

The Modified J-Loop posterior chamber lens from Cilco.



Cilco's SK20/21 lens is lathe cut from Perspex[®] CQ polymethylmethacrylate, the intraocular lens material providing a 30-year history of evaluation in the eye. All surfaces, even the tips of the



Scanning electron micrographs taken by Alan F. Pooley, Ph.D., Peabody Museum, Yale University.

the Prolene[™] loops, are polished to absolute smoothness by proprietary procedures. The scanning electron micrographs shown here demonstrate just how smooth the Cilco lens edge and loop tips are. Please contact your Cilco office for additional information or videotape on implantation.

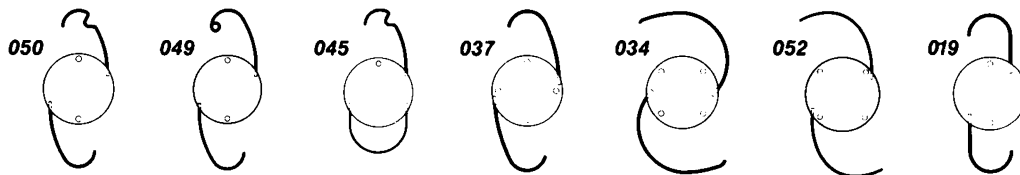
CILCO

U.K., Ireland and Scandinavia: CILCO, Inc., 3 Waterdene House, Water Lane, Leighton Buzzard, Bedfordshire LU77AW, England • Telephone: (0525) 381122; U.S.A.: CILCO, Inc. 1616 13th Avenue, Box 1680, Huntington, WV 25717 • Telephone: 304-697-4422; Australia • Canada • Europe, Middle East and Africa • Japan and Korea • Latin America • W. Germany.

New confidence.

Intraocular lenses. Ten years ago they were virtually unheard of. Today intraocular lenses are rapidly supplanting the use of spectacles and contact lenses for the correction of aphakia. This dramatic increase is born of new confidence in intraocular lenses. Confidence in their established efficacy, safety and ease of implantation. Confidence in their developers, leaders in the field, Intermedics Intraocular.

Intermedics Intraocular has the largest range of clinically proven posterior chamber lenses available. Each lens is precision lathe cut and meticulously finished to the highest quality standards. Dioptric powers from 8.0 to 28.0 in 0.5D increments satisfy virtually every patient's vision requirement. Your choice of angular or planar Prolene[®] polypropylene loops provide optimum



lens support, flexibility and durability.

Intermedics posterior chamber lenses are designed for ease of implantation. Our unique 'top notch' lenses, for example, can be easily placed in the posterior chamber using just one hand. The inferior loop is inserted

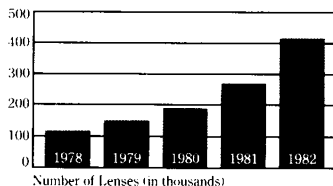
behind the iris. Then, using a single, easily-maneuverable instrument, the notch is engaged and the superior loop slipped past the pupillary margin. Final positioning of the lens can be accomplished with the same instrument. Such simplicity of instrumentation places fewer demands on the surgeon, and may also mean fewer potential complications for the patient. More reasons why our lenses inspire confidence.

You can have confidence in our resources too. There's a lens style for virtually every surgical application. We have lens insertion technique brochures and an extensive videotape library. We

also conduct numerous seminars for surgeons, plus programmed instruction for operating room nurses. And our network of highly qualified professional representatives is at your service, whatever your requirements.

When you have Intermedics behind you, you can feel a new confidence in intraocular lenses — and so can your patients.

Implantation of intraocular lenses in the United States.



**Intermedics
Ophthalmics Inc.**

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Smith & Nephew Pharmaceuticals Ltd**

Sno[®]strips

Specially designed sterile tear test strips
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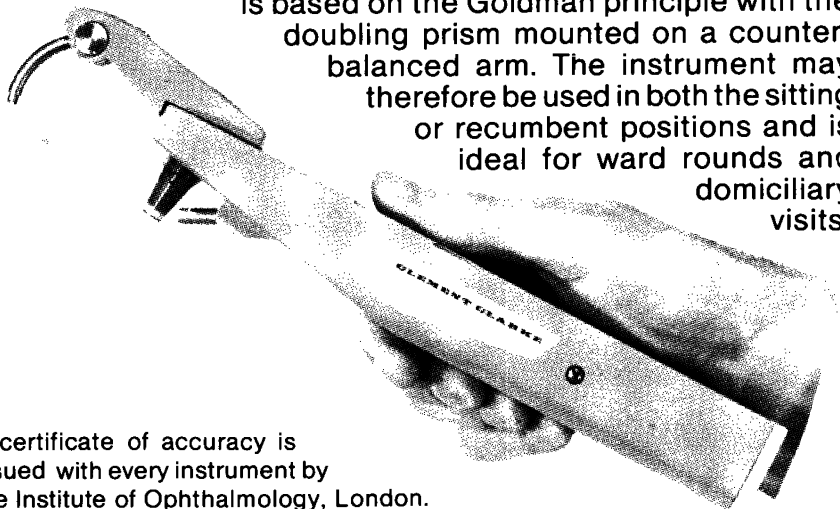
Further details and samples from:-

**SMITH & NEPHEW
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Bampton Road, Harold Hill, Romford, RM3 8SL
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PERKINS HAND-HELD APPLANATION TONOMETER

The Perkins hand-held applanation tonometer is based on the Goldman principle with the doubling prism mounted on a counter-balanced arm. The instrument may therefore be used in both the sitting or recumbent positions and is ideal for ward rounds and domiciliary visits.



A certificate of accuracy is issued with every instrument by the Institute of Ophthalmology, London.

The Standard Tear Test From Clement Clarke International Ltd.



The original Schirmer tear test.
50 pairs of individually packed
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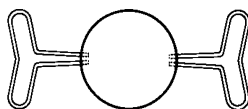
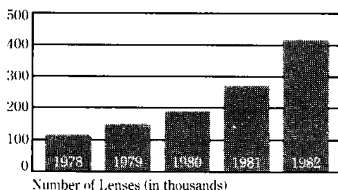
New comfort.

Today, the use of intraocular lenses is rapidly superseding that of spectacles and contact lenses for the correction of aphakia. Because surgeons feel comfortable with intraocular lenses. Comfortable with their established efficacy, safety and ease of implantation. And secure in the knowledge that their developers, Intermedics Intraocular, are leaders in the field.

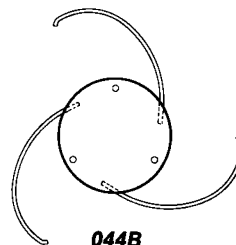
Intermedics lenses satisfy your patient's need for comfort too. The four footplates of the Hessburg model 024 occupy less than 10% of the anterior chamber angle, yet they are widely spaced for stable lens fixation. And the flexible haptics reduce undue pressure on the trabeculum. The Hessburg lens is highly compressible, facilitating insertion and maximizing comfort in situ.

The Dubroff model 044B lens also delivers maximum comfort. It is designed to fit virtually every eye, adapting to limbal diameters from 11.5 to 13.5mm. The flexible loops give an even distribution of haptic tension in the trabecular meshwork, regardless of diameter. And the loop curvature allows the surgeon simply to rotate the lens through the incision. He then 'dials' the optic into place, where it is centered and held stable by the three loops. Anterior vaulting does not occur.

Implantation of intraocular lenses in the United States.



024



044B

Each Intermedics anterior chamber lens is precision lathe cut and meticulously finished to the highest quality standards. Which means both you and your patients can feel comfortable with your choice.

You'll find the resources of Intermedics a comforting thought too. There's a lens style for virtually every surgical application. We have lens insertion technique brochures and an extensive videotape library. We also conduct numerous seminars for surgeons, plus programmed instruction for

operating room nurses. And our network of highly qualified professional representatives is at your service, whatever your requirements.

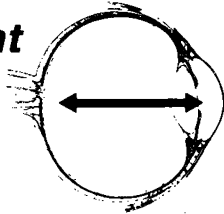
With Intermedics there's a new degree of comfort in intraocular lenses — comfort for you and for your patients.

**Intermedics
Ophthalmics Inc.**

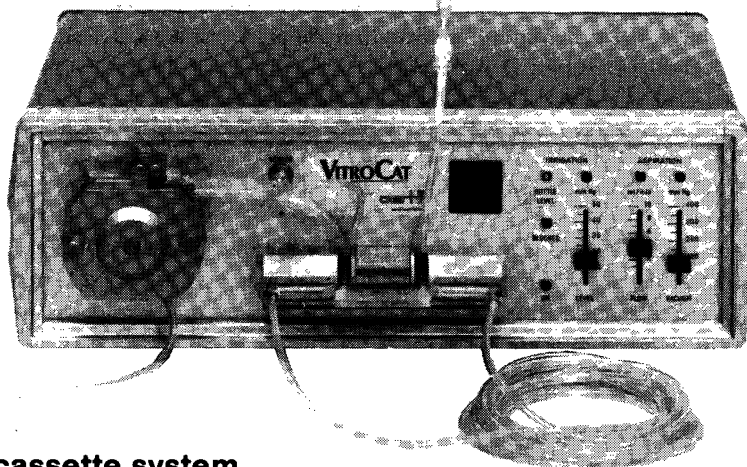
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A COMPREHENSIVE COURSE IN INTRAOCULAR LENSES & PHACOEMULSIFICATION

DATE: October 23-25, 1984

**LOCATION: El-Maghraby Hospital
Jeddah, Saudi Arabia**

TUITION: \$1500.00

**COURSE DIRECTOR:
Akef El-Maghraby, M.D.
Jeddah, Saudi Arabia**

**ASSOCIATE DIRECTOR:
Robert M. Sinskey, M.D.
Santa Monica, California**

This Course is designed for ophthalmic surgeons who desire to learn the latest techniques of extracapsular cataract surgery with emphasis on Phacoemulsification, implantation of various types of posterior chamber lenses and the technique for secondary implants.

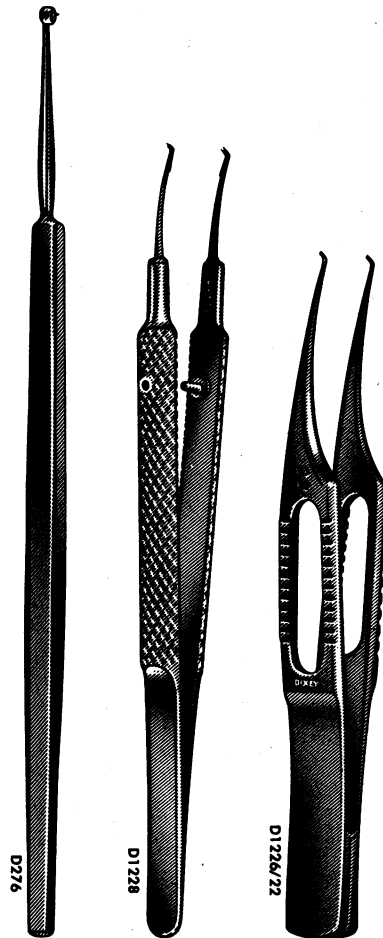
Live cases by Drs. Maghraby and Sinskey "hands-on" animal laboratory sessions using Cavitron equipment and practice IOL's from various companies.

Didactic sessions will cover complications of posterior and anterior chamber lenses and lens exchanges the Yag Neo-dymium laser in the management of the posterior capsule, pediatric implants and flexible anterior chamber lenses.

For further information and/or registration please contact:

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El-Maghraby Hospital
P.O. Box 7344
Jeddah, Saudi Arabia**

DIXEY



D276 Govan's Depressor/Marker, Scleral

D1228 Birks Micro 'Colibri' Forceps

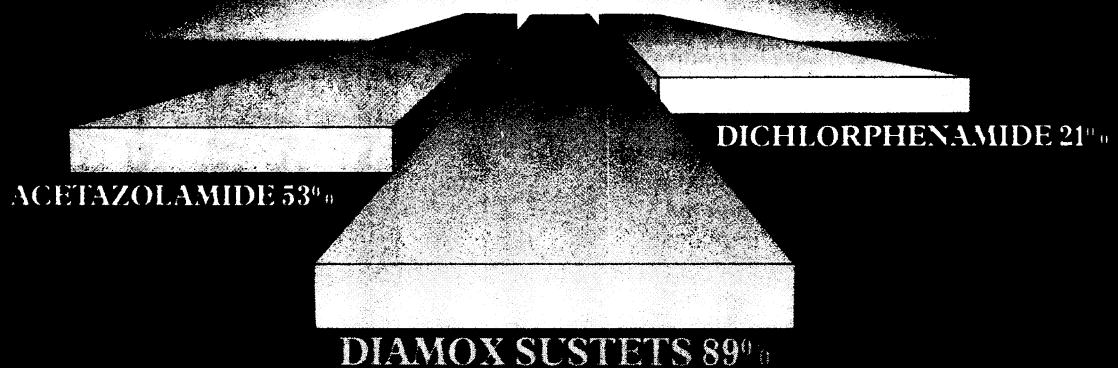
D1226/22 Beaked (Colibri) Micro Forceps:

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“MOST READILY ACCEPTED”¹”

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 intraocular pressure – with significant reduction in the adverse effects associated with systemic therapies for this condition.

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



... and physicians, alike.

Eighty-nine percent of the patients tolerated acetazolamide sustained release capsules.*

“Acetazolamide sustained release [Diamox Sustets] therapy seems the regimen most readily accepted, involving least amount of subjective intolerance and a prolonged effect most desirable for round-the-clock control”.

Diamox Sustets
acetazolamide

THE SYSTEMIC TREATMENT FOR GLAUCOMA

INDICATIONS Glaucoma. **DOSAGE Adults:** One capsule at night and in the morning. **Contra-indications:** Idiopathic renal hyperplasmia, 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 transient 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:** £ 27.53 per 100. P.L. 0095-5074.

*Trademark. **References:** 1. Garner, L.L. et al. Amer. J. Ophthalmol., 1963, 55, 2, 323-327. 2. Lichter, P.K. 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.



Ganda has been shown to enhance the outflow facility as well as reducing secretion.*

Ganda[®]

Guanethidine monosulfate Ph. Eur. and Adrenaline BP

a non-miotic therapy for glaucoma, currently available in four strengths:—
Ganda 1+0.2% Ganda 3+0.5% Ganda 5+0.5% Ganda 5+1%

*Reference Hoyng Ph.F.S. & Dake C.L. in
'Pharmacological Denervation and Glaucoma' published
by Dr. W. Junk bv, The Hague (1981) pp 105-112

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 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 headaches are rare. When used in conjunction with miotics, Ganda should follow the miotic after an interval of 5-10 minutes. Ganda 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 is fully potent for two years providing the pouch remains unopened.

Product Licence Numbers: 0033/0069 70, 71, 75

Full prescribing information is available on request.

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Not to put too fine a point on it we felt you ought to know why Alcon's ophthalmic needles are the finest in the world.

1. Unrivalled sharpness, maintained pass after pass.
2. Sharpened to the widest point to minimise tissue drag.
3. Alcon's unique ASSIST O.R. Pak to protect the needles.
4. Finest suture materials swaged to needle channel.
5. Alcon Laboratories is the only major company *specialising* in ophthalmic sutures.



B.S.S. Balanced Salt Solution, Alcon

To further minimise trauma due to irrigation during surgery. B.S.S. is the only Seven-ion physiologic solution for intraocular use.

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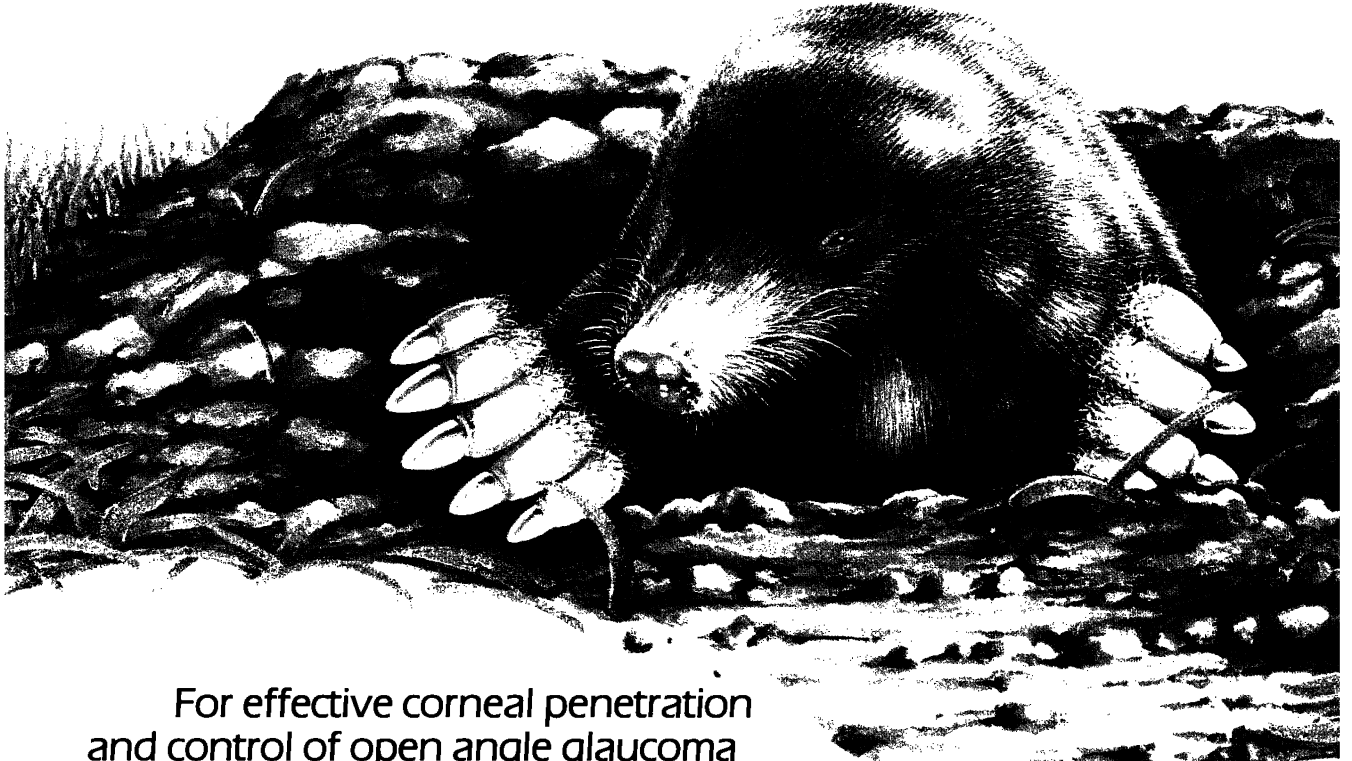
IN THE TREATMENT OF GLAUCOMA



Propine
dipivefrin HCl

**the prodrug that
breaks new ground
in penetration...**

THE PENETRATING TREATMENT FOR GLAUCOMA HAS ARRIVED...



For effective corneal penetration
and control of open angle glaucoma
with few side effects and a convenient
twice daily dosage...

•NEW
Propine
dipivefrin HCl

**All it took was hindsight
and a little vision**

Full prescribing information is available on request

Presentation: Sterile ophthalmic solution containing dipivefrin hydrochloride (0.1%). **Uses:** For the control of intraocular pressure in chronic open angle glaucoma or ocular hypertensive patients with anterior chamber open angles. **Dosage and Administration:** The usual dosage is one drop in the affected eye(s) every 12 hours. **Contra-Indications, Warnings, etc.:** Use in pregnancy — the safety of the intensive or protracted use of dipivefrin during pregnancy has not been substantiated. **Contra-indications** — patients suffering from closed angle glaucoma. **Precautions** — dipivefrin should be used with caution in patients with narrow angles since dilation of the pupil may trigger an attack of angle closure glaucoma. Macular oedema is a rare occurrence with adrenaline use in aphakic patients. Prompt reversal generally follows discontinuance of the drug. **Maternal oedema** with dipivefrin does present as a possibility in the aphakic patient. **Adverse reactions:** Rebound vasodilation and allergic blepharitis conjunctivitis are rarely observed following treatment with dipivefrin. Dipivefrin has been used successfully in patients who have demonstrated such intolerance to adrenaline. Adrenochrome deposits have been rarely observed following the use of dipivefrin. Very slight transitory stinging may occur upon instillation in some patients. This product contains benzalkonium chloride and should not be used in conjunction with soft contact lenses. **Pharmaceutical Precautions:** Store at a temperature of 4 - 23°C. However, it can be stored for up to 30°C for a short period of time (a few days). **Legal Category:** POM. **Package Quantities:** Supplied in plastic dropper bottles containing 10ml. **Basic NHS Cost:** (as at February 1984) 14.65. **PL 0426/0040**



ALLERGAN
Allergan Limited,
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Cressex Industrial Estate,
High Wycombe,
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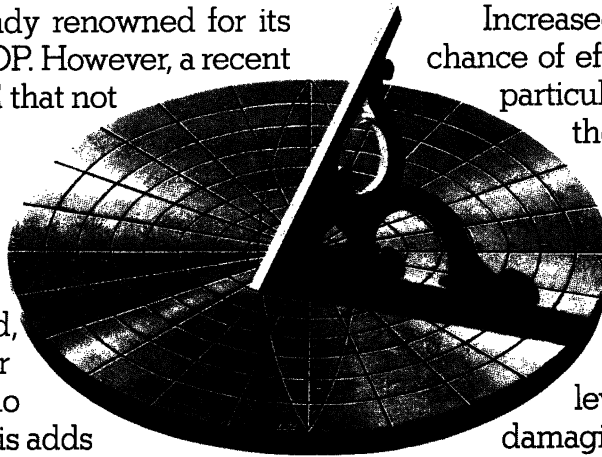
GLAUCOMA.

What is the best measure of successful control over time?

'Since the aim of treatment is to prevent loss of visual field, any definitive assessment of therapeutic benefit should logically be based on field survival.'¹

TIMOPTOL is already renowned for its efficacy in controlling IOP. However, a recent three-year study¹ found that not only was therapy with TIMOPTOL associated with sustained IOP reductions of 24.3 to 34.5%, but that the majority of those treated, who were monitored for field survival, showed no significant field loss. This adds significant weight to the case for long-term use of TIMOPTOL.

Patients find the simple 'one drop' b.d. dosage convenient and easy to remember. In fact, recent research has demonstrated that compliance may be substantially improved by choosing a drug that needs to be taken less often than three times daily.^{2,3}



Increased compliance means more chance of effective 24-hour control, of particular importance in view of the diurnal variations in IOP which may be as great as 11 mm Hg.⁴

Over a one-year period TIMOPTOL has been shown to significantly reduce diurnal variations,⁴ levelling out the potentially damaging pressure peaks.

Because all of these benefits are achieved generally without the familiar hardships of 'the miotic life' such as blurring of vision, pinpoint pupil and ocular irritation, TIMOPTOL has been described as '... one of the most significant advances in the topical treatment of chronic open-angle glaucoma...'⁵

Ophthalmic Solution

Timoptol[®]

Timolol maleate, MSD

For effective control from every point of view



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



OPHTHALMIC SERVICES

For abridged product information, see overleaf

9-84.TOT.83.GB.9390.J

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.

Mydriasis resulting from use of 'Timoptol' with adrenaline reported occasionally.

Children

Not currently recommended.

SIDE EFFECTS

Ocular irritation, including conjunctivitis, blepharitis, 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

0.25% Ophthalmic Solution 'Timoptol', 0025/0134

0.5% Ophthalmic Solution 'Timoptol', 0025/0135.

Issued October 1983.

@ denotes registered trademark.

REFERENCES

1. Sponsel, W. E., *et al.*, *Brit. J. Ophthalmol.*, 1983, 67, 220.
2. Norell, S. E., *Amer. J. Ophthalmol.*, 1981, 92, 727.
3. MacKean, J. M., and Elkington, A. R., *Brit. J. Ophthalmol.*, 1983, 67, 46.
4. Reynolds, P. M., *Glaucoma*, 1982, 262.
5. Willcockson, J., and Willcockson, T., *Glaucoma*, 1982, 155.



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OPHTHALMIC
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Corneal Sensitivity

Measurement and Clinical Importance

By J. Draeger

with the collaboration of

M. Ackermann, H. Buhr-Unger, K. Hanke, K. Karjalainen, C. C. Kok-van-Alphen, H. Langenbacher, M. Lüders, R. Martin, B. Riss, E. Rumberger, W. Schloot, H. J. Völker-Dieben, R. Winter

Translated from the German by F. C. Blodi

1984. 102 figures. VIII, 155 pages.

Cloth DM 69.—, approx. £ 19.00

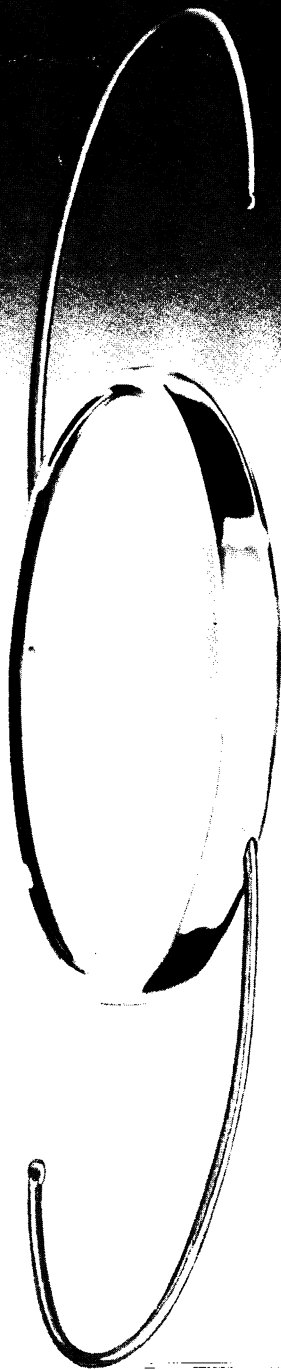
ISBN 3-211-81794-8

The sensitivity of the cornea elicits one of the most delicate defense reflexes of the human body. That is why early and diagnostically significant recognition of pathological changes is possible here. Now modern microprocessor technology has succeeded in developing a highly sensitive apparatus for quick and quantitatively reproducible measurement of corneal sensitivity.

This opens a wide field for experimental and clinical investigation. Some of the many topics concerned are: differential diagnosis and control of the course of herpetic diseases of the cornea; reinnervation following surgical intervention in the anterior section of the eye; effects of various beta-blockers on the cornea; basic questions of tolerance and adaptive quality of contact lenses; and the dimensions of damage caused by glaucoma, elucidated by the direct correlation between disturbed sensitivity and stage of the glaucoma. Thus a new era of ophthalmologic examination and diagnostics has begun, whose consequences are not fully assessable yet. This book covers not only the physiological basis, operating method and potential of the apparatus; it also gives—for the calibration of actually measured values—an outline of threshold values of corneal sensitivity.

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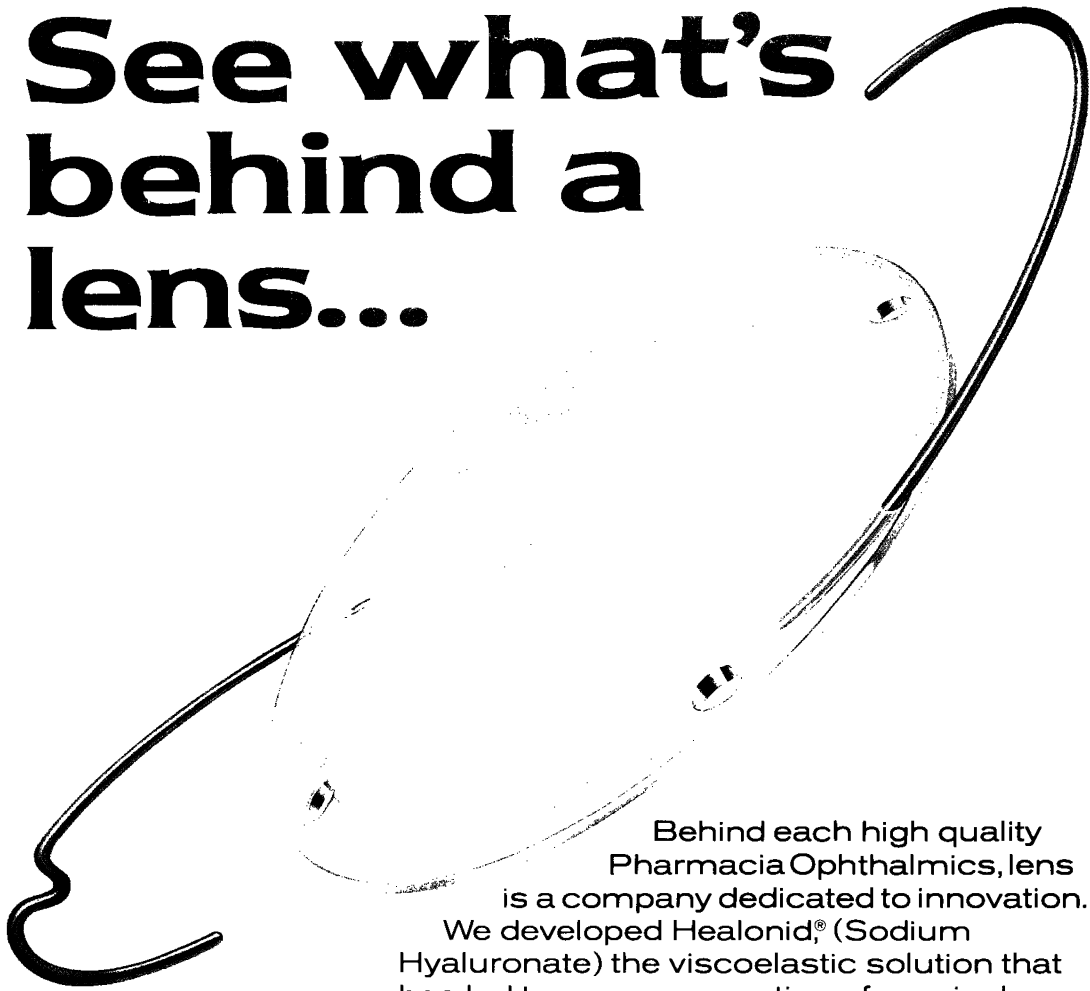
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is a company dedicated to innovation.

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With videos, books, papers and computer assisted abstracting service at your immediate disposal, the service not only gives you more information more quickly, it also invites you to try out new products; even to participate in research.

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THE ONE FOR TYPE 1

New clinical evidence has indicated that Opticrom is equally effective as steroids in treating allergic conditions such as V.K.C. And it doesn't cause a rise in intraocular pressure. (1) (2) This is because Opticrom has been specifically formulated to provide both symptomatic and preventative treatment for type 1 reactions. It's fast and effective because it stabilizes mast cells preventing degranulation, the release of vasoactive amines and other inflammatory agents.

Opticrom[®]
Sodium Cromoglycate B.P.

FAST AND TO THE POINT.

PRESENTATIONS: Eye Drops containing 2% Sodium Cromoglycate in aqueous solution. Eye Ointment is a cream coloured opaque sterile ointment containing 4% Sodium Cromoglycate. **INDICATIONS:** Opticrom is for the relief and treatment of acute or chronic allergic conjunctivitis and vernal kerato conjunctivitis. **DOSE & ADMINISTRATION:** Eye Drops - One or two drops into each eye four times daily. Eye Ointment: To be applied to the eye two to three times daily. **CONTRA-INDICATIONS & WARNINGS:** Eye Drops - known hypersensitivity to benzalkonium chloride. As with all Ophthalmic preparations containing benzalkonium chloride, patients are advised not to wear soft contact lenses during the treatment period. Eye Ointment - As with other Ophthalmic ointments transient blurring of vision may occur. **BASIC NHS COST:** Eye Drops: £4.50 per 10ml bottle Eye Ointment: £6.43 per 5gm tube. **PRODUCT LICENCE NUMBER:** Eye Drops: PL0113/0039 Eye Ointment: PL0113/0103 Fisons plc, Pharmaceutical Division, Loughborough, Leicestershire LE11 0BB. **Reference:** 1. Dahan, E., and Appel, R., British Journal of Ophthalmology 1983, 67, 688-692. 2. Hennaoui, M., British Journal of Ophthalmology, 1980, 64, 483-486

Healonid[®] facilitates eye surgery

(sodium hyaluronate)

Healonid – The High Molecular Weight, Viscoelastic, Noninflammatory Preparation of Sodium Hyaluronate

This is the site of action for Healonid – the preparation that revolutionized ophthalmic surgery. Chosen by thousands of surgeons, Healonid facilitates a wide variety of procedures including: extracapsular and intracapsular cataract extraction, primary and secondary intraocular lens implantation and corneal transplantation.

Here are the ways Healonid helps ...

1. Maintains space – Due to its unique viscoelasticity, Healonid helps maintain a deep anterior chamber because it does not readily flow out of the open chamber or flood the trabecular meshwork.

2. Manoeuvres tissues – In the hands of the surgeon, Healonid can function like an instrument – helping to gently manoeuvre tissues into the desired position and restoring normal anatomical configuration.

3. Protects cells – Healonid coats sensitive cell layers and tissues (i.e., iris, corneal endothelium) and absorbs mechanical stress, thereby providing additional protective buffering for delicate tissues.

Clinical experience over the past three years and in over half a million surgical procedures has shown Healonid to be well tolerated and predictable in use.

In its wide range of applications, the unique ability of Healonid to maintain space, manoeuvre tissues and protect cells has proven so beneficial that a new form of ophthalmic surgery has evolved – Viscosurgery.[™]



Protects cells³

Healonid[®] is Viscosurgery.[™]

Healonid[™]

PRESCRIBING TABLE

PRESENTATION

Disposable 0.4ml syringes containing 1% Sodium Hyaluronate in aqueous buffer.

USES

Sodium hyaluronate is a visco-elastic polymer normally found in the aqueous and vitreous humour. HEALONID, which contains sodium hyaluronate is a highly viscous clear solution at rest, yet it will readily flow through a fine cannula or needle under pressure.

Introduction of HEALONID into the anterior or posterior chamber keeps tissues separated during the operative procedure and protects them from trauma from other tissues or instruments. The anterior chamber depth is maintained, vitreous bulge can be reduced, and the loss of irreplaceable endothelial cells which inevitably accompanies surgery can be greatly reduced.

INDICATIONS

Surgical procedures on the eye, including intraocular lens insertion, intra and extra capsular lens extraction, glaucoma surgery, corneal graft, surgery for accidental trauma, retinal detachment and vitreal replacement procedures.

DOSAGE AND ADMINISTRATION

The syringe is assembled and made ready for use according to the instruction sheet with each syringe. The indication for use will govern the timing and quantity of HEALONID used. See data sheet for Healonid Monograph.

PRECAUTIONS

The anterior chamber should not be over-filled with HEALONID, except in glaucoma surgery. At close of surgery some of the HEALONID should be removed by irrigation or aspiration. Intraocular pressure should be monitored during the post operative period and any excessive rises treated with appropriate therapy.

CONTRA-INDICATIONS, WARNINGS

There are no known contra-indications to HEALONID. Because the drug is extracted from avian tissues, despite rigorous purification procedures minute amounts of protein are present, and thus the remote possibility of idiosyncratic reactions remains.

ADVERSE REACTIONS

The drug is very well tolerated and the only untoward effect reported has been a transient rise in intraocular pressure in a few cases.

PHARMACEUTICAL PRECAUTIONS

Store at 2-8°C protected from light and freezing. Shelf life 3 years.

LEGAL CATEGORY POM.

PACKAGING QUANTITIES AND BASIC N.H.S. PRICE (6th April 1984) Disposable syringes containing 0.4ml £29.44 each.

FURTHER INFORMATION

HEALONID does not interfere with healing process. Its use may reduce incidence of synechiae and adhesions. Evidence from animal experiments indicates that HEALONID is no longer present in the anterior chamber six days after introduction. PRODUCT LICENCE NUMBER 0009/0045

SUPPLIED BY

Pharmacia Limited
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MK9 3HP

Telephone: (0908) 661101

Further information is available on request to the company.

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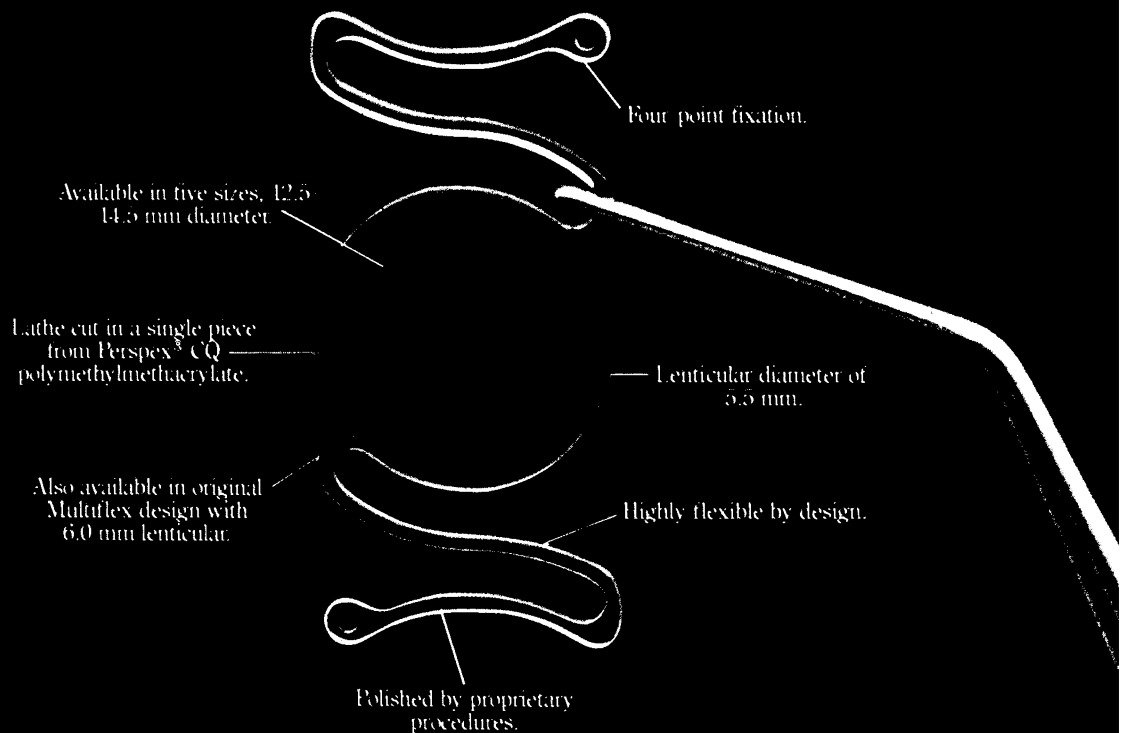
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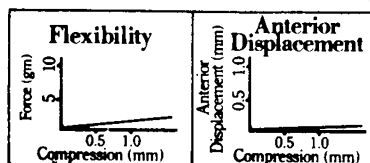
Presentation: Clear, colourless to slightly straw coloured sterile, aqueous ophthalmic solution, containing polyvinyl alcohol 1.4%. *Uses:* For dry eyes, especially where natural mucus is absent or deficient, also an ocular lubricant. *Dosage and administration:* 1 drop in the eye as needed, or as directed. *Contra-indications, warnings etc.:* Not for use with soft contact lenses. If irritation increases or persists, discontinue use. *Pharmaceutical precautions:* nil. *Legal category:* P. *Packaging quantities:* Liquifilm Tears is available in plastic dropper bottles containing 15ml. *Further information:* nil. Basic NHS cost (as at January 1984): £1.33. PL. 0426/0009. Further information is available on request.

LACRI-LUBE Presentation: Sterile, bland, non-medicated ointment for topical administration to humans, containing white petrolatum mineral oil, non-ionic lanolin derivatives with chlorobutanol 0.5% as a preservative. *Uses:* Useful as adjunctive therapy to lubricate and protect the eye in conditions characterised by exposure keratitis, decreased corneal sensitivity, recurrent corneal erosions, and keratitis sicca. *Dosage and Administration:* For topical administration. Pull lower lid down to form pocket. Apply small amount as needed. *Contra-indications, etc.:* No known contra-indications. *Pharmaceutical precautions:* Store away from heat. To avoid contamination during use, do not touch tip to any surface. *Legal Category:* P. *Package Quantities:* Available in 3.5g ophthalmic tubes. Basic NHS cost (as at January 1984): £1.76. PL. 0426/0041. Further information is available on request.

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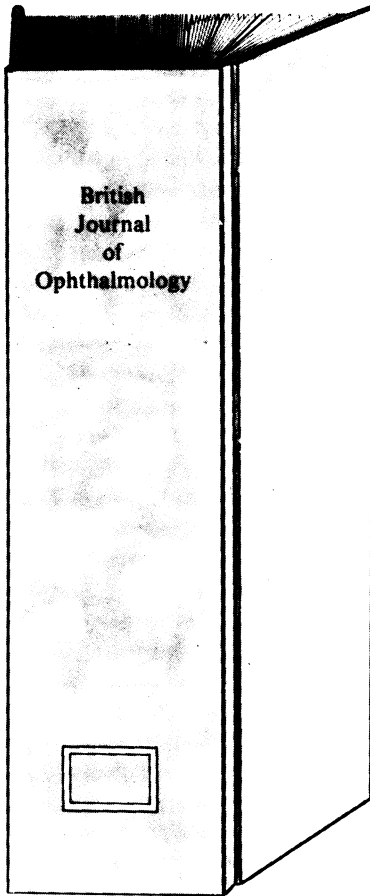
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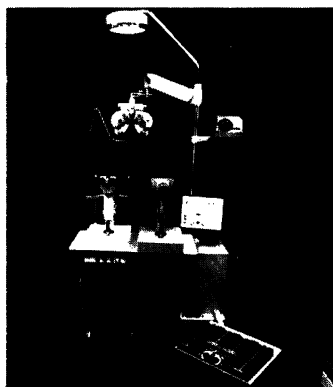
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OPHTHALMOLOGIST

The Norwegian Association of the Blind and Partially Sighted requires an ophthalmologist for its project in South Sudan.

The Norwegian Association of the Blind and Partially Sighted is running an eye health project based in Juba, capital of Equatoria, where we have a training centre for Medical Assistants, providing both practical and theoretical training.

The training centre includes a polyclinic where minor eye operations can be performed. The eye health project co-operates with Juba Teaching Hospital, where we practice major eye surgery.

In order to service the whole province, we have a mobile team which visits local hospitals in order to train local health personnel and perform eye surgery.

Two ophthalmologists are already working on our project, and we require a third who can work both at the training centre and in the mobile team.

Applicants should have an interest both in teaching and practical work.

The work demands great capacity for working independently under conditions which can be difficult from time to time.

For further information, contact Brynjulf Mugaas, Head of International Dept., Norges Blindforbund, Postbox 5900, Hegdehaugen, 0308 Oslo 3, Norway. Information may also be obtained by writing to Project Director Dr. Roger Sidestam, NG/PB, JUBA, c/o Norwegian Church Aid, P.O. 52802, Nairobi, Kenya.

Written applications, with copies of testimonials and diplomas, should be sent to Norges Blindforbund, Personalavd., Postbox 5900 Hegdehaugen, 0308 Oslo 3, Norway.

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