Ativan - ahead in anxiety

the response that you expect
and your patient needs

with minimal sedation
and rapid elimination

Ativan - the short acting anxiolytic
Which antihypertensives also work at 48,000 ft?

It is often assumed that aircrew who develop hypertension are grounded and cannot return to flying duties. But they can.

A recent study in hypertension assessed the efficacy and safety of spironolactone/thiazide combination and the results were encouraging: 94% of patients were adequately controlled after six weeks of treatment. And more importantly, 84% were able to return to normal flying duties.

Thiazides, used alone, have been shown to control less than 50% of all treated patients. This research now indicates a more acceptable group of antihypertensive agents.

In everyday treatment, of mild to moderate hypertension, Aldactide 50 represents a very effective spironolactone/thiazide combination.

At a once daily dosage, Aldactide 50 ensures a gradual reduction of both systolic and diastolic blood pressures. Its antihypertensive effect is maintained during long-term administration. And because it has little effect on serum uric acid and conserves potassium, Aldactide 50 can avoid the potential drawbacks of life-long thiazide only therapy.

Therefore when a patient first presents with mild or moderate hypertension, choose an antihypertensive that maintains a high level of performance. Choose Aldactide 50.

Once daily
Aldactide 50
spironolactone + hydrochlorothiazide
To start with – to stay with

Reference

Prescribing Information
Preparation
Aldactide 50
Cream, scored tablets stamped "SEARLE 189" on one side containing spironolactone 87.5 mg and hydrochlorothiazide 12.5 mg.

Contraindications
Aldactide 50 may be used in children.

Daily dosage should provide 1.5 to 3 mg spironolactone per kilogram body weight, given in divided doses.

Potential for fatal outcome in patients with acute treatment-related symptoms (angina, myocardial infarction, cardiac failure).

Essential hypertension.

At the time of writing, the full prescribing information is available by request.

Aldactide and Seearle are registered trade marks.

Seearle Pharmaceuticals
Division of G.D. Seear & Co. Ltd., PO Box 153, Lane End Road, High Wycombe, Bucks, HP12 4HL

Full prescribing information is available on request.
ADVANCE OVER IN DEPRESSION

Positive elevation of mood
Norval improves depressed mood as effectively as amitriptyline or imipramine and, in addition, has distinct therapeutic advantages over these tricyclic antidepressants.

Positive relief of associated anxiety and disturbed sleep
Norval relieves anxiety associated with depression as effectively as diazepam and also helps to restore normal sleep from the first night of treatment.

Positive avoidance of tricyclic cardiotoxicity and overdose risks
Unlike Norval, tricyclic drugs may cause cardiac arrhythmias even at therapeutic dosage; in overdosage these effects may prove fatal. Norval does not produce the adverse cardiovascular effects seen with the tricyclics; symptoms of overdose are normally limited to prolonged sedation.

Norval lacks the troublesome tricyclic side-effects
The unpleasant and troublesome anticholinergic side-effects of the tricyclics have not been reported with Norval. Problems of dry mouth, blurred vision, constipation and urinary retention can therefore be avoided by using Norval.

antidepressant with positive benefits

Overdosage
There is no specific antidote to Norval treatment. In case of severe poisoning, gastric lavage with appropriate supportive therapy. Symptoms of overdose are normally limited to prolonged sedation.

Availability and NHS price
Norval is available in 20mg, 30mg, and 60mg tablets. For information on availability and price, please consult your local health authority.
Balancing the pain scale
YOU CAN STILL INSIST ON INDERAL.

Inderal, the world's first and most widely prescribed beta-blocker, is the original propranolol and is backed by the full technical resources and quality control standards of ICI. Its efficacy and reliability have been proven in fifteen years of worldwide clinical practice and in countless trials. Developed wholly in Britain, Inderal now contributes millions of pounds annually to the balance of payments and helps to fund ICI's £45 million a year investment in medical research.

Make certain your patient receives Inderal by prescribing it by name.

Write Inderal by name
Every month a different clinical question will be set by a team of consultants. Please send your entries to the May & Baker Diagnostic Quiz, 33-34 Alfred Place, London WC1E 7DP. The prize will be a £100 British Airways travel voucher, given to the first correct entry opened each month. This month’s competition has been prepared by D. A. Chamberlain MD, FRCP, Consultant Cardiologist, Royal Sussex County Hospital. Results and the winner’s name will be published in the journal in June. We regret no correspondence can be entered into. No employees or relatives of May & Baker or the publishers can enter the competition.

1. What is this condition?
2. What are its distinguishing features?
3. How can it best be treated (acutely)?
Recent evidence of penetration

the Orudis effect
(ketoprofen)

Human studies have clearly demonstrated that Orudis penetrates directly to where needed, into the arthritic joint. Orudis exerts a powerful inhibitory effect on the mediators of inflammation. Effective synovial fluid concentrations are sustained from a 2 b.d. dosage. This anti-inflammatory action has also been demonstrated in thermographic studies.

Orudis: effective reduction of inflammation and pain, but with a low level of side effects, established by the patient's own wisdom. That's the Orudis effect.

Standard dosage: usually one or two capsules (100mg) early morning and late at night.
Contra-indications: recurring history of/ or active peptic ulcer, chronic dyspepsia, in children.
Precautions: pregnancy; lactation; bronchial asthma; allergy.

Dosage of concomitant protein-binding drugs may need modification.
Side-effects: occasional gastro-intestinal intolerance. Very rare gastro-intestinal haemorrhage, skin rash. Presentation: 50mg ketoprofen caps. PL 0012/0122. Basic NHS cost: £1.46 for 25 or 500 (May 90). Orudis is a trade mark.


M&B May & Baker
May & Baker Ltd., Dagenham, Essex, MA4 2FS
Trandate offers a unique means of controlling hypertension by combining the benefits of both beta-blockade and peripheral vasodilatation in just one drug. Suitable for all grades of hypertension, control can usually be achieved with Trandate alone simply by increasing the dose.

With a low incidence of side effects, Trandate provides simple and logical therapy avoiding the complexities of multi-drug regimens or fixed-dose combination products. Trandate uncomplicates hypertension for both doctor and patient.

**Trandate**
labetalol hydrochloride

Dual action, singular efficacy.
Ventolin
(salbutamol BP)
bronchodilator therapy
no asthmatic need be without
Primary therapy
in reversible airways obstruction
Proven efficacy and $\beta_2$-selectivity
Long-acting
yet with a rapid onset of action
Protects against
exacerbations of asthma

Using Ventolin Rotahaler

Contraindications

Precautions

Side effects

Presentation and Basic NHS cost
Becotide
(beclomethasone dipropionate BP)

Controls the inflammatory processes in more severe asthma

Avoids the side effects associated with systemic steroids

Can eliminate or greatly reduce the need for systemic steroids

Restores the response to bronchodilators

Obviates cushioning effects and stunting of growth in children

Available in Becotide Aqueous Suspension and Becotide Rotahaler

Rescuing in asthma
You often see atopic patients whose conditions are difficult to manage. Their range of symptoms may be confusing. *In-vivo* tests can be very time-consuming. Symptomatic treatment or referral to a specialist can seem the only options.

Now, the laboratory can confirm atopy and reliably identify major allergens. A single blood sample plus the allergic history can provide you with accurate information.
THE MSD FOUNDATION

Audiovisual Programmes for General Practitioner Training

Our 1981 Catalogue includes new videocassette and tape/slide programmes on the following topics:

- The patient dying at home — videocassette: The Case of Dorothy Parsons (see below)
- The child as a presenting symptom of family stress — videocassette: The Case of Darren Cooper
- Upper Respiratory Tract Infections in Children — a tape/slide programme
- Safer Prescribing — a tape/slide programme in two parts
- Child Health Care in General Practice — a videocassette comparing two practices
- The Management of the Arthritic Patient — a videocassette in two parts
- Medical Records — The Third Party in the Consultation — a videocassette

PROGRAMME OF THE MONTH

THE CASE OF DOROTHY PARSONS — a dramatised videocassette programme designed to encourage discussion of terminal care for patients dying at home. We showed this programme to Dr Sydney Scott MRCGP, a course organizer in the North East Thames Region. Here are his comments:

"This tape concerns the progress of a case of malignant disease in a middle-aged patient from the surgery consultation with nausea and loss of weight to the home bedside when the end is near.

There are opportunities of viewing this remarkable videotape at many different levels and there is a realistic and compassionate approach to such vital and front-line aspects of general practice as emergency night visits, prescribing practicalities, shared hospital care with problems of communication, nursing involvement and difficult discussions with the patient herself and with close relatives.

The acting is understated and of a very high standard, the editing crisp and the ending quite brilliant in its timing.

Five different groups will find five different discussion fields and repeat viewings will open up fresh topics. The educational value is profound and the film makes compulsive watching."

The MSD Foundation is an independent charity which produces audiovisual material for use in general practitioner training. Each programme is designed for use with small groups of doctors and paperwork is provided to help the group leader use the programme.

Audiovisual programmes are offered for sale to vocational training Course Organizers and other teachers. Some programmes are restricted in use to doctors only but others are available for use with medical students. Videocassettes are available on U-matic, VHS, Philips or Betamax formats, and the average cost is about £20-£25.

Further information, and catalogue, can be obtained by writing to: The MSD Foundation, Tavistock House, Tavistock Square, London WC1. Tel: 01-387 6881.
Classified advertisements are welcomed and should be sent to: Sue Cain, Production Department, The Journal of the Royal College of General Practitioners. Update Publications Ltd., 33/34 Alfred Place, London WC1E 7DP. Copy must be received by the first of the month preceding the month of issue to ensure inclusion. Every effort will be made to include advertisements received after this date but publication cannot be guaranteed and the advertisement may have to be held over to the following issue.

The charge for space in this section is £5.75 per single column centimetre, plus 25p if a box number is required. Fellows, members and associates of the Royal College of General Practitioners may claim a ten per cent reduction.

The inclusion of an advertisement in this Journal does not imply any recommendation and the Editor reserves the right to refuse any advertisement. All recruitment advertisements in this section are open to both men and women.

Opinions expressed in The Journal of the Royal College of General Practitioners and the supplements should not be taken to represent the policy of the Royal College of General Practitioners unless this is specifically stated.

THIRD PARTNER WANTED

In South Wales valley practice with large and growing teaching and research commitments, MRCGP, obstetric and paediatric experience essential. Race and sex immaterial, but we are looking for someone with exceptional social and clinical motivation. Please apply as soon as possible with curriculum vitae and at least three referees to: Drs Julian Tudor Hart and Brian Gibbons, Glyncorrwg Health Centre, West Glamorgan SA13 3BL. Vacancy starts Autumn 1981.

MRCGP CANDIDATES

Revise now with a PasTest practice exam. 180 MCQs, Modified Essay question, Traditional Essay papers. Hints on log diary and oral. Answers, explanations, references, computer sheets and free marking service. Only £14.50 inc. p & p. Send cheque without delay to:

PAST

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Gateshead

A vacancy will occur from 1 August 1981 for a fifth partner in a well-established urban practice. Appointment system. Full ancillary staff. Nurse, midwife, health visitor attached. Work from health centre. Excellent local postgraduate centre. Parity in one year with first six months mutual assessment.

Apply with curriculum vitae to Box No. 19.

Essex Area Health Authority

Southend District

General Practitioner Vocational Training Scheme

Applications are invited for two vacancies in a three-year training course commencing 1 July or 1 August 1981. The programme consists of a one-month introductory attachment to a teaching general practice (1 July trainees only) followed by six months in the Accident Centre and six months in obstetrics during the first year.

During the second year the trainee may select two six-month appointments (at SHO level) relevant to general practice.

The scheme is recognized by the Royal College of General Practitioners. Hospital posts are resident.

Closing date: 13 April 1981.

Applications, stating age, qualifications, experience and names and addresses of two referees to: District Personnel Officer (Medical Staffing), Southend Hospital, Prittlewell Chase, Westcliff on Sea, Essex.
LOOKING FOR A PARTNER?
Scottish graduate, aged 29, married, one child, has completed his own Vocational Training Scheme and now seeks friendly three- or four-man rural/semi-rural practice. Experience gained in Scotland, England and Wales. Available May 1981.
Apply Rob Lawson, Mayfield, Craigenne Lane, Peebles, Scotland.

GENERAL PRACTITIONER REFRESHER COURSE
THE AVERY JONES POSTGRADUATE MEDICAL CENTRE CENTRAL MIDDLESEX HOSPITAL 15—19 JUNE 1981
This is a one-week refresher course for general practitioners on recent advances in subjects relevant to general practice. Section 63 will be applied for.
For details/application form please write to: Ms Seemar Deen, Postgraduate Administrator, Avery Jones Postgraduate Medical Centre, The Central Middlesex Hospital, Acton Lane, London NW10.

A SYSTEM OF TRAINING FOR GENERAL PRACTICE
Training programmes for future general practitioners/family physicians are being introduced all over the world. In the United Kingdom compulsory training after qualification will begin in 1981.

This report by Dr D. J. Pereira Gray outlines the educational principles and policies of the Department of General Practice in the Postgraduate Medical Institute of the University of Exeter.

Occasional Paper 4 is available now, price £3.00 including postage, from the Royal College of General Practitioners, 14 Princes Gate, London SW7 1PU. Payment should be made with order.

SOME AIMS FOR TRAINING FOR GENERAL PRACTICE
Occasional Paper 6
The Royal College of General Practitioners has now agreed three sets of educational objectives for doctors training for general practice: the first on child care with the British Paediatric Society, the second on the care of the elderly with the British Geriatric Society, and the third on the care of the mentally ill with the Royal College of Psychiatrists.

The booklet also contains the job definition and educational aims for general practice as a whole which have been agreed by the Leeuwenhorst Working Party and approved by the Royal College of General Practitioners.

Some Aims for Training for General Practice is available now, price £2.75 including postage, from the Royal College of General Practitioners, 14 Princes Gate, London SW7 1PU. Payment should be made with order.

PATIENTS AND THEIR DOCTORS 1977
Occasional Paper 8
Ann Cartwright’s Patients and their Doctors—a study of general practice, was first published in 1967 and immediately became a classic of its kind. However, during the last 10 years there have been a whole series of fundamental changes in the organization of British general practice. What is the position now? What do patients think about their doctors in 1977?

Patients and their Doctors 1977 is a follow-up survey by the same author and documents in detail the good and bad points about British general practitioners, and is based on a random sample of the national population.

Patients and their Doctors 1977, Occasional Paper 8, was published in 1979 and is available now, price £3.00 including postage, from the Royal College of General Practitioners, 14 Princes Gate, London SW7 1PU. Payment should be made with order.
Becosase
(Becloethasone Dipropionate BP)

Keeps hayfever patients alert to the enjoyment of summer

The adverse effects of some hay fever treatments can interfere with the patient's lifestyle.
In particular, antihistamines can cause drowsiness and hinder concentration.
Decongestants can result in rebound congestion and other treatments are often ineffectual, complicated or inconvenient.

Becosase is convenient, simple to use, and highly effective for both prophylaxis and treatment of the nasal symptoms of hay fever.
So patients can be alert and free from hay fever this summer.

Becosase Nasal Spray
First line therapy for hay fever allergic rhinitis

Presentation and Basic NHS cost
A metered-dose aerosol delivering 60 mcg beclometasone dipropionate BP per actuation. Each canister provides 200 doses.
Basic NHS cost £4.77.
(P.L.0045/0006).

Indications
Prophylaxis and treatment of perennial and seasonal allergic rhinitis, including hay fever and vasmotor rhinitis.
Somebody has prescribed 20,000,000 tubes of Fucidin...

Is it YOU?

In boils, dirty wounds, impetigo and most other soft tissue bacterial infections - Fucidin works.

Topical Fucidin is available as Fucidin Gel, Fucidin H Gel, Fucidin H Ointment, Fucidin Tulle and Fucidin Caviject... and of course

Fucidin

Sodium Fusidate B.P.
Full prescribing information available from

Leo Laboratories Limited
Longwick Road, Princes Risborough, Aylesbury, Bucks HP17 9RR.

Fucidin is a trade mark for sodium fusidate

Topical Fucidin 2% Fucidin, also available with 1% hydrocortisone. Indications Gram-positive skin infections. Hydrocortisone preparations for inflammatory dermatoses. Contra Indications/Precautions Infections due to non-susceptible organisms. Fucidin hypersensitivity. Avoid extensive use of hydrocortisone in pregnancy and infants. Do not use in or near eyes. Adverse Reactions Occasional hypersensitivity reactions.

Product Licence No: 0043/5005 Basic NHS Price: £0.11.14