direct lorazepam

direct 'one step' metabolism and short action
make Ativan preferable to diazepam

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

the straightforward metabolism is another reason to prefer Ativan — for example, when liver function is impaired!
INHALED Ventolin
(Salbutamol BP)

Intermittent use
Inhale when necessary

- When attacks of breathlessness are episodic and infrequent
- For those waking with early morning bronchospasm
- As prophylaxis against exercise-induced asthma
- As a rescue drug for control of bronchospasm

Routine use
Inhale four times daily

- When asthma attacks become more frequent
- For chronic asthmatics requiring regular bronchodilator therapy to maximise lung function
- In more severe asthma when more anti-inflammatory (Becotide Inhaler)

primary therapy in reversible airways obstruction

Prescribing information

Using Ventolin Rotahaler - Adults: one Ventolin Rotacap 400mcg three or four times a day. Children: one Ventolin Rotacap 200mcg three or four times a day.
For optimum results in most patients inhaled Ventolin should be administered regularly.

- Contra-indications 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 gelatine capsules, respectively. Containers of 100. Basic NHS cost £3.29 and £7.15, respectively. Ventolin Rotahaler for use in conjunction with Ventolin Rotacaps. Basic NHS cost £7.6p

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 trade marks of Allen & Hanburys Limited, Greenford UB6 QHB
EVERY ORIGINAL IS SIGNED

"INDERAL" IS THE ORIGINAL PROPRANOLOL AND EVERY TABLET IS SIGNED BY ICI.

Write 'Inderal' by name

INDERAL
propranolol hydrochloride BP

ABRIDGED PRESCRIBING INFORMATION: DOSAGE, HYPERTENSION: 80mg B.D., INCREASING WEEKLY. USUAL RANGE 160-320mg DAILY. ANGINA: 40mg B.D. ON T.I.D., INCREASING WEEKLY. USUAL RANGE 120-240mg DAILY. CONTRAINDICATIONS: HEART BLOCK, BRONCHOSPASM, PROLONGED FASTING, METABOLIC ACIDOSIS, CO-ADMINISTRATION WITH VERAPAMIL. PRECAUTIONS: UNTREATED CARDIAC FAILURE, BRADYCARDIA, DISCONTINUANCE OF CLONIDINE. ANAESTHESIA, PREGNANCY. ADVERSE REACTIONS: SIDE EFFECTS SUCH AS COLD EXTREMITIES, NAUSEA, INSOMNIA, LASSITUDE AND DIARRHOEA ARE USUALLY TRANSIENT. ISOLATED CASES OF PARAESTHESIA OF THE HANDS, RASHES AND DRY EYES HAVE BEEN REPORTED WITH BETA-BLOCKERS. CONSIDER DISCONTINUANCE IF THEY OCCUR. BETA-BLOCKERS SHOULD BE WITHDRAWN GRADUALLY. OVERDOSE: SEE DATA SHEET. PACK SIZES AND BASIC NHS COSTS: 10mg 100: £1.69, 1,000: £16.89, 40mg 100: £4.21, 1,000: £42.12, 80mg 60: £3.78. 500: £3.48. 160mg 60: £7.56, 250: £3.48. PL NOS: 0029/1963, 0029/1964, 0029/5065, 0029/1013. INDURAL IS A TRADEMARK FOR PROPRANOLOL HYDROCHLORIDE. FULL PRESCRIBING INFORMATION IS AVAILABLE FROM IMPERIAL CHEMICAL INDUSTRIES PLC, PHARMACEUTICALS DIVISION, ALDERLEY HOUSE, ALDERLEY PARK, MACCLESFIELD, CHESHIRE.
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+ < 3.5 mEq/l? At serum K+ < 3.0 mEq/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-sparing and is a more effective treatment in diuretic-induced hypokalaemia than potassium supplements, triamterene, or amiloride.

In hypertension

Aldactide 50
hydroflumethiazide + spironolactone

The Caring Sparing Diuretic.

References

Prescribing Information
Presentation: Aldactide 50
Cream-stored tablets stamped “SEARLE 180” on one
side containing Spironolactone B.P. 50mg and
Hydroflumethiazide B.P. 50mg
Uses: Essential hypertension
Dosage and Administration
Adults: Aldactide 50 – one or two tablets with breakfast or
the first main meal of the day.
Children: Daily dosage should provide 1.5 to 3mg of spirono-
lactone per kilogram body weight given in divided doses.
Contra-indications, Warnings, etc.:
Auricular renal insufficiency, rapidly progressing impairment of renal function, hyperkalaemia, patients
who are hypersensitive to either component, concurrent administration with other potassium-
containing 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 hydro-
flumethiazide 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 00/20/0062
Basic R.H.S. Cost: £2.50
Full prescribing information is available on request. Aldactide and Searle are registered trade marks.
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 6 weeks. For extended maintenance therapy, the drug may be taken nightly.

**Recommended indication**

Highly effective in chronic duodenal ulcer, Zantac is generally recommended only when other measures have failed, particularly in elderly patients.

**Usual dose**

Usual dose is 150 mg twice daily, but in patients with renal dysfunction or who are dehydrated due to ileus or ileal bypass surgery, the dose should be reduced. In patients over 60 years of age, the dose should be reduced further. Over 80 years of age, the dose should be reduced to one 150 mg tablet twice daily.

Zantac is not recommended for use in children under 12 years of age.

**Contraindications, warnings, precautions**

Zantac is contraindicated for use in patients with a history of angioedema, bronchial asthma, or other drug allergy. It should be used with caution in patients with impaired renal function. It is recommended to use Zantac with caution in patients with a history of peptic ulcer disease.

**Side effects**

Side effects are rare but may include headache, dizziness, nausea, diarrhea, and constipation. In rare cases, Zantac has been associated with an increase in the risk of upper gastrointestinal bleeding.

**Benzodiazepines**

It is recommended to avoid concomitant use of benzodiazepines with Zantac due to potential drug interactions.

**Other drugs**

Zantac is not recommended for use with other drugs that affect the gastric acid secretion such as aspirin, nonsteroidal anti-inflammatory drugs (NSAIDs), or proton pump inhibitors.

**Zantac in pregnancy**

Zantac is not recommended for use during pregnancy due to the potential for harm to the fetus. It is recommended to use Zantac during pregnancy only if the benefits outweigh the potential risks.

**Drug interactions**

Zantac is not recommended for use in combination with other drugs that interact with H₂ blockers, such as warfarin or nonsteroidal anti-inflammatory drugs (NSAIDs).

**Storage**

Zantac should be stored at room temperature and protected from moisture.

**Mild reaction**

If a mild reaction occurs, Zantac should be discontinued.

**Prescribing information**

Zantac is available by prescription only. It is recommended to use Zantac only under the supervision of a healthcare professional.
In deteriorating asthma

- Controls the inflammatory changes
- Restores the reactivity to bronchodilators

Inergic therapy is essential.

For the poorly controlled asthmatic

- Restores lung function towards normal
- Prevents troublesome exacerbations

where the condition tends to be more severe and deterioration more rapid

Prescribing Information

Uses: Bronchial asthma especially in patients whose asthma is not adequately controlled by bronchodilators and patients with severe asthma who would otherwise be dependent on systemic corticosteroids or adrenergic agonists.

Dosage and Administration: Using Becotide Inhaler - Adults: two inhalations three or four times a day is the usual maintenance dose. In severe cases dosage may be started at twelve to sixteen inhalations per day and subsequently reduced when the patient begins to respond. Children: one or two inhalations, two, three or four times a day according to the response. For optimum results inhaled Becotide should be administered regularly. Contra-indications: No specific contra-indications to inhaled Becotide are known but special care is necessary in patients with active or quiescent pulmonary tuberculosis. Precautions: The maximum daily intake of Bectolastone Dipropionate BP should not exceed 15mg. Inadequate response after the first week of inhaled Becotide therapy suggests that excessive mucus is preventing penetration of inhaled drug to the target area. A short course of systemic steroid in relatively high dosage should be given and therapy with inhaled Becotide continued. Unnecessary administration of drugs during the first trimester of pregnancy is undesirable. When transferring patients to Becotide from systemic steroid therapy the possibility of adrenocortical suppression should be considered and patients given a supply of oral steroids for use during periods of stress. Please refer to the detailed procedure described in the data sheets for Becotide Inhaler and Becotide Rotacaps. Side effects: Occasional candidiasis of the mouth and throat (thrush) occurs in some patients, particularly those with high blood levels of Candida precipitates. Topical therapy with antifungal agents usually clears the condition without withdrawal of Becotide.


Further information on Becotide Inhaler is available from: Allen & Hanburys Limited, Greatford, Middlesex UB6 0HB. Becotide, Rotacaps and Rotahaler are trade marks of Allen & Hanburys Limited.
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.

Prescribing Information: Presentation and Basic NHS Cost
Trandate Tablets 100mg, Trandate Tablets 200mg and Trandate Tablets 400mg each contain 100mg, 200mg and 400mg labelled hydrochloride, respectively in containers of 50 and 250 tablets. Basic NHS cost of 50 tablets of each strength is £4.54, £7.32 and £11.64. Indications: Treatment of all grades of hypertension when oral antihypertensive therapy is indicated. Dosage and Administration: Treatment may start with one 200mg tablet twice daily but in some patients including those already being treated with antihypertensive drugs, the elderly and those of low body weight, one 100mg tablet twice daily is more appropriate. If the blood pressure is not controlled by the initial dosage, increases should be made at intervals of about 14 days. Many patients have satisfactory blood pressure control on 400mg daily.

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 minimize 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. Warnings: There have been reports of skin rashes and/or dry eyes associated with the use of beta-adrenoceptor blocking drugs. No controlled studies have however been performed on the Trandate tablets. 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®

Please send me full details on Phadebas IgE PRIST and RAST
Name ......................................................................................
Position ..............................................................................
Speciality ...........................................................................
Address ............................................................................... RCGP
Pharmacia (Great Britain) Ltd
Prince Regent Road Hounslow Middx TW3 1NE
Telephone: 01-572 7231
Pharmacia Diagnostics
Temgesic Sublingual

the sure new weapon for strong pain relief
Temgesic Sublingual

Surer, strong pain relief

Long acting
Temgesic Sublingual eight hourly provides continuing analgesic cover with a bedtime dose able to give a night free from pain.

Outstandingly effective
When a strong oral analgesic is required, Temgesic Sublingual is consistently successful, providing better pain relief than, for example dihydrocodeine. In an extensive assessment in general practice, fewer than 5% of patients had to discontinue therapy because of inadequate pain relief.

Safety
Temgesic Sublingual offers a distinctive order of safety. Up to 70 times the unit dose has been taken without significant adverse effect.

Sublingual reliability
The sublingual route means absorption direct into the bloodstream and so a more consistent performance than with other oral analgesics.

No problem with constipation
So important in elderly patients with chronic pain.

No problem with hallucinations
With an incidence of less than one in 1300.

Presentation Temgesic Sublingual tablet, containing Buprenorphine hydrochloride. Uses As a strong analgesic for the relief of moderate to severe pain. Dosage and Administration 1-2 tablets (0.2mg-0.4mg buprenorphine) under the tongue, every 4-6 hours or as required. The tablet should not be chewed or swallowed.

Contra-Indications, Warnings, etc. There are no absolute contra-indications for Temgesic Sublingual. However, care should be taken when treating patients with impaired respiratory function as Temgesic may rarely affect respiration. Because buprenorphine has antagonist properties, it may precipitate opioid withdrawal symptoms in narcotic addicts, and it should be given with care initially to patients previously treated with narcotic analgesics. Temgesic may cause dizziness; this could be potentiated by other centrally-acting agents, including alcohol. Ambulant patients should be warned not to drive or operate machinery while using. Since buprenorphine is metabolised in the liver, the intensity and duration of its action may be affected in patients with impaired liver function. Until further information is available, Temgesic should be used with caution in patients receiving monoamine oxidase inhibitors, and it is not recommended for use during pregnancy. SUE effect is not uncommon with other strong analgesics, nausea, vomiting, dizziness and drowsiness have been reported and may be more pronounced with Temgesic. Respiration has been observed rarely and only in the post-operative period. Product Licence No. L1953. NHS Price £5.45, £5.45 for 50 tablets (Jan 1990). Additional information can be requested from British Pharmaceuticals (Central Division).
**Back pain**

Case No 2403-101204

Transferring this 42-year-old man with an acute prolapsed intervertebral disc from acute propoxyphene/paracetamol to Temgesic Sublingual six-hourly gave 'much better, quicker response than with any previous analgesic, allowing him to return to work.

**Painful dental abscess**

Case No 2419-101317

Whilst penicillin V was given for the infection, Temgesic Sublingual t.d.s. gave 'excellent' relief from pain for this young man of 28 years.

**Sciatica**

Case No 5709-102030

One tablet of Temgesic Sublingual eight-hourly gave good pain relief to a 32-year-old male patient with sciatica. He had previously been in continuous severe pain despite taking eight tablets of dextropropoxyphene/paracetamol daily. The patient continued on Temgesic therapy with 'excellent' pain relief.

**Severe osteoarthritic pain**

Case No 2416-101354

Despite indomethacin and what her doctor considered to be an excessive consumption of dextropropoxyphene/paracetamol this 76-year-old lady was in severe pain. With eight-hourly Temgesic Sublingual added to her indomethacin, however, there was 'a very good response.' She slept better and was able to stop the dextropropoxyphene/paracetamol.
"Tricyclics are extremely dangerous drugs when taken in overdose"


Self-poisoning with amitriptyline, and other tricyclic antidepressants is now implicated in some 10,000 hospital admissions and 400 deaths 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. 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. PL0038/02/30, 0247, 0248. 14270 November 1981.
The

May & Baker

Diagnostic Quiz

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 Philip Lewis, Waller Cardio-Pulmonary Department, St Mary’s Hospital, London, W2.

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

1. What underlying chest problem is seen in this chest x-ray of a 37-year-old woman?
2. What complication has occurred?
3. How is this complication best avoided?
A new lifeline for your hypertensive patients

Physical and emotional stress cause transient but marked increases in blood pressure and may precipitate arrhythmias.1,2

"... continual stress may result in a persistent elevation of blood pressure."3

Once daily 'Secadrex' is a synergistic combination of hydrochlorothiazide and acebutolol, which provides effective antihypertensive action plus protection from the cardiac effects of stress.

This low dose combination is intended as first line therapy in patients with mild to moderate hypertension and as maintenance therapy in the elderly.

NEW

Secadrex acebutolol and hydrochlorothiazide

Low dose, once daily in hypertension

See overleaf for prescribing information.
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:

**Major Disease in the Home:**
The Role of the Primary Health Care Team

Most MSD Foundation programmes are aimed specifically at the general practitioner. This videocassette can also be used with groups of GPs but it has an additional target audience—the other members of the practice team.

The programme is designed to help a group become aware of the ways in which teamwork in a practice can help manage patients at home who might otherwise have to be sent to hospital.

Four case studies of patients with major disease are presented for the group to discuss. They involve: an elderly patient with a colostomy; a child with leukaemia; a woman with multiple sclerosis; and a middle-aged woman suffering from the effects of a stroke. All of these cases are placed in the context of a family situation in which the illness of the patient has repercussions for the other members of the family.

The programme finishes with a primary health care team discussing one of the cases in detail.

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.

THE BALINT SOCIETY
RESIDENTIAL WEEKEND
AT PEMBROKE COLLEGE, OXFORD
19.00 Friday 24 September
to 13.00 Sunday 26 September 1982

General practitioners, both principals and trainees, are invited to sample the experience of being in a Balint group for a weekend. There will be opportunities to discuss the experience and the problems of learning and teaching in small groups.

The cost of the weekend will be allowable under Section 63, together with travelling expenses. Further details are available from The Secretary, Dr Peter Graham, 149 Altmore Avenue, London, E6.

DEPARTMENT OF POSTGRADUATE MEDICAL STUDIES
JOINTLY WITH THE NORTH WEST REGIONAL CARDIOTHORACIC UNIT,
WYTHENSHAWE HOSPITAL

CARDIAC AND PULMONARY MEDICINE

A refresher course for general practitioners on cardiac and pulmonary medicine will be held in The Postgraduate Medical Centre, Wythenshawe Hospital, Southmoor Road, Wythenshawe, Manchester from Wednesday, 22 September to Friday, 24 September 1982. Topics will include: pulmonary infections, lung tumours, cardiac ischaemia, myocardial infarction and coronary artery surgery evaluation. Emphasis will be placed on the practical problems involved.

The course is recognized for five sessions under Section 63.

Details of local accommodation will be sent on request. Further details and application form from: The Course Secretary, Department of Postgraduate Medical Studies, Gateway House, Piccadilly South, Manchester M60 7LP.

LOW-LEVEL LEAD EXPOSURE AND ITS EFFECTS ON HUMAN BEINGS

An International Symposium

London, 10–12 May 1982

Speakers:
Dr H. L. Needleman, Associate Professor of Child Psychiatry and Paediatrics, Children's Hospital of Pittsburgh, USA.
Dr Clair Patterson, Geochemist, California Institute of Technology, USA.
Dr H. L. Billick, Environmental Research Group, Department of Housing and Urban Development, Washington, USA.
Dr Ellen Silbergeld, Chief Toxics Scientist, Environmental Defense Fund, USA.
Dr Oliver David, Associate Professor in Psychiatry, State University of New York, USA.
Dr G. Winnek, Reader in Medical Psychology, University of Dusseldorf, West Germany.
Professor A. Anagnostopoulos, Aristotelian University of Thessaloniki, Greece.
Dr Michael Moore, Senior Lecturer in Medicine, University of Glasgow.
Dr Fraser Alexander, Consultant Paediatrician, Newcastle General Hospital.
Dr J. P. Day, Lecturer in Chemistry, University of Manchester.
Dr W. Yule, Reader in Applied Psychology, Institute of Psychiatry, London.
Dr R. Landown, Principal Psychologist, Hospital for Sick Children, London.

Full details and application forms from: The CLEAR Trust, 2 Northdown Street, London, N1 9BG. Tel: 01-278 9686.
No doubt you are referring suitable candidates to surgeons for VASECTOMY.

Would you find a leaflet describing the operation helpful to put in your waiting room or to hand to interested couples?

If so, may we send you some? There is no charge for these.

Please send requests to:

The Hon. Director,
Crediton Project,
West Longsight,
Crediton, Devon.
The face of summer free from hay fever

Beconase
(Betamethasone Dipropionate BP)

Hay fever can ruin the enjoyment of summer and adverse effects of some 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.

Beconase twice daily 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.

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 per actuation into a special nasal applicator. Each canister provides 200 actuations.

Further information on Beconase (trademark) Nasal Spray is available from Allen & Hanburys Ltd, Greenford UB6 0HB

Prescribing information
Uses
The prophylaxis and treatment of perennial and seasonal allergic rhinitis, including hay fever and vaso-motor rhinitis.

Dosage and administration
The recommended dosage is two applications into each nostril twice daily. Alternatively, a single application may be given into each nostril 3 or 4 times a day.

Not for use in children under six years of age.

Contra-indications, warnings, etc.
There are no specific contra-indications but any infections of the nasal passages and paranasal sinuses should receive the appropriate treatment.

Product licence number
0045/0093
Behind the gentleness of

Burinex K
bumetanide and slow release potassium chloride

lies the power of

Burinex

Burinex K
gently effective
for maintenance
Burinex tablets
combine strength with
gentleness for more refractory oedema

Burinex injection
fast powerful action for emergencies

Formulations: Burinex Injection: 0.5 mg/ml in 2 ml, 4 ml and 10 ml ampoules. Burinex Tablets: 1 mg and 5 mg. Burinex K: 6.5 mg bumetanide, 7.7 mmol slow release potassium chloride. Indications: Acute pulmonary oedema and oedema of cardiac, renal or hepatic origin. Dosages: Burinex Injection: Initially 1-2 mg i.v., if necessary repeated at 30 minute intervals to achieve desired responses. Where appropriate, higher doses may be given by infusion over 30-60 minutes. Burinex Tablets: Most patients require 1-2 mg Burinex daily as morning or evening dose. In refractory cases dosage can be increased to achieve the desired response. For high dose treatment 5 mg Burinex should be given initially and increased by 5 mg steps at 12-24 hour intervals until desired response is achieved. Burinex K: Most patients require 2 tablets Burinex K daily. Contra-indications: Preeclampsia and Side Effects: Contra-indicated in hepatic coma, severe electrolyte depletion and severe progressive renal failure. Hypokalaemia and circulatory collapse may follow inappropriate diuretic usage. Concurrent digitalis therapy in association with electrolyte disturbances may lead to digitalis toxicity. Concurrent antihypertensive or antidiabetic therapy may require adjustment. Cautions should be exercised in the first trimester of pregnancy. Burinex K is contra-indicated in combination with potassium sparing agents. Burinex K should be stopped immediately if signs or symptoms of bowel obstruction appear. Side effects such as skin rash, muscular cramps, rise in serum uric acid and thrombocytopenia may rarely occur. Product Licence Numbers: Burinex Injection: 0063/0080 Burinex Tablets: 0063/0021, 0063/0023 Burinex K: 0063/00210 Basic M.A.B. Prices: Burinex Injection: 0.5 mg/ml - 2 x 4 ml £3.24 Burinex Tablets: 1 mg - 100 tabs £4.74 Burinex K: 100 tabs £3.24

*Burinex is a trade mark

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