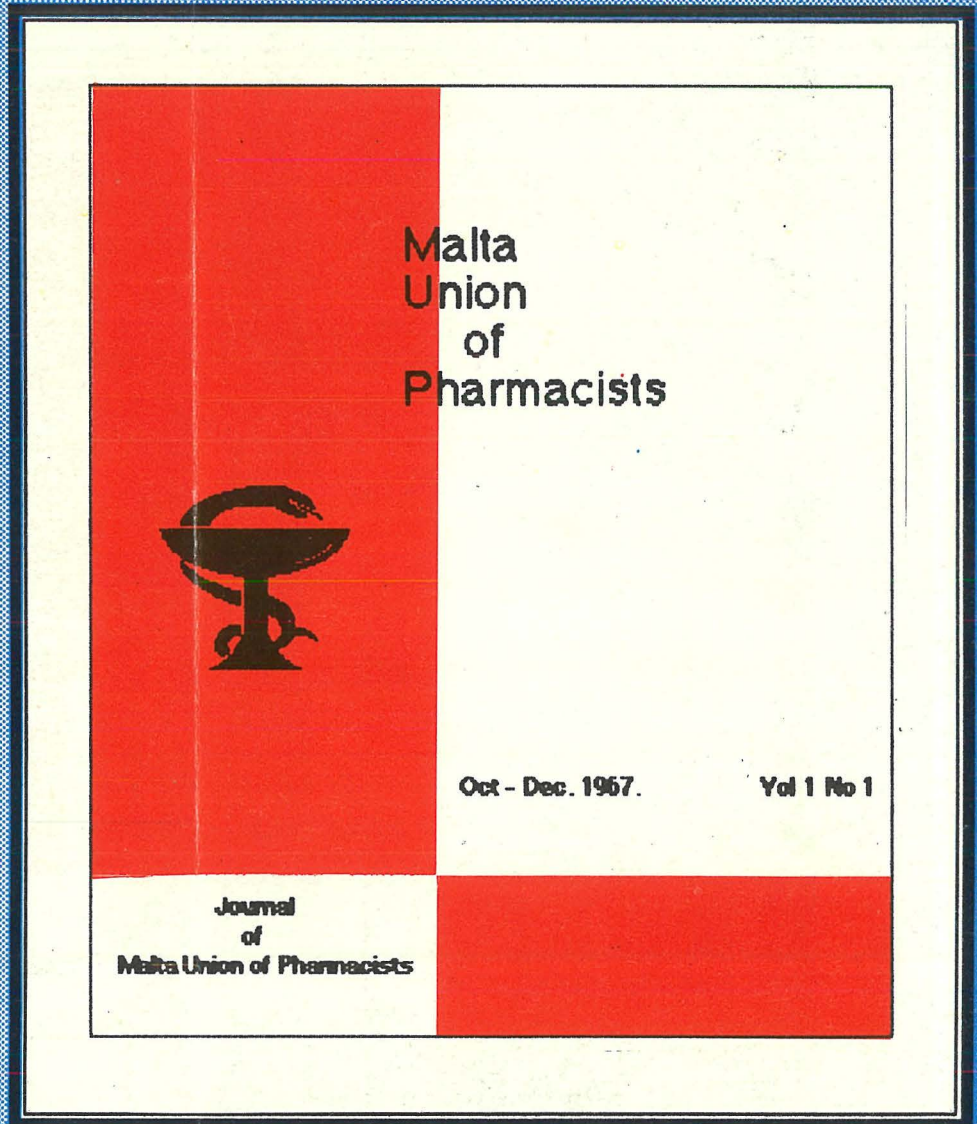




Journal of the
**CHAMBER of
PHARMACISTS**



Malta
Union
of
Pharmacists



Oct - Dec. 1967.

Vol 1 No 1

Journal
of
Malta Union of Pharmacists

THE

PHARMACIST

AUGMENTIN

clavulanate-potentiated amoxicillin

A MAJOR DEVELOPMENT IN ANTIBIOTIC THERAPY

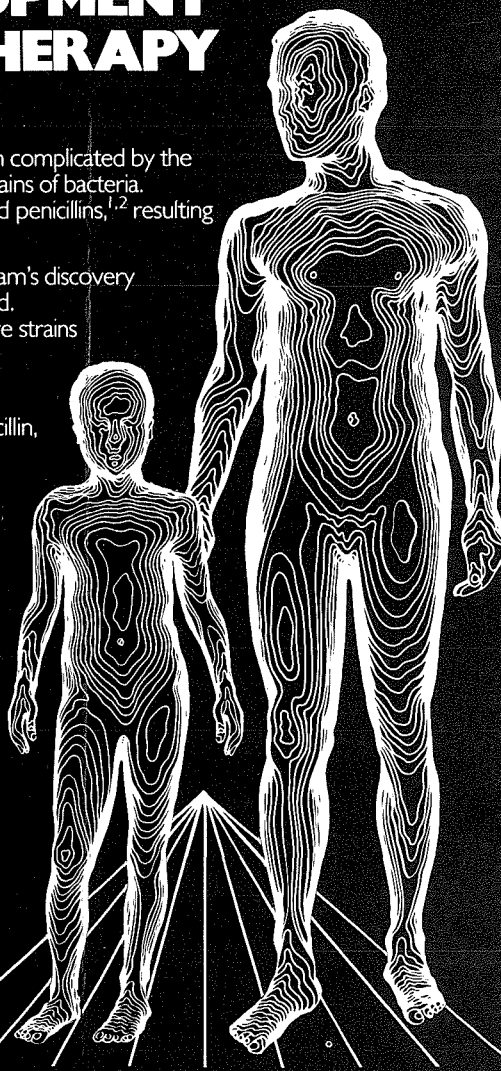
In recent years, the treatment of infection has been complicated by the increasing prevalence of β -lactamase producing strains of bacteria. β -lactamase destroys many oral cephalosporins and penicillins,^{1,2} resulting in treatment failure.

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Adult infections	No. of patients assessed	Clinically cured/improved	Clinical success
Upper respiratory tract ³	146	141	97%
Lower respiratory tract ³	98	89	91%
Urinary tract ³	175	167	95%
Skin & soft tissue ^{3,4}	81	75	93%

Paediatric infections	No. of patients assessed	Clinically cured/improved	Clinical success
Upper respiratory tract ^{5,6}	70	70	100%
Lower respiratory tract ⁷	28	27	96%
Urinary tract ^{6,7,8}	61	57	93%



PRESCRIBING INFORMATION

INDICATIONS: Chest, ear, nose, throat, genito-urinary, skin and soft tissue infections including those caused by β -lactamase producing organisms.

DOSAGE: Adults and children over 12 years one AUGMENTIN tablet (375mg) three times daily. Children 7-12 years 10ml AUGMENTIN syrup (312mg) three times daily. Children 2-7 years 5ml AUGMENTIN syrup (156mg) three times daily. Children 9 months-2 years 2.5ml AUGMENTIN syrup (78mg) three times daily. In severe infections these dosages may be doubled. Treatment should not be extended beyond 14 days without review.

CONTRA-INDICATION: Penicillin hypersensitivity. **PRECAUTIONS:** Safety in human pregnancy is yet to be established. Oral dosage need not be reduced in patients with renal impairment unless dialysis is required. **SIDE-EFFECTS:** Uncommon, mainly mild and transitory, eg diarrhoea, indigestion,

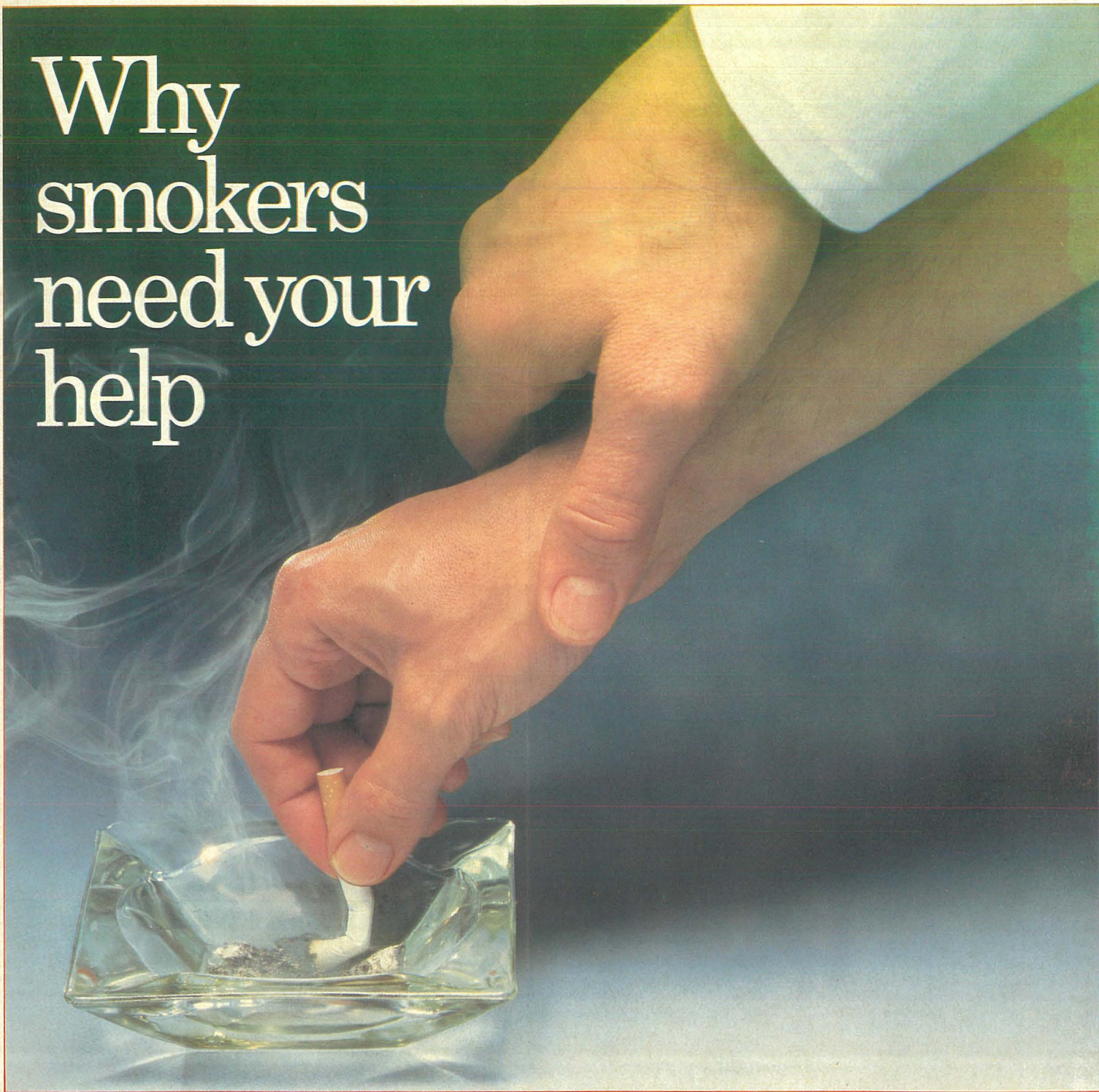
nausea, vomiting, candidiasis, urticarial and morbilliform rashes. If gastrointestinal side-effects do occur they may be reduced by taking AUGMENTIN at the start of meals. **PRESENTATIONS:** 375mg AUGMENTIN tablets each containing 250mg amoxicillin (1) and 125mg clavulanic acid. (2) 156.25mg AUGMENTIN syrup. Powder for preparing fruit flavoured syrup. When dispensed each 5ml contains 125mg amoxicillin (1) and 31.25mg clavulanic acid. (2) Not all presentations are available in every country. (1) as the trihydrate, (2) as the potassium salt.



Further information is available from:
Beecham Research Laboratories
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References 1. Proc. Int. Symp. on AUGMENTIN, Excerpta Med. (1980), ICS 544, 173. 2. Excerpta Med. (1980), ICS 544, 19. 3. Excerpta Med. (1980), ICS 544, 187. 4. Scot. Med. J., (1982), 27, 535. 5. Proc. Europ. Symp. on AUGMENTIN, Excerpta Med. (1982), CCP4, 341. 6. Excerpta Med. (1982), CCP4, 347. 7. Excerpta Med. (1982), CCP4, 325. 8. Excerpta Med. (1982), CCP4, 334.

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(Nicotine chewable tablets)

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Adverse reactions: occasional hiccups, mild throat irritation, mild indigestion, heartburn.

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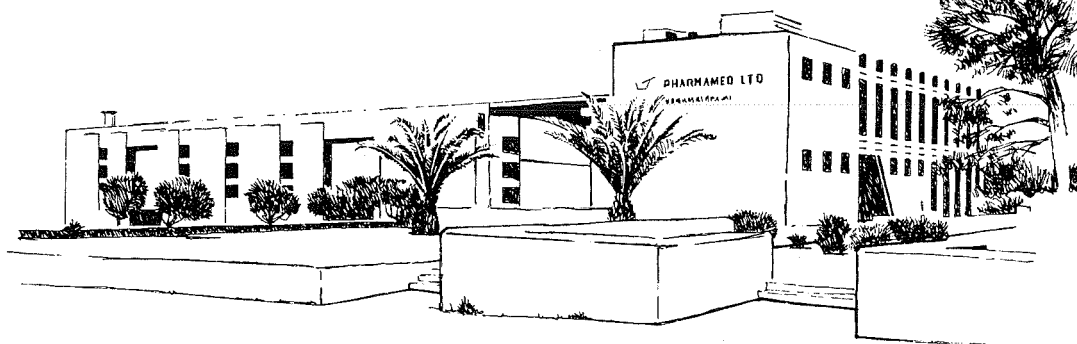
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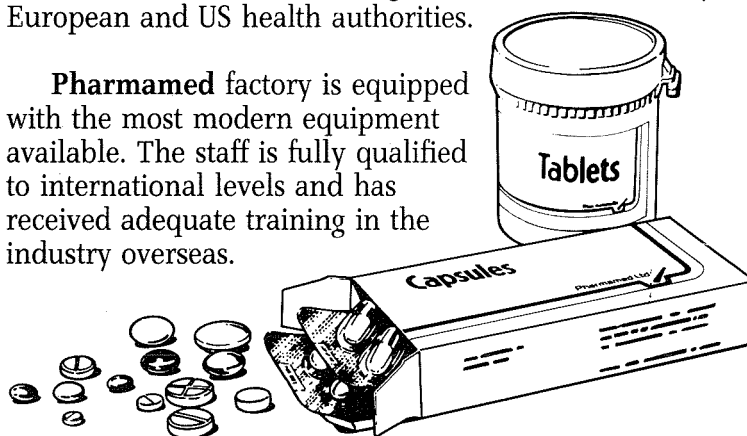


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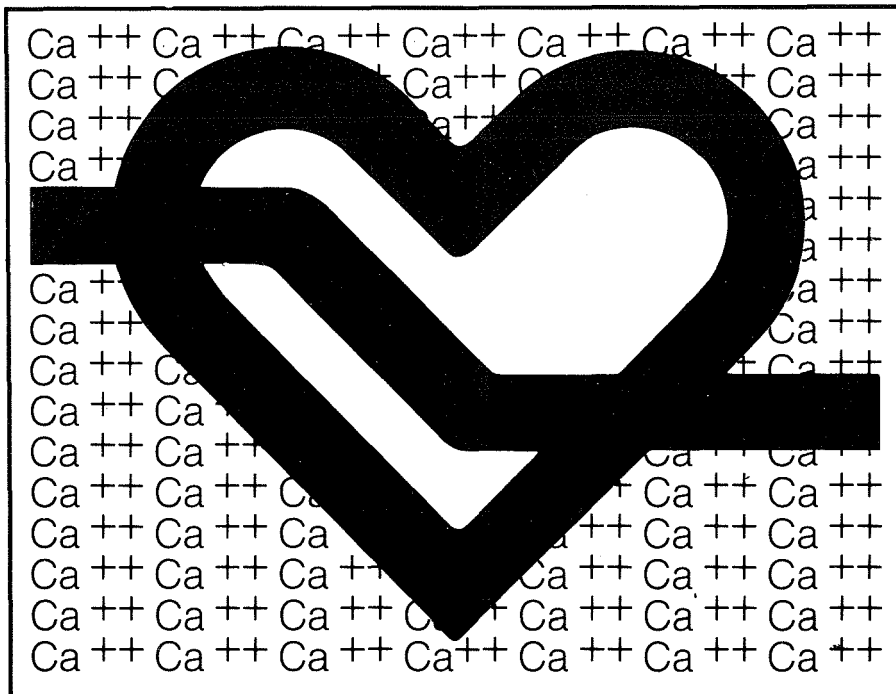
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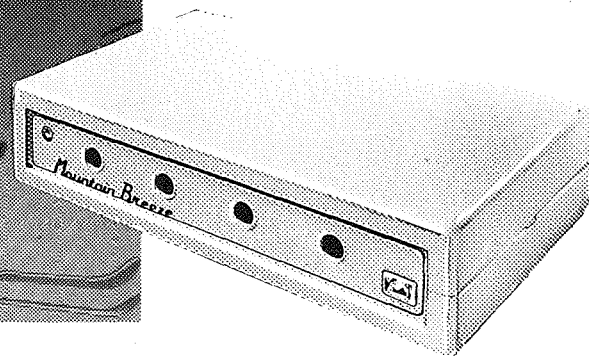


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THE PHARMACIST

JOURNAL OF THE CHAMBER OF PHARMACISTS — TRADE UNION

THE PHARMACIST is published by the Chamber of Pharmacists, 1, Wilga Street, Paceville. It is sent free to all Pharmacists and distributed to doctors. Others may subscribe at an annual subscription of Lm1.50 or obtain copies from Sapienza's Library, Valletta.

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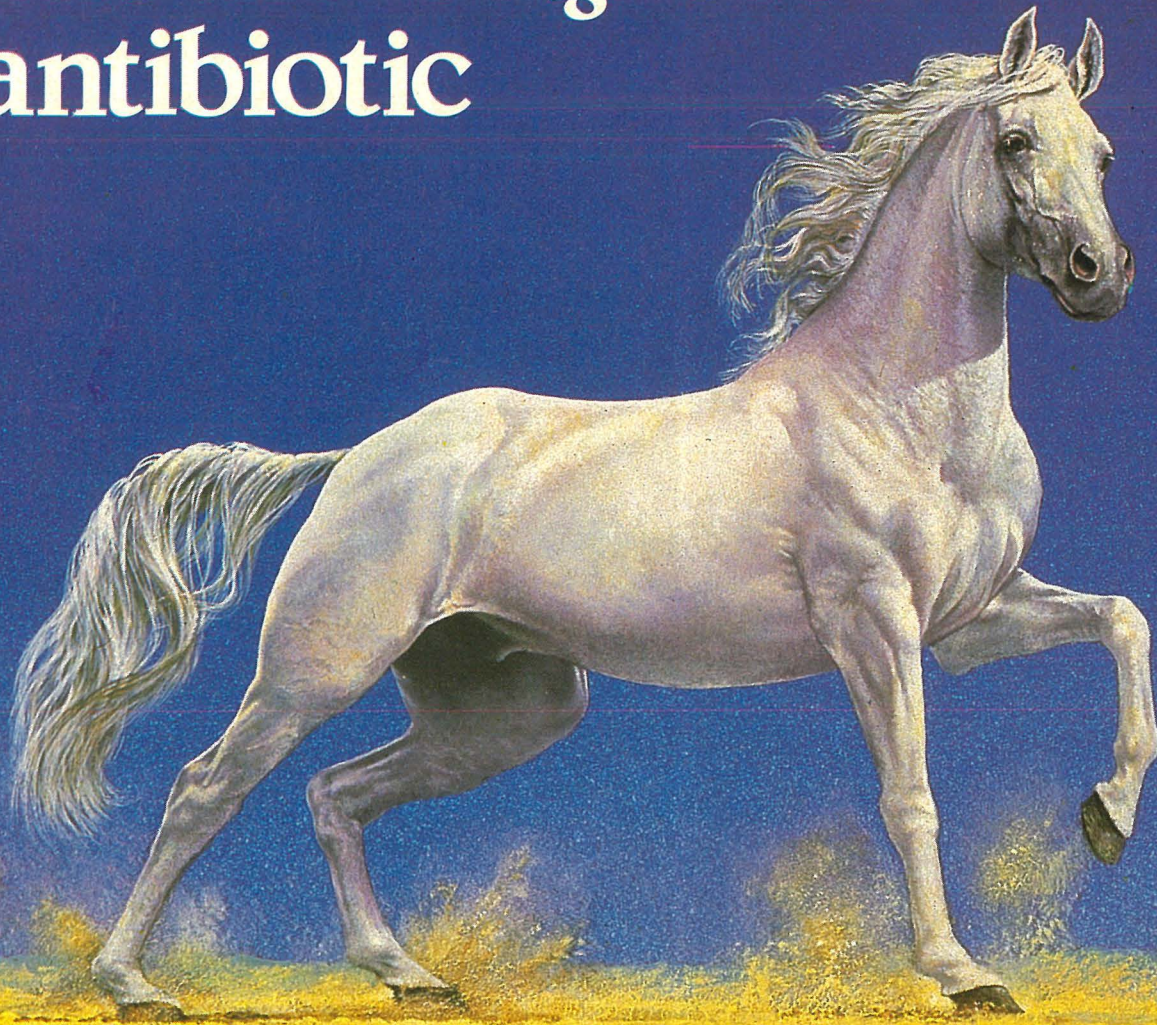
Front Cover was created on a Macintosh with Mac Print by Charles Cassar and printed with the Apple Laser Writer. The insert is a reproduction of the front cover of the first journal of the M.U.P. — issued 20 years ago.

The opinions expressed in THE PHARMACIST are not necessarily those endorsed by the Chamber.

Amoxil

amoxycillin

The thoroughbred antibiotic



Prescribing Information

AMOXIL is a broad spectrum antibiotic suitable for a wide range of infections caused by susceptible organisms.

Indications

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Dosage

Children: Oral and injectable – up to 2 years: 62.5mg-125mg every 8 hours. 2-10 years: 125mg-250mg every 8 hours. Based on bodyweight (including neonates) 35-100mg/kg/day. Adults: Oral – 250mg-500mg every 8 hours. Injectable – I.M. 250-500mg every 8 hours or more frequently if necessary. I.V. 500mg-2g every 4-6 hours. (Doses in excess of 1g should be given by infusion over 30 minutes).

Presentations

Capsules: maroon and gold capsules, each containing 250mg or 500mg amoxycillin.
Syrup: 125mg amoxycillin per 5ml in 60ml or 100ml bottles.
Syrup Forte: 250mg amoxycillin per 5ml in 60ml or 100ml bottles.
Paediatric drops: 125mg amoxycillin per 1.25ml in 10ml bottles with calibrated dropper.
Injection: Vials containing 250mg or 500mg amoxycillin.

Precautions

Reduced dosage is required in patients with impaired renal function.

Contra-indications

Penicillin hypersensitivity.

Side-effects

Side-effects, as with other penicillins, are usually of a mild and transitory nature; they may include diarrhoea, indigestion or an occasional rash, which may be either urticarial or erythematous: in either case it is advisable to discontinue treatment.

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EDITORIAL

First Issue of the M.U.P. Journal

20TH ANNIVERSARY

20 years ago the Malta Union of Pharmacists published the first issue of its journal which we are commemorating in this special edition. The journal reflected the profession's aspirations in its struggle to give the Maltese Pharmacists the status of a respected and learned citizen he so rightly deserves. It also encouraged communication with its members.

Objectives

The reasons for starting the publication then must have been very similar to those for initiating publication of 'The Pharmacist' in December 1981.

- The need for a stronger financial bases for the Chamber.
- A means of communication between pharmacists.
- Propagation of the views and policies of the Chamber.
- A means of Continuing Education.
- To inform Members of the local and international developments in Pharmacy.
- To submit to readers unpublished material in the form of an original synthesis of a pharmaceutical topic.

From a humble first issue, 'The Pharmacist' has now developed into a professional publication.

Continuity

What is important now is the continuity of this publication which is currently established in the pharmaceutical events on the island. Continuity is only possible if successors are found to continue the work. The issue of such a publication requires a significant amount of work. The Editorial Board would like to extend an invitation to all those interested to participate actively.

Active participation

As has been repeatedly stated in previous issues this is your journal and it is kept alive through your contributions in the form of articles and letters. We want to hear your views and plans for the future of our profession.

We hope that the life of 'The Pharmacist' will be a long one. This depends on no one but you. On the 20th anniversary of the first MUP journal, 'The Pharmacist' is asking for your full active participation!

ADA

has many faces but usually presents with complaints such as fatigue, irritability and an inability to concentrate. Your ADA patients may also complain of backache, headache, chest pain, indigestion, insomnia or some other psychosomatic symptom associated with Anxiety or Depression.

ADA is a syndrome characterised by

ANXIETY DEPRESSION ASTHENIA

"Lack or loss of strength and energy; weakness."

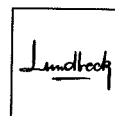
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treats ADA quickly and effectively.

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MESSAGES

Messages received on the occasion of the 1st issue of the Journal of the M.U.P. from local and foreign prominent personalities.

The Hon. Dr. Ugo Mifsud Bonnici

MINISTER OF EDUCATION

It is my pleasure to be able to address you from the pages of your Journal. Yours is a profession which has long been recognised as being very close to the people and their daily needs. Confidante with knowledge and expertise, bridging the gap between the untutored and the learned, the Pharmacist of old was at once a leader and an ombudsman, a beloved figure in every town and village.

Your role has now been transformed into a more modern one but you are still on the front line of providing service to the Community in the field of medicine, personal hygiene and body care. The rapid advances in medicine and the daily improvement in methods and preparations for cure have made you the depositories of the latest wonders.

This social aspect of your profession imposes upon you a soul searching endeavour to fulfill your role and stand up to your responsibilities according to the highest possible standards. You can corrupt morals, you can bring to nought all the discoveries of science and research, you can in fact degrade your own profession, if you do not, daily and very scrupulously, remember the great trust put into you by society when you are the designated depositories and the only authorised dispensers of chemical and bio-chemical research.



As Minister of Education I am conscious of the great importance of seeing that your tertiary education is not only concerned with the achievements of science but also with the ethical implications of the exercise of your profession.

I have no doubt that your scale of values is similar to mine.

Ugo Mifsud Bonnici

Alfred C. Scales

C.P.A. PRESIDENT

I wish that you would convey to your members my congratulations on the 20th anniversary of the first issue of the journal of the M.U.P. Putting a pharmacy journal together regularly takes a lot of work and research and I congratulate you and your contributors on being diligent and persevering in your efforts to provide your Union's membership with a Journal on a regular basis.

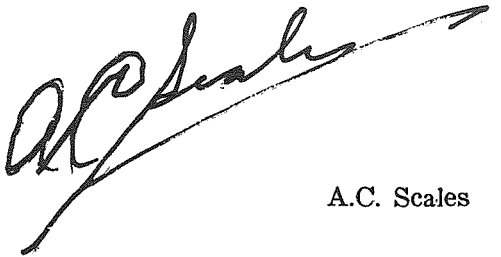
Pharmacy in the Commonwealth can indeed be proud of the Journals that are produced and the efforts made by the editors and staff to provide an update on the many and varied aspects of a profession which has known a tremendous amount of change in our last 20 years.

On behalf of the Executive and Council of CPA may I extend our congratulations and best wishes to you and your members on this special

anniversary. We look forward with you to the continued success of your Union and its members in the future publication of "The Pharmacist".

I personally am looking forward to meeting you and your members when we hold our Executive meeting in Malta in 1989.

Sincere regards,



A.C. Scales

Lillian Wismayer

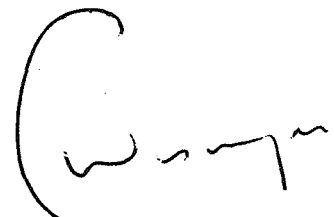
CHIEF PHARMACIST

I would like to extend my congratulations to the Chamber of Pharmacists on the 20th Anniversary of the first Pharmacists' Union Publication.

This Journal is the major link between the Chamber and all pharmacists on the island. It is a publication of quality and high standard with a professional presentation. More importantly it also represents an indication of enthusiasm and interest within our profession.

One can appreciate the considerable work which must go into the making of this publication. I feel sure that all pharmacists will join me

in thanking the successive editorial boards for their efforts and in wishing them many more successful years.



Mrs. L. Wismayer

Rev. Prof. Peter Serracino Inglott

RECTOR OF THE UNIVERSITY OF MALTA

It has been said that ours is a pill-popping culture. Already Plato, however, had made ironic play out of the fact that the same word — **pharmakon** — in Greek meant both medicine and poison.

After all the literature that has reached even us, laymen in the field, about drug-induced disease, we know that even if the doctor's prescription is exactly right, we, the patients, are likely to get it somehow wrong. So the social role of the pharmacist, as intermediary between doctor and patient, is being re-appreciated. Increasingly, we expect him/her to be a health care educator in a new style.

Any Maltese citizen, if asked to sketch out the model of a local neighbourhood, would probably put, under the immediate shadow of the Church overlooking the central piazza, besides the political party and band clubs, a pharmacy.

Fulfilling the function of social information and hot news exchange centre, gossip embroidering machine and rumour multiplier no less than the barber's shop or the grocer's, the Pharmacy has always been enveloped in a much more solemn aura because of its association with the symptoms of mortality — not quite wholly overlaid with the cosmetic perfumes consumed in the booming cult of the beauty of the body, especially female.

This quasi-magical, if not semi-sacred, atmosphere was intensified in recent times co-occurring with the first issue of the journal of the Malta Union of Pharmacists, the 20th birthday of which is the occasion of these greetings, by the mounting popular faith in the ability of medicines to improve health dramatically. The most serious basis of this euphoric faith lay perhaps in the successes achieved through immunization and antibiotics.

For a brief spell, we began to believe that there really was a pill for every ill, and that the way, most economic of effort to achieve health was swallowing it. But soon we became aware that all too often we were overpolluting our bodies with toxic chemicals. We began to wake up to the fact (by reading WHO reports and so on) that less than one new drug entering the market represented any worthwhile gain over the lots already available, that the advertizers

(very costly) employed by the great pharmaceutical firms were conning us with gaudy, but irrelevant, if not noxious, fumes of information. Many are now turning away from synthetic drugs, and reverting to herbs, diets, physical exercises, and superstitions.

In this context, the need is crying for a revamped figure of the old pharmacist whose approach was that of caring for the whole human being, for the social and language-using animals we are, rather than the medicine salesman who acts merely as a flesh-and-blood substitute for a dispensing machine. The pharmacist must again exercise his specific, ever renewed and crucial role in a health care systems which exists in order to help ordinary people acquire as much understanding of and control over their own bodies as possible. The present urgent call is for a people-centred rather than a drug-centred, profession.

The "personalizing" changes to which the Government is committed by its electoral programme in the health and social service sphere generally, and the decentralized way in which the distribution of medicines is envisaged in the projected National Health system, leave no alternative to such a rediscovery of the significant part which pharmacists are required to play increasingly as educators and counsellors. I hope, of my part, that the University will not fail to promote, with the help of the professional body which has shown a live interest in these matters, the constant updating of the educational — life-long — process of pharmacists and obtain the recognition even abroad of the degree we award to our numerous, but much needed, graduates. The future is perhaps more than usually challenging.



Peter Serracino Inglott

MEETING

Emanuel Attard Bezzina**EDITOR OF THE FIRST M.U.P. JOURNAL****Mary Ann Sant Fournier, B.Pharm., M.Phil.**

The Editor of 'The Pharmacist', Ms. M.A. Ciappara, accompanied by the President of the Chamber of Pharmacists, Mrs. M.A. Sant Fournier recently called on Mr. E. Attard Bezzina at his charming residence in Zejtun, after he accepted the Editorial Board's invitation to be interviewed.

So whilst sitting comfortably in his cool conservatory overlooking his bougainvillae-adorned courtyard and quietly served coffee and biscuits by his gentle daughter, he reminisced about these past two decades and we must say that although we all three of us did not adhere too often to the main topic we were researching, we nonetheless obtained first hand information on a varied number of subjects from a veritable connoisseur.

Mr Attard Bezzina is a pharmacist but perhaps more of a politician, of the old-school if we may add — he had made also a very good diplomat as Ambassador of our country to the Federal Republic of Germany.

But back to the journal, **Who's idea was it in the first place to have such a 'patriotic' cover design featuring the logo of the MUP?**

Yes, that was Mr Attard Bezzina's idea, professionally executed by an artist whose name escapes us as it did him!

Whose idea was it to issue a magazine?

"Ah! that's easy . . . the idea of having a journal of the Union of Pharmacists which would be distributed to all pharmacists and doctors was conceived by none other than — the then President of the Malta Union of Pharmacists, the late Mr. Anthony Darmania who as we all know was a very active pharmacist, together with another enterprising colleague Mr. Francis Formosa."

What was the main aim of the journal?

"The main aim was to demonstrate to all pharmacists the wish of the Union to keep in close contact with its members and to keep everyone informed of the work and progress achieved in its struggle for the benefit of the profession and

its members."

It was not an Educational or Technical Magazine

"No . . . nothing as high in standard as your own today" (A compliment if ever there was one!)

What problems did you generally face?

"The usual ones an editor is faced with . . . lack of sufficient material; arrival of articles by dateline — you know it all (do we not?!) — this is why a quarterly journal was published so erratically."

Mr. Attard Bezzina was also Examiner in examinations for Compounders and he admitted that he was a lenient one. But his main interest has always been in politics and . . . fishing!

He had some very interesting and entertaining anecdotes to relate about his fishing expeditions with his M'Xlokk friends on their luzzu. He was a sort of 'lucky charm' because they said that when he accompanied them on a fishing spree they would always have a bigger catch — no alchemy here although he did admit that he would take aquanise along, which would attract the kavalli. Speaking seriously, Mr Attard Bezzina is of the opinion that research should be geared towards the needs of such a small country as Malta with its limited resources. For example, the fishing industry needs to study whether Palm Fronds actually attract lampuki because of the liberation of some chemical or whether it is just a question of offering a shaded area to the fish.

On the question of the increase in the population of swordfish in the Mediterranean, he suggested that this could be due to an increase in marine salinity, after the opening of the Suez Canal.

Time seems to have stopped at the cool house in St. Gregory Street, but the visit was most interesting, both from the pharmaceutical and the fishing point of view.

MEETING

Francis Formosa

ADVERTISING CONSULTANT OF THE FIRST M.U.P. JOURNAL

Mary Ann Sant Fournier, B.Pharm., M.Phil.

We met Mr. Formosa over tea at the Union Club in Sliema. Mr. Formosa had cordially accepted the Editorial Board's invitation to be interviewed in view of the 20th anniversary commemoration of the union journal.

Immediately one gets the feeling of what an enterprising person he had been . . . and still is. The Union editorial board was wise in choosing him as advertising consultant. A quick look at the magazine shows that it was literally laden with adverts.

"The idea was to make as much money out of the magazine as possible. The Union coffers were empty. But the sponsors responded and the magazine was distributed even then free of charge" . . . we promise we will not pass around the hat to help up towards the cost"!

Another good idea was to publish a number of extra copies to be sent to pharmaceutical associations around the world. These in turn would reciprocate and thus an interesting journal library was built.

Mr. Formosa was a very active pharmacist whom we had also lost sight of. He too like Mr. Attard Bezzina had many interesting anecdotes to relate. But whereas Mr Attard Bezzina's were of a varied nature, Mr. Formosa's were purely pharmaceutical!

Mr. Formosa and Mr. Darmania had worked hard for Malta to be able to join the family of FIP through the support of the Pharmaceutical Society of Great Britain.

He spoke of his trip, on behalf of the Union to F.I.P. at the Hague in 1966 and to the Pharmaceutical Society of Great Britain.

Mr. Formosa recalled that as the journal itself says, the Union formed "under the aegis of the Chamber with the express intention of safeguarding the interests of the profession as a

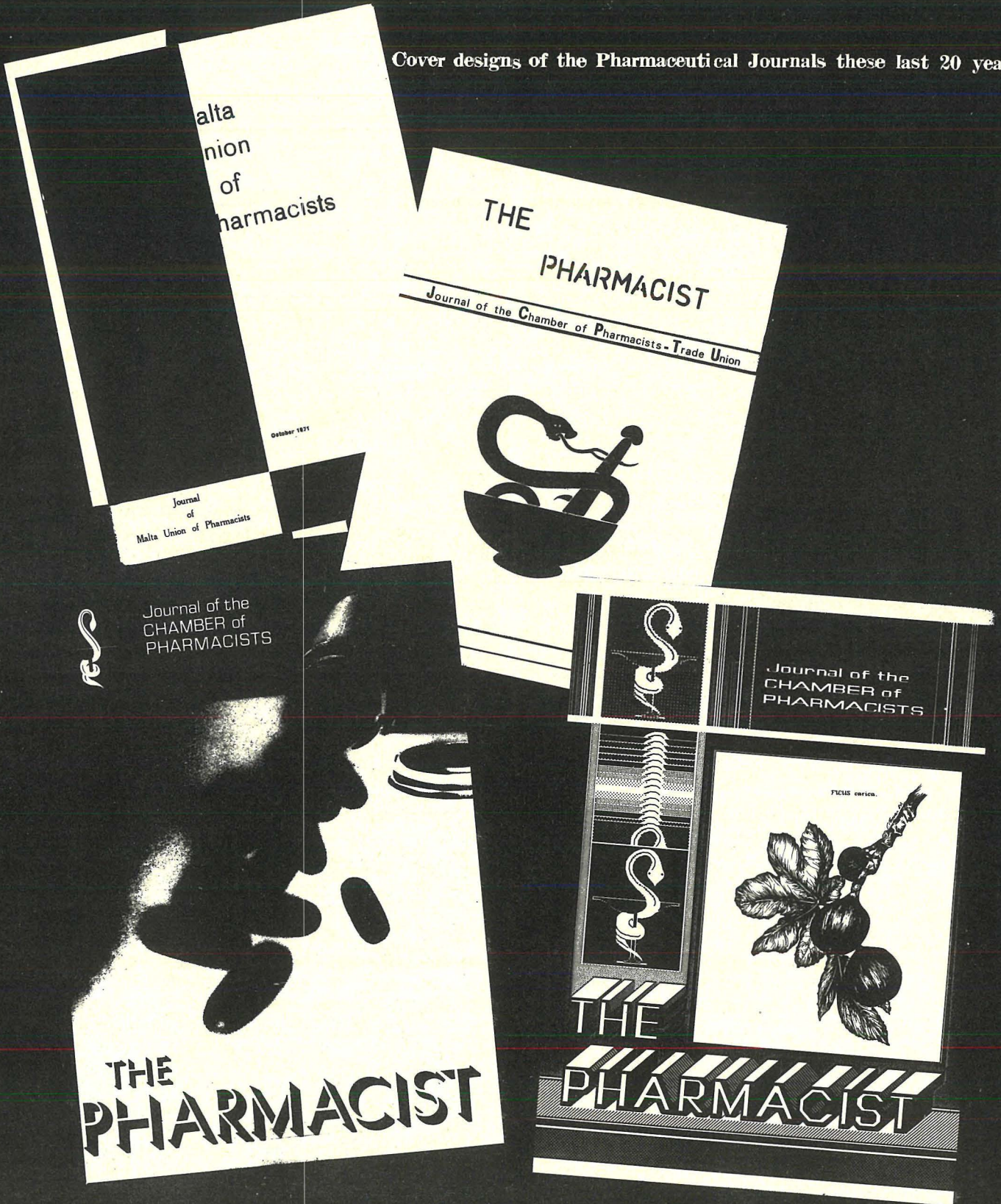
whole making the practice of the profession worthwhile"

At the time, the Union was hoping that the representative "Pharmaceutical Services Board" (was) the precursor of a statutory "Pharmacy Board" and 'throughout the period of its existence, the Union has investigated and, where justified, curbed the sale of medicines by unauthorized persons. "We managed to close down some culprit premises" said Mr. Formosa.

He recalled how hard they worked for the establishment of the Pharmacy Board which was set up to safeguard the prestige of our profession. Work for its establishment was initiated by the Chamber of Pharmacists in 1954, and it was in 1968 that bills were presented in Parliament. Soon after its formation both Mr. Darmania and himself resigned for personal reasons.



Cover designs of the Pharmaceutical Journals these last 20 years.



From the Editorials.....

Maria Brincat B.Pharm. Mary Anne Ciappara B.Pharm.

These are extracts from the various editorials of the pharmaceutical journals published in the last twenty years. The extracts have been grouped under various headings.

UNION

Some Achievements

The formation of our Union itself: we found quite some stiff opposition and it was only half-heartedly that some of our members joined up; some of them just could not believe how employee and employer pharmacists could pull on the same rope, and anyhow, the interests of the hospital pharmacist were as varied from the above two categories as were those of the medical representative pharmacist. But we pulled through and we did do something for the profession.

*Journal of the Malta Union of Pharmacists
October-December 1967 Vol. I No. 1*

THE BOARD OF PHARMACY

On the 1st March 1968, the House of Representatives gave a first reading to "An Act further to amend the Medical and Health Department (Constitution) Ordinance, Chap. 148 (Draft Bill No. 15), which in plain language means that Parliament has approved the first reading of a Bill instituting the Board of Pharmacy.

*Journal of the Malta Union of Pharmacists
December 1968 Vol. II No. 1*

Three Years Later

The past ten years saw the M.U.P. striving hard to make our profession, which is indeed the oldest profession on earth, be recognised as equal in importance and merit to other professions. This we succeeded in partly doing through the setting up of the Pharmacy Board, although we have to comment that this Board has not yet lived up to expectations. This perhaps is due to the fact that the work of the Board is hampered by the whims of politicians and civil servants alike and also due to the lack of statutory powers. Can any true pharmacist consider this Board what he really wants is to be, when for example the scourge of price-cutting in retail pharmacy which has reduced our pharmacies to the level of grocer shops, has not yet been tackled with the seriousness that such a degrading state of ethics deserve?

*Journal of the Malta Union of Pharmacists
March 1971 Vol. III No. 1*

THE PROFESSION

He cannot make a living as a community pharmacist out of his profession. As things are at present, he not only has no professional fee, like other professions but is forced to sell other items to earn a living. He will have less and less time for dispensing and patient counselling, his primary scope of existence as a pharmacist... As pharmacists our profession comes first and we believe in the increasing clinical involvement of the pharmacist even in community pharmacy. The only way into the future is by ensuring that the pharmacist will be able to earn a living out of his profession.

*The Pharmacist
January 1985 No. 5*

General Public Awareness

Our future economic survival must rely on the continuing development of the pharmaceutical services which we provide, an area which is solely our domain, and which, with continued development will lead to the greater appreciation of our work. The necessity of increasing the general public's awareness of the pharmacists' expertise, is felt internationally, so much so that the F.I.P. has issued the Budapest Declaration.

The Pharmacist
April 1985 No. 10

Health Professional

The pharmacist is a specialist on drugs and pharmaceutical products and we must educate the public that it is wiser to seek advice first than to experiment with medication that may be available in the medicine cupboard or passed on by a neighbour.

The Pharmacist is the only health professional who is readily available for such advice. Great awareness is necessary on the part of the pharmacist to identify people who underestimate their complaint.

The Pharmacist
August 1985 No. 11

PHARMACY MANAGEMENT

First and foremost, it is NOT a hot issue whether a pharmacist should be present in a pharmacy or not. It is a priori that a pharmacist is present in a pharmacy. In most developed countries, not only are pharmacies managed by pharmacists, but also owned by them. Whether a pharmacist can go for a coffee break or not is a moot point. He is still responsible for all that goes on at the pharmacy under his management. Any pharmacist who goes for extensive coffee breaks is showing irresponsibility, doing a disservice to his patients/clients and breaking his professional ethics.

The Pharmacist
April 1985 No. 10

Pharmacy Ownership

The Chamber of Pharmacists has always maintained, and quite rightly, that today's potent medicines left in the hands of a lay person are nothing but a danger to the general public. Dr. Saliba criticised the fact that some pharmacies have only a compounder or a salesgirl in attendance. What he did not say is that it is the health authorities who are responsible for the present situation, with almost 50 per cent of our pharmacies being allowed to be run without adequate pharmacist supervision.

Asking the health authorities to enforce the current laws has been futile for some time.

This is still the best way, however, failing the enforcement of the law, one way by which the present situation cannot aggravate, is by changing the law concerning pharmacy ownership. This should be restricted to pharmacists. Starting with new pharmacies, no new pharmacy should be allowed to be opened unless owned, in whole or in part, by a pharmacist.

The Pharmacist
July 1983 No. 6

Pharmacy Inspections

Every now and then the Health Department seems to feel a sudden surge of responsibility for the proper professional running of pharmacies, which, as pharmacists in retail can testify, are suddenly regaled with inspections, daily, or in some cases even several times a day.

No pharmacist who has the profession at heart can be against these inspections, but they must be carried out in a proper manner and by the right people. Health inspectors are definitely not the ones who should be carrying out such inspections. These should be the responsibility of a Pharmacy Inspectorate which should consist of at least two pharmacists. After all, pharmacists are the people who know how a pharmacy should be run.

The Pharmacist
December 1983 No. 7

LEGISLATION

A Step In The Right Direction

In this Orwellian year of 1984, the last thing which anyone would want to suggest or desire is an increase in Government control. Taken from this point of view, the new regulations regarding the distribution of pharmacies are such an increase in Government control.

An undisputed improvement is the introduction of a pharmacist licensee. It is hoped that in the near future further regulations will clearly define the pharmacist as the owner of a pharmacy. Here it is worth noting that companies are not mentioned at all.

All in all, a step in the right direction has been made. Some positive results of the new regulations can already be felt but whether the improvement in the current situation will be as substantial as desired depends very much on the health authorities. It is useless to issue volumes and volumes of regulations if they are not enforced/implemented.

The Pharmacist
November 1984 No. 9

Legislation — An Eyewash?

A recurrent theme in the memorandum is the lack of enforcement of legislation. This also came up in the forum entitled, 'Is legislation helping us to fight drug abuse?' Any legislation without the necessary enforcement, without the ability of finding and doing justice with the violator is not worth the paper it is written on but only serves as an eyewash; as a pretence that things are improving or under control.

Not only has the lack of enforcement of legislation become chronic but things have moved a step further. At a time when one would expect a caretaker government to do little more than being a caretaker administrator, not so the Minister of Health. Two amendments were made to regulations governing the licencing of pharmacies.

The first amendment adds half the tourist beds in a particular locality to the resident population for the purpose of calculating the population ratio per pharmacy.

The second amendment removes the pharmacist licensee, a concept which was introduced in the legislation of 1984.

These have both been made to suit particular cases. It seems that it is the intention of the powers that be to destroy the progress made through the regulations of 1984.

The Pharmacist
April 1987 No. 15

PROFESSIONAL FEE

* An agreement on establishing a professional tariff of fees for the dispensing of drugs is also a very important matter and we hope we shall have something more to say about this quite soon.

Journal of the Malta Union of Pharmacists
October-December 1967 Vol. I No. 1

Elsewhere in this issue, we are publishing our proposals for a professional tariff. It is hoped that this will be accepted 'in toto' and strong legislation be enacted so that it will constitute infamous conduct if not upheld and followed accordingly. Otherwise what is the use of having a professional tariff if because of a couple of pharmacists the great majority are deprived of a legitimate right?

Journal of the Malta Union of Pharmacists
October 1970 Vol. II No. 3

PHARMACY EDUCATION

Doctorate in Pharmacy

To fill some of the new roles in hospital, the pharmacist is going to need further training beyond the B.Pharm first degree, if he is to stand on an equal footing with other medical specialists with whom he will be working. A postgraduate course should be introduced to fill this need, a course which will lead to a doctorate in pharmacy (D.Pharm.) The course content of this postgraduate course should not be based only on the preparation of a thesis, as in the case of the M.Phil degree taken by B.Pharm student graduates so far, but should include extensive clinical education and training and a hospital internship similar to a medical doctor's.

The Pharmacist
July 1982 No. 4

Foreign Recognition

The local course has never to date had recognition and we feel that the Student Worker Scheme in some ways was a setback to the progress towards this aim, which has slowly been approached over the years. The recognition is of paramount importance so that pharmacy graduates can continue post-graduate studies without the difficulties which they currently face. Considering the recent advances and developments in pharmacy internationally, postgraduate education is of utmost importance if pharmacy in Malta is to keep abreast with these developments.

The Pharmacist
January 1987 No. 14

Pharmacist as Head of the Pharmacy Department

We look forward not only to a change in the system but also to an improvement of the staffing of the pharmacy department. It is a pity that the department has been without a head since the introduction of the Student Worker Scheme in pharmacy. It is high time that a suitably qualified head who we strongly believe should be a pharmacist is appointed in the near future. Without this it will be very difficult for the desired progress to be made.

The Pharmacist
January 1987 No. 14

Faculty of Pharmacy

The institution of a properly organised Faculty of Pharmacy at the Royal University is another vital necessity and your Union is taking very good care that this comes about.

The Pharmacist
October-December 1967

The possibility of setting up Pharmacy as a separate faculty must be seriously studied. There certainly is no lack of students. The lack of a sufficient number of lecturers must be dealt with by making better use of local talent and the utilization of foreign lecturers as required.

The Pharmacist
September 1987 No. 16

Pharmacists Against Drug Abuse

Traditionally, patients have confidence in their pharmacist and ask for advice on the correct use of medicaments. Pharmacists should educate the whole family to **USE MEDICAMENTS WITH CARE AND NOT TO MISUSE THEM.** There is no such thing as 'Pure' hard drug addict, the problem is polypharmacy. We are a drug using society and a drug abusing one as well.

The Pharmacist
May 1986 No. 13

It is important not to alienate the general public from drug therapy but to instill an awareness of the danger of misusing drugs. This is where pharmacists have a major role to play.

The Pharmacist
January 1986 No. 12

CONCLUSION

The above editorial extracts span a period of twenty years of Pharmacists' Union publications.

As can be seen, there are a number of recurrent problems. The profession still lacks sufficient identity in the public's eyes, the problem of nominal management is still with us. This is not to say that no progress has been made, that these union's efforts have borne no fruit. We can see the success of the Union's intervention to stop the Heatherington Commission's recommendations, the establishment of the Pharmacy Board and the legislation of 1984 re the opening of dispensaries.

Back to square one

Unfortunately, the lack of political and Government administration, understanding as to what pharmacy is about and the various interests which may have been involved, have resulted in a situation where we are back almost to square one. Thus we see that the 1984 legislation brought about after several discussions between the Chamber and the government, were with the stroke of a pen reduced to nothing, all to suit certain individuals. The situation in Pharmacy education has been allowed to deteriorate to such an extent that there is only one full time lecturer for over a hundred students. In 1961 the Union called for the setting up of a Faculty of Pharmacy. This is being reiterated by the Chamber. Administrators, politicians, educators must understand that pharmacy is neither medicine nor chemistry.

The Pharmacy Board has been almost a continuous set up in 1968, three years later, the union was already complaining of its ineffectiveness. Why has there been so much disillusionment with the Pharmacy Board? This board is responsible for the ethics of the profession, the maintenance of professional practice in pharmacies and yet there have been no inspections, the professional image of a pharmacy has been allowed to deteriorate, no professional fee has been introduced. In 1983 the board was reduced to ridicule. The quorum was no longer proportionate to the size of the board and furthermore there are now so many non pharmacists, that board meetings can be held in the absence of pharmacists.

Inertia!

What we fail to understand is why it is taking this administration so long to normalise situations. Surely what a previous administration reversed and ruined with the stroke of a pen need not have taken so long to bring to normal.

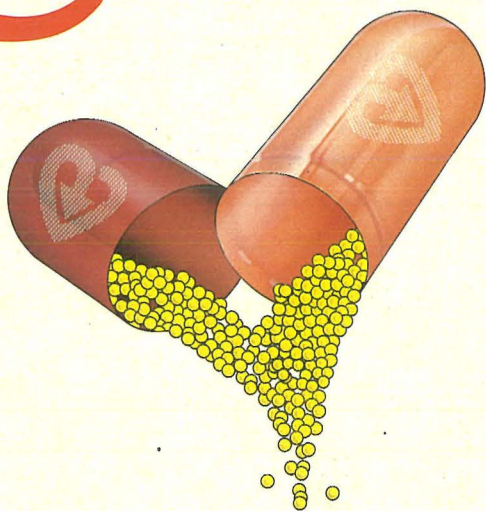
Over the last 10 years, the activities of the Chamber have increased tremendously as can be seen from the editorial extracts. The Chamber has been continuously on the alert to safeguard the interests of the profession and improve professional standards. This without forgetting the pharmacist's responsibility and contribution to society.

Thus we see the efforts against drug abuse and the encouragement for pharmacists to play an active part in the education of the general public to use medicines properly.

It must be noted that without government's support through suitable legislation and measures to enforce it, the Chamber's efforts cannot produce the desired results.

Coracten

Why choose Coracten in hypertension?




- Coracten is nifedipine – an important Ca^{++} channel blocker, now in a b.i.d. dosage form for sustained control of hypertension.
- Coracten provides smooth and sustained antihypertensive effects. It works rapidly to reduce blood pressure within a few hours.
- Coracten can provide effective control in all grades of hypertension.
- Coracten provides continuing and reliable activity with the exclusive Spansule sustained release system.
- Coracten is suitable for use in both young and old hypertensive patients (see prescribing information).
- Coracten is especially suited to patients with concomitant hypertension and angina.
- Coracten can simplify your prescribing in hypertension.

Coracten clears the way through therapeutic confusion

Prescribing Information

Presentation

Opaque light brown capsules, opaque red capped, cap and body printed  containing off-white pellets. Each capsule contains 20mg nifedipine in a sustained release formulation which provides a prolonged therapeutic effect.

Uses: mode of action

Nifedipine is a potent calcium channel blocker whose main action is to produce relaxation of arterial smooth muscle both in the coronary and peripheral circulation. The peripheral action leads to a decrease in cardiac work load through vasodilatation and a resultant reduction in myocardial oxygen demand. Coronary vasodilatation improves myocardial perfusion and reduces coronary artery spasm. Nifedipine has no therapeutic antiarrhythmic effect.

Indications

Nifedipine is indicated in the treatment and prophylaxis of angina pectoris (exercise induced angina, angina at rest including Prinzmetal angina and unstable angina, and angina following myocardial infarction [see contra-indication below]), and in the treatment of hypertension.

Dosage and administration

Adults only: In angina pectoris: Normally one capsule every 12 hours. If necessary, the dosage may be increased to 2 capsules every 12 hours.

In hypertension: Normally one capsule twice a day. If necessary the dosage may be increased to two capsules twice a day.

The capsules should be swallowed whole with a little fluid after meals.

Contra-indications, warnings etc.

Contra-indications: Cardiovascular shock, pregnancy and lactation, myocardial infarction less than 8 days prior to commencing therapy.

Cautions: Use with caution in patients with systolic blood pressure of less than 90mmHg, in patients with poor cardiac reserve: in diabetic patients, as they may require adjustment of their diabetic therapy: and in dialysis patients with malignant hypertension and irreversible renal failure with hypovolaemia, since a significant drop in blood pressure may occur due to the vasodilator effects of nifedipine.

Since nifedipine has no beta-adrenoceptor blocking activity it therefore gives no protection against the dangers of abrupt withdrawal. Withdrawal of any previously prescribed beta-blockers should be gradual, preferably over 8 to 10 days. Nifedipine may be used in combination with beta-blockers and other antihypertensive agents, but the possibility of an additive effect resulting in postural hypotension must be borne in mind.

Ischaemic pain has been reported in a small proportion of patients within 30 minutes of the introduction of nifedipine therapy. Patients experiencing this effect should consult their doctor.

Patients who drive or operate machinery should be warned of the possibility of drowsiness.

Increased plasma levels of nifedipine have been reported during concomitant cimetidine and ranitidine administration, but no clinical effects, to date, have been shown.

Use in pregnancy and lactation: See Contra-indications.

Adverse reactions: Side effects are generally mild and transient and usually occur at the start of treatment. They include: headache, flushing (and usually at higher dosages), nausea, dizziness, lethargy, skin reactions, paraesthesia, hypotension, palpitation, tachycardia and dependent oedema. There have been very rare reports of hepatitis and of reversible gingival hyperplasia.

Overdosage

Signs and symptoms may include bradycardia and hypotension. Treatment consists of the induction of vomiting and/or gastric lavage together with supportive and symptomatic measures including, where appropriate, the use of atropine and noradrenaline. Intravenous calcium gluconate with metaraminol (a potent sympathomimetic agent) may be of benefit.

Pharmaceutical precautions

Store in a cool dry place AND PROTECT FROM LIGHT.

'Coracten' and 'Spansule' are trade marks.

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SK&F

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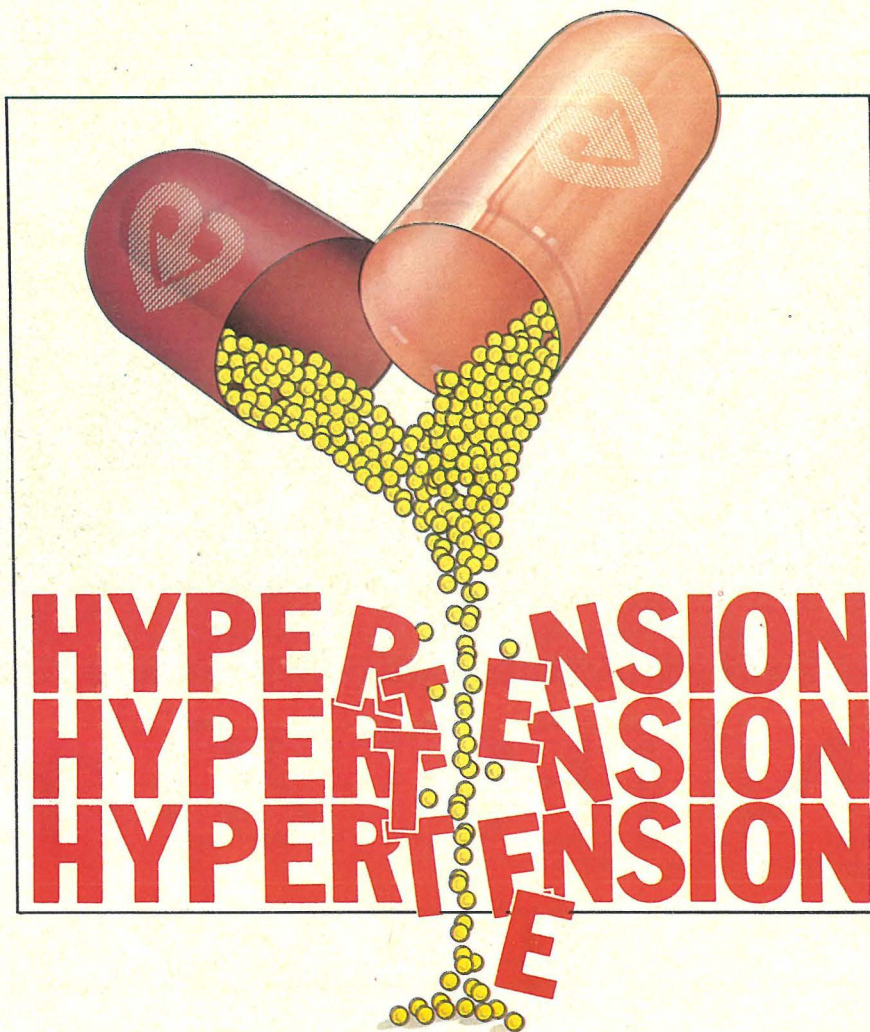


New



Coracten

nifedipine 20mg Spansule Capsules



Clears the way
through
therapeutic confusion

SK&F

HBP



RENITEC[®] 20 mg

(enalapril maleate, MSD)

THE DIFFERENCE

Full prescribing information is available and should be consulted before prescribing. **PROPERTIES** RENITEC is an inhibitor of angiotensin converting enzyme. Its action on this system explains its antihypertensive properties at all stages of hypertension and in heart failure. It can be used as single-agent therapy and its prolonged activity (24 h) allows administration in a single daily dose. **INDICATIONS** • All grades of hypertension. • Congestive heart failure. **CONTRAINDICATIONS** • Hypersensitivity to any component of the product. • Pregnant or nursing women. **WARNING** Enalapril has not been studied in the child. Sudden hypotension: In volume or salt depleted patients and/or renal impairment (strict salt diet diuretics) or renal arteries stenosis the first dose of RENITEC may expose, because of high plasma renin activity, to sudden hypotension and renal impairment possibly acute. When initiating treatment with RENITEC: a) In hypertension, it is recommended in case of previous diuretic therapy: - the diuretic should be discontinued for at least 3 days prior to initiation of therapy with RENITEC. If this is not possible, the initial dose should be low: 5 mg or less. b) In congestive heart failure: It is recommended that diuretic be reduced during several days prior to introduction of RENITEC. In all cases it is advised to initiate the treatment with a low initial dose of 5 mg or less. c) In renovascular hypertension, it is recommended to initiate the treatment with a low dose of 5 mg or less. **Hypersensitivity/angioneurotic edema.** Angioneurotic edema of the face, extremities, lips, tongue, glottis and/or larynx has been reported rarely in patients treated with an angiotensin converting enzyme inhibitors, including RENITEC. In such cases, RENITEC should be discontinued promptly and the patient observed carefully until the swelling disappears. In those instances where swelling has been confined to the face and lips the condition generally resolved without treatment, although antihistamines have been useful in relieving symptoms. Angioneurotic edema associated with laryngeal edema may be fatal. Where there is involvement of the tongue, glottis or larynx, likely to cause airway obstruction, subcutaneous epinephrine solution 1:1000 (0.3 ml to 0.5 ml) should be administered promptly, and other appropriate therapy instituted. **PRECAUTIONS** Renal impairment: adapt dose (see dosage), renovascular hypertension, heart failure: low initial dose (see dosage), monitoring of arterial pressure at initiation of treatment. **Surgery/Anesthesia:** In patients undergoing major surgery or during anesthesia with agents that produce hypotension, enalapril blocks angiotensin II formation secondary to compensatory renin release. If hypotension occurs and is considered to be due to this mechanism, usually it can be corrected by volume expansion. **ADVERSE REACTIONS** Dizziness, headache, asthenia. More rarely hypotension, nausea, diarrhea, cramp, rash, syncope, cough and angioneurotic edema. Increase in blood urea and creatinine (see physician circular "adverse reactions"). **DRUG INTERACTIONS** Risk factors for the development of hyperkalemia include renal insufficiency, diabetes mellitus, and concomitant use of potassium-sparing diuretics (e.g. spironolactone, triamterene or amiloride) or potassium supplements. The use of potassium supplements or potassium-sparing diuretics particularly in patients with impaired renal function may lead to a significant increase in serum potassium. Avoid combination with potassium salts or potassium sparing diuretics except in cases of hypokalemia. Combination with neuroleptics increases the risk of orthostatic hypotension. The activity of β -blockers adds to the antihypertensive properties of RENITEC. **RENITEC/ diuretic combination:** if azotemia or creatinemia increases, reduce RENITEC dose and/or withdraw diuretic if necessary. **DOSAGE** If RENITEC is substituted for diuretic treatment, withdraw diuretic 2 to 3 days beforehand. If needed reintroduce diuretic treatment. Oral administration: RENITEC can be taken before, during or after meals. Doses of 10 to 40 mg/day according to indications. Hypertension: usual initial dose: 20 mg (1 tablet) once a day, adjusted according to the response to treatment. If RENITEC is substituted for diuretic treatment, withdraw diuretic 2 to 3 days beforehand. If needed, reintroduce diuretic treatment. **Renovascular hypertension and heart failure:** initial dose: 5 mg or less per day (see warning) adjusted according to the needs of the patient. Most patients respond to doses of 10 to 20 mg administered in one or two daily doses. RENITEC can be prescribed in combination with digitalis diuretic treatment. **Renal impairment:** reduce initial dose according to creatinine clearance 30-80 ml/min: 5-10 mg/day; 10-30 ml/min: 2.5-5 mg/day. RENITEC is dialyzable. **DOSAGE FORM** RENITEC 5 mg (enalapril maleate), package of 28 breakable tablets (white). RENITEC 20 mg (enalapril maleate), package of 28 breakable tablets (peach).

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Pharmaceutical Journals in Malta

Paul Cassar M.D., Ph.C., D.P.M., F.R.Hist.S. (Lond.), D.Litt. (Hon. Causa)
Hon. Fellow of the University of Malta

Two decades ago the Malta Union of Pharmacists published the first number of its journal for the period October-December 1967. The occurrence of this twentieth anniversary presents an appropriate occasion to cast a glance at other pharmaceutical journals that preceded and followed the publication of the journal of the MUP.

Progresso Medico Chirurgico, 1920-21

The earliest journal to be published in Malta that has some bearing on pharmaceutical practice was the **Progresso Medico Chirurgico** which made its appearance on the 1st December 1920. It was a monthly 8-10 paged publication whose editor and proprietor was Mr. Ciro Cherubino. Its articles were all in Italian though it offered its columns to contributions in the English language as well.

As its title implies, its appeal was to the medical profession but its editor invited literary material not only from the **Camera Medica di Malta** but also from the **Camera Farmaceutica di Malta**.

Among the medical themes dealt with were infantile mortality; the importance of vaccination; physiotherapy; otitis; and the detection of albumin in the urine and its quantitative estimation by means of the Esbach's albuminometer.

Medical practitioners, however, did not have a complete monopoly of this journal. In fact in the issue of April 1921, the editor informed his readers that the **Progresso** was now being published under the auspices of the **Camera Farmaceutica di Malta**. The pharmaceutical slant is represented by the insertion of advertisements of (a) Portelli's Dispensary at Pawla announcing the sale of "very pure medicinals", patent medicines, oxygen, surgical instruments and suturing materials and air and water mattresses and cushions; and of Dr. A. Mizzi's The Original English Dispensary at 32 Piazza San Giovanni, Valletta; and (b) preparations from Italian drug manufacturers such as Proton (its basic components being iron and phosphates) for anaemia and "general debility"; Asmalisin, in the form of hypodermic injections of extracts of suprarenal gland and of the posterior lobe of the pituitary gland, for the relief of asthma; **fermenti lattici** for intestinal infections especially of infants;

Comunicazioni Ufficiali.

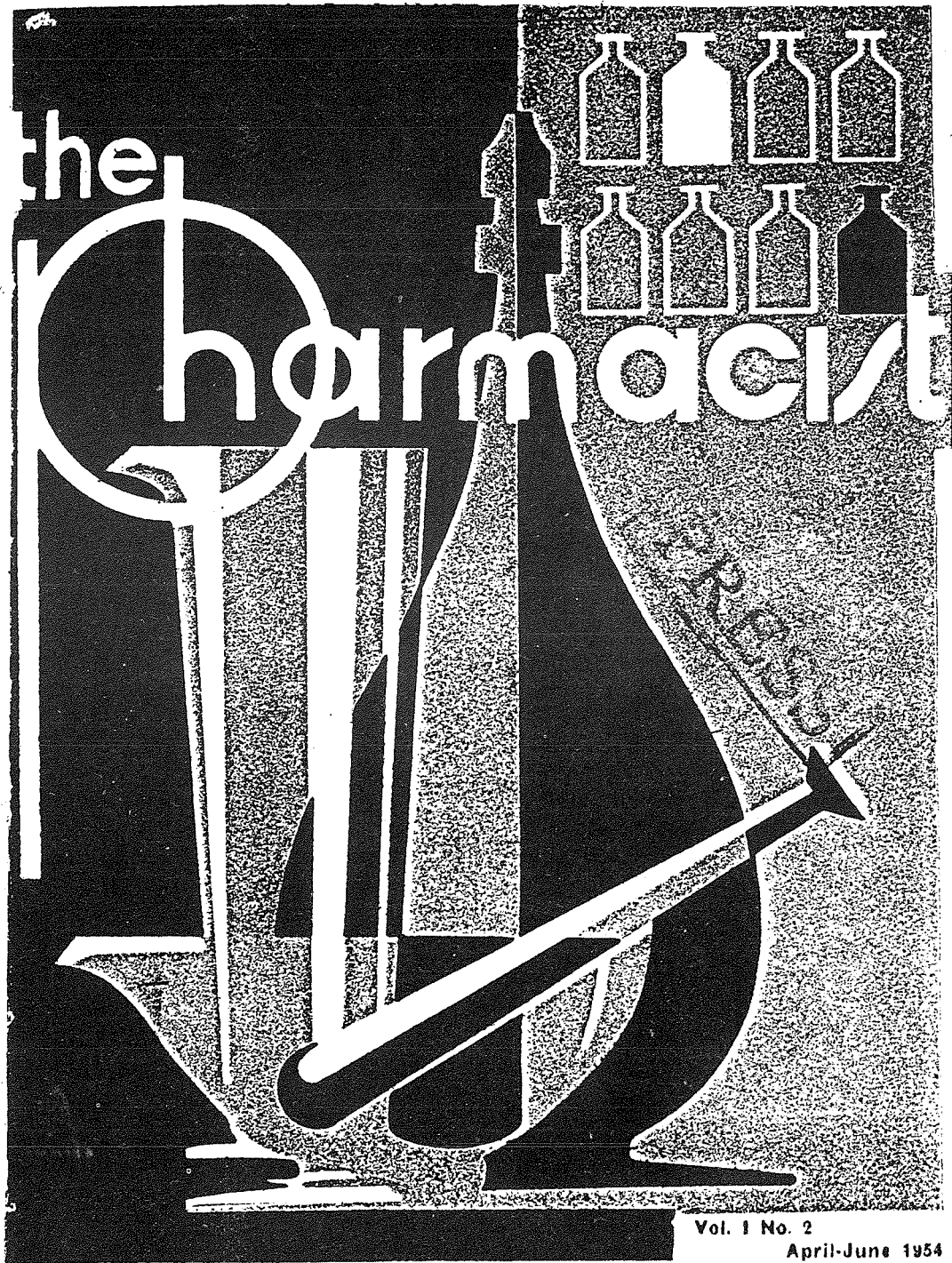


CAMERA FARMACEUTICA DI MALTA.

La suddetta Camera nella sua seduta del 16 Aprile a.c. procedette alle elezioni del Comitato per il biennio 1921—1922 che risultò così costituito:

- Presidente,*
Sigr. Andrea German.
- Vice-presidente,*
Sigr. Alf. Gera Depetri.
- Segretario,*
Sigr. Goffredo Laferla M.P.S.
- Ass: Segretario,*
Sigr. Alf. Mizzi.
- Tesoriere,*
Sigr. Gius. Muscat.
- Membri :*
Sigr. A. L. Barrett M.P.S.,
Sigr. S. R. Speranza;
Sigr. S. Tabone,
Sigr. On. J. Vassallo.
- Consultore legale,*
Sigr. Dr. Serafino Vella LL.D.
Il Segretario
Goffredo La Ferla M.P.S.

IL PROGRESSO—1o. Aprile, 1921.



The front cover of 'THE PHARMACIST' published between 1954 and 1955. It's Editor was Pharmacist Mr. George Saliba. The cover design is by Envin Cremona.

and Cerebral for "nervous exhaustion" the main ingredients of which were calcium and sodium glycerophosphates, Fowler's Solution and Nux Vomica powder.

Of more direct interest to pharmacists were the publication of (a) the members of the committee of the **Camera Farmaceutica** for the year 1921-22. The names of the members appeared under the circular logo of the **Camera** which showed the figure of the serpent coiled round the base of a bowl and dipping its tongue into it. This central emblem was flanked by two fronds of laurel leaves, one on each side. The whole was enclosed by the words round the rim **CAMERA FARMACEUTICA DI MALTA. FOND. A.D. 1900**; and (b) two short articles by anonymous writers which appeared in the issue of the 1st February 1921.

The first one discussed the advantages accruing from the establishment of professional associations to safeguard the material interests of the pharmacist. Through such an agency the profession could come to some arrangement regarding working hours, the closing of the pharmacy on Sundays and feast days and the creation of a uniform system in the fixing of prices of medicinals as was being done in other parts of the world such as the United Kingdom, Australia, Egypt, etc. In the writer's view such associations would have other beneficial results among which the promotion of frequent contacts between pharmacists that would tend to eliminate "feelings of mistrust and suspicion among colleagues . . . which in Malta were stronger than elsewhere and especially among pharmacists of the same district".

The other article dealt with the hardships that the pharmacist had to face in giving his services to the public. He had, for instance, "to be available at all times during the day and night... always vigilant... without respite... and under continual nervous tension which wears away his brain owing to the very great responsibilities with which he is burdened". To crown it all, exclaims the perturbed author, when the patient recovers from his illness "the doctor takes all the glory".

The issue of the 1st October 1921 is of special interest for us to-day because it touches on a problem that has come to form one of society's greatest preoccupations and to which no adequate solution has yet been found i.e. the question of drug addiction. Sixty years ago the greatest concern in Europe centred round the abusive use of cocaine and opium. The article discusses

the efforts that were being made, in accordance with the Treaty of Versailles, to restrict the commerce of noxious drugs with a view of limiting, as much as possible, "the further diffusion of the use of morphine" and "of other toxic forms of addiction which ruin humanity".

This is the last issue of the **Progresso Medico Chirurgico** that I have been able to trace.

Bulletin of the Chamber of Pharmacists. 1953

The next publication on the part of the Chamber of Pharmacists appeared on the 1st July 1953 under the title of **Bulletin of the Chamber of Pharmacists**. It was a type-written four-paged newsletter.

It carried the information that the Chamber of Pharmacists, after "almost three years of inactivity" convened a meeting on the 7th June 1953 to discuss the following items: (a) election of the committee for that year; (b) the professional status of the pharmacist; (c) the need for an official tariff of fees; (d) revision of the statute of the Chamber; (e) and the possibility of obtaining the newly introduced degree of B.Pharm. at our university, by pharmacists who had qualified under the previous academic system.

It is not recorded whether any other numbers of the **Bulletin** were ever issued and, therefore, we are in the dark regarding any possible developments resulting from the items discussed at the 7th June meeting held at Palazzo Caraffa, Old Bakery Street, Valletta.

The Pharmacist. 1954-55

Between January 1954 and September 1955, the Chamber of Pharmacists initiated the publication of **The Pharmacist** with the scope of (a) diffusing current literature to keep the pharmacist abreast with new developments in his field; (b) helping to maintain members of the Chamber in touch with the activities of the Committee; and (c) providing a means by which the pharmacist could "air his aspirations, grievances and claims".

The main topics that engaged the profession of thirty years ago, as reflected by this journal, were:- (a) the concern about the large number of pharmacists, graduating from the university, that had increased 'out of proportion to the local requirements'; (b) the need for the recognition of the B.Pharm. degree by Commonwealth coun-

tries and the USA to enable Maltese graduates to emigrate to these places; (c) the establishment of a professional tariff of fees; (d) the formation of a Pharmacy Board separate from the Medical Board; (e) removing the anomaly arising from the dispensing of dangerous drugs by Assistant Apothecaries in some government hospitals; (f) the "immediate separation" of the Course of Pharmacy from all other courses of study to raise the standards of the academic and practical training of pharmacy students; (g) reminding the pharmacist of his duties and responsibilities in the exercise of his profession and in his relations with medical practitioners; (h) safeguarding the premises of the pharmacy from "degenerating" into a "village bazaar" and from assuming the aspect of a "jumble sale" by stocking and selling goods unrelated to the pharmaceutical trade and thus lower the prestige of the profession.

On the scientific and historical side, the journal published articles on the origin and development of the British Pharmacopoeia; the story of the presscoating of medicaments; methods of sterilizing solutions for parenteral injections; and notes on the discoveries and uses of vaccination, antibiotics and vitamins.

Journal of the Malta Union of Pharmacists. 1967-71

The Malta Union of Pharmacists was formed in 1961, but it was not before 1967 that it issued the first number of its **Journal of the Malta Union of Pharmacists**, with the "express intention of safeguarding the interests of the profession" as a Trade Union and "making the practice of the profession worthwhile and a decent business".

Its contents centred round the administrative reports of the committee; the statute of the Union (Vol. 2, 1970); the international contacts and relations with pharmaceutical bodies overseas; the holding in Malta of the First European Regional Meeting of the Commonwealth Pharmaceutical Association (May 1970); the frustrations experienced by the Union *vis-a-vis* the Pharmacy Board (founded in January 1968); and the reorganization of the Pharmacy Course of studies at the University leading to the new B.Pharm. degree.

The scientific and cultural aspects of pharmacy are well catered for in the six issues of the Journal that saw the light between October

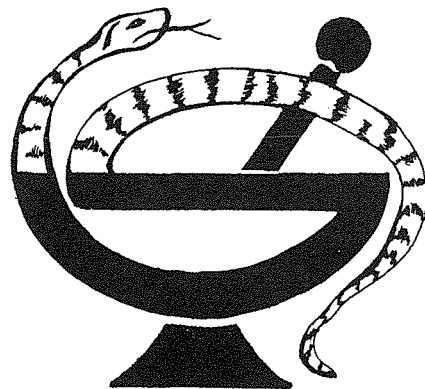
1967 and October 1971. The topics from various authors included articles on the zonation of animals in the intertidal regions; the Drugs Control Regulations (1967); the importation of drugs and equipment for the pharmacy of the Holy Infirmary of Valletta in the 18th century; the role of the Pharmacist in agriculture; the first recorded pharmacists in the Maltese Islands; the medicinal plants of Malta; the pharmacies of a century ago in Malta; the biochemistry of drugs; and the physiological availability of drug products.

The Pestle and Mortar. 1975-79

In June 1975, the students of the Course of Pharmacy founded the **Journal of the Malta Pharmaceutical Students Association — The Pestle and Mortar**. The aim of this journal was

journal of the MPSA - PHARMACEUTICAL STUDENTS ASSOCIATION

PESTLE & MORTAR



june 1979
vol 1 no. 4

'to provide discussion and elucidation in topics of interest in the pharmaceutical field' and to stress that "the pharmacy student has an identity of his own" separate from the medical and from the science student.

I am familiar with only the first four numbers of this publication which was issued at intermittent intervals. I have not seen any number beyond the fourth one that appeared in June 1979

The papers contained in this journal dealt with such topics as the adverse reactions of drugs; the role of the pharmacist in the drug manufacturing industry, in forensic toxicology and in the fight against drug addiction; the testing of new drugs for side effects before they are marketed; drug information; the possible dangers arising from drug administration during pregnancy; oral contraceptives; Maltese medicinal flora; and the annual reports of the Association.

The Pharmacist. 1981

After a gap of ten years the Chamber of Pharmacist-Trade Union revived the publication of **The Pharmacist** in 1981 with the main purpose of keeping "the Maltese pharmacist informed on the many developments and exciting innovations continually being made both within the pharmacy profession and in other related fields of science" and to "remind the pharmacist of his responsibilities and duties" towards his profession and the public especially with regard to dispensing and patient counselling.

That these aims have been adhered to during the six years of the journal's life is amply shown by the variety and high standard of the papers that have appeared in the sixteen numbers issued.

Features of practical value include:- problems arising from the fact that more than half of the pharmacies existing in 1981 did not have a full-time managing pharmacist attending during all hours that they were opened; the Medical Representative; the setting of standards for retail pharmacy practice; professional ethics; suggestion for a post-graduate course at the university leading to a doctorate in pharmacy; a new university course for pharmaceutical technologists intended for employment in industry; pharmacy education as a life time process; essential requirements for a first degree pharmacy students; the concept that ownership of pharmacies be restricted to pharmacists; and a memorandum by the Chamber on the problems fac-

ing pharmacy to-day (1987).

Sections on Union news; administrative reports of the Chamber; parliamentary issues involving pharmacy; notes on new therapeutic preparations, etc. form an integral part of every successive issue of the journal.

Papers on management of diseases, materia medica, therapy and pharmaceutical history deal with:- gallstones, sex transmitted illnesses, AIDS, hypertension, glaucoma, cholesterol accumulation, allergy; antibiotics, ingredients of cough mixtures, ophthalmic preparations, beta-blockers, drug therapy in the elderly, bioavailability of trimethoprim and of frusemide tablets; drug addiction, tolerance to morphine; generic names of drugs; Budapest Declaration on pharmaceuticals; skin reactions to drugs; forensic toxicology; sterilization of contact lenses; infant nutrition; computers in pharmacy; theriac, squill, aloe, chamomille, domestic fig; biographies of past pharmacists; outline history of pharmacy.

What of the future?

The various journals here reviewed hold a significant place in the annals of Maltese pharmacy. In spite of the short lives of the early ones and their intermittent appearances, these journals serve to record the facts and stages of the development of the academic, educational, research, ethical and business activities of the profession for the past sixty-seven years.

The Pharmacist, with its birth in 1981, has had the longest life of them all, thanks to the vigour and dedication of a relatively small band of pharmacists. Its continued existence and progress inevitably depends on the personal efforts of every individual pharmacist, the persistence of drive of the leading personalities in the profession and the cooperation of their colleagues. If all this is forthcoming the Chamber of Pharmacists-Trade Union will be in a position to meet the challenges ahead; and **The Pharmacist**, to record their successful resolution. **Ad multos annos!**

The Editorial Board would like to thank Dr. Paul Cassar for his very interesting and informative contribution. He is a renowned historian and he has on several occasions written articles on various historical aspects of pharmacy which have appeared from time to time in the local pharmaceutical publications.



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Aspirations - Endeavours and Progress

THESE LAST 26 YEARS

Mary Anne Ciappara, B.Pharm.

In this issue it is fitting that we look back at the then Malta Union of Pharmacists and later when it combined with the Chamber of Pharmacists to see to what extent they had been able to realise their objectives and on the progress that has been made so far.

MALTA UNION OF PHARMACISTS

The Chamber of Pharmacists on the 9th April 1961 called an Extraordinary General Meeting expressively for the formation of a Trade Union. This was held at the University Theatre, Valletta. Mr. A.M. Darmania and Mr. Degabriele were proposed and elected Chairman and Secretary respectively to conduct the meeting. All 33 pharmacists present agreed unanimously on the principle that a Trade Union for Pharmacists be formed. The statute previously drafted by the Chamber of Pharmacists was amended and approved. The objectives as set out in the statute were:

- to uphold the honour and promote the interests of the Pharmaceutical Profession in Malta;
- to promote the interests of pharmaceutical practitioners collectively and individually maintain and improve the condition under which the profession is exercised, to establish relations with the controlling authorities and such other persons or bodies as may be approved by the Conference from time to time;
- to provide for the promotion of professional knowledge, science and practice.

The Union was registered with the Registrar of Trade Unions as the 'Malta Union of Pharmacists'.

The Annual Conference (as it was then called) was to be held between May and July. As from 1963 the Union started holding them at the Confederation of Malta Trade Unions of which the Union was a member. The Executive Committee consisted of the President and eight other members. (The Executive Committee, at the first meeting which was held within a week of its taking up office elected from among themselves a vice-president, a secretary and a treasurer.)

The financial resources were derived from memberships and donations.

Professional Aspirations

With industrialisation, progress in the pharmaceutical field was so great that the pharmacist was no longer compounding medicines but dispensing very potent, specific and potentially dangerous drugs.

Since World War Two, the pharmacist was in the general public's view losing his identity, and uninformed opinion repeatedly stated that a full time pharmacist was no longer essential in pharmacies. The profession continuously insisted that dispensing requires the continuous supervision of a Pharmacist.

The Union's aspirations were to re-establish the importance and need of the pharmacist. Existing pharmacies could not survive financially on the sale of medicines and related pharmaceuticals. The opening of more pharmacies was creating great economic problems. Commercialisation was turning pharmacies into bazaars. Some of the owners could not afford a Pharmacist and employed a Managing Pharmacist 'di nomina' and some were forced to close down or restrict themselves to toiletries and cosmetics. Due to this deterioration in pharmacy practice, a number of Pharmacists were seeking work as analysts, medical representatives, teachers, etc., where they had a better remuneration and better working conditions.

Throughout its existence the Union tried to put an end to a Managing Pharmacist 'di nomina' on several occasions expressing its views on the necessary reforms in pharmacies. In a statement issued after the first meeting of the Board to study Pharmacy, the Malta Union of Pharmacists urged that as in other European countries there should be:

- a planned distribution of pharmacies
- that a pharmacist is present in a pharmacy
- the establishment of a Pharmacy Board to safeguard the prestige of the profession
- Pharmacist inspectors of pharmacies.

A number of obstacles were met in their drive for the establishment of the Pharmacy Board. It

was in 1965 that the Bill was presented in Parliament, together with two new amendments providing that poisons may be sold by a pharmacist only and for the appointment of pharmacist inspectors.

The Pharmacy Board was to be a voice in the conduct of the profession's own affairs and would contribute to the solution of the many problems which were facing Pharmacy. The Board in consultation with the Union proposed a new code of ethics and prepared a list of substances that could be sold by pharmacies.

The Union repeatedly requested the Board and the Authorities concerned:

- to suppress unethical advertising of pharmacies
- to check that goods that pertain to pharmacies were not to be sold from other shops
- for a higher profit margin on medicinals
- to appoint Pharmacy Inspectors
- to standardise prices
- for the presence of a Pharmacist at every agency importing pharmaceuticals
- to restrict ownership of Pharmacies to members of the profession.

The Union was consulted by the authorities on amendments to the regulations.

The absence of an established professional fee had long been felt and in 1970 the Union presented Recommendations for the Establishment of a Pharmacists' Professional fee to the Pharmacy Board for consultation.

Only a few years after its establishment, the Pharmacy Board was already not living up to expectations.

In 1967 the Pharmacy profession for the first time was represented by Pharmacist J. Gerada on the Council of Health.

In a Memoandum sent to the Minister of Trade, Industry and Agriculture the Union claimed for a higher profit margin on medicinals (the profit margin on medicinals was very low by international standards. The claim for a rise to 33½% was agreed to by the Pharmacy Board). They claimed to eradicate price cutting in retail pharmacies.

The M.U.P.'s concern about the social and economic welfare of its employee pharmacists, is expressed most often through its continuous effort to ameliorate the conditions of employment and to establish desired salary limits. In 1965 through a motion passed during the general meeting, a call was made on all pharmacists not to submit applications for employment as Junior Analyst/Junior Pharmacist, until the

Malta Union of Pharmacists

Presidents

Mr. A.M. Darmania	1961-1968
Mr. F. Felice	1969-
Mr. J.P. Sciberras	1969-1973
Mr. E. Mizzi	1973-1976
Mr. M. Zarb Adamj	1976-1977

Secretaries

Mr. E. Attard Bezzina	1961-1962
Mr. F. Formosa	1962-1968
Mr. E. Zammit	1969-1973
Dr. A. Serracino Inglott	1973-1975
Mr. E. Zammit	1975-1977

anomaly has been satisfactory removed. Through these efforts there was an improvement in the salary of Hospital Pharmacists.

The Union called the attention of the authorities concerned when foreign Pharmacists were working in Malta as medical representatives without the necessary permit.

Education

The Union was always concerned about Pharmacy Education and in collaboration with the Chamber of Pharmacists, strove against the abolition in 1968 of the Course from the University.

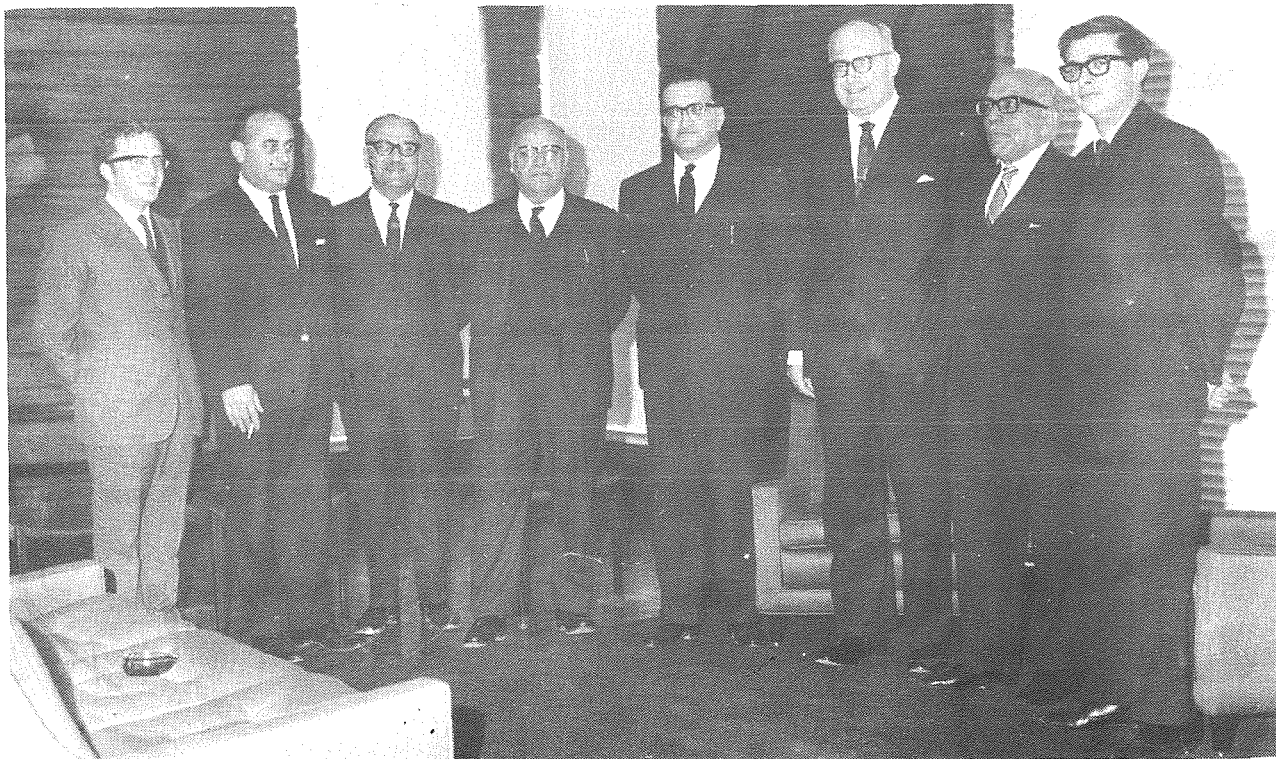
Further consultations with the Chamber of Pharmacists were made in 1970. Together they succeeded in making arrangements for the diploma course students to read for a degree and to ascertain that in future, the course of pharmacy would be a high standard, three year, degree course, at the Royal University of Malta at Tal-Qroqq, Msida. The Executive together with the Chamber of Pharmacists had made representations to the Council of the Royal University of Malta requesting that Pharmacy students be provided with better equipment, with qualified staff, proper laboratories, a good well stocked library and that more funds be allocated for the course of pharmacy. During that time a call for applications to fill the Chair of Pharmacy was issued.

Collaboration with International Bodies

The Malta Union of Pharmacists conscious of the importance of international relations tried its best to foster international contacts.

Pharmaceutical Society of Great Britain

Relations with the Pharmaceutical Society of Great Britain were very close and friendly. It



Meeting with the Rector of University in 1968 discussing the future of the Pharmacy Course. From left to right: Dr. A. Serracino Inglott, at that time a pharmacy Student, Pharmacists Mr. E. Attard Bezzina, Mr. F. Formosa, Mr. W. Felice, Prof. E. Borg Costanzi, Rector of University, Dr. T.D. Whittet, Chief Pharmacist of U.K., Mr. A. Darmania, Hon. President of M.U.P. and Mr. M. Zarb Adami, at that time a Pharmacy Student.

was through their invaluable support to the Union's application for membership that Malta was able to join the Federation Internationale Pharmaceutique (F.I.P.)

Federation Internationale Pharmaceutique (F.I.P.)

The Malta Union of Pharmacists was accepted as an ordinary member of Federation Internationale Pharmaceutique during the twenty-first General Assembly held in Madrid in September 1966. M.U.P.'s President Mr. Darmania was later invited to the F.I.P. Council Meeting held in Toronto, Ontario on the 13th August 1967.

In 1968 the M.U.P. was for the first time represented by Mr. A. Darmania and Mr. F. Formosa at the F.I.P. Conference in Hamburg. Mr. R. Fava attended the Council meeting held in Bucharest in September 1969. The following year, Mr. J. Sciberras, M.U.P.'s President, attended the Council Meeting, General Assembly and Congress in Geneva. In 1974 the M.U.P.'s President, Mr. E. Mizzi, attended the General Assembly in Rome. This was the last meeting attended by officials of M.U.P. It ceased to be a member when the membership fee composed by

the F.I.P. on the local association made it prohibitive to remain a member.

International Conferences

Mr. E. Zammit and Mr. A. Gera de Petri represented the M.U.P. at the Giornale Farmaceutiche Italiani. The congress with the theme 'The Adjournment of the Pharmacist and his Profession' was held in Bari between the 30th April and 4th May 1969.

Mr. Sciberras was M.U.P.'s delegate to the Nigerian Pharmaceutical Society's conference held in Lagos, Nigeria, in November 1970.

C.P.A.

The first Commonwealth Pharmaceutical Conference was held in London in June 1969 with the aim of setting up of a Commonwealth Pharmaceutical Association. During the conference, which was attended by Mr. J. Sciberras, it was decided that the Commonwealth countries are to be grouped into regions and each region was to hold a regional meeting. The first European region meeting of the C.P.A. was held in Malta between the 25th and 27th May 1970. This was a remarkable milestone in the history of the M.U.P.

The delegates for the meeting were Mr. A. Howells, President of C.P.A. and Mr. D.F. Lewis from Gibraltar, Mr. J. Kerr from N. Ireland and Mr. E. Zammit and Mr. J. Sciberras representing Malta. Various problems facing pharmacy in various European countries were discussed, and a report and suggestions were submitted to the Region Association's ad hoc committee which met in November 1970. Mr. J. Sciberras represented the European Region on the ad hoc committee held in Kampala, Uganda.

Mr. Eric Zammit attended the C.P.A. Conference in 1974.

C.M.T.U.

The M.U.P. was a full member of the C.M.T.U. In 1971 a memorandum was sent to the Confederation to be included in a memorandum which the C.M.T.U. intended sending to all Political Parties.

Publications

The journal of the Malta Union of Pharmacists was issued between October 1967 and October 1971. The Editor of the journal was Mr. E. Attard Bezzina.

Social Events

The Christmas Dinner was the annual social event which was attended by a large number of pharmacists and their guests.

Pharmacy Week 1968

A pharmacy week was organised so that pharmacists and the general public will become aware of the role of the pharmacist and the service he gives to the community. (An exhibition was organised to portray the historical and cultural aspects of the profession and the recent progress achieved.)

Dr. T.D. Whittet, the Chief Pharmacist of the U.K. Ministry of Health, was invited to give advice to improve education and practice of pharmacy. He submitted suggestions on the draft of bills to the Minister of Health.

Dr. T.W. Whittet delivered lectures to both pharmacists and the general public.

At Long Last!

On the occasion of the 10th Anniversary celebrations, Mr. A. Darmania, founder member, first President and great helper of the M.U.P., was claimed Hon. President of the Union for life and was presented with a special certificate to mark the occasion.

10th Anniversary Celebrations

On the occasion of the 10th Anniversary, the M.U.P. organised a programme of activities between the 23-25 April 1971. The activities commenced with a meeting for Pharmacists and their guests at the Medical School.

Mr. A. Darmania, Hon. President of MUP delivered an address on the ethics of pharmacy. The well known Maltese historian, Dr. P. Cassar, delivered a talk on the practice of pharmacy in the Maltese Islands in bygone days.

A congress was held, among the guest speakers were Dr. B. Bernard of the Department of Health, Dr. A. Jaccarini, Department of Pharmacy, Mr. F. Felice, President of the Chamber of Pharmacists, and Mr. A. Darmania, Chief Government Pharmacist.

Chamber of Pharmacists

Relations with the Chamber of Pharmacists were excellent. Indeed they worked together hand in hand on various endeavours.

In 1971 the Malta Union of Pharmacists extended its assistance to the Chamber to try to become a member of the Association of Professional Bodies which had recently been set up in Malta, through the medium of the Commonwealth Foundation.

In 1974, the 14th Annual General Meeting was held for the first time at the Confederation of Professional Bodies, Paceville.

L-GHAQDA TA' L-ISPIZJARA MALTIN

On the 15th June 1977, during the annual general meeting of the Chamber, a motion was proposed for the amalgamation of the M.U.P. and Chamber of Pharmacists into one association. Although it was best to have two associations working separately for the same objectives, in practice it was getting difficult to find different people to sit on the committees and certain things were being discussed by the same persons twice. It was felt that the time had come to have one strong association that represented all pharmacists.

The motion was approved and 'L-Ghaqda ta' l-Ispizjara Maltin' came into being. Its headquarters were at the Federation of Professional Bodies, Paceville.

Its aims were:

- to uphold the honour and to promote the standard of the profession.

— to look after the interests of its members.

The President and 8 members are elected during the annual general conference. The officials except the President are chosen by the Council during the first Council meeting.

The Council is made up of the President, the Vice-President, the Secretary, the Assistant Secretary, the Treasurer, the Assistant Treasurer and three other members.

CHAMBER OF PHARMACISTS — TRADE UNION

In 1979 the statute was amended, the name of the association was changed to Chamber of Pharmacists — Trade Union, 'Kamra ta' l-Ispizjara Maltin — Trade Union'.

The aims are:

- to uphold the honour and to promote the standard of the profession.
- to look after the interests of its members particularly the working conditions of pharmacists with the pharmacy owners who are not pharmacists and/or with the companies that employ them.
- the association is made up mainly of workers and thus should be registered as a Trade Union.

Importance has been given to students so much so that representatives of the students can attend and join in the discussion at the meetings. These student representatives do not have any voting power.

Endeavours

The Chamber of Pharmacists — Trade Union keeps adjourned about the current state of the profession and on the legislation of the pharmacy profession. 'Cette adire' the Chamber of Pharmacists is committed to criticise and in certain instances show dissatisfaction whenever there is something concerning the profession.

As a result of its continued efforts, the health authorities issued legal notice no. 85/81 which controls the advertising of medicinals.

A matter of great concern was the bulk buying scheme for medicine and the withdrawal of licences for the importation of vitamins as a prelude to this scheme in 1984. In a press release the Chamber insisted that vitamins are essential medicines and together with all medicines could not be treated like other items of commerce. On the drug importation it declared its belief that the primary aim is the health of the patient which is better served, if there is no monopoly

Chamber of Pharmacists — Trade Union

Mr. E. Zammit	1977-1979
Mr. M. Zarb Adami	1979-1980
Ms. M. Pace O'Shea nee Debattista	1980-1981
Ms. M. Brincat nee Gatt	1981-1987
Ms. M.A. Sant Fournier nee Felice	1987-
Ms. M.J. Cutajar nee Schembri	1978-1979
Ms. M. Brincat nee Gatt	1979-1981
Ms. M. Parascandolo nee Cardona	1981-1983
Ms. M. Dalli nee Galea	1983-1984
Dr. D. Camilleri Novak	1984-1985
Ms. M.A. Ciappara	1985-

either by Government or private practice.

The Minister of Health after meeting a delegation from the Chamber agreed in principle that new pharmacies should be owned by a pharmacist and that the population ratio should be considered when granting new permits. In 1984 several new regulations were issued on community pharmacy, these included some of the Chamber's recommendations.

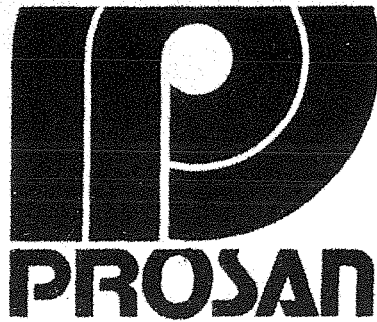
The Chamber regrets that these regulations were capriciously removed without any consultations at all. The Chamber issued two press releases and had various meetings with the Ministers concerned to rectify these regulations. After the introduction of the control card system the Chamber pointed out a number of points which must be looked into.

The Chamber on various occasions has appealed for the reconstruction of the Pharmacy Board (to its original 13 members) in a manner which will ensure the adequate representation of the pharmacy profession so that the original objectives can be achieved.

The Chamber throughout the years has tried to establish the new role of the pharmacist, to dispense medicines and give advice in order to improve therapeutic results. Unfortunately some pharmacies are mismanaged and although legislation defining the running of pharmacies exist, it has not been enforced. Continually efforts for the constitution of pharmacies inspectors are being made.

As the M.U.P. had done in earlier years, the Chamber feels that the pharmacist's responsibility and service should be recognised financially by the official approval of a dispensing fee.

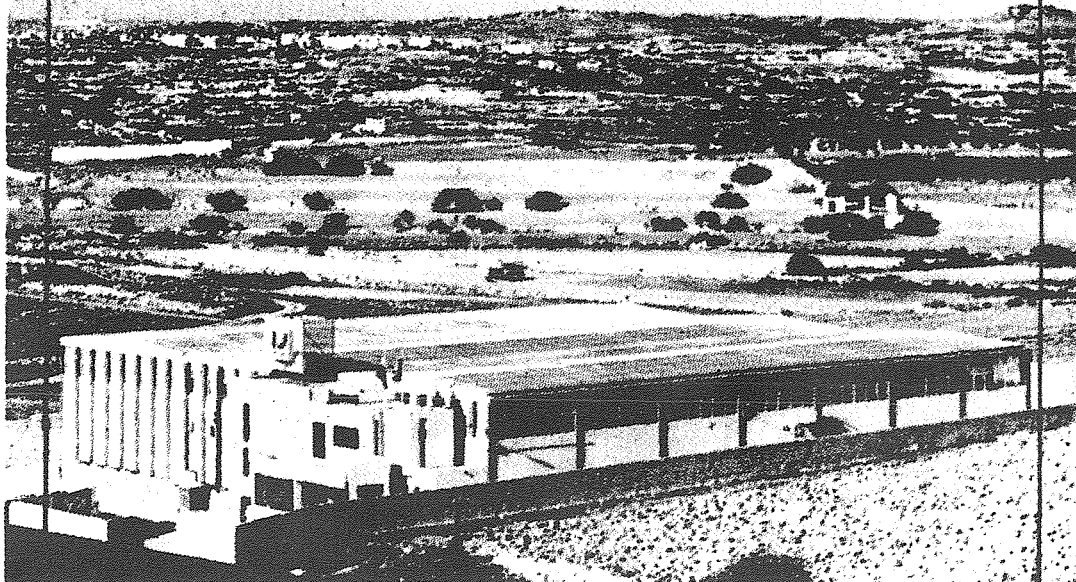
Following the decision by the extraordinary general meeting of January 1987, the Chamber



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approved a list of tariffs, with an aim of standardising fees charged for extemporaneous preparations and a fee when psychotropic and narcotic drugs on the control card system are dispensed. The implementation of this fee has been postponed pending discussion.

The Chamber has discussed the proposal for the opening of Saturday afternoon and Sunday morning by a new roster, which it feels is more convenient to the general public. This roster has been approved by the Department of Health and the Chamber looks forward to its being implemented in the near future.

The Chamber has on several occasions intervened when the situation was judged to be of possible detriment to a section of its members. A subcommittee has recently met Hospital and ex-Hospital pharmacists to discuss problem areas. During various meetings with the authorities concerned, the need was brought up for an upgrading of the profession. A study on the restructuring of the Government Pharmaceutical Services is being prepared.

The Chamber has always helped members in need by providing legal acumen and support.

Education

With reforms in education in 1978, the student worker scheme was introduced in pharmacy. Considering the circumstances, the Chamber was in favour of these reforms with reservations. On various occasions the Chamber met the Minister and the students. In the interests of the students only, the Chamber did its best for the employment of available Maltese academics and for foreign lecturers to come to Malta. On two occasions the Chamber met Prof. Booth of UK who was in Malta, who offered his full cooperation.

In the following years the Chamber tried to find private sponsors for the student worker scheme. Contacts were made with the education authorities and Acting Head of the Department of Pharmacy when the course of pharmacy did not start.

A committee made up of representatives of the Chamber, and departments of Health and Education, made recommendations on how the B.Pharm. course could be restructured and organised.

A detailed analysis of the student worker scheme in Pharmacy was presented in a report in 1986.

The Chamber has since 1978, insisted on the appointment of a pharmacist as head of the de-

partment of pharmacy, in its various meetings with the authorities concerned. Due to the many shortcomings in pharmacy education the Chamber is striving for its complete reorganisation and is planning to hold a seminar on Pharmacy Education on January 17th 1988 to discuss such important issues as the establishment of the Faculty of Pharmacy, Curriculum, Post-graduate Education and Continuing Education for Consulting Pharmacists.

Continuing Education Programmes

In view of the rapidly increasing body of knowledge related to Pharmaceutical Sciences learning does not cease at the point of graduation but is a life-long process. The Chamber of Pharmacists has long realised that continuing education is an integral part of the profession. Indeed in 1981 it took the initiative and started the first series of extension studies. A subcommittee is responsible for the yearly organisation of these programmes and other update lectures.

Pharmacists Against Drug Abuse

The Chamber in 1986 established contact with PADA Foundation (Pharmacists Against Drug Abuse), an American Foundation which succeeded in educating hundreds of thousands of people about the danger of drug abuse. A subcommittee was formed, which in collaboration with Caritas, organised a course with the specific aim of providing current information on Drug Abuse. Since then two forums have been organised.

National Contacts

Caritas Association for Drug Prevention and Action. The Chamber, fully aware of the contribution pharmacists can give, has two delegates as its representatives, in the Caritas Association for Drug Prevention and Action.

C.M.T.U.

The Chamber of Pharmacists in 1985 affiliated again with the C.M.T.U. as a free member.

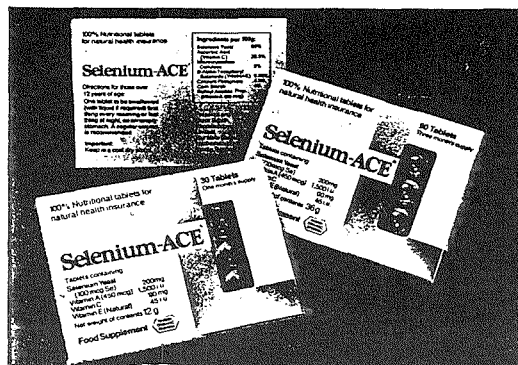
The Chamber has one representative on the Council, and participates in the activities organised by the C.M.T.U.

Pharmaceutical Students Association

The Chamber is in close contact with the Pharmaceutical Students Association and is looked at as an extremely valuable source of talented and enthusiastic future members of the Chamber.

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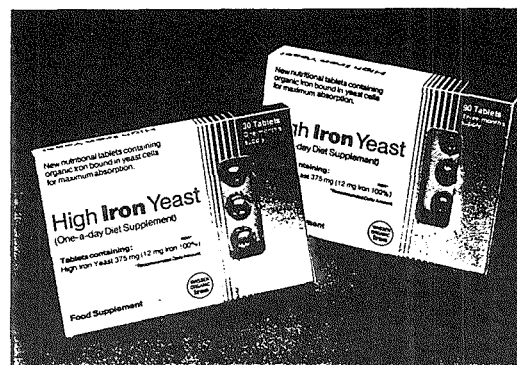


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The Chamber did its best to find sponsors for students who came to Malta in the students exchange programme. Indeed last year three sponsors were found for these students.

International Contacts

The Chamber of Pharmacists is still affiliated to C.P.A. During the Regional Meeting of this Association in 1978 which was held in Malta, special consideration was given to the problems facing pharmacy in Malta.

A booklet dealing with the topic was published as a result of this conference. Mr. Zammit represented the Chamber at the CPA conference meeting in Trinidad, and in Nairobi in 1987.

Publications

A White paper on education in 1980.

The journal 'The Pharmacist' since 1981.

A study on the student worker scheme in Pharmacy in 1986.

Memorandum in 1987 which is a synthesis of the policy of the Chamber of Pharmacists.

Social Events

For years the Chamber's sole annual occasion was the Christmas Dinner/Party. The need for more social occasions had long been felt among pharmacists. In 1985 the Chamber organised its first summer barbeque and since then, it has become the annual summer event.

CONCLUSION

When we analyse the history of the Malta Union of Pharmacists and the Chamber of Pharmacists — Trade Union, we find that pharmacy was and still is facing a number of National and International problems some of which are of long standing.

The objectives of the M.U.P. and the Chamber of Pharmacists — Trade Union as laid down in the statute are the same. Faced with similar problems, the approach taken by the Chamber in keeping with the needs of modern times has of necessity laid greater emphasis on the professional development of pharmacists.

As in most associations there tend to be times of low activity and during the last years of the M.U.P. and the initial years of the Chamber of Pharmacists — Trade Union, the two associations went through such a phase. In 1979, Ms Mintoff in her thesis 'An evaluation of the role

of the Pharmacist in Health Service in Malta', captured some of the qualities of that time "... the society's range of activities is limited, publications are non-existent and funds are low, all of which combine in turn to make membership recruitment difficult."

Since then there has been an increase in the activities of the Chamber including the publication of 'The Pharmacist', all of which lead to an increase in membership. Indeed in 1987 there was a record membership of 87.

The Chamber in response to modern developments in pharmacy in 1981 started to organise a Continuing Education programme. The subjects were carefully chosen with the community pharmacist in mind. Also, the Chamber, aware of the increase of Drug Abuse in Malta, has taken an active role through the subcommittee PADA.

The increase in need in communication has been a driving force in the organisation of its activities, both social and educational, which have also been extended to other professionals through the organisation of fora.

Pharmacy is one of the oldest professions and though it has evolved and developed over the years, the ethical standards of our profession have remained unchanged. On the 10th Anniversary of the MUP, Mr. Darmania said that ethics "are primarily a matter of conviction and personal discipline... We must remember of our strong responsibility to give a good service to the public..." "It is for each and every pharmacist to fashion his behaviour for the welfare of the community, it is our duty and privilege to serve."

The role of the pharmacist has changed but our responsibilities that have been handed down to us from the past have not.

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Batrafen

For fast relief



Batrafen[®] antifungal

active ingredient: ciclopiroxolamine

Composition

1 g Batrafen cream or 1 ml Batrafen solution contains 10 mg of ciclopiroxolamine.

Properties

The active substance ciclopiroxolamine contained in Batrafen cream and Batrafen solution is effective against dermatophytes, yeasts, moulds, gram-positive and gram-negative bacteria. No phototoxicity.

Indications

All fungal infections of the skin.

Contraindications

Batrafen is contraindicated in individuals who have shown hypersensitivity to any of its components.

Side effects

Batrafen cream and Batrafen solution are

generally very well tolerated. In isolated cases temporary itching, smarting or skin irritation may be experienced.

Dosage and administration

Unless otherwise prescribed, Batrafen cream and Batrafen solution should be applied to the infected area two to three times a day – or more frequently if necessary. The solution should be allowed to dry. To prevent a recurrence the treatment should be continued for 1-2 weeks after the symptoms have subsided.

Special notes

Batrafen cream and Batrafen solution, like any other drug, should only be administered during pregnancy on the advice of a doctor. The same applies to its administration to infants and small children. The accompanying hygienic measures

recommended by the doctor must be strictly observed. Batrafen cream and Batrafen solution are not suitable for treatment of the eyes. The cream must be stored protected from heat.

Presentation

Tubes containing Batrafen cream, and bottles of Batrafen solution.

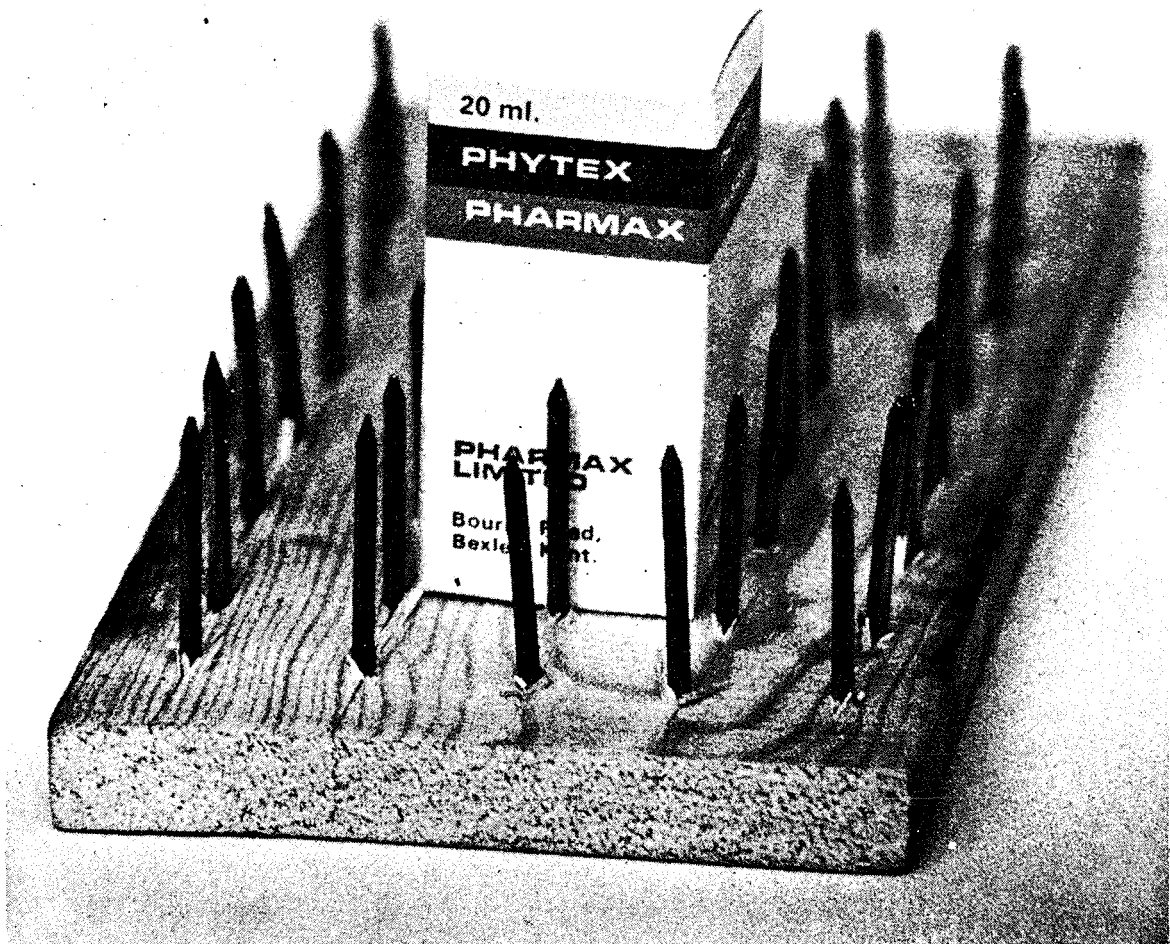
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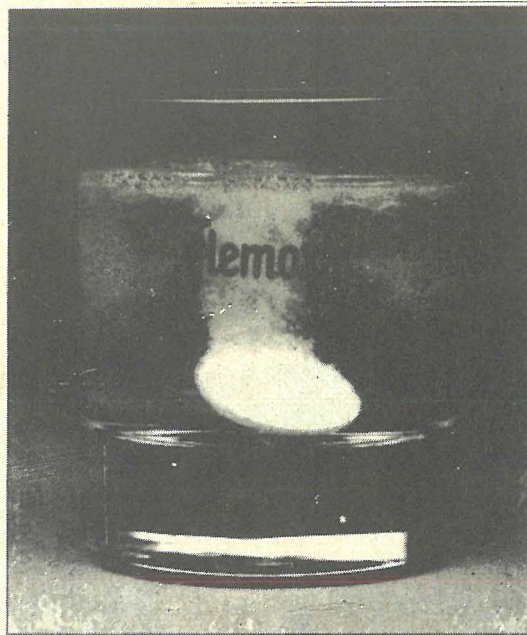
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(amoxicillin)

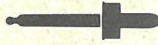



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- extensive range of presentation forms:
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Drops	0-2 years	100 mg/ml (20 ml)	
Suspension	2-10 years	125 mg/5 ml (100 ml) 250 mg/5 ml (100 ml)	
Capsules	Over 5 years	100 x 250 mg	
Effervescent tablets	Over 2 years	20 x 250 mg	

Indications Flemoxin is indicated in the treatment of infections caused by amoxicillin-sensitive gram-positive and gram-negative microorganisms, e.g. respiratory, urogenital, gastro-intestinal tract infections of the skin and soft tissues. In severe infections such as sepsis, meningitis, endocarditis, peritonitis, etc., parenteral administration (e.g. ampicillin) is to be preferred. Therapy initiated with parenteral administration may be continued with oral Flemoxin when parenteral therapy is no longer required.

Contra-indication Hypersensitivity to penicillins

Use in pregnancy As far as known, this drug can be taken safely during pregnancy.

Side-effects Macular or maculopapular rashes may occur. Typical allergic reactions, such as urticaria and purpura are less common. An anaphylactic reaction following oral administration of penicillin or one of its derivatives has only very occasionally been reported. Gastro-intestinal side-effects, such as nausea, vomiting and diarrhea are sometimes observed, but are generally not serious and of a transient nature.

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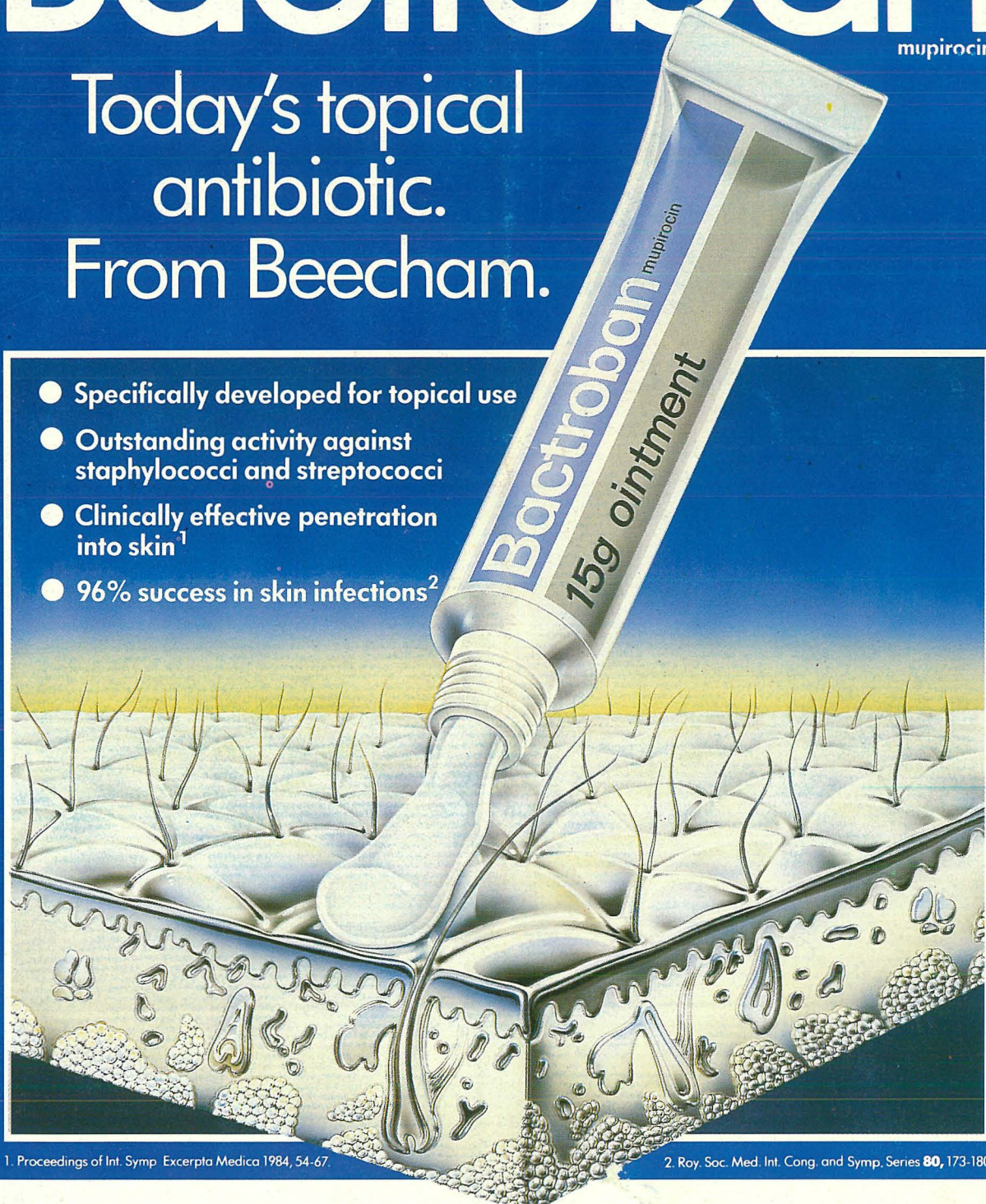
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1. Proceedings of Int. Symp. Excerpta Medica 1984, 54-67.

2. Roy. Soc. Med. Int. Cong. and Symp. Series 80, 173-180.

PRESCRIBING INFORMATION

Presentation BACTROBAN ointment: A presentation of mupirocin 2% weight/weight in a white, translucent, water-soluble, polyethylene glycol base. Available in 15g tubes.

Activity BACTROBAN is a topical antibacterial agent, active against those organisms responsible for the majority of skin infections, e.g. *Staphylococcus aureus*, including methicillin-resistant strains, other staphylococci, and streptococci. It is also active against Gram-negative organisms such as *Escherichia coli* and *Haemophilus influenzae*.

Indications Acute primary bacterial skin infections, e.g. impetigo and folliculitis.

Dosage and Administration Adults and children: BACTROBAN ointment should be applied to the affected area up to three times a day, for up to 10 days. The area may be covered with a dressing or occluded if desired.

Precautions When BACTROBAN ointment is used on the face care should be taken to avoid the eyes. Polyethylene glycol can be absorbed from open

wounds and damaged skin and is excreted by the kidneys. In common with other polyethylene glycol based ointments, BACTROBAN ointment should be used with caution if there is evidence of moderate or severe renal impairment. Use in Pregnancy: Studies in experimental animals have shown mupirocin to be without teratogenic effects. However, there is inadequate evidence of safety to recommend the use of BACTROBAN during pregnancy.

Contra-indications Hypersensitivity to BACTROBAN or other ointments containing polyethylene glycols. BACTROBAN ointment formulation is not suitable for ophthalmic or intra-nasal use.

Side Effects During clinical studies some minor adverse effects, localised to the area of application, were seen such as burning, stinging and itching.



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