combination product such as HYZAAR® is not advisable (see PRECAUTIONS - Patients with Liver Impairment).

**Elderly Patients** 

Elderly rauenus. No initial dosage adjustment is necessary for most elderly patients. Appropriate caution should nevertheless be used when prescribing to the elderly, as increased vulnerability to drug effect is possible in this patient population (see PRECAUTIONS — Use in the Elderly).

#### COMPOSITION

HYZAAR® is supplied as yellow, teardrop-shaped, film-coated tablets containing 50 mg of losarfan potassium and 12.5 mg of hydrochloro-thiazide, as the active ingredients. Each tablet contains the following non-medicinal ingredients: hydroxypropyl rellutiose, hydroxypropyl methyloetilutose, lactose hydrous, magnesium stearate, microcrystatifine cellutose, pregelatinized starch, and colouring agents (MSC yetlow No. 10 atuminum lake, and titanium dioxide). HYZAAR® also contains 4.24 mg (0.108 mEq) of cotassium.

### STABILITY AND STORAGE RECOMMENDATIONS

Store at room temperature (15°C - 30°C). Keep co

### **AVAILABILITY OF DOSAGE FORMS**

3502 Ca — Tablets HYZAAR® 50 mg/12.5 mg, are yellow, teardrop shaped, film-coated tablets, with code MRK 717 on one side and HYZAAR on the other. Available in push-through blister packages of 30 tablets.

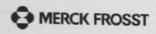
# PRODUCT MONOGRAPH AVAILABLE ON REQUEST

### References for 9392a, 9919, 9920 and 1533:

Goldberg AI et al. Safety and tolerability of losartan polassium, ar angiotensin II receptor antagonist, compared with hydrochlorothiazide atenolol, Ediodipine ER, and angiotensin-converting enzyme inhibition for the treatment of systemic hypertension. Am J Cardiol 1995;75:793-5.

9392a, 9919, 9920, 1533

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MERCK SHARP & DOHME CANADA DIV. OF MERCK FROSST CANADA INC. P.O. BOX 1005, POINTE-CLAIRE DORVAL, QUEBEC H9R 4P

### **EDITORIAL**

## THE DALHOUSIE MEDICAL JOURNAL: A SUCCESS-**FUL TWO YEARS**

As most of our readers know, new life was breathed into the Dalhousie Medical Journal in 1995 after a 26 year publishing hiatus. This was largely due to the exhaustive efforts of last year's editors-in-chief Dr. Frank Hassard (Med'96), Dr. Ratika Seth (Med '96) and Chris Naugler (Med'97). A detailed history of the pre-hiatus DMJ ("The Dalhousie Medical Journal: Past and Present") was published in Vol. 23(1) of the DMJ.

This current issue is the fourth of the rejuvenated DMJ publications. We have received many complimentary letters and comments:

"I am very impressed with the dedication which has

been demonstrated in making the Journal a reality. The Journal is well organized, capable of credible peer review and has been established and structured so as to give roles to students at all stages of training." Dr. D.B. Langille.

Indeed, the ranks of our editorial board have swollen from 27 in our first year to 48 this year. This shows that the Journal has gained interest and respect among the student body.

The Journal is entirely student generated, with many people spending innumerable hours reviewing manuscripts and others typesetting and proofreading. Our distinctive, colourful covers, about which we receive many compliments, are designed specifically for the Journal by Verle Harrop, artist-in-residence of the Faculty of Medicine.

We have a readership of approximately 4,000 people, including medical students, residents, all members of the Faculty of Medicine and all practising physicians in Nova Scotia. All medical schools in Canada also receive a copy of the DMJ. This extensive distribution is largely made possible by the Medical Society of Nova Scotia which distributes over 2,000 copies of the DMJ to the Nova Scotia medical commuity free of charge.

Through funds generated by advertising in the Journal, we have managed to maintain the production of the DMJ and distribution free of charge to our extensive readership and keep our bank account in the black. We are grateful to the increase in faculty support, evidenced by an increase in the number of manuscripts submitted for review and also by financial support. This year faculty and residents donated \$2,100 to the Journal, resulting in 28 Patrons of the DMJ.

We have also beeen honoured by the establishment of The Dr. Isadoree Roy Gold Endowment for Medical Journalism. This endowment, established through a generous gift from Dr. Gold's widow, Mrs. Babs Gold, will provide funding to support an honorarium for each of the editors-in-chief of the DMJ. Dr. Gold, class of 1938, was the founder of the Dalhousie Medical Journal in 1936 and its first editor. Following postgraduate training in Toronto and the USA, Dr. Gold served in the US Naval Medical Service during the invasion of Japan. On return to the USA, he practised the specialty of Obstetrics and Gynaecology in New York City, but has always been a devoted Dalhousie alumnus.

The establishment of the Dr. I. Roy Gold Endowment for Medical Journalism combined with continued faculty support and student enthusiasm and dedication will certainly ensure the continuance of the Dalhousie Medical Journal. This year's outgoing editors-in-chief, Jane Brooks, Sam Kaspar and Barathi Sreenivasan, wish next year's editors-in-chief, Khrista Boylan, Krista Cassell and Brent Williams, and the editorial board continued success in the production of next year's DMJ.

> I Brooks May, 1997