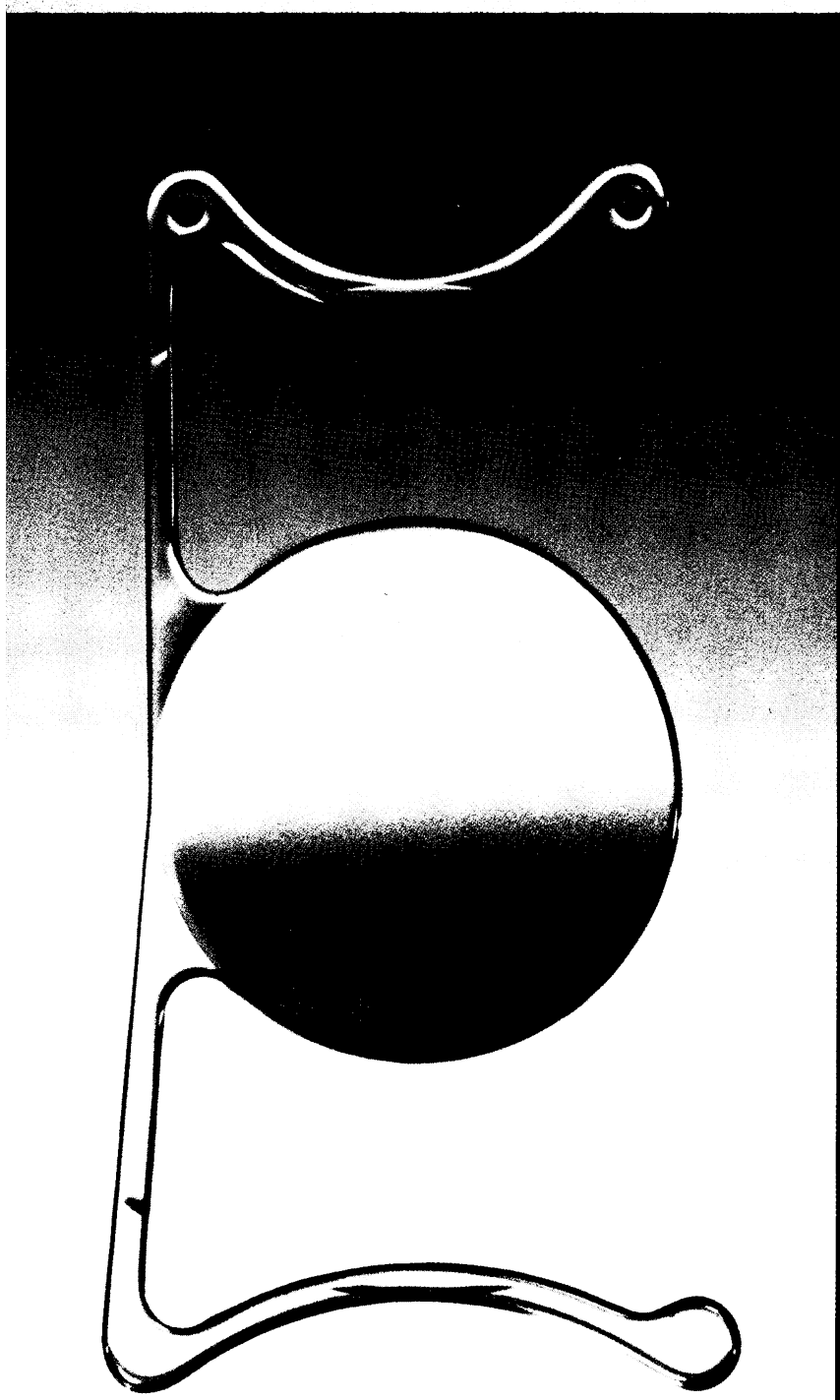
The Kelman™ Quadraflex™* anterior chamber lens from CILCO™.



The Kelman™ Quadraflex™ 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.

CILCO™

England: CILCO, Inc., 3 Waterdene House, Water Lane, Leighton Buzzard, Bedfordshire LU77AW
Telephone: (0525) 381122
TLX: 848 507

Europe, Middle East and Africa:
CILCO SARL, 99 rue Georges Clemenceau, Cannes, France 06400
Telephone: (93) 38 06 99
TLX: 470 900

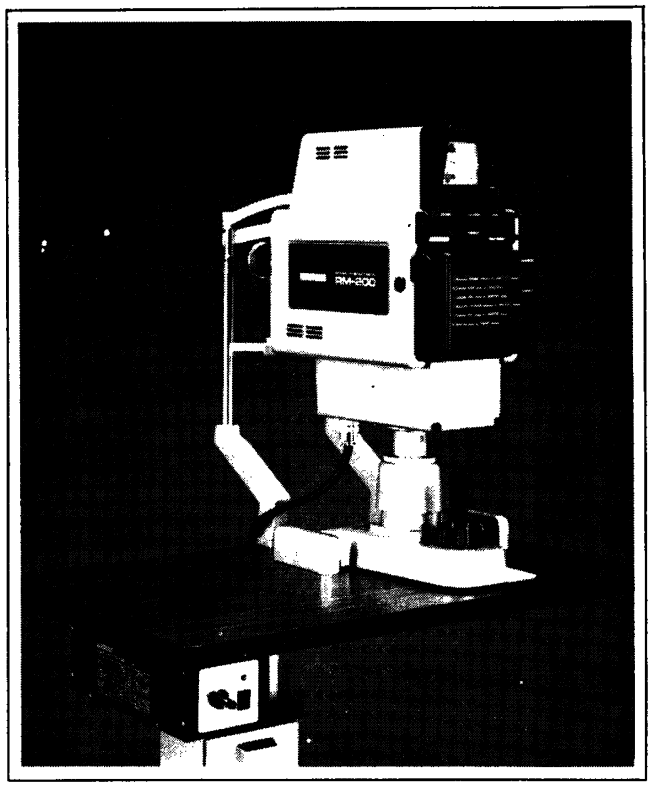
Australia: A.O. Medical Company
51 Stead Street
South Melbourne 3205, Victoria
Telephone: Melb. 690 2608
TLX: SLE MED 35763

Canada: CILCO Canada, Simcoe Building
Suite 206, 345 Kingston Road
Pickering, Ontario L1V1A1
Telephone: 416/286-1416

U.S.A.: CILCO, Inc., 1616 13th Avenue
Huntington, West Virginia 25701
Telephone: 304/697-4422
TLX: 886 453

*Patented

topcon
eye refractometer
RM-200



An objective refractor, using a T.V.-monitor for accurate and rapid alignment, the RM-200 relies upon a micro-computer with the results displayed digitally and in print-out form. One position two-axes measurement simplifies the operation without sacrificing accuracy. Soft light is utilized, thus not contracting the patient's pupil or causing discomfort.

TOPCON

European Distribution Centre: Topcon Europe B.V.
Groothandelsgebouw. P.O. Box 29039. 3001 GA Rotterdam
The Netherlands. Tel. 010 - 127279/147691. Telex: 23783

Keeler

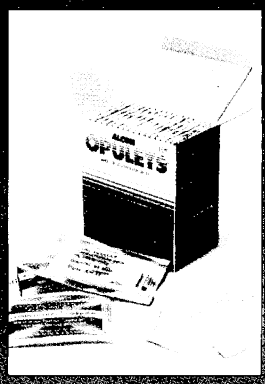
Exclusive distributor in
United Kingdom:
Keeler Instruments Ltd., 21/27 Marylebone Lane, London W1M 6DS
Tel: 01-935 8512. Telex: 847565

Non-returnable

new from ALCON

OPULETS

true, single-dose, sterile eye drop system



- Snap-off non-returnable cap
- Minimal risk of contamination
- Dose measurement simplified
- Simplicity of application assured
- Economical

Opulets from Alcon — a true single dose, sterile eye drop system. Each sterile unit contains sufficient solution for just one dose and the non-returnable cap makes disposal essential. The risk of contamination is minimized, dose measurement is simplified and ease of use is assured. Now available in packs of twenty: Chloramphenicol 0.5%, Cyclopentolate 1.0%, Fluorescein 1.0%, Sodium Chloride 0.9%, Atropine 1.0%, and Benoxinate 0.4%. Future additions to the range will be made at regular intervals.

ALCON

a reputation for excellence

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AN IMPORTA
IN THE TR
OF HERPES SIMF

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

NT ADVANCE
:ATMENT
_EX INFECTIONS

NEW

ZOVIRAX* OPHTHALMIC OINTMENT

ACYCLOVIR

The effective, more selective antiviral

* Trade Mark

Wellcome

THE FIFTH INTERNATIONAL VISUAL FIELD SYMPOSIUM

(Sponsored by the International Perimetric Society)

will be held in Sacramento, California

October 20-23, 1982

A call for papers is requested for the following topics:

- Visual fields in low tension glaucoma
- Correlations between the optic disk and visual fields in glaucoma
- New psychophysical techniques in neuro-ophthalmology
- Automated perimetry
- Free papers

Abstracts should be written in English and include the title, authors, affiliation and a 100-200 word summary of the paper.

In addition to the scientific sessions, social activities and a spouse's program have been planned.

Abstract deadline: *March 1, 1982*
Please send abstracts to:

Anders Heijl, M.D.
Secretary, I.P.S.
Department of Ophthalmology
The University of Lund
Malmo General Hospital
S-21401 Malmo, Sweden

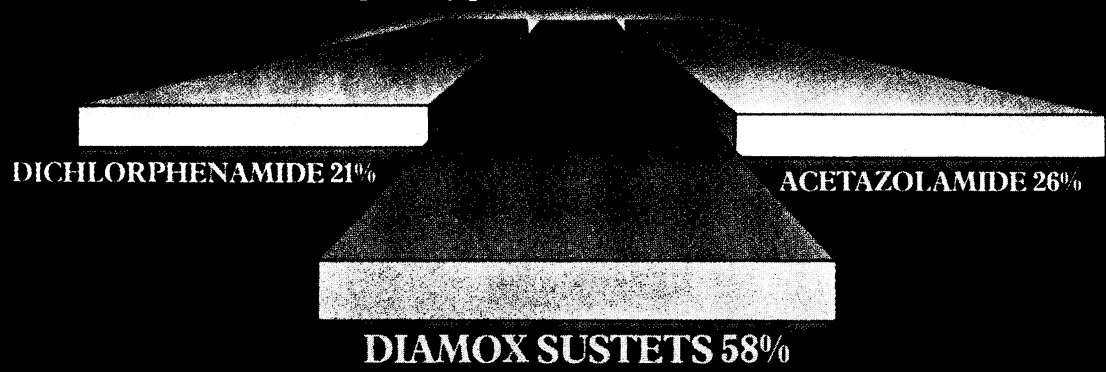
For registration and meeting information contact:

John L. Keltner, M.D. or
Chris A. Johnson, Ph.D.
Co-Hosts, Fifth IVF Symposium
Department of Ophthalmology
University of California
Davis, CA 95616 U.S.A.

MOST ACCEPTABLE

Diamox Sustets – sustained release acetazolamide has a far longer duration of effect in glaucoma than any other treatment. Diamox Sustets provides smooth and predictable control of intra-ocular pressure – with significant reduction in the adverse effects associated with systemic therapies for this condition.[1]

Diamox Sustets, with a simple b.d. dosage is well accepted by patients.....



.....and physicians, alike.

"Fifty-eight percent of the patients could be expected to tolerate [Diamox Sustets] beyond six weeks.... This is greater than any of the other agents. ...it seems worthwhile to begin treatment with this drug at the dosage levels used in this study".[2]

Diamox* Sustets*

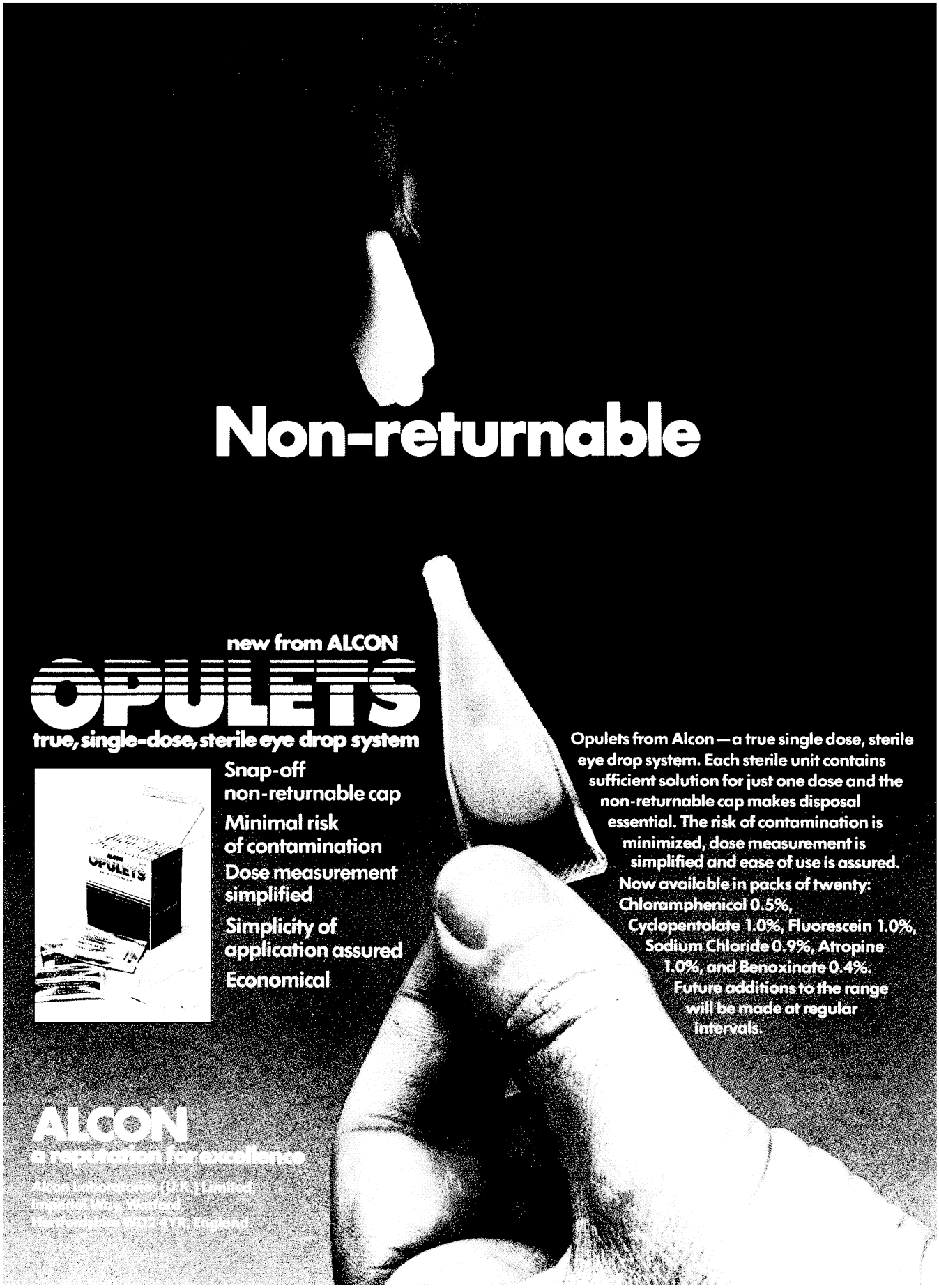
acetazolamide

THE SYSTEMIC TREATMENT FOR GLAUCOMA

INDICATIONS Glaucoma. **DOSAGE Adults:** One capsule at night and in the morning. **Contra-indications:** Idiopathic renal hyperchloraemic acidosis. Addison's disease or all types of suprarenal gland failure. Long-term administration in patients with chronic congestive angle-closure glaucoma. **Precautions:** The patient should be cautioned to report any unusual skin rash. Periodic blood cell counts are recommended. The transitory loss of hearing calls for immediate cessation of medication. **Side-effects:** Drowsiness, paraesthesia of extremities and face may occur. Diamox is a sulphonamide derivative and therefore some side-effects similar to those caused by sulphonamides have occasionally been reported. **Drug interactions:** Possible potentiation of the effects of folic acid antagonists, hypoglycaemics and oral anticoagulants may occur. **Package quantities:** Transparent orange capsules each containing 500mg. of acetazolamide and printed 'Lederle 4309' in bottles of 30, 100 and 500. **Basic N.H.S.** cost: £21.70 per 100. PL 0095/5074.

*Trademark. **References:** 1. Garner, L.L. et al. Amer. J. Ophthalmol, 1963, 55, (2), 323-327. 2. Lichter, P.R. et al. Amer. J. Ophthalmol, 1978, 85, (4), 495-502.

Lederle Laboratories. A division of Cyanamid of Great Britain Limited. Fareham Road, Gosport, Hampshire PO13 0AS. Tel. no. (0329) 236131.


Non-returnable
new from ALCON
OPULETS
true, single-dose, sterile eye drop system
Snap-off non-returnable cap
Minimal risk of contamination
Dose measurement simplified
Simplicity of application assured
Economical
Opulets from Alcon—a true single dose, sterile eye drop system. Each sterile unit contains sufficient solution for just one dose and the non-returnable cap makes disposal essential. The risk of contamination is minimized, dose measurement is simplified and ease of use is assured.
Now available in packs of twenty: Chloramphenicol 0.5%, Cyclopentolate 1.0%, Fluorescein 1.0%, Sodium Chloride 0.9%, Atropine 1.0%, and Benoxinate 0.4%.
Future additions to the range will be made at regular intervals.
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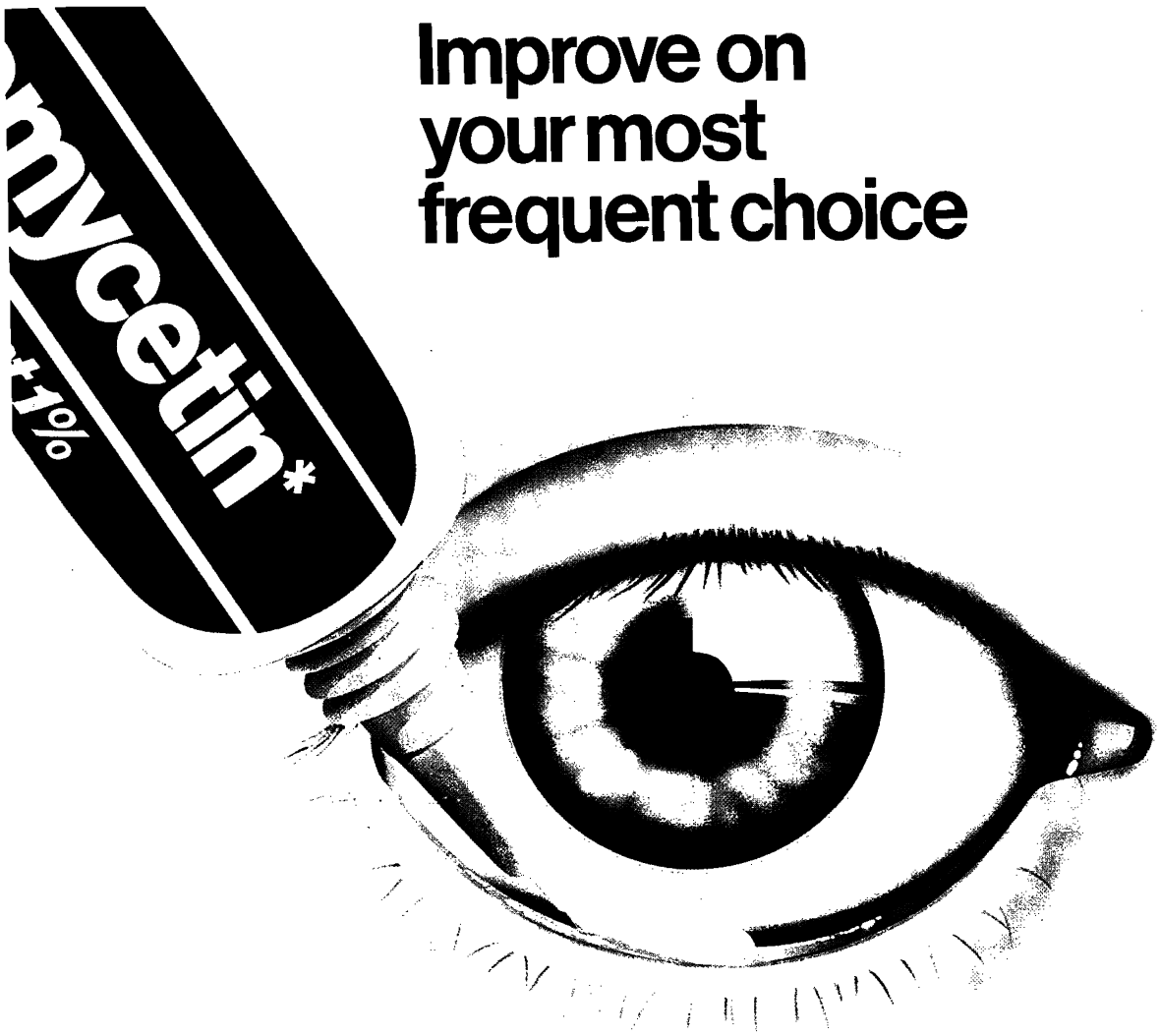
Improve on your most frequent choice



This blue nozzle† makes it easier to apply

Chloromycetin

chloramphenicol eye ointment BP

Ophthalmic ointment

Further information (including data sheet) is available on request:
Parke, Davis and Company, Usk Road, Pontypool, Gwent NP4 0YH. Tel: Pontypool (04955) 2468.

Chloromycetin and the device showing a tube having a blue nozzle are the trade marks of Parke, Davis and Company for ophthalmic preparations containing chloramphenicol. † Blue Nozzle patent no. 8018334 pending.

P456-UK-May 81

PARKE-DAVIS

SMITH & NEPHEW PHARMACEUTICALS LTD. OPHTHALMOLOGICAL PRODUCTS

Sno® pilo

Pilocarpine Hydrochloride B.P.

FOR THE TREATMENT OF GLAUCOMA

Improved therapeutic activity with
increased patient acceptability.
Five strengths for flexibility in treatment.

Sno pilo, supplied as a sterile ophthalmic solution of Pilocarpine Hydrochloride B.P., is presented in a 10ml plastic dropper bottle. There are five strengths available 0.5% w/v, 1.0% w/v, 2.0% w/v, 3.0% w/v and 4.0% w/v.

DOSAGE AND ADMINISTRATION

ADULTS: One or two drops to be instilled into each eye 4 times daily, or as prescribed by the consultant.
CHILDREN: At the discretion of the physician.

CONTRA-INDICATIONS AND WARNINGS ETC.

CONTRA-INDICATIONS. Sno-Pilo is contra-indicated where pupillary constriction is undesirable, e.g. in cases of acute iritis.
SIDE EFFECTS. Ciliary spasm with a temporary reduction of visual acuity occurs. Sensitivity is only rarely observed but if reaction occurs the use of the drops should be discontinued.

PL 33/64-68

information is available from

SMITH & NEPHEW
Pharmaceuticals Ltd

Essex, RM3 0SL, England

New from Glaxo

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 (in plastic dropper bottles)	5ml	1·80
	10ml	3·33
Eumovate-N Eye Drops (in plastic dropper bottles)	5ml	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

which product produces the following effects?

Mydriatic
Miotic
Local anaesthetic
Antibiotic
Staining
Irrigating

MINIMS™

THE COMPLETE RANGE OF SINGLE USE EYE DROPS

MYDRIATICS AND CYCLOPLEGICS

Atropine Sulfate Ph. Eur | 1% | 2% |

Cyclopentolate Hydrochloride B.P. | 0.1% | 0.5% | 1% |

Homatropine Hydrobromide Ph. Eur. | 1% | 2% |

Hyoscine (Scopolamine) Hydrobromide Ph. Eur. | 0.2% |

Phenylephrine (Metaoxedrine) Hydrochloride B.P. | 10% |

Tropicamide B.P. | 0.5% | 1% |

MIOTICS

Pilocarpine Nitrate Ph. Eur. | 1% | 2% | 3% | 4% |

LOCAL ANAESTHETICS

Amethocaine (Tetracaine) Hydrochloride Ph. Eur. | 0.5% | 1% |

Benoxinate (Oxybuprocaine) Hydrochloride | 0.4% |

COMBINED LOCAL ANAESTHETIC AND STAIN

Lignocaine (Lidocaine) Hydrochloride Ph. Eur. | 4% |

& Fluorescein Sodium B.P. | 0.25% |

STAINS

Fluorescein Sodium B.P. | 2% |

Rose Bengal | 1% |

ANTIBACTERIALS

Chloramphenicol Ph. Eur. | 0.5% |

Neomycin Sulfate Ph. Eur. | 0.5% |

Sulfacetamide Sodium B.P. | 10% |

MISCELLANEOUS

Sodium Chloride Ph. Eur. | 0.9% |

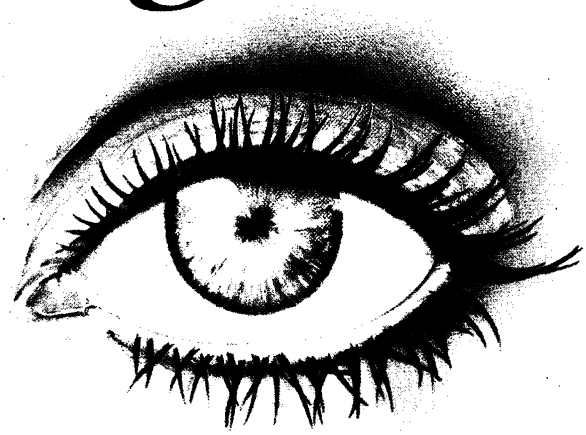
Castor Oil B.P. | 100% |

New comprehensive booklet and wallchart available on request.

Full prescribing information is available from

S&N SMITH & NEPHEW Pharmaceuticals Ltd | BESSEMER ROAD, WELWYN GARDEN CITY, HERTFORDSHIRE ENGLAND AL7 1HF.
Telephone: WELWYN GARDEN (070 73) 25151, Telex: 23969

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 pilocarpine[1] but it does so without miosis and with a minimum of blurring, spasm or irritation[2]

Understandably, patients on lifetime glaucoma therapy really appreciate the change[3] 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. Forums.*, 1980, *2* (1), p.167.

Ophthalmic Solution

Timoptol®

Timolol maleate, MSD

The bright one

MSD MERCK SHARP DOHME Merck Sharp and Dohme Limited, Hoddesdon, Hertfordshire, EN11 9BU

6.82TOT81.GB.7924.J

For prescribing information see next page.

SMITH & NEPHEW
Pharmaceuticals Ltd.
Bessemer Road, Welwyn Garden City, Hertfordshire, England AL7 1HF. Tel: (070 73) 25151

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 Poinoosawmy D. Double-masked cross-over comparison of Ganda 1.02 (Guanethidine 1% and Adrenaline 0.2% mixture) with Guttae 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. Ophthal. 213, 175-185.

for strabismus surgery synthetic absorbable

Coated VICRYL*

(polyglactin 910) sutures

- **Controlled Knot Placement**
- **Smooth passage through tissue**

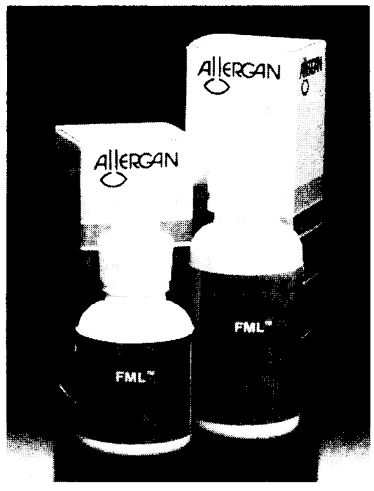
The benefits of Coated VICRYL (Polyglactin 910) are of particular value when used in Strabismus surgery. The coating permits easy placement of the suture with minimal drag through muscle or scleral tissues. The suture will not lock prematurely on the knot. A square or reef knot can be eased into the correct position prior to it being locked securely with extra throws enabling accurate approximation to be achieved easily and consistently.

ETHICON

Ethicon Ltd., PO Box 408, Bankhead Avenue, Edinburgh EH11 4HE, Scotland.

FML, the potent steroid, that's gentle on pressure.

FML (FLUOROMETHOLONE) LIQUIFILM STERILE OPHTHALMIC SUSPENSION. Abbreviated Prescribing Information. **Uses.** Topical ophthalmic suspension for steroid responsive inflammation of the palpebral 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. **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. *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 those diseases causing thinning of the cornea or sclera, perforation has been known to occur with use of topical steroids. This preparation contains benzalkonium chloride and should be used with caution in association with hydrophilic contact lenses. *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. *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. Legal Category: POM. Basic NHS cost: £1.62 for 5ml, £2.57 for 10ml. Product Licence No: 0426/0028. References: 1. Kupferman and Leibowitz, Arch. Opthal., Vol 93:1011-3, Oct 1975. 2. Fairbairn and Thorson, Arch. Ophthal., Vol 86, 138-140, Aug 1971. 3. Mindel et al., Arch. Ophthal., Vol 98, 1577-8, Sept 1980. Further information is available from the Company. AU1.



FML has comparable efficacy to dexamethasone[1] and prednisolone[1,2] with less tendency to raise IOP than prednisolone[2], dexamethasone[3] or betamethasone.[2]

FML

ALLERGAN

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