Prescribing Information
Indications: Bacterial infections of the lower respiratory, urinary and genital tracts, sinusitis, otitis media, skin infections, septicaemia, typhoid and paratyphoid fevers, and other infections caused by sensitive organisms.
Dosage: Septrin Forte Tablets. Adults and children over 12 years: 1 forte tablet twice daily. Maximum dosage for particularly severe infections 2½ forte tablets twice daily. In acute infections Septrin should be given for a minimum of five days or until the patient has been symptom-free for two days. Contra-indications: Septrin is contra-indicated in patients with marked liver parenchymal damage, blood dyscrasias or severe renal insufficiency. Septrin should not be given to patients hypersensitive to sulphonamides, trimethoprim or co-trimoxazole, should not be given during pregnancy or to neonates. Precautions: In renal impairment a reduced dosage is indicated and an adequate urinary output should be maintained. Regular blood counts are necessary whenever long-term therapy is used. Caution is advised in patients with folate deficiency. Care should be taken when giving Septrin to patients receiving oral anticoagulants of the coumarin group, pyrimethamine or sulphonylureas.

Adverse Reactions: Occasionally, nausea, vomiting, glossitis and skin rashes may occur with normal doses and, very rarely, haematological reactions.

Presentation: Septrin Forte Tablets each contain 160 mg Trimethoprim BP and 800 mg Sulphamethoxazole BP.


Septrin Forte 1b.d.
co-trimoxazole
Further information is available on request.
Welcome Medical Division
The Wellcome Foundation Ltd, Crewe, Cheshire
*Trade Mark
NINE OUT OF TENORETIC
HYPERTENSIVES ARE CONTROLLED WITH ONE TABLET DAILY

atenolol 100mg and chlorthalidone 25mg

Prescribing Notes

Uses: In mild to moderate hypertension. Dosage: One tablet daily.
Contraindications: Heart block, Co-administration of verapamil.
Precautions: Untreated cardiac failure, bradycardia, renal failure, anaesthesia, pregnancy and gout. 'Tenormin' is beta-selective and can be used with caution in obstructive airways disease. Changes in serum potassium are minor and probably clinically unimportant in uncomplicated hypertension. Care should be taken in patients receiving digitals and those liable to hypokalaemia from other causes. In diabetes, chlorthalidone may decrease glucose tolerance.
Side Effects: Coldness of extremities and muscular fatigue. Sleep disturbances rarely seen. Rashes and dry eyes have been reported with beta-blockers – consider discontinuance if they occur. Cessation of therapy with a beta-blocker should be gradual. With chlorthalidone, occasional nausea and dizziness and rarely idiosyncratic drug reactions such as thrombocytopenia and leucopenia. Pack size and Basic NHS cost: 28 x £7.92. PL 0028/0139.
'Tenoretic' and 'Tenormin' are trademarks.

Full prescribing information is available on request to the
Company
Stuart Pharmaceuticals Limited
Carr House, Carrs Road, Cheadle, Cheshire SK8 2BG.
ICI announce 'Inderex'.

'Inderex' is designed to give full 24-hour control of blood pressure from a single daily dose.

'Inderex' combines the world's most widely prescribed beta-blocker, 'Inderal' - in the form of 'Inderal' LA, with one of the world's most widely used diuretics, bendrofluazide.

'Inderex', the next logical step in the treatment of hypertension.
Zantac maintained most patients symptom-free and ulcer-free on a one tablet a day dosage during one year of maintenance.¹,²,³,⁴,⁵

Selective action
Inherent in Zantac's unique molecular structure is a side effect profile similar to placebo; this is retained in long-term maintenance therapy. There has been no confirmed evidence that Zantac has antiandrogenic activity or causes mental confusion; nor that it interferes with the drug metabolising enzyme system cytochrome P450 responsible for the breakdown of many commonly used drugs.

Simple dosage for all indications
Zantac's unique molecular structure means that rapid, effective ulcer healing is achieved a simple b.d. dosage; most patients are maintained symptom-free and ulcer-free on just one

Simply right in peptic ulcer treatment
Simply right in maintenance

Glaxo
aintains patients ulcer-free on one tablet daily

using tablet at night.

Zantac
RANITIDINE
Anxiety is a perfectly normal response to stress but there are times when it gets out of hand and becomes mentally and physically disabling.

Then, a short course of drug treatment is required to help the patient to cope. New LEXOTAN is a good choice for the short-term treatment of anxiety states. It is a highly effective anxiolytic and patient tolerance is excellent.

1. Wien. klin. Wscr., 1979, 97, 240

WHEN ANXIETY GETS OUT OF PROPORTION

NEW
LEXOTAN bromazepam
CUTS IT DOWN TO SIZE

Prescribing Information
Indications
Short-term treatment of anxiety and associated symptoms such as tension and agitation.
Dosage
Dosage should be determined on an individual basis. Some patients may respond to doses as low as 1.5mg three times daily. Usual dose for mild to moderate anxiety is 3mg to 6mg three times daily. Elderly patients are more sensitive to the actions of Lexotan. The safety of Lexotan for use in the elderly has not been established and therefore its use should be avoided. Contra-indications
Patients with known sensitivity to benzodiazepines; acute pulmonary insufficiency; respiratory depression. Precautions
Use during pregnancy and lactation should be avoided. Patients should be advised to avoid alcohol whilst under treatment with Lexotan. Patients' reactions, e.g. driving ability, may be modified. Sedative effects of other centrally-acting drugs may be intensified. The use of high doses of benzodiazepines, especially over prolonged periods, can sometimes lead to dependence, particularly in patients with a history of alcoholism or drug abuse. Treatment in these cases should be withdrawn gradually. Side-effects Drowsiness, sedation, unsteadiness and ataxia may occur. They usually disappear after the first few days of treatment or with reduction of dosage. Presentation
Pink, hexagonal tablets containing 3mg of bromazepam in blister packings of 100. Basic NHS Cost: Lexotan 3mg tablet in packings of 100 £0.65.25. Product licence number 0310-0128

Roche Products Limited, PO Box 8, Welwyn Garden City, Hertfordshire AL7 3AY.
A recent double-blind study demonstrated that Anxon was more effective than diazepam in the treatment of anxiety. Another study showed “...on the Hamilton Anxiety Rating Scale in direct comparison with diazepam, ketazolam [Anxon] was significantly superior in anxiolytic effect.”

**Anxon vs. clorazepate and lorazepam.**

Further double-blind studies have compared Anxon both with clorazepate and with lorazepam. In comparison with clorazepate, although the authors commented that, on the overall patients’ global impression, the differences between the two drugs did not reach statistical significance, “Nevertheless at the end of the study, over 70% more patients reported feeling very much better on ketazolam [Anxon] than on clorazepate (33 versus 19, respectively).”

In comparison with lorazepam: “Therapeutic effects, although similar for both drugs, showed a slight superiority in favour of ketazolam [Anxon]. Also ketazolam [Anxon] was better tolerated in that patients in that group reported fewer side effects than those in the lorazepam group.”

**REFERENCES**

FEWER SIDE EFFECTS THAN DIAZEPAM, CLORAZEPATE AND LORAZEPAM.², 4, 5, 6

60% fewer than diazepam
"Side effects were markedly less frequent and less severe in patients treated with ketazolam [Anxon] than in those treated with diazepam."⁴

28% fewer than clorazepate
"...ketazolam [Anxon] produced side effects in fewer patients, the overall incidence of side effects was less and the severity of the side effects tended to be milder than with clorazepate."⁵

14% fewer than lorazepam
"Ketazolam [Anxon] patients reported a total of 124 side effects [30 patients], while the lorazepam patients reported 135 side effects [28 patients]"—14% fewer side effects on Anxon.⁶
A fresh approach to peptic ulcers

New non-systemic ulcer healer

Prescribing Information
Presentation Anteispin Tablets 1 gram are white, oblong, biconvex, uncoated tablets scored and embossed ‘1399 on one side and Ayerst on the other. Each tablet contains 1 gram sucralfate. Uses For the treatment of duodenal ulcer, gastric ulcer and chronic gastritis. Dosage and Administration For oral administration Adults - Usual dose 1 gram 4 times a day. Maximum daily dose 8 grams. Four to six weeks treatment is usually needed for ulcer healing but up to twelve weeks may be necessary in resistant cases. Antacids may be used as required for relief of pain. Contra-indications, Precautions, Warnings, etc. Contra-indications There are no known contra-indications. Precautions 1. Concomitant administration with some oral anti-infectives such as tetracyclines may interfere with absorption of the latter. 2. The product should only be used with caution in patients with renal dysfunction. 3. As with all medicines, Anteispin should not be used in early pregnancy unless considered essential. Side Effects A low incidence of mild side effects, e.g. constipation, has been reported. Legal Category POM. Package Quantiies Anteispin 1 gram = Security labels of 100. Pharmaceutical Precautions No special requirements for storage are necessary. Product Licence Numbers PL No. 0067/0045 PA No. 149/4/2 Basic N.H.S. Price Average daily cost 50p

Ayerst International
Effective in acute as well as chronic conditions

Recent clinical studies show Feldene is effective in acute musculoskeletal disorders.

A single daily dose of Feldene provides round-the-clock relief of pain, inflammation and stiffness.

Feldene

*Trade Mark

Continuous relief with a single daily dose

Pfizer Limited
Sandwich, Kent.

Indications:
rheumatoid arthritis, osteoarthritis, ankylosing spondylitis, acute gout, acute musculoskeletal disorders.

Contraindications:
patients with active peptic ulceration or a history of recurrent ulceration. Hyponatremia to the drug or in patients in whom aspirin or other non-steroidal anti-inflammatory drugs induce symptoms of asthma, rhinitis or urticaria.

Warnings:
the safety of Feldene used during pregnancy and lactation has not yet been established. Dosage recommendations and indications for use in children have also not yet been established.

Side Effects:
Feldene is generally well tolerated. Gastrointestinal symptoms are the most common. If peptic ulceration or gastrointestinal bleeding occurs Feldene should be withdrawn. As with other non-steroidal anti-inflammatory agents, oedema mainly ankle oedema has been reported in a small percentage of patients; the possibility of precipitation of congestive cardiac failure in elderly patients or those with compromised cardiac function should therefore be borne in mind. Various skin rashes have been reported.

Dosage:
in rheumatoid arthritis, osteoarthritis, ankylosing spondylitis starting dose of 20 mg as single daily dose; the majority of patients will be maintained on 20 mg daily. In acute gout, start with a single dose of 40 mg followed on the next 4-6 days with 40 mg daily in single or divided doses; Feldene is not indicated for long term management of gout. In acute musculoskeletal disorders, start with a loading dose of 40 mg daily in single or divided doses for the first 2 days. For the remainder of the 7 to 14 day treatment period the dose should be reduced to 20 mg daily. Basic N.H.S. Cost: capsules 10 mg coded PE1 10, pack of 60 £38.00 [P10; 001700145]. Full information on request.

References:
“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 ADMISSIONS1 AND 400 DEATHS2 PER ANNUM--A TRAGIC WASTE OF HUMAN LIFE ON A SCALE EQUIVALENT TO ONE DEATH EVERY DAY.

Norval is an effective antidepressant which, in contrast to the tricyclics, has a high safety margin in overdose. 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 is available from Bencard, Brentford, Middlesex TW8 9BD.
Norval and the Bencard logo are trade marks. PL0038/0230R, 0247R, 0248R.

14270(1) Oct 1982
Cuts fat in half.

St Ivel Gold contains only half the fat of butter, margarine or even polyunsaturated margarine. Most authorities agree that reducing total dietary fat is an important measure in reducing the risks of obesity and heart disease.

Changing to polyunsaturated margarine does not decrease the calorie or fat intake. Moving to St Ivel Gold does.

<table>
<thead>
<tr>
<th></th>
<th>Butter</th>
<th>Polyunsaturated Margarine</th>
<th>St Ivel Gold</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total fat g</td>
<td>80</td>
<td>80</td>
<td>39</td>
</tr>
<tr>
<td>Saturated fat g</td>
<td>47</td>
<td>14</td>
<td>11</td>
</tr>
<tr>
<td>Calories Kcal</td>
<td>740</td>
<td>740</td>
<td>390</td>
</tr>
</tbody>
</table>

But this is only half the story. St Ivel Gold is a unique low fat blend of buttermilk and vegetable oil with a satisfying buttery taste.

So when you are recommending a weight reducing or lower fat diet, St Ivel Gold can make a healthy contribution that patients enjoy.

References

A buttery taste with half the fat of any margarine.
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.

2nd INTERNATIONAL COURSE OF RENAL TRANSPLANTATION

The 2nd International Course of Renal Transplantation will be held in Barcelona, Spain at the Palacio de Congresos on 12, 13, 14 and 15 December 1983, directed by Drs Jose Ma Gil-Vernet, Antonio Caralps, J. Vives, J. Andreu and A. Bruelles.

The course will address the most significant medical and immunological aspects of renal transplantation. The course will offer scientific lectures, practical courses in immunology and actual surgical operations broadcast in colour TV.

Details from: The Secretary, F. Oppenheimer, Unidad de Trasplante Renal, Hospital Clínico, Casanova 143, Barcelona-36, Spain.

SYMPOSIUM '83

The South London Faculty of the College of General Practitioners invites you to:

Symposium '83,
Central Hall, Westminster,
London SW1
10-11 November

The aim is to identify the major influences affecting the development of general practice in the next 20 years and to consider their implications for today's decisions. The challenge is to adapt.

An ambitious exhibition incorporating the theme of the Symposium will run concurrently at Central Hall. To apply for booking form and full programme, please write to: Mrs A. Bridgeman, 21 Swaffield Road, London SW18.

VACANCY FOR A TRAINEE

There will be a vacancy on 1 March 1984 for a trainee practitioner to work with Dr Julian Tudor Hart at Glyncorrwg Health Centre, West Glamorgan, SA3 3BL. Pros and cons of the post can be discussed with the current trainee Dr Adrian Hastings at 18 Norton Terrace, Glyncorrwg, tel: 0639 850773. Applications including CV and the addresses and telephone numbers of two referees should be received by 1 September 1983. Visitors will be welcome.

DEPARTMENT OF FAMILY & COMMUNITY MEDICINE

COLLEGE OF MEDICINE & MEDICAL SCIENCES

KING FAISAL UNIVERSITY

DAMMAM, SAUDI ARABIA

Applications are invited from qualified men and women for the Academic Year 1983/84. Successful applicants will participate in an expanding programme teaching undergraduates, interns and residents (research activities where applicable). Main satisfaction 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 the Royal College of General Practitioners or have American Boards in Family Practice. Several years teaching experience.

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, 60 days paid annual leave, monthly transport allowance, generous luggage, overweight allowance and educational allowance for children.

No Saudi Income Tax.

Please send curriculum vitae quoting ref FM/RC with current telephone number and the names and addresses of three referees to:

Dr. Tawfiq Tamimi, Dean,
College of Medicine and Medical Sciences

or

c/o U. S. Recruiting Office
King Faisal University
2425 West Loop South
Suite 540
Houston, Texas 77027
USA

c/o U. K. Recruiting Office
King Faisal University
29 Belgrave Square
London SW1X 9QB
UK
THE BALINT SOCIETY
RESIDENTIAL WEEKEND AT PEMBROKE COLLEGE, OXFORD
From 7 p.m. Friday 23 September to 1 p.m. Sunday 25 September 1983
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 available from: the Secretary, Dr Peter Graham, 149 Altmore Avenue, London E6.

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.

PASTEST
Dept. GP PaTest Service, PO Box 81, Hemel Hempstead, Herts HP1 1AA Tel. Hemel Hempstead (0442) 52113

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 its 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.
THE MSD FOUNDATION

Educational Programmes for General Practitioners

Our 1983 Handbook is now available and will be sent to you on request. It includes an up-to-date catalogue. In addition there is a description of some of our courses and other education services. The following is one of our new programmes for 1983:

An Exchange of Letters

Excerpts from the Foundation's library of real consultations are used to illustrate some of the problems that can occur as a result of poor communication between general practitioner and specialist. Dr Julian Tudor Hart comments forcibly and reflectively on these problems. In addition there are examples of letters exchanged by general practitioners and specialists which illustrate this further.

The videocassette is designed to be used with a small group of doctors over one or two 90 minute sessions. Several miniaudits are suggested.

At the conclusion of the basic course, members of the group should be able to:

1. discuss the organizational requirements for good written communication between general practitioner and consultant;
2. list and discuss the necessary components of a letter of referral;
3. list and discuss the intentions of hospital referral;
4. classify the types and causes of poor communication between general practitioner and consultant.

At the conclusion of the optional course the group members should be able to construct a standard for referral letters and monitor their own performance.

Video cassettes which are part of our teaching programme 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 handbook, can be obtained by writing to:

The MSD Foundation
Tavistock House
Tavistock Square
London WC1
Tel: 01-387 6881
Prescribing Information - Indications: Oedema of renal, cardiac or hepatic origin. Dosage: Most patients require 1 mg Burinex daily given 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. Contraindications, Precautions and Side Effects: Contra-indicated in hepatic coma, severe electrolyte depletion and severe progressive renal failure. Hypovolaemia and circulatory collapse may follow inappropriately excessive diuresis. Electrolyte disturbances resulting in digitalis toxicity may occur. Concurrent antihypertensive or antidiabetic therapy may require adjustment. Caution should be exercised in first trimester of pregnancy. Side effects such as skin rash, muscular cramps, rise in serum uric acid and thrombocytopenia may rarely occur. Product Licence Number: 1 mg tablets 0043/0021. Basic N.H.S. Price: £3.60 per 100.

* Burinex is a trade mark