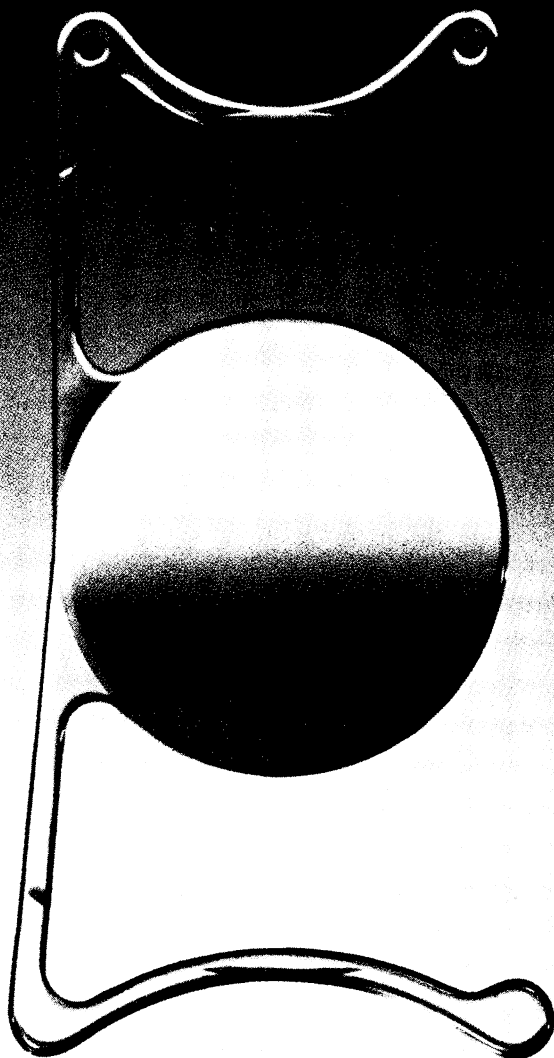


The Kelman™ Quadraflex™* anterior chamber lens from CILCO.™



The Kelman™ Quadraflex™ anterior chamber lens is designed by Charles D. Kelman, M.D. and is lathe cut in a single piece from Perspex® CO polymethylmethacrylate.

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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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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

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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 Superficial punctate keratopathy has been reported but has not resulted in patients being withdrawn from therapy, and healing has occurred without apparent sequelae.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)

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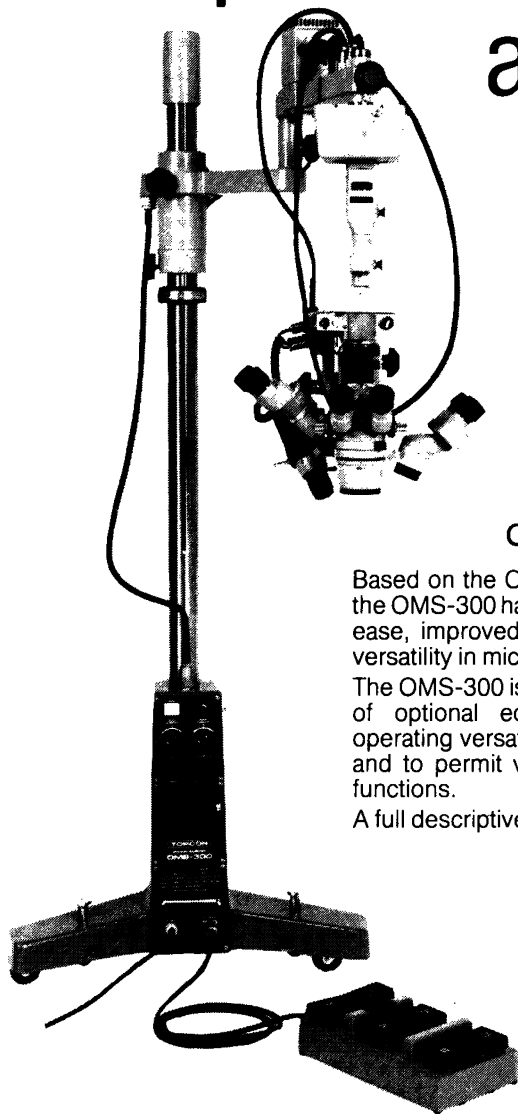
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TECHNICAL DATA

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First Congress

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September 30-October 2, 1982**

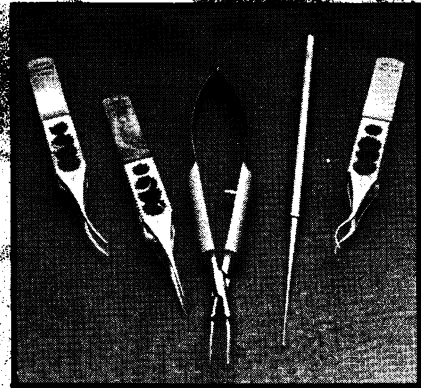
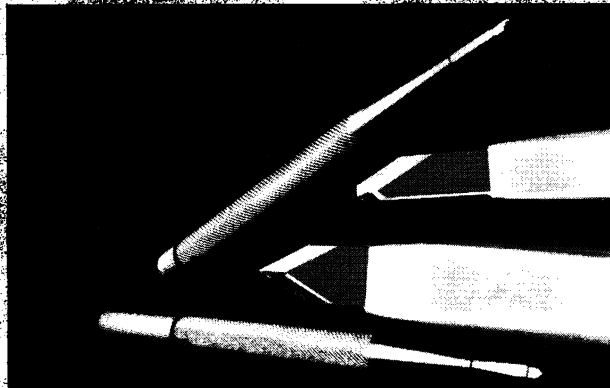
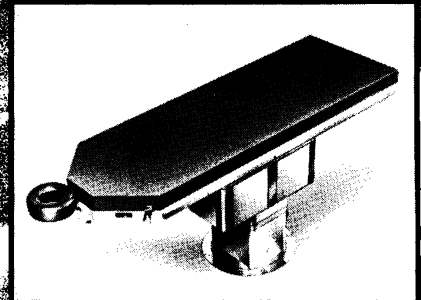
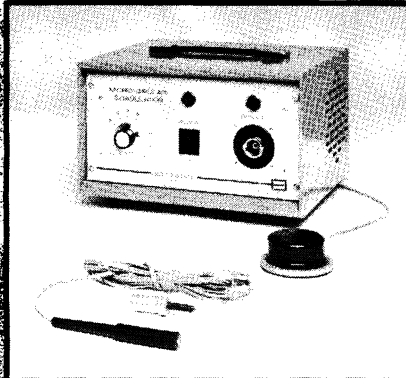
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*Trademark **References:** 1. Garner, L.L. et al. Amer. J. Ophthalmol. 1963, 55, 2: 323-327. 2. Lächter, P.R. et al. Amer. J. Ophthalmol. 1978, 85, 4: 495-502.



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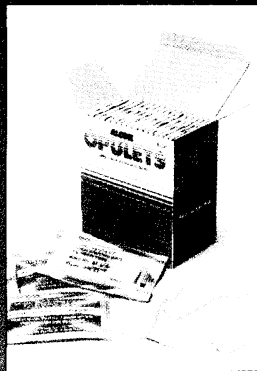
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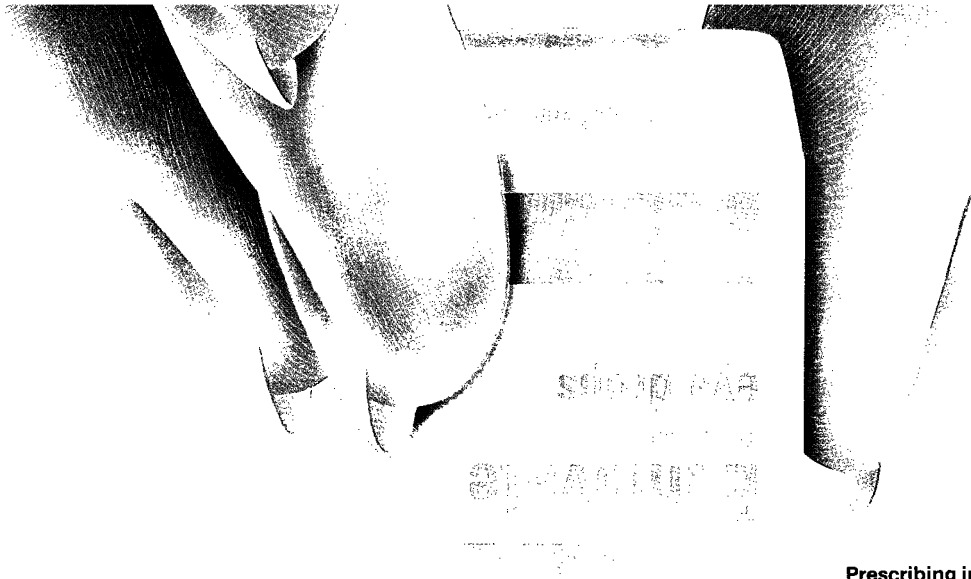
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Ramsell TG, Bartholomew RS, Walker SR. Br J Ophthalmol 1980; 64: 43-5.

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(clobetasone butyrate and neomycin)

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Product Licence numbers

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Eumovate-N Drops 4/0276

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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.

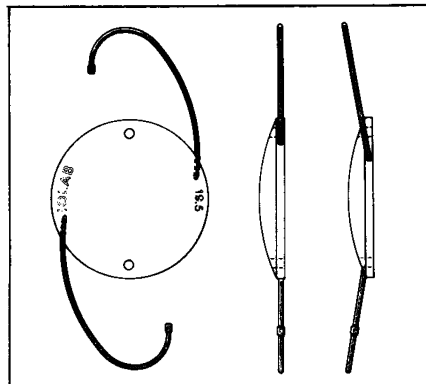
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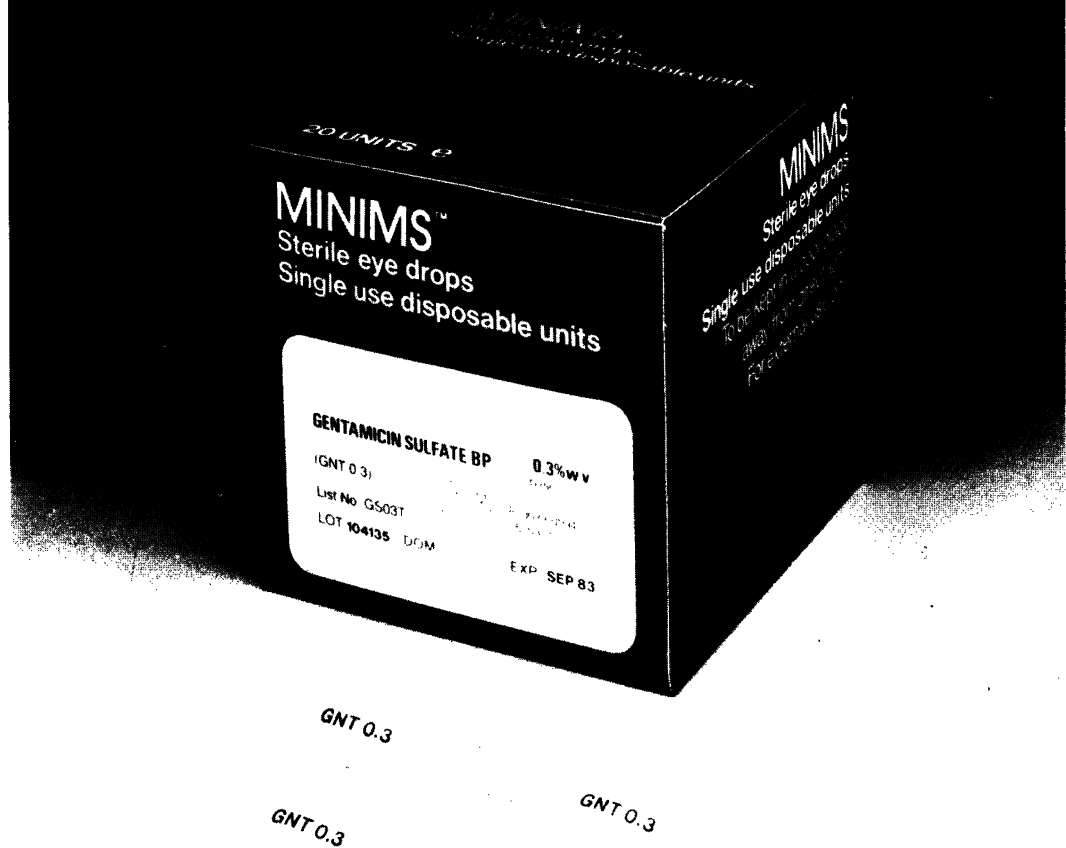


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* GENTAMICIN SULFATE BP \equiv 0.3% w/v base



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CONJUNCTIVITIS? BLEPHARITIS?



Ocular infections demand SNO[®] PHENICOL

Sno[®] phenicol contains Chloramphenicol Ph.Eur. 0.5%

- Chloramphenicol
- is a broad spectrum antibiotic
 - is well proven in ophthalmic use
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Sno[®] phenicol contains Polyvinyl alcohol

- Polyvinyl alcohol
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 - increases patient comfort
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Sno[®] phenicol is packed in a plastic bottle

- The plastic bottle
- ensures easy instillation
 - prevents breakages



DOSAGE AND ADMINISTRATION

Adult: 1 or more drops as required. Children: 1 drop as required.

CONTRA-INDICATIONS, WARNINGS, etc.

Treatment with chloramphenicol should be discontinued immediately if there are signs of allergy (usually localised drug rash).

This may be treated by topical hydrocortisone and/or antihistamines by mouth. This product is not intended as a long term treatment for dry eye syndromes.

PRODUCT LICENCE NUMBER

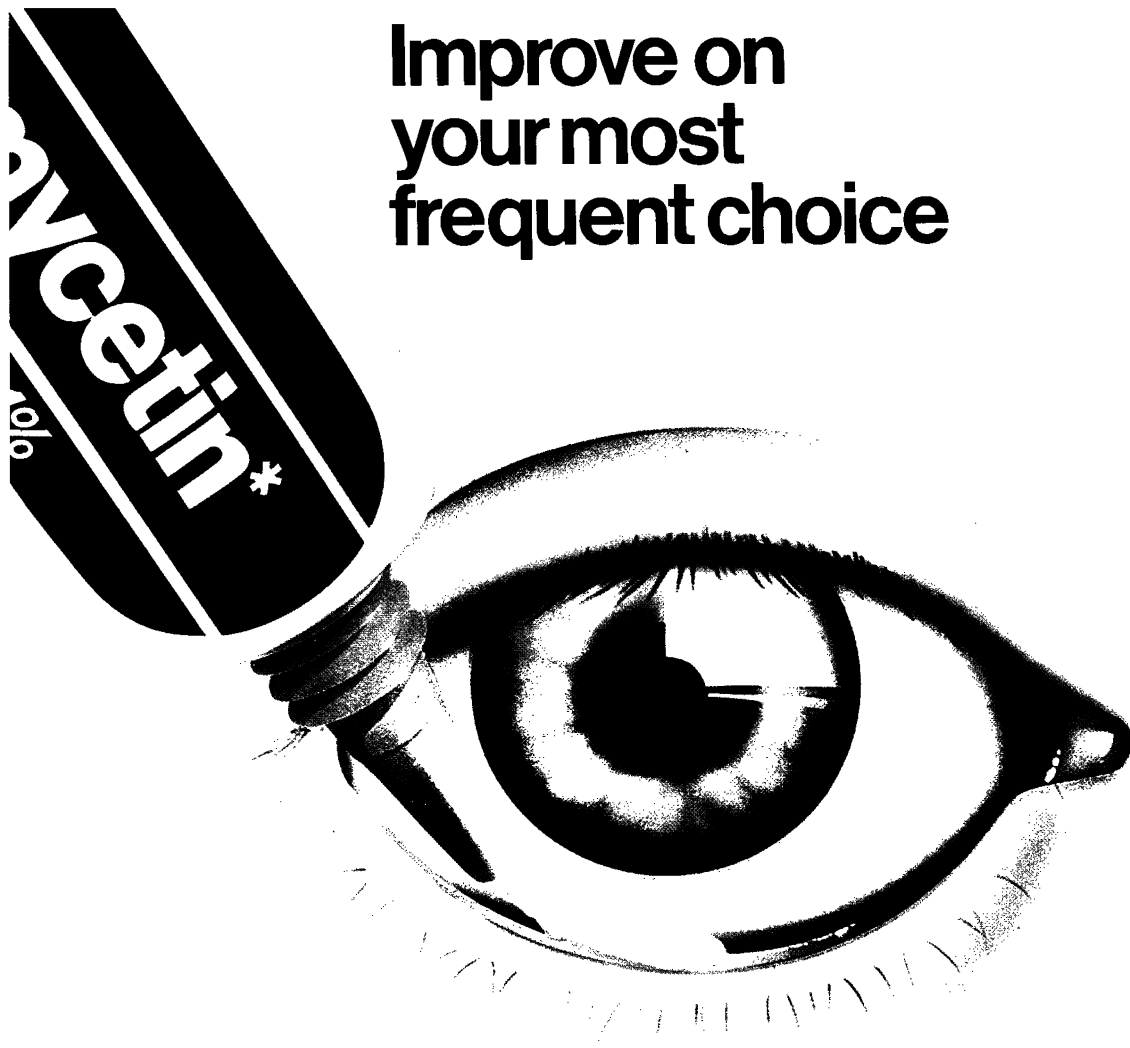
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This blue nozzle[†]
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Chloromycetin
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Ophthalmic ointment

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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-May81

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includes 19 different agents* for Mydriasis, Cycloplegia, Miosis, Local Anaesthesia, Staining, Antibacterial action and Irrigation.



when applicable more than one strength is available.



new additions are regularly introduced in order to meet the everchanging demands of ophthalmology.



each unit is individually overwrapped to ensure sterility at the time of use.

a comprehensive guide to the range is available from



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*The current Minims range comprises the following:-

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Maxidex is dexamethasone alcohol 0.1%. The free base is soluble in fat and water, allowing Maxidex to pass quickly through the corneal barriers to the site of inflammation.

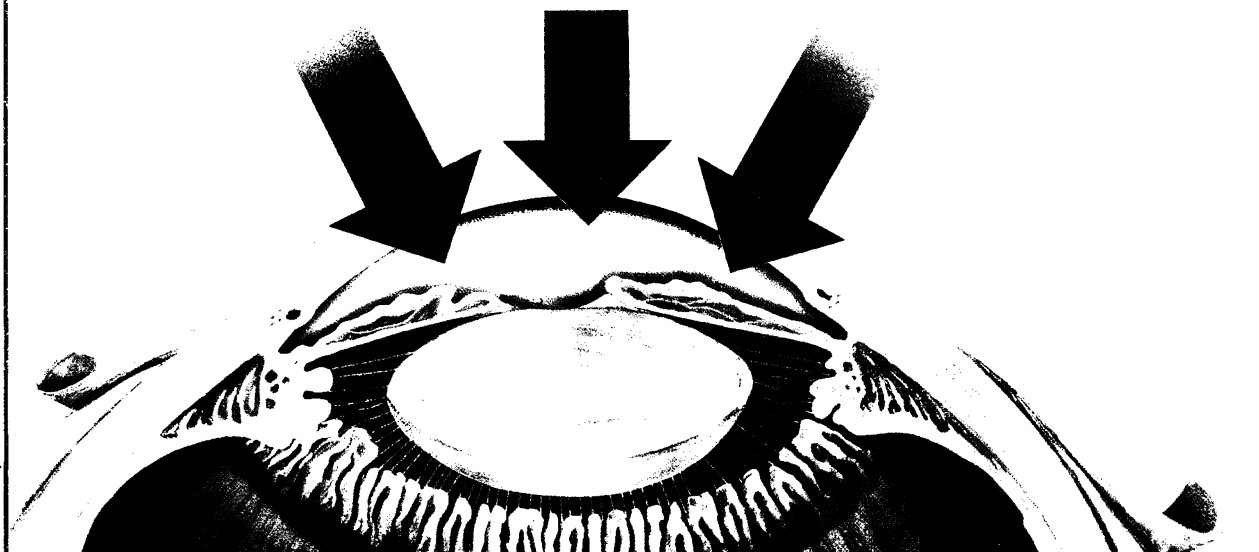
The Isopto vehicle in Maxidex resists tear wash-out and extends corneal contact time of the compound; thus increasing the amount of penetrating dexamethasone, enhancing the anti-inflammatory effect.



MAXIDEX[®]

Ophthalmic suspension
Dexamethasone 0.1%

fast relief from inflammation



Prescribing information

Presentation Dexamethasone 0.1% in a vehicle containing 0.5% hydroxypropyl methylcellulose, hypromellose. A sterile, isotonic, ophthalmic suspension. **Clinical Uses** Maxidex is indicated in the treatment of certain inflammatory conditions of the anterior segment: Acute and chronic anterior uveitis; iris iridocyclitis; cyclitis; herpes zoster ophthalmicus. External diseases: non-specific superficial keratitis; Phlyctenular keratoconjunctivitis; vernal conjunctivitis; allergic, bacterial and non-purulent conjunctivitis. Recurrent marginal ulceration of toxic or allergic aetiology. Thermal or chemical burns. Post-operatively to reduce inflammatory reactions. **Dosage and Administration** In severe to acute inflammations, 1 or 2 drops to be instilled into the eye every 30-60 mins. for at least 3-4 days or until a satisfactory response is made. Then every 2 to 3 hours for one to two weeks. If a favourable response is not obtained in 3-4 days subconjunctival or systemic therapy should be instituted. **Contra-indications** Herpes simplex and other viral diseases of the cornea and conjunctiva. Fungal disease, tuberculosis and acute purulent untreated infections. **Warnings** Extended use of topical steroids may increase intraocular pressure which should be checked frequently. In those diseases causing thinning of the cornea, perforation has been known to occur with the use of topical steroids. If the inflammation does not respond within a reasonable period other forms of therapy should be instituted. If any reaction indicating sensitivity is observed, discontinue use. In cases of bacterial infections, concomitant use of antibiotics, or chemotherapeutics is mandatory. Intensive or prolonged topical corticosteroid therapy is a possible factor in the formation of posterior subcapsular cataracts. **Pregnancy Warning** Although topical steroids have not been reported to have an adverse effect on pregnancy, the safety of their use in pregnancy has not been absolutely established, therefore it is advisable not to use this product for long term treatment of pregnant patients. **Pharmaceutical Precautions** Maxidex should be stored in a cool place away from direct sunlight. Keep the container tightly closed. The contents should be discarded one month after opening. Shake well before using. **Legal Category** P¹ (S.A.) **ECOM** **Package Quantity** 5 ml and 15 ml containers. **Further Information** Maxidex eye drops are contained in an unbreakable semi-rigid plastic dropper bottle with a screw-on cap, containing 5 ml or 15 ml of the preparation. This container bears the label and is itself in a red capped plastic outer. Maxidex is a highly penetrating form of dexamethasone, a 0.1% microfine suspension especially formulated to provide maximum corneal absorption. **Product Licence** 6649-5594. **Product Licence Holder** Alcon Laboratories (UK) Limited, Imperial Way, Watford, Hertfordshire. Additional information available on request.

Alcon Laboratories (UK) Limited, Imperial Way, Watford, Hertfordshire, WD2 4YR. Telephone: Watford 46133. Telex: 923709. Cable: Alcon, Watford.

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- Builds tear film back to normal thickness**
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an excellent choice
in dry eye therapy

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Further information is available from Alcon Laboratories (U.K.) Ltd., Imperial Way, Watford, Herts. WD2 4YR. Telephone: Watford 46133. Telex: 923709. Cable: Alcon, Watford.

P.L. 0649/0031.

A high-contrast, grainy black and white image of a person's face, possibly a woman, looking directly at the camera. The image is heavily stylized with a high level of contrast, resulting in a loss of fine detail. A prominent, bright white circle is positioned on the bridge of the nose. The overall texture is very noisy and speckled.

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There's no doubt that 'Timoptol' has positive advantages over pilocarpine in the treatment of glaucoma, and particularly in established patients. 'Timoptol' offers superior control of intra-ocular pressure throughout 24 hours, and avoids the disturbing side effects of pilocarpine, such as pupil constriction.

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Ophthalmic Solution

Timoptol[®]
Timolol maleate, MSD



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For prescribing information, please see eye leaflet

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Ophthalmic Solution

Timoptol[®]
Timolol maleate, MSD

ABRIDGED PRODUCT INFORMATION

Full prescribing information is available on request and should be consulted before prescribing.

USES

Elevated intra-ocular pressure including: ocular hypertension, chronic open-angle glaucoma (including aphakia); secondary glaucoma.

DOSAGE AND ADMINISTRATION

Usually one drop 0.25% solution in affected eye twice a day. If necessary change to one drop 0.5% solution twice a day.

CONTRA-INDICATIONS

Bronchospasm, bronchial asthma, chronic obstructive pulmonary disease. Uncontrolled cardiac failure. Hypersensitivity.

PREGNANCY

Not studied; weigh benefit against possible hazards.

PRECAUTIONS

'Timoptol' may be absorbed systemically.

Known contra-indications to systemic use of beta-blockers require caution. These include sinus bradycardia, greater than first-degree block; cardiogenic shock; diabetes. Cardiac failure should be adequately controlled before prescribing. History of severe cardiac disease requires monitoring for cardiac failure and checking of pulse rates. There have been reports of skin rashes and/or dry eyes associated with beta-blocking drugs; discontinuation should be considered.

Patients receiving a beta-blocker orally and 'Timoptol' may experience an additive effect on IOP or on known systemic effects of beta-blockade.

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Children

Not currently recommended.

SIDE EFFECTS

Ocular irritation, including conjunctivitis, belpharitis, and keratitis reported occasionally. Visual disturbances reported infrequently. Rash and urticaria reported rarely.

Certain cardiovascular, pulmonary and other disorders reported, including bradyarrhythmia, hypotension, syncope, and bronchospasm. Respiratory failure, congestive heart failure and, in diabetics, masked symptoms of hypoglycaemia reported rarely. Slight reduction in resting heart rate observed.

Rare effects reported are aphakic cystoid macular oedema, headache, dry mouth, anorexia, dyspepsia, nausea, dizziness, CNS effects, palpitation, and hypertension.

BASIC NHS COST

0.25% Ophthalmic Solution 'Timoptol', £5.18 per 5 ml pack.

0.5% Ophthalmic Solution 'Timoptol', £5.82 per 5 ml pack.

PRODUCT LICENCE NUMBERS

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Issued February 1982.



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No independent surgery required.

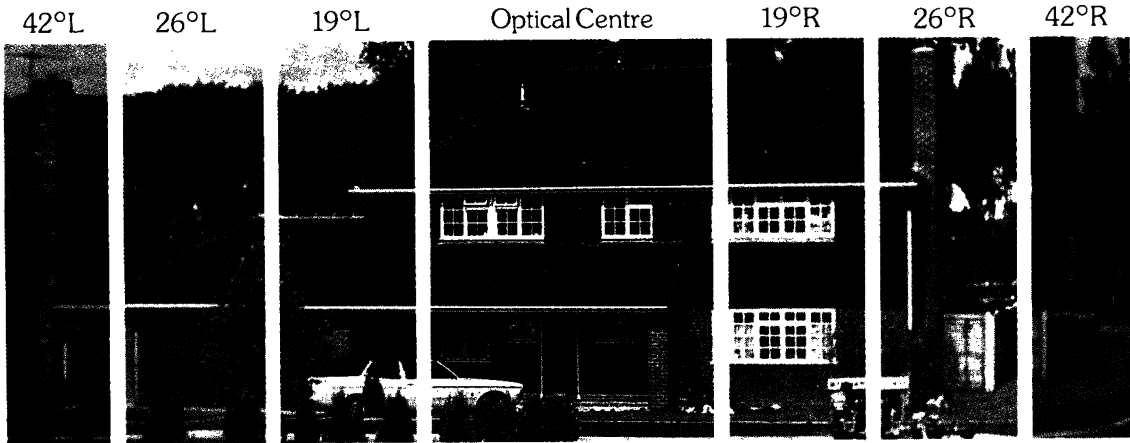
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Canadian L.M.C.C. Certificate necessary.

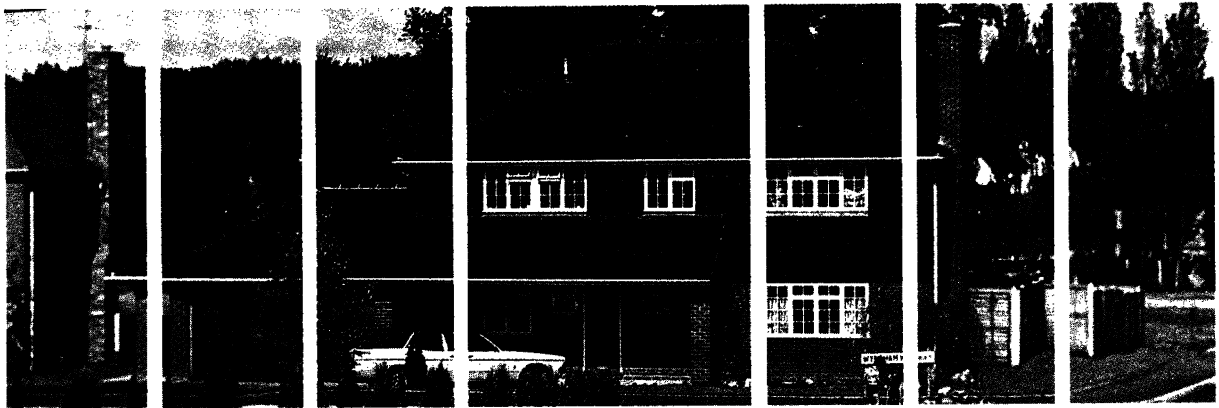
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full field lenses



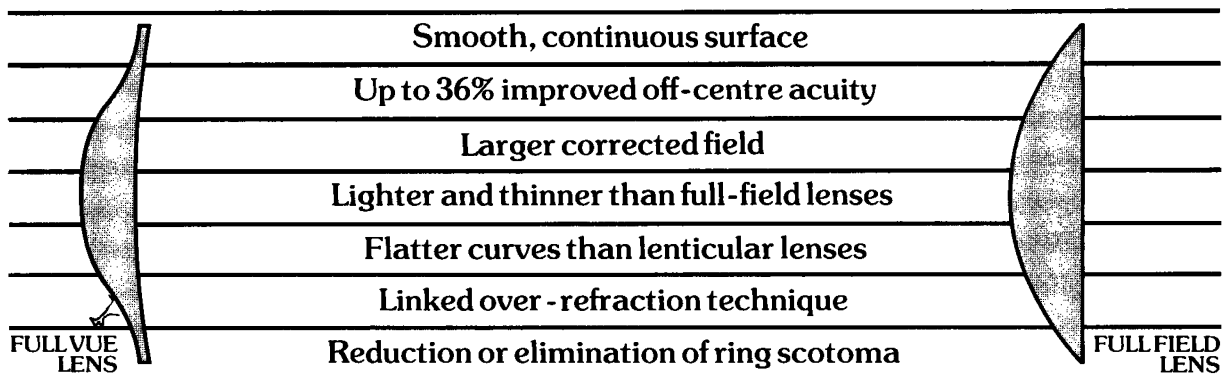
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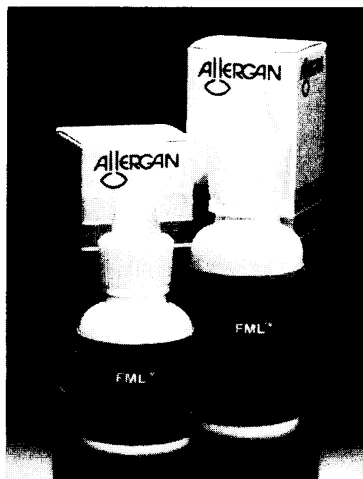


Further information is available on request.

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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. Ophthalmol., Vol 93:1011-3, Oct 1975. 2. Fairbairn and Thorson, Arch. Ophthalmol., Vol 86: 138-140, Aug 1971. 3. Mindel et al., Arch. Ophthalmol., Vol 98: 1577-8, Sept 1980. Further information is available from the Company. AL/1.



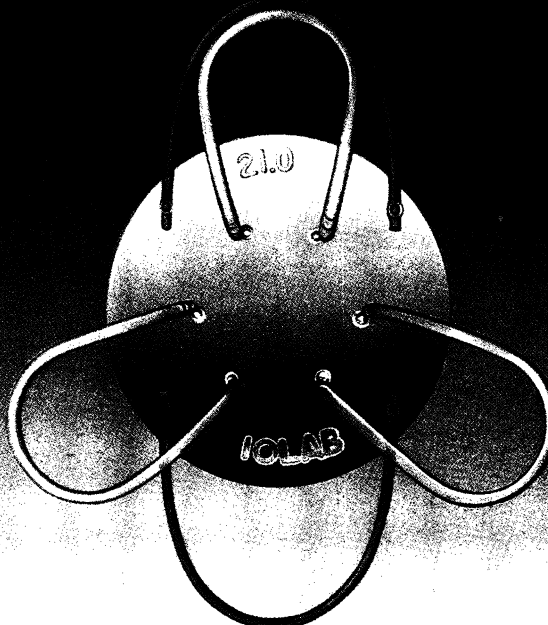
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FML



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INTRACAPSULAR AND EXTRACAPSULAR POSTERIOR CHAMBER LENS



*IOLAB Model 103S
designed in cooperation with
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IOLAB MODEL 103S

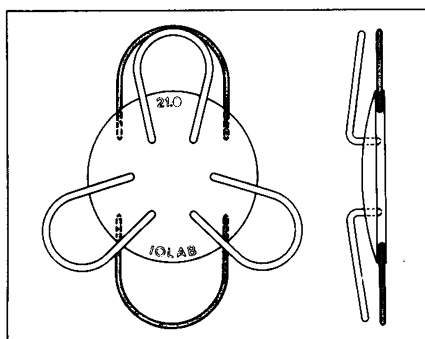
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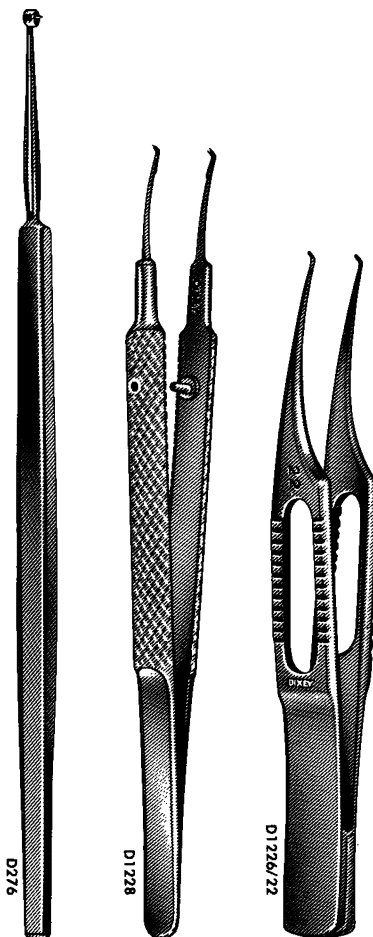
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Applications are invited for the following:

(1) Friends of Moorfields Research Fellowship in Ophthalmology

The Fellowship is open to nationals of any country for a period of one year from 1st September, 1982. The Fellowship is tenable at Moorfields Eye Hospital and the Institute of Ophthalmology.

Candidates are asked to indicate the nature of ophthalmic research which they would propose to undertake.

(2) Francis and Renee Hock Fellowship in Retinal Disease

The Fellowship is open to nationals of any country for a period of one year from 1st September, 1982, and is for research into retinal disease.

Candidates are asked to state the extent of their experience and interest in the research aspects of surgical and medical retinal disease.

The value of the Fellowships will be up to £12,000 for the year according to the experience of the successful candidates. Candidates will be expected to have completed their basic ophthalmic training and to be of senior registrar status, or research workers of similar status.

Application forms and further details are obtainable from and should be returned to the House Governor, Moorfields Eye Hospital, City Road, London EC1V 2PD by 31st May, 1982.

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A conference on the current state of eye health
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Further Information:

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Wills Eye Hospital
150th Anniversary 1832-1982
A Time for Vision

**University of The Witwatersrand, Johannesburg
Johannesburg Hospital and Baragwanath Hospital
Transvaal Department of Hospital Services
Professor of Ophthalmology and Chief Ophthalmologist**

Applications are invited for the post of Sam and Dora Cohen Professor of Ophthalmology and Chief Ophthalmologist at the Johannesburg Hospital and the Baragwanath Hospital (St John Eye Hospital). The appointee will be on the Joint Staff of the University and the Johannesburg Hospital (Transvaal Provincial Administration). The appointee should be registrable as a specialist in Ophthalmology. Consideration will be given to applicants seeking a short-term contract appointment.

Duties are to be assumed on a date to be negotiated.

Salary will be R29,190 per annum. In addition, a non-pensionable allowance of R8,400 is payable for approved additional duties performed. (£1=R1.86 approximately.)

Interested persons should obtain the information sheet relating to this post from the Secretary, South African Universities Office, Chichester House, 278 High Holborn, London WC1V 7HE, or from the Director: Personnel Office, University of the Witwatersrand, Jan Smuts Avenue, Johannesburg 2001, South Africa, with whom applications should be lodged not later than 15 June 1982.

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Applications with curriculum vitae or requests for further details should be sent to:

**Dr. R. F. Kennedy,
Chief of Surgery,
The Dr. Charles A. Janeway Child Health
Centre,
Newfoundland Drive,
St. John's, Newfoundland,
Canada A1A 1R8**