighed against any possible risk. Withdraw slowly over 2 weeks to avoid rebound seizures. **Side- and adverse effects:** In double-blind add-on clinical trials, skin rashes (usually maculopapular) occurred in 10% of patients taking lamotrigine and 5% of patients taking placebo. Rash led to withdrawal of lamotrigine in 2% of patients. Rarely severe skin reactions including angioedema and Stevens-Johnson syndrome have been reported. Adverse experiences normally associated with standard antiepileptics (including diplopia, dizziness, ataxia, irritability/aggression, etc.) have also been reported during trials of Lamictal when added on to such therapy. (Refer to Data Sheet for further information).

Basic NHS costs: £32.64 for pack of 56 x 50mg tablets (PL3/0273). £56.32 for pack of 56 x 100mg tablets (PL3/0274). Lamictal is a trade mark of The Wellcome Foundation Ltd.

Further information and a data sheet will be sent to any practitioner upon written request.

The Wellcome Foundation Ltd., Crewe Hall,
Crewe, Cheshire CW1 1UB.

Reference 1: Smith D *et al.* (1991). *Epilepsia*
32 Suppl 1: 54.

THE WELLCOME
FOUNDATION LTD



Inside the triangle of trust.



ZITHROMAX, a macrolide antibiotic, overcomes the three-sided problem of treating children's infections.

1. Effectiveness - a 98% clinical response in otitis media¹ or tonsillitis/pharyngitis²
2. Acceptability - a side effect profile comparable to amoxycillin or penicillin³
3. Simplicity - a once daily, 3 day course that is convenient for parent and child.

It is this three-sided approach that makes ZITHROMAX so suitable for children's infections.

And that's why, when you treat with ZITHROMAX, you put children inside the triangle of trust.

Zithromax[®] ▼

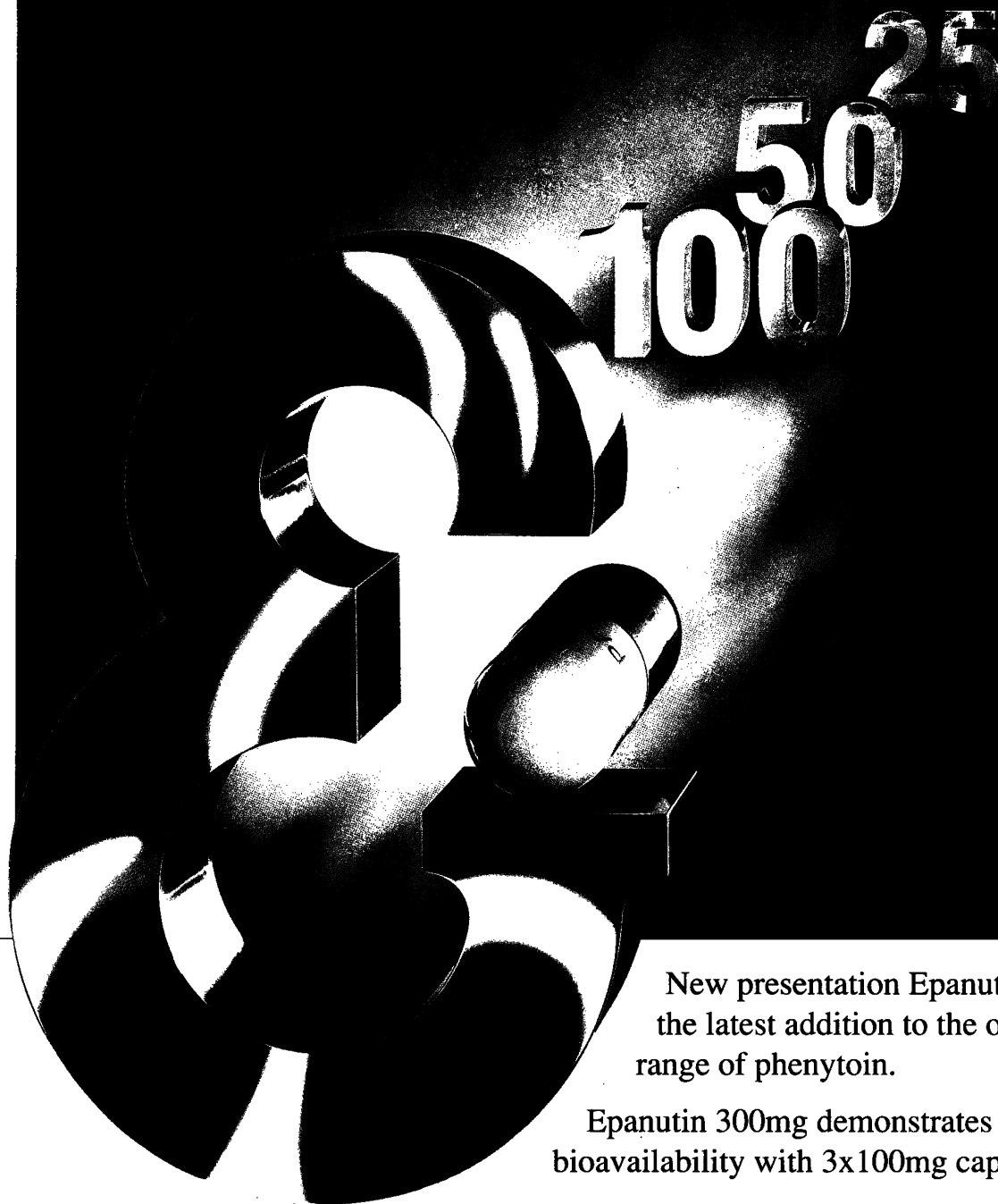
azithromycin

Once daily for just 3 days

ZITHROMAX[®] Abbreviated Prescribing Information. Indications and dosage: Upper and lower respiratory tract infections, skin and soft tissue infections and otitis media; 500mg once daily for 3 days. Uncomplicated sexually transmitted diseases caused by *Chlamydia trachomatis*; Single 1g dose. **Use in the elderly:** Normal adult dosage is recommended. **Use in children:** Once daily for 3 days - Less than 3 years (up to 15kg), 10mg (0.25ml) per kg per day; 3-7 years, 5ml per day; 8-11 years, 7.5ml per day; 12-14 years, 10ml per day. There is no information on children under six months of age. See data sheet for further information on dosage recommendations according to age and weight range. **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 in the packs or the oral dosing syringe provided in the 15ml pack only. Refer to data sheet for appropriate pack size and dispensing instructions. **Contra-indications:** 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. Allergic reactions of rash and rare reports of angioneurotic oedema and anaphylaxis; elevation in liver transaminases and reduction in neutrophil counts. **Package quantities and Basic NHS Cost:** 250mg capsule, pack of 6, £14.99, pack of 4, £9.99 (PL 0057/0335); powder for oral suspension - bottles of 15ml, 22.5ml and 30ml containing ZITHROMAX 200mg/5ml-15ml bottle (600mg), £5.08; 22.5ml (900mg), £7.62; 30ml (1200mg), £13.80 (PL 0057/0336). Hospital prices are available on request. **References:** 1. Mohs E (1992) Abstracts of the 8th Mediterranean Congress of Chemotherapy, 24th-29th May 1992; Athens, Greece. 2. Hamill J. (1992) Abstracts of the 8th Mediterranean Congress of Chemotherapy, 24th-29th May 1992; Athens, Greece. 3. Hopkins S: Data on File - Clinical Safety and Toleration of Azithromycin in Children. Further information available on request from Richborough Pharmaceuticals. A Division of Pfizer Ltd., Sandwich, Kent CT13 9NJ. *Trademark


RICHBOROUGH
PHARMACEUTICALS
A Division of Pfizer Ltd.,
Sandwich, Kent CT13 9NJ.

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.

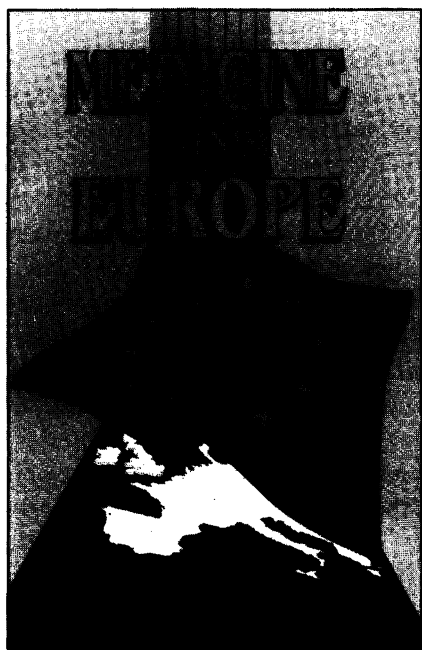
PARKE-DAVIS RESEARCH LABORATORIES

© Parke-Davis Research Laboratories 1992

* Trade mark

A118-UK-Mar92

THE WAY AHEAD



The European Community's power to introduce legislation on health increases from January 1993. Governments throughout Europe are reassessing their health care systems. *Medicine in Europe*, a collection of articles originally published in the *BMJ*, looks at existing EC legislation, proposals for the future, and the likely effects of these proposals. As well as giving general information it covers specific topics such as medical manpower, training, and research; nursing; tobacco, alcohol, and drug misuse; drug prescribing; and ethical issues. EC policies will affect medicine in the member states; these articles will help health care professionals to understand how, when, and why they will be set.

Published June 1992

UK £8.95; Abroad £10.50

BMA members: UK £8.45; Abroad £10.00
including postage by air abroad

Available from: **BRITISH MEDICAL JOURNAL**,
PO Box 295, London WC1H 9TE, medical booksellers or
the BMJ bookshop in BMA House (book tokens accepted,
UK only).

Please send me _____ copy/ies of

MEDICINE IN EUROPE

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 _____

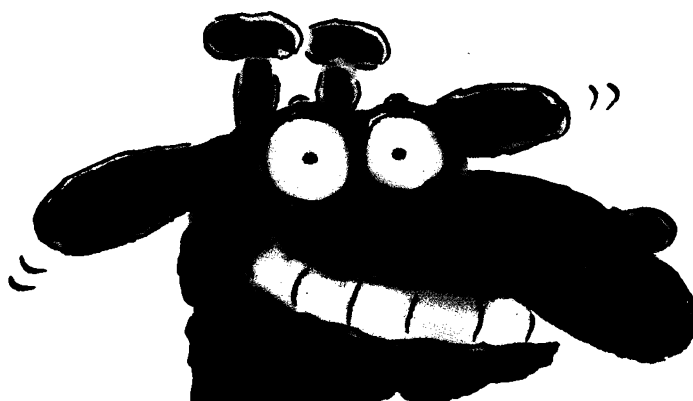
Signature _____

NAME _____

ADDRESS _____

_____ POSTCODE _____

☐ Please send me a BMJ book catalogue



**TAKING
SO MANY
CAPSULES
WITH
EVERY
MEAL
CAN BE
HARD TO
SWALLOW**

NEW

PANCREASE*HL

(Pancreatin BP)

SO LITTLE TO TAKE

Further information is available from Cilag Ltd., Saunderton, High Wycombe, Bucks HP14 4HJ

*Trademark © CL 1992

Are the ills of middle and later life rooted in our early development?



Based on an original embroidery by Dean Design

During the past few years a series of articles, mostly from the Medical Research Council's Environmental Epidemiology Unit at the University of Southampton, has been published in leading medical journals. They set out the evidence that certain adult diseases, including coronary heart disease, stroke and diabetes originate in impaired development during fetal life and infancy. Because of the obvious implications for prevention of some of the commonest diseases in Western society, they have attracted international attention. In this book, Professor David Barker, Director of the Unit, has selected 31 articles that he considers seminal and a comprehensive guide to the development of this important topic. Professor Roger Robinson's introduction summarises and interprets the evidence for non-epidemiologists.

The first chapters describe the origins of the hypothesis in geographical studies in England and Wales. These are followed by a series of studies of men and women in middle and late life whose early growth was recorded at the time. In those who have died, cause of death can be related to early growth. Examination of the living has allowed blood pressure, blood lipid and insulin concentrations, and other measurements to be related to different patterns of early growth. Together, the findings show that early development affects the risk of coronary heart disease, stroke, obstructive lung disease and diabetes at least as strongly as obesity, smoking and other aspects of adult life style.

Fetal and Infant Origins of Adult Disease brings together in one volume a body of work that cannot be ignored

Hardback • Illustrations • Tables • 368 pages • ISBN 0-7279-0743-3

UK £24.95; Abroad £30.00 (BMA members £22.95 or £28.00) including postage, by air abroad



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

Please send me _____ copy/ies of **FETAL AND INFANT ORIGINS OF ADULT DISEASE**

NAME _____
(print clearly)

Membership No _____

ADDRESS _____

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

Card No _____ Exp _____

POSTCODE _____

Signature _____

☐ Please send me a book catalogue

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

NEW
SACHET
PRESENTATION



A world of difference

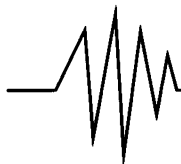
More and more patients with uncontrolled epilepsy are able to face the world thanks to the efficacy of SABRIL.

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



Abridged Prescribing Information SABRIL Tablets and sachets

Presentations: Tablets: White with a breakline marked SABRIL, each containing 500mg vigabatrin. Sachets: Containing 500 mg vigabatrin powder and no other ingredients. Dissolve in water or soft drink immediately before use. **Uses:** Indications: Treatment of epilepsy not controlled by other antiepileptic drugs. **Dosage 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 correlation 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:

Bodyweight:	10-15kg	0.5 to 1g/day
	15-30kg	1.0-1.5g/day
	30-50kg	1.5-3g/day
	>50kg	2-4g/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, Warnings etc.** Use in pregnancy and lactation: Contra-indicated. **Precautions:** Abrupt withdrawal may lead to rebound seizures. Withdraw gradually over 2-4 weeks. 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 intracranial pressure 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 product data sheet. **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, irritability, 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, particularly those with myoclonic 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

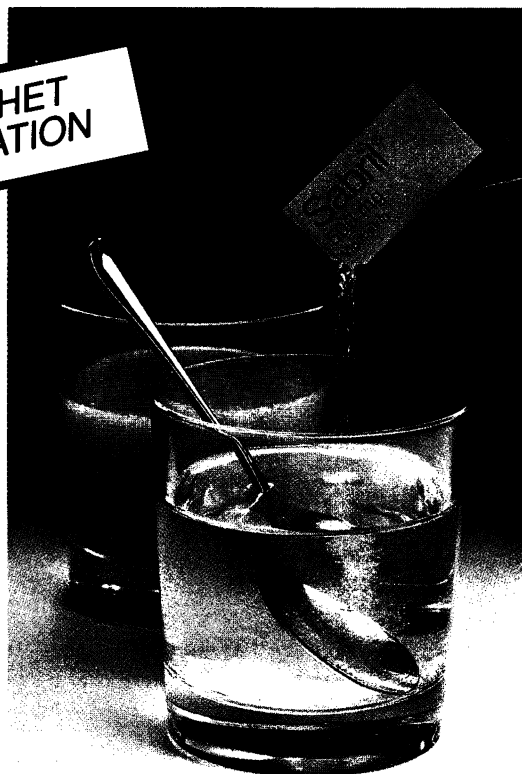
Package Quantities: Tablets: Blister strips of 10 in cartons of 100. Sachets: Packs of 50. **Product Licence Numbers:** Tablets: PL 4425/0098 Sachets: PL 4425/0119 **NHS Price:** Tablets: £46.00 Sachets: £24.95 **Date of Preparation:** September 1992. You must refer to the full prescribing information 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.

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



Trademarks: Marion, Merrell, Dow, Sabril. SAB/AD/0992

NEW SACHET
PRESENTATION



INSTITUTE OF
CHILD HEALTH
(UNIVERSITY OF LONDON)
AND
HOSPITAL FOR SICK CHILDREN
GREAT ORMOND STREET

PULMONARY PROBLEMS IN THE PERINATAL PERIOD AND THEIR SEQUELAE

1-2 February 1993

This course will review the morphological and physiological aspects of both normal and abnormal growth and development of the respiratory system during fetal life and infancy. The immediate and long term sequelae of naturally occurring environmental and iatrogenic insults will be discussed with respect to both lung structure and function. Methods of assessing lung function in infancy will be described and opportunities provided for informal demonstrations of current techniques in the laboratory.

The fee is £120 (including lunch and refreshments)

For further details please contact the:—

Short Courses Office
Institute of Child Health
30 Guilford Street
London WC1N 1EH
Tel: 071 829 8692 (direct line)
Fax: 071 831 0488

ABC OF CHILD ABUSE

EDITED BY ROY MEADOW

"... can be highly recommended."
Child care, health and development

"... provides all those involved in child protection with a comprehensive review of the medical consequences of child abuse."
Nursing Times

"... praise for the book is unstinted."
BMJ

"... buy this [book] as an introduction, a revision or a teaching aid—it is worth it."
Family Practice

"... well illustrated, referenced and indexed and should become a standard teaching text."
SAMJ

UK £10.95; Abroad £13.00 (BMA members £9.95 or £12.00) including postage, by air abroad.

Please enclose payment with order or send full details of American Express, Mastercard or VISA credit card.

Available from: BRITISH MEDICAL JOURNAL,
PO Box 295, London WC1H 9TE, major medical
booksellers or the BMJ bookshop in BMA House.

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
Allison 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 _____

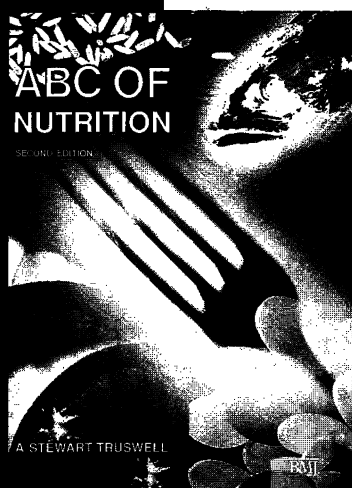
Name (Capitals) _____

Address _____

_____ Date _____

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

ABC FROM THE BMJ '92



"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.

Review of the first edition

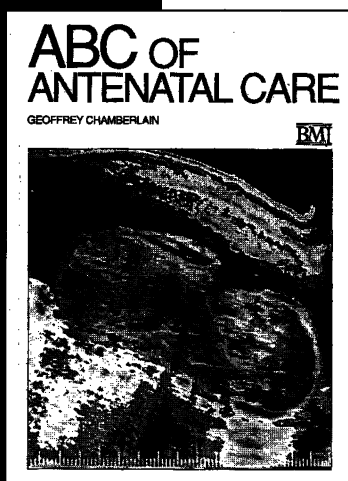
"Truswell . . . has written *the* introductory textbook for students of nutrition at any level . . . All physicians, medical students, nurses, nursing students, dieticians, dietician students, and those interested in nutrition education should have a copy of this book."

American Journal of Clinical Nutrition

Second edition March 1992

Paperback • ISBN 0 7279 0315 2 • 120 pages

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

Paperback • ISBN 0 7279 0313 6 • 96 pages

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	Amount
Prices include postage, by air abroad <input type="checkbox"/> Please send me a book catalogue		TOTAL £

NAME _____
(print clearly)
ADDRESS _____

POSTCODE _____

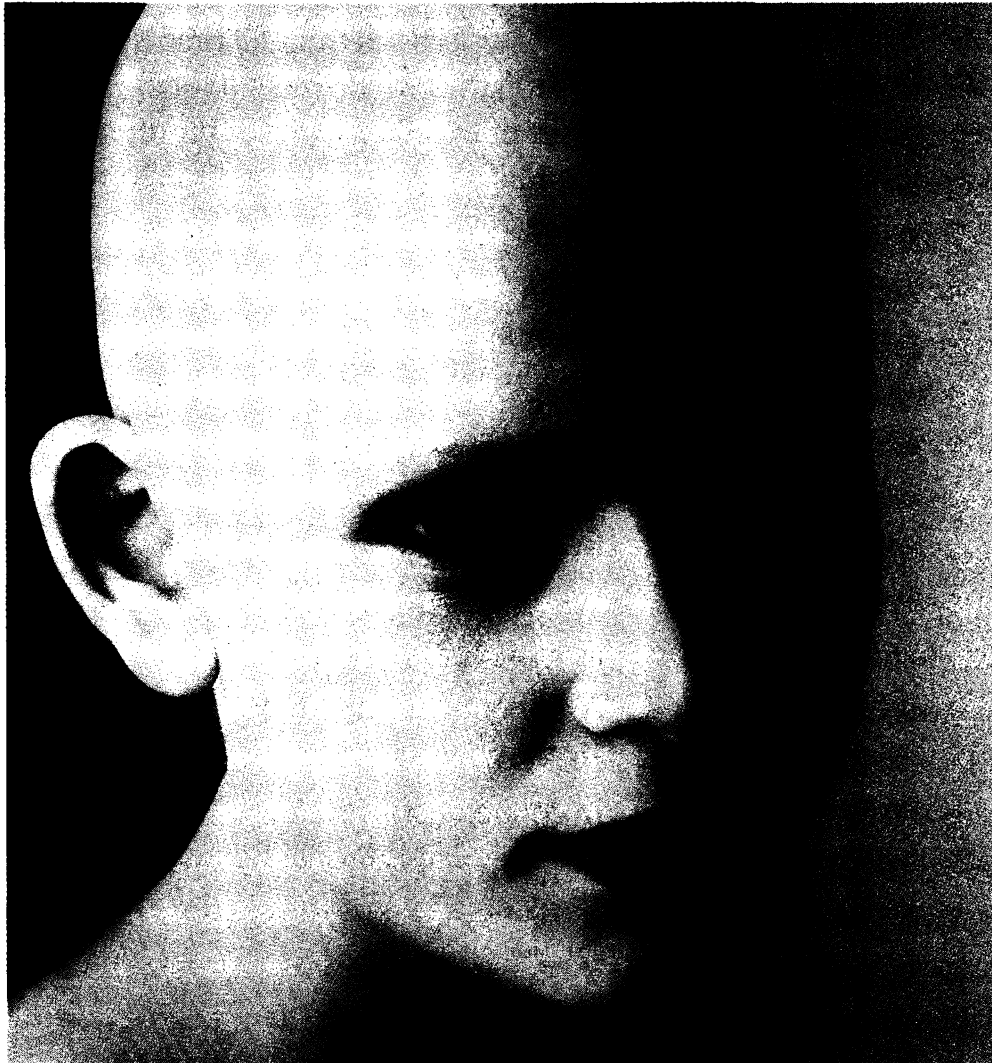
Cheque enclosed (made payable to British Medical Journal) £ _____ Membership No _____

Debit my AMERICAN EXPRESS/VISA/MASTERCARD Card No _____

Expiry date _____ Signature _____

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

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



Cancer patients have enough to cope with without the nausea and vomiting caused by therapy. Zofran, the 5-HT₃ receptor antagonist from Glaxo, allows you to control emesis without adding to the problem of unpleasant side effects.

Zofran is available in both oral and i.v. presentations, and provides effective monotherapy in all treatment-induced nausea and vomiting, from radiotherapy to cisplatin chemotherapy.^{1,2,3}

Yet, there is no evidence of extra-pyramidal reactions,^{2,3,4} little risk of unwanted sedation^{3,4} and no reported drug interactions.⁴

At a time when patients need all the help they can get, Zofran will help make the treatment easier to bear.

Zofran[®]

ondansetron

Prescribing Information: **Uses:** Nausea and vomiting due to chemotherapy or radiotherapy, and postoperative nausea and vomiting. **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. *Postoperative nausea and vomiting:* For prevention in adults: Either a single dose of 4mg i.v. as slow injection at induction, or 8mg orally 1 hour prior to anaesthesia followed by two further 8mg doses at eight-hourly intervals. For treatment in adults: A single dose of 4mg i.v. as a slow injection. There is no experience in postoperative nausea and vomiting in children and limited experience in the elderly. The role of ondansetron in opiate-induced emesis is not yet established. **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

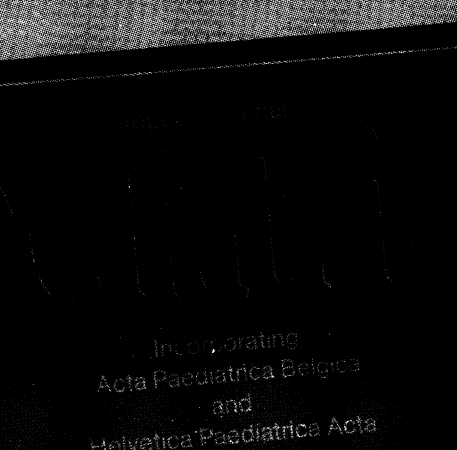
in 2ml aqueous solution or 8mg ondansetron in 4ml aqueous solution (Product licence number 0004/0375, 4mg x 5 ampoules £52.50; 8mg x 5 ampoules £75). Zofran 4mg Tablets each containing 4mg ondansetron (Product licence number 0004/0376, 4mg x 30 tablets £187.50), Zofran 8mg Tablets each containing 8mg ondansetron (Product licence number 0004/0377, 8mg x 10 tablets £90). **Product licence holder:** Glaxo Operations UK 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.

References:

1. Priestman TJ. *Eur J Cancer Clin Oncol* 1989; 25(Suppl. 1): S29-S33. 2. Schmoll H-J. *Eur J Cancer Clin Oncol* 1989; 25(Suppl. 1): S35-S39. 3. Marty M. *Eur J Cancer Clin Oncol* 1989; 25(Suppl. 1): S41-S45. 4. Smith RN. *Eur J Cancer Clin Oncol* 1989; 25(Suppl. 1): S47-S50.



Your complete survey of the field!



The European Journal of Pediatrics publishes articles from all branches of pediatrics which meet its standards of excellence and authority. It offers a rapid transition time from acceptance to publication.

Coordinating Editor
J. Spranger, Mainz

Editors
L. Corbeel, Leuven
B. Steinmann, Zürich

Associate Editors
H. Eichenwald, Dallas
A. Greenough, London
J. Schaub, Kiel

In cooperation with an international Editorial Board

**An asset to your library –
Write for a free sample copy!**

**In cooperation with an
international Editorial Board**

**An asset to your library –
Write for a free sample copy!**

- Valid until: _____

**Please hand this order form to your
bookseller or return to:
Springer-Verlag, Journals Marketing,
Tiergartenstr. 17, W-6900 Heidelberg, FRG**

2nd Signature: _____

Springer-Verlag
 Berlin
 Heidelberg
 New York
 London
 Paris
 Tokyo
 Hong Kong
 Barcelona
 Budapest

Essential know-how ×3

HOW TO DO IT: 1

Check a commitment. Be a dictator. Organise a meeting. Take an examination. Improve a student. Write a book review. Interviewed. Be an examiner. Use a library. Survive as an editor. Prepare a lecture. Construct an inquest. Take a clinical examination. Attend an inquest. Use slides. Apply for a research grant. Apply for a grant. Plan a research project.

HOW TO DO IT: 2

Organise a time budget. Deal with a complaint by a patient. Run a clinic. Start in private practice. Be an expedition doctor. Organise a teaching ward round. Take a clinical examination. Use a word processor. Be a patient. Use a video. Signpost your ho. Get a letter in. Keep the

HOW TO DO IT: 3

Organise a new department. Choose a new house officer. Be a GP locum. Get public. Organise a multicentre trial. Write a public. Annual report. Start a DNA. Nostic service. Develop a diabetic summary. Dictate a diabetic for general practice. word processor. Be a m. Get publicity. Choose a trial. GP.

"These volumes provide a useful guide to the wide ranging problems physicians have to cope with in their daily practice. They will prove an instructive and easy-to-read reference tool for all those involved with patient management, hospital organisation and research."
International Surgery

The reviewers say . . .

HOW TO DO IT: 1

"... an excellent little book." *American Journal of Dermatology*

"Every contribution contains something of interest." *New Zealand Medical Journal*

"... equally suitable for medical student and consultant." *Journal of the Royal Naval Medical Service*

HOW TO DO IT: 2

"... contains a wealth of useful information and advice which the experienced contributors have gleaned from long professional experience."
British Dental Journal

"... a useful and informative book . . ." *Medical Journal of Australia*

"... this book is excellent value and should be considered a vital resource for all doctors . . ." *Holistic Medicine*

HOW TO DO IT: 3

"I cannot think of any book that provides better value than this interesting volume for the modern doctor." *Update*

"All articles are clearly presented, informative and written in a relaxed often humorous style." *Scottish Medical Journal*

"The style of writing is eminently readable and the information is delivered in a reader-friendly style." *SAMJ*

Price (each book): UK £7.95; Abroad £9.50 (BMA members £7.45 or £9.00)



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. Book tokens accepted (UK only).

