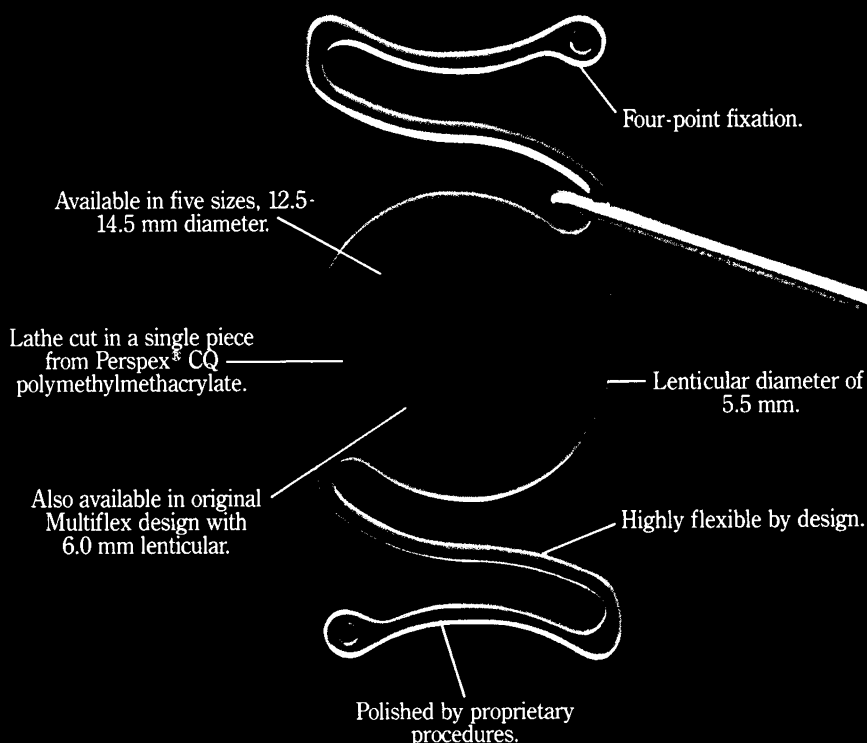
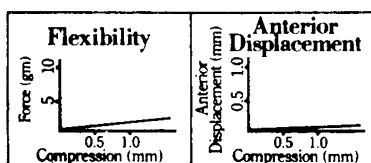


The KelmanTM MultiflexTM* II anterior chamber lens from Cilco.



*U.S. Patent no. 4,174,543



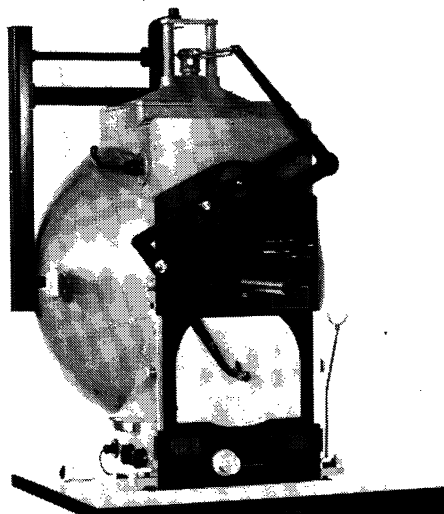
Highly flexible, the KelmanTM MultiflexTM* II anterior chamber lens helps facilitate insertion and minimize postoperative tenderness. Yet the patented design means minimal anterior displacement of the lens optic, as demonstrated by these graphs. Please contact your Cilco office for additional information, surgical protocol or videotape on implantation with Charles D. Kelman, M.D.



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.

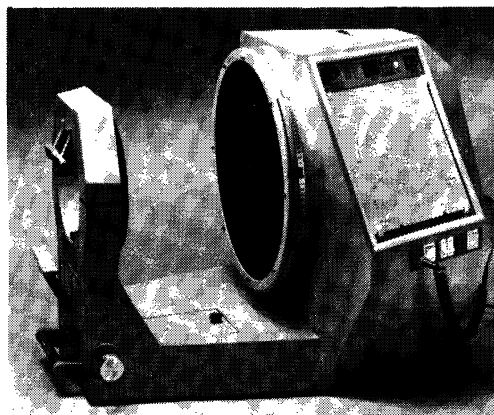
VISUAL FIELD EXAMINATION

THE GOLDMANN PERIMETER ensures an accurate examination of the patients' visual fields. The self recording device, which is an optional extra, allows constant conditions of registration. Reaction time in marking stimulus recognition on the chart is eliminated. The device speeds up the examination, indicates the direction of the stimulus movement and facilitates presentation at a constant speed.



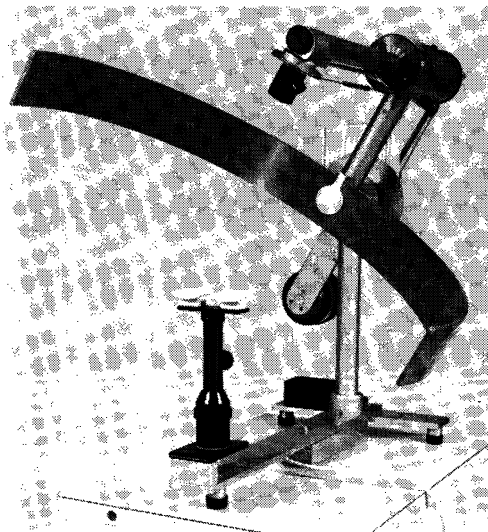
VISUAL FIELD EXAMINATION

THE FRIEDMANN 2 VISUAL FIELD ANALYSER enables central field defects to be recognised sooner and faster. The test is carried out at threshold, presenting 31 asymmetrical patterns selected from 98 stimuli. Colour perimetry and dark adaptation tests can also be performed.



VISUAL FIELD EXAMINATION

THE AIMARK PROJECTION PERIMETER is a well established instrument based on the original Maggiore design. Simple to operate and silent in movement, it provides an accurate visual field plot. A total of 64 different stimuli combinations, including colour filters, makes this versatile instrument a must for the busy visual field clinic.

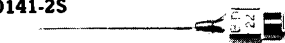


Clement Clarke International Ltd.

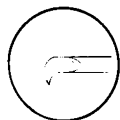
15 Wigmore Street, London W1H 9LA, England.
Tel 01-580 8053 Telex 298626 Cables Clemclarke London

Q:

1141-25



Kelman Cystotome Knife
22 gauge, sharp.
Overall length 32mm.



0511-D



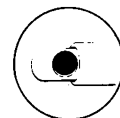
Jensen Capsule Polisher
27 gauge, diamond dusted tip.
Overall length 28mm.



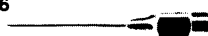
0519



Hyde "Frog" Irrigator/
Aspirator Cannula



E0566



Graether Collar Button
23 gauge, iris retraction,
roughened posterior surface for
capsule polishing.
Overall length 25mm.



E0615



Sheets Irrigating Vectus
21 gauge thin-wall, 3 irrigating
ports at 12, 9, and 3, serrations
on top of vectus, loop 6mm
wide, 10mm long.
Overall length 34mm.

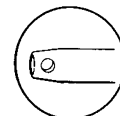


4395-27



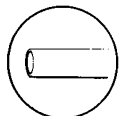
McIntyre Autoclavable Handpiece. For use with all
irrigating type instruments, aids in manipulation and
control, distal tip accepts all cannula type instruments,
proximal tip accepts infusion tubing, 1/4" diameter.
Overall length 89mm.

E4395-5



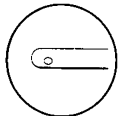
McIntyre Truncated
Outer Cannula
19 gauge, .5mm side
port.
Overall length 17.5mm.

E4395-6



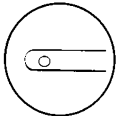
McIntyre Straight Outer
Cannula
19 gauge, straight tip.
Overall length 17.5mm.

E4395-2



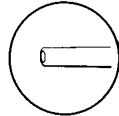
McIntyre Inner Cannula
23 gauge, .2mm side
port.
Overall length 46mm.

E4395-3



McIntyre Inner Cannula
23 gauge, .3mm side
port.
Overall length 46mm.

E4395-4

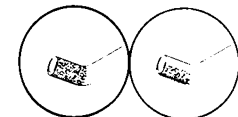


McIntyre Straight Inner
Cannula
23 gauge, end opening.
Overall length 46mm.

0508



Kratz Capsule Scraper
23 gauge with 1mm angled
sand-blasted tip.
Overall length 21mm.



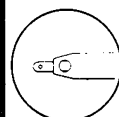
E0508-D

Kratz Capsule Scraper
23 gauge with 1mm angled
diamond dusted tip.
Overall length 21mm.

E4395



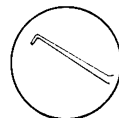
McIntyre Basic Coaxial Cannula
Connector System Includes:
2 each Infusion Set (E4395-1)
1 each Inner Cannula (E4395-2)
1 each Truncated Outer Cannula
(E4395-5)
1 each Nylon Connector
(E4395-7)



E0542



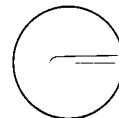
Clayman Guide
Angled 45° 9mm with 2mm hook.
Overall length 118mm.



E0545



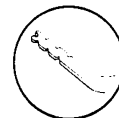
Sinskey Iris and I.O.L. Hook
Flat handle with 2mm hook.
Overall length 121mm.



E0714



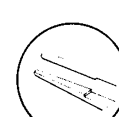
Hirschman Iris Lens Spatula
Angled 12mm working end.
Overall length 123mm.



E1815-AK



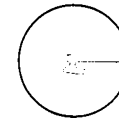
Kelman-McPherson Angled Tying Forceps
8mm long smooth jaws.
Overall length 82mm.



E0549-H



Hirschman Iris Hook
Angled 45° 9mm with a hook, round handle.
Overall length 125mm.

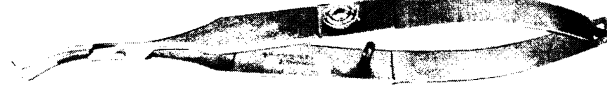


02982



Clayman Lens Forceps
Angled 70° 3mm. Overall length 120mm.

E2997



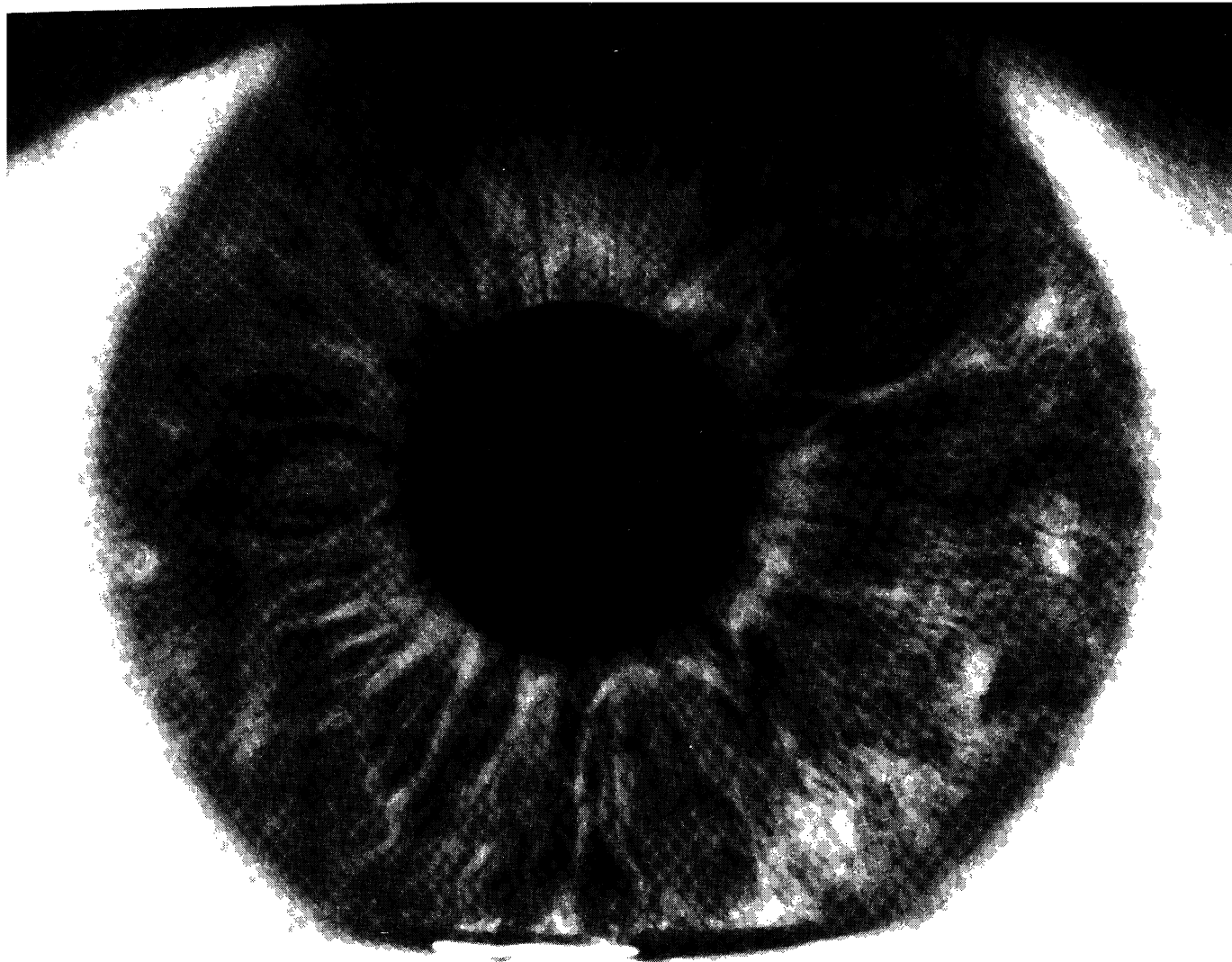
Moore Lens Insertion Forceps
Angled with "Y" shaped tips, tips are .02mm wide and
4mm apart, with sliding lock.
Overall length 126mm.

A:

storz

ALTOMED LTD

Park Road, Gateshead, Tyne & Wear NE8 3HL
Tel: Gateshead (0632) 781001 & 781079
Telex: 53768/1/2/3 ALLWORLD G. ALTOMED



Glaucoma Group Travel Fellowship

Sponsored by Merck Sharp & Dohme Limited, originators of
Ophthalmic Solution

Timoptol[®]
Timolol maleate, MSD

See Announcement Section for full details



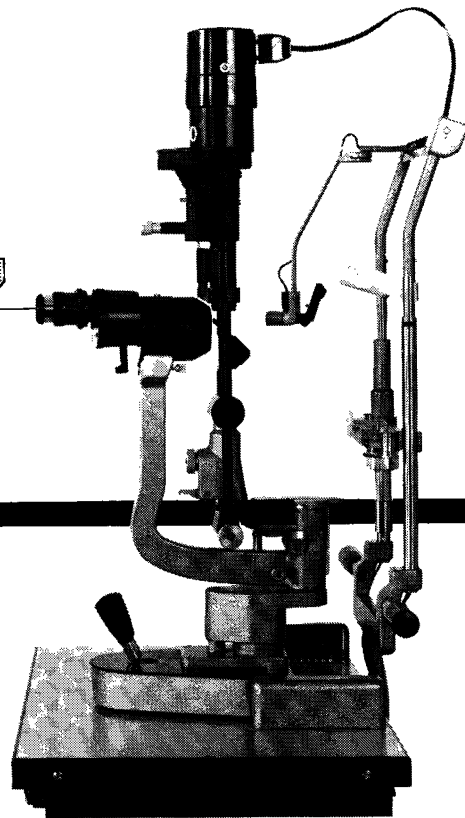
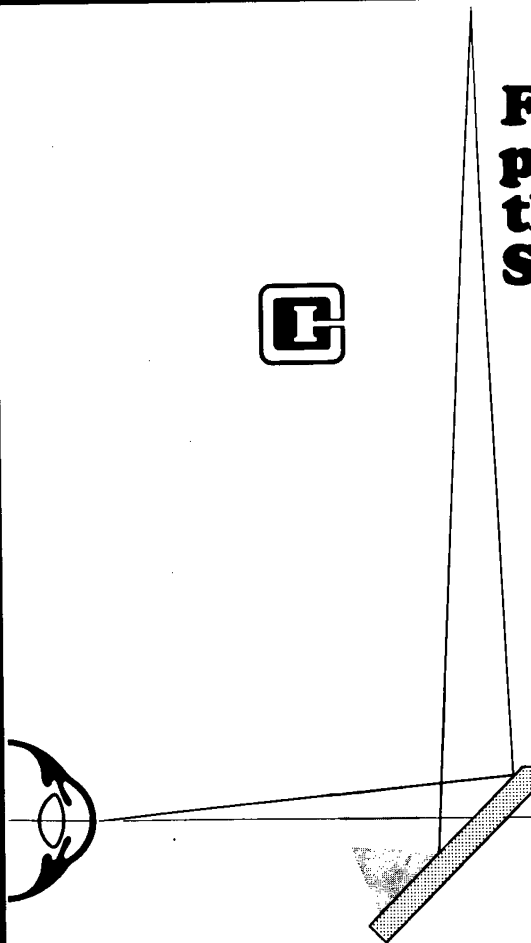
Merck Sharp & Dohme Limited, Hoddesdon, Hertfordshire, EN11 9BU

[®] denotes registered trademark. Prescribing information is available on request.

**For the best
possible results...
the best possible
Slit Lamp...**

the BM900®

HAAG-STREIT



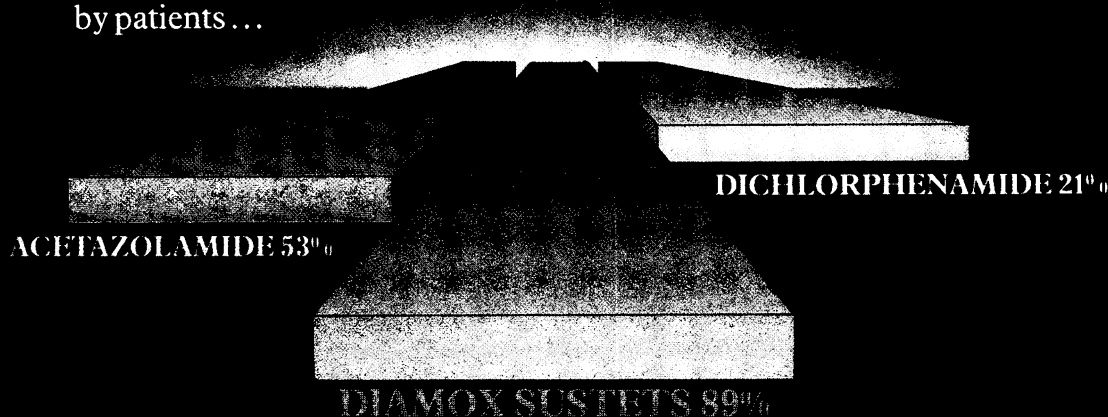
When it comes to providing the best possible patient care, the real thing is needed, the best possible slit lamp... the BM900® by Haag-Streit. To experience optical resolution as it really should be... to observe details with the truly finest slit system... and to arrive at an unquestionably assured diagnosis, rely on the original. The finest skills can only be exercised with the finest instruments. Such instruments cost more because they do more. Over 30,000 Haag-Streit BM900® users know what this means. If you don't, move up now to the original. Contact us for full details on the BM900® and a free copy of Haag-Streit's book, 'On Slit Lamp Microscopy'.

Clement Clarke International Ltd.
15 Wigmore Street, London W1H 9LA
Tel. 01-580-8053

"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 intra-ocular pressure – with significant reduction in the adverse effects associated with systemic therapies for this condition.¹

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



... and physicians, alike.

Eighty-nine percent of the patients tolerated acetazolamide sustained release capsules.¹

"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".¹

acetazolamide

THE SYSTEMIC TREATMENT FOR GLAUCOMA

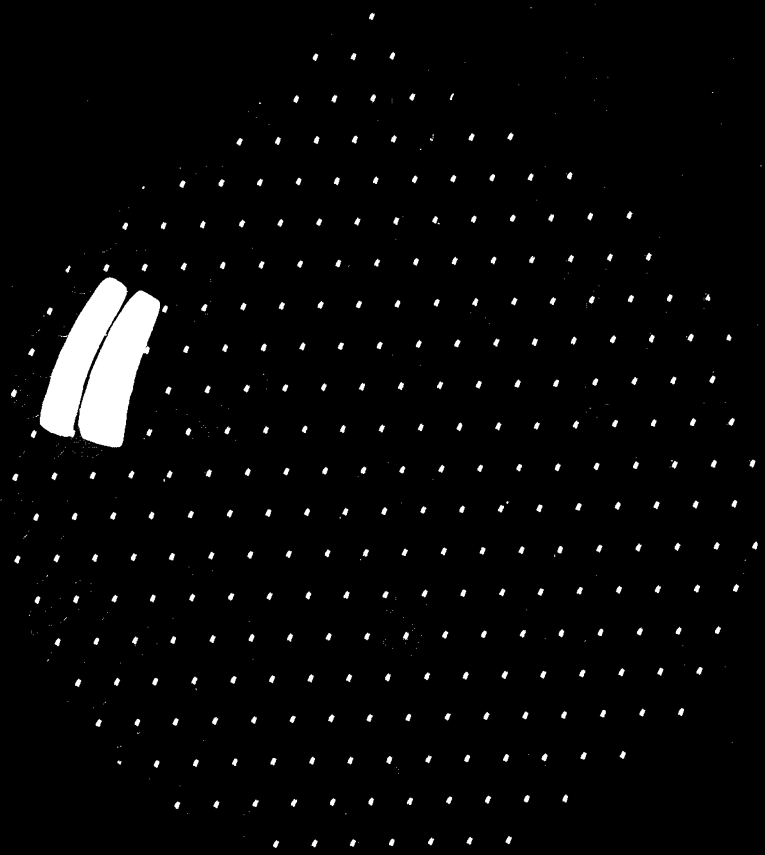
INDICATIONS Glaucoma. **DOSAGE Adults:** One capsule at night and in the morning. **Contra-indications:** Idiopathic renal hyperchloraemic acidosis. Addison's disease or all types of suprarenal gland failure. Long-term administration in patients with chronic congestive angle-closure glaucoma. **Precautions:** 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:** £27.53 per 100. PL 0095/5074.

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



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

• ISOPTO CARPINE •



Drop in
during the day.



Chloromycetin*

chloramphenicol Ph Eur

ensures effective control
of bacterial infections of the eye

Specify

Chloromycetin
the quality an eye deserves

PRODUCT INFORMATION FROM PARKE-DAVIS RESEARCH LABORATORIES

Prescribing Information

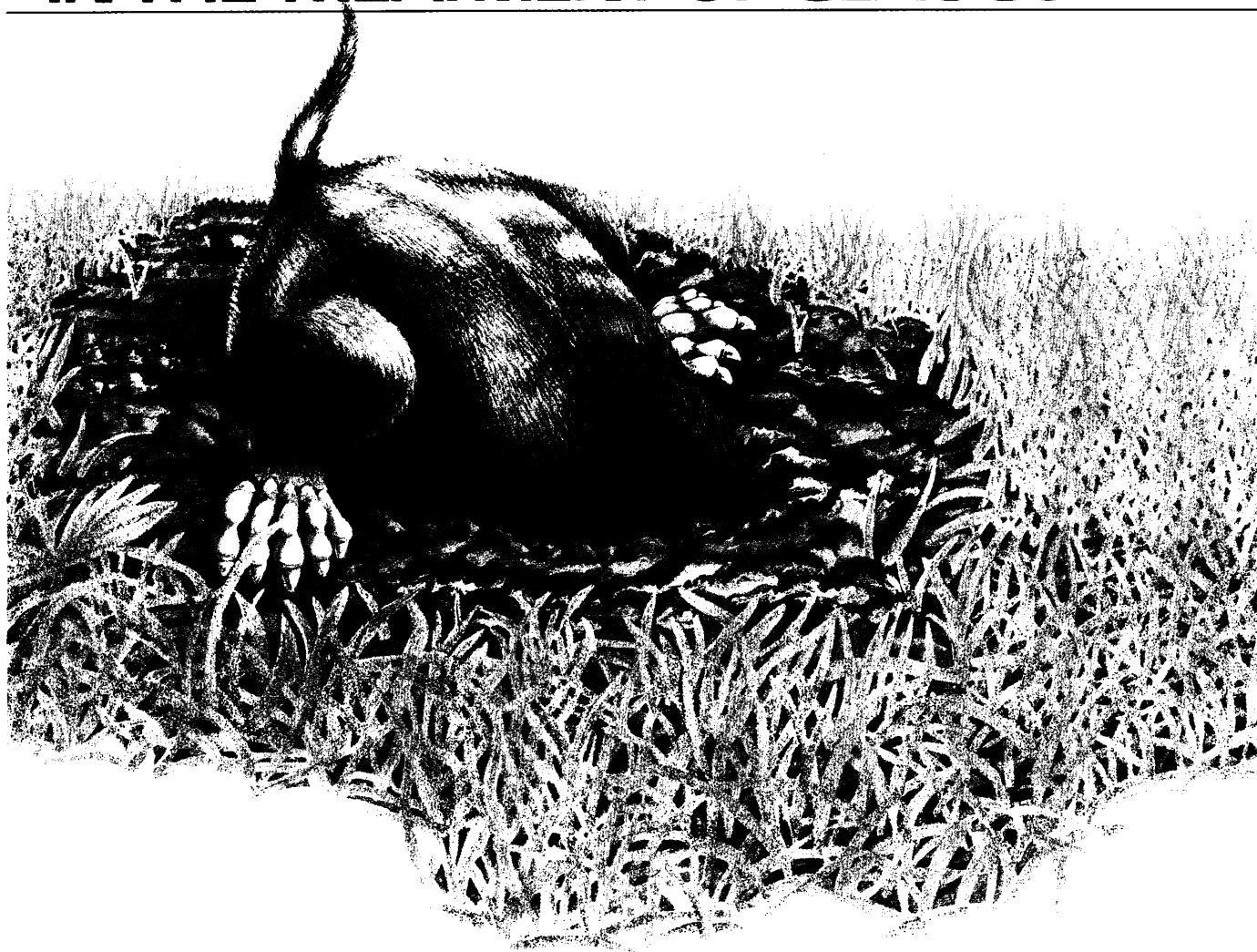
Composition: (i) Chloromycetin Redidrops* (Ophthalmic) 0.5% (Chloramphenicol Eye Drops B.P.) Chloramphenicol Ph. Eur. 5 mg Boric Acid Ph. Eur. 15 mg Borax Ph. Eur. 3 mg Phenylmercuric Acetate B.P.C. 1973 0.02 mg Purified Water Ph. Eur. qs to 1 ml (ii) Chloromycetin Ophthalmic Ointment (Chloramphenicol Eye Ointment B.P.) Contains 1% chloramphenicol Ph Eur in a petrolatum base. **Indications:** Treatment of bacterial conjunctivitis caused by the organisms *Escherichia coli*, *Haemophilus influenzae*, *Staphylococcus aureus*, *Streptococcus haemolyticus*, *Morax-Axenfeld* and others. **Dosage:** The recommended dosage for adults, children and infants of all age groups is two drops or a small amount of ointment, to be applied to the affected eye every 3 hours or more frequently if required; treatment should be continued for at least 48 hours after the eye appears normal. **Contra-indications, warnings etc:** Chloromycetin Ophthalmic Preparations should not be administered to patients hypersensitive to chloramphenicol. In severe infections the topical use of chloramphenicol should be supplemented by appropriate systemic treatment. The prolonged use of antibiotics may occasionally result in overgrowth of non-susceptible organisms including fungi. If any new infection appears during treatment the antibiotic should be discontinued and appropriate measures taken. Chloramphenicol should be reserved for use only in infections for which it is specifically indicated. Aplastic anaemia has been reported following topical use of chloramphenicol. Whilst the hazard is a rare one, it should be borne in mind when assessing the benefits expected from the use of this compound. **Product licence holder:** Parke, Davis and Company, Mitchell House, Southampton Road, Eastleigh, Hampshire SO5 5RY. **Product licence nos:** Chloromycetin Redidrops 0018/0065 Chloromycetin Ophthalmic Ointment 1% 0018/5074. **Basic NHS Cost:** Redidrops 5ml £1.05, 10ml £1.12; Ointment 4g tube £0.61. Further information is available from: Parke-Davis Medical, Parke-Davis Research Laboratories, Mitchell House, Southampton Road, Eastleigh, Hampshire SO5 5RY.

Parke-Davis Medical
Parke-Davis
RESEARCH LABORATORIES

Telephone (0703) 619791.

*Trade mark P146-UK-Oct 83

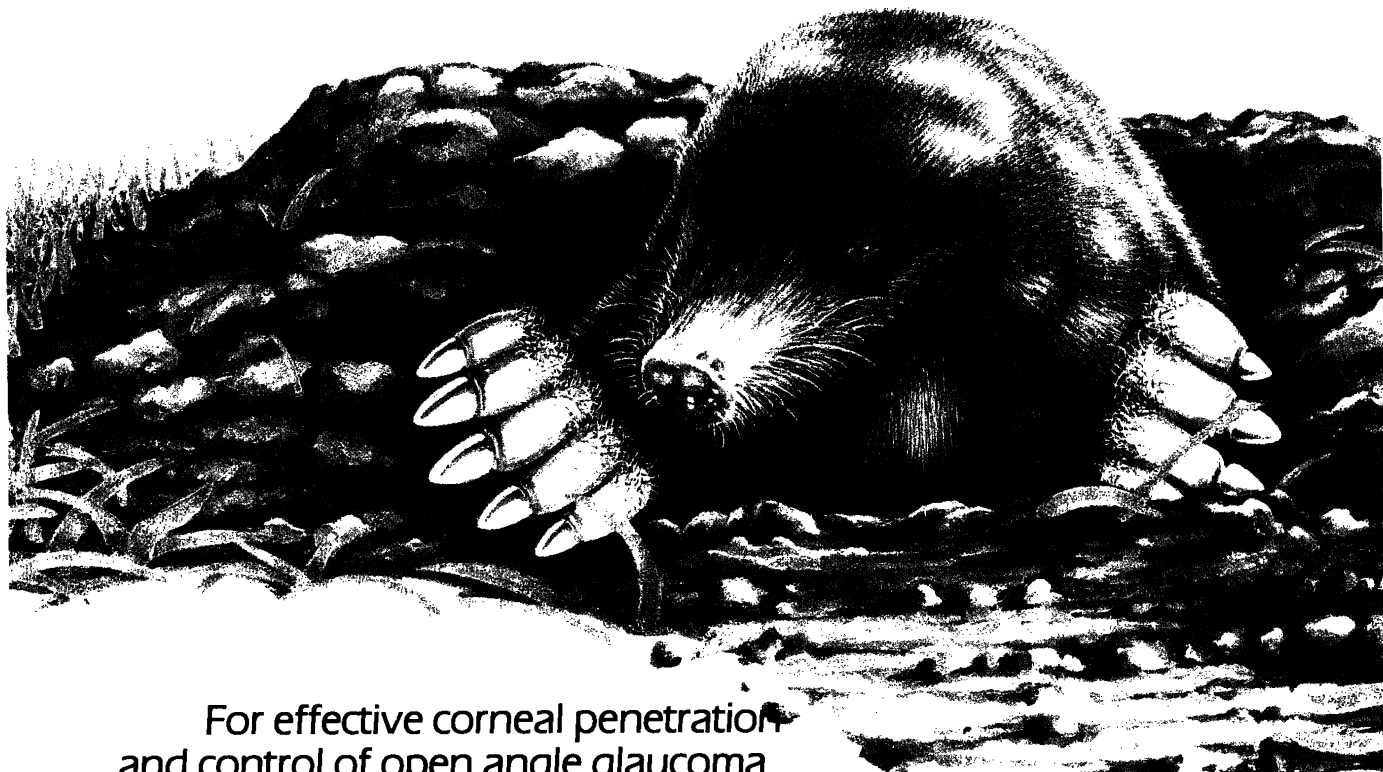
ANNOUNCING A FIRST IN THE TREATMENT OF GLAUCOMA



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

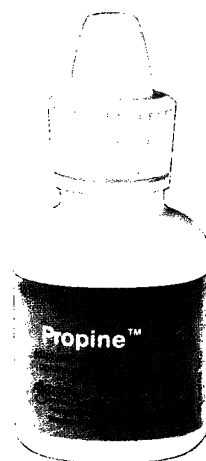
**All it took was hindsight
and a little vision**

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 hypersensitive 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. Macular oedema with dipivefrin does present as a possibility in the aphakic patients. **Adverse reactions:** Rebound vasodilation and allergic blepharoconjunctivitis 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) £4.65. PL 0426/0040.

ALLERGAN

Allergan Limited,
Turnpike Road,
Cressex Industrial Estate,
High Wycombe,
Bucks. HP12 3NR



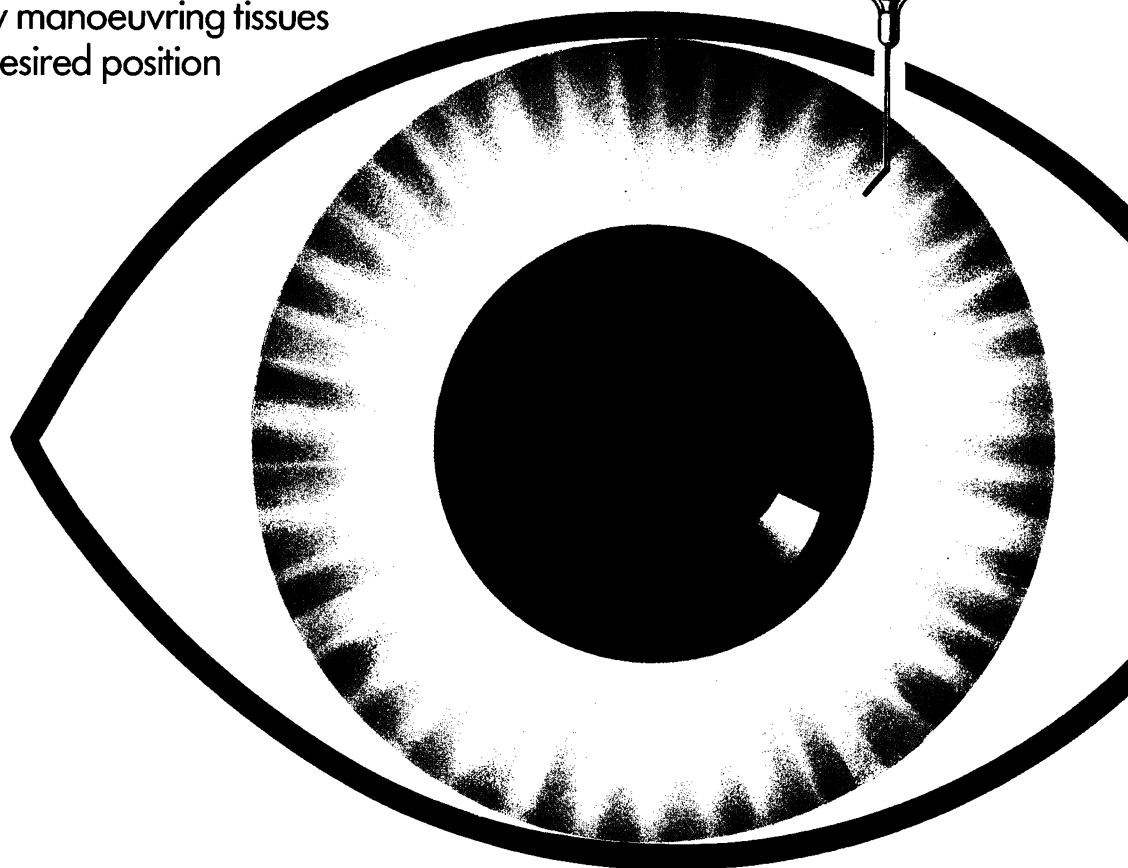
A major research development
from Pharmacia Ophthalmics.

HEALONID

sodium hyaluronate (1%)

Healonid facilitates
IOL implantation, corneal transplantation
and trauma surgery by:

- * maintaining space
- * protecting tissues
- * gently manoeuvring tissues
into desired position





Cover every move with MINIMSTM

The range of single use eye drops with the following advantages

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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Pharmaceuticals Ltd

Bampton Road, Harold Hill, Romford, Essex, RM3 8SL
Tel: Ingrebourne (04023) 49333

*The current Minims range comprises the following:-

Atropine Sulfate Ph.Eur. 1.0%, Cyclopentolate Hydrochloride BP 0.5 & 1.0%, Homatropine Hydrobromide Ph.Eur. 2%, Hyoscine Hydrobromide Ph.Eur. 0.2%, Phenylephrine Hydrochloride BP 10%, Tropicamide BP 0.5 & 1.0%, Pilocarpine Nitrate Ph.Eur. 1.0, 2.0 & 4.0%, Amethocaine Hydrochloride Ph.Eur. 0.5 & 1.0%, Benoxinate Hydrochloride U.S.P. 0.4%, Lignocaine Hydrochloride Ph.Eur. 4.0% + Fluorescein Sodium BP 0.25%, Fluorescein Sodium BP 1.0 & 2.0%, Rose Bengal 1.0%, Chloramphenicol Ph.Eur. 0.5%, Neomycin Sulfate Ph.Eur. 0.5%, Sulfacetamide Sodium BP 10.0%, Gentamicin 0.3%, Prednisolone Sodium Phosphate BP 0.5%, Sodium Chloride Ph.Eur. 0.9%, Castor Oil Ph.Eur.

HEALONID®

Healonid is a pure high molecular weight fraction of sodium hyaluronate, with visco-elastic properties that make it a unique and valuable aid to many ophthalmic surgical procedures. Injected into an open anterior chamber, it restores and maintains chamber depth to ease surgical manipulation and provides mechanical protection to delicate cells and tissues. Healonid causes no intraocular inflammation and has been described as offering the ophthalmic surgeon "...advantages and safety margins not available with any other known technique." Pape & Balazs (1980) Ophthalmology, 87, 7, 699.

PRESCRIBING INFORMATION

PRESENTATION

Disposable 0.4 ml 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 or 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 NHS PRICE (May 1983)

Disposable syringes containing 0.4 ml. £26.76 each.

FURTHER INFORMATION

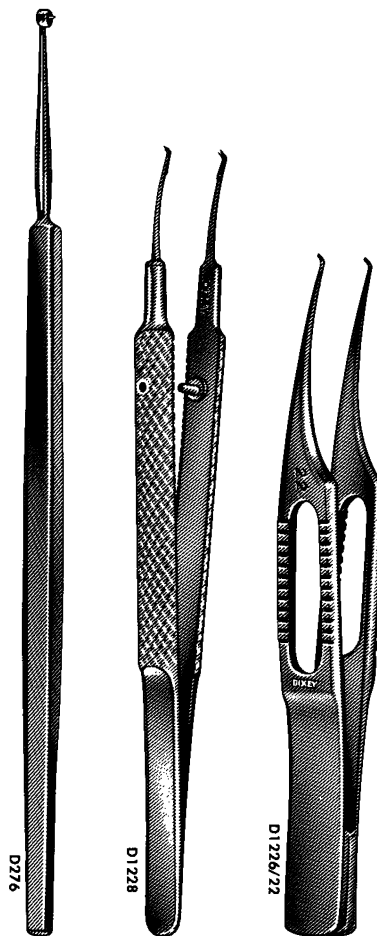
HEALONID does not interfere with the healing process. Its use may reduce incidence of synechiae and adhesions. Evidence from animal experiments indicates that HEALONID is no longer present in the anterior chamber six days after introduction.

PRODUCT LICENCE NUMBER 0009/0045.



Healonid (regd) sodium hyaluronate (1%) is a product of Pharmacia (Great Britain) Limited, Pharmacia House, Midsummer Boulevard, Milton Keynes, MK9 3HP. Telephone (0908) 661101. Further information is available on request to the company.

DIXEY



D276 Govan's Depressor/Marker, Scleral

D1228 Birks Micro 'Colibri' Forceps

D1226/22 Beaked (Colibri) Micro Forceps:

DIXEY INSTRUMENTS LIMITED

Ophthalmic Instruments & Apparatus

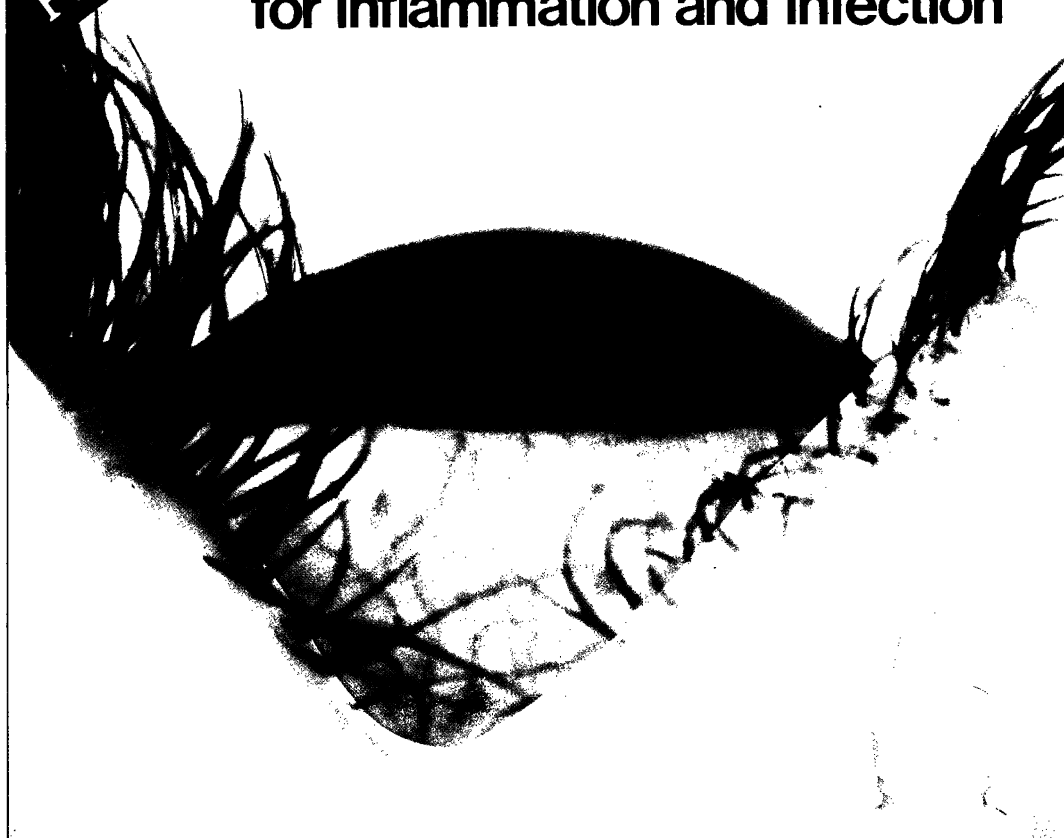
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London W1A 4DU England

Telephone: 01-580 1713 Telex: 268312

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PRODUCT

A SIGNIFICANT DROP for inflammation and infection



FML - Neo

fluorometholone and neomycin

The proven efficacy of a potent ocular steroid, with a substantially reduced tendency to elevate intraocular pressure combined with a broad spectrum antibiotic.

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Cressex Industrial Estate
High Wycombe Bucks HP12 3NR



Presentation: Sterile, white, microfine ophthalmic suspension containing fluorometholone NF 0.1% and neomycin sulphate BP 0.5% (equivalent to 0.35% neomycin base). **Uses:** FML-Neo is indicated for the management of steroid responsive inflammation of the palpebral or bulbar conjunctiva, cornea and anterior segment of the globe, when threatened or complicated by infection with neomycin sensitive organisms. **Dosage and Administration:** One to two drops in the conjunctival sac two to four times daily. During the initial 24 to 48 hours, the dosage may be safely increased to one drop every hour. Care should be taken not to discontinue treatment prematurely. Shake well before using. **Contra-indications, Warnings, etc.** Acute untreated purulent ocular infections. Acute superficial herpes simplex (dendritic keratitis), varicella, varicella and most other viral diseases of the conjunctiva and cornea. Ocular tuberculosis, fungal diseases of the eye and hypersensitivity to any of the components of the drug. **Warnings:** In diseases due to micro organisms resistant to neomycin, infection may be masked, enhanced or activated by the steroid. Prolonged use may result in overgrowth of non-susceptible organisms. Articles in current medical literature indicate an increase in the prevalence of persons sensitive to neomycin. The possibility of such a reaction should be borne in mind. If sensitivity or other untoward reactions occur, discontinue the medication. As fungal infections of the cornea have been reported even identical with long term steroid applications, fungal infection may be suspected in any persistent corneal ulceration where a steroid has been used, or is in use, over a prolonged period of time. In those diseases causing thinning of the cornea, perforation has been known to have occurred with the use of topical steroids. Acute purulent untreated infections of the eye may be masked, enhanced or activated by the presence of steroid medication. Secondary ocular infection may occur from pathogens liberated from ocular tissues. Use of steroid medication in the presence of stromal herpes simplex requires great caution, frequent slit lamp microscopic is required. Reports in the literature indicate that posterior subcapsular lenticular opacities have occurred after heavy or protracted use of topical ophthalmic corticosteroids. Eye drops containing corticosteroids should not be used for more than one week except under strict ophthalmic supervision with regular determination of intraocular pressure. This preparation contains benzalkonium chloride and should be used with caution in association with hydrophilic contact lenses. **Precautions:** Patients with histories of herpes simplex keratitis should be treated with caution. Use of topical steroids may increase intraocular pressure. Safety of intensive or protracted use of topical steroids during pregnancy has not been substantiated. Local side effects of steroid therapy, i.e. skin atrophy, striae and telangiectasia, are especially likely to affect facial skin. **Pharmaceutical Precautions:** Shake well before using. **Do not freeze.** **Legal Category:** POM **Package Quantities:** Available in 5ml plastic dropper bottles. **Base NHS Cost (as at August 1983 £1.00)** P1 042h 0043 Full prescribing information is available on request.

FMNE2

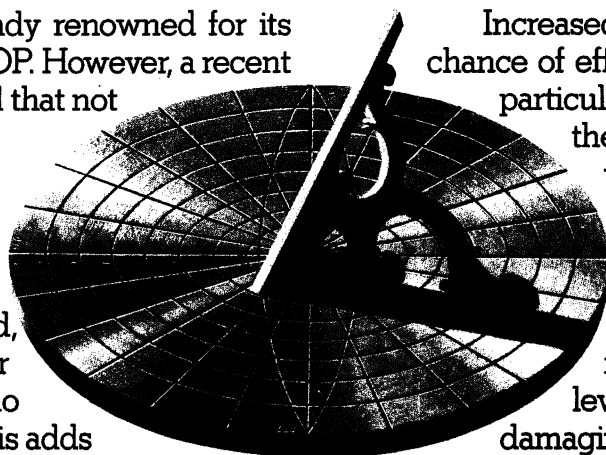
GLAUCOMA.

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.

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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.

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

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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.

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Issued January 1983.

REFERENCES

1. *Brit. J. Ophthalmol.*, 1964, 48, 354.
2. *Curr. Ther. Res.*, 1980, 27, 4, 538.
3. *Proc. Int. Symp. on Glaucoma*, 1978, p. 41.
4. *Res. and clin. Forums*, 1980, 2 (1), 167.
5. *Brit. J. Ophthalmol.*, 1980, 64, 137.
6. *Surv. Ophthalm.*, 1979, 23 (6), 403.



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This will be an open meeting with English as the prime language. There will be didactic sessions, and free papers which are invited on ophthalmic plastic, lacrimal and orbital subjects. Further details can be obtained from the programme organiser: Prof. H. Hübner, Department of Ophthalmology, Bruderkrankenhaus, 5500 Trier, West Germany, or from the Secretary, J. R. O. Collin, F.R.C.S., Moorfields Eye Hospital, City Road, London E.C.1.

OPHTHALMOLOGIST REQUIRED

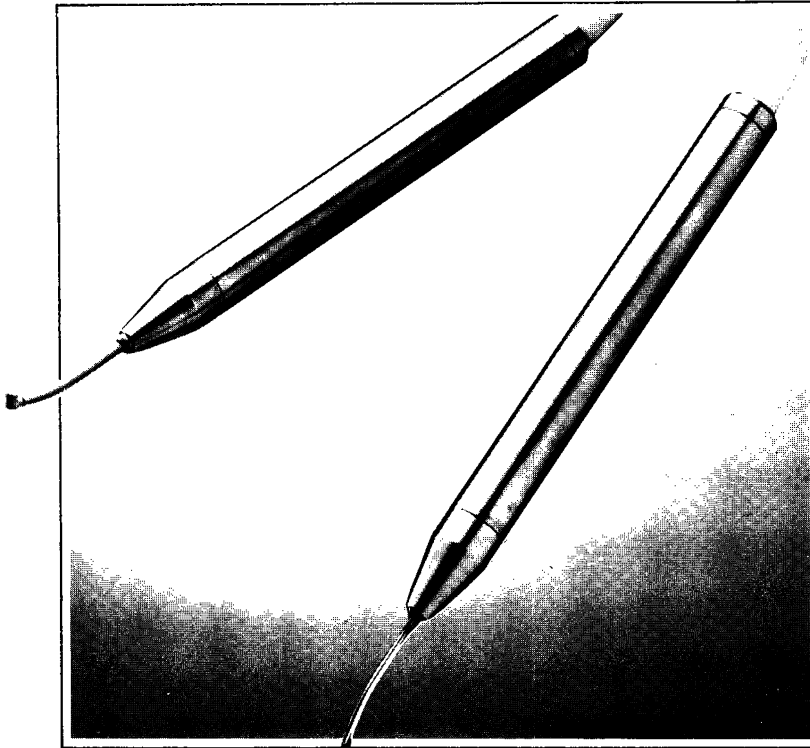
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*Reference Hoyng Ph.F.S. & Dake C.L. in

'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 but, mydriasis may precipitate angle closure. Occasionally, ocular 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 suitable for two years providing the pouch remains unopened.

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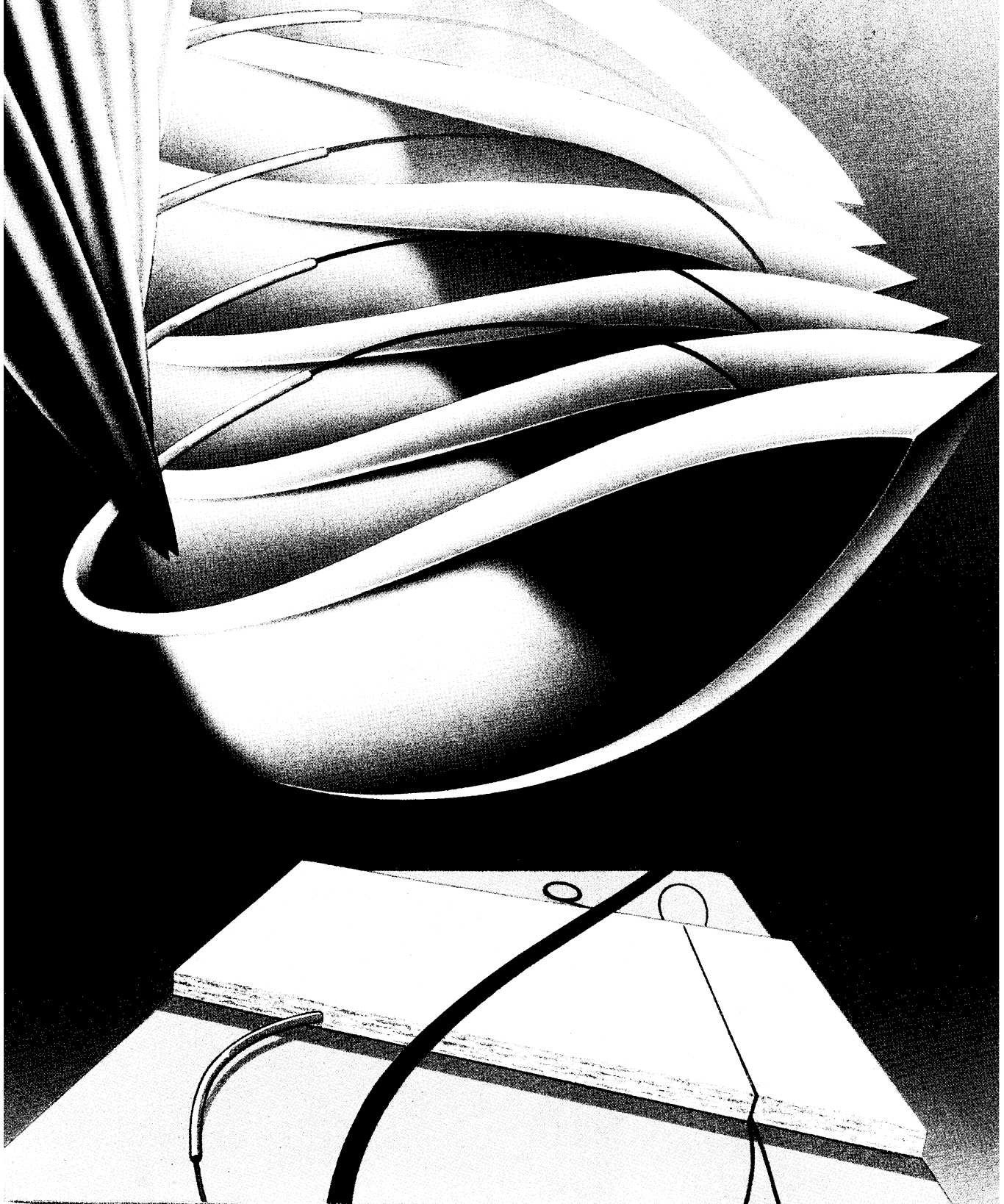


Turnpike Road, Cressex Industrial Estate, High Wycombe, Bucks. HP12 3NR.

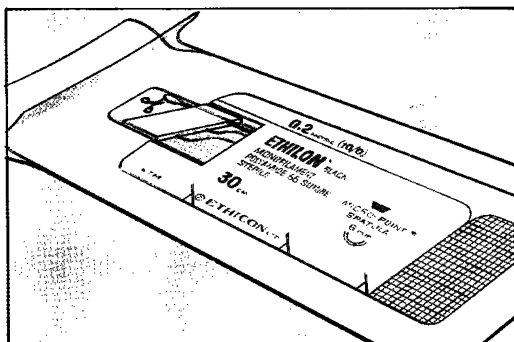
Presentation: Clear, colourless to slightly straw coloured sterile, aqueous ophthalmic solution, containing polyvinyl alcohol 1.4%. **Uses:** For dry eyes, especially where natural mucus is absent, or deficient, also an ocular lubricant. **Dosage and administration:** 1 drop in the eye as needed, or 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.

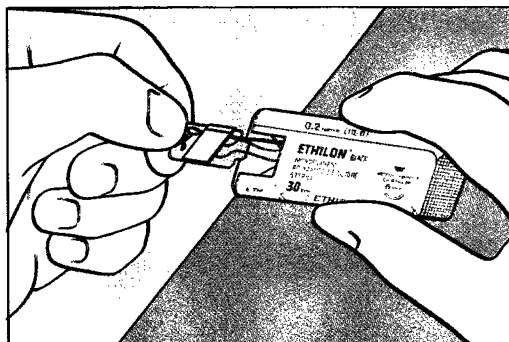
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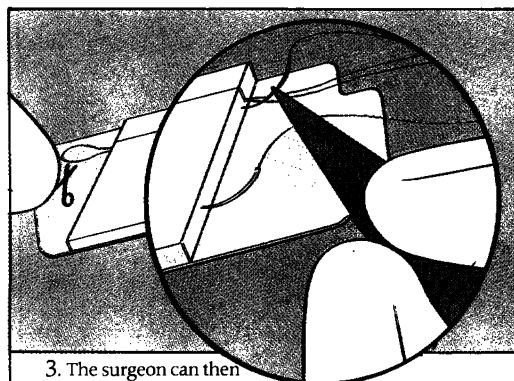
The new MICRO-POINT X spatula needle



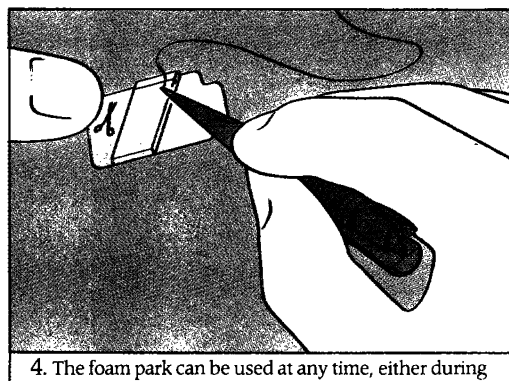
1. The outer overwrap has been removed and the sterile inner pack is placed on the trolley ready to be dispensed.



2. The inner folder has been removed from the pack and the needle foam park is being moved towards the operating field. No unwinding or handling of the delicate needle or suture is necessary.



3. The surgeon can then take the needle from its protective foam park, cutting the suture either at the mid-point as indicated by the loop or at any position along its length.



4. The foam park can be used at any time, either during the procedure to keep the needle safe within the operating field until required, or at the end for needle count and safe disposal.

In the exacting field of anterior segment surgery, higher and higher standards are being demanded.

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ALLERGAN

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Presentation White microfine sterile ophthalmic suspension containing fluorometholone (0.1%). **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. During the initial 24 to 48 hours the dosage may be safely increased to 2 drops every hour. Care should be taken not to discontinue therapy prematurely. **Contra-indications, warnings, etc.** **Contra-indications:** Acute superficial Herpes simplex keratitis. Fungal diseases of ocular structures. Vaccinia, varicella and most other viral diseases of the cornea and conjunctiva. Tuberculosis of the eye. Hypersensitivity to the constituents of this medication. **Warnings:** Steroid medication in the treatment of Herpes simplex keratitis (involving the stroma) requires great caution. Frequent slit-lamp microscopy is mandatory. Prolonged use may result in glaucoma, damage to the optic nerve, defects in visual acuity and fields of vision, posterior subcapsular cataract formation, or may aid in the establishment of secondary ocular infections from fungi or viruses liberated from ocular tissue. In those diseases causing thinning of the cornea or sclera, perforation has been known to occur with use of topical steroids. Safety and effectiveness have not been demonstrated in children of the age group two years or below. This preparation contains benzalkonium chloride and should be used with caution in association with hydrophilic contact lenses. **Use in pregnancy:** Safety of the use of topical steroids during pregnancy has not been established. **Precautions:** As fungal infections of the cornea are particularly prone to develop coincidentally with long-term local steroid applications, fungus invasion must be suspected in any persistent corneal ulceration where a steroid has been used or is in use. Intra-ocular pressure should be checked frequently. **Adverse reactions:** Glaucoma with optic nerve damage, visual acuity or field defects, posterior subcapsular cataract formation, secondary ocular infection from pathogens liberated from ocular tissues, perforation of the globe. Local side-effects of steroid therapy, i.e. skin atrophy, striae and telangiectasia, are especially likely to affect facial skin. **Pharmaceutical precautions** Protect from freezing. **Legal category** POM. **Package quantities** Supplied in plastic dropper bottles of 5 ml and 10 ml. **Base NHS cost** (as at August 1982) 5 ml—£1.62, 10 ml—£2.57. **PL 0426-0028.** Full prescribing information is available on request. **References** 1. Castroviejo, R. Proceedings of 79th Ann. Meeting Am. Acad. Ophthalmol Otolaryngol (1974) October 2. Fairbairn, W.D., Thomson, J.C. Arch. Ophthalmol (1971) 86, 136-141. 3. Kitazawa, Y., Am. J. Ophthalmol (1976) 82, 3, 492-495. 4. Stewart, R.H., Kimbrough, R.L. Arch. Ophthalmol (1979) 97, 2139-2140. 5. Mindel, J.S., et al. Arch. Ophthalmol (1980) 98, 1577-1578.

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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 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.



Scanning electron micrographs taken by Alan E. Pooley, Ph.D., Prabody Museum, Yale University.

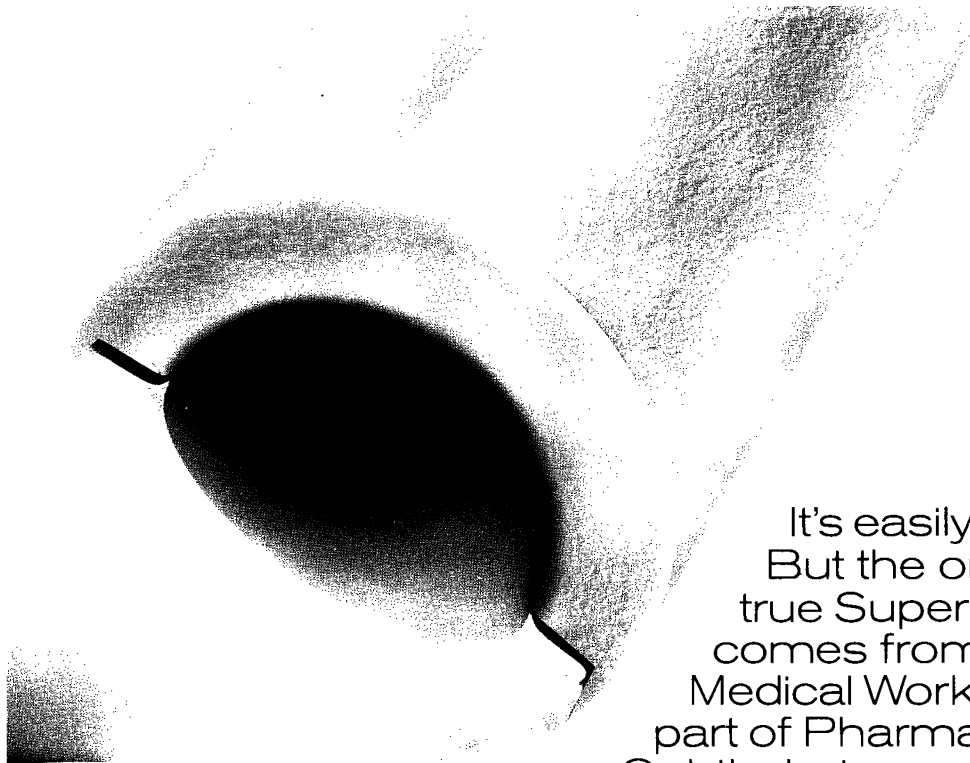


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Healonid is a pure high molecular weight fraction of sodium hyaluronate, with visco-elastic properties that make it a unique and valuable aid to many ophthalmic surgical procedures. Injected into an open anterior chamber, it restores and maintains chamber depth to ease surgical manipulation and provides mechanical protection to delicate cells and tissues. Healonid causes no intraocular inflammation and has been described as offering the ophthalmic surgeon "...advantages and safety margins not available with any other known technique." Pape & Balazs (1980) Ophthalmology, 87, 7, 699.

PRESCRIBING INFORMATION

PRESENTATION

Disposable 0.4 ml 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 or 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 NHS PRICE (May 1983)

Disposable syringes containing 0.4 ml. £26.76 each.

FURTHER INFORMATION

HEALONID does not interfere with the 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.

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(15 minute duration) related to one of the following topics:

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C.1. Individual needs
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C.3. Future

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If you have already done research and published on one of these topics and would like to give a lecture during the next Symposium,

please send a 200 word abstract before the end of March 1984 to the Secretary of the Scientific Committee.

THE SIXTH INTERNATIONAL VISUAL FIELD SYMPOSIUM of the

INTERNATIONAL PERIMETRIC SOCIETY

will be held in Santa Margherita Ligure, Genova, Italy

May 28 - 31, 1984

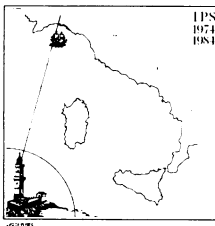
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Automated perimetry
Colour perimetry
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Registration fee: US \$100 for members of the Society. US \$125 for non-members, after March 31, \$125 and \$150 respectively.

For registration and meeting information contact:



Professor Mario Zingirian
Eye Clinic of the University of Genova,
Viale Benedetto, XV 5, I-16132 Genova, Italy

Other enquiries including application for membership should be sent to:

Anders Heijl, M.D.,
Secretary of the International Perimetric Society
Department of Ophthalmology,
The University of Lund,
Malmö General Hospital, S-214 01 Malmö, Sweden



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HG2 7ND, England.
Tel: (0423) 886641

The Victorian spa town of Harrogate is justifiably regarded as the heart of the most important tourist area in the North of England and is surrounded by countryside of considerable beauty. The convention centre is the most modern in Europe and is within 20 minutes from touchdown at the local airport.

FLINDERS MEDICAL CENTRE

LOCUM STAFF SPECIALIST/SENIOR STAFF SPECIALIST IN OPHTHALMOLOGY

July – December, 1984

Flinders Medical Centre is a 500 bed teaching hospital integrated with the Medical School of the Flinders University of South Australia. Applicants will be required to run the retinal vascular service. There is a full time ophthalmic photographer in the Department which is equipped with a Lasertek Argon/Krypton Laser. Some expertise in Paediatric Ophthalmology would be useful but not essential.

Qualifications: F.R.A.C.S. or equivalent qualifications making the applicant eligible for registration as a specialist with the Medical Board of South Australia.

Salary: A\$41,590/A\$53,031 per annum depending on qualifications and experience.

Further information may be obtained by contacting Prof. O. Coster (08) 275 9911.

Applications including curriculum vitae with details of clinical, teaching and research experience, and the names and addresses of three referees should be addressed to the Administrator, Flinders Medical Centre, Bedford Park, South Australia, 5042.

UNIVERSITY OF LONDON

INSTITUTE OF OPHTHALMOLOGY

Associated with MOORFIELDS EYE HOSPITAL

The following General and Special Courses have been planned:

1984		
26th-30th March	Basic Contact Lens Practice Course	£150
4th-8th June	Orthoptic Course	£125
13th-15th June*	Course on the Treatment of Macular Disease	£120
13th June – 30th November	Annual Course in Community Eye Health	£2,750
14th-17th August*	Microsurgery Course	£300
3rd-21st September	Final FRCS Refresher Course	£300
24th September 1984 – 7th June 1985	General Course in Ophthalmology	£7,000
22nd-26th October*	Advanced Topic Teaching in Hospital Contact Lens Practice	£180
13th & 14th November†	Clinical Occupational Medicine Course	
19th-23rd November†	General Practitioners Course	
3rd-5th December*	Eyelid, Lacrimal and Orbital Course	

* These courses are at an advanced level and are open to Consultant Ophthalmologists, Senior Registrars and others of equivalent experience.

† Details are obtainable from the British Postgraduate Medical Federation, 33 Millman Street, London WC1N 3EJ.

Applications for all other courses should be made to the

Dean's Office, Institute of Ophthalmology, 17-25 Cayton Street, London EC1V 9AT

Wills Eye Hospital

Glaucoma Service

The Tenth Annual Glaucoma Conference

"Glaucoma: Current Management Including the Use of Lasers"

June 22-23, 1984

GUEST FACULTY

Franz Fankhauser, M.D.
Bern, Switzerland

Roger A. Hitchings, M.D.
London, England

Max Forbes, M.D.
New York, New York

M. Bruce Shields, M.D.
Durham, North Carolina

Richard J. Simmons, M.D.
Boston, Massachusetts

WILLS EYE HOSPITAL FACULTY

George L. Spaeth, M.D., Director of Glaucoma Service

Louis W. Schwartz, M.D.

Program Coordinator: Kenneth W. Benjamin, M.D.

AMA-CME 20 Credit Hours in Category I

Conference to be held at:

Bellevue Stratford Hotel
Broad St. at Walnut
Philadelphia, PA

Registration & Information:

Wills Eye Hospital
Department of Continuing
Medical Education
9th & Walnut Streets
Philadelphia, PA 19107
Ms. Lucia M. Manes
215-928-3378