Ativan
lorazepam
ahead in anxiety
the response that you expect
and your patient needs
with minimal sedation
and rapid elimination
Ativan—the short acting anxiolytic

Dosage Mild anxiety: 2-3mg daily in divided doses. Moderate severe anxiety: 5-7mg daily in divided doses. In all patients dosage should be increased until optimal control of symptoms is achieved.

Presentation Ativan is presented as blue oblong tablets each containing 1mg lorazepam and as yellow tablets containing 2mg lorazepam. (Also available in injectable form).

Uses Mild, moderate and severe anxiety.

Contra-indications Patients sensitive to benzodiazepines.

Side effects Ativan is well tolerated and imbalance or ataxia is an indication of excessive dosage. Daytime drowsiness may be seen initially and is to be anticipated in the effective treatment of anxiety. It will normally diminish rapidly and may be minimised in the early days of treatment by giving the larger proportion of the daily dose before retiring. Occasional confusion, hangover, headache on waking, drowsiness or dizziness, blurred vision and nausea have also been reported.

Precautions As with other drugs of this type, patients should be advised that their reactions may be modified as in handling machinery, driving etc., depending on the individual patient's response. Tolerance to alcohol may be diminished and its consumption should be avoided. As the action of centrally acting drugs, such as phenothiazines, may be intensified, the co-prescription of these drugs should be carefully monitored as reduced dosage may be indicated. Elderly patients, or those suffering from cerebrovascular changes such as arteriosclerosis are likely to respond to smaller doses. Prolonged or excessive use of benzodiazepines may occasionally result in the development of some psychological dependence with withdrawal symptoms on sudden discontinuation. Treatment in these cases should be withdrawn gradually. Careful usage seldom results in the development of dependence. Ativan tablets should not be administered during pregnancy unless in the judgement of the physician such administration is clinically justifiable. Special care should be taken in the first three months of pregnancy.

Legal category POM

Product Licence Numbers PL0011/0034 (1mg) PL0011/0036 (2.5mg) Injection PL0011/0051

Basic N.H.S. cost 1mg x 100 £1.85 2.5mg x 100 £2.90

Hospital Price As per local contract

Wyeth Laboratories, John Wyeth & Brother Ltd. Taplow, Maidenhead, Berks

*Trade Mark
High level performance in hypertension

Aldactide 50
hydroflumethiazide + spironolactone

Low level of side effects

Prescribing Information
Presentation
Aldactide 50
Cream, scored tablets stamped "SEARLE 180" on one side containing Spironolactone BP 50mg and Hydroflumethiazide BP 50mg
Uses
Essential hypertension
Dosage and Administration
Adults
Aldactide 50—on one or two tablets with breakfast or the first main meal of the day.
Children
Daily dosage should provide 1.5 to 3mg of spironolactone per kilogram body weight, given in divided doses.
Contra-indications, Warnings, etc.
Anuria, acute renal insufficiency, rapidly progressing impairment of renal function, hyperkalaemia, patients who are hypersensitive to either component, concurrent administration with other potassium-conserving diuretics.
Aldactide potentiates the effect of other antihypertensive drugs and their dosage should be reduced when Aldactide is added to the treatment regime.
Patients should be carefully evaluated for possible disturbances of fluid and electrolyte balance. Thiazides may induce hyperuricaemia and decrease glucose tolerance.

Spironolactone or its metabolites may, and hydroflumethiazide does, cross the placental barrier. Use of Aldactide in pregnant women requires the anticipated benefit be weighed against the possible hazards to the foetus.

Adverse effects reported in association with spironolactone include gynaecomastia, gastrointestinal intolerance, skin rashes, menstrual irregularities, impotence, mild androgenic effects etc. Adverse effects reported in association with thiazides include gastrointestinal symptoms, skin rashes, blood dyscrasias, muscle cramps etc.

Product Licence Holder and Number
G.D. Searle & Co. Ltd. Aldactide 50/00020/0082.
Basic N.H.S. Cost
20 tablets: £5.11.
Full prescribing information is available on request. Aldactide and Searle are registered trade marks.

Once daily
Aldactide 50

To start with—to stay with

SEARLE
Searle Pharmaceuticals, Division of G.D. Searle & Co. Ltd., PO. Box 53, Lane End Road, High Wycombe, Bucks. HP12 4HL. Telephone High Wycombe 2124
YOU CAN STILL INSIST ON INDERAL.

'İnderal', 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. The efficacy and reliability have been proven in fifteen years of worldwide clinical practice and in countless trials. Developed wholly in Britain, 'İnderal' now contributes millions of pounds annually to the balance of payments and helps to fund ICI's £55 million a year investment in medical research.

Make certain your patient receives 'İnderal' by prescribing it by name.

İNDERAL
Propranolol Hydrochloride

Write İnderal by name

'İNDERAL' ABRIDGED PRESCRIBING INFORMATION, DOSAGE, HYPERTENSION: 80 MG B.D., INCREASING WEEKLY. USUAL RANGE 120-240 MG DAILY. ANGINA: 40 MG B.D. OR T.I.D., INCREASING WEEKLY. 150-330 MG DAILY. CONTRAINDICATIONS: HEART BLOCK, BRONCHOSPASM, PROLONGED PASTING, METABOLIC ACIDOSIS, CO-ADMINISTRATION WITH VERAPAMIL. PRECAUTIONS: UNTREATED CARDIAC FAILURE, BRADYCARDIA. DISCONTINUANCE OF CLONDINE, ANESTHESIA. PREGNANCY ADVERSE REACTIONS: GROSS EXTREMITY, NAUSEA, INSOMNIA, LASSITUDE, AND DARRHOSHA ARE USUALLY TRANSIENT. ISOLATED CASES OF PARASYMPATHETIC INHIBITION OF THE HANDS, RASHES AND DRY EYES HAVE BEEN REPORTED WITH BETABLOCKERS. CONSIDER DISCONTINUANCE IF THEY OCCUR. BETA BLOCKERS SHOULD BE WITHDRAWN GRADUALLY. OVERDOSE: SEE DATA SHEET. PACK SIZES AND BASIC NHS COSTS: 40 MG: 250, 500, 1000, 2500; 60, 120, 100, 250, 500, 2500, 1000; 60, 120, 250, 1000; 60, 120, 2500. 'İNDERAL' IS A TRADEMARK FOR PROPRANOLOL HYDROCHLORIDE. FULL PRESCRIBING INFORMATION IS AVAILABLE FROM IMPERIAL CHEMICAL INDUSTRIES PLC, PHARMACEUTICALS DIVISION, ALDERLEY HOUSE ALDERLEY PARK, MCCLESFIELD, CHESHIRE.
Ventolin
(salbutamol BP)

Primary therapy in reversible airways obstruction

Proven efficacy and $\beta_2$-selectivity

Long-acting yet with a rapid onset of action

Protects against
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

Becotide aerosol is available to

asthma

Uses

Dosage and administration

Precautions

Side effects

Presentation and Basic NHS cost

Product Licence numbers
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 Dr John Webster, Senior Registrar, Aberdeen Royal Infirmary.

Results and the winner’s name will be published in the journal in October. We regret no correspondence can be entered into. No employees or relatives of May & Baker or the publishers can enter the competition.

An elderly man developed this appearance in association with severe diarrhoea.

1. What is this condition?
2. What is its pathogenesis?
3. With which drugs is it most commonly associated?
It is therefore particularly encouraging that 74% of patients in this study reported that they were much less tired, more energetic, more active physically and more mentally relaxed than when on their previous antihypertensive therapy.

The antihypertensive

TRANDATE'S BALANCED MODE OF ACTION

Trandate has a mode of action that is different from that of any other currently available antihypertensive agent. It provides the benefits of both beta-blockade and peripheral vasodilatation. And in just one drug.

Trandate lowers blood pressure by reducing peripheral resistance. However, where Trandate differs from simple peripheral vasodilators is that it concurrently blocks beta-adrenoceptors, notably in the heart.

PRODUCES A MORE NORMAL CIRCULATION WITH GOOD EXERCISE TOLERANCE

This beta-blockade protects the heart from the reflex sympathetic drive which is normally induced by peripheral vasodilatation thus blood pressure is lowered, but without cardiac stimulation. And because this beta-blockade is competitive, cardiac output is not significantly reduced at rest or after moderate exercise. Thus Trandate is able to restore a more normal circulation.

SMOOTHING PEAKS IN BLOOD PRESSURE THROUGHOUT THE DAY AND NIGHT

The normal changes in blood pressure as a result of stress, exercise and circadian variation can be harmful to the hypertensive patient placing additional stress on an already strained cardiovascular system.

Trandate smooths
potentially harmful peaks throughout the whole 24 hour period and controls blood pressure effectively during the early morning surge.

complications of raised plasma lipid levels in hypertensive patients treated with beta-blockers it would appear more appropriate to use antihypertensive drugs which do not cause such changes. (Trandate) appears to be such a drug.”

USEFUL IN PATIENTS WITH IMPAIRED RENAL FUNCTION

Trandate is particularly useful in the hypertensive patient with impaired renal function.4 “The drug did not seem to cause any significant deterioration in the GFR of those patients whose renal function was monitored closely, and in the majority of those whose renal functional impairment was due to hypertension alone a considerable improvement in GFR was observed.55

EMPLOYING A SIMPLE DOSAGE REGIMEN

Initial dosage is simple. 100 or 200mg of Trandate twice daily with food is adequate to control hypertension in many patients. Trandate therapy can be tailored to meet patient requirements by adjustment of dosage rather than by changing to, or adding in, other drugs. The majority of patients will be controlled at daily doses of up to 600mg. Higher doses may be required in more resistant cases.

WITHOUT ELEVATING PLASMA LIPIDS

It is also reassuring to know that Trandate does not cause a rise in plasma lipid levels. “Until we know the long-term

WITHOUT RESTRICTING LIFESTYLE

What Trandate offers your patients is effective control of their blood pressure without burdening them with additional problems that may restrict their everyday life.

References:
1. Scott Manderson, W, Practitioner (1979), 222, 1231-34.

Trandate is a trade mark of
Allen & Hanburys Ltd. London E2 6LA

Trandate labetalol hydrochloride
Family Medicine Literature Index

-Published by the World Organization of National Colleges, Academies, and Academic Associations of General Practitioners/Family Physicians (WONCA) in cooperation with the National Library of Medicine (U.S.A.)

-A quarterly index with an annual cumulation

-Two sections:

1. MEDLARS subject and author section providing the family medicine references from the MEDLARS data base.

2. Supplement subject and author section providing references to non-Index Medicus family practice journals.

-FORMAT: Both the MEDLARS and the Supplement sections are based on Abridged Index Medicus format.

-MeSH: Based on Medical Subject Headings, the NLM thesaurus.

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ATTN.: FAMILY MEDICINE LITERATURE INDEX.
THE MSD FOUNDATION
Video Recordings of
General Practice Consultations

A number of MSD Foundation videocassette programmes include material from our library of general practice consultations, recorded under natural conditions as unobtrusively as possible. Over the last two years 35 general practitioners in England have allowed the MSD Foundation to record a day’s consultations, using two unmanned colour video cameras. Patients have been asked for permission in two stages:

1. Signed permission to record, obtained before the consultation.
2. Signed permission to use the consultation in programmes for doctors only, obtained after the consultation.

We now have over 450 consultations ranging widely over every common presenting condition in general practice—and a few rare ones. These consultations are used, whole or extracts, in videocassettes planned by the Foundation for use by groups of doctors for discussion. These programmes include:

CONSULTATION SELECTION A. Five real consultations recorded at random in the surgeries of five different UK general practitioners.

1. A young man comes to the doctor because of headaches. He has been treated in the past for depression. The doctor attempts to reassure the patient that his headaches, and other symptoms brought up during the consultation, are not serious. (13 minutes)
2. A young man comes to the doctor to complain about headaches. During the consultation there is a discussion of the patient’s obesity. (11 minutes)
3. A mother visits a doctor, bringing a young baby who may have some muscle weakness. They discuss her worries about this and about contraception. (14 minutes)
4. An elderly man visits a doctor to complain of diarrhoea. (3 minutes)
5. A middle-aged woman visits the doctor to discuss her hot flushes and to find out about hormone replacement therapy. (10 minutes)

MEDICAL RECORDS. Extracts from actual consultations recorded in UK general practice show how problems can arise due to inadequate record systems and how some doctors ensure efficient use of records within the consultation. There are discussion breaks throughout the programme to enable the group to compare their own practices with what happens in the videotaped extracts.

CONSULTATION SELECTION B. Three consultations taken from three of last year’s (1980) collections of consultations.

1. (From “I’m Feeling a Bit Depressed”.) An ex-serviceman comes for an analgesic for a pain in his arm. He has had a mitral valvotomy some years before. He breaks down during the consultation, ostensibly because of the recent assassination of Lord Mountbatten.
2. (From “Problems of the Elderly”.) An elderly lady comes with a request for a repeat prescription of a number of pills, and the doctor has some trouble with the medical records.
3. (From “Sick Babies”.) A woman brings her baby to the doctor with several problems which the doctor tackles systematically.

These audiovisual programmes and others 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. Tape/slide programmes cost about £30 per session.

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 AND NOTICES

Classified advertisements are welcomed and should be sent to: 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 10 per cent reduction. Replies to box numbers should be sent to the Production Department, Update Publications Ltd., with the box number on the envelope.

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.

REPLACEMENT PARTNER
Sheffield. Replacement partner from 1 October. Well-equipped health centre practice situated in the middle of a geographically compact population of 11,000. No private patients. Night calls undertaken by partners. Primary care team includes community psychiatric nurse, social worker, physiotherapist and counsellor. General practitioner obstetric unit. Active patients’ participation group. Vocational training/obstetrics essential. Interest in teaching and research an advantage. Partners are members of SMA and MPU. Six months’ mutual assessment, immediate parity. Write Drs Jones, Walsh, Morris and Wrigley, Birley Moor Health Centre, East Glade Crescent, Sheffield 12.

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.

A SURVEY OF PRIMARY CARE IN LONDON
Occasional Paper 16

General practice in inner cities has emerged as a topic of immense concern to patients, the profession and government but, although there are many anecdotes, prejudices and rumours, hitherto there has been a great shortage of facts. A Survey of Primary Care in London, Occasional Paper 16, is the report of a working party led by Dr Brian Jarman, which gives more facts than have ever been assembled before about the medical problems in London and the characteristics of the doctors who work there. A particularly valuable feature is the number of comparisons with Outer London and England and Wales.

This is likely to become a classic reference for all those interested in the problems of primary care in big cities. A Survey of Primary Care in London, Occasional Paper 16, is available now, price £4.00 including postage, from the Publications Sales Department of the Royal College of General Practitioners, 14 Princes Gate, London SW7 1PU. Payment should be made with order.

BALINT SOCIETY
Applications are invited from general practitioners with or without previous similar experience to attend a Balint training seminar. The seminar will meet weekly in London starting later this year.

Section 63 approval will be available. Applicants should write to Dr A. H. Elder, Lisson Grove Health Centre, Gateforth Street, London NW8.
THE ROYAL COLLEGE OF GENERAL PRACTITIONERS

TRANSACTIONAL ANALYSIS IN GENERAL PRACTICE

14 PRINCES GATE, LONDON SW7 1PU
6, 13, 20 and 27 OCTOBER 1981

Four weekly sessions of three hours of interest to general practitioners who want to increase their understanding of personality and the communications between people.

This course will cover the theory of Transactional Analysis as expressed by Dr Eric Berne, author of *Games People Play*. The material will be related to the relationships between the doctor and the people who are his patients.

Apply to: Miss Elizabeth Monk, Courses Secretary, The Royal College of General Practitioners, 14 Princes Gate, London SW7 1PU.
Approval under section 63 has been applied for.

COLLEGE PUBLICATIONS

The following publications can be obtained from the Royal College of General Practitioners, 14 Princes Gate, London SW7 1PU. Prices include postage. Payment should be made with order.

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No. 19 Prevention of Arterial Disease in General Practice .. .. £3.00
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SUPPLEMENTS TO THE JOURNAL

The Renaissance of General Practice .. 75p
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No. 8 Patients and their Doctors 1977 .. .. £3.00
No. 9 General Practitioners and Postgraduate Education in the Northern Region .. .. .. .. £3.00
No. 10 Selected Papers from the Eighth World Conference on Family Medicine .. .. .. .. .. .. .. .. £3.75
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No. 12 Hypertension in Primary Care .. .. £3.75
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No. 15 The Measurement of the Quality of General Practitioner Care .. £3.00
No. 16 A Survey of Primary Care in London .. .. .. .. £4.00
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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.
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Is it YOU?

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