

# The J-Flex<sup>TM</sup> posterior chamber lens from CILCO<sup>TM</sup>.



The J-Flex<sup>TM</sup> lens is a single-piece posterior chamber lens with loops as well as optic lathe cut from Perspex<sup>®</sup> CO polymethylmethacrylate.

This lens is available in uniplaner design (Style SK-1) or with loops angled 10° anteriorly (Style SK-2). Loops measure 0.14 mm × 0.17 mm. Overall length is 13.0 mm. Lenticular diameter is 6.0 mm.

Surgical protocol and videotape on implantation of the J-Flex lens are available from CILCO's United Kingdom office. Write or telephone for further information.

## **CILCO**<sup>TM</sup>

U.K., Ireland and Scandinavia:

CILCO, Inc., 3 Waterdene House  
Water Lane, Leighton Buzzard  
Bedfordshire, England 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

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  
Box 1680, Huntington, WV 25717

Telephone: 304/697-4422  
TLX: 886-453

# 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.<sup>1</sup> 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."<sup>2</sup>

● **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.<sup>3</sup>

● **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."<sup>3</sup>

● **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**

**TRIVIRA**

**OPHTHALMIC  
OINTMENT**

The effective, selective antiviral

★ Trade Mark

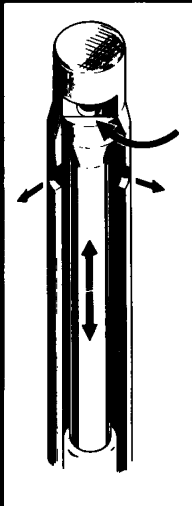
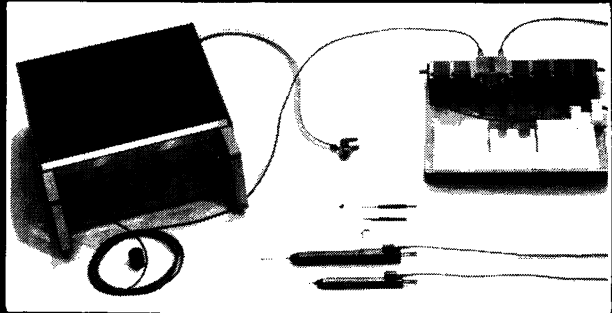


**Wellcome**



# KLÖTI

## RECIPROCATING ACTION MICRO-VITREOUS STRIPPER



This masterpiece of Swiss engineering, manufactured by Oertli in consultation with Professor Klöti, is specifically designed for vitrectomy via pars plana ciliaris. The cutter has a reciprocating action and is housed within a probe measuring 1.28 mm outside diameter. There is also a new 0.89 mm (20 gauge) handpiece retaining all the essential characteristics of the original instrument together with a range of accessory items, also in 20 gauge.

For further information, demonstration or a detailed quotation, contact:



**Clement Clarke International Ltd.**  
15 Wigmore Street, London W1H 9LA, England.

Telephone 01-580 8053  
Telex 298626  
Cables Clemclarke London

# 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. AL1.



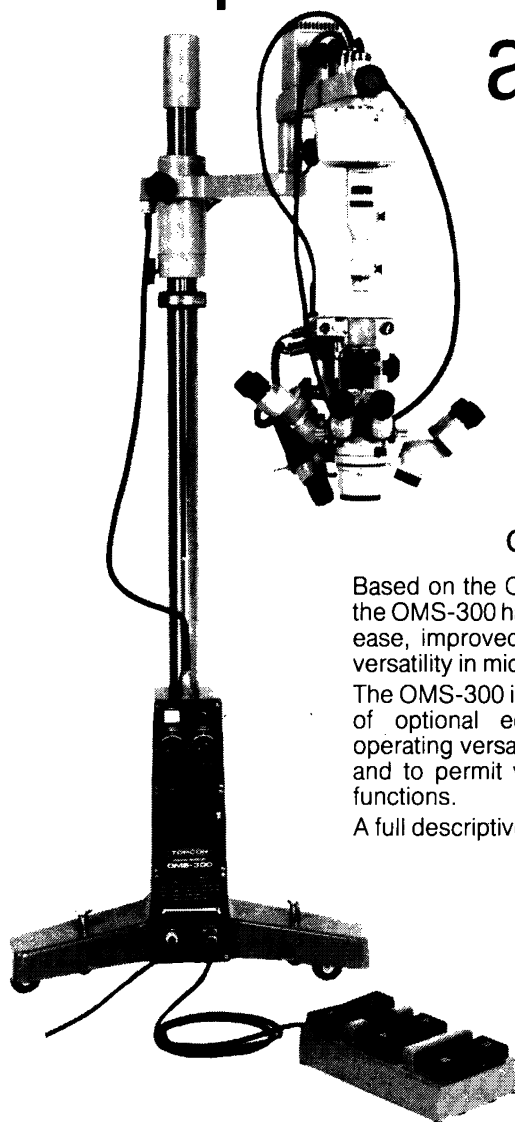
FML has comparable efficacy to dexamethasone<sup>1</sup> and prednisolone with less tendency to raise IOP than prednisolone,<sup>2</sup> dexamethasone<sup>3</sup> or betamethasone.<sup>2</sup>

## FML



Allergan Limited, Fennels Lodge, St Peters Close, Loudwater, High Wycombe, Bucks. HP11 1JT. Tel: Bourne End (06285) 27778

# Topcon...the ONLY alternative



## The Topcon OMS-300 Operating Microscope System

Based on the OMS-100 and OMS-80 Microscopes, the OMS-300 has been designed for greater handling ease, improved optical performance and increased versatility in microsurgery.

The OMS-300 is fully complemented by a wide range of optional equipment, developed to increase operating versatility, to allow greater viewing options and to permit various photographic data recording functions.

A full descriptive brochure is available upon request.

**TOPCON****Keeler**

European Distribution Centre: Topcon Europe B.V.  
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Tel: 010-127279/147691. Telex: 23783.

Exclusive U.K. Distributor  
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# Ganda 1+0.2

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

## a new starting point for the treatment of glaucoma

1 COMFORT

2 COMPLIANCE

3 CONTROL



**S&N** SMITH & NEPHEW  
Pharmaceuticals Ltd.

Bessemer Road, Welwyn Garden City, Hertfordshire, England AL7 1HF. Tel: (070 73) 25151

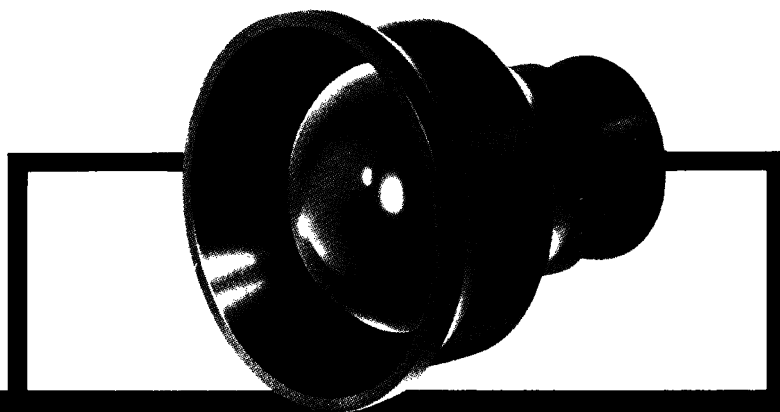
**DOSAGE AND ADMINISTRATION** *Adults:* One drop to be instilled into the eye once or twice daily or at the discretion of the physician.  
*Children:* At the discretion of the physician.

**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 Poinosawmy 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 Uner-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.

# *A new instrument for wide-field fundus observation*



THE RODENSTOCK

## PANFUNDOSCOPE

The Panfundoscope is a contact optical system utilizing the practical advantages of indirect ophthalmoscopy. As an accessory to the slit lamp, it provides full synoptic examination of the fundus with its observable area reaching the ocular equator. This area can be further extended by movement of the patient's eye, so that even the extreme quadrant peripheries can be readily viewed.

Figures 2 & 3 compare the sizes of the fundus areas which can be simultaneously observed, using different ophthalmoscopic procedures with stationary eye and ophthalmoscope.

In Fig. 2 the white central circle represents the area observed using a conventional ophthalmoscope with upright images. The circle marked 13 corresponds to the synoptic field with inverted image using a lens of 13D; the circle marked 20 indicates the synoptic field with a lens of 20D.

The white circular field in Fig. 3 corresponds to the synoptic field of the Panfundoscope and demonstrates the enormous advantage in field size.

Rodenstock have two types of Panfundoscope available. Type D is a diagnostic contact optical device with a plexiglass sphere weighing only 15 g. Type Th, of greater interest to ophthalmologists, is a therapeutic contact optical device for use in laser coagulation of the fundus. It utilises a silicate glass sphere, weighing 27 g., the glass surface is treated with a non-reflective coating to prevent injury to

observers by reflected laser light.

The advantages of the Panfundoscope for laser coagulation are easy handling, and the ideal synopsis of the working area. Thus the surgeon is not dependent on small keyhole-like observation fields of other optical contact systems. This applies particularly to the treatment of peripheral portions of the medial and lateral fundus areas. Coagulations of the pericentral areas and of the middle periphery as, for example, in diabetic retinopathy, can be performed with an excellent overview of the corresponding area and occur in a considerably shorter time.

As several laser types are mounted to the slit lamp in such a way that the delivery head of the laser beam restricts the working space, the doctor's hand guiding the contact lens is considerably hampered. The Panfundoscope solves this problem, since the fundus image lies in front of the patient's eye. Thus the slit lamp has to be drawn towards the therapist providing ample space for the manipulation of the Panfundoscope.

The supporting cone, by which the instrument is manipulated, is detachable for cleaning purposes. Heat sterilization is not recommended.

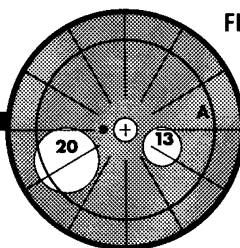


FIG. 2

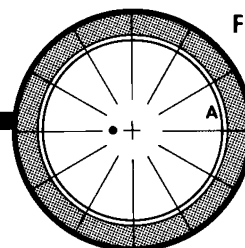


FIG. 3

FROM THE SOLE AGENTS IN THE U.K.



**London Williamson Limited**  
32a-37 Cowper Street  
London EC2A 4AR  
Tel: 01-253 0455/4133



**London Optical (Scotland) Limited**  
Clydeaway Industrial Centre  
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Tel: 041-221 0965/6



# **OPHTHALMOLOGIST**

## **CAREER OPPORTUNITIES**

### **CANADA'S ARCTIC, NORTHWEST TERRITORIES**

#### **FACILITY**

Stanton Yellowknife Hospital is a 72 bed accredited acute care hospital in the planning stage for expansion and development as a major health centre.

#### **DEPARTMENT OF OPHTHALMOLOGY**

The Department has a vacancy for a second OPHTHALMOLOGIST to work in conjunction with the Department Head and Ophthalmic Technicians in both the conduct of travel clinics and the newly established Ophthalmic Medical Assistant Training Program.

The Department is well equipped with equipment such as:

Electronic Tonography	Zeiss Fundus Camera
Goldman Perimeter	Zeiss Operating Microscope
Auto Plot Screen	

#### **QUALIFICATIONS**

- Graduate of approved medical training program.
- Certificate of Standing with a provincial College of Physicians and Surgeons
- Certification (or eligible) with the Royal College of Physicians and Surgeons of Canada in Ophthalmology.

*Note:* Applicants who are finishing their qualifications in 1982 are encouraged to apply.

#### **SALARY AND BENEFITS**

- Current range is \$72,375–\$77,600 with a Cost of Living Allowance adjustment effective April 1, 1982 *plus* an additional salary incentive option.
- Housing or housing subsidy available.
- Paid continuing education leave.
- Cost shared pension and life insurance program.
- Vacation with travel assistance.
- Dental plan (includes family).
- Full relocation.

#### **COMMUNITY**

Yellowknife is the capital and largest centre in the Northwest Territories. It is a modern city of about 10,500 set in the rugged beauty of the Precambrian Shield in the land of the midnight sun. Accessible via the MacKenzie Highway and daily air service from Edmonton and Winnipeg.

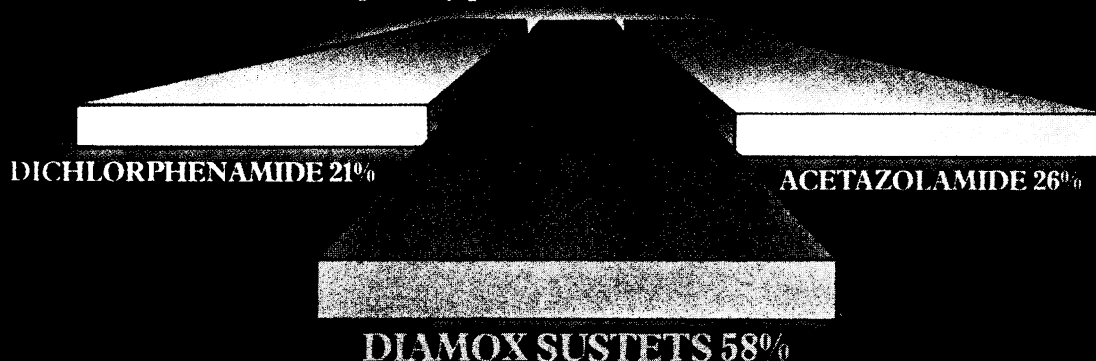
#### **WRITE OR TELEPHONE (COLLECT) TO:**

Mr. F. N. McClelland,  
Health Care Administrator,  
Stanton Yellowknife Hospital,  
P.O. Box 10,  
Yellowknife, Northwest Territories X1A 2N1  
*Hospital:* (403) 873-3444  
*Residence:* (403) 873-8744

# 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.<sup>1</sup>

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".<sup>2</sup>

## Diamox<sup>\*</sup> Sustets<sup>\*</sup>

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.

<sup>\*</sup>Trademark. **References:** 1. Garner, I. 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, Farcham Road, Gosport, Hampshire PO13 0AS.  
Tel. no. (0329) 236131.

# Reaches the parts...

Before a steroid can reach the inflamed anterior segment of the eye, it must penetrate the three barriers of the cornea: the epithelium, endothelium, and the stroma.

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<sup>®</sup>

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, iritis, iridocyclitis, cyclitis, herpes zoster ophthalmicus, External diseases: non-specific superficial keratitis, Phlyctenular keratoconjunctivitis, vernal conjunctivitis, allergic, irritant 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 acute inflammation: 1 or 2 drops to be instilled into the eye every 30-60 mins. for at least 3-4 days 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 but 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 impairing 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 predisposing 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 container should be discarded one month after opening. Shake well before using. **Legal Category** P. **T.S.A. POM** **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 held in a hard capped plastic outer Maxidex is a highly penetrating form of dexamethasone. 0.1% microfine suspension especially formulated to provide maximum corneal absorption. **Product Licence** 3649/59/4. **Product Licence Holder** Alcon Laboratories (UK) Limited, Imperial Way, Watford, Hertfordshire. Additional information available on request.

**The Minims range of single use eye drops has been extended to include GENTAMICIN\*, an antibacterial with proven activity against Pseudomonas aeruginosa.**

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



GNT 0.3

GNT 0.3

GNT 0.3

Further information is available from:



**SMITH & NEPHEW**  
Pharmaceuticals Ltd

Bampton Road, Harold Hill, Romford, Essex, RM3 8SL

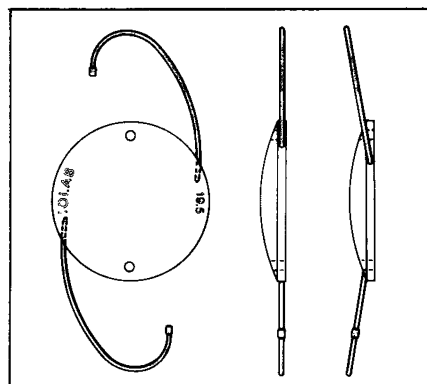
# THE ORIGINAL SINSKEY POSTERIOR CHAMBER LENS



*IOLAB Model 103 Series  
designed in cooperation with  
Robert M. Sinskey, M.D.*

## **IOLAB "Sinskey" style lenses**

- ▶ Capsular bag and/or ciliary sulcus fixation.
- ▶ Loop configuration designed for flexibility.
- ▶ Posterior blue loops for visualization.
- ▶ 10° loop angle to place optic away from iris.
- ▶ Rounded loop tips.



Compressible Prolene\* loop suspension system.

0.4mm positioning holes.

▶ IDENTIFICATION™ clearly marks each lens with its dioptric power.

▶ AcuMold™ is a unique system of injection molding for IOLs.

▶ Videotapes, Course details, and Literature available from:-

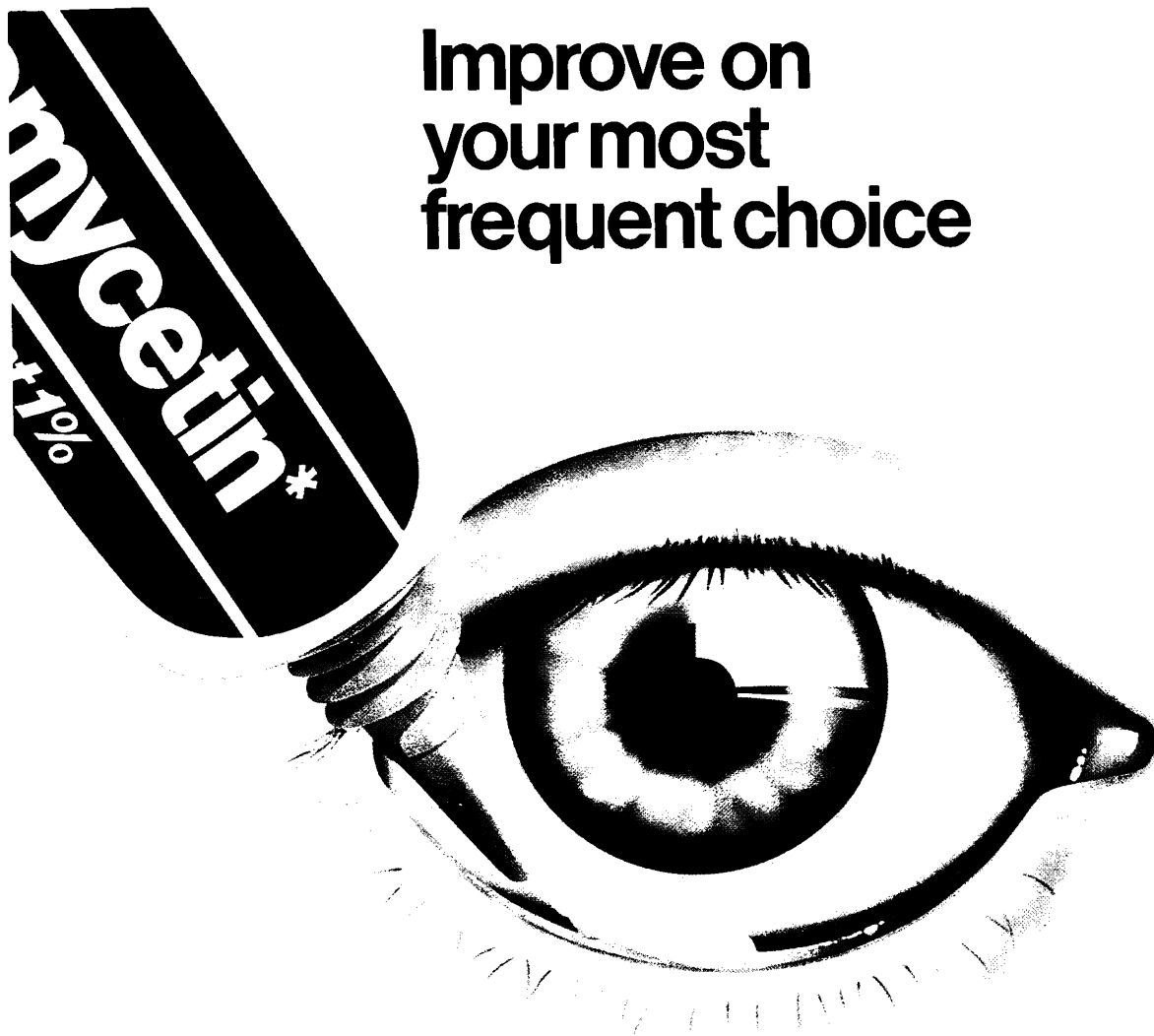
IOLAB, 110-112 High Street,  
Maidenhead, Berkshire  
SL6 1QQ  
Telephone: (0628) 74811  
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*\*Trademark of ETHICON, Inc.*



**EUROPE**

Improve on  
your most  
frequent choice



This blue nozzle<sup>†</sup>  
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**

which product  
produces the  
following  
effects?

Mydriatic

Miotic

Local  
anaesthetic

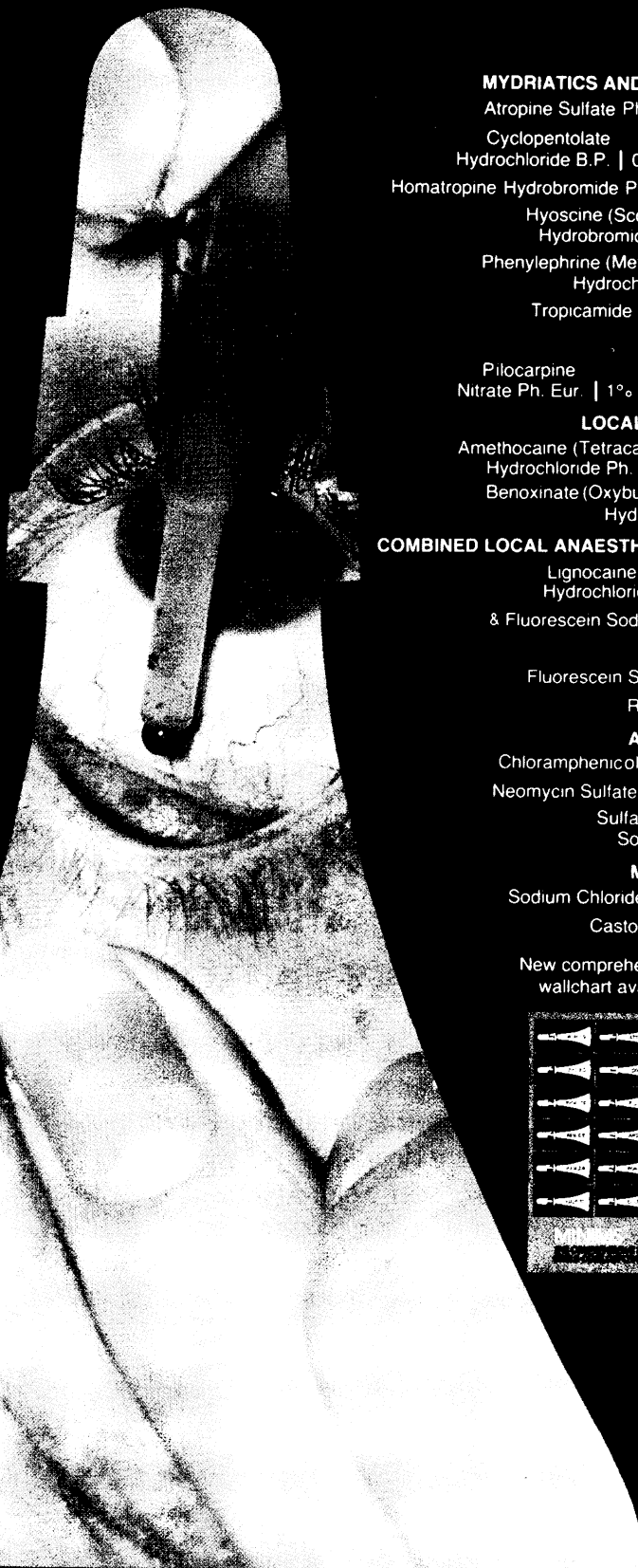
Antibiotic

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

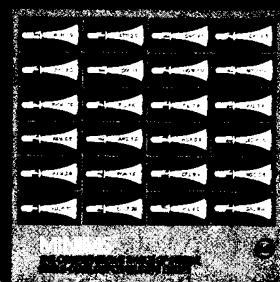
Sodium B.P. | 10% |

#### MISCELLANEOUS

Sodium Chloride Ph. Eur. | 0.9% |

Castor Oil B.P. | 100% |

New comprehensive booklet and  
wallchart available on request.



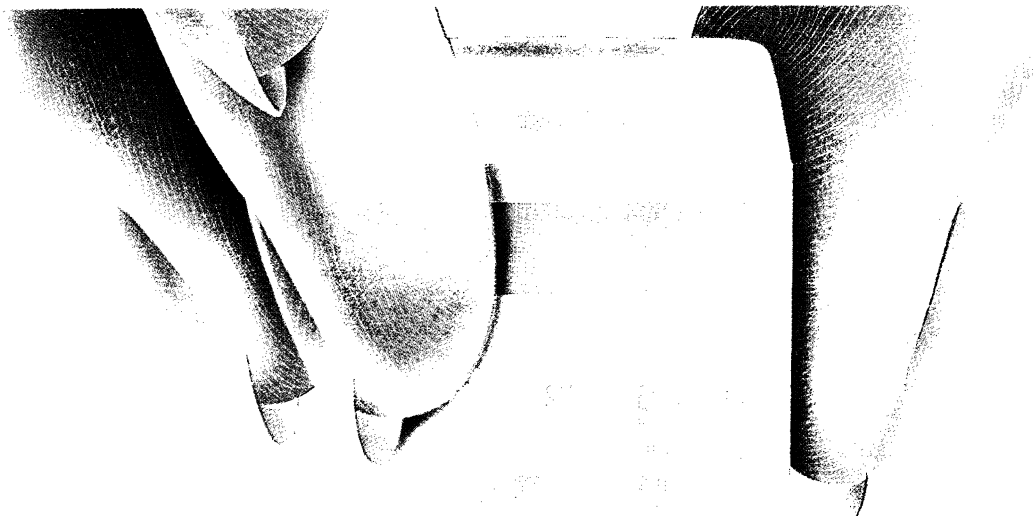
Full prescribing information is available from



**SMITH & NEPHEW**  
Pharmaceuticals Ltd

BESSEMER ROAD, WELWYN GARDEN CITY, HERTFORDSHIRE  
ENGLAND AL7 1HF.

Telephone: WELWYN GARDEN (070 73) 25151, Telex: 23969



# 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)

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

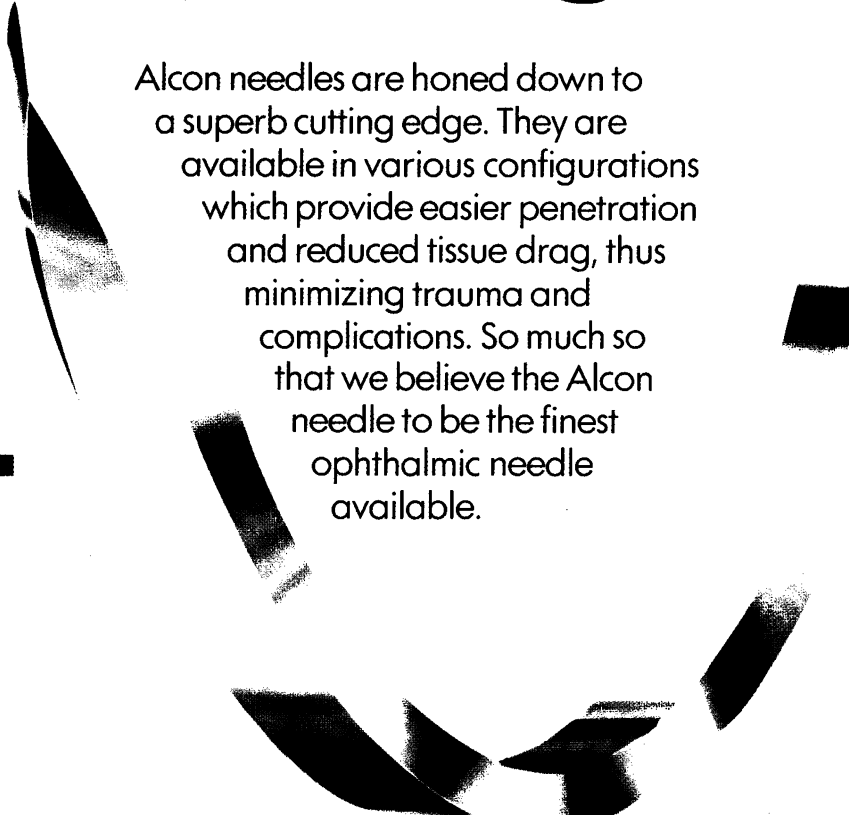
**Glaxo**

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.

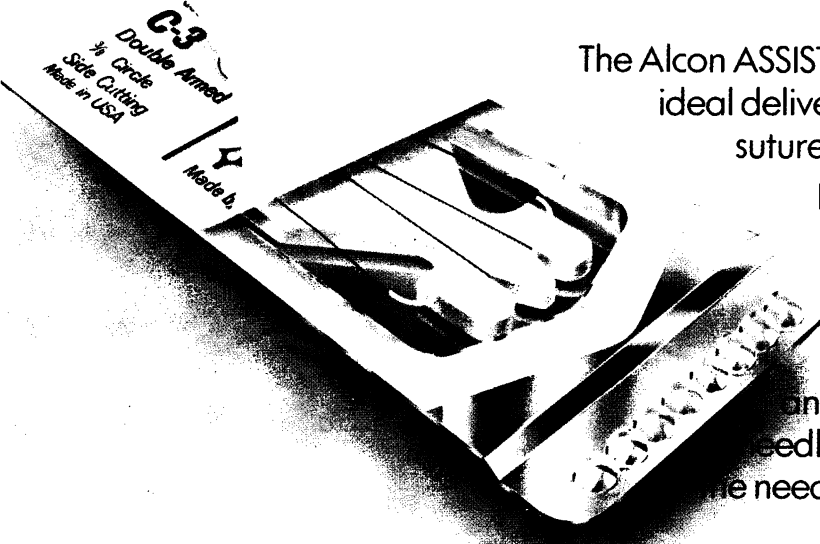


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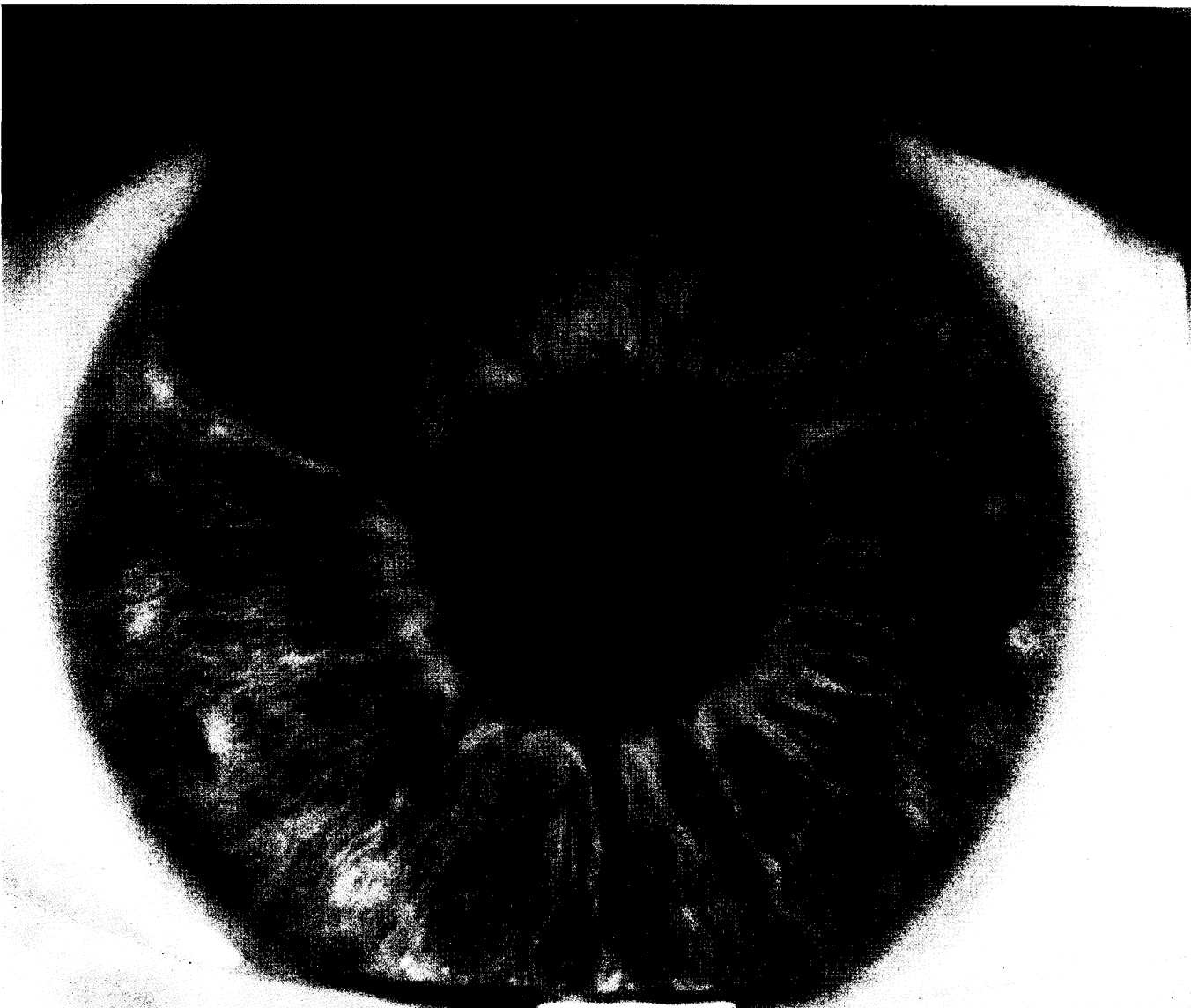
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Ophthalmic Solution

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Timolol maleate, MSD



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For more information, please see overleaf

## 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.

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**BASIC NHS COST**

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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.

®denotes registered trademark.

Issued February 1982.



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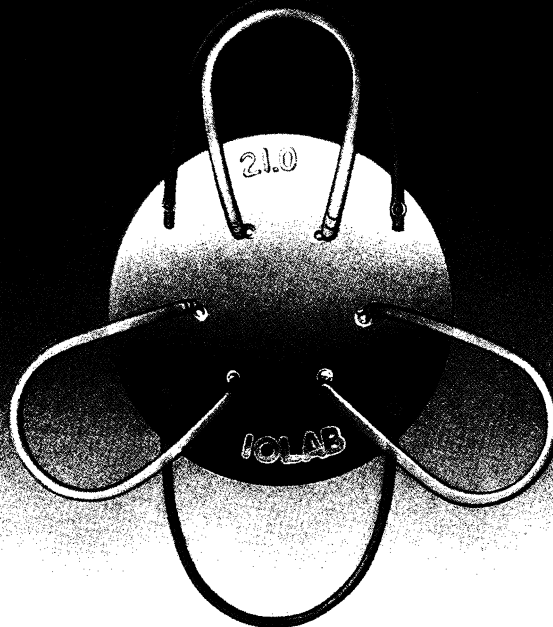
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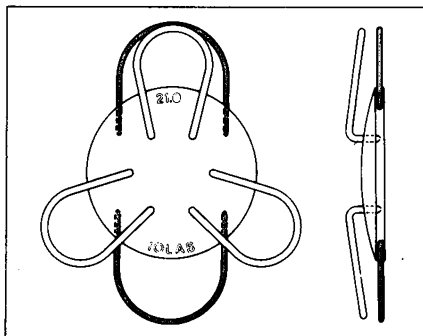
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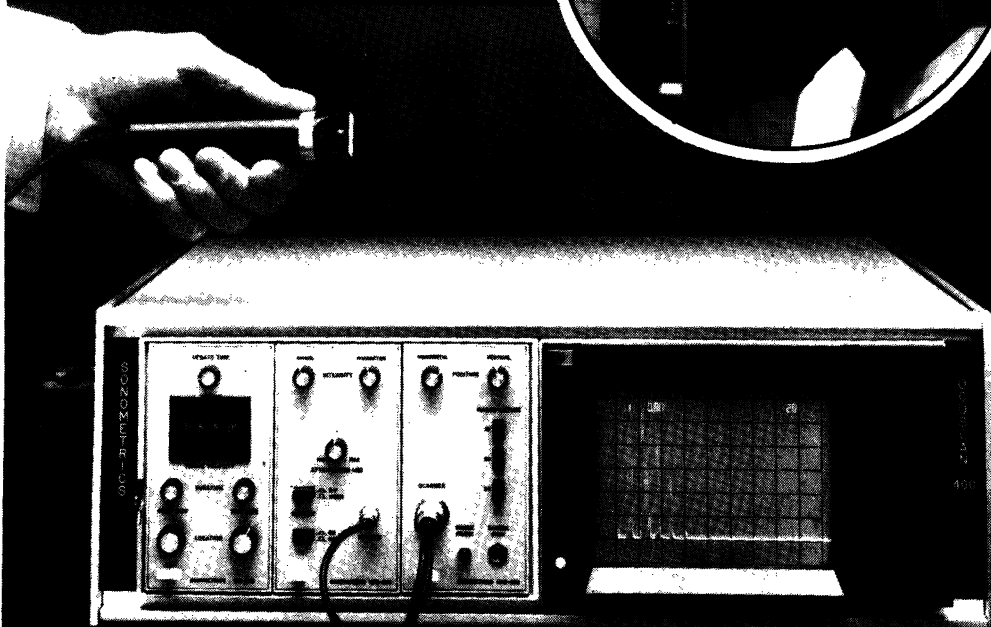
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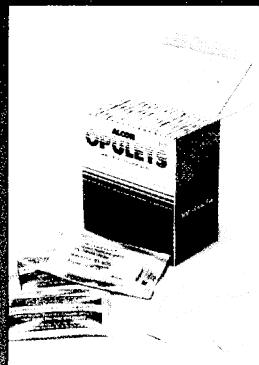


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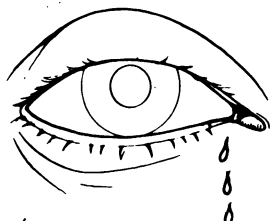
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Applications for awards are now invited from Consultant Ophthalmologists, Senior Registrars about to take up consultant appointments, and any other suitable applicants. The Trustees usually meet to consider applications in April, July and November each year, and applications for awards should normally be received in time for these meetings by the end of February, May and September.

Further information and applications forms may be obtained from:

The Secretary, Keeler Award,  
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Rolls House, 7 Rolls Buildings,  
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**W. Jann Brown and Marietta Vogt**

Recent estimates show that hundreds of millions of people are either exposed to or are victims of parasite infections. This book describes and discusses the most important aspects of the pathogenesis, structural and clinical pathology, and diagnostic problems in parasitic afflictions of the human nervous system, infections which in the past have been considered esoteric in the western world but are being seen with increasing frequency in the United States and Europe. There is no other comprehensive treatment of all these aspects of parasitic infections with particular emphasis on the nervous system and the eye. Illustrated £15

**Oxford University Press**

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Applications are invited from Registrars and Senior Registrars to attend a four day course on the practical aspects of the treatment of retinal and vitreous diseases.

Six places are available and those wishing to be considered should apply giving details of their previous retinal experience.

Fee: £60 to include lunches.

*Applications to:*

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Applicants are invited for vacant academic and consultant posts in the Department of Ophthalmology, University of Jordan, Amman, Jordan. Preference will be given to those with experience in retinal diseases. Applications including detailed C.V. should be sent before 30 April 1982 to:—

**The Appointments Committee,  
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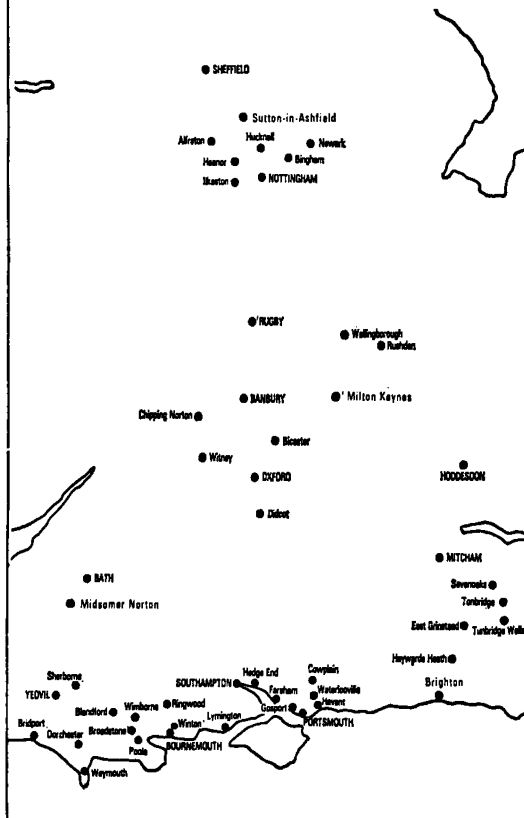
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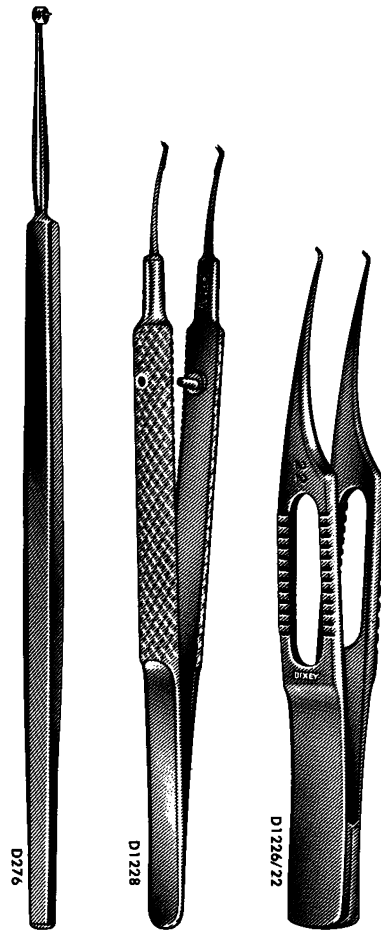
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