Now you can lift depression with the body in mind

Site-specific ‘Cipramil’ addresses four key dimensions of antidepressant therapy:

- The most selective SSRI available (in vitro studies)\(^1,2\)
- Benchmark efficacy of TCA’s\(^3,4\)
- Well accepted by patients\(^5\)
- Low drug interaction potential\(^6\)

Specifically treating depression

citalopram

Abbreviated Prescribing Information
Presentation: Cipramil tablets, PL 0458/0036, each containing 20mg of citalopram as the hydrobromide, 28 (OP), 20mg tablets, C21, 28.

Indications: Treatment of depressive illness in the adult phase and as maintenance against relapse/recurrence. Dosage: Adults: 20 mg a day. Depending upon individual patient response, this may be increased in 20 mg increments to a maximum of 60 mg. Tablets should not be chewed and should be taken as a single oral daily dose, in the morning or evening without regard for food. Elderly: 20 mg a day increasing to a maximum of 40 mg dependent upon individual patient response. Children: Not recommended. Restrict dosage to lower end of range in hepatic impairment. Dosage adjustment not necessary in cases of mild/moderate renal impairment. No information available in severe renal impairment (creatinine clearance <20 ml/min).

Contra-indications: Combined use of 5-HT antagonists. Hypersensitivity to citalopram.

Pregnancy and Lactation: Safety during human pregnancy and lactation has not been established. Use only if potential benefit outweighs possible risk.

Precautions: Driving and operating machinery. History of mania. Caution in patients at risk of cardiac arrhythmia. Do not use with or within 14 days of MAO inhibitors, leave a seven day gap before starting MAO inhibitor treatment. Drug Interactions: MAO inhibition (see Precautions). Use lithium and thryrotoxin with caution. Routine monitoring of lithium levels need not be adjusted. Alcohol is not advised. Adverse Events: Most commonly nausea, sweating, tremor, somnolence and dry mouth. Overdose: Symptoms include somnolence, coma, sinus tachycardia, occasional nodal rhythm, episodes of agitated delirium, nausea, vomiting, sweating and hyperventilation. No specific antidote. Treatment is symptomatic and supportive. Early gastric lavage suggested. Legal Category: POM. 24/95. Further information available upon request. Product holder: Lundbeck Ltd., Sunnyridge House, Caldicote Lakes Business Park, Caldicote, Milton Keynes, MK7 8LE.

‘Cipramil’ is a trademark. © 1995 Lundbeck Ltd. Date of preparation: May 1995

References:
THE EXPANDING WORLD
OF 'ZESTRIL'

Lisinopril: the only once-daily ACE-inhibitor indicated for hypertension, congestive heart failure and acute myocardial infarction

• More Doctors are prescribing 'Zestril' for more patients than ever before
• 'Zestril' has 12 million patient years of experience
• 48,000 patients are currently involved in 3 major trials with lisinopril
• Lisinopril is on over 75% of hospital formularies

PRESCRIBING INFORMATION
Consult Data Sheet before prescribing.

ZESTRIL
USE: All grades of essential hypertension and renovascular hypertension. Congestive heart failure (adjunctive therapy). Acute myocardial infarction in haemodynamically stable patients (in addition to standard coronary care).
PRESENTATION: Tablets containing 2.5mg, 5mg, 10mg or 20mg lisinopril.
DOSEAGE AND ADMINISTRATION: Hypertension Adults (inc elderly): initially 2.5mg daily, a 2.5mg dose seldom achieves a therapeutic response; adjust dose according to response. Maintenance usually 10-20mg once daily. Maximum is 40mg daily.
Diuretic-treated patients - if possible stop diuretic 3-5 days before starting 'Zestril'. Resume diuretic later if desired.
Congestive heart failure Adults: initially 2.5mg daily under close medical supervision (hospital initiation for severe or unstable heart failure and other patients at higher risk), increasing to 5-20mg once daily according to response. Monitor blood pressure and renal function.
Acute myocardial infarction Treatment may be started within 24 hours of symptoms. First dose is 5mg, followed by 5mg after 24 hours, 10mg after 48 hours and then 15mg once daily. Dosage should continue for six weeks. Lower dosage in patients with low systolic blood pressure (120mmHg or less) - see Data Sheet.
Renal impairment - may require lower maintenance dosage. 'Zestril' is dialysable.
Children - not recommended.
CONTRA-INDICATIONS: Pregnancy: Hypersensitivity to 'Zestril'. Patients with history of angioedema to previous ACE-inhibitor therapy. Patients with acute renal failure, cor pulmonale or outflow tract obstruction.

PRECAUTIONS: Assessment of renal function is recommended. Symptomatic hypotension may occur, particularly in volume depleted patients and congestive heart failure. Caution in patients with ischemic heart or cerebrovascular disease; renal insufficiency; renovascular hypertension. Patients with a history of angioedema may be at increased risk of angioedema with an ACE inhibitor. Acute myocardial infarction patients with evidence of renal dysfunction are at risk of serious haemodynamic deterioration - see Data Sheet. Cough has been reported with ACE inhibitors. Renal impairment (usually reversible) may occur in some patients. Hypotension may occur during surgery or anaesthesia. Caution in nursing mothers. No paediatric experience. Afro-Caribbean patients may show reduced therapeutic response. Symptomatic hypotension can be minimized by discontinuing diuretic prior to 'Zestril'. Interaction with indomethacin and lithium. Potassium supplements, potassium sparing diuretics and potassium containing salt substitutes not recommended. Avoid concomitant use with high-flux dialysis membranes.
SIDE EFFECTS: Hypotension, dizziness, headache, diarrhoea, cough, nausea, fatigue: less frequently, rash, asthma. Rarely, angioedema and other hypersensitivity reactions, myocardial infarction or cerebrovascular accident possibly secondary to excessive hypotension in high risk patients, palpitations, tachycardia, abdominal pain, dry mouth, pancreatitis, hepatitis, jaundice, mood alterations, mental confusion, paraesthesia, tremor/asthenia, alopecia, urticaria, diarrhoea, pruritus, uraemia, oligoanuria, renal failure, acute renal failure, impotence, haemolytic anaemia. A symptom complex which may include fever, oedema, myalgia, arthralgias/myalgias, positive ANA, elevated ESR, eosinophilia, leukocytosis/leukopenia, other dermatological manifestations may occur. Increases (usually reversible) in blood urea, serum creatinine, liver enzymes and serum bilirubin. Decreases in haemoglobin and haematocrit, Hypokalaemia and hyperkalaemia.

Anaphylactoid reactions during desensitisation treatment, Leucopenia and thrombocytopenia have occurred (causal relationship not established).

LEGAL CATEGORY: POM
PRODUCT LICENCE NUMBERS AND BASIC NHS COSTS: 'Zestril' 2.5mg (126390084) 28 tablets £7.64, 5mg (126390085) 28 tablets, £9.33; 10mg (126390086) 28 tablets, £11.85; 20mg (126390087) 28 tablets, £13.54.

'Testril' is a trademark, the property of ZENeca Limited.
Further information is available from: ZENeca Pharma, Kings' Court, Water Lane, Wilmslow, Cheshire SK9 5AZ.
954366/0 Issued Sept ’95

ZENeca
lisinopril
Helping hypertensives retain their Zest for Life
Menorest
the value is clear

New matrix patch designed for:
- Good local and systemic tolerance
- Tailored dose range: 37.5, 50, 75μg per 24 hours
- Cost saving

Menorest
transdermal 17β - oestradiol
MEETS HER NEEDS WITH COMFORT
Trust a professional and efficient answering service

A service that accommodates special instructions applicable to surgery needs and offers a full package whether a single doctor Practice, or a Director of a Cooperative

- Lunch times, half days, after hours
- 24 hours, 365 days a year
- Fully trained staff
- Medical Bureau for Hutchinson Telecom
- Competitive Package

Border Medical Limited
A professional service for the professional

For further details contact our Business Manager Margaret Owen
Telephone: 01244 355005

Available from Cambridge University Press from 1996
Reviews in Clinical Gerontology

A multidisciplinary journal for all professionals working with elderly people and those interested in the science of ageing.

Reviews in Clinical Gerontology brings together new developments in:
- Biological gerontology
- Geriatric medicine
- Psychiatry of old age
- Nursing older patients
- Rehabilitation
- Psychological gerontology
- Social gerontology

The literature on research into the health care and well-being of elderly people is published in the academic and professional journals of a very wide range of disciplines. Those working with elderly people are therefore hard pressed to keep abreast of all the new ideas and developments within their areas.

Reviews in Clinical Gerontology has been produced in response to this problem. It is unique in that it publishes articles especially commissioned from established authorities on a cyclical basis, so that all major topics of relevance are discussed during the course of five years, after which a new cycle will begin. In this way information is continually updated thus bringing together in one journal a synopsis of current developments worldwide. These issues build into a valuable reference source for gerontologists and professionals working with elderly people.

Reviews in Clinical Gerontology provides a scientific focus for all those specializing in the health care of older people. The journal closes the gap between clinical medicine and the biological and social sciences relevant to gerontology, and brings together material not easily found elsewhere.

Forthcoming contents
- Wenger: Social networks and informal support
- Howard: Schizophrenia and delusional disorders in late life
- Hu: Balance evaluation, training and rehabilitation of frail fallers
- Morgan: Sleep disorders in the elderly
- O'Neill: Elderly drivers
- Pulford: Respiratory disease in old age
- Tully: Appropriate prescribing
- Warras: Migration in later life
- Waterhouse: Circadian rhythms and aging
- Wynne: Calcium channel antagonists - pharmacological differences and their clinical relevance to elderly patients
- Baloh: Disequilibrium and gait disorders in older people
- Tallis: Epilepsy
- Hipkins: Proteins and aging
- Khan: The use of subcutaneous fluids in the elderly

Editor Professor Raymond Tallis, University of Manchester
Section Editors - Biological Gerontology: Joan Davies, Manchester
Clinical Geriatrics: Peter Overstall, Hereford
Psychiatry of old age: Robert Baldwin, Manchester
Rehabilitation: David Barer, Newcastle upon Tyne
Social and psychological gerontology: Emily Grundy, London
Nursing: Jackie Oldham, Manchester

Subscriptions
ISSN 0959-2598, published quarterly in February, May, August and November. Institutional subscriptions £148; individual subscriptions £69; delivery by airmail £17 per year extra.
Also available: Ageing and Society, six issues a year on the social aspects of gerontology. Further information and free sample copies are available from

CAMBRIDGE UNIVERSITY PRESS
Tel: +44 (0)1223 325807
Fax: (0)1223 315052
Email: journals_marketing@cup.cam.ac.uk
The Club with an International Dimension
for both men and women

The Royal Over-Seas League provides the ideal club for internationally minded men and women. It has a long history of welcoming writers, diplomats, business people and travellers from around the world to its London and Edinburgh clubhouses and providing international support networks through branches, reciprocal club arrangements and honorary representatives.

Founded in 1910 by Sir Evelyn Wrench to encourage understanding between nations, the League's Royal Charter requires it to give service to the Commonwealth and humanity at large. It does this through providing clubhouse hospitality for members, organising competitions for young artists and musicians and facilitating joint service projects where possible.

The London clubhouse facilities include:
- 73 quality bedrooms with satellite TV in a large period building with private drive in the St James's area of central London.
- Renowned restaurant, buttery and bar (both with garden access) drawing room and lounges. Sporting and exercise arrangements with local clubs.
- Seven conference and private dining rooms with capacity ranging from 15-200 with a.v. and other facilities.
  (For further information please contact the Banqueting Department).
- Annual programme of cultural and social events including weekly receptions for members staying at Over-Seas House.

The Edinburgh clubhouse facilities include:
- Central location on Princes Street overlooking the Castle.
- 17 bedrooms, restaurant, bar, conference and private dining facilities for 10-100.
- Annual programme of themed lunches and cultural events.

International facilities include:
- Reciprocal arrangements with over 50 other clubs around the world.
- 23,000 fellow members worldwide. Local branches or member groups in Australia, Canada, New Zealand, Switzerland and the UK.
- Honorary representatives in over 70 countries.
- Quarterly magazine with information on League events and Commonwealth affairs.
- Association if wished with cultural and service projects through the Branches or International Headquarters.

Royal Over-Seas League
Over-Seas House,
Park Place, St James's Street,
London SW1A 1LR
Tel: 0171 408 0218. Fax: 0171 499 6738.
Enquiries: 9.30am-5.30pm Monday-Friday.
The International Federation of Reflexologists was formed in the 1980s by a like minded group of professional Reflexologists.

These therapists felt that training standards and levels of professional competence were not high enough and that the general public had no way of contacting a therapist whom they could trust to treat them with care and competence.

I.F.R. therapists conform to the following criteria:

1) All therapists qualified to a high professional standard
2) Abide by a code of ethics and practice
3) Do not make a medical diagnosis
4) Make no claims to cure
5) Will liaise with GP or Consultant
6) Registered member schools and colleges
7) Professional insurance cover
8) Quarterly magazine

Training requirements are to the standard of the International Examination Board (I.E.B.).

Course content as follows:

Basic Pathology, Anatomy and Physiology - Certificate level

Reflexology Diploma Level includes the following basic modules: general knowledge of complementary therapies and orthodox medical specialities, nutrition, emergency first aid, communication skills, business studies, client/patient management, local laws and hygiene.

Office Hours 9.30-5.30 Monday to Friday and some weekends

For a highly trained professional therapist or accredited training centre please telephone or write
The Health Care of Prisoners is provided in 128 prisons in all areas of England and Wales. There are 270 doctors working in the Health Care Service for Prisoners with 140 full-time medical officers but also 120 part-time medical officers who are general practitioners.

All doctors joining the Service are expected to undertake a programme of training in a way which acknowledges the specialist nature of medical work in prisons including the managerial responsibilities, and which is to be matched by the introduction of a Diploma in Prison Medicine.

All doctors working in the Health Care Service for Prisoners are indemnified by the Service. All necessary facilities and equipment is provided by the Service.

At the present time there are vacancies for both full-time and part-time posts in prisons in many parts of England and Wales. Doctors interested in hearing more about employment in the Service are invited to write to or speak to Dr Robin Ilbert, Directorate of Health Care, Cleland House, Page Street, London SW1P 4LN telephone 0171 217 6550, fax 0171 217 6412.
COT DEATH - THE TASKS FOR PRIMARY HEALTH CARE IN PREVENTION AND MANAGEMENT
Duncan Keeley MRCP MRCPG
The incidence of sudden infant death syndrome in Britain is falling; nevertheless cot death remains the single largest category of death in babies over the age of one month. The cause or causes of cot death remain unknown. This booklet summarises current knowledge on the subject, dealing with definitions and statistics; the epidemiological evidence of risk factors and theories on possible causes; the role of the general practitioner in prevention; and how to cope in the event of cot death.
Price £6.00 (members) £6.60 (non members)

NUTRITION IN GENERAL PRACTICE
Part 2: Promoting Health & Preventing Disease
Edited by Judith Buttriss PhD SRD
This publication is the second in a series which provides doctors and others working in primary health care with a sound, up-to-date appraisal of current thinking on nutrition in relation to a broad range of topics. It attempts not only to provide the facts but to apply them in a practical way within the context of general practice.

Doctors and members of the primary health care team are perceived by the public as the most trusted source of information on nutrition - but in reality, just how good is the advice they give? This publication, which is packed with useful and practical information, provides those concerned with nutrition with the necessary facts upon which to base their advice.
Price £15.00 (members) £16.50 (non-members)

OCCASIONAL PAPER 71 - RURAL GENERAL PRACTICE IN THE UK
The founding fathers of the College - notably Will Pickles of Wensleydale - were well known for their research from country practice, but since then the College’s interest in rural practice has tended to wane rather than wax. It is, however, committed to all its members and having recently published Inner Cities, Occasional Paper 66, it is now pleased to maintain the balance and publish this new Occasional Paper, from a Working Party of the College chaired by Dr Jim Cox, which it is hoped will help raise the profile of rural practice in the UK.
Price £10.00 (members) £11.00 (non-members).

OCCASIONAL PAPER 72 - THE ROLE OF GENERAL PRACTICE IN MATERNITY CARE
This new Occasional Paper, the Report of the RCGP Maternity Care Group, chaired by Dr John Noakes, has been approved by the Council of the College as a discussion document. It sets out the facts, clarifies a number of legal issues, and describes what many professionals believe is the content of maternity care. In particular, it stresses the need for closer collaboration between members care. In particular, it stresses the need for closer collaboration between members of the primary maternity care team and underlines the important contribution general practitioners can make. Its purpose is to stimulate debate and it is hoped that all who have an interest in this subject will take part.
Price £10.00 (members) £11.00 (non-members).

To order any of the above, ring RCGP Sales on 0171-823-9698 between 9.30 and 4.30 or ring our 24-hour credit card hotline on 0171-225-3048. Alternatively send in a written order with a cheque, made payable to RCGP Sales, to:
RCGP Sales, 14 Princes Gate, Hyde Park, London SW7 1PU.
IM&T FOR PRIMARY HEALTH CARE

IM&T can be summarised as bringing together the use of information for management and operational purposes and the use of technology to support information gathering and analysis.

The purpose of the NHS Training Division (NHSTD) is to maximise the contribution of training and staff development to better patient care. The NHSTD has produced IM&T training and development products that will help staff working in Primary Health Care to improve their understanding, knowledge and skills through the better use and management of information and information systems in the context of their job roles and responsibilities.

These include:

- A video on the use of IM&T in Primary Care
- GP Practice Development Toolkit
- Computer-Based Training (CBT) on roles and information activities
- Open Learning on the use of information in practice management
- A guide to the effective use of IM&T in GP Purchasing
- CBT package on the use of spreadsheets in PHC.

For further details, please contact the IM&T Programme at the NHSTD, St Bartholomews Court, 18 Christmas Street, Bristol, BS1 5BT. Tel 0117 9291029. Fax 0117 9250574.

Bringing a Whole New Meaning to Definition

NOW IN COLOUR!

Over 100,000 entries, 12,000 new terms, 2,300 pages and 1,000 new colour illustrations, photographs and tables. The NEW 26th Edition of Stedman’s Illustrated Medical Dictionary is the essential resource for any medical practitioner.

Yes, I am interested in the Stedman’s Dictionary products. Please send me more information about this and other reference products from Waverly.

Name: ___________________________ Position: ___________________________ Address: ___________________________

Please return to: Waverly Europe Ltd., FREEPOST (UK only), Broadway House, 2/6 Fulham Rd, London SW6 1YY Fax: 0171 385 2922
NoReN Northern
Primary Care Research Network presents a Conference

Exploring Qualitative Research in General Practice,
Tuesday 19th March 1996, 9.00 am – 5.00 pm,
LaFazio Hearn Cultural Centre, Teikyo University, Durham.

Guest Speakers: Dr David Armstrong, Department of General Practice, UMDS, London; Professor Cecil Helman, Department of Human Sciences, Brunel University; Dr Sally Hull, Steels Lane Health Centre, London; Dr Mark Jackson, Wellcome Unit for the History of Medicine, University of Manchester; Professor Roger Jones, Dept of General Practice, UMDS, London Chairman: Professor Marshall Marinker, UMDS, London and Professor Brian McAvoy, Department of General Practice, University of Newcastle.

The Conference aims to inform General Practitioners interested in research about qualitative methodology and to provide a forum for discussion and debate towards developing and defining the use of qualitative methods in General Practice research. The speakers bring to the Conference experience in Sociology, Anthropology, the Balint School, History of Medicine and use and presentation of qualitative research for primary care.

To register for this event please contact the NoReN Office at: The Health Centre, Sunningdale Drive, Eaglescliffe, Stockton on Tees, Cleveland, TS16 9EA, Tel: (01642) 789026, Fax: (01642) 791020. Fee: NoReN Members £50.00, Non-members £100.00 (please make cheques payable to NoReN). Early registration is recommended as numbers will be restricted.

What else provides the complete set of oestrogens?

* The three principal types of oestrogens; oestradiol, oestrone, oestriol

FOR THE WOMAN WHO HAS HAD A HYSTERECTOMY

Further Information is available from: Shire Pharmaceuticals Ltd
Posse House, East Anton Court, Icknield Way, Andover, Hants SP10 5RG.
**COURSES/CONFERENCES**

**RCGP**

**RURAL GP CONFERENCE**
**11-12 APRIL ABERDEEN**

**RURAL PRACTICE: IS THERE A FUTURE?**

- Is There Quality In Rural Life?
- Rural Health - Why Go In For It At All?
- Rural Practice - The Problems?
- Rural Health - The Solutions?
- Rural Practice - The Vision Thing?
- Rural Issues - The Soapbox Hour!

This conference, from Thursday lunch to Friday midday, precedes the RCGP 1996 Spring Symposium.

For further details and an application form please tel: (01224) 840762 or fax: (01224) 840761.

---

**MRCGP COURSE**

Course Tutors: Dr Has Joshi, Dr Doug Dare, Dr Terry Davies & Dr Geoff Morgan

**Wednesday-Saturday 20-23 March 1996**

This is an intensive course employing unique teaching methods to enable candidates to prepare for the MRCGP examination.

The course is particularly aimed at candidates who have found and/or anticipate difficulties with the MRCGP examination in its present format. It is also aimed at introducing candidates to the methods of assessments used in the written and oral segments of the examination. Candidates are advised to book early to avoid disappointment as numbers are limited.

The delegate fee (inclusive of VAT) is £450.00. PGEA & Section 63 approved.

For further details please contact: RCGP Courses, 14 Princes Gate, Hyde Park, London SW7 1PU.

Tel: 0171 823 9703 Fax: 0171 225 3047

---

**SUPPORTING A PRIMARY CARE LED NHS**

**The Role of the Investigative Professions**

**6 March 1996**

This Study Day, organised by the RCGP Working Party on Near Patient Testing, aims to raise issues of concern in relation to Near Patient Testing and to consider how these issues can be addressed in general practice. It is aimed at all health professionals including GPs, Nurses, Pathologists and Biochemists. PGEA applied for. Delegate fee to be confirmed. For further details contact RCGP Courses Unit on 0171-823-9703.

---

**DEVELOPING YOUR TEAM**

Course Director: Sally Irvine
Course Leader: Hilary Haman
**28/29 February 1996**

This two day course, open to general practitioners and practice and health centre managers, will enable participants to understand how teams are developed, what their purpose is and how they can be sustained, as well as giving some practical experience of team building and team play. It is highly participative with a great deal of small group work so that participants can share with each other problems relating to operating within teams, as well as gaining experience of leadership and small group skills.

The delegate fee (inclusive of VAT) is £330.00 including lunch and refreshments on both days, and dinner on the first evening.

PGEA is applied for. Contact RCGP courses on 0171 823 9703.
OESTRADIOL IMPLANTS:
Presentation: Pellets for Implantation. 25mg, 50mg or 100mg of Oestradiol. Uses: Major post-menopausal symptoms due to oestrogen deficiency, including prevention of post-menopausal osteoporosis in hysterectomised patients. In women with an intact uterus the lowest effective dose should be used and it must be o-administered with a progestogen for 10-13 days in each cycle.
Administration: 25-100mg. Patients require a further implant when symptoms recur, usually every 4 to 8 months. Implants should be inserted consecutively. Use during Pregnancy and Breast-Feeding: Oestradiol implants are contraindicated during pregnancy, and are not recommended in lactation.
Contraindications: Pregnancy. Arteriosclerotic or cerebrovascular disorders. Moderate to severe hypertension. Severe liver disease or history of this condition if results of liver function tests have failed to return to normal. Cholestatic jaundice, a history of jaundice in pregnancy or jaundice due to the use of steroids. Nephrotic syndrome and Hurler-Johnson syndrome. Known or suspected oestrogen-dependent tumours. Endometrial hyperplasia. Un-diagnosed vaginal bleeding. Ovarian hyperangiogenesis. History of herpes gestationalis.
Precautions and Warnings: Pain in the breasts or excessive reduction of cervical mucus may be indicative of too high a dosage. Periodical medical examinations are desirable. Patients with any of the following conditions should be monitored: latent or overt cardiac disease, renal dysfunction, epilepsy or migraine (or history of). Hypertension, sickle cell haemoglobinopathy, oestrogen-sensitive gynecological disorders, e.g. uterine fibromyomata and endometriosis. Remove implant if hypertension develops. Adverse Reactions: Intermenstrual bleeding, increase in the size of the uterine fibromyomata, endometrial hyperplasia, excessive production of cervical mucus, aggravation of endometriosis, premenstrual-like syndrome. Breast tenderness, pain, enlargement, secretion. Nausea, vomiting, cholestatic jaundice, cholestatic urticaria. Thrombosis, rise of blood pressure. Cystomas, erythema nodosum, rash. Discomforts of the joints if contact lenses are used. Lactose, migraine, mood changes, oedema and water retention, reduced glucose tolerance, a change in body weight. Changes in liver function. Interactions: May diminish glucose tolerance. Overdosage: Acute overdose is not known to occur. Legall Category: POM
product Licence Numbers
NHS Cost:
25mg 0065/5074R £7.99
50mg 0065/5075R £5.97
100mg 0065/5076R £25.78
1167/CP Revised August 95

6 months oestrogen

one implant

A unique oestrogen delivery system for hysterectomised women

Maintains therapeutic serum oestradiol levels for up to six months

Guaranteed patient compliance helps ensure adequate protection against osteoporosis

Can be used in conjunction with testosterone to alleviate decreased libido

Less expensive than other forms of parenteral oestrogen replacement

The original subdermal therapy available for over 50 years

Demonstration video and trocar sets available from:
Organon Laboratories, Fax: 01223 424368
Please Quote Reference: 01167C-GP

Further information is available from
Organon Laboratories Ltd
Ambridge Science Park
Ilton Road
Ambridge CB4 4FL
Telephone: (01223) 423445

Based on the average length of treatment

organc
Since mankind first populated the world, medicine — and indeed, survival — depended on the use of plants. The ancient Greeks coined a simplistic world for this natural and logical form of medication — PHYTOTHERAPY, the art of healing with herbs. Today, the newly-launched SCHOENENBERGER range of natural plant juices can best be described as "born-again" for the benefit of everybody ready to enter the twenty-first century. It represents everything gleaned from centuries of wisdom and accumulated knowledge, by providing pure, safe products free from side effects and available all year round. The SCHOENENBERGER principle is to harvest organic plants from unpolluted growing areas, and to process the entire plant into nutritious bottled juice within less than three hours. Concentrates such as Dandelion, Echinacea, Stinging nettle or Yarrow are strong, and should be taken in diluted form fifteen minutes before eating. The opened bottle should be refrigerated and contents consumed within seven days for maximum benefit. The full range of 47 individual juices is now available from all good pharmacies and health food stores; and information is easily obtained from the sole UK distributors, PHYTO PRODUCTS Ltd., 3 Kings Mill Way, Hermitage Lane, Mansfield, Nottinghamshire, NG18 5ER. Telephone 01623 644334 for further details of how to recommend your patients to the natural alternative! Supported by national media and radio promotion, and, even more impressively, by thousands of years' reliable testimony — you can't go wrong with SCHOENENBERGER!