Calm, balanced and alert.
**Presentation**
Madopar contains a combination of levodopa and the decarboxylase inhibitor benzerazide in the ratio of 4:1. Madopar 62.5 capsules containing 90mg levodopa and 14.25mg benzerazide hydrochloride (equivalent to 12.5mg of the base). Madopar 125 capsules containing 100mg levodopa and 28.5mg benzerazide 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 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 £4.01 per 100
Madopar capsules 125 £7.23 per 100
Madopar capsules 250 £12.94 per 100

**Note**
Roche Products Limited
PO Box 8
Welwyn Garden City
Hertfordshire AL7 3AY
Madopar is a trade mark 152219/1382.
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A MODERN

MASTERPIECE

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

Write ‘Inderal’ by name

INDERAL
propranolol hydrochloride BP


S714
The fast, simple and
promote peptic
d specific way to ulcer healing

80% ulcers healed in one month
Rapid relief of pain, rapid healing of the ulcer.

No dosage simpler in peptic ulcer treatment
Specifically developed as b.d. treatment.

The benefits of highly specific H₂ blockade
Zantac treatment has not been shown to affect the central nervous system, to exert anti-androgenic effects, or to cause drug interactions.

NEW Zantac
RANITIDINE

A British advance from Glaxo
1. For the patient who suffers from frequent episodes of asthma, inhaling Ventolin when necessary provides protection against exercise-induced asthma.

And taken before exertion, Ventolin provides protection against exercise-induced asthma.

2. For the patient who requires prophylactic bronchodilator therapy, four times daily, the rapid onset of action of Inhaled Ventolin makes it ideal for use on an as-needed basis.

Routine bronchodilator therapy is indicated when asthmatic attacks become more frequent. The long duration of action of Inhaled Ventolin means that continuous protection against bronchospasm can be maintained on a four times daily dosage schedule.
3. For the patient with asthma involving inflammatory changes, add regular Inhaled Becotide.

The first sign of deterioration in asthma is often a waning response to bronchodilators brought about by inflammatory changes within the lungs. At this stage specific anti-inflammatory therapy is essential.

The early addition of Inhaled Becotide is indicated to control the inflammatory process, to restore lung function and the response to bronchodilators.

The regular administration of Inhaled Becotide and Inhaled Ventolin will maintain lung function and prevent further deterioration in the condition of many of these patients.
“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\(^1\) and 400 deaths\(^2\) 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.

**Prescribing Information**

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

*Dosage*: Treatment should be initiated at 10mg. 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 30-400mg, although divided daily dosages 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 cardiovascular 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 chlordane, but does not interact with bethanidine, guanethidine, propranolol, or coumarin type anticoagulants; nevertheless, routine 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, hypomania and convulsions have also been reported. Additional adverse reactions include breath 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 prices**

10mg, 20mg, and 30mg mianserin hydrochloride tablets. Basic NHS cost per day (30mg, dosage) is 21p.

(Prices correct at time of printing.)

**References**


**Effective in depression without tricyclic overdose risks.**
Since 1957 Upjohn has made available a grant to General Practitioners through The Royal College of General Practitioners. This award was known as the Upjohn Travelling Fellowship. In line with the needs and trends of General Practice Training the award has been re-structured to support eight Essay Prizes and two Lectureships in Therapeutics.

The new awards are entitled

The Upjohn Essay Prize in Therapeutics
The Upjohn Lecture Prize in Therapeutics

The awards are available to two groups of registered practitioners in the United Kingdom.

1. Vocational Trainees in their final year.
2. Principals in their first five years in General Practice.

In each group there will be awarded up to four Essay Prizes of £250 each. From each group of prizewinners, one prizewinner will be awarded also an Upjohn Lectureship of a further £300 (with an availability of £200 travel expenses).

The Upjohn Essay Prize will afford an opportunity for doctors in their early years as practitioners to examine a specified area of therapeutics that is considered by the College to be of current interest in General Practice. The subject essay for 1983 is

"The Care of the Dying at Home"

It is expected that a major portion of an Essay will refer to practical aspects of the subject as experienced in the applicant's Practice.

Applications for a registration form and conditions of entry for 1983 should be forwarded to the Honorary Secretary, Awards and Ethical Committee, Royal College of General Practitioners, 14 Princes Gate, London SW7 1PU.

Registrations will close on 31 October 1982 and Essays should be presented no later than 31 July 1983.

The Awards and Ethical Committee of The Royal College of General Practitioners will be the sole judge of the Essays and Lectureships.
THE MSD FOUNDATION

Audiovisual Programmes for General Practitioner Training

Programmes for 1982

Our 1982 catalogue contains details of videocassette and tape/slide programmes for use with small groups in general practitioner training. They include:

Audit in General Practice

This 35-minute videocassette follows a group of established general practitioners over six weeks as they analyse and compare their own digoxin prescribing activities. Some might call this audit, others would describe it as merely swapping anecdotes.

By observing one group of doctors, the programme highlights a number of issues relating to the definition of medical audit in general practice, its relevance to improved health care and the methodology to be followed. These can all be raised at stop points in the programme with the members of the group using the programme.

This programme is suitable for groups of general practitioner trainees or established practitioners.

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
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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.

PARTNERSHIP REQUIRED
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 Saider, c/o 47 Lane Street, Preston, Lancs.

UNIVERSITY OF OTAGO
DUNEDIN
Faculty of Medicine
THE ELAINE GURR CHAIR OF
GENERAL PRACTICE

The university council invites applications for appointment to the Foundation Chair of General Practice within the Faculty of Medicine.

Professional salaries for medically qualified staff provide for a salary within the range of NZ£53,951 to NZ£9,509 per annum.

Further particulars are available from the Secretary General, Association of Commonwealth Universities (Appts), 36 Gordon Square, London WC1H 0PF, or from the Registrar of the university.

Applications close on 15 August 1982, but will be accepted for a further 10 days.

COMPUTERS AND THE GENERAL PRACTITIONER

This new book published by Pergamon Press for the Royal College of General Practitioners follows from a Study Day organized by the College in 1981. The chapters are written by a number of doctors with personal experience of computing in general practice as well as experts on the subject. The topics include a general review, examples of the experience of some early pioneers, the problem of security, education, audit and ECG analysis, and perceptive reviews on the challenge and opportunities for further development.

Computers and the General Practitioner is available now from the Publication Sales Department, Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU, price £10.00 plus 50p postage. Payment should be made with order.

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. MEQ and TEQ 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.

Journal of the Royal College of General Practitioners, August 1982
THE ROYAL COLLEGE OF GENERAL PRACTITIONERS
North and West London Faculty

Preceding this year’s Annual General Meeting

SYMPOSIUM ’82

Will be held on
Wednesday 10 November 1982
to
Friday 12 November 1982
at
Charing Cross Hospital Medical School

The programme will include the following four sessions:

As others see us
Speakers:
Sir Henry Yellowless
Mrs Jean Robinson
Prof. T. W. Glenister
Dr Henk Lamberts

Culture and illness
Speakers:
Mrs Sheila Kitzinger
Miss Alex Henley
Dr Margaret Pollak
Dr Julian Leff
Dr Colin Leonard
Dr M. Aslam

Doctors’ health
Speakers:
Dr R. MacG. Murray
Dr R. E. Steel
Dr A. Allibone
Dr D. H. Irvine

Doctors’ families
Speakers:
Mrs Jill Pereira Gray
Mrs Patricia Wilks
Mrs Barbara MacInnes
Dr Stephen Challacombe
Mr Simon Carne

The symposium dinner for members and their families will be held on the evening of Friday, 12 November 1982 at the Cunard International Hotel, Hammersmith, London, W6. The after-dinner speaker will be Sir Harold Wilson.

Please note the dates in your diary: booking details will follow as an insert to this journal.
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