yet another good reason to prescribe Ativan lorazepam

Unlike diazepam, Ativan can be prescribed with confidence for patients also taking cimetidine.¹

Other good reasons for making Ativan your anxiolytic of choice include:

short-acting Ativan tends not to accumulate, therefore sedative effects are less frequent than with diazepam.²

simple ‘one step’ metabolism also makes Ativan preferable to diazepam;

for example when liver function is impaired.³

- preferred for so many patients

Precaution: information, dosage: 1. 2 mg only in oral form. 2. Moderate to severe anxiety. 3. Intravenous administration. 4. Cimetidine is a non-steroidal anti-inflammatory drug. 5. Sedation with Ativan should be monitored and optimal control of symptoms is achieved. 6. Presentation: 10 x 2 mg and 5 x 5 mg tablets. 7. Oral antacids may reduce the effectiveness of Ativan. 8. Patients with limited liver function should be monitored closely. 9. Cimetidine should be used with caution in patients with severe liver disease. 10. Ativan should be used with caution in patients with a history of depression. 11. Ativan should be used with caution in patients with a history of alcoholism. 12. Ativan should be used with caution in patients with a history of suicide. 13. Ativan should be used with caution in patients with a history of drug abuse. 14. Ativan should be used with caution in patients with a history of asthma. 15. Ativan should be used with caution in patients with a history of peptic ulcer disease. 16. Ativan should be used with caution in patients with a history of renal impairment. 17. Ativan should be used with caution in patients with a history of cardiac disease. 18. Ativan should be used with caution in patients with a history of central nervous system disorders. 19. Ativan should be used with caution in patients with a history of drug withdrawal reactions. 20. Ativan should be used with caution in patients with a history of drug or alcohol dependence.
Stay above the potassium debate

Will the patient's anti-hypertensive treatment lead to hypokalaemia?
If so, when should potassium supplements be given? At serum K⁺ < 3.5m Eq/l? At serum K⁺ < 3.0m Eq/l?
Should low serum K⁺ be supplemented even if the patient is asymptomatic?

Aldactide 50 lets you stay above the debate. Clinical studies have shown that spironolactone therapy is potassium-sparing¹ and is a more effective treatment in diuretic-induced hypokalaemia than potassium supplements, triamterene, or amiloride.³

In hypertension

Aldactide 50 hydroflumethiazide + spironolactone

The Caring, Sparing Diuretic.
HELP THEM GET ON WITH IT!

Help your working and active hypertensive patients get on with a normal life with ‘Tenoretic’ – the unique combination.

‘Tenoretic’
- Combines the uniquely cardioselective and hydrophilic ‘Tenormin’ with chlorthalidone – the long acting diuretic.
- One tablet daily.
- Low level of side effects.
- Full 24 hour control.
- Wide range of patients.
‘Tenoretic’ means a normal active life for your patients.

TENORETIC
atenolol and chlorthalidone
The unique combination

Prescribing Notes for ‘Tenoretic’
Presentation: White film-coated tablets, imprinted with the lettering ‘Tenoretic’ and bisected on the reverse side. Each tablet contains 100mg atenolol and 25mg chlorthalidone. Dosage: One tablet daily. Contraindications: Heart block. Co-administration with verapamil. Precautions: Untreated cardiac failure, bradycardia, renal failure, anaesthesia, pregnancy and gout. Changes in serum potassium are minor and probably clinically unimportant. Care should be taken in patients taking digitalis and those liable to hypokalaemia from other causes. In diabetes chlorthalidone may decrease glucose tolerance. Side Effects: Coldness of extremities and muscular fatigue. Sleep disturbance rarely seen. Rashes and dry eyes have been reported with beta-blockers – consider discontinuance if they occur. Cessation of therapy with beta-blocker or beta-blocker/diuretic combination should be gradual. With chlorthalidone occasional nausea and dizziness and rarely idiosyncratic drug reactions such as thrombocytopenia and leucopenia. Pack size and Basic NHS cost: ‘Tenoretic’ 28’s £8.17. Product Licence Number: ‘Tenoretic’ 0029/0139.

* Full prescribing information is available on request to the Company.
Stuart Pharmaceuticals Limited Carr House, Carrs Road, Cheadle, Cheshire SK8 2EG.

“Tenormin” (atenolol) and ‘Tenoretic’ are trademarks.
Bronchitis calls for prompt, effective treatment—Amoxil provides it. Bactericidal and rapidly absorbed, Amoxil penetrates bronchial secretions regardless of the degree of inflammation of the bronchial mucosa.

So, unlike most other antibiotics, including ampicillin, Amoxil maintains high bactericidal concentrations in the sputum for as long as it is given.

A highly effective treatment for the acute infection, Amoxil has also proved more successful in preventing relapse than tetracyclines, cotrimoxazole, erythromycin or cephalaxin.

In Amoxil, bronchitis really meets its match.

Amoxil
Rapid response, fewer relapses.

**References:**

**Precautions and Contraindications:**
- Acute and chronic bronchitis, Pneumonia, Upper Respiratory tract infections, Unstable Arrhythmias, Gastric irritation, Pregnancy, Lactation, Children, Neonates, Elderly, Renal Impairment, Hepatic Impairment, Hypersensitivity, Endocarditis.

**Presentations:**
- Amoxil capsules: 250mg and 500mg (Price: 393.5)
- Amoxil tablets: 250mg (Price: 197.5)
- Amoxil liquid: 100mg/5ml (Price: 47.5)
- Amoxil suspension: 125mg/5ml (Price: 72.5)

**Dosage and Administration:**
- Adult and children (≥ 12 years): 250mg or 500mg every 12 hours.
- Children (1-12 years): 12.5mg/kg every 12 hours.
- Children (≤ 1 year): 6.25mg/kg every 12 hours.

**Dosage:**
- Infections: 500mg every 12 hours.
- Infections: 250mg every 12 hours.
- Infections: 125mg every 12 hours.

**Contraindications:**
- Hypersensitivity to Amoxil.
- Patients with a history of severe reactions to penicillins.

**Side Effects:**
- Nausea, vomiting, diarrhea, abdominal pain, rash, pruritus.

**Precautions:**
- Use with caution in patients with renal impairment.
- Use with caution in patients with a history of hepatic impairment.
- Use with caution in patients with a history of blood dyscrasias.

**Amoxil 250 mg**

**Amoxil 500 mg**

**500 capsules**

**100 capsules**
'Inderal' LA Full 24 hour protection from a single dose.

ICI INDERAL LA Propranolol hydrochloride BP.
Once daily in hypertension and angina.
Zantac is the new H₂ blocker from Glaxo, developed to add important benefits to the treatment of acid peptic disease.

**Highly effective**

Zantac's molecular structure confers important advantages in terms of specificity and duration of action.

Primarily however, Zantac promotes rapid, effective ulcer healing, with sustained pain relief, both day and night.

**Simple dosage regimen**

Zantac is tailor-made for B.D. dosage.

The recommended treatment course for duodenal ulcer and benign gastric ulcer is one 150 mg tablet twice daily for six weeks.

For extended maintenance therapy the daily dose may be reduced to one 150 mg tablet taken morning and evening.

Zantac is supplied in bottles of 30 and 100 tablets.

**Recommended use**

**Highly effective**

Zantac is most effective in patients with mental involvement, in the elderly, and in those who require constant medication.

**Non-drowsy**

Zantac has no significant sedative effects, unlike other H₂ blockers, and is compatible with other drugs such as theophylline and aspirin.

**Easy to swallow**

Zantac is free from the described complications of some other H₂ blockers, although it would be recommended to swallow the tablets whole.

**Comprehensive home study**

A comprehensive home study has been conducted to determine the effectiveness of Zantac in various conditions.
Presentation
Madopar contains a combination of levodopa and the decarboxylase inhibitor benzerazine in the ratio of 4:1. Madopar 62.5 capsules containing 50mg levodopa and 14.25mg benzerazine hydrochloride (equivalent to 12.5mg of the base).
Madopar 125 capsules containing 100mg levodopa and 28.5mg benzerazine hydrochloride (equivalent to 25mg of the base).
Madopar 250 capsules containing 200mg levodopa and 57mg benzerazine hydrochloride (equivalent to 50mg of the base).

Indications
Parkinsonism — idiopathic, postencephalitic

Dosage
Dosage is variable and the data sheet should be consulted for full details. The effective daily dose usually lies between four and eight capsules of Madopar 125 (two to four capsules of Madopar 250) daily in divided doses, most patients requiring no more than six capsules of Madopar 125 daily. In some elderly patients initial treatment with one capsule of Madopar 62.5 once or twice daily, increasing by one capsule every third or fourth day may suffice. Patients who experience fluctuations in response may also benefit from administration of smaller more frequent doses using Madopar 62.5.

Contra-indications
Narrow-angle glaucoma, severe psychoneuroses or psychoses. It should not be given in conjunction with monoamine oxidase inhibitors or within two weeks of their withdrawal, to patients under 25 years of age, to pregnant women, or to patients who have a history of, or who may be suffering from, a malignant melanoma.

Precautions
Drugs which interfere with central amine mechanisms should be avoided. Endocrine, renal, pulmonary or cardiovascular disease, hepatic disorder, peptic ulcer, osteoporosis, sympathomimetic drugs, antihypertensive drugs. Patients who improve on Madopar therapy should be advised to resume normal activities gradually as rapid mobilisation may increase the risk of injury.

Side-effects
Nausea and vomiting, cardiovascular disturbances, psychiatric disturbances, involuntary movements

Packings
Madopar 62.5 capsules, Madopar 125 capsules and Madopar 250 capsules in packings of 100

Licence Numbers
0031/0125 (Madopar 62.5 capsules), 0031/0073 (Madopar 125 capsules), 0031/0074 (Madopar 250 capsules)

Basic NHS Cost
Madopar capsules 62.5 £3.49 per 100
Madopar capsules 125 £6.29 per 100
Madopar capsules 250 £11.25 per 100

Roche Products Limited
PO Box 8
Welwyn Garden City
Hertfordshire AL7 3AY
Madopar is a trade mark 1522182/182

Madopar
levodopa plus benzerazine

the right balance
in Parkinson's disease

the original 4+1 combination
in three dosage forms, 62.5, 125 and 250
Ventolin
Inhaler
Primary therapy in asthma, bronchitis, and emphysema combining rapid effective relief of bronchospasm with long duration of action, and high selectivity.

Ventolin
Rotahaler/Rotacaps
A breath actuated alternative for those patients unable to use metered dose aerosols correctly.

Ventolin
Spandets
Sustained release tablets which have proved particularly useful in nocturnal bronchospasm.

Ventolin
Tablets and Syrup
Providing the benefits of the most widely prescribed bronchodilator for those patients requiring oral therapy.

Ventolin—the bronchodilator that meets patient needs

Prescribing information

Presentation, Basic NHS Cost and Product Licence Nos.
Ventolin Inhaler - Pressurised aerosol delivering 200 doses of Salbutamol BP 100mcg. £3.00 per inhaler. 0045 5022.
Ventolin Rotacaps - Containers of 100 each providing 200 or 400mcg Salbutamol BP as sulphate. £5.29 per 100 Rotacaps 200mcg. £7.15 per 100 Rotacaps 400mcg. 0045/0116 and 0045/0117, respectively Ventolin Tablets - Containers of 100 and 500 tablets each providing 2mg or 4mg Salbutamol BP as sulphate. £1.55 per 100 Tablets 2mg, £2.97 per 100 Tablets 4mg 0045, 5079 and 0045/0088, respectively Ventolin Spandets - Containers of 60 tablets each providing 8mg Salbutamol BP as sulphate. £3.95 per 50 Spandets 0045, 0081.
Ventolin Syrup - Each 5ml provides 2mg Salbutamol BP as sulphate. Bottles of 150ml and 2 litres. £0.89 per 150ml. 0045 5024.

Indications
Treatment and prophylaxis of bronchospasm in asthma, bronchitis and emphysema.

Dosage and Administration
Inhaled Ventolin. Adults and Children: One or two inhalations as a single dose or on a regular schedule of 3 or 4 times daily. Ventolin Rotacaps require administration by means of the Ventolin Rotahaler. Oral Ventolin. Adults: Usual dosage is 4 mg (1 Tablet 4 mg or 10ml Syrup) 3 or 4 times daily. Ventolin Spandets are given as 1 or 2 twice daily.
Children: One-six years 1-2 mg; six-twelve years 2 mg; over twelve years 2-4 mg. The above doses should be given 3 or 4 times daily as tablets or syrup. Children over twelve years can be given 1 Spandet twice daily.

Contra-indications, warnings, etc.
Ventolin oral preparations should not be prescribed concurrently with beta-blocking agents. All forms of Ventolin should be administered with caution in the presence of thyrotoxicosis. Unnecessary administration of drugs during the first trimester of pregnancy is undesirable. Oral Ventolin can cause skeletal muscle tremor and or tenseness. Occasional headaches have been reported.

Further information is available on request. Rotacaps, Spandets and Ventolin are trade marks of Allen & Hanburys Limited. Greenford UB6 0HB.
A GLOWING SUCCESS IN SINUSITIS.

Enhanced photograph of transilluminated sinuses.

Pfizer

The most widely prescribed antibiotic in sinusitis.
Intervening use
Inhaler when necessary

1. When attacks of breathlessness are episodic and infrequent
2. For those waking with early morning bronchospasm
3. As prophylaxis against exercise-induced asthma
4. As a rescue device for control of acute bronchospasm

Routine use
Inhale four times daily

1. When asthma attacks become more frequent
2. For chronic asthmatics requiring regular bronchodilator therapy to maximise lung function
3. In more severe asthma when specific anti-inflammatory therapy (e.g., Becotide Inhaler) is needed with bronchitis or without therapy

Primary therapy in reversible airways obstruction

Prescribing information
Using Ventolin Rotacaps - Adults: one Ventolin Rotacap 400mcg three or four times a day. Children: one Ventolin Rotacap 200mcg or 400mcg three or four times a day.
For optimum results in most patients inhaled Ventolin should be administered regularly.
Contraindications Ventolin preparations should not be used for the prevention of threatened abortion.
Precautions If a previously effective dose of inhaled Ventolin fails to give relief lasting at least three hours, the patient should be advised to seek medical advice. Ventolin should be administered cautiously to patients suffering from thyrotoxicosis. Unnecessary administration of drugs during the first trimester of pregnancy is undesirable.
Side effects No important side effects have been reported following treatment with inhaled Ventolin.

Presentation and Basic NHS cost: Ventolin Inhaler is a metered-dose aerosol delivering 100mcg Salbutamol BP per actuation. Each canister contains 200 inhalations. Basic NHS cost £3.00. Ventolin Rotacaps 200mcg and 400mcg, each contain a mixture of the stated amount of microfine Salbutamol BP (as sulphate) and larger particle lactose in light blue colourless or dark blue/colourless hard gelatin capsules, respectively. Containers of 100. Basic NHS cost £2.29 and £2.15, respectively. Ventolin Rotacaps for use in conjunction with Ventolin Rotacaps. Basic NHS cost £7.89.

Product Licence numbers
Ventolin Inhaler 0045/5022
Ventolin Rotacaps 200mcg 0045/0116
Ventolin Rotacaps 400mcg 0045/0117

Further information is available on request. Becotide, Rotacaps, Rotahaler and Ventolin are trademarks of Allen & Hanburys Limited, Greenford UB6 0HB.
The antihypertensive

"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."

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

A twice daily dosage regimen can be maintained up to a total daily dose of 800mg. However, resistant cases may require higher doses. In these patients it is preferable to administer Trandate three or four times a day to minimise side effects. Trandate tablets should preferably be taken with food. Trandate therapy is not applicable to children. Contra-indications: There are no known absolute contra-indications. Warning: There have been reports of skin rashes and/or dry eyes associated with the use of beta-adrenoceptor blocking drugs. The reported incidence is small and in most cases the symptoms have cleared when the treatment was withdrawn. Discontinuation of the drug should be considered if any such reaction is not otherwise explicable. Cessation of therapy with a beta-adrenoceptor blocking drug should be gradual. Precautions: Trandate should not be given to patients with uncompensated or
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."5

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 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."6

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 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.

Trandate
labetalol hydrochloride


Full prescribing information is available on request.

Trandate is a trade mark of Allen & Hanburys Ltd. Greenford UB6 0HB
Practical diagnosis means effective management for atopic patients.

You often see atopic patients whose conditions are difficult to manage. Their range of symptoms may be confusing. In-vivo tests can be time consuming and impractical. Symptomatic treatment can seem the only option. Now, the hospital laboratory can confirm atopy and reliably identify important allergens. A single blood sample plus a full allergic history can cost effectively provide you with accurate information.

Phadebas IgE PRIST® and RAST®

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Speciality .......................................................................... 
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Prince Regent Road Hounslow Middx TW3 1NE
Telephone 01-572 7321

Pharmacia Diagnostics

RCCP
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 a consultant psychiatrist in Oxford.

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.

A patient, aged 60 years, suddenly found himself—to his great astonishment—in a nearby town approximately 12 miles from his home. He had no recollection whatsoever how he might have got there. On recognizing his surroundings, he was perfectly rational and made his way home by bus. Some weeks later, whilst writing his Christmas cards, he found he could no longer remember the name of his only sister. After fruitless trying, he obtained this from earlier correspondence.

Subsequently he found a sum of £200, which he had specially set aside for the Christmas celebrations, had disappeared unaccountably. A search of possible safe places for the money revealed nothing. It was later found by pure chance that individual banknotes, each carefully wrapped in a handkerchief, had been concealed among food in the deeper layers of the deep-freeze cabinet. For this he could offer no explanation nor had any recollection of his actions.

On examination, no abnormal clinical findings were in evidence.

1. What might you suspect?
2. What investigations might be considered?
3. What, in your opinion, could this diagnosis be?
"Tricyclics are extremely dangerous drugs when taken in overdose"


PRESCRIBING INFORMATION

Indications: Endogenous depression, reactive depression and anxiety, agitation and insomnia where associated with depressive illness.

Dosage: Treatment should be initiated at 30mg a day as a single bedtime dose or in divided doses. Dosage may be increased after the first week. The usual effective daily dosage lies in the range of 30-60mg although divided daily dosage up to 200mg have been well tolerated.

Contra-Indications, Warnings, Etc.

Norval is not yet recommended for use in children or pregnancy. When treating patients with epilepsy, diabetes, hepatic or renal insufficiency, normal precautions should be exercised and the dosages of all medication kept under review. Caution should be taken in patients with cardiac conditions, but cardiotonic effects have not been seen at therapeutic dosage even in patients with pre-existing cardiac disease. Drowsiness may occur during the first few days of treatment and patients should be warned to avoid alcohol and activities that demand constant alertness. Norval may interact with clonidine, but does not interact with bethanidine, guanethidine, propranolol or Cumarin type anticoagulants; nevertheless, usual monitoring procedures should be followed.

Concurrent use of Norval with MAOI's or barbiturates is not yet recommended.

Side-Effects: Serious side-effects are uncommon. A small number of cases of white blood cell depression, reversible on cessation of treatment, have been reported; white blood cell counts are advisable in patients with persistent signs of infection. Jaundice, usually mild, hypotension and convulsions have also been reported. Additional adverse disorders include: disorders (gynaecomastia, nipple tenderness and non-puerperal lactation), dizziness, postural hypotension and skin rash. Drowsiness may occur initially but no drug-induced anticholinergic effects have been observed.

Overdosage: There is no specific antidote to Norval. Treatment is by gastric lavage with appropriate supportive therapy. Symptoms of overdose are normally confined to prolonged sedation.

Availability and NHS price: 10mg, 20mg and 30mg mianserin hydrochloride tablets. Basic NHS cost per day (30mg, dosage) is £0.19. (Price correct at time of printing.)

References


Self-poisoning with amitriptyline, and other tricyclic antidepressants is now implicated in some 10,000 hospital admissions1 and 400 deaths2 per annum—a tragic waste of human life on a scale equivalent to one death every day.

Norval is an effective antidepressant which, in contrast to the tricyclics, has a high safety margin in overdose.3 In the treatment of depressed patients, where the possibility of deliberate or accidental self-poisoning cannot easily be ruled out, the difference between Norval and the tricyclics can be life-saving.

Norval
mianserin hydrochloride

Effective in depression without tricyclic overdose risks.

Further information on Norval (mianserin hydrochloride) is available from Bencard, Great West Road, Brentford, Middlesex, TW8 9BE.

Norval and the Bencard logo are trade marks. PL0038/0230, 0247, 0248. 14270 November 1981
THE MSD FOUNDATION

Audiovisual Programmes for General Practitioner Training

New Programmes for 1982

Our new catalogue, available now, contains details of new programmes for use with small groups in general practitioner training. They include:

Consulting in General Practice

Four videocassette programmes presenting a structured analysis of the general practice consultation. Using the research of David Pendleton and Dr Peter Tate in Oxford, the consultation is divided into seven tasks, each of which may be achieved more or less effectively.

1. Defining the reason for attendance
2. Considering other problems.
3. Choosing appropriate actions.
4. Sharing the doctor's understanding.
5. Involving the patient in management.
6. Using time and resources appropriately.
7. Establishing or maintaining a relationship.

The four programmes are a framework for group discussion of these tasks, using extracts from real general practice consultations. The group leader's work-book contains suggestions for incorporating the group's own recorded consultations in the work during the session.

Videocassettes are available for sale on U-matic, VHS, Philips 1500 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 six weeks before the 1st of 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.

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.

MEDICAL WRITING
A course on how to use literature, how to write and assess medical articles and how to write for other doctors, will be held at Wansfell College, Epping on 27–28 May 1982. Section 63 approved.

For further details please contact: Dr P. B. Martin, British Postgraduate Medical Federation, 14 Ulster Place, Marylebone Road, London NW1 5HD.

PARTNERSHIP
British graduate, MRCGP, 33, married, previous academic appointment in USA, presently working in Nepal, seeks partnership from September 1982. Available for interview mid-August. Curriculum vitae available. Dr Snider, c/o 47 Lune St, Preston, Lancs.

SOUTH HUMBERSIDE
Vacancy for new partner in large group practice. Full ancillary staff, practice nurses and health visitors. Six months’ mutual assessment, parity after three years. Handwritten applications should include interests, curriculum vitae and names of two referees. Apply to Drs R. H. Foxton & Ptnrs, 20 Detyll Street, Scunthorpe.

YORK HEALTH AUTHORITY
VOCATIONAL TRAINING SCHEME
FOR GENERAL PRACTICE
(TWO VACANCIES)
Applications are invited for 12 months’ vocational training in general practice, beginning 1 August 1982, based on the training practices in the York Health District. Vacancies are suited to those candidates arranging their own vocational training scheme (B Scheme) in order that they can satisfy the requirements for vocational training. The attachments will consist of two periods of six months, to run consecutively. An active trainer/trainee group is in operation with half-day release facilities and a comprehensive postgraduate medical education programme based on the York District Hospital. An excellent postgraduate medical library exists. Successful applicants will have to make their own accommodation arrangements.
A curriculum vitae giving full details of education, qualifications, past experience and general interests, together with the names and addresses of two referees, should be sent to The District Personnel Officer, York Health District, Bootham Park Hospital, York YO3 7BY. Closing date: 13 April 1982.

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 1982. 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: 12 April 1982.
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.
COMPUTERS IN PRIMARY CARE
Occasional Paper 13

Computers are coming. More and more general practitioners are becoming interested in the possibility of computerizing various aspects of their record systems in general medical practice in the United Kingdom.

*Computers in Primary Care* is the report of a working party of the Royal College of General Practitioners which describes the possibilities currently available and looks into the future, discussing both technical and financial aspects.

The members of this working party have between them considerable experience of using computers in general practice. Together they summarize the experience and philosophy which they have acquired which enables them to put forward a series of conclusions and recommendations for the future.

*Computers in Primary Care, Occasional Paper 13*, is published by the Journal of the Royal College of General Practitioners, 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.

EXCEPTIONAL DOCTOR

Indian principal (DA, DRCOG) seeks full partnership, any area. I was his trainer for one year; he is 37 and an asset to any practice. If you would seriously consider employing him, please reply to Box 28.

SEVENTH INTERNATIONAL CONGRESS ON
PSYCHOSOMATIC OBSTETRICS AND GYNAECOLOGY
DUBLIN, 11-15 SEPTEMBER 1982

THE YOUNG WOMAN

Topics to be covered are:
The young woman, the gynaecologist and society.
Psychobiology and reproductive functions.
Pregnancy today.
Sexuality today.
Future training for doctors, midwives and those who work with them.
Psychosomatic aspects of gynaecological and breast cancer.
Addiction and the young woman.
Problems in professional relationships.

Further details from Dr John Strong, 7th International Congress on Psychosomatic Obstetrics and Gynaecology, 12 Pembroke Park, Dublin 4, Ireland.
The face of summer free from hay fever.

Hay fever can ruin the enjoyment of summer if it means complicated or inconvenient adverse effects of some treatments can in particular, antihistamines can cause drowsiness and hinder concentration. Decongestants can result in rebound congestion and other treatments are not effective for both prophylaxis and treatment of nasal symptoms of hay fever.

In particular, antihistamines can cause drowsiness and hinder concentration. Decongestants can result in rebound congestion and other treatments are not effective for both prophylaxis and treatment of nasal symptoms of hay fever.

Beconase Nasal Spray
First line therapy in seasonal allergic rhinitis

Care must be taken while transferring patients from systemic steroid treatment to Beconase if there is any reason to suppose that adrenal function is impaired.

Unnecessary administration of drugs during the first trimester of pregnancy is undesirable.

No major side effects attributable to Beconase have been reported, but occasionally sneezing attacks have followed immediately after use of the aerosol.

Presentation and Basic NHS cost
Beconase Nasal Spray is a metered-dose aerosol delivering 50mcg Beclometasone Dipropionate BP per actuation into a special nasal applicator. Each canister provides 200 applications. Basic NHS cost £4.77.

Further information on Beconase (trade mark) Nasal Spray is available from Allen & Hanburys Ltd. Greenford UB6 0HB.
OPTIMAL ANTI-HYPERTENSIVE THERAPY

... the greater the reduction in blood-pressure ... the greater was
the reduction of risk ... It is equally clear, however, that treatment is scarcely
worth the effort without long-term compliance by the patient ...

THE PRESSURE TO TREAT. LANCET LEADER JUNE 14th 1980

EFFICACY

Studies show that 9 out of 10 mild to moderate hypertensives achieve normotension when treated with PRESTIM alone.1,2

PRESTIM

bendrofluazide/timolol maleate

balanced therapy in hypertension

REFERENCES


Further information available from:
Leo Laboratories Ltd
Longwood Road, Princes Risborough
C. & O Aylesbury, Bucks HP17 9RR
Tel: Princes Risborough (08444) 7133