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:
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

Precautionary Information
Presentation
Aldactide 50
Carna, scored 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 meal of the day.

Children
Daily dosage should provide 1.5-3 mg of spironolactone per kg of 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 anti-hypertensive 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.

Concomitantly used, the metabolite, 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 gynecomastia, 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. Searele & Co. Ltd.
Aldactide 50 00242024000.

Basis: N.M.S. Cost
28 tablets: £5.60
Full prescribing information is available on request.

Aldactide and Searele are registered trade marks.
Presentation
Madopar contains a combination of levodopa and the decarboxylase inhibitor benserazide in the ratio of 4:1. Madopar 62.5 capsules containing 50mg levodopa and 4.25mg benserazide hydrochloride (equivalent to 12.5mg of the base). Madopar 125 capsules containing 100mg levodopa and 25mg benserazide hydrochloride (equivalent to 25mg of the base). Madopar 250 capsules containing 200mg levodopa and 57mg benzerazide hydrochloride (equivalent to 50mg of the base).

Indications
Parkinsonism — idiopathic, post-encephalitic.

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, Madopar 250 capsules in packings of 100.

Licence Numbers
0031/02/25 (Madopar 62.5 capsules), 0031/00/023 (Madopar 125 capsules), 0031/00/074 (Madopar 250 capsules).

Basic NHS Cost
Madopar capsules 62.5 £4.00 per 100
Madopar capsules 125 £7.25 per 100
Madopar capsules 250 £12.94 per 100

Madopar
levodopa plus benzerazide
the original 4+1 combination in three dosage forms, 62.5, 125 and 250
'Inderal' LA
Full
24 hour
protection
from
a single
dose.

ICI
INDERAL LA
Propranolol hydrochloride BP.
Once daily in hypertension and angina.

'Inderal' LA ABRIDGED PRESCRIBING INFORMATION. DOSAGE: 12 CAPSULES ONCE DAILY IN HYPERTENSION. CONTRAINDICATIONS: HEART BLOCK, BRONCHOSPASM, PROLONGED FASTING, METABOLIC ACIDOSIS. CO-ADMINISTRATION WITH VERAPAMIL. PRECAUTIONS: UNRECOGNIZED CARDIAC FAILURE, BRYDYGODA, DISCONTINUANCE OF CLONIDINE, ANAESTHESIA, PREGNANCY. ADVERSE REACTIONS: COLD EXTREMITIES, NAUSEA, INSOMNIA, LASSITUDE AND DIZZINESS ARE USUALLY TRANSIENT. ISOLATED CASES OF PARESIS, SEIZURES AND COMA HAVE BEEN REPORTED WITH BETA BLOCKERS. CONSIDER DISCONTINUANCE IF THEY OCCUR. BETA BLOCKERS SHOULD BE WITHDRAWN GRADUALLY. OVERDOSE: SEE DATA SHEET. PACK SIZE AND BASIC PRICE: £5.66 PER 28 CAPSULES. PL NO. 00269/0028. INDOL 'LA IS A TRADE MARK FOR PROPRANOLOL HYDROCHLORIDE IN CO-NACTING FORMULATION. FULL PRESCRIBING INFORMATION IS AVAILABLE FROM IMPERIAL CHEMICAL INDUSTRIES PLC, PHARMACEUTICALS DIVISION, ALDERLEY HOUSE, ALDERLEY PARK, MACLESFIELD, CHESHIRE.
Temgesic Sublingual

the sure new weapon for strong pain relief
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 blood stream, 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 0.2mg buprenorphine hydrochloride. Uses: As a strong analgesic for the relief of moderate to severe pain, sublingually. Dosage and Administration: 1-2 tablets (0.2mg-0.4mg buprenorphine) under the tongue, every 8 hours or as required. The tablet should not be chewed or swallowed.

Temgesic Sublingual is not at present recommended for children. 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 withdrawal symptoms in narcotic addicts, and should be given with caution to patients previously treated with narcotic analgesics. Temgesic may cause constipation, this could be potentiated by other centrally-acting agents, including alcohol. Ambulant patients should be warned not to drive or operate machinery until effects are known. 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 should be avoided for use during pregnancy. Back pain, which is common with other strong analgesics, nausea, vomiting, dizziness and drowsiness have been reported. They may be more frequent in ambulant patients. Clinically significant concern has been observed rarely and only in the post-operative period. Prescribers should refer to the Product Information.
Back pain

Case No 2403-101204

Transferring this 42-year old man with an acute prolapsed intervertebral disc from dextropropoxyphene/paracetamol to Temgesic Sublingual six-hourly gave a 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 26 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 2418-101354

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.
Rapid relief of pain, rapid healing of the ulcer.

NEW

Zantac
RANITIDINE

The fast, simple and specific way to promote peptic ulcer healing
ulcer treatment

Specificially developed as b.d. treatment.

NEW
Zantac
RANITIDINE

The fast, simple and specific way to promote peptic ulcer healing
The benefits of highly
specific H₂ blockade

Zantac treatment has not been shown to affect the central nervous system¹,² to exert anti-androgenic effects³,⁴ or to cause drug interaction⁵.

NEW
Zantac
RANITIDINE

The fast, simple and specific way to promote peptic ulcer healing
The fast, simple and specific way to treat gastric ulcer

- Rapid gastric ulcer healing
- Simple b.d. dosage
- Once-daily maintenance
- Excellent safety profile

A British advance from Glaxo
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.2,3

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.
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

In deteriorating asthma

- Controls the inflammatory changes
- Restores bronchial tone

where vigorous therapy is essential

For the poorly controlled asthmatic

- Restores lung function towards normal levels

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 adrenocorticotropic hormone (ACTH) or its synthetic equivalent. 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. Using Becotide Rotacaps - Adults: one 200mcg Becotide Rotacap three or four times a day is the usual maintenance dose. Children: one 100mcg Becotide Rotacap 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 Beclometasone Dipropionate BP should not exceed 1mg. 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 adenocortical 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 precipitins. Topical therapy with anti-fungal agents usually clears the condition without withdrawal of Becotide. Presentation and Basic NHS cost Becotide Inhaler is a metered-dose aerosol delivering 50mcg Beclometasone Dipropionate BP per actuation. Each canister contains 200 inhalations. Basic NHS cost £4.77. Becotide Rotacaps 100mcg and 200mcg, each contain a mixture of the stated amount of microfine Beclometasone Dipropionate BP and larger particle lactose in buff or chocolate brown/colourless hard gelatin capsules, respectively. Containers of 100. Basic NHS cost £7.26 and £9.67 respectively. Becotide Rotacaps, for use in conjunction with Becotide Rotacaps. Basic NHS cost £7.86. Product licence numbers Becotide Inhaler 0045/0089. Becotide Rotacaps 100mcg 0045/0119. Becotide Rotacaps 200mcg 0045/0120.
"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 dose is 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. Care should be taken in patients with cardiac conditions, but cardio-toxic 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 coumarin type anticoagulants; nevertheless ususal monitoring procedures should be followed. Concurrent use of Norval with MAOIs 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 effects include bradycardia, disorders (gynecomastia, nipple tenderness and non-puerperal lactation), dizziness, postural hypotension and skin rash. Drowsiness may occur initially but no drug related anticholinergic effects have been observed. Overdose 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 £1.50. (Price correct at time of printing.) References


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. PL0038/0230, 0247, 0248. 14270 November 1981
once a day

**Uses:** Treatment and prophylaxis of bronchospasm associated with asthma, emphysema and chronic bronchitis; also cardiac asthma and left ventricular or congestive cardiac failure.

**Dosage and administration:** 3 or 4 tablets taken as a single daily dose, following an initial week of therapy on 2 tablets daily. Tablets should be swallowed whole or halved and not chewed. Each tablet contains 200 mg. theophylline BP.
Protecting asthmatics all the way through to bedtime tomorrow

British Expertise in Theophylline Therapy

Contra-indications: None.
Side-Effects: The risk of side-effects usually associated with theophylline and Xanthine derivatives such as nausea, gastric irritation, headache and CNS stimulation are absent or much diminished. Basic NHS cost: 24p per day (ex. 100 pack, 4 o.d.). PL 0337/0057
Napp Laboratories Limited Watford WD2 7RA Member of Napp Pharmaceutical Group © Uniphyllin and Unicontin are Trade Marks © Napp Laboratories Limited 1982
Intermittent use
Inhale when necessary
- When attacks of breathlessness are episodic and infrequent
- For those waking with early morning bronchospasm
- For prophylaxis against exercise-induced asthma
- As a rescue device for control of breakthrough 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 specific anti-inflammatory therapy (e.g., Beclomethasone) is inadequate

Primary therapy in reversible airways obstruction

Prescribing information
Using Ventolin Rotahaler - Adults: one Ventolin Rotacap 200mcg or 400mcg daily. Children: one Ventolin Rotacap 100mcg or 200mcg daily, except in cases of severe asthma. For chronic maintenance, prophylactic therapy.

Using Ventolin Inhaler - Adults: two inhalations three or four times daily, increasing to two inhalations if necessary.

Presentation and NHS cost Ventolin Inhaler is a metered-dose aerosol delivering 100mcg Salbutamol per actuation. Each canister contains 200 inhalations. Each rotacap contains 200mcg and 400mcg, each containing a mixture of the active ingredient Salbutamol (as sulphate) and lactose. The product is supplied in light blue-coloured hard gelatine capsules.

Further information is available on request. Becotide, Rotacaps, Rotahaler and Ventolin are trade marks of Allen & Hanburys Limited, Greenford UB6 0HB.
A university student, aged 21 years, consulted his general practitioner complaining of severe anxiety over his approaching final examinations. He was a gifted and most able student studying law. By nature obsessional, the exacting standards he set for himself were greatly in excess of those required to satisfy any examiners, yet his principal fear was of failure in obtaining his degree.

He had awakened suddenly in the early hours of the morning with his heart racing, bathed in sweat and felt extremely unwell. Of stable personality, he had had a very good school record and had experienced no earlier nervous trouble. On enquiry he denied any feelings of depression. He was an only son and was particularly conscious of the need to bring great credit to his parents, who had made many sacrifices on his behalf. He had recently encountered difficulties with his girlfriend, who complained he neglected her for his studies and that the time that he devoted to these was excessive. He found her remarks, coming at this particular period, unreasonable and hurtful.

On examination, he was found to be physically very fit. He was unprepared to take any medication, other than a benzodiazepine to assist his symptoms of anxiety.

Five days later, the student took his own life by drowning.

What, in your opinion, was this diagnosis?
Calm, balanced and alert.
When your first line treatment in hypertension is not enough, boost it.

One of the problems of antihypertensive therapy is that increasing the dose of beta-blockers or diuretics can all too often mean an increase in side-effects.

But Hypovase is the ideal complement to beta-blockade or diuretic therapy. Hypovase boosts their effectiveness without increasing the side-effect profile. By reducing total peripheral resistance, Hypovase improves the overall haemodynamic profile when added to first line antihypertensive therapy.

A long-term study involving over 1,000 patients confirmed the effectiveness of Hypovase in combination with beta-blockers or diuretics. And further, follow-up at 15 months showed that no tolerance developed to these treatment regimens.

Add Hypovase—the booster to diuretic or beta-blocker therapy.

Hypovase
prazosin HCl
The booster therapy in hypertension.

---

Basic NHS Cost: h.d. Starter Pack containing 8 x 0.5mg Hypovase tablets and 32 x 1mg Hypovase tablets.
(PL57/0169), pack of 100, £0.60
(PL57/0170), pack of 100, £0.85
(PL57/0171), pack of 100, £1.05

Full information on request. Pfizer Life, Sandwich, Kent. *Trade Mark 20209 Dec 81
Our new catalogue, available now, contains details of new programmes for use with small groups in general practitioner training. They include:

**The Depressed Patient in General Practice**

This videocassette is really about patients who come to the doctor "feeling depressed". Whether they have 'Depression', with a capital D, or are just unhappy, is not always clear but the general practitioner still has to make management decisions.

By using video-taped extracts from real consultations, recorded in general practice surgeries throughout the UK, this programme explores diagnosis and management problems in this tricky and important area. The videocassette is designed for use with a small group of doctors over two two-hour sessions and presents a series of discussion breaks for the group to share ideas and compare experiences.

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 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.

UNIVERSITY OF GLASGOW
DEPARTMENT OF GENERAL PRACTICE
M.SC DEGREE COURSE
Applications are invited from registered medical practitioners for entry into a new M.Sc degree course specifically designed for general practice. The content of the course includes research method, health education and preventive and anticipatory care for patients of all age groups. The degree course is of two years' duration, but UK general practitioners with 10 years' experience as a principal may complete the degree in a period of 12 months. This would enable such applicants to apply for prolonged study leave. A limited number of fellowships, each of £2000, are available to cover university course fees and incidental expenses. Further details of the course, which begins in October 1982, may be obtained from Professor J. H. Barber, Woodside Health Centre, Barr Street, Glasgow G20 7LR, to whom applications, together with curriculum vitae and the names of two referees, should be sent.

GWENT HEALTH AUTHORITY
FAMILY PLANNING COURSE FOR DOCTORS
A theoretical course in family planning for Part B of the Joint Certificate in Contraception will be held at the Gwent Postgraduate Medical Centre, The Friars, Friars Road, Newport, Gwent, on Friday and Saturday, 25/26 June 1982. Approval under Section 63 of the Health Services and Public Health Act 1968 has been granted. Application for a place on this course should be made by letter to: Dr Mary Smith, Associate Specialist in Obstetrics and Gynaecology, c/o The Gwent Postgraduate Medical Centre, The Friars, Friars Road, Newport, Gwent.

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. Winneke, 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. Lusdown, Principal Psychologist, Hospital for Sick Children, London.

Full details and application forms from: The CLEAR Trust, 2 Northington Street, London, N1 9BG. Tel: 01-278 9686.

MRCGP CANDIDATES
New practice exams now available. Two MCQ papers (120 questions) covering the new subject areas as required by the Royal College. (This includes social and legal aspects, epidemiology, statistics and practice organization.) Answers and detailed teaching explanations provided together with computer sheets and free marking service. MCQ and TEO papers have sample answers, explanations, marking schedules references and practical examination advice. Also hints on log diary, oral and reading suggestions. Send cheque now for £15 plus 60p p & p.

Dept. GP Past Test Service, P.O. Box 81, Hemel Hempstead, Herts HP1 1AA. Tel: Hemel Hempstead (0442) 52113.
Hay fever can ruin the enjoyment of summer and the 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 intolerable or inconvenient.

Beconase Nasal Spray 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
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

COMPLIANCE

PRESTIM is a simple once-a-day therapy that, in studies, produced fewer side-effects than methyldopa, a beta-blocker or a diuretic given alone in equivalent anti-hypertensive doses.1,2 In addition dose titration is easy and rapid with PRESTIM!

PRESTIM
bendrofluazide/timolol maleate
balanced therapy in hypertension

PRESCRIBING INFORMATION
Indications: Prestim (timolol maleate 10 mg and bendrofluazide 2.5 mg) is indicated for the treatment of mild to moderate hypertension.
Dosage: Recommended range 1-4 tablets daily, usually as a single dose but may be divided morning and evening.
Contra-Indications: Renal failure; hypersensitivity to bendrofluazide or timolol; uncontrolled cardiac failure; bradycardia; heart block; obstructive airways disease.
Precautions: Bradycardia and heart failure may occur during Prestim therapy. In diabetic patients, premonitory signs of impending hypoglycaemia may be masked by B-blockade.
Warnings: Prestim should be discontinued immediately should patient develop dry eyes or a skin rash.
Product Licence number: 0043/0047
Basic N.H.S. price: £10.64 per 100 tablets.

REFERENCES

Further information available from:
Leo Laboratories Limited
Longwick Road, Princes Risborough
Aylesbury, Bucks HP17 9ER
Tel: Princes Risborough (08444) 7333