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, Sparring Diuretic.

References

Prescribing Information
Presentation
Aldactide 50
Cream, scored tablets stamped "SEARLE 180" on one side containing spironolactone 50mg and hydroflumethiazide 5mg.
Uses
Essential hypertension
Dose 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 3 mg of spironolactone per kilogram body weight in divided doses.
Contra-Indications, Warnings, etc.
Anuria, acute renal insufficiency, rapidly progressing impairment of renal function, hypokalaemia, patients who are hypersensitive to either component, concurrent administration of other potassium-sparing drugs, and a reduction when Aldactide is added to the treatment regime.
Children should be carefully evaluated for possible disturbances of fluid and electrolyte balance.
Thiazides may induce hyperuricaemia and decrease glucose tolerance.
Spironolactone and its metabolites may cross the placental barrier.
Use of Aldactide in pregnant women requires the anticipated benefit to 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 50 924/0091.
Searle Pharmaceuticals
Division of G.D. Searle & Co. Ltd.,
P.O. Box 53, Lane End Road,
High Wycombe, Bucks. HP12 4HL
Telephone: High Wycombe 2129
SEARLE

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For the elderly hypertensive
with things to do and places to go.

**NEW**

**TENORET 50**

**LOW DOSE ANTIHYPERTENSIVE**

**GENTLE BUT EFFECTIVE TREATMENT**

**ONE TABLET DAILY - OPTIMAL COMPLIANCE**

**WIDE PATIENT SELECTION**

**MINIMAL EFFECT ON LIFE STYLE**
'Inderal' LA
Full
24 hour protection from a single dose.

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Propranolol hydrochloride BP.
Once daily in hypertension and angina.
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 14.25mg 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 57.5mg benserazide 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

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4+1
the right balance
in Parkinson’s
disease

Madopar
levodopa plus benserazide

the original 4+1 combination
in three dosage forms, 62.5, 125 and 250
The fast, simple and promote peptic
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 activity, or to cause drug interaction.

Zantac
RANITIDINE
A British advance from Glaxo

FOR PRESCRIBING INFORMATION SEE OVERLEAF
3 levels of manag with Ventolin

1. For the patient who suffers episodic attacks
   - Inhaled Ventolin when necessary.

   For those patients suffering only infrequent and episodic attacks of asthma, Inhaled Ventolin provides rapid and sustained relief of symptoms. Patients waking with early morning breathlessness will also benefit from the rapid onset of action. And taken before exertion, Ventolin provides protection against exercise-induced asthma.

Cross-section of bronchiole illustrating bronchospasm due to contraction of respiratory smooth muscle.

VENTOLIN PRESCRIBING INFORMATION

1. Routine control of bronchospasm in bronchial asthma, bronchitis and emphysema, or as required to relieve attacks of acute bronchospasm. Directly also be taken before exertion to prevent exercise-induced asthma or before exposure to a known unavoidable challenge. Dosage and administration:

   As single doses for the relief of acute bronchospasm, for managing intermittent episodes of asthma and to prevent exercise-induced bronchospasm. Using Ventolin Inhaler - Adults: one or two inhalations.

   Children: one inhalation increasing to two if necessary. Using Ventolin Rotahaler - Adults: one Ventolin Rotacap 200mcg or 400mcg. Children: one Ventolin Rotacap 200mcg. For chronic maintenance or prophylactic therapy. Using Ventolin Inhaler - Adults: two inhalations three or four times a day. Children: one inhalation three or four times a day increasing to two inhalations if necessary. 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: Inhaled preparations should not be used for the prevention of preterm abortion during the first or second trimester of pregnancy. 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 NPS cost: Ventolin Inhaler is a metered dose aerosol delivering 100mcg Salbutamol BP per actuation. Each canister contains 200 inhalations. Basic NPS cost £3.10. Ventolin Rotacaps 200mcg and 400mcg, each contain a mixture of the stated amount of microfine Salbutamol BP (as sulphate) and a large particle techni-colourful or dark colour/coloured hard gelatin capsules, respectively. Containers of 100. Basic NPS cost £2.39 and £7.26, respectively. Ventolin Rotahaler for use in conjunction with Ventolin Rotacaps. Basic NPS cost £7.90. Product licence numbers: Ventolin Inhaler 0045/5022. Ventolin Rotacaps 200mcg 0045/0116. Ventolin Rotacaps 400mcg 0045/0117.

Becotide, Rotacap, Rotahaler and Ventolin are trade marks of Allen & Hanbury Limited.

Further information on Becotide and Ventolin is available from Allen & Hanbury Limited, Greenford Middlesex UB6 0HB.
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.

Inhaled Ventolin and Becotide — a rational basis for prescribing in asthma

Cross-section of bronchioli illustrating bronchospasm complicated by the inflammatory components: bronchial mucosal oedema and hypersecretion of mucus.
“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.

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. PL 0038/0230, 0247, 0248. 14270 November 1981
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.

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“... Teddy’s better too, Grandma. Can we come tomorrow?”

its outstanding safety profile. It is available in three different oral presentations which offer acceptable and convenient therapy for younger patients.

Amoxil – the leading antibiotic prescription for children in Britain.

**Rapidly resolves young patients’ infections.**

**Prescribing Information**

**Indications:**
Commonly occurring bacterial infections of the upper and lower respiratory tract, urinary tract, skin and soft tissue.

**Presentations:**
- Amoxil syrup: 125mg and syrup forte: 250mg per 5ml PL0038/0038/9
- Amoxil paediatric suspension: 125mg per 1.25ml PL0038/0038/0001
- Amoxil capsules: 250mg and 500mg PL0038/0001/3
- Amoxil dispersible tablets: 500mg PL0038/0027
- Amoxil 1g sachet: PL0038/0038
- Amoxil sachets for infants: 250mg, 500mg and 1g PL0038/0038/11/2/5

The amoxicillin content per dose unit is presented as the trihydrate in Amoxil oral preparations and as the sodium salt in Amoxil injections.

**Average treatment cost:**
- Children: 35p/day (125mg suspension, etc.) Adults: 10p/day (250mg capsules t.d.s.)
- Dispersible tablet: 30p per tablet (30 pack), 1.5g Sachet £1.59 per sachet.

**Dosage**

**Children’s Dosage:**
- Oral: 125mg three times a day

In severe infections doses should be doubled.

Injectable: 50-100mg/kg bodyweight per day in divided doses.

**Adult Dosage**
- Oral: 250mg three times a day

In severe infections doses should be doubled.

**Injectable:**
- 500mg IM 8 hourly (or more frequently if necessary) in moderate infections, 1g IV 6 hourly in severe infections.

**Contra-Indications:**
Amoxil is a penicillin and should not be given to penicillin hypersensitive patients. Side-effects, as with other penicillins, are usually of a mild and transitory nature: they may include diaphoresis or indigestion. Occasionally a rash may occur, in which case treatment should be discontinued.

Further information on Amoxil (Amoxicillin) is available from:

Bencard, Great West Road, Brentford. Telephone: 01-566 3351

Amoxil and the Bencard logo are trademarks. December 1981
Calm, balanced and alert.
THE MSD FOUNDATION

Letter from the New Director of the Foundation

This month I take over as Director. Most of you will know that the Foundation, under the imaginative direction of Karl Sabbagh, has pioneered high quality recording of live consultations in general practice, which now provide an important resource for vocational training. There have also been a number of conferences and colloquia, which have focused on learning and teaching from the consultation. What of the future?

It would be foolish to admit to having any detailed view of the next few years, but there are one or two principles which will, I think, inform our future work. We are a small and independent Foundation: if we are to make an important contribution to medical education, we need to exploit both our small size and our independence. This means that we must be prepared to respond very rapidly to the needs of general practice as they seem to arise, be prepared to experiment and be willing to take risks and make mistakes.

If we are to be able to respond rapidly and experimentally to the changing needs of practice, the Foundation must develop an ever closer partnership with general practitioners. For example I hope to operate an open-access facility for the profession. Some of our future programmes will be initiated and composed by individual general practitioners or groups who come up with a particularly interesting idea. These programmes will be resourced by the Foundation, by its personnel, its equipment and any other necessary expertise.

A second theme will be the increasingly interactive nature of the materials that we produce. There will, I think, be a shift from the television screen to the work of the small group of trainees or others, based on their own clinical experiences. Inevitably the use of such materials in vocational training or continuing medical education requires a great deal more creativity and skill from both learners and teachers than might be required from using more polished and complete packages.

The consequence of this will be a greater involvement of the Foundation in meetings with clinical teachers in general practice. I hope to extend our present programmes of conferences for Course Organizers, to include a variety of courses and materials which will explore new dimensions in teaching and learning.

Last year the Governors agreed that we should turn our attention increasingly to continuing medical education. Recent thinking about the techniques of performance review links the educational needs of the doctor inextricably with the health care needs of his patient. This provides an exciting challenge for the Foundation’s work in the next decade.

MARSHALL MARINKER
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.

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, PO Box 81, Hemel Hempstead, Herts HP1 1AA
Tel. Hemel Hempstead (0442) 52113

COURSE OF STUDIES IN GENERAL PRACTICE

15—19 November 1982

A course of studies in general practice structured on small group work and restricted to 25. Subjects covered include practice management, problems solving, prescribing, patient/doctor relationship and patient care evaluation.

The subject matter and format of the course make it especially relevant to established general practitioners who are prepared to think about their work in a critical and constructive way. In order to extract maximum benefit from the course, participants will be asked to make certain preparations to provide input for some parts of the course.

The course will be held in the Postgraduate Medical Centre, Glasgow Western District, Lancaster House, 5 Lancaster Crescent, Glasgow. It is not residential but there are several hotels in the vicinity and a list will be supplied.

The course has been approved under section 63. Further details may be obtained from: Mr D. A. Crombie, Postgraduate Medical Office, The University of Glasgow, Glasgow G12 8QQ. Tel: 041-339 8855, Ext. 7275.

FELLOWSHIPS IN FAMILY MEDICINE

The University of Western Ontario,
London, Canada

Applications are invited for two fellowships, tenable in the Department of Family Medicine, The University of Western Ontario. Fellowships are intended to supplement the income of general practitioners who are on prolonged study leave from the National Health Service or on sabbatical leave from a university department. They will enable the fellow to enrol in the department’s Graduate Studies programme for a period of eight to 12 months. The programme consists of clinical and teaching practice and course work in teaching and learning, research methods, human behaviour, the theory of family medicine and academic administration. Fellows may, if they wish, do a thesis based on original research for the degree of Master of Clinical Science. The fellowships are designed to begin in September 1983.

Application forms and further information can be obtained from: Dr I. R. McWhinney, Professor and Chairman, Department of Family Medicine, The University of Western Ontario, London, Ontario, Canada N6A 5C1. Tel: (519) 679-2712. The deadline for the academic year commencing 1 September 1983 is 31 January 1983.
MEDICAL AUDIT IN GENERAL PRACTICE

Occasional Paper 20

Medical audit in general practice is the subject of the essay with which Dr Michael Sheldon won the 1981 Butterworth Prize. Now published as Occasional Paper 20, it consists of a valuable review of the literature with reference to general practice, an analysis of several of the key issues, a description of the author's personal experience of audit and a suggested protocol for carrying out an audit.

Medical Audit in General Practice provides a thought-provoking analysis of one of the major issues facing general practitioners today and is warmly commended as a valuable guidance on how any general practitioner can apply audit in general practice.

Medical Audit in General Practice, Occasional Paper 20, is available now from the Publication Sales Department, Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London, SW7 1PU, price £3.25 including postage. Payment should be made with order.

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.

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Successful applicants will participate in an expanding programme teaching undergraduates, interns and residents (research activities where applicable). Main satisfactions will derive from being part of an innovative and exciting teaching service programme vertically integrated from undergraduate through vocational training.

Prerequisites: Applicants must be Members or Fellows of one of the Royal Colleges of General Practice or have American Boards of Family Practice or the equivalent. Medical qualifications are not essential for those applying in the fields of Biostatistics and Health Statistics. Teaching experience is required.

Salaries are highly competitive and negotiable. Contracts are for one year and renewable. Instruction is in English.

Benefits include furnished housing, air tickets to and from Saudi Arabia once per year for a family of four, a 60-day vacation with pay, generous overweight allowance and educational allowance for children. No Saudi tax.

Please send curriculum vitae with current telephone number and the names and address of three referees to: Dr Tawfik Tamimi, Dean, College of Medicine and Medical Sciences c/o US Recruiting Office King Faisal University 2425 West Loop South, Ste. 540 Houston, Texas 77027 USA

c/o UK Recruiting Office King Faisal University 29 Belgrave Square London SW1X 8QB

COURSE IN UROLOGY

18 and 19 November 1982

for general practitioners

Topics include:

Prostatism

Cystitis

Eneeuresis

Incontinence

Impotence

Vasectomy reversal

Kidney disorders

Bladder carcinoma

Infertile men

Vasectomy

Urinary infection

Venereal disease

These talks and case presentations are particularly suitable for general practitioners.

Course organizer: G. Williams, FRCS.

Course fee: general practitioners will be charged £16 catering fee (fees for non-GPs are available on request).

Application forms and a draft programme may be obtained from: School Office (SSC), Royal Postgraduate Medical School, Hammersmith Hospital, Du Cane Road, London W12 OHS. Tel: 01-743 2030, ext 351. This course has been approved under Section 63 with zero rating to enable general practitioners to claim travel and subsistence expenses.
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.\textsuperscript{1,2}

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.\textsuperscript{1,2} In addition, dose titration is easy and rapid with PRESTIM.\textsuperscript{3}

COMPLIANCE

PRESTIM is bendrofluazide/timolol maleate balanced therapy in hypertension

REFERENCES

Additional information available from:
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Longwick Road, Princes Risborough
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Tel: Princes Risborough (08444) 7333

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 S-blockade.
Warnings: Prestim should be discontinued immediately should patient develop dry eyes or a skin rash.
Product Licence number: 00043/0047
Basic N.H.S. price: £10.64 per 100 tablets.