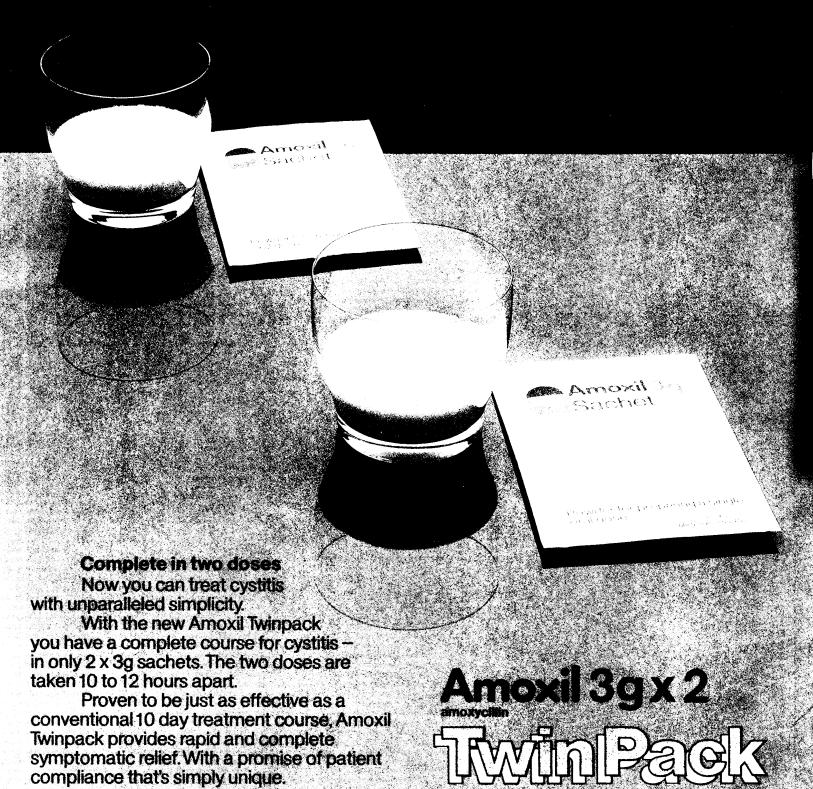
Introducing a unique 12-hour treatment course for cystitis.



Prescribing Information

Indications Amoxil Twinpack (3g x 2) is indicated for the treatment of simple, acute urinary tract infections such as cystitis in adults. Dosage Adults: Two 3g doses, 10-12 hours apart Presentation Carton containing 2 sachets Each sachet provides 3g amoxycilin (as tribydrate) for reconstitution to approximately 50ml in water. Prescribed as an original pack, Amoxil Twinpack includes full instructions for dosage and

compliance that's simply unique.

administration. Basic NHS cost per complete course £2.85. PL 0038/0238.
Contra-indications Amoxil is a penicillin and should not be given to penicillin hypersensity.

patients.

Side effects Side effects, as with other penicill
are usually of a mild and transition nature, they
include diarrhoes, indigestion, or occusionally i
effect utilizated or environatous. An uncourse os
suggests penicillio hypersunstivity, and the





The third in a series of Hibernating animals: the Brown Bear (Ursus arctos arctos) hibernates from mid November

For safe, natural, undisturbed sleep...

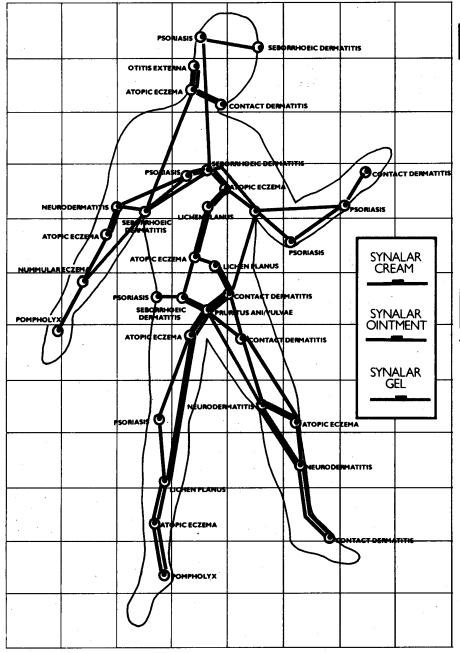
REMNOS

Nitrazepam/DDSA

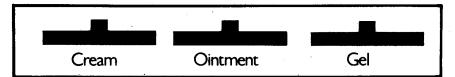
- Rapidly induces natural sleep
- Increases the duration of sleep and reduces the number of nocturnal awakenings
- No hangover or confusion on waking
- Minimum changes in REM pattern
- Small dependence risk
- High comparative safety in overdosage
- Well tolerated and producing no unwanted systemic effects
- Uniquely available in two strengths (5mg & 10mg)

Presentation circular biplanar 12mm tablets marked DDSA on obverse with single break line on reverse, containing Nitrazepam BP, white 5mg, yellow 10mg. Uses an effective hypnotic agent recommended when a rapid onset of sleep is required. Remnos increases total sleep time lasting 6-8 hours, with a reduced number of nocturnal awakenings. Remnos does not act by depression of brain structures, but promotes sleep with minimal changes in the rapid eye movement pattern (REM). Sleep disturbances due to organic osnicions, tessions, stress, anxiety and depression. The treatment of insomnia in the chronically ill requiring long or short term hypnotics. Pre-operative sleep. Dosage and administration, adults – the recommended dose is 5mg before retiring. This may be increased to 10mg. Hospital in-patients may receive up to 20mg. Debilitated and elderly patients – 2.5 to 5mg. Treatment should be commenced with the smaller 2.5mg dose in the elderly. Remnos is not recommended for administration to children. Contra-indications, warnings, etc. It is not advisable that Remnos be used in pregnancy and lactation. Patients receiving treatment with Remnos should be warned against the dangers of taking alcohol, barbiturates and other CNS depressants, and to exercise great care in handling mechanical equipment and driving motorised vehicles. Care should be taken in patients with respiratory depression. Side effects such as ataxia and drowsiness may occur, although hangover effect is minimal. Overdosage, evidenced by ataxia, slurred speech and drowsiness, gastric lavage and symptomatic treatment. Pharmaceutical precautions, protect from light and store in a well-closed container in a dry cool place. Legal category, S4b. Basic, NHS price Smg £1.40 per 100, also packs of 500 (both strengths). Further information, Remnos may be given to patients receiving rath-coagulant therapy and cardio-vascular, antihypertensive and antidepressant drugs. Product licence numbers 0225/0022; 0225/0031, DDSA Pharmaceuticals 310 Old Brompton Road London SW5

KETHETU



The 'Synalar' Lines



Economical Reliable Fast acting



Your first line topical steroid

Additional Information

PRESENTATION. 'Synalar' preparations contain fluo-cinolone acetonide B.P. 0.025%. The steroid is dissolved in a small quantity of propylene glycol and incorporated in either a water-miscible cream, greasy ointment or clear,

water-miscible gel.

ADMINISTRATION. A small quantity of the preparation should be applied lightly to the affected area two or three times a day, and massaged gently and thoroughly into the skin. 'Synalar' Gel should be massaged into the scalp, or other affected area, morning and night. For maintenance therapy, treatment should be repeated once or twice a wee

CONTRAINDICATIONS. As with all topical steroids, 'Synalar' is contraindicated in tuberculous, syphilitic and most viral infections of the skin, and in acne rosacea. 'Synalar' preparations should not be used on associated bacterial or fungal infections unless adequate

anti-bacterial cover is also given.

PRECAUTIONS. In pregnant animals topical administration of corticosteroids can cause abnormalities of fetal development. Although the relevance of this finding to human beings has not been established, when topical steroid treatment is considered necessary during pregnancy both the amount applied and the length of treatment should be minimised. Long-term continuous topical steroid therapy should be avoided since adrenal suppression can occur, particularly when infants are being

treated or where occlusive dressings are applied.

SIDE EFFECTS.In normal usage side effects are extremely rare but, as with all drugs, the occasional patient may react unfavourably. In such a case treatment should be stopped. A few instances of atrophic striae after extensive treatment with 'Synalar' have been

reported.

NHS PRICE: Synalar Cream, Ointment, Gel (30g tube)

P/L No.: Synalar Cream 0029/5037; Synalar Ointment 0029/5041; Synalar Gel 0029/5039.

'Synalar' is a trade mark.











A delicate skin problem but one that must be solved

When prescribing a topical steroid to treat a delicate area, a major. consideration is to avoid the risk of untoward effects.

Eumovate fulfils the need for a topical steroid with a wide margin of safety, providing significant anti-inflammatory activity without a corresponding increase in the risk of side effects.



Clinical evidence^{1,2} has shown that the minimal effect on HPA function observed with Eumovate was in definite contrast to that seen with other preparations.

 Munro, D.D., Wilson L.C., British Medical Journal (1975) 3, 626
 Munro, D.D., Journal of Dermatology (1976) 94 (Suppl.) 12 67

Eumovate (clobetasone butyrate)

An investment in safety and efficacy

Prescribing information Uses

Eumovate is suitable for treating the milder forms of eczema, seborrhoeic dermatitis and other

steroid responsive skin conditions. **Dosage and administration**Apply up to four times a day until

Apply up to four times a day ur improvement occurs, when the frequency may be reduced. Side effects

With all topical corticosteroids local atrophic changes may possibly occur following prolonged and intensive treatment. Also prolonged use of large amounts or treatment of extensive areas may produce the features of hypercorticism. This is more likely to occur in infants and children, and with occlusion. In infants, the napkin may act as an occlusive dressing. In the unlikely event of signs of

hypersensitivity appearing, application should stop immediately.

immediately. **Precautions**

Long-term continuous therapy should be avoided, particularly in infants and children in whom adrenal suppression can occur even without occlusion. Appropriate chemotherapy should be used whenever infection of the skin is present. Any spread of infection requires withdrawal of topical corticosteroid therapy. With all corticosteroids, prolonged application to the face is

Topical steroids should not be used extensively in pregnancy, i.e., in large amounts or for prolonged periods.

Contra-indications
Bacterial, fungal or viral diseases of the skin.

Basic NHS cost (exclusive of VAT)

Eumovate Cream or Ointment 25 gram tube £1·23 (also available in 100 gram tubes) Product Licence

number cream 4/0233

ointment 33 4/0254

Glaxo Leaders in topical steroid therapy

Glaxo Laboratories Ltd Greenford, Middlesex UB6 0HE Eumovate is a trade mark





"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 six (10%) patients were controlled by labetalol alone."

(Current Medical Research and Opinion, 1978, 5, 618)

PRODUCT INFORMATION

PRESENTATION AND BASICNHS 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.

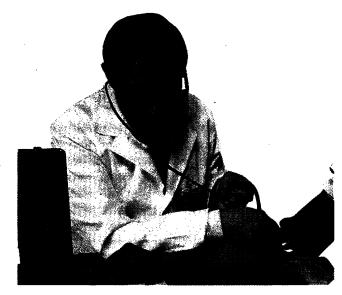
PRECAUTIONS

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

simplifies the management of hypertension

for the doctor

- Trandate provides effective control of the hypertension
- Trandate is suitable for a wide range of patients
- Trandate obviates the need for multi-drug regimens or fixed combination products
- Trandate needs few incremental changes in dosage for control of most patients.

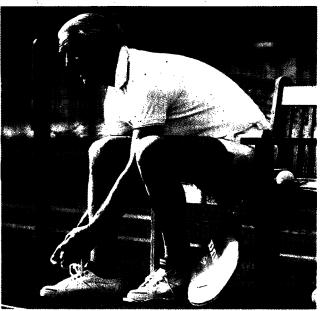


and for the patient

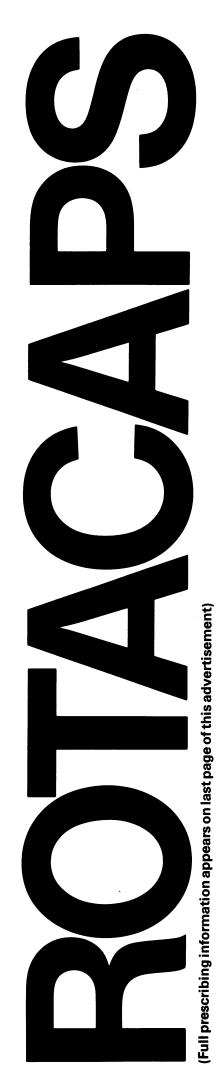
- The overall incidence of side effects is low
- Trandate avoids unwanted effects such as sedation and lack of energy
- The dosage regimen is simple just one tablet two or three times a day
- Patients feel better on Trandate and the treatment does not restrict activity

"It is therefore particularly encouraging that 74% of patients in this study reported that they were much less tired, more energetic, more active physically and more mentally relaxed than when on their previous antihypertensive therapy."

(Practitioner, 1979, 222, 131)







AN INSPIRED CHOICE....

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.

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. 99
(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.

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.

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.



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.

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

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.

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

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.

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.

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.

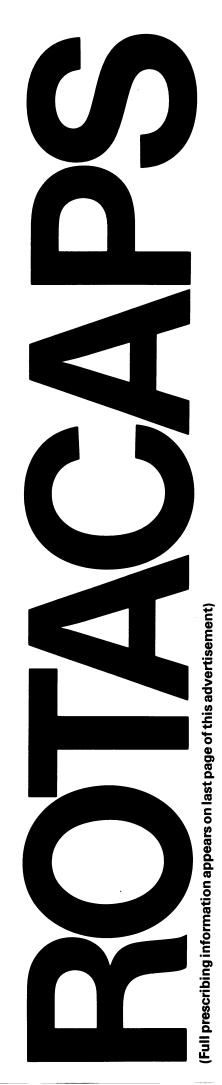
In the case of young children and patients with arthritis of the hands it may be preferable for the device to be loaded by the parent or other person. When Ventolin Rotacaps are being used for the relief of acute bronchospasm it may be convenient to load a Rotacap into the device so that the dose is 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 Rotabaler should be prescribed at approximately six-month intervals.





Who are the candidates for Rotacaps in your practice?





AN INSPIRED CHOICE....

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.

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. 99
(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.

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.

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.



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.

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

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.

No important side effects have been reported following treatment with inhaled Ventolin.

PRODUCT LICENCE NUMBERS

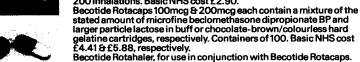
Ventolin Inhaler 0045/5022; Ventolin Rotacaps 200mcg 0045/0116; Ventolin Rotacaps 400mcg 0045/0117.

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.



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

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.

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.

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 Rotabaler should be prescribed at approximately six-month intervals.





Who are the candidates for Rotacaps in your practice?



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

Rehabilitation Today

'Every medical practitioner, every medical student (and every dean) should... have access to a copy of this book... Its use as a source of reference should become second nature.' British Medical Journal

Stephen Mattingly (Ed.), 1977, 216 figures, 189 pp, paperback, ISBN 0906141001, price £6.20, post and packing free.

Dermatology

'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.'

Lionel Fry, 2nd edition, 1978, 506 figures, 168 pp, hardback, ISBN 0 906141 02 8, price £8.25, post and packing free.

Neonatal Medicine

'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.

Immunisation

George Dick, 1978, 24 figures, 160 pp, paperback, ISBN 0 906141 03 6, price £4.20, post and packing free.

Preventive Dentistry

Leon Silverstone, 1978, 74 figures, 176pp, hardback, ISBN 0906141060, price £5.95, post and packing free.

Interpreting the Electrocardiogram

James S. Fleming, 1979, 245 figures, 144pp, hardback, ISBN 0 906141 05 2, price £6.75 post and packing free.

UPDATE BOOKS

Order form on page 487



COLLEGE ACCOMMODATION

Charges for college accommodation are reduced for members (i.e. fellows, members and associates). Members of overseas colleges are welcome when rooms are available. All charges for accommodation include breakfast and are subject to VAT. A service charge of 12½ per cent is added. Members are reminded that children under the age of 12 years cannot be admitted and dogs are not allowed. Residents are asked to arrive before 18.30 hours to take up their reservations.

From 1 September 1978, charges are (per night):

	Members	Others
Single room	£5	£12
Double room	£10	£20
Flat 1	£15	£25
Flat 2	£18	£30
Flat 3	£20	£35

Charges are also reduced for members hiring reception rooms compared with outside organizations which apply to hold meetings at the College. All hirings are subject to approval and VAT is added.

	Members	Others
Long room	£40	£80
Damask room	£30	£50
Common room and		
terrace	£30	£50
Kitchen/Dining room	n £10	£20
Seminar room	£20	£30
Poc room		£20

Enquiries should be addressed to:

The Accommodation Secretary, Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU.

Tel: 01-584 6262

Whenever possible bookings should be made well in advance and in writing. Telephone bookings can be accepted only between 9.30 hours and 17.30 hours on Mondays to Fridays. Outside these hours, an Autophone service is available.

JOURNAL OF THE ROYAL COLLEGE OF PHYSICIANS OF LONDON

This Journal is concerned with the integration of scientific disciplines in the practice of medicine and, by providing a wide ranging commentary on the growing points of medicine, is an essential complement to the specialised journals.

. 3

complement to the specialised Journals.									
CONTENTS OF VOLUME 13, NO. 3									
R. M. Boyle, M. L. Price and M. Hamilton	Thiazide Withdrawal in Hypertension								
P. M. Higgins	The GP/Hospital Interface								
C. Laroche, A. Boissonnas and J. R. Maury	Acquisitions Nouvelles dans le Domaine des Syndromes Paraneoplasique								
M. B. Matthews	Self-Assessment Programmes and Aspects of Audit								
D. Parker and J. S. Malpas	Multiple Myeloma								
R. L. Parsons	The Relationship Between Hospital-Based Clinical Pharmacologists and the Pharmaceutical Industry								
K. R. Patel	The Role of Adrenoceptors in Bronchial Asthma								
Hedley Peach and John Pathy	Disability in the Elderly after Myocardial Infarction								
Margaret Stacey	New Perspectives in Clinical Medicine: the Sociologist								
Editor	A Stuart Mason								

Editor: A. Stuart Mason, MD, FRCP

Published quarterly in Publication: January, April, July

and October

Subscription: United Kingdom and Republic of Ireland £10 p.a. (including postage)

USA and Canada \$30 p.a. Other countries

£12 p.a.

Royal College of Physicians All inquiries to Editorial Office:

of London

11 St Andrew's Place Regent's Park London NW1 4LE

Publishing Office: Update Publications Ltd

33/34 Alfred Place London WC1E 7DP

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 £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 ten per cent reduction.

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 male and female applicants.

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.

Notification of change of address

Members changing their address are asked to let the Registrar of the Royal College of General Practitioners know as soon as possible, with the effective date, so that the *Journal* can continue to be sent to them without delay.

Please write to: The Registrar, Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU.

Old address:																													
			•																					•					
										•																			
						•	•																				•		•
			•																				•						
New address:																													
	•		•		•				•		•						•			•	•	•	•	•	•	•	•		•
• • •	•		•				•					•					•	•					•	•	•	•			•
						•																							

DUNDEE UNIVERSITY

DEPARTMENT OF GENERAL PRACTICE

Applications are invited from registered medical practitioners holding the Diploma of MRCGP for a new post of SENIOR LECTURER in the above department.

Experience of teaching and research in general practice is desirable.

Salary on the Senior Clinical Lecturer scale with initial placing dependent on qualifications and experience.

Superannuation under USS or continuation of FSSU. Grant toward removal expenses to Dundee.

Further particulars of the appointment may be obtained from The Secretary, The University, Dundee DD1 4HN with whom applications (12 copies or, if posted overseas, one copy) quoting reference EST/71/79R and containing the names of two referees should be lodged as soon as possible.

Health and the Family

C. Wood

June/July 1979 xiv + 240pp. £11.60

0.12.794913.5 (Academic Press) 0.8089.1180.5 (Grune & Stratton)

This volume deals in an unusually comprehensive way with one of the major human problems of this century, the changing status of the family. Each chapter deals with a specific aspect of the problem including the family-orientated birth, the feminist and birth-control movements, attitudes towards the aged and the effect of television on the young as well as new developments in medical education. Chapters on new educational developments in family medicine, internal medicine, paediatrics, obstetrics and psychiatry all describe the growth of a more human and personalized approach to health problems of the individual and the family. The final chapters call upon health professionals to deal more effectively with the modern epidemics of mental ill-health, alcoholism and drug abuse as well as to provide for the health needs of an increasingly aged population.

Published jointly with Grune & Stratton.

Academic Press

London New York San Francisco

A Subsidiary of Harcourt Brace Jovanovich, Publishers 24-28 Oval Road, London NW1 England 111 Fifth Avenue, New York.

111 Fifth Avenue, New York, NY 10003, USA



Vocational Training for General Practice Taunton Scheme

Exciting opportunities for doctors planning their careers ahead and seeking training posts beginning February or August 1980.

Applications are now invited for 4 posts in these 3-year programmes which have been carefully planned in every detail.

Stream 'A'

(February and August 1980)

General Practice
Paediatrics
Psychiatry
Ear, Nose and Throat
Medicine
A different General
Practice

Stream 'B'

(February and August 1980)

General Practice
Accident/Emergency
Geriatrics
Obstetrics
Paediatrics
A different General
Practice

Organization will be by The Somerset Postgraduate Centre and includes half-day release training in Ophthalmology, Community Medicine, Laboratory Medicine, Family Planning, Organization and Methods of Practice and the many 'fringe' medical activities—with continuous 'feed-back' involvement.

Recognized for: The DHSS regulations regarding Vocational Training Allowance

The RCGP Examination for Membership

The D RCOG The DCH

Married accommodation is offered throughout the Scheme.

Applications by Wednesday, 26 September for appointment (interviews mid-October) to the Sector Administrator, Musgrove Park Hospital, Taunton. Tel. 3444 Ex. 4063. (No application forms — please give full curriculum vitae).

JOURNAL PUBLICATIONS

The following have been published by the *Journal* of the Royal College of General Practitioners and can be obtained, while still in print, from the Royal College of General Practitioners.

REPORTS FROM GENERAL PRACTICE

No. 17 The Assessment of Vocational Training for General Practice . £2.25

SUPPLEMENTS TO THE JOURNAL OF THE ROYAL COLLEGE OF GENERAL PRACTITIONERS

General Practice in the London Borough

of Camden	75p
University Departments of General	
Practice	75p
The Medical Use of Psychotropic Drugs	£1.75
Hostile Environment of Man	£1.25
Visit to Australia and the Far East	£1.00
Prescribing in General Practice	£3.00
OCCASIONAL PAPERS	
No. 1 International Classification of	60.05
Health Problems in Primary Care	£2.25
No. 4 A System of Training for General	
Practice	£2.75
No. 5 Medical Records in General	
Practice	£2.75
No. 6 Some Aims for Training for	
General Practice	£2.75

Please send your orders to:

£3.00

No. 8 Patients and their Doctors 1977

The Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU.

OCCASIONAL PAPERS

The Journal of the Royal College of General Practitioners has introduced a new series of publications called Occasional Papers. The prices shown include postage and copies can be obtained while stocks last from 14 Princes Gate, Hyde Park, London SW7 1PU.

OCCASIONAL PAPER 1

An International Classification of Health Problems in Primary Care

The World Organization of National Colleges and Academies of General Practice (WONCA) has now agreed on a new, internationally recognized classification of health problems in primary care. This classification has now been published as the first Occasional Paper. Price £2.25.

OCCASIONAL PAPER 4 A System of Training for General Practice

The fourth Occasional Paper by Dr D. J. Pereira Gray is designed for trainers and trainees and describes the educational theory being used for vocational training in the Department of General Practice at the University of Exeter. Price £2.75.

OCCASIONAL PAPER 5 Medical Records in General Practice

The fifth Occasional Paper by Dr L. Zander and colleagues from the Department of General Practice at St Thomas's Hospital Medical School describes a practical working system of record keeping in general practice which can be applied on ordinary records or on A4 records. Price £2.75.

OCCASIONAL PAPER 6 Some Aims for Training for General Practice

The sixth Occasional Paper includes the educational aims agreed by the Royal College of General Practitioners, with the specialist organizations in psychiatry, paediatrics, and geriatrics, as well as the Leeuwenhorst Working Party's aims for general practice as a whole. Price £2.75.

FAMILY PRACTITIONER REQUIRED

The Canadian Community of Notre Dame de Lourdes, Province of Manitoba, is accepting 'off-shore' applications from medical doctors interested in reestablishing in Canada. Applicants must have, or be eligible to write for, their LMCC and be willing to register with the Manitoba College of Physicians and Surgeons.

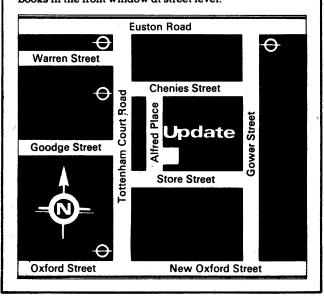
This rural community encompasses a population base of 1,200 and is serviced by a hospital and a nursing home facility situated in the village of Notre Dame de Lourdes. Located 80 miles from Winnipeg, the provincial capital of Manitoba, Notre Dame de Lourdes offers housing, medical office space, and the option to work in private practice or as a salaried physician. Applicants should have experience in obstetrics as well as an interest in gerontology.

Please address all inquiries or applications to the following address:

Mr Roger Sala, Chairman, Notre Dame Hospital Board, Notre Dame de Lourdes, Manitoba, ROG 1MO, Canada. Telephone 248-2379.

Buy Update Books from our Central London Office

Update Books are now on display and for sale at the Update offices in central London. You can call into the 2nd floor reception, Update Publications, 33-34 Alfred Place, London WC1E 7DP, to inspect or purchase Update books any time between 9.30 a.m. and 5.30 p.m., Monday to Friday. This map shows how to find Alfred Place. The Update building is clearly recognisable by the display of books in the front window at street level.



SUPPLEMENT TO THE JOURNAL OF THE ROYAL COLLEGE OF GENERAL PRACTITIONERS

Prescribing in general practice

The cost of the drugs prescribed by British general practitioners now exceeds the cost of the doctors' own income and expenses combined. The number of prescriptions for psychotropic drugs has doubled between 1964 and 1974 and the applications of prescribing in general practice are bedevilled by factors quite unrelated to clinical pharmacology, such as the symbolic use of drugs, patient and doctor expectations and attitudes, and pressures from advertising.

Who are the high cost prescribers? What, if any, is the influence on a doctor's prescribing of being trained overseas? What are the facts and what are the trends?

Prescribing in General Practice is one of the most comprehensive booklets ever issued on prescribing in British general practice; it was published as a Supplement to this Journal and sponsored by the Department of Health and Social Security.

Prescribing in General Practice is available now from 14 Princes Gate, Hyde Park, London SW7 1PU, price £3.00, post free.

INDEX TO ADVERTISERS

	page		page
Allen & Han	bury Ltd	iCl Ltd	
Trandate	Bound in insert between 464/5	Synalar	453
		Leo Labs	
Bencard Ltd		Burinex K	Outside back cover
Amoxil	Inside front cover		
		Smith, Klir	ne & French
DDSA		Fellowship	480
Remnos	450	•	
		Update Pu	blications
Duncan Floo	khart	Corporate	488
Paramol 118	477	Order Forn	n 487
Fluvirin	Inside back cover		
Glaxo Labs			
Eumovate	456		

'The ultimate in purified antigens...'

Fluvirin contains only the protective haemagglutinin and neuraminidase antigens of the virus, adsorbed on to aluminium hydroxide and virtually none of the other viral components.

For this reason it has been described as 'the ultimate in purified antigens" and an October '78 issue of BMJ endorses the use of surface antigen vaccines like

FLUVIRIN against influenza: 'Surface antigen vaccines seem to cause fewer minor side effects, such as sore arms and febrile reactions, than zonally purified whole virus vaccines, and in the view of many they are preferable, especially for children and when two doses have to be given.'2

1. British Medical Journal, (1975), 1, 508. 2. British Medical Journal, (1978), 2, 1177. It makes sense to prescribe FLUVIRIN.

FLUVIRIN

The advanced British influenza vaccine

PRESCRIBING INFORMATION. Presentation: Fluvirin, adsorbed surface antigen influenza vaccine, contains in 0.5ml dose, the strains of influenza virus currently recommended. Each 0.5ml dose contains the haemagglutinin and neuraminidase antigens prepared from: 200 Units of A/USSR/92/77 (H₁N₁) 200 Units of A/England/321/77 (H₃N₂) 200 Units of B/Hong Kong/8/73 adsorbed on to aluminium hydroxide. Uses: Protection against influenza. Dosage: Adults aged over 24 years: Single dose of 0.5ml by deep subcutaneous or intramuscular injection; it must NOT be given intradermally. Children aged 4 to 9 years: 2 doses of 0.5ml, one month apart. Children and adults aged 9 to 24 years: 2 doses of 0.5ml, one month apart (if previously primed with H₁N₁ sub-type one dose of 0.5ml is sufficient). If the vaccine has been stored in a refrigerator it must be allowed to reach room temperature before use; the container should be well shaken immediately before making the injection. Unused contents of multidose vials should be discarded at theend of the day's session. Warnings: Contra-indicated in persons sensitive to egg protein. The potential risk of adverse reaction to vaccines should be taken into account in patients with a personal or family history of allergy. Spirit should not be allowed to come in contact with the vaccine. Side effects: Redness and soreness at the site of injection, headache, pyrexia and a feeling of malaise may occur. Package quantities: Single dose ampoules of 0.5ml, disposable syringe pack of 0.5ml at a basic NHS cost of £1.70 and multidose vials of 5ml.



 $Further\,in formation\,is\,available\,on\,request.$

Fluvirin is a trade mark of Duncan, Flockhart & Co. Limited, London E2 6LA



As a fast acting diuretic

Bulline *

bumetanide and slow-release potassium chloride*

is unbeatable...

as a potassium supplement it's unforgettable

Your patients rarely forget to take their 'water pill' but all too frequently fail to take their potassium supplement if you prescribe it separately.¹

Burinex K solves this problem because Burinex the 'most effective natriuretic agent' 'coats' the potassium core – to make it truly unforgettable.

In addition – because of the shape and size – it's easier to swallow than the most commonly used potassium supplement alone.³

Burinex Kin CCF right from the start

1. Brit.Med.J., 618, **2**, 1977 2. Acta med. scand., 119, **193**, 1973 3. J.Int. Res., 104, **3**, 1975