...tagamet

“Cimetidine! Tagamet! It remains the drug of first choice both for symptomatic relief and for ulcer healing.”

Tagamet
cimetidine
THOROUGHLY EXPLORER
puts you in control of gastric acid


Prescribing Information
Presentations: Tagamet Tablets, PL 0002/0092, each containing 400 mg cimetidine, 56, 52.8.1. Tagamet Tablets, PL 0002/0093, each containing 200 mg cimetidine, 200, 52.8.2. Tagamet Syrup: PL 0002/0073, containing 200 mg cimetidine per 5 ml 200 ml.

Indications: Duodenal ulcer, benign gastric ulcer, recurrent and stomal ulceration, oesophageal reflux disease. Other conditions where reduction of gastric acid is beneficial: prophylaxis of stress-induced gastrointestinal haemorrhage and of acid aspiration (Mendelson's syndrome), malabsorption and fluid loss in short bowel syndrome. Zollinger-Ellison syndrome. Dosage: Usual dosage: Adults: Duodenal ulcer 400 mg b.d. with breakfast and at bedtime, or 200 mg t.d.s. with meals and 400 mg at bedtime (0.5 g/day) for at least 4 weeks. To prevent relapse: 400 mg at bedtime or 400 mg morning and at bedtime for at least 6 months. Benign gastric ulcer: 200 mg t.d.s. with meals and 400 mg at bedtime (1.0 g/day) for at least 6 weeks. Oesophageal reflux disease: 400 mg t.d.s. with meals and 400 mg at bedtime (1.6 g/day) for 4-6 weeks. Prophylaxis of stress-induced gastrointestinal haemorrhage up to 2 g a day, divided to maintain intragastric pH above 4. Prophylaxis of acid aspiration syndrome: 400 mg 30-120 mins before induction of general anaesthesia. 400 mg at start of labour then 200 mg 2 hourly as necessary maximum 16 g. Do not use Tagamet syrup. Zollinger-Ellison syndrome: up to 400 mg q.i.d. rarely up to 2 g a day. Recurrent and stomal ulceration and short bowel syndrome: 200 mg t.d.s. and 400 mg at bedtime (1.0 g/day).

N.D. For full dosage instructions see Data Sheet. Cautions: Impaired renal function: reduce dosage (see Data Sheet). Potention of oral anticoagulants, phenytoin and theophylline (see Data Sheet). Prolonged treatment: observe patients periodically. Exclude malignancy in gastric ulcer. Care in patients with compromised bone marrow (see Data Sheet). Avoid during pregnancy and lactation.

Adverse reactions: Diarrhoea, dizziness, rash, tiredness. Rarely, mild, transient nausea, reversible liver damage, confusional states (usually in the elderly or very ill), interstitial nephritis, acute pancreatitis. Legal category: POM 21/783

SK&F SMITH KLINE & FRENCH LABORATORIES LIMITED, Welwyn Garden City, Hertfordshire AL7 1EY © 1983 Smith Kline & French Laboratories Limited, Tagamet is a trade mark
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


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 to 3 mg three times daily. Usual dose for mild to moderate anxiety is 1 to 3 mg 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 3 mg of bromazepam in blisters. Packings of 100. Basic NHS Cost £0.15 per tablet in packings of 100. 

Roche Products Limited, PO Box 8, Welwyn Garden City, Hertfordshire AL7 3AY.
There is no substitute for success

in urinary tract infections

Seprtin b.d.
co-trimoxazole

Prescribing Information

Use: Sensitive bacterial infections of the lower respiratory, urinary and genital tracts, skin, soft
structures, abscesses, typhoid and paratyphoid fevers, and other infections caused by sensitive organisms.

Dosage: Seprtin Tablets: over 12 years, one twice daily; Seprtin Suspension: over 12 years, two
twice daily, children 6 to 12 years, one twice daily; Seprtin Dispersible Tablets: over 12 years, two
twice daily; children 6 to 12 years, one twice daily. Seprtin Pediatric twice daily 6 months to 5 years.

Contraindications: Seprtin is contraindicated in patients with known liver, pancreatic or renal
dysfunction or severe renal insufficiency. Use of Seprtin should be avoided in patients hypersensitive
to sulphonamides or co-trimoxazole; should not be given during pregnancy or to neonates.

Precautions: In cases of 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 bone marrow depression. Care should be taken when giving Seprtin to patients receiving other anticoagulants of the coumarin group, penicillins, or sulphonamides.

Warnings and Adverse Effects: Occasionally nausea, vomiting, diarrhea, anorexia and skin rashes may occur with normal doses and very rarely, haematological reactions.

Further information is available on request.

Welcome Medical Division
The Welcome Foundation Ltd, Cerwen, Cheshire

cephalexin in 93 women with acute UTI. After two weeks, 80% of Seprtin treated patients were infection-
free, compared with 68% of cephalaxin-treated patients.

Welcome Medical Division
The Welcome Foundation Ltd, Cerwen, Cheshire
Important Announcement

TO MAINTAIN YOUR BREAST CANCER PATIENTS ON THE SAME TAMOXIFEN TABLETS, YOU SHOULD NOW WRITE NOLVADEX.

Until August 20 of this year, all prescriptions for tamoxifen were filled with 'Nolvadex,' the original tamoxifen, created and formulated by ICI and backed by our name and our service.

Since that date, however, it is by no means certain that your patient will continue to receive 'Nolvadex' unless you prescribe it by name.

To spare your breast cancer patient the additional anxiety of an unexpected change in the appearance of her tablets, write 'Nolvadex' or once daily 'Nolvadex'-D.

'Nolvadex'
ICI tamoxifen
The original tamoxifen from ICI

Prescribing Information. Presentation: Nolvadex contains tamoxifen which is the transomer of 1-(4-(4-dimethylamino-phenyl)-2-nitro-1-hydroxybutyl)-4-(4-nitrophenyl) cyclohexene 2,3-dione. Nolvadex D is presented as white, octagonal, biconvex tablets, marked 'Nolvadex' on one side and 'D' on the other. Each tablet contains 20 mg tamoxifen as red, round, biconvex tablets. Nolvadex contains 30 mg tamoxifen. Nolvadex D tablets contain 30 mg tamoxifen as white, octagonal, biconvex tablets, marked 'Nolvadex' on one side and 'D' on the other.


Nolvadex has antioestrogenic properties, probably because it competes with oestrogen for binding sites in target organs. It does not cause the development of secondary sexual characteristics in female patients treated for breast cancer. It should not be given to women of childbearing potential. Women who remain untreated with Nolvadex or who are withdrawn from it for any reason should be informed of the risk of pregnancy and advised to use effective contraception while on therapy. Nolvadex should be used with caution in patients with pre-existing or familial psychiatric illness.

The recommended initial dose of Nolvadex is 20 mg daily either as one Nolvadex D tablet, once daily, or one Nolvadex 10 mg tablet, twice daily or in two divided doses.

Nolvadex should be given for at least one month to ensure that the oestrogenic effect has been overcome. If no response is seen within one month, dosage should be doubled. Caution: Nolvadex must not be given during pregnancy. Premenopausal patients must be carefully examined before treatment to exclude the possibility of pregnancy. Amenorrhea is suppressed in a proportion of premenopausal women receiving Nolvadex for the treatment of breast cancer. In reversible ovarian suppression, the ovarian function may not return during treatment.

Nolvadex has been associated with changes in libido and occasionally with ovarian failure. A small number of patients with long-term exposure to Nolvadex may have exhibited hyperprolactinemia. When side effects are severe, it is sometimes possible to control them by a single reduction of dosage without loss of control of the disease. If side effects do not respond to this measure, it may be necessary to stop the treatment. Tendonitis has been reported occasionally in patients taking Nolvadex for breast cancer. No haemorrhagic tendencies have been reported and the patient counts have recovered even though treatment with Nolvadex has continued. On theoretical grounds, an overage would be expected to cause some of the prophylactic side effects mentioned above. Observations in women show that severe osteoporosis (less than 100-200 times normal bone density) may occur in patients treated with Nolvadex. Such cases are usually noted in patients who either have pre-existing osteoporosis or are taking drugs which might affect bone metabolism. The density of the bone is reduced and may be progressive. The condition is reversible on stopping treatment. The possibility of the development of bone disease should be borne in mind when assessing the risks of treatment in patients with pre-existing osteoporosis or who are taking drugs which might affect bone metabolism. The possible risk of osteoporosis should be considered when selecting the most appropriate treatment for individual patients. Nolvadex should be started at low dosage in patients with pre-existing osteoporosis and titrated slowly to the recommended dose. Nolvadex does not appear to inhibit the absorption of oral contraceptives.

Nolvadex should be stored at a temperature below 30°C. It should not be stored near to strong ionic substances which may cause chemical changes in the tablet.

Nolvadex' is the trade mark for ICI tamoxifen. Further information is available upon request to the Company.
**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 20.5mg benserazide hydrochloride (equivalent to 12.5mg of the base).
Madopar 125 capsules containing 100mg levodopa and 26mg benserazide hydrochloride (equivalent to 25mg of the base).
Madopar 250 capsules containing 200mg levodopa and 52mg 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 £2.41 per 100
Madopar capsules 125 £9.76 per 100
Madopar capsules 250 £17.47 per 100

**Madopar**
levodopa plus benserazide

the original 4+1 combination in three dosage forms, 62.5, 125 and 250
‘Inderal’ LA, once daily in hypertension and angina.
The acid test

Control when it's needed.¹

Acid levels can still increase to digest food.

Good overall daytime acid control.

Selective effective H₂ blockade

RANITIDINE

Full prescribing information overleaf.
In maintenance, acid levels are essentially normal by day; one tablet at night protects mucosa in the absence of food.

Night time acid is reduced, protecting gastric mucosa when there is no 'buffering' effect of food.

Acid control right through until breakfast time.

The result

Rapid, effective ulcer healing.

Zantac provides four-week peptic ulcer healing on just one 150mg tablet twice-daily, together with a maintenance regime to keep patients both symptom-free and ulcer-free on one tablet at night.


For offer of further evidence about Zantac's effect on 24-hour acid activity, please see over page. Full prescribing information overleaf.
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*
piroxicam
*Trade Mark

Continuous relief with a single daily dose
**Antepsin®**
Sucralfate

**Mucoprotective ulcer healer**

**Non-systemic action**

- Fast pain relief
- Excellent healing rates
- Prolonged remission
- Low incidence of side effects

**Prescribing Information**

**Presentation** Antepsin Tablets 1 gram are white, oblong, biconvex, uncoated tablets scored and embossed 1239 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. Consult an appropriately qualified doctor for further information.

**Legal Category** POM. **Package Quantities** Antepsin 1 gram = Packets of 100. **Pharmaceutical Precautions** No special requirements for storage are necessary. **Product Licence Numbers** PL No. 0607/0045 PA No. 1494/12. **Basic N.H.S. Price** Average daily cost 50p.

*ANTEPSIN is a registered Trade Mark.*

Further information is available on request to the Company.
"... Teddy's better too, Grandma. Can we come tomorrow?"

In two and a half years, Amoxil has been prescribed 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. PL 0038/0082/9
Amoxil pediactric suspension: 125mg per 10ml. PL 0038/0080
Amoxil capsules: 250mg and 500mg. PL 0038/0081/5
Amoxil dispersible tablets: 500mg PL 0038/0277
Amoxil 5g sachet: PL 0038/0278
Amoxil capsules for injection: 250mg, 500mg and 1g PL 0038/0272/12.5

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

Average treatment cost children: 28p/day (125mg syrup) t.d.s adults 69p/day (250mg capsules t.d.s)
Dispersible tablet: 85p per tablet (30 pack). Ag sachet £1.58 per sachet.

Dosage:
Children’s Dosage (up to 10 years)
Oral: 125mg three times a day. In severe infections doses should be doubled.

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

Adult Dosage
Oral: 250mg three times a day. In severe infections dosages 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 transient nature: they may include diarrhoea or indigestion. Occasionally a rash may occur in which case treatment should be discontinued. Since Amoxil is a penicillin, problems of overdosage are unlikely to be encountered.

Further information on Amoxil (amoxycillin) is available from

Bencard
Bencard, Great West Road, Brentford.
Telephone: 01 560 3551
Amoxil and the Bencard logo are trademarks. December 1981
14289
Once a day
Vibramycin

In sinusitis and bronchitis

Power that sets it apart at a price that doesn’t.

Vibramycin

doxycycline

If you would like to see how well the daily treatment cost of Vibramycin compares with other commonly prescribed antibiotics, return this coupon for a comprehensive price comparison chart.

N.B. No stamp required.

Name: __________________________

Address: ________________________

Postcode: ________________________

Signature: ________________________

Further information is available on request from the company, Pfizer Ltd, Sandwich, Kent.

Pfizer

ISORDIL TEMBIDS
isosorbide dinitrate

In Angina
restores
the balance
between
coronary
oxyn demand
and supply
for
prolonged
periods
from

one
capsule
b.d.

Prescribing information

Presentation Isordil Tembids capsules, containing isosorbide dinitrate 40mg in a sustained release formulation, are gelatin capsules with a colourless, transparent body and opaque blue cap for oral administration.

Uses Prophylaxis of angina pectoris.

Dosage and Administration Usual dosage – one Tembids capsule twice a day. Maximum recommended dose – one Tembids capsule three times a day.

Contra-Indications, Warnings, etc.

Contra-Indications. Idiosyncrasy to this drug.

Precautions Tolerance to this drug, and cross-tolerance to other nitrates, and nitrates may occur.

Side Effects. Side effects due to Isordil are common to all nitrates used in the treatment of angina pectoris.

1. Cutaneous vasodilatation with flushing
2. Headache is common and in some patients may be severe and persistent. Analgesics have been useful in some cases.

3. Transient episodes of dizziness and weakness and other signs of cerebral ischaemia associated with postural hypotension may occur.

4. This drug can act as a physiological antagonist to noradrenaline, acetylcholine, histamine and many other agents.

Basic N.H.S. Price – 100 Tembids capsules £7.50.

Product Licence Number: PL0607/0041 PA 149/7/4

Ayerst Laboratories Limited
South Way, Andover, Hampshire SP10 5LT
Telephone: Andover (0264) 58711

Distributed in the Republic of Ireland by:
Ayerst Laboratories Limited
South Circular Road, Islandbridge, Dublin 8
Telephone: 01-772669

® denotes registered Trade Mark. Further information is available on request to the Company.
Meet the WRIGHT Family

WRIGHT PEAK FLOW METER
The internationally established instrument for the measurement of Peak Expiratory Flow (PEF)

STANDARD mini-WRIGHT PEAK FLOW METER
An inexpensive and portable instrument for self-monitoring by patients at home

SIMPLE NASAL INSPIRATORY FLOWMETER
For the assessment of rhinitis

Clement Clarke International Ltd.
15 Wigmore Street,
London W1H 9LA, England.
Tel 01-580 8063 Telex 298526
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.

SURGERY MORTGAGES FOR THE MEDICAL PROFESSION

Up to 100 per cent with very attractive fixed rates of interest.

Up to 20 years Repayment Term.

Telephone 0935 77471 or write to Medical Insurance Consultants, 9 Princes Street, Yeovil TA20 1EN.

LOCUM AVAILABLE

Locum available in South Manchester, MRCGP distinction. Available 3–6 months from October. Contact: Dr Underwood, tel: 061 9806889.

REFRESHER COURSE

A refresher course for general practitioners, ‘Current Trends in Obstetrics and Gynaecology’ will be held in Bristol from Monday 7 to Friday 11 November 1983.

Further details and programme from: Mrs E. F. Potter, University Department of Obstetrics and Gynaecology, Bristol Maternity Hospital, Southwell Street, Bristol BS2 8EG.

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 PasTest Service, PO Box 81, Hemel Hempstead, Herts HP1 1AA
Tel. Hemel Hempstead (0442) 32113

BRITISH ASSOCIATION OF MANIPULATIVE MEDICINE

INTRODUCTORY WEEKEND COURSES IN MANIPULATION

The 1983/84 series of courses will be held at the Postgraduate Centre, the Brook Hospital, Shooters Hill Road, London SE18 4LW, on the following dates:

5 and 6 November 1983—The cervical spine
10 and 11 December 1983—The thoracic spine
14 and 15 January 1984—The lumbar spine
10 and 11 March 1984—Peripheral joints

The aggregate fee for these weekends is £180. Application has been made to the British Postgraduate Medical Federation for approval for the purposes of reimbursement of expenses.

Application should be made as soon as possible to the: Honorary Secretary, BAMM, 14 Wimpole Street, London W1M 7OB.
RCGP ANNUAL SYMPOSIUM

CHANGE: THE CHALLENGE FOR THE FUTURE

TO LOOK AT THE CHANGES WE CAN EXPECT IN THE NEXT TWENTY YEARS, AND TO FORMULATE RESPONSES.

EXTERNAL INFLUENCES
Chairman Dr. M. Marinker

AN INTERNATIONAL PERSPECTIVE
Dr. M. A. C. Dowling

ECONOMIC DIRECTIVES
Prof. A. Maynard

SOCIAL NEEDS AND DEMANDS
Prof. D. Acheson

CHANGING RELATIONSHIPS
Chairman Dr. D. H. Irvine

DOCTORS AND THE RECEIVERS OF CARE
Mrs. Anne Richardson

DOCTORS AND POLITICS
Sir George Godber

CHANGING TECHNOLOGIES
Chairman Prof. M. Drury

PREDICTION AND SURVEILLANCE
Prof. M. Backest

COMPUTERISATION
Prof. D. Metcalfe

DOCTORS AND THE HEALTH CARE PROFESSIONALS
Miss Sue Mowat

THE WORKING ENVIRONMENT
Martin Vains

STRATEGIES FOR CHANGE
Chairman Dr. L. Zander

EDUCATIONAL PERSPECTIVES
Prof. D. C. Moore

HOW TO ACHIEVE CHANGE
Miss Wendy Pritchard

A ROLE FOR THE COLLEGE
Dr. J. C. Hasler

HYDE PARK HOTEL
KNIGHTSBRIDGE, LONDON SW1
NOVEMBER 10th-11th 1983

Please contact Mrs. A. Bridgeman
21 Swaffield Road,
London SW18
Tel: 01-874 7466 (P.M. only)
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:

**Developmental Tests**

Dr Graham Curtis Jenkins is shown carrying out developmental tests on children of six weeks, seven months, one year, two-and-a-half, and four-and-a-half years. He argues that assessment in the neonatal period is more valuable than testing at six weeks. In addition to the psychomotor skills of developmental testing these extracts illustrate the way in which Dr Curtis Jenkins uses the occasion of the developmental test to consolidate his relationship with the mother, and to use the opportunity for further health education.

Test cards are provided for each of the consultations shown so that the learner can complete them. If the videotape is used in a small group (for example a group practice), the individual scores can be compared and discussed.

Doctors may find it instructive to arrange to videotape their own developmental testing consultations, as a way of monitoring technique. The intention is that the programme be used by the doctor to prepare for developmental testing in his own practice.

Videocassettes which are part of our teaching programmes 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
gentle
with
hidden
strength