

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

Elderly Patients

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 losartan potassium and 12.5 mg of hydrochlorothiazide, as the active ingredients. Each tablet contains the following non-medicinal ingredients: hydroxypropyl cellulose, hydroxypropyl methylcellulose, lactose hydrous, magnesium stearate, microcrystalline cellulose, pregelatinized starch, and colouring agents (D&C yellow No. 10 aluminum lake, and titanium dioxide). HYZAAR® also contains 4.24 mg (0.108 mEq) of potassium.

STABILITY AND STORAGE RECOMMENDATIONS

Store at room temperature (15°C - 30°C). Keep container tightly closed.

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

(467-a,11,96)

References for 9392a, 9919, 9920 and 1533:

1. Goldberg AI et al. Safety and tolerability of losartan potassium, an angiotensin II receptor antagonist, compared with hydrochlorothiazide, atenolol, felodipine ER, and angiotensin-converting enzyme inhibitors for the treatment of systemic hypertension. *Am J Cardiol* 1995;75:793-5.

9392a, 9919, 9920, 1533

MEMBER



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EDITORIAL

THE DALHOUSIE MEDICAL JOURNAL: A SUCCESSFUL 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 community 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 been 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*.

*J Brooks
May, 1997*