

TEARS *Naturale*

An artificial tear drop for dry eye syndrome

High tear retention — low viscosity



Alcon

Alcon Laboratories (U.K.) Limited Imperial Way Watford Hertfordshire England WD2 4YR. Tears Naturale is for the treatment of dry eye syndromes associated with deficient tear secretion or deficient mucous.

Dosage and administration: Tears Naturale is a clear colourless sterile solution containing Dextran70 USP 0.1% and Hydroxypropyl Methylcellulose (Hypromellose) 0.3% preserved with Benzalkonium Chloride 0.01% and Disodium Edetate 0.05%. The normal dose is one to two drops into the eye(s) as frequently as required to relieve eye irritation symptoms.

Contra-Indications: Known hypersensitivity to Benzalkonium Chloride. This product should not be used when soft contact lenses are being worn. Basic NHS cost £1.60 P.L. 0649/0031. Full prescribing information available on request.

AN IMPORTANT IN THE TREATMENT OF HERPES SIMPLEX

ZOVIRAX is a highly selective antiherpes agent with a fundamentally different mode of action, and extremely low toxicity.

● **Unique mode of action**

A Wellcome discovery, ZOVIRAX is the first antiherpes agent that is activated to any significant extent only when the herpes simplex virus is present. ZOVIRAX is converted to a monophosphate form by a herpes-specific thymidine kinase enzyme. This starts a chain of events resulting in the active compound, the triphosphate form, which inhibits viral replication. In chemically signalling its presence the virus thus seals its own fate.

● **Highly effective with rapid action**

In clinical studies ZOVIRAX has been shown to be superior to idoxuridine.¹ In the trial, healing time was quicker with ZOVIRAX.

Antiviral activity has been well demonstrated in *in vitro* studies. ZOVIRAX "... was found to be between 5 and 10 times more active than cytarabine, idoxuridine and trifluorothymidine, and more than 100 times more active than vidarabine."²

● **Greater selectivity**

Because of its unique mode of action, ZOVIRAX can be regarded as an ultra-selective agent. Once "bioactivated" it has a 10 to 30-fold greater affinity for viral DNA polymerase than for cellular polymerase. In tissue culture experiments it was 3,000 times more active against the herpes simplex virus than it was against the host cell.³

● **Low toxicity in normal cells**

Because of its ultra-selectivity, ZOVIRAX has extremely low toxicity. A report on this selectivity describes ZOVIRAX as "... a new class of antiviral agent that has extremely low toxicity for normal cells while having an inhibitory activity against HSV which is greater than that of any hitherto known compound."³

● **An agent of promise**

Wellcome take particular pride in introducing ZOVIRAX, a preparation which we believe heralds a new era in antiviral chemotherapy.

1. Collum, L M T et al *Brit. J. Ophthalmol.*, (1980), **64**, 766 2. *J. Antimicrob. Chemother.*, (1979), **5**, 431 3. *Proc Natl Acad Sci USA*, (1977), **74**/12, 5716
PRESCRIBING INFORMATION **Presentation** Acyclovir 3 per cent w/w in a white soft paraffin base. **Uses** Treatment of herpes simplex keratitis. **Dosage and administration** A 1 cm ribbon of ointment should be placed inside the lower conjunctival sac five times a day at approximately four-hourly intervals. Treatment should continue for at least 3 days after healing is complete. **Contra-indications** Patients with a known hypersensitivity to acyclovir. **Warnings and adverse effects** For ophthalmic use only. Transient mild stinging immediately following administration occurs in a small proportion of patients. Superficial punctate keratopathy has been reported but has not resulted in patients being withdrawn from therapy, and healing has occurred without apparent sequelae. (PL 3/0150)

Further information is available on request. Wellcome Medical Division, The Wellcome Foundation Ltd., Crewe, Cheshire

IT ADVANCE TREATMENT EX INFECTIONS



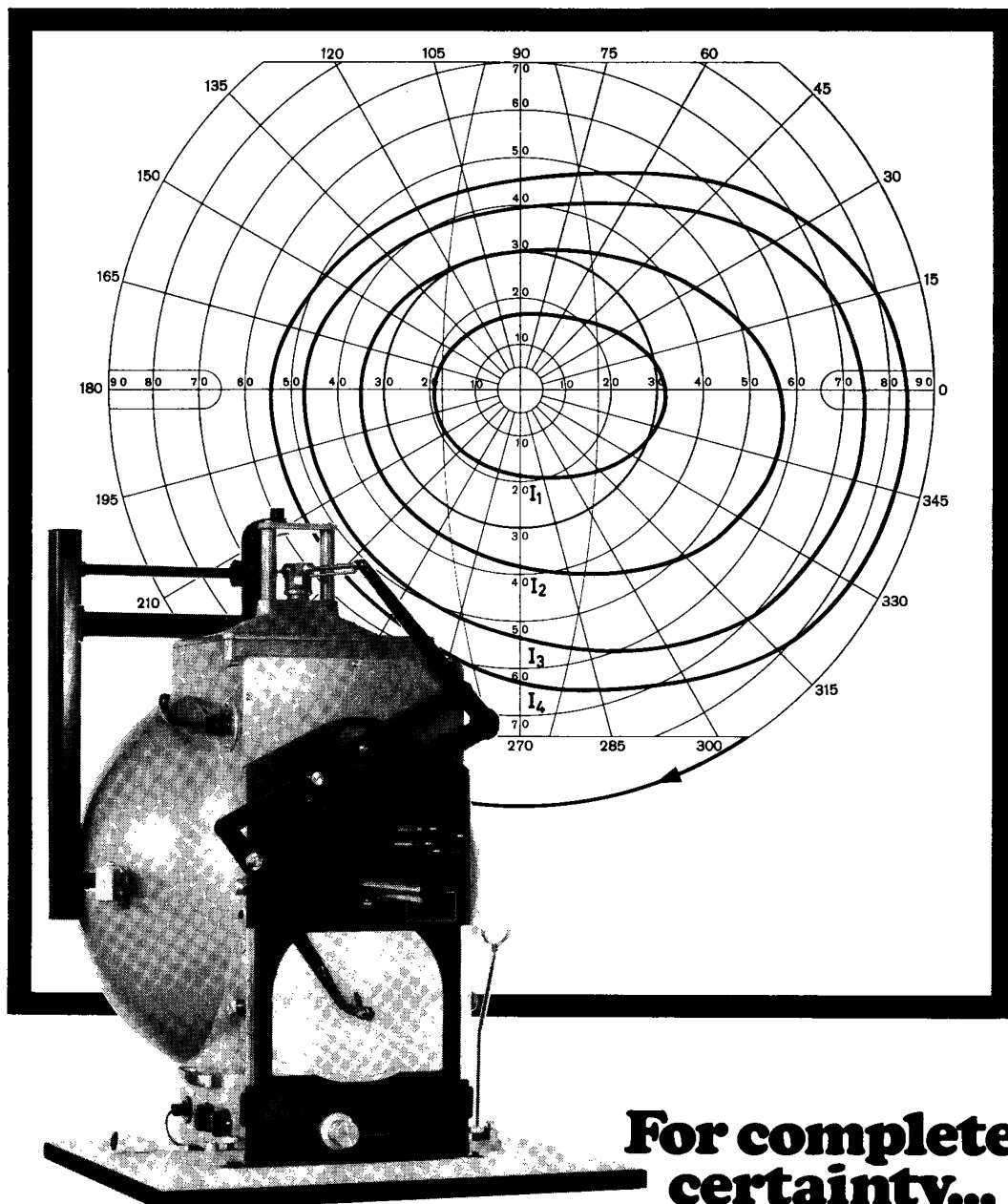
NEW
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ACYCLOVIR OINTMENT

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* Trade Mark



Wellcome



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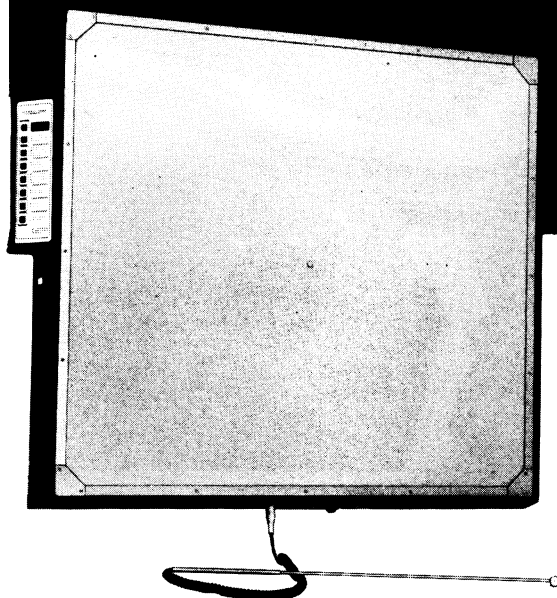
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*Merrill, D.L., Fleming, T.C. and Girard, L.J. Amer. J. Ophth. 49:895-903, No.5, Part 1, May '60

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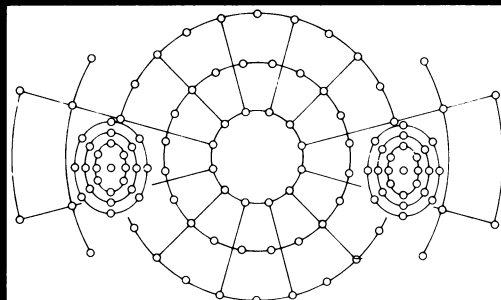
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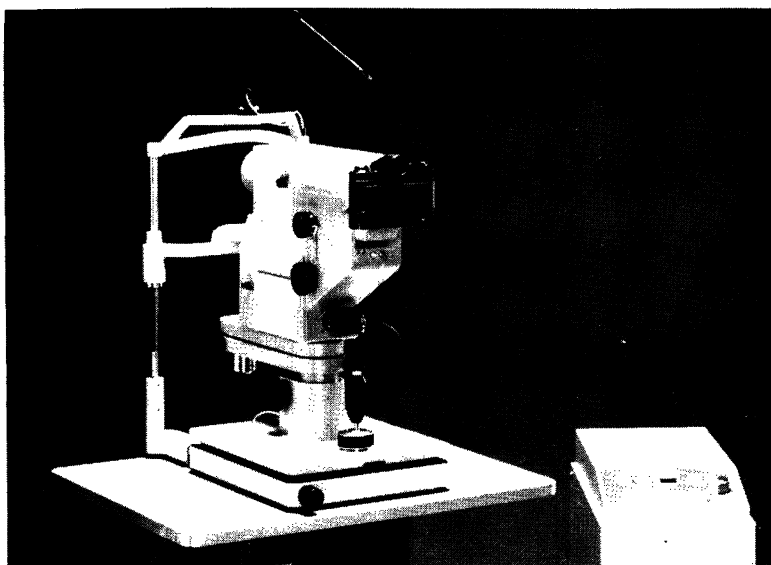
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Canon have achieved a tremendous breakthrough in Fundus photography with their new CF-60Z camera. It has a wider picture angle up to 60 degrees magnification, continuously changeable through zooming from 1.7 times to 5 times. The use of multiple aspheric lenses, focusing by split lines and working distance adjustment by bright dots produce photographs with high resolution and good illumination uniformity over the entire image field.

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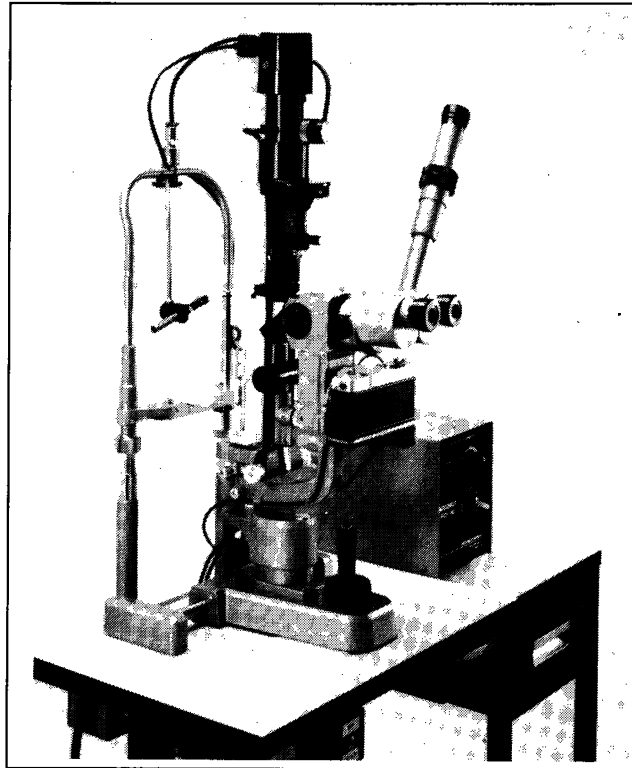
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Unit design photographic system and monocular tube makes attachments and exchanges very simple.

Stereo-photographs can be taken easily with one shot.

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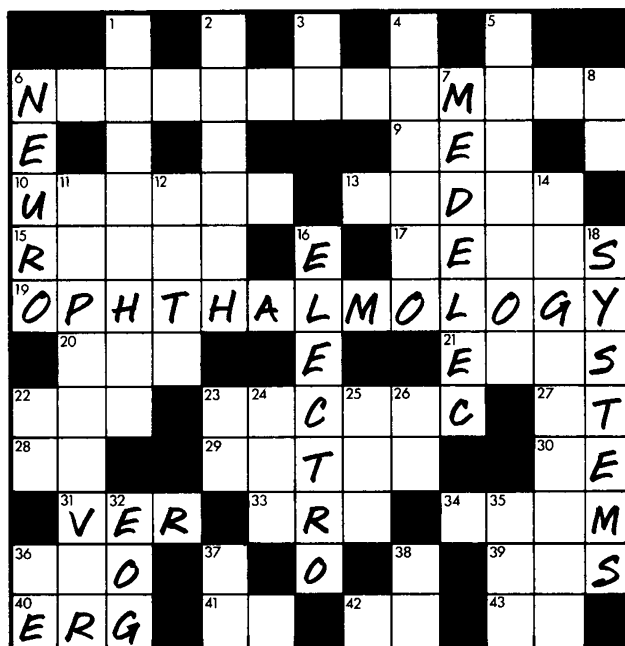
Camera operated by depressing the release button on joystick control lever and utilizing auto-wind system.

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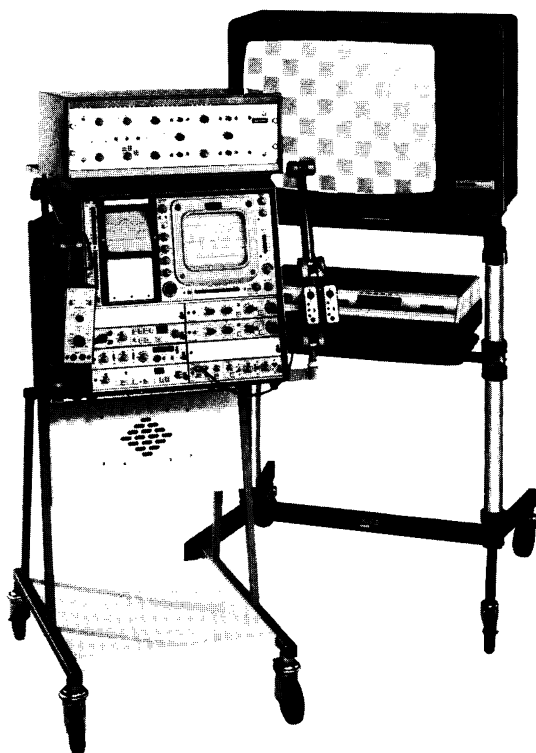
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The versatile MS6 electrophysiological system is ideal for neuro-ophthalmological investigation of electrical activity in the visual pathways. Visually evoked responses from the eye (electro-retinography) and brain (electro-encephalography) and eye movements (electro-oculography) can be quantified, and hard copies of the recorded waveforms made as required.

The MS6 assists objective diagnosis of diseases and malfunctions affecting any region of peripheral and central visual areas: retinal degeneration, amblyopia, multiple sclerosis and neuromyelitis optica.

The Medelec video stimulators allow presentation of vertical and horizontal bars or checkerboards. Wide control of retinal area of stimulation, pattern configuration, spatial frequency (for testing acuity) and contrast is available.

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Dexamethasone has anti-inflammatory effects 30 to 50 times that of cortisone¹

Dexamethasone is the most potent of the corticosteroids available for ophthalmic use.

- **the ideal ophthalmic vehicle**

The Isopto[®] Vehicle of MAXIDEX:

provides extended activity² by prolonged contact time in the eye, increasing opportunity for absorption of the anti-inflammatory agent.

References:

1. Havener, W. H.: Ocular Pharmacology, St. Louis, C. V. Mosby Co., p. 290-1, 294, 1966.
2. Linn, M. T. and Jones, L. T.: Rate of Lacrimal Excretion of Ophthalmic Vehicles, Amer. J. Ophthal. 65:76, 1968.



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GUANETHIDINE MONOSULFATE BP 1% w/v and ADRENALINE BP 0.2% w/v

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DOSAGE AND ADMINISTRATION *Adults:* One drop to be instilled into the eye once or twice daily or at the discretion of the physician.
Children: At the discretion of the physician.

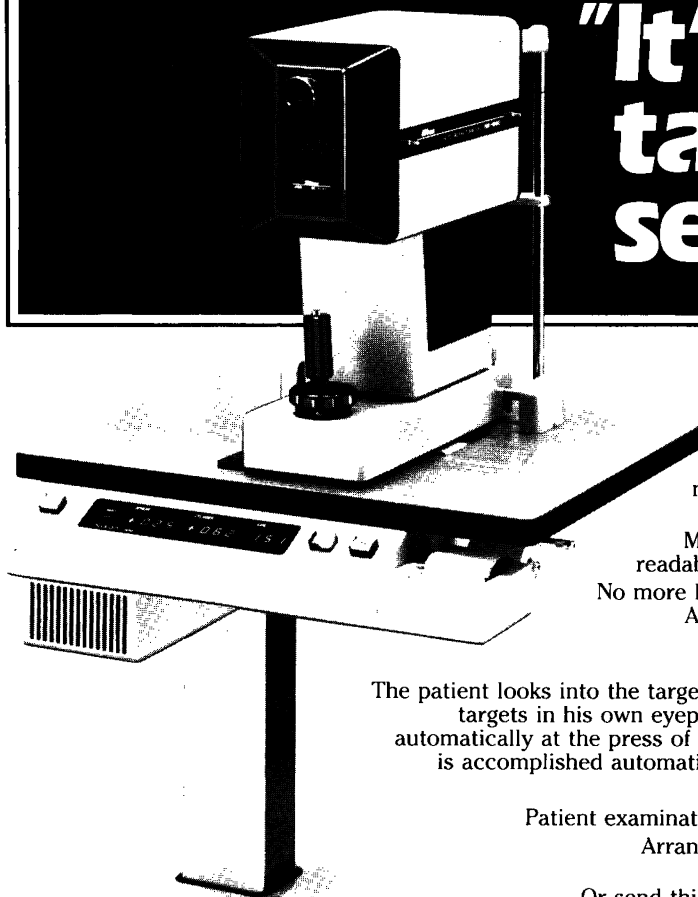
CONTRA-INDICATIONS, WARNINGS ETC. Ganda 1+0.2 should not be used in the case of a narrow angle between the iris and cornea as pupillary dilation may precipitate angle closure. Occasionally, orbital discomfort or red eye (hyperaemia) may occur. Other side effects, such as local irritation and headache are rare. When used in conjunction with miotics, Ganda 1+0.2 should follow the miotic after an interval of 5-10 minutes. Ganda 1+0.2 should not be used if the solution has become dark amber. The contents of the bottle should be discarded one month after the pouch has been opened. Ganda 1+0.2 is fully potent for two years providing the pouch remains unopened.

PRODUCT LICENCE NUMBER 0033/0075 Full prescribing information is available on request

References 1 Romano J, Nagasubramanian S, and Poinosawmy D. Double-masked cross-over comparison of Ganda 1.02 (Guanethidine 1% and Adrenaline 0.2% mixture) with Guttæ Adrenaline 1% (Simplene 1%) and with Pilocarpine 1% (Sno-Pilo 1%). *British Journal of Ophthalmology* in press.
2 Mills K. B. Personal communication. 3 Urner-Bloch U., Aeschlimann J. E., and Gloor B. P. (1980) Treatment of Chronic Simple Glaucoma with an Adrenaline/Guanethidine Combination at Three Different Dosages (Comparative Double-Blind Study) *Albrecht v. Graefes Arch. klin. exp. Ophthalm.* 213, 175-185.

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BJO9

Nine lives, but only one pair of eyes...

lengthen the odds against IOP increase with FML (fluorometholone)



The efficacy of FML is comparable to 0.1% dexamethasone and 1.0% prednisolone with less propensity to increase IOP than dexamethasone.

FML is the only steroid available in the lubricating Liquifilm vehicle which in itself soothes hot and irritated ocular tissues.

FML offers dosage flexibility, especially during the first 48 hours of treatment.

For convenience and economy FML is available in both 5 cc and 10 cc sizes.

Presentation White microfine sterile ophthalmic suspension containing fluorometholone (0.1%). **Uses** Topical ophthalmic suspension for steroid responsive inflammation of the palpebra, and bulbar conjunctiva, cornea and anterior segment of the globe. **Dosage and administration** 1 to 2 drops instilled into the conjunctival sac two to four times daily. During the initial 24 to 48 hours the dosage may be safely increased to 2 drops every hour. Care should be taken not to discontinue therapy prematurely. **Contra-indications, warnings, etc** Contra-indications: Acute superficial herpes simplex keratitis, fungal diseases of ocular structures, Vaccinia, varicella and most other viral diseases of the cornea and conjunctiva. Tuberculosis of the eye. Hypersensitivity to the constituents of this medication. **Warnings:** Steroid medication in the treatment of herpes simplex keratitis (involving the stroma) requires great caution. Frequent slit lamp microscopy is mandatory. Prolonged use may result in glaucoma, damage to the optic nerve, defects in visual acuity and fields of vision, posterior subcapsular cataract formation, or may aid in the establishment of secondary ocular infections from fungi or viruses liberated from ocular tissue. In these diseases causing thinning of the cornea or sclera, perforation has been known to occur with use of topical steroids. Safety and effectiveness have not been demonstrated in children of the age group two years or below. This preparation contains benzalkonium chloride and should be used with caution in association with hydrophilic contact lenses. **Use in pregnancy:** Safety of the use of topical steroids during pregnancy has not been established. **Precautions:** As fungal infections of the cornea are particularly prone to develop coincidentally with long term local steroid applications, fungus invasion must be suspected in any persistent corneal ulceration where a steroid has been used or is in use. Intraocular pressure should be checked frequently. **Adverse reactions:** Glaucoma with optic nerve damage, visual acuity or field defects, posterior subcapsular cataract formation, secondary ocular infection from pathogens liberated from ocular tissues, perforation of the globe. Local side effects of steroid therapy, i.e. skin atrophy, striae and telangiectasia are especially likely to affect facial skin. **Pharmaceutical precautions** Protect from freezing. **Legal category** Restricted by the terms of the product licence to supply on prescription from registered pharmacists, and also through hospitals and ophthalmological clinics. **Package quantities** Supplied in plastic dropper bottles of 5 ml and 10 ml. **Further information** Nil. **Product licence number** 0426/0028



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With significantly less effect on intra-ocular pressure

Eumovate Eye Drops have significantly less effect on intra-ocular pressure than hydrocortisone, betamethasone, prednisolone or dexamethasone eye drops.

'It is therefore of some significance that with clobetasone butyrate it has been possible to dissociate the adverse intra-ocular pressure effect from the advantageous anti-inflammatory effects, and thus we may well have a "safer" steroid for use in ophthalmology.'

Ramsell TG, Bartholomew RS, Walker SR. Br J Ophthalmol 1980; 64: 43-5.

Eumovate Eye Drops (clobetasone butyrate)

Eumovate-N Eye Drops (clobetasone butyrate and neomycin)

A new standard of safety in ophthalmology

Prescribing information

Indications

Eumovate Eye Drops are indicated for the treatment of non-infected inflammatory conditions of the eye. Eumovate-N Eye Drops are indicated for inflammatory conditions of the eye where secondary bacterial infection is likely to occur.

Dosage and administration

The usual dosage is one to two drops four times a day; for severe inflammatory conditions one or two drops should be instilled into the eye every one or two hours until control is achieved, when the frequency may be reduced.

Contra-indications

Viral, fungal, tuberculous or purulent conditions of the eye, hypersensitivity to any component of the preparation. Use is contra-indicated if glaucoma is present. Eumovate Drops and Eumovate-N Drops contain benzalkonium chloride as a preservative and therefore should not be used to treat patients who wear soft contact lenses.

Precautions

Although Eumovate Eye Drops have been shown to have little effect on intra-ocular pressure in most patients, those receiving long term treatment should have their intra-ocular pressure monitored frequently.

Cataract is reported to have occurred after unduly prolonged treatment with some topical corticosteroids and in those diseases which cause thinning of the cornea, perforation has been known to occur.

In general, topical steroids should not be used extensively in pregnancy, i.e., in large amounts or for prolonged periods.

Side effects

Rises in intra-ocular pressure have been reported in susceptible patients but these are generally much less than with other corticosteroid eye preparations, including hydrocortisone.

Product licence numbers

Eumovate Drops 4/0260

Eumovate-N Drops 4/0276

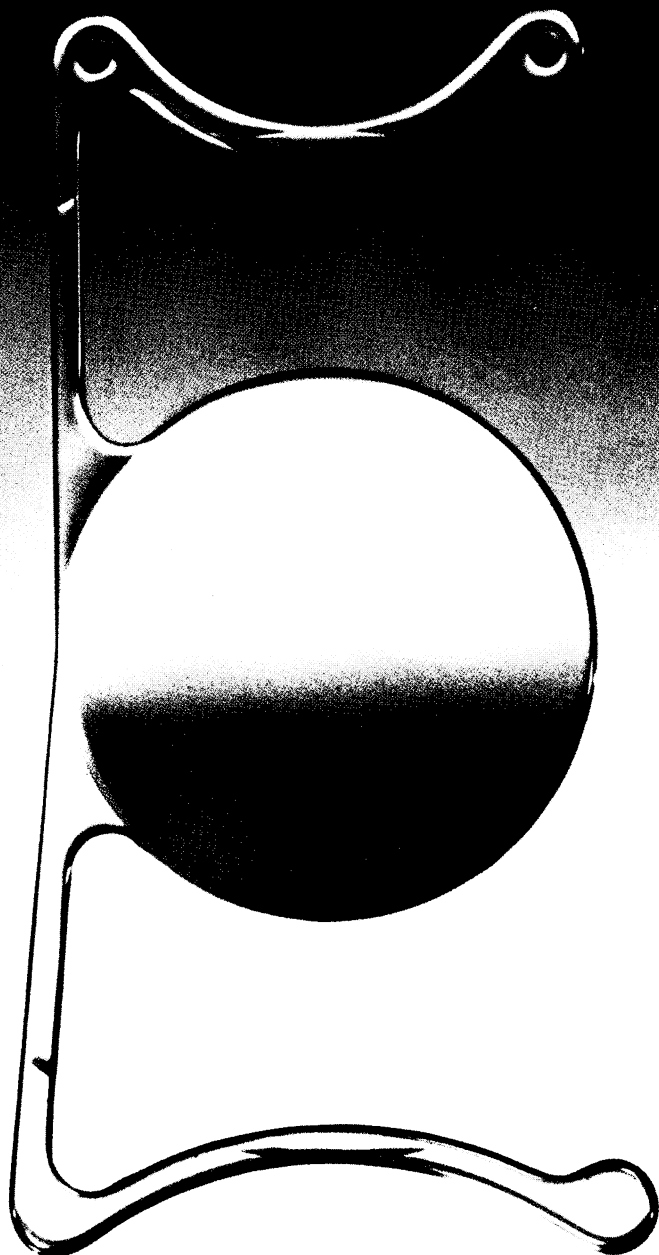
Presentation Basic NHS cost
(exclusive of VAT)

| | £ |
|---|------|
| Eumovate Eye Drops 5ml (in plastic dropper bottles) | 1.80 |
| 10ml | 3.33 |
| Eumovate-N Eye Drops 5ml (in plastic dropper bottles) | 1.80 |
| 10ml | 3.33 |

Glaxo

Further information on Eumovate Eye Drops and Eumovate-N Eye Drops is available from: Glaxo Laboratories Limited, Greenford, Middlesex UB6 0HE. Eumovate is a Glaxo trade mark.

The KelmanTM Quadraflex^{TM*} anterior chamber lens from CILCOTM.



The KelmanTM QuadraflexTM anterior chamber lens is designed by Charles D. Kelman, M.D. and is lathe cut in a single piece from Perspex[®] CQ polymethylmethacrylate.

Diameter of the optic is 5.0 mm. The full range of diopter powers is available. Width of the superior footplate is 5.0 mm. Width of the inferior footplate is 6.0 mm. Sizes (overall diagonal length) range from 11.5 mm to 13.5 mm in 0.5 mm increments.

Videotape on implantation of the Kelman Quadraflex lens is available for loan from CILCO's United Kingdom office. Write or telephone for further information.

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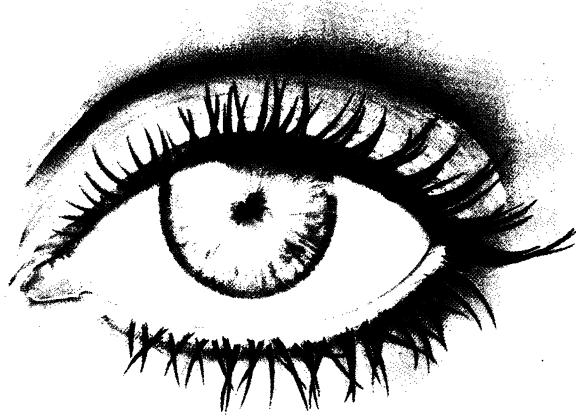
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*Patented

Many pilocarpine patients don't see the light of day



How many of your glaucoma sufferers still take pilocarpine and see life through a miotic haze?

Today, thanks to 'Timoptol', there's no good reason why they should. 'Timoptol' not only gives superior control of intra-ocular pressure in more patients than pilocarpine¹ but it does so without miosis and with a minimum of blurring, spasm or irritation²

Understandably, patients on lifetime glaucoma therapy really appreciate the change³; and they show it by being more ready to comply with treatment.

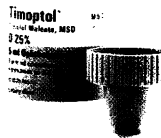
'Timoptol' is presented in a special Ocumeter[®] Dispenser which delivers a metered sterile dose.

One drop of 'Timoptol' twice daily gives day long control of glaucoma without the miotic problems of pilocarpine, helping glaucoma patients to view life in a dramatically different light.

References:

1. *Proceedings of the International Symposium on glaucoma XXIII International Congress of Ophthalmology*, Kyoto, Japan, May 12, 1978, p.41. 2. *ibid.*, p.29. 3. Doig, W.M. *Res & Clin. Forum.*, 1980, 2(1), p.167.

Ophthalmic Solution
Timoptol[®]
Timolol maleate, MSD
The bright one



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^{*} denotes registered trademark

Ophthalmic Solution **Timoptol**® The bright one Timolol maleate, MSD

INDICATIONS

Ophthalmic Solution 'Timoptol' (timolol maleate, MSD) is a non-selective beta-adrenoreceptor blocking agent used topically in the reduction of elevated intra-ocular pressure in various conditions including the following: patients with ocular hypertension; patients with chronic open-angle glaucoma including aphakic patients; patients with secondary glaucoma.

DOSAGE AND ADMINISTRATION

Recommended therapy is one drop 0.25% solution in the affected eye twice a day.

If clinical response is not adequate, dosage may be changed to one drop 0.5% solution in each affected eye twice a day. If needed, 'Timoptol' may be used with miotics, adrenaline or systemically-administered carbonic anhydrase inhibitors.

Intra-ocular pressure should be reassessed approximately four weeks after starting treatment because response to 'Timoptol' may take a few weeks to stabilise.

Provided that the intra-ocular pressure is maintained at satisfactory levels many patients can then be placed on once-a-day therapy. However, because of naturally occurring diurnal variations in intra-ocular pressure, satisfactory response is best determined by measuring the intra-ocular pressure at different times during the day.

Transfer from other agents

When only a single antiglaucoma agent is being used, continue the agent and add one drop of 0.25% 'Timoptol' in each affected eye twice a day. On the following day, discontinue the previous agent completely, and continue with 'Timoptol'. If a higher dosage of 'Timoptol' is required, substitute one drop of 0.5% solution in each affected eye twice a day.

When several antiglaucoma agents are being used, the patient should be assessed individually. It may be possible to discontinue some or all the other agents; adjustments should be made to one agent at a time.

Clinical trials have shown the addition of 'Timoptol' to be useful in patients who respond inadequately to maximum antiglaucoma drug therapy.

CONTRA-INDICATION

Hypersensitivity to Ophthalmic Solution 'Timoptol'.

PRECAUTIONS

Like other topically applied ophthalmic drugs, 'Timoptol' may be absorbed systemically.

'Timoptol' should be used with caution in patients with known contra-indications to systemic use of beta-adrenoreceptor blocking agents. These include bronchospastic disease, sinus bradycardia and greater than first degree heart block, cardiogenic shock, and cardiac failure. Patients with a history of severe cardiac disease should have their pulse rates checked.

Patients who are already on an oral beta-adrenergic blocking agent should be observed for a potential additive effect on either intra-ocular pressure or the known systemic effects of beta-blockade when given 'Timoptol'.

Although 'Timoptol' alone has little or no effect on pupil size, mydriasis has occasionally been reported when 'Timoptol' is given with adrenaline.

'Timoptol' has been generally well tolerated in glaucoma patients wearing conventional hard contact lenses; studies have not been conducted with patients wearing soft contact lenses.

There have been reports of skin rashes and/or dry eyes associated with the use of beta-adrenoreceptor blocking drugs. The reported incidence is small and in most cases the symptoms have cleared when treatment was withdrawn. Discontinuation of the drug should be considered if any such reaction is not otherwise explicable. Cessation of therapy involving beta-blockade should be gradual.

Use in pregnancy

'Timoptol' has not been studied in human pregnancy. The use of Ophthalmic Solution 'Timoptol' requires that the anticipated benefit be weighed against possible hazards.

Use in children

Since clinical studies in children have not been conducted, 'Timoptol' is not currently recommended for use in children.

SIDE EFFECTS

'Timoptol' is usually well tolerated.

Signs and symptoms of ocular irritation, including conjunctivitis, blepharitis, and keratitis have been reported occasionally. Visual disturbances including refractory changes (due to withdrawal of miotic therapy in some cases) have been reported infrequently.

Hypersensitivity reactions, including localised and generalised rash, and urticaria, have been reported rarely.

Aggravation or precipitation of certain cardiovascular and pulmonary disorders has been reported, presumably related to the effects of beta-blockade (see 'Precautions'). These include bradyarrhythmia, hypotension, syncope, and bronchospasm (predominantly in patients with pre-existing bronchospastic disease). In clinical trials, slight reduction of the resting heart rate in some patients (mean reduction 2.9 beats/minute, standard deviation 10.2) has been observed.

The following adverse effects have been reported rarely, and a causal relationship to 'Timoptol' has not been established: aphakic cystoid macular oedema, headache, anorexia, dyspepsia, nausea, dizziness, CNS effects (fatigue, confusion, depression, somnolence, and anxiety), palpitation, and hypertension.

PRESENTATION

Clear, colourless to light yellow, sterile eye drops, available as 0.25% and 0.5% w/v solution of timolol maleate. Each is presented in a special metered-dose Ocumeter® Dispenser containing 5 ml Ophthalmic Solution 'Timoptol'.

The United Kingdom NHS basic cost is:

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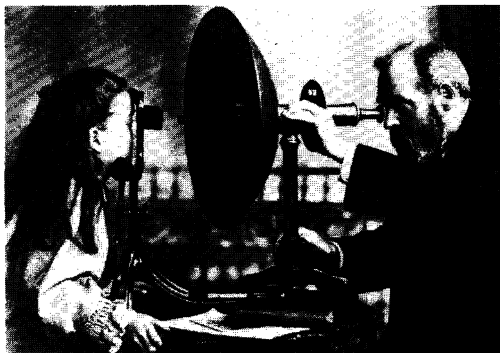
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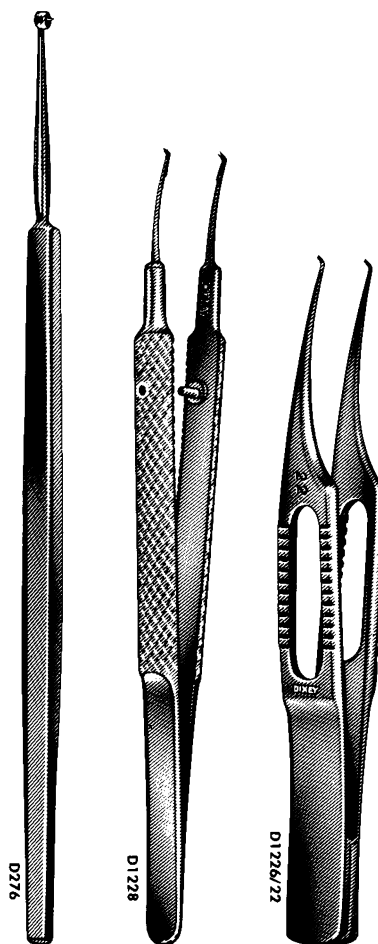
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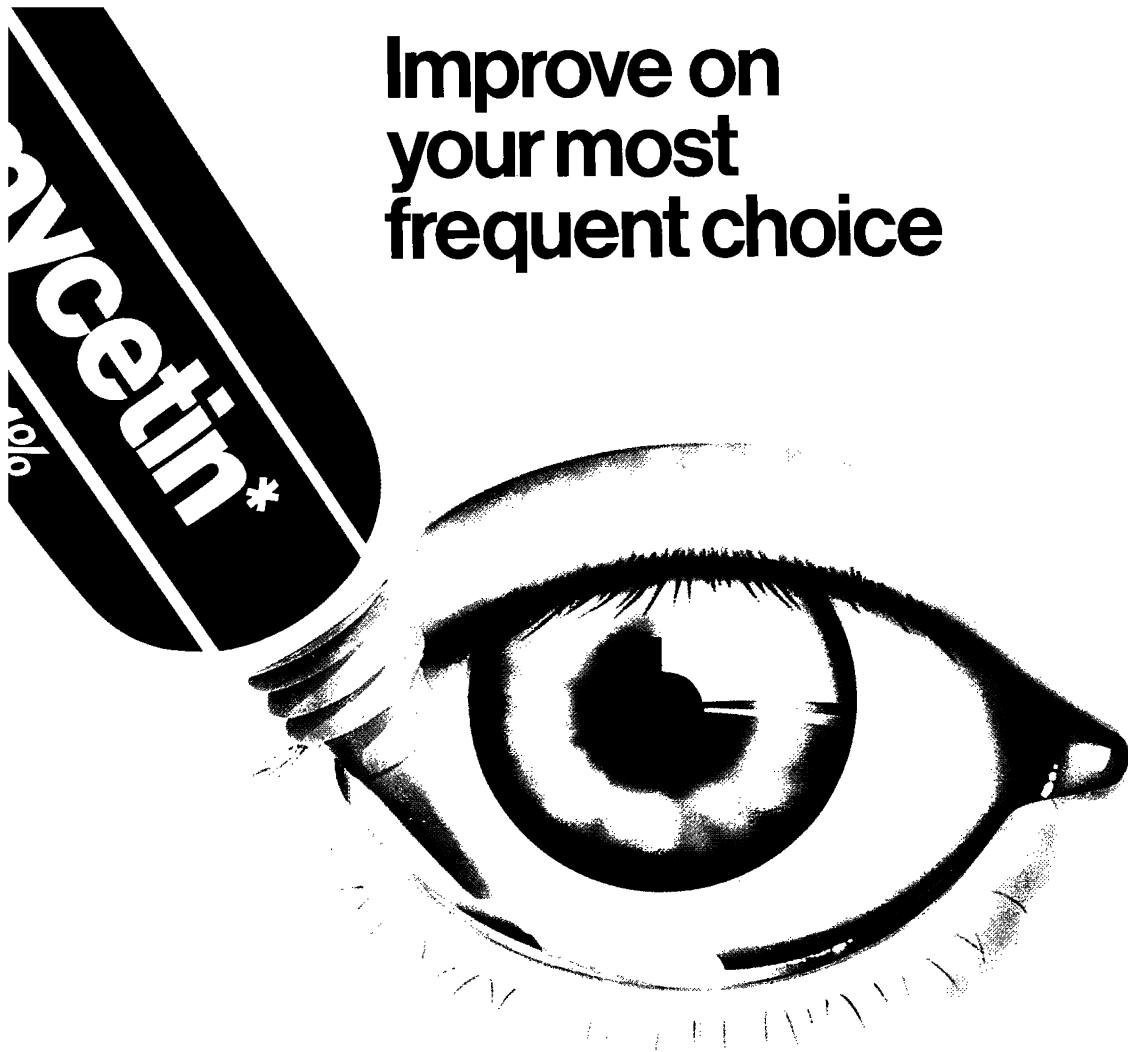
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