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REMNOS

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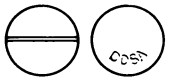
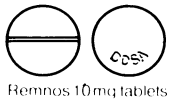


Remnos 5mg tablets



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Talpen
talampicillin

Everything your routine antibiotic should be

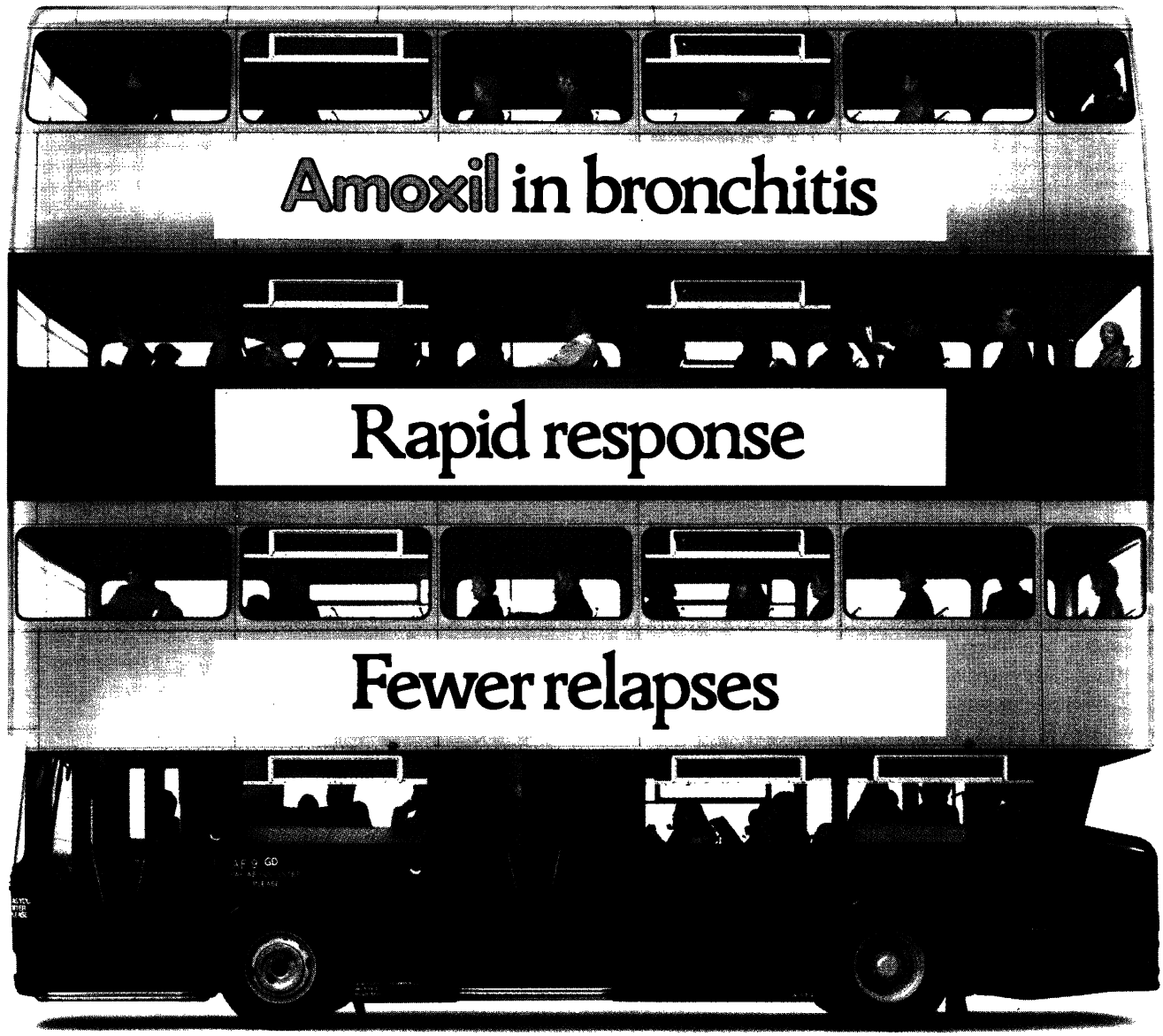
Prescribing Information. Following oral administration Talpen is particularly well absorbed and rapidly hydrolysed to give high blood levels of ampicillin.[4] Typical indications include: Acute and Chronic Bronchitis, Pneumonia, ENT infections and UTI. **Presentations:** Talpen tablets: Each tablet contains 250 mg of the ampicillin ester, talampicillin hydrochloride. Talpen syrup: Each 5 ml contains talampicillin napsylate (167 mg) equivalent to 125 mg talampicillin hydrochloride. Available in bottles of 100 ml. **Usual Oral Dosage:** Adults: 1 tablet or 10ml syrup t.i.d. Children 2-10 years: 5 ml syrup t.i.d.; under 2 years: the equivalent of 3·7 mg talampicillin hydrochloride per kg bodyweight t.i.d. **Contra-indication:** Penicillin hypersensitivity. **Precaution:** Talpen is not recommended for patients with severe renal or hepatic impairment. **Side-effects:** As with other penicillins. An erythematous rash may occasionally occur; the incidence is particularly high in patients with infectious mononucleosis. The incidence of diarrhoea is significantly lower than following oral ampicillin. **Daily Cost:** (Basic NHS). Talpen tablets: one t.i.d. 26p (ex 100 pack), Talpen syrup: 5ml t.i.d. 26p. Prices correct at January 1979. Further information is available on request to the Company.

1. Brit. J. Clin. Pract., (1975) **29**, 255. 2. Brit. med. J., (1977) **2**, 232. 3. Practitioner, (1976) **216**, 455. 4. Chemotherapy, (1978) **24**, 217.

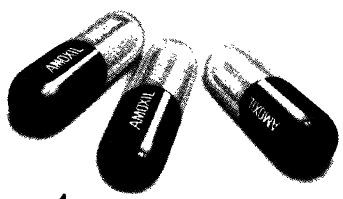
Talpen (talampicillin) is a product of British research from

Beecham Research Laboratories,
Brentford, England. A branch of Beecham Group Limited.

PL0038/0209,0243. BRL 1049



Amoxil



amoxycillin

stays on top

Because of its excellent penetration of mucoid and purulent sputum, the powerful bactericidal action of Amoxil achieves early symptomatic improvement and rapid clearance of the causative organisms in acute bronchitis. And for the chronic patient, Amoxil means the promise of fewer relapses.

"...the majority of cases responded rapidly."[1]

"...Clinical success with freedom from relapse clinically and bacteriologically during the 4-6 week follow up period was recorded in 92% of cases."[2]

With Amoxil you can stay on top of bronchitis.

References 1. S.A. Med. Jnl. (1973), **47**, 717. 2. Brit. J. Clin. Pract. (1975) **29**, (8), 203

Indications
Acute and Chronic Bronchitis · Upper Respiratory Tract Infections · Otitis Media · Pneumonia · Cystitis, Urethritis, Pyelonephritis · Bacteriuria in pregnancy · Gonorrhoea · Skin and Soft Tissue Infections.

Presentations
Amoxil capsules; 250 mg. and 500 mg. PL 0038/0103/5
Amoxil syrup;
125 mg. and syrup forte 250 mg. per 5 ml. PL 0038/0108/9
Amoxil paediatric suspension;
125 mg. per 1.25 ml. PL 0038/0107
Amoxil vials for injection;
250 mg., 500 mg., and 1 g. PL 0038/0221/2/5
The amoxycillin content per dose unit is present as the trihydrate in Amoxil oral presentations and as the sodium salt in Amoxil injections.
Average daily cost for adults (250 mg. capsules t.d.s.) is 35p and for children (125 mg. syrup t.d.s.) is 24p.

Dosage
Oral:
Adults: 250 mg. three times a day.
Children up to 10 years: 125 mg. three times a day.
In severe infections the dosage should be doubled.
Parenteral:
Adults: 500 mg. IM 8 hourly in moderate infections.
1 g. I.V. 6 hourly in severe infections.
Children: 50-100 mg./kg. bodyweight per day in divided doses.

Contra Indications
Amoxil is a penicillin and should not be given to penicillin hypersensitive patients.

Side Effects
Side effects as with other penicillins, are usually of a mild and transitory nature: they may include diarrhoea, indigestion, or occasionally rash, either urticarial or erythematous. An urticarial rash suggests penicillin hypersensitivity, and the erythematous type rash may arise if Amoxil is administered to patients with glandular fever. In either case treatment should be discontinued. Since Amoxil is a penicillin, problems of overdosage are unlikely to be encountered.
Full prescribing information on Amoxil (regd.) amoxycillin, is available from:
Bencard, Great West Road, Brentford, Middlesex.

Bencard

13230

NEW BOOKS FOR GENERAL PRACTITIONERS

The Care of the Elderly in the Community

Idris Williams, General Practitioner working in Bolton

The proportion of people surviving into old age is constantly increasing, and it is often argued that the elderly infirm should be cared for at home rather than in hospital.

These are the starting points for this thoughtful book. It is not a text book of geriatric medicine, though where clinical medicine is relevant it is discussed. The author envisages a form of clinic for the elderly; and throughout the topics have been chosen to be helpful to those engaged in looking after old people outside hospital.

CONTENTS: Background – Historical – Demographic considerations – Ageing and health – Old people in society – The provision of services – Social vulnerability – Developing patterns of care – A clinic for the elderly – Social resources – Nursing the elderly in the community – Mental illness in old age – Mobility and falls – Diabetes Mellitus – Stroke – Special medical problems – The care of the dying – The future.

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Sheila Kitzinger, member of the panel of advisers to the National Childbirth Trust and London member of the Board of Consultants of the International Childbirth Educational Association in the USA

This guide presents a collection of women's personal experiences of large and small maternity units all over the country, from which the expectant mother can have a basis to find out more about the facilities available to her.

The book gives an excellent idea of the wide range of alternative approaches to labour and the variety of facilities available to the mother to make her more comfortable and to give her emotional support and guidance.

CONTENTS: Having a baby in hospital – Terminology and areas of concern – The hospitals – Aspects of maternity care – Organisations concerned with maternity care – Your own experiences – Index.

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James McCormick, Professor of Community Health, Trinity College, Dublin

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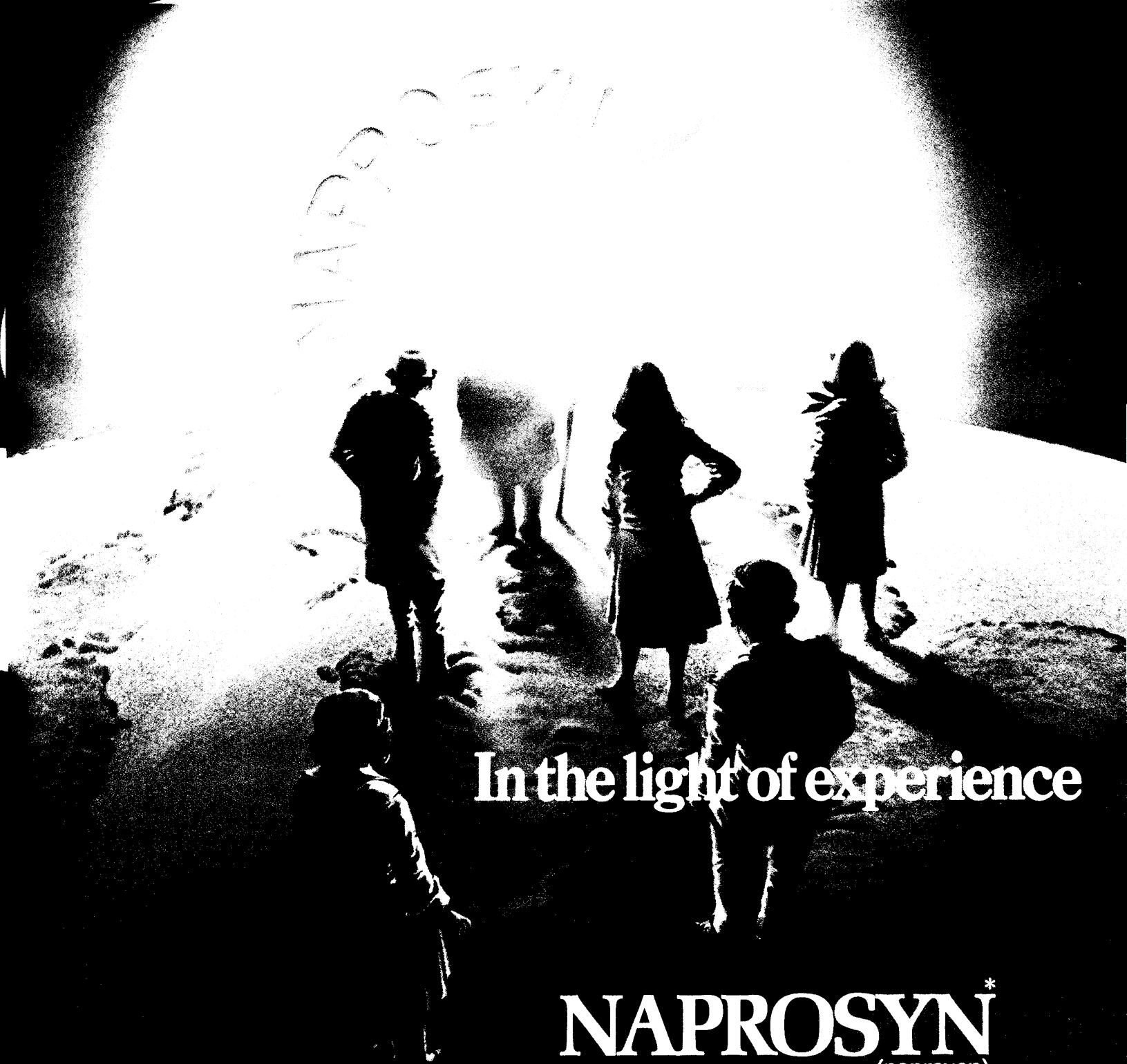

In the light of experience

NAPROSYN*
(naproxen)

at 750mg daily. Power against the pain and stiffness of arthritis.

INDICATIONS: Rheumatoid arthritis, osteoarthrosis (degenerative arthritis), ankylosing spondylitis, and acute gout.
CONTRAINDICATIONS: No known absolute contra-indications.
SPECIAL PRECAUTIONS AND WARNINGS: Episodes of G.I. bleeding have been reported. Use under close supervision in patients with a history of G.I. disease. Observe patients simultaneously receiving hydantoins, anti-coagulants or highly protein bound sulphonamides, for signs of overdosage. Occasional rashes, angio-oedema have been reported. Patients exhibiting aspirin hyper-sensitivity may exhibit same on NAPROSYN. Also reported abdominal discomfort, epigastric distress, headache, inability to concentrate, insomnia, thrombocytopenia, agranulocytosis, tinnitus, vertigo, jaundice, sporadic abnormalities in lab. tests, decreased platelet aggregation, prolonged bleeding time (this should be kept in mind when determining bleeding times). Discontinuance of NAPROSYN 48 hours prior to adrenal function tests is suggested as NAPROSYN may artifactually interfere with some tests for 17-ketogenic steroids. Also observed mild peripheral oedema (patients with questionable or compromised cardiac function may be at a greater risk on NAPROSYN). Although NAPROSYN produces a delay in parturition in animals, its relevance to patients is unknown. However, minimal drug usage in pregnancy is indicated and a cautious balance of possible benefits against potential risks to mother and foetus should be made.

*A data sheet, full prescribing information on NAPROSYN (naproxen) and samples are available on request from: SYNTEX Syntex Pharmaceuticals Ltd., St. Ives House, Maidenhead, Berks.

*NAPROSYN is a trade-mark.

If you were convinced that the population is not eating any more animal fat than it was in 1909 - would it make you stop and think?

It is sometimes said that the incidence of CHD is linked with an increasing consumption of animal fats.

Statistics and estimates have been used to substantiate this. But are they correct?

Supposing we are not, in fact, eating any more fat now than we were seventy years ago?

Viscount Trenchard has challenged the validity of the estimates. He has shown them to be wrong.

In a recent article[1] he said that fat consumption is no higher to-day than it was in 1909. Statisticians, he said, had not, until 1974, allowed for the trend towards much leaner animals. Also, they excluded UK lard and dripping production from consumption estimates for the years before 1934.

In other words, ten per cent of carcase weight was rendered and eaten as lard, but were not added to consumption estimates.

	Quoted Statistics	The Trenchard Formula
	grams/per day	
1909/13*	98	128
1924/28*	109	133
1934/38	130	135
1954	136	135
1963	143	135
1974	133	133
1975	130	130

*Estimates

This means that there has been no significant rise in fat consumption during the last 70 years.

Issued in the interests of balance by the Butter Information Council.

To receive occasional material on Fats and Health write to:–
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Butter Information Council,
Bank Street Suite,
158 High Street,
Tonbridge, Kent TN9 1BJ.

Butter–we've been eating it for a thousand years

1. Meat Trades Journal 29.9.77

Medical Aid at Accidents

'This book covers the basic knowledge required for most aspects of emergency care and rescue organisation by a series of short, relevant, and beautifully illustrated chapters... This is a significant contribution to the discipline of emergency care and can be recommended for use internationally.' The Lancet

Roger Snook, 1974, 235 figures, 136 pp, hardback, price £7.65, post and packing free.

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'The first edition of this book was a landmark in medical publishing. The second edition contains 506 new colour illustrations, together with a comprehensive text. It will have immediate practical value to general practitioners, physicians, dermatologists, students and all others with an interest in this field.'

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'The text is factual, concise and easy to read. It correlates theory with clinical practice, and progresses smoothly from the assessment of the unborn child to care of the newborn, unborn or abnormal.... This hardback book gives excellent value for money.' Nursing Times

Malcolm Chiswick, 1978, 113 figures, 112 pp, hardback, ISBN 0 906141 01 X, price £6.20, post and packing free.

Oral Disease

'Oral Disease *would make a very valuable addition to the book collection of the dental student.... The book will also serve as a valuable revision text for the general dental practitioner and the general medical practitioner, whose training in oral disease has usually been minimal.'* British Dental Students' Association Newsletter.

C. E. Renson (Ed.), 1978, 230 figures, 96 pp, hardback, ISBN 0 906141 04 4, price £6.20, post and packing free.

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Trandate alone...

(labetalol hydrochloride)

Trandate is suitable for the whole spectrum of hypertension. From the recently diagnosed hypertensive to the most severe cases previously inadequately controlled by other antihypertensives. Cardiovascular control can be achieved simply by increasing the dose of Trandate without the need to add other drugs.

The early onset of the hypotensive effect of Trandate means that the required maintenance dosage is usually established within four weeks. Side effects are minimal if dosage increments are made gradually. Once the patient is stabilised, the initial t.d.s. dosage can often be changed to administration of Trandate twice a day after meals.

Because hypertension can usually be controlled with Trandate alone, the uncomplicated regimen results in better patient compliance.

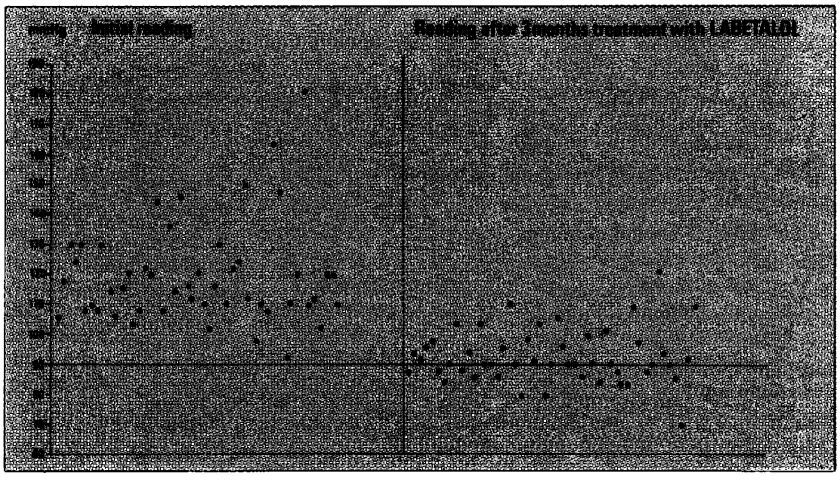
- **For the newly-diagnosed hypertensive**
- **When control is inadequate on existing therapy**
- **When side effects are causing problems**
- **To replace complicated multi-drug regimens**

for all grades of hypertension

The mode of action of Trandate is different from that of any other antihypertensive agent currently available. The balance of alpha- and beta-blocking activities in Trandate is thought to be important for its unique effectiveness and lack of side effects. Adequate vasodilatation is achieved with incomplete blockade of the alpha-adrenoceptors in the arterioles, and the barostatic reflexes remain sufficiently active to avoid side effects associated with postural hypotension in most patients.

Trandate has now been generally available for the treatment of hypertension for two years and clinical experience to date reveals a clear picture of high efficacy and relative lack of side effects.

Scattergram of individual values for standing diastolic blood pressure, before and after 3 months treatment: 49 patients in serial order.



"Good blood pressure control was obtained easily and the treatment regimen was simpler than that with previous therapy received by the patients. Few incremental changes in dosage were required and all but 6 (10%) patients were controlled by labetalol alone."

(Harris C., *Curr. med. Res. Opin.*, 1978, **5**, 618)

PRODUCT INFORMATION

PRESENTATION AND BASIC NHS COST
Trandate Tablets 100mg, Trandate Tablets 200mg and Trandate Tablets 400mg each contain 100mg, 200mg and 400mg labetalol hydrochloride, respectively. In containers of 50 and 250 tablets. Basic NHS cost of 50 tablets of each strength is £3.44, £4.88 and £7.76.

INDICATIONS
Treatment of all grades of hypertension when oral antihypertensive therapy is indicated.

DOSAGE AND ADMINISTRATION
The recommended starting dose is 100mg three times daily. If necessary, this may be increased gradually at intervals of one or two weeks. A daily dosage of 600mg is usually adequate but severe cases may require up to 2,400mg daily.
Once the optimum dosage is established a twice-daily dosage regimen can be used.
Trandate Tablets should preferably be taken after food.
For transfer of patients from other antihypertensive therapy see Data Sheet.
Trandate therapy is not applicable to children.

CONTRA-INDICATIONS
There are no known absolute contra-indications.

WARNING
There have been reports of skin rashes and/or dry eyes associated with the use of beta-adrenoceptor blocking drugs. The reported incidence is small and in most cases the symptoms have cleared when the treatment was withdrawn. Discontinuation of the drug should be considered if any such reaction is not otherwise explicable. Cessation of therapy with a beta-adrenoceptor blocking drug should be gradual.

PRECAUTIONS
Trandate should not be given to patients with uncompensated or digitalis-resistant heart failure or with atrioventricular block. The presence of severe liver disease may necessitate reduced doses of Trandate. Care should be taken in asthmatic patients and others prone to bronchospasm. Unnecessary administration of drugs during the first trimester of pregnancy is undesirable.

SIDE EFFECTS
If the recommended dosage instructions are followed side effects are infrequent and usually transient. Those that have been reported include: headache, tiredness, dizziness, depressed mood and lethargy, difficulty in micturition, epigastric pain, nausea and vomiting, a tingling sensation in the scalp, and, in a very few patients, a lichenoid rash.

Trandate Tablets 100mg PL 0045/0106,
Trandate Tablets 200mg PL 0045/0107,
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Trandate

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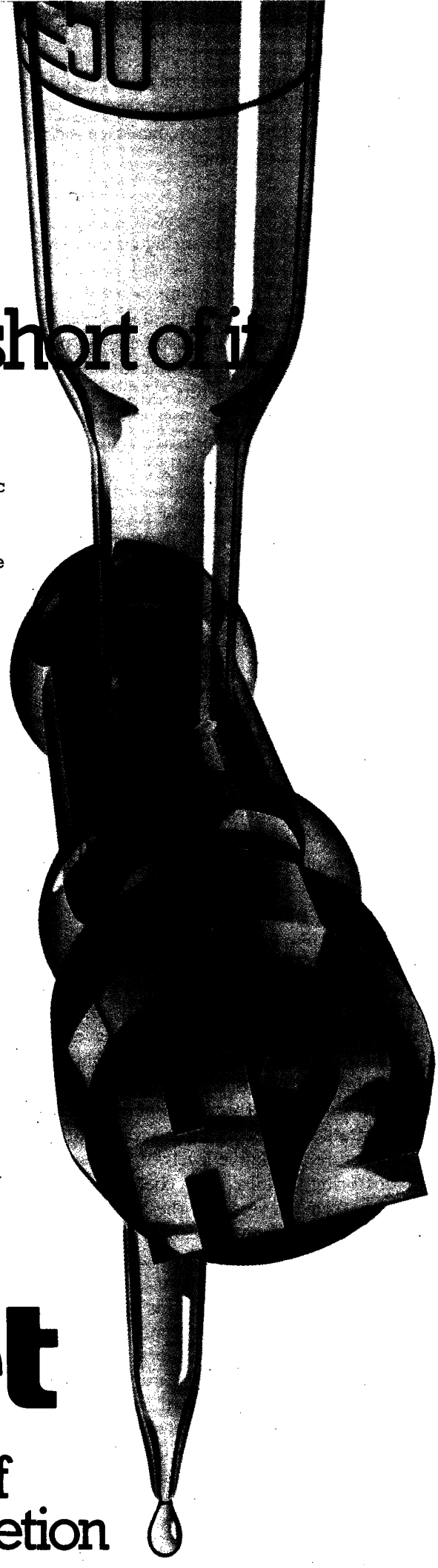
'Tagamet'
The long and the short of it



'Tagamet', now available in over 80 countries throughout the world, has been prescribed in the treatment of over 3,500,000 patients. By its unique mode of action in reducing gastric acid secretion, 'Tagamet' has been shown to be unequalled in the short-term treatment of reflux oesophagitis and peptic ulceration; particularly for providing rapid symptomatic relief and complete healing in most patients with duodenal ulceration.[1–3]

Unfortunately, duodenal ulceration is a naturally relapsing disease, irrespective of the agent which initially induced remission. Thus considerable interest has been aroused by the possibility of using longer-term 'Tagamet' treatment at a maintenance dose in order to minimise the risk of relapse.

Long-term treatment

In fact, 'Tagamet' is the only drug which has been proved to reduce the frequency of relapse in duodenal ulceration.[4–6] Overall results from on-going clinical trials have shown that in treatment periods of up to a year (mean treatment period 6.3 months) only 9.5% of 'Tagamet'-treated patients relapsed compared with 49.9% in the placebo group.

In patients who have healed their ulcers and who may benefit from maintenance therapy, treatment should be continued for at least 6 months at a reduced dosage of 400mg nocte.

The nature and incidence of untoward symptoms found in long-term trials has not differed greatly from that observed in short-term trials.

Short-term treatment

Reflux Oesophagitis–a review of 120 patients

'Tagamet' 67% complete healing/marked improvement

Placebo 14% complete healing/marked improvement

This group of patients included patients with serious oesophagitis having ulcers and erosions diagnosed at endoscopy.

Benign Gastric Ulcer–a review of 409 patients

'Tagamet' 75% completely healed

Placebo 41% completely healed

An analysis of treatment periods showed that significantly more patients had complete healing after 6 weeks (76%) compared with those treated for 4 weeks (62%). (N.B. Malignant gastric ulcer should be excluded.)

Duodenal Ulcer–a review of 1055 patients

'Tagamet' 77% completely healed

Placebo 41% completely healed

For those patients who may benefit from longer-term treatment, therapy should be continued for at least 6 months at a reduced dosage.

Tagamet
cimetidine

H2

Unique control of gastric acid secretion

DUODENAL ULCERATION. WHAT COMES NATURALLY?

'Tagamet' has been shown to be unequalled in the short-term treatment of duodenal ulceration, inducing early and dramatic symptomatic relief, rapid healing and subsequent remission.[1,2]

In addition, 'Tagamet' has been shown to prevent relapse during longer-term maintenance therapy;[3-5] the only drug so far proven to have this property.

However, experience to date tends to suggest that for many patients the natural history of the disease remains unaltered despite medical intervention[6] and the question inevitably arises – will patients with a severe condition require medical treatment for the rest of their lives?

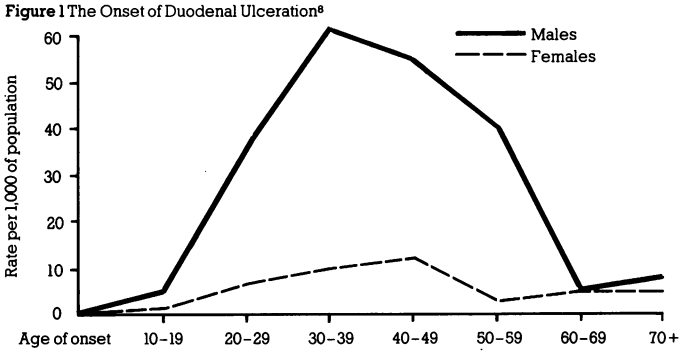
This can only be answered when the natural history of duodenal ulcer disease is fully understood. Some aspects of the natural history of the disease, however, have been well recognised for some years.

It is a naturally relapsing condition; in fact, it has been estimated that 75-80% of patients have at least one recurrence within 5 years of the initial episode,[7] some relapsing several times in one year.

The onset of duodenal ulceration is related to age, as shown in Figure 1. The initial episode is most likely in the 30-39 age group for males and slightly later in life for females.

Of greater interest is the natural development of the disease following its onset. Figure 2 demonstrates how the disease tends to 'burn itself out' after a certain period of time.[8] In a group of duodenal ulcer patients who were followed for 15 years, the symptoms tended to peak in severity

Figure 1 The Onset of Duodenal Ulceration[8]

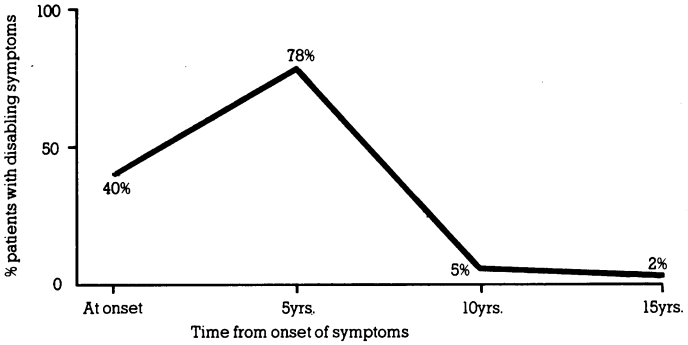


after 5 years and then progressively remit until at 10 years no more than 5% of patients had severe symptoms.

This finding has been recently substantiated by workers in Denmark who found in a retrospective study that the disease is present for a finite time.[9]

The workers concluded '... most patients with duodenal ulceration will need only intermittent or continuous cimetidine treatment for a limited period.'

Figure 2 Proportion of duodenal ulcer patients with disabling symptoms[8]



Prescribing Information

Presentations
'Tagamet' Tablets PL0002/0063 each containing 200mg cimetidine. 100, £13.22; 500, £64.75.
'Tagamet' Syrup PL0002/0073 containing 200mg cimetidine per 5ml syrup. 200ml, £6.29.

Indication
Duodenal ulcer.

Dosage
Adults: 200mg tds with meals and 400mg at bedtime (1.0g/day) for at least 4 weeks (for full instructions see Data Sheet).
To prevent relapse, 400mg at bedtime or 400mg morning and evening for at least 6 months.

Cautions
Impaired renal function: reduce dosage (see Data Sheet).
Potentiation of oral anticoagulants (see Data Sheet).
Prolonged treatment: observe patients periodically.
Avoid during pregnancy and lactation.

Adverse reactions
Diarrhoea, dizziness, rash, tiredness. Rarely, mild gynaecomastia, reversible liver damage, confusional states (usually in the elderly or very ill), interstitial nephritis.

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Tagamet

cimetidine

H2

Unique control of gastric acid secretion

Full prescribing information is available from

SK&F
a SmithKline company

Smith Kline & French Laboratories Limited
Welwyn Garden City, Hertfordshire AL7 1EY
Telephone: Welwyn Garden 25111

TG:AD49

More valuable together

Dogs of Fo reproduced by permission of the Syndics of the Fitzwilliam Museum, Cambridge.

Prescribing Notes

Presentation: Trasidrex tablets each contain 160mg oxprenolol hydrochloride in a sustained release core and 0.25mg cyclopenthiazide BP in the sugar coat.

Indications: In the treatment of mild and moderate hypertension. The combination product may be suitable for use when satisfactory control of arterial blood pressure cannot be obtained with either a diuretic or a beta-blocking drug used alone.

Dosage: *Adults:* One or two tablets once daily. Trasidrex can be combined with other antihypertensive drugs having a different pharmacological effect. In particular, a free combination with a vasodilator (e.g. Apresoline®) will often be beneficial.

Side effects: Though mild gastro-intestinal upsets and dizziness may occur, especially at the start of treatment, they are rarely sufficiently severe to justify withdrawal of therapy. Drowsiness and insomnia occur infrequently. As with all beta-blockers bronchospasm, cold extremities, excess bradycardia and heart failure could be precipitated in susceptible patients. There have been reports of rashes and dry eyes associated with the use of all beta-blocker drugs but in most cases the signs and symptoms have cleared when treatment was withdrawn. Nevertheless the drug should be discontinued if any such reaction is suspected. In common with other thiazides there have been reports of thrombocytopenia but these are rare. Thiazides can produce allergic skin reactions, mild anorexia and nausea and cause latent gout or latent diabetes to become manifest.

Precautions: Cardiac failure must be controlled by digitalis before and during Trasidrex therapy. Caution should be observed when treating asthmatics, chronic bronchitics or other individuals where bronchospasm may be precipitated. Trasidrex should be given cautiously to patients with metabolic acidosis, or renal impairment and during anaesthesia. Beta-blockers may mask the symptoms of hypoglycaemia and affect carbohydrate metabolism. Thiazides may also decrease glucose tolerance. Therefore, in patients with diabetes it may be necessary to adjust the dosage of anti-diabetic medication. Sudden withdrawal of any beta-blocking drug may induce or worsen angina pectoris.

NEW PRODUCT

Once daily

TRASIDREX®

oxprenolol hydrochloride plus cyclopenthiazide

in hypertension

Combines SLOW-TRASICOR® and

oxprenolol hydrochloride

NAVIDREX®

cyclopenthiazide

Calendar pack

Pregnancy: Beta-blockers may cause bradycardia in the fetus, which can also persist after birth. During late phases of pregnancy and in the course of labour, beta-blockers should only be employed after the needs of the mother have been weighed against the possible risks to the fetus.
Contra-indications: Patients with atrio-ventricular block, marked bradycardia, uncontrolled heart failure, cardiogenic shock, renal insufficiency and during concomitant lithium treatment.
Packs: Cartons of 28 tablets consisting of two reminder calendar foils of 14 tablets
Basic NHS price 28: £7.12
PL 0008/0138

®denotes registered trademark
Full prescribing information is available on request from CIBA Laboratories, Horsham, West Sussex.

CIBA

TRASIDREX

TX9.

AN INSPIRED CHOICE....

ROTACAPS

(Full prescribing information appears on last page of this advertisement)

VENTOLIN ROTACAPS

(salbutamol sulphate BP inhalation cartridges for use with the Ventolin Rotahaler)

Improved control of asthma

VENTOLIN INHALER is widely accepted as primary therapy in the treatment of reversible airways obstruction in asthma and chronic bronchitis.

Inhaled Ventolin provides rapid and effective relief of bronchospasm and has high beta$_2$-adrenoceptor selectivity which avoids cardiovascular side effects, an important consideration in patients with co-existing heart disease or hypertension. Inhaled Ventolin is long-acting and suitable for routine maintenance therapy. Prophylactic doses may be taken prior to exertion to prevent exercise-induced asthma.

However, until the advent of VENTOLIN ROTACAPS a number of patients have been denied, for one reason or another, the benefits of inhaled Ventolin.

The Rotacaps/Rotahaler system was developed with these patients in mind. The dry powder contents of Ventolin Rotacaps are inhaled from the Ventolin Rotahaler which cuts the capsules into halves which rotate and release the drug when the patient inhales. This breath actuation is very sensitive and the drug is fully available even at the lowest inspiratory flow rates thus providing a more reliable drug delivery system for many patients although a larger unit dose relative to Ventolin Inhaler is necessary for the same therapeutic effect.

"This device (Ventolin Rotacaps and Rotahaler) should increase the value of the sympathomimetic drugs to the minority of asthma patients who cannot use conventional aerosols correctly."
(Hetzel, M.R. and Clark, T.J.H., *Clin. Allergy*, 1977, **7**, 563)

SUITABLE CANDIDATES

- **Poor co-ordinators** – those patients who despite adequate instruction in the correct technique, cannot co-ordinate the action of breathing in with the actuation of a pressurised aerosol.
- **Elderly and arthritic patients** – who have difficulty in handling pressurised aerosols. For these patients the Rotahaler may be kept loaded ready for the next required dose.

BECOTIDE ROTACAPS

(beclomethasone dipropionate BP inhalation cartridges for use with the Becotide Rotahaler)

for a wider range of patients

BECOTIDE INHALER has revolutionised the treatment of chronic asthma where inflammatory changes within the lungs reduce the response to bronchodilators.

Inhaled steroid in microgram doses avoids or greatly reduces the need for oral corticosteroids thus eliminating or minimising the risks of systemic side effects. Becotide Inhaler has made a particularly important contribution to the treatment of severe asthma in young children who would otherwise be at risk from systemic steroid side effects such as stunting of growth. Many previously steroid-dependent patients have been well controlled by Becotide with disappearance of distorted physical features and adrenal suppression.

However, there are a number of patients who have failed to obtain maximum effectiveness from Becotide Inhaler or have been considered unsuitable for inhaled steroid therapy.

BECOTIDE ROTACAPS are now available as a dry powder breath-actuated alternative to Becotide Inhaler. Used in conjunction with the Becotide Rotahaler they extend the benefits of inhaled steroid therapy to a wider range of patients with chronic asthma.

As with Ventolin Rotacaps a larger unit dose of drug relative to Becotide Inhaler is necessary to obtain the same therapeutic effect. Two strengths of Rotacaps are again available combining flexibility of dosage with a convenient regimen facilitating patient compliance.

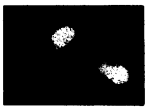
"It was concluded that this new way of administering the drug (beclomethasone dipropionate) was effective in chronic asthma, and should allow most patients who cannot use conventional pressurised aerosols efficiently to benefit from inhaled corticosteroid treatment."
(Carmichael, J. et al, *Brit. med. J.*, 1978, **2**, 657)

FOR ROTACAPS INCLUDE:

- **Young children** – where breath-actuated dry powder drug delivery systems appear to be more reliable. Rotacaps may be pre-loaded into the Rotahaler by the parent.
- **Patients currently receiving oral therapy** – because of concern over possible irresponsible use of pressurised aerosols. Rotacaps are also more appropriate for routine prophylaxis for those patients who might misunderstand the role of inhalers.

Full prescribing information appears overleaf.

VENTOLIN ROTACAPS 200mcg & 400mcg
PRESCRIBING INFORMATION



PRESENTATION AND BASIC NHS COST
Ventolin Inhaler is a metered-dose aerosol delivering 100mcg salbutamol BP per actuation. Each canister contains 200 inhalations. Basic NHS cost £1.96.
Ventolin Rotacaps 200mcg & 400mcg each contain a mixture of the stated amount of microfine salbutamol BP (as sulphate), and larger particle lactose in light blue/colourless or dark blue/colourless hard gelatine cartridges, respectively. Containers of 100. Basic NHS cost £2.96 and £4.00, respectively.
Ventolin Rotahaler for use in conjunction with Ventolin Rotacaps. Basic NHS cost 65p.

INDICATIONS
Routine control of bronchospasm in bronchial asthma, bronchitis and emphysema, or as required to relieve attacks of acute bronchospasm. Doses may 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:* one or 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
Ventolin Preparations should not be used for the prevention of threatened abortion.

PRECAUTIONS
If a previously effective dose of inhaled Ventolin fails to give relief lasting at least 3 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.

PRODUCT LICENCE NUMBERS
Ventolin Inhaler 0045/5022; Ventolin Rotacaps 200mcg 0045/0116;
Ventolin Rotacaps 400mcg 0045/0117.

BECOTIDE ROTACAPS 100mcg & 200mcg
PRESCRIBING INFORMATION

PRESENTATION AND BASIC NHS COST
Becotide Inhaler is a metered-dose aerosol delivering 50mcg beclomethasone dipropionate per actuation. Each canister contains 200 inhalations. Basic NHS cost £2.90.
Becotide Rotacaps 100mcg & 200mcg each contain a mixture of the stated amount of microfine beclomethasone dipropionate BP and larger particle lactose in buff or chocolate-brown/colourless hard gelatine cartridges, respectively. Containers of 100. Basic NHS cost £4.41 & £5.88, respectively.
Becotide Rotahaler, for use in conjunction with Becotide Rotacaps. Basic NHS cost 65p.

INDICATIONS
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 adreno-corticotrophic 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 Rotahaler – *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 beclomethasone dipropionate 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 adrenocortical 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.

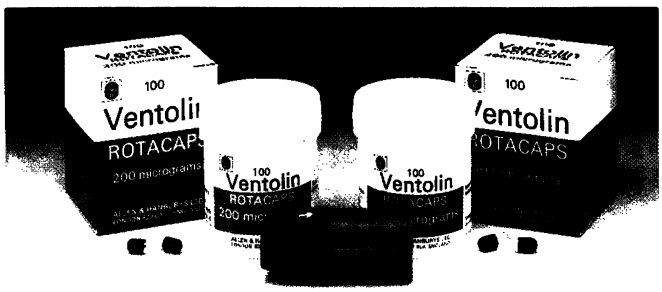
SIDE EFFECTS
Occasional candidiasis of the mouth and throat (thrush) occurs in some patients, particularly those with high blood levels of Candida precipitins. Topical therapy with antifungal agents usually clears the condition without withdrawal of Becotide.

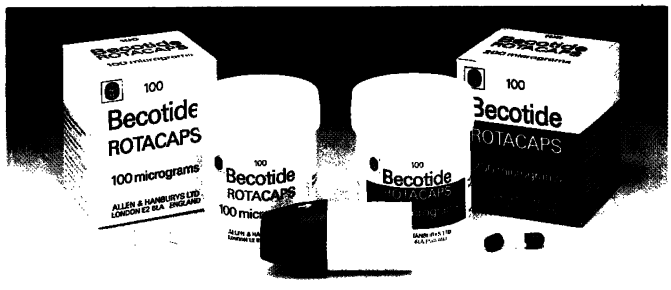
PRODUCT LICENCE NUMBERS
Becotide Inhaler 0045/0089; Becotide Rotacaps 100mcg 0045/0119;
Becotide Rotacaps 200mcg 0045/0120.

PATIENT INSTRUCTION

It is important to ensure that patients receiving inhalation therapy are correctly instructed in the use of the device being prescribed. For this purpose demonstration units are available on request from Allen & Hanburys Ltd. The patient's acquired technique should be monitored by re-checking at suitable intervals. Generally speaking, patients unable to use pressurised aerosols efficiently can be satisfactorily treated using the alternative Rotacap/Rotahaler system which, for them, provides a greater degree of certainty and a better guarantee of effectiveness. Any initial problems with the manipulation of the Rotahaler are usually overcome as the patient becomes more familiar with its use.

In the case of young children and patients with arthritis of the hands it may be preferable for the device to be loaded by the parent or other person. When Ventolin Rotacaps are being used for the relief of acute bronchospasm it may be convenient to load a Rotacap into the device so that the dose is readily available. Ventolin and Becotide Rotahalers are supplied in plastic boxes for carrying in the pocket or handbag. The daily requirement of Rotacaps may be inserted into the spaces provided in the box to encourage compliance. A replacement Ventolin or Becotide Rotahaler should be prescribed at approximately six-month intervals.





Who are the candidates for Rotacaps in your practice?

Full prescribing information is available on request.
Ventolin, Becotide, Rotacap, Rotahaler, are trade marks of ALLEN & HANBURYS LTD., London E2 6LA.

78/473/HN

CLASSIFIED ADVERTISEMENTS AND NOTICES

Classified advertisements are welcomed and should be sent to: Mr Mike Fulton, Advertisement Director, *The Journal of the Royal College of General Practitioners,* Update Publications Ltd., 33/34 Alfred Place, London WC1E 7DP. Copy must be received by the first of the month preceding 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 £3.00 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 ten per cent reduction.

University of Bristol
Departments of Mental Health and
Extra-Mural Studies

PSYCHOTHERAPY WORKSHOP

13 to 18 May 1979

This workshop is intended for psychologists, psychiatrists, social workers, and general practitioners who have a few years' experience of psychotherapy and possibly (but not necessarily) some training. £95.00 resident membership. Further particulars and application forms from: The Assistant Director, Department of Extra-Mural Studies, University of Bristol, 32 Tyndall's Park Road, Bristol BS8 1HR. (Telephone: Bristol 24161 ext. 649.)

VACANCY

A vacancy exists for a trainee in general practice within a busy health centre. All ancillary facilities available, also within easy reach of a university teaching hospital. The traineeship to run from 1 April 1979. Application to be addressed to Dr P. L. Ganvir, Eccles Health Centre, Corporation Road, Eccles M30 0EQ.

DOCTOR-PATIENT COMMUNICATION

A one-day conference. Tuesday 10 April 1979. Department of Experimental Psychology, South Parks Road, Oxford. Speakers: Patrick Byrne, Paul Freeling, Philip Ley, Anne Cartwright, Michael Argyle, David Pendleton, Richard Wakeford. Fee £7.00 (GPs £4.50)*.

Please send name, address and fee made payable to "Social Workshops" to Ann McKendry, Department of Experimental Psychology, South Parks Road, Oxford.

*APPROVED FOR TWO FULL SESSIONS UNDER SECTION 63.

PARTNERSHIP SOUGHT

London graduate 1969, aged 32, MB.BS, DRCOG, DCH, MRCGP, FPA cert. Four years as principal in city practice. Vocationally trained, four years Balint training, experienced in developmental paediatrics, interested in undergraduate teaching. Seeking rural/semi-rural partnership concerned with a high quality of care, preferably within a 20-mile radius of Northampton. Please contact Dr Nicholas Leach, 48 Embassy House, West End Lane, London NW6. (Telephone: 01-624 0790.)

UNIVERSITY OF DUNDEE POSTGRADUATE MEDICAL EDUCATION

Courses and attachments for general practitioners 1979

1. Theoretical course in family planning, 13 and 14 March 1979.
2. Residential attachments in obstetrics, mid-June to mid-July 1979.
3. Refresher course in medicine for general medical practitioners, 2 to 6 July 1979.
4. Refresher course in medicine for general medical practitioners, 3 to 7 September 1979.
5. Recent advances in occupational medicine for industrial medical officers and general medical practitioners, 17 to 21 September 1979.
6. Course in geriatric medicine for general medical practitioners, 24 to 28 September 1979.

These courses and the residential attachments in obstetrics have been approved by the Scottish Home and Health Department under Section 63 of the Public Health and Social Services Act (1968).

Further particulars of the courses and attachments may be obtained from the Postgraduate Dean, Faculty of Medicine and Dentistry, University of Dundee Medical School, Ninewells Hospital, Dundee DD1 8SY.

Somebody has prescribed 20,000,000 tubes of fucidin...

is it YOU?

In boils, dirty wounds, impetigo and most other soft tissue bacterial infections- Fucidin works.

Topical Fucidin is available as Fucidin Gel, Fucidin H Gel, Fucidin H Ointment, Fucidin Tulle and Caviject... and of course

fucidin* ointment

Sodium Fusidate B.P.

Full prescribing information available from

Leo Laboratories Limited,
Hayes Gate House, Hayes, Middx.

*Fucidin is a trade mark for sodium fusidate.

Topical Fucidin 2% Fucidin, also available with 1% hydrocortisone. **Indications** Gram-positive skin infections. Hydrocortisone preparations for inflammatory dermatoses. **Contra Indications/Precautions** Infections due to non-susceptible organisms. Fucidin hypersensitivity. Avoid extensive use of hydrocortisone in pregnancy and infants. Do not use in or near eyes. **Adverse Reactions** Occasional hypersensitivity reactions.
Product Licence No: 0043/5005 **Basic NHS Price:** 10g 95p