

Ativan lorazepam ahead in anxiety

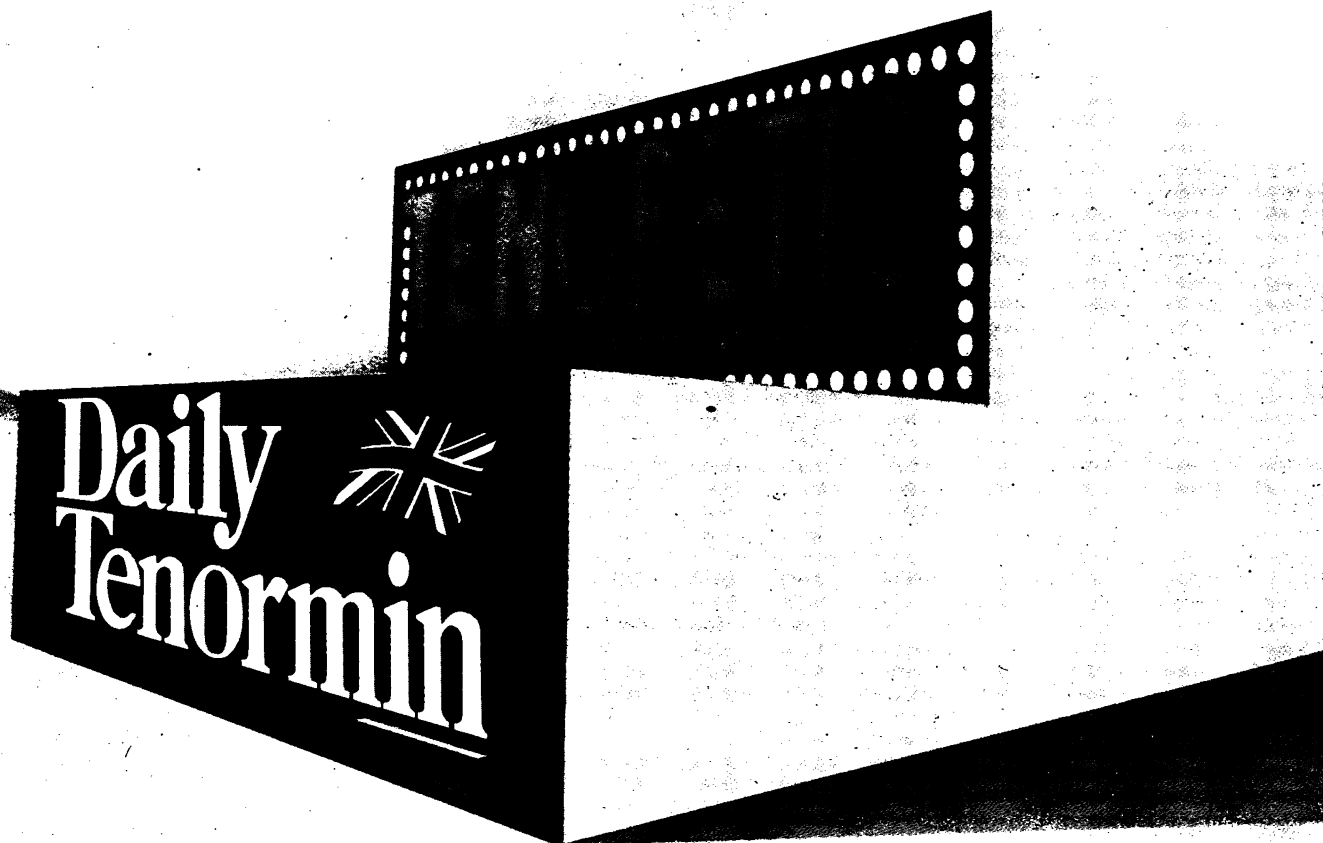
the response that you expect
and your patient needs

with minimal sedation

and rapid elimination

**Ativan—the short
acting anxiolytic**

Logical step the treatment of hypertension



Step One **Tenormin**

atenolol 100mg

Highly cardioselective
Cardioprotective

Only ONE tablet daily

Step Two **Tenoretic**

atenolol 100mg & chlorthalidone 25mg

Combines 'Tenormin' with chlorthalidone
Better control in more patients

Still only ONE tablet daily

Prescribing Notes for 'Tenormin' and 'Tenoretic'

Dosage:

One tablet daily.

Contraindications:

Heartblock. Co-administration with verapamil.

Precautions:

Untreated cardiac failure, bradycardia, renal failure, anaesthesia and pregnancy. 'Tenoretic' only Gout. Changes in serum potassium are minor and probably clinically unimportant. Care should be taken in patients receiving digitalis and those liable to hypokalaemia from other causes. In diabetes chlorthalidone may decrease glucose tolerance.

Side Effects:

Coldness of extremities and muscular fatigue. Sleep disturbance rarely seen. Rashes and dry eyes have been reported with beta-blockers — consider discontinuance if they occur. Cessation of therapy with beta-blocker or beta-blocker/diuretic combination should be gradual. 'Tenoretic' only With chlorthalidone occasional nausea and dizziness and rarely idiosyncratic drug reactions such as thrombocytopenia and leucopenia.

Pack sizes and Basic NHS cost:

'Tenormin' 28's £7.27.
'Tenoretic' 28's £8.17

Product Licence Numbers:

'Tenormin' 0029/0122.

'Tenoretic' 0029/0139.

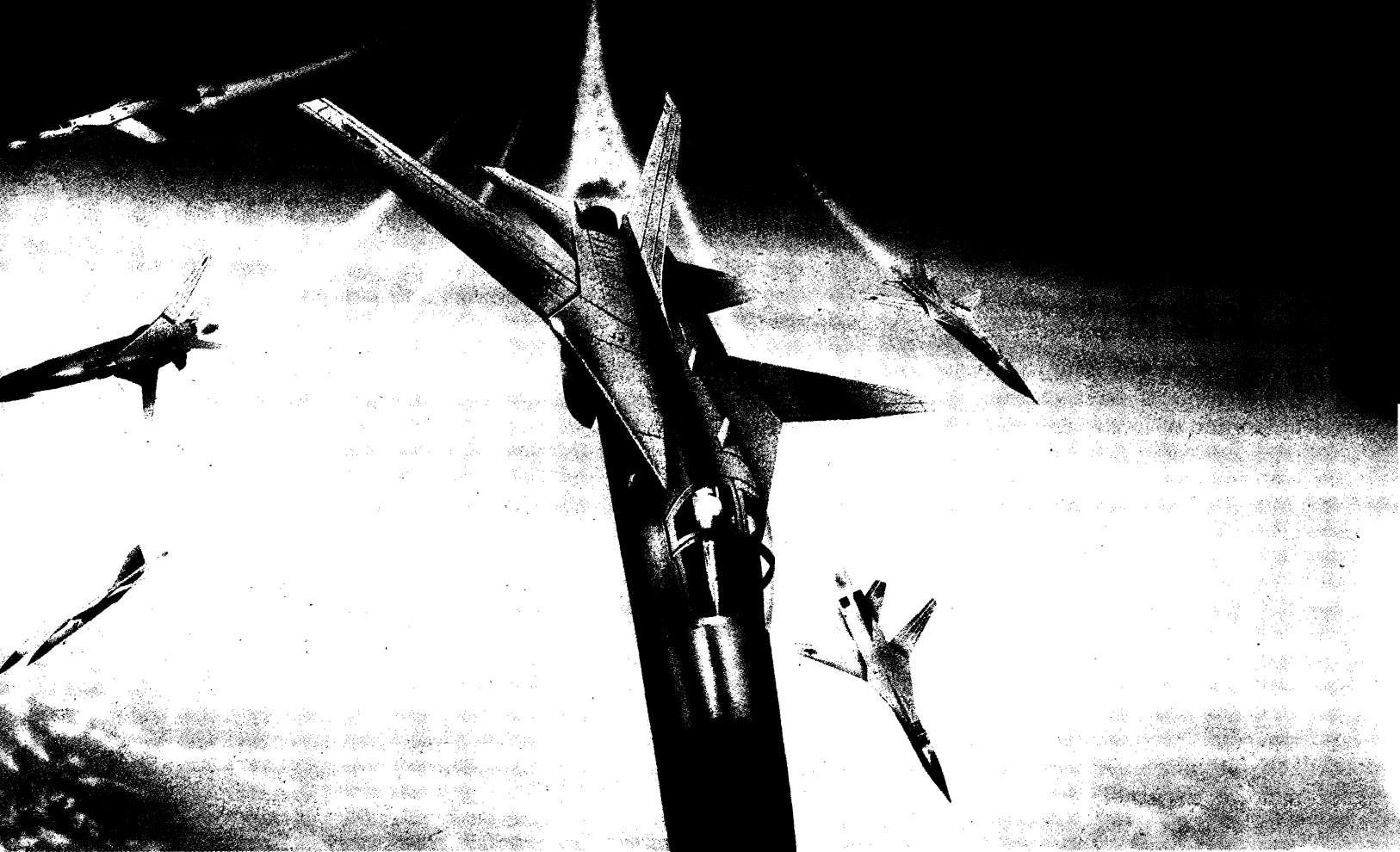
'Tenormin' and 'Tenoretic' are trademarks.

Full prescribing information is available on request to the Company.



Stuart Pharmaceuticals Limited
Carr House, Carrs Road,
Cheadle, Cheshire SK8 2EG.

Which antihypertensives also work at 48,000ft?



It is often assumed that aircrew who develop hypertension are grounded and cannot return to flying duties.

But they can.

A recent study¹ in hypertension assessed the efficacy and safety of spironolactone/thiazide combination and the results were encouraging: 94% of patients were adequately controlled after six weeks of treatment. And more importantly, 84% were able to return to normal flying duties.

Thiazides, used alone, have been shown to control less than 50% of all treated patients.¹

This research now indicates a more acceptable group of antihypertensive agents.

In everyday treatment, of mild to moderate hypertension, Aldactide 50 represents a very effective spironolactone/thiazide combination.

At a once daily dosage, Aldactide 50 ensures a gradual reduction of both systolic and diastolic blood pressures. Its antihypertensive effect is maintained during long term administration. And because it has little effect on serum uric acid and conserves potassium, Aldactide 50 can avoid the potential drawbacks of life-long thiazide only therapy.

Therefore when a patient first presents with mild or moderate hypertension, choose an antihypertensive that maintains a high level of performance. Choose Aldactide 50.

Once daily

Aldactide 50

hydroflumethiazide + spironolactone

To start with – to stay with

Reference

1. Hull, D.H., et al. *Aviation, Space and Environmental Medicine*, 1978, 49, 503-511.

Prescribing Information

Presentation
Aldactide 50
Cream scored tablets stamped "SEARLE 180" on one side containing Spironolactone B.P. 50mg and Hydroflumethiazide B.P. 50mg
Uses
Essential hypertension.

Dosage and Administration

Adults
Aldactide 50 – one or two tablets with breakfast or the first main meal of the day.
Children
Daily dosage should provide 1.5 to 3mg of spironolactone per kilogram body weight, given in divided doses.
Contra-indications, Warnings, etc.
Anuria, acute renal insufficiency, rapidly progressing impairment of renal function, hyperkalaemia, patients who are hypersensitive to either component, concurrent administration with other potassium conserving diuretics.

Aldactide potentiates the effect of other antihypertensive drugs and their dosage should be reduced when Aldactide is added to the treatment regime. Patients should be carefully evaluated for possible disturbances of fluid and electrolyte balance. Thiazides may induce hyperuricaemia and decrease glucose tolerance. Spironolactone or its metabolites may, and hydroflumethiazide does, cross the placental barrier. Use of Aldactide in pregnant women requires the anticipated benefit be weighed against the possible hazards to the foetus.

Adverse effects reported in association with spironolactone include gynaecomastia, gastrointestinal intolerance, skin rashes, menstrual irregularities, impotence, mild androgenic effects etc. Adverse effects reported in association with thiazides include gastrointestinal symptoms, skin rashes, blood dyscrasias, muscle cramps etc.
Product Licence Holder and Number
G.D. Searle & Co. Ltd. Aldactide 50: 0020/0082.
Basic N.H.S. Cost
40 tablets: £6.88.
Full prescribing information is available on request. Aldactide and Searle are registered trade marks.

Searle Pharmaceuticals
Division of G.D. Searle & Co. Ltd.,
PO. Box 53, Lane End Road,
High Wycombe, Bucks. HP12 4HL
Tel: High Wycombe 21124

SEARLE



Balancing the pain scale

Paramol-118

DF 118

Bronchitis.....

Asthma.....



Emphysema aids to Diagnosis Management & Treatment

WRIGHT PEAK FLOW METER

Ailments of the respiratory tract are often affected by working conditions. The Wright Peak Flow Meter was designed to provide a rapidly performed test for the diagnosis and management of conditions such as asthma, chronic bronchitis and emphysema.



Clement Clarke International Ltd.

15 Wigmore Street, London W1H 9LA, England.

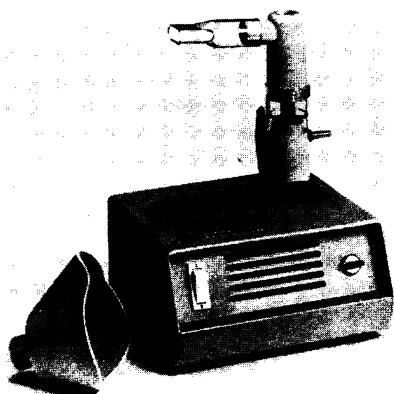
Telephone 01-580 8053

Telex 298626

Cables Clemclarke London

mini-WRIGHT PEAK FLOW METER

The Mini Wright Peak Flow Meter is intended to complement the Wright Peak Flow Meter and to be an inexpensive and portable instrument for self-monitoring by patients to provide information about their response to treatment.



PARI INHALIERBOY

The PARI INHALIERBOY consists of a small compressor unit and a nebulizer. Compressed air is supplied, positively free of oil particles and the nebulizer produces an aerosol from medicinal lotions. The particles are of the order of $0.5-20\mu$. The instrument operates quietly, and is housed in an attractive plastic case.

Articular



Prescribing Information

Dosage: orally with food, 50-100 mg early morning and late at night. Contra-indications: recurring history of/or active peptic ulceration; chronic dyspepsia; use in children; in patients sensitive to aspirin or other non-steroidal anti-inflammatory drugs

known to inhibit prostaglandin synthetase or with bronchial asthma or allergic disease. Precautions: pregnancy; lactation. Dosage of concomitant protein-binding drugs may need modification. Side-effects: occasional gastro-intestinal intolerance. Very rare gastro-intestinal haemorrhage/skin rashes.

Power

ketoprofen
Orudis **100**

**NEW
STRENGTH**

ORUDIS
100

ORUDIS
100

Presentations: 100 mg capsules PL 0012/0133; 50 mg capsules PL 0012/0122. Basic NHS Costs (Feb '81) 100 x 100 mg capsules £11.68; 25 x 50 mg capsules £1.46.

Orudis is a trade mark.

M&B **May & Baker**

May & Baker Ltd Dagenham Essex RM10 7XS

MA 90/2



(salbutamol BP)

Primary therapy in reversible airways obstruction

**Long-acting
yet with a rapid onset of action**

Protects against

1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 26

1

Uses

■ CONTRACEPTION
 B. is used to prevent pregnancy.

Dosage and administration

Using Ventolin

Using Ventolin

Using Ventolin is a simple process. The first step is to shake the inhaler well. Then, the patient should breathe out fully and place the mouthpiece in the mouth. The patient should then breathe in slowly and deeply while pressing the canister. After holding the breath for 10 seconds, the patient should breathe out. This process should be repeated as directed by the healthcare provider.

A

Uses

• The most common application of the model is in the design of a new system. The model is used to define the system's requirements, to design the system's architecture, and to develop the system's code. The model is also used to test the system and to document the system.

Dosage and administration

Asking a dose for the relative acute or chronic plasma concentration, intermediate stages of binding and to prevent excessive binding to the receptor.

Using Ventolin Inhaler: Adults and children aged 12 years and over should use 2 inhalations.

Children under 12 years: Children aged 6 to 11 should use 1 or 2 inhalations, depending on the need.

Using Ventolin Rotahaler – 4 puffs, one Ventolin Rotahaler 200mcg or 400mcg
Or, one neVentil Rotahaler 200mcg
Or, one neVentil Rotahaler 400mcg, daily 4 times.

Using Ventolin Inhaler: Adults: Two inhalations three or four times a day. Children: One inhalation three or four times a day. Inhalations may be increased 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.

Contra-indications
Vaccines or preparations should not be used for the prevention of tracheal rabies in the following cases:

Precautions
 1. It is a very effective dose of ampicillin and is also covered by using at least three hours the antibiotic should be used in each dose.

and do not require administration of any drugs during the first trimester of pregnancy.

Side effects
No important side effect has been reported for low-dose treatment with the intravitreal Vitrarol.

Presentation and Basic NHS cost (excludes cost of

Ventilazione assistita con respiratore meccanico per 6 ore, con un PEEP di saturazione BP per la lettura di 80 mmHg e una FiO₂ di 100%.

Bas. No. 5, 198132
Venton Rotapops 200mg and 400mg each
contain 100mg of the starting material
and the remaining 100mg is sorbitol and

data from 100 observations that 100 at 00 and 100 at 00 respectively.

Contents of 100 Bas = N=5, cost £5.09 and £7.10 respectively.

Veritain® Intubator for use in conjunction with Veritain® Rotators. Buy both at the top.	
Product Licence numbers	
Veritain® Intubator	0045-502
Veritain® Rotators 4-Channel	0045-501

Rotadaps, *Rotadaptes* and *Verticillites* are the type genera of Acanthinopterygians, named by Agassiz (1846).

Further, it must be possible to save all other
A good computer, model, and individual

Today's antibacterial



First Effective Vaccine for Insect Sting Sensitive Patients [®]

Pharmalgen



Prescribing Information: **PRESENTATION:** Packs containing 4 x 5 ml white freeze-dried material (venom) from either honey bees or wasps, together with 4 x 4.5 ml of NSA diluent (normal serum albumin). Each vial of venom contains 100 µg of venom per ml when reconstituted with 1.2 ml of NSA diluent. Also packs of 10 x 4.5 ml NSA diluent. **USES:** Diagnosis and treatment of allergy to insect stings. **DOSAGE & ADMINISTRATION:** To establish starting dose for desensitisation, titration by "modified prick-test" is used. Injections for desensitisation are given subcutaneously. "Modified Rush" schedule is recommended. For full details see the package insert, which must be read before use. **CONTRA-INDICATIONS:** Other serious immunological illness, infections, and pregnancy. Pregnancy is not an absolute contra-indication, but the risk to a foetus of a possible anaphylactic reaction must be considered. **PRECAUTIONS:** To be used on the advice or guidance of a specialist. Full sterile procedure to be followed for injections. A 1 ml graduated syringe is recommended. Avoid intravascular injection - check by aspiration of syringe. With insect sting allergies, there is a slight possibility of anaphylactic or generalized reaction following an injection - the patient must be kept under observation for at least one hour after each injection, and full facilities for treating such reactions (eg: adrenalin injection) should be immediately available. **SIDE EFFECTS:** Local allergic reactions or, more rarely, generalised allergic reactions. If a reaction occurs the course should be modified according to the dosage schedule given in the package insert. **PHARMACEUTICAL PRECAUTIONS:** Store at 2-8°C. Shelf life is 2 years for both Freeze-dried venoms and NSA diluent. After reconstitution solutions for vaccination have a shelf life of 4 weeks at 2-8°C. Venoms in solution and NSA diluent must not be frozen. **LEGAL CATEGORY:** POM. **PRODUCT LICENCE NUMBERS:** PL 0009/0024 (Bee Venom, with diluent). PL 0009/0025 (Wasp Venom, with diluent).

“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.”¹

The antihypertensive

TRANDATE'S BALANCED MODE OF ACTION

Trandate has a mode of action that is different from that of any other currently available antihypertensive agent. It provides the benefits of both beta-blockade and peripheral vasodilatation. And in just one drug.

Trandate lowers blood pressure by reducing peripheral resistance. However, where Trandate differs from simple peripheral vasodilators is that it concurrently blocks beta-adrenoceptors, notably in the heart.

PRODUCES A MORE NORMAL CIRCULATION WITH GOOD EXERCISE TOLERANCE

This beta-blockade protects the heart from the reflex sympathetic drive which is normally induced by peripheral vasodilatation thus blood pressure is

lowered, but without cardiac stimulation. And because this beta-blockade is competitive, cardiac output is not significantly reduced at rest or after moderate exercise.^{2,3}

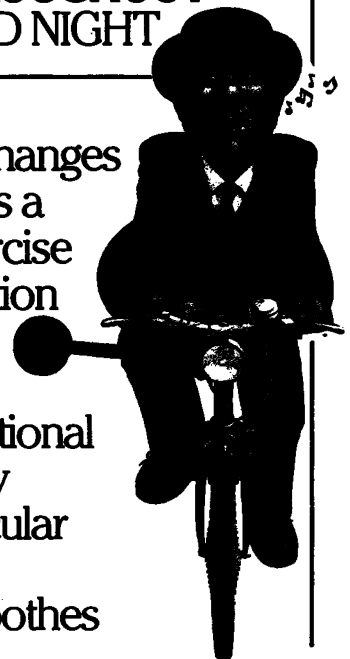
Thus Trandate is able to restore a more normal circulation.



SMOOTHING PEAKS IN BLOOD PRESSURE THROUGHOUT THE DAY AND NIGHT

The normal changes in blood pressure as a result of stress, exercise and circadian variation can be harmful to the hypertensive patient placing additional stress on an already strained cardiovascular system.

Trandate smoothes



Prescribing 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 £4.54, £7.32 and £11.64. **Indications:** Treatment of all grades of hypertension when oral antihypertensive therapy is indicated. **Dosage and Administration:** Treatment may start with one 200mg tablet twice daily but in some patients including those already being treated with antihypertensive drugs, the elderly and those of low body weight, one 100mg tablet twice daily is more appropriate. If the blood pressure is not controlled by the initial dosage, increases should be made at intervals of about 14 days. Many patients have satisfactory blood pressure control on 400mg daily. A twice daily dosage regimen can be maintained up to a total daily dose of 800mg. However, resistant cases may require higher doses. In these patients it is preferable to administer Trandate three or four times a day to minimise side-effects. Trandate tablets should preferably be taken with food. 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. Trandate Tablets 400mg PL 0045/0109. Full prescribing information is available on request.

potentially harmful peaks throughout the whole 24 hour period and controls blood pressure effectively during the early morning surge.

complications of raised plasma lipid levels in hypertensive patients treated with beta-blockers it would appear more appropriate to use antihypertensive drugs which do

people feel better with.

USEFUL IN PATIENTS WITH IMPAIRED RENAL FUNCTION

Trandate is particularly useful in the hypertensive patient with impaired renal function.⁴

*"The drug did not seem to cause any significant deterioration in the GFR of those patients whose renal function was monitored closely, and in the majority of those whose renal functional impairment was due to hypertension alone a considerable improvement in GFR was observed."*⁵



WITHOUT ELEVATING PLASMA LIPIDS

It is also reassuring to know that Trandate does not cause a rise in plasma lipid levels.

"Until we know the long-term

*not cause such changes. (Trandate) appears to be such a drug."*⁶

EMPLOYING A SIMPLE DOSAGE REGIMEN

Initial dosage is simple. 100 or 200mg of Trandate twice daily with food is adequate to control hypertension in many patients. Trandate therapy can be tailored to meet patient requirements by adjustment of dosage rather than by changing to, or adding in, other drugs.

The majority of patients will be controlled at daily doses of up to 600mg. Higher doses may be required in more resistant cases.



WITHOUT RESTRICTING LIFESTYLE

What Trandate offers your patients is effective control of their blood pressure without burdening them with additional problems that may restrict their everyday life.

Trandate

labetalol hydrochloride

References:

1. Scott Manderson, W. Practitioner (1979), 222, 131-134.
2. Edwards, R.C. et al. Br. J. clin. Pharmac. (1976), Suppl. 733-736.
3. Koch, G. Br. Heart J. (1979), 41, 192-198.
4. Thompson, F.D. et al. Br. J. clin. Pharmac. (1979), 8, 129S-133S.
5. Bailey, R.R. Br. J. clin. Pharmac. (1979), 8, 135S-140S.
6. McGonigle, R.J.S. et al. Lancet (1981), 1, 163.



Trandate is a trade mark of
Allen & Hanburys Ltd. London E2 6LA

Upjohn travelling fellowships 1981

Administered by The Royal College of General Practitioners.

The Upjohn Travelling Fellowships are awards of money made to enable General Practitioners to undertake postgraduate study of their own choosing. The Fellowships are funded by Upjohn Limited and administered by the R.C.G.P. which selects successful candidates.

The Fellowships are open to registered medical practitioners working in general practice in UK and Republic of Ireland and who have not held an Upjohn Fellowship within the previous five years.

Postgraduate study may be carried out within the British Isles and awards must be used to finance such study. Courses available under Section 63 NHS Act (1968) should not be considered.

Application Forms, further information and Conditions of Acceptance may be obtained from the **Honorary Secretary, Royal College of General Practitioners, 14 Princes Gate, London SW7 1PU**. Closing date for Application is 19th June 1981.

⑥ THE MSD FOUNDATION

Audiovisual Programmes for General Practitioner Training

The MSD Foundation is an independent charity which produces audiovisual material for use in general practitioner training. Each programme is designed for use with small groups of doctors and paperwork is provided to help the group leader use the programme.

Our 1981 Catalogue includes new videocassette and tape/slide programmes on the following topics:

- The patient dying at home — videocassette: The Case of Dorothy Parsons
- The child as a presenting symptom of family stress — videocassette: The Case of Darren Cooper
- Upper Respiratory Tract Infections in Children — a tape/slide programme
- Safer Prescribing — a tape/slide programme in two parts
- Child Health Care in General Practice — a videocassette comparing two practices
- The Management of the Arthritic Patient — a videocassette in two parts
- Doctor at work — Dr Paul Freeling (see below)

PROGRAMME OF THE MONTH DOCTOR AT WORK: DR PAUL FREELING

A videocassette, containing two general practice consultations.

Few doctors see their colleagues at work in the general practice consultation. And even when they do, so much is happening on so many levels that the observer is often at a loss without access to the doctor's thought processes. In this programme, Dr Paul Freeling, Reader in General Practice at St. George's Hospital Medical School, analyses one of his own consultations, recorded at random in his surgery, and attempts to describe some of the 'dicta' that govern his consulting style. This is followed by another of Dr Freeling's consultations, without analysis.

This programme is suitable for groups of general practitioners of any degree of experience. It is designed to focus attention on the differences that exist in style and purpose amongst different general practitioners, and to encourage doctors to analyse their own consultations.

Audiovisual programmes are offered for sale to vocational training course organizers and other teachers. Some programmes are restricted in use to doctors only but others are available for use with medical students. Videocassettes are available on U-matic, VHS, Philips or Betamax formats, and the average cost is about £20-£25.

Further information, and catalogue, can be obtained by writing to:

**The MSD Foundation
Tavistock House
Tavistock Square
London WC1
Tel: 01-387 6881**

CLASSIFIED ADVERTISEMENTS AND NOTICES

Classified advertisements are welcomed and should be sent to: Sue Cain, Production Department, *The Journal of the Royal College of General Practitioners*, Update Publications Ltd., 33/34 Alfred Place, London WC1E 7DP. Copy must be received 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 men and women.

Opinions expressed in *The Journal of the Royal College of General Practitioners* and the supplements should not be taken to represent the policy of the Royal College of General Practitioners unless this is specifically stated.

THE CONSULTATION LEARNING AND TEACHING 2-4 June 1981

A course will be held at the Belfry Hotel, near Oxford, which will help general practitioners to improve the effectiveness of their consultations. It will also help participants to teach others.

The group leaders are all course organizers in the Oxford region.

Cost £64 includes accommodation and meals (Section 63 approval applied for).

Further details from **Dr P. B. Havelock, Hawthornden, Bourne End, Bucks.**

CARE IN THE COMMUNITY CHALLENGING NEW PERSPECTIVES FOR MEDICAL AND SOCIAL WORK PROFESSIONALS 8 — 12 June 1981

Lay people have enormous and often untapped potential to cope with many of the social and health problems which are at present off-loaded onto professionals. Professionals can play an important new role in helping to release this potential.

The first of a series of inter-disciplinary workshops in different venues will be held at the Cherwell Centre, Oxford. The workshop will focus on the experiences of the leading British pilot initiatives in this field.

In view of the limited places available, doctors, health professionals, social and community workers, clergymen and others are invited to apply at an early date to: **Stan Windass, The Rookery, Addersbury, Banbury, Oxon. Tel: 0295-810993.**

BARKING AND HAVERING AREA HEALTH AUTHORITY Barking District SHO-ROMFORD GENERAL PRACTICE VOCATIONAL TRAINING SCHEME

Applications are invited for a post in a three-year General Practice Vocational Training Scheme in the Barking and Havering Area commencing 1 February 1981.

There are two years in hospital posts followed by one year in general practice with an option of one month in a practice before commencing the three-year period. There is a fully structured half-day release course covering the full three-year period.

Oldchurch Hospital is 20 minutes from London by main line train and is adjacent to pleasant Essex countryside.

Trainees are given ample opportunities to meet their colleagues from other vocational training schemes and there is a regional trainee organization. Trainees will be appointed to the Senior House Officer grade in accident and emergency, obstetrics and gynaecology, paediatrics and psychiatry. The jobs are recognized for DCH, DRCOG and MRCP.

Applications, giving full name, age and marital status together with curriculum vitae, to

**District Personnel Administrator
Oldchurch Hospital
Romford, Essex**

Closing date: 5 November 1980.

BRITISH POSTGRADUATE MEDICAL FEDERATION

BEHAVIOURAL PSYCHOTHERAPY IN GENERAL PRACTICE

Two-day residential course for general practitioners, recognized under Section 63, to be held at The Old Rectory, Fittleworth, Pulborough, Sussex, 29 September—1 October 1981.

Practical aspects of behavioural treatment relevant to general practice will be emphasized. After the course participants will be encouraged to take on patients and attend supervisory sessions at St George's Hospital Medical School.

Course tutors will be Dr J. Cobb (consultant psychiatrist), Dr R. France (general practitioner) and Professor A. Mathews (clinical psychologist).

The course will be limited to 20 participants and the closing date for applications is 31 July 1981.

For further details and application forms please contact **Mrs I. M. Hopton Scott, General Practitioner Department, British Postgraduate Medical Federation, 14 Ulster Place, London NW1 5HD. Tel: 01-935 8173.**

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.

SELECTED PAPERS FROM THE EIGHTH WORLD CONFERENCE ON FAMILY MEDICINE

Occasional Paper 10

World conferences on family medicine are held only every two years and it is not easy for those who have not been able to attend them to keep in touch with new ideas around the world. This report of the Eighth World Conference held in Montreux contains a selection of 13 articles from 11 countries and five continents and demonstrates some of the important new ideas discussed at Montreux.

Many of these articles are directly relevant to British general practice and over half of them have already been published in medical journals in several countries.

Selected Papers from the Eighth World Conference on Family Medicine, Occasional Paper 10, is available now, price £3.75 including postage, from the Royal College of General Practitioners, 14 Princes Gate, London SW7 1PU. Payment should be made with order.

AN INVITATION FOR NOMINATION TO THE KING FAISAL INTERNATIONAL PRIZE FOR MEDICINE

The General Secretary of the King Faisal International Prize, Riyadh, Saudi Arabia, has the honour to invite universities, academies, educational institutions and research centres all over the world to nominate qualified candidates for the King Faisal International Prize for Medicine in the field of PRIMARY HEALTH CARE, which will be awarded in January 1982.

The prize consists of:

1. A certificate containing an abstract of the prize-winning work.
2. A medal.
3. A sum of two hundred and fifty thousand Saudi Riyals.

The prize will be awarded to the recipient in a special ceremony in Riyadh. Nominees must comply with the following conditions:

1. A nominee must have accomplished an outstanding academic work in the field of primary health care, to the benefit of mankind.
2. The work submitted must have already been printed and published. An accompanying Arabic abstract is preferred if it is published in any other language.
3. The work must have been carried out according to the principles of scientific research and study.
4. The work submitted must not have previously been awarded a prize by any educational institution, scientific organization or foundation.
5. The nomination must be submitted by a recognized educational institution, such as a university, academy or research centre. Nominations submitted by individuals and political parties will not be accepted.
6. The nominations must give full particulars of the nominee's academic background, experience and/or publications, copies of his educational certificates and three 6 x 9 cm photographs.
7. Ten copies of the nomination are to be sent by registered airmail to the General Secretariat, King Faisal International Prize, P.O. Box 352, Riyadh, Saudi Arabia.
8. The last date for submission of nominations is 19 August 1981. Nomination papers received after this date will not be considered unless the award of the prize is postponed.
9. Nomination papers or works will not be returned.
10. All enquiries should be made to the Secretary General of the King Faisal International Prize, P.O. Box 352, Riyadh, Saudi Arabia.



Beconase

(Beclomethasone Dipropionate BP)

Keeps patients alert to freedom from hay fever

The adverse effects of some hay fever treatments can interfere with the patient's lifestyle.

In particular, antihistamines can cause drowsiness and hinder concentration.

Decongestants can result in rebound congestion and other treatments are often

ineffectual, complicated or inconvenient.

Beconase is convenient, simple to use, and highly effective for both prophylaxis and treatment of the nasal symptoms of hay fever.

So patients can be alert and free from hay fever.

Beconase is the way

First line therapy for allergic rhinitis

Presentation and Basic NHS cost
A metered-dose aerosol delivering 50mcg beclomethasone dipropionate BP per actuation. Each canister provides 200 doses. Basic NHS cost £4.77. (PL0045/0093).

Indications

Prophylaxis and treatment of perennial and seasonal allergic rhinitis, including hay fever and vasomotor rhinitis.

Beconase is a registered trademark of Schering-Plough Limited. For more information on Beconase, contact your nearest Schering-Plough representative. For more information on Beconase, contact your nearest Schering-Plough representative. For more information on Beconase, contact your nearest Schering-Plough representative.





Behind the
gentleness of

Burinex K

bumetanide and slow release potassium chloride

lies the power of

Burinex

Burinex K
gently effective
for maintenance

Burinex tablets

combine strength with

gentleness for more refractory oedema

Burinex injection

fast powerful action for emergencies

Formulations Burinex Injection: 0.5 mg/ml in 2 ml, 4 ml and 10 ml ampoules. Burinex Tablets: 1 mg and 5 mg. Burinex K: 0.5 mg bumetanide, 7.7 mmol slow release potassium chloride. **Indications** Acute pulmonary oedema and oedema of cardiac, renal or hepatic origins. **Dosages** Burinex Injection: Initially 1-2 mg i.v., if necessary repeated at 20 minute intervals to achieve desired response. Where appropriate higher doses may be given by infusion over 30-60 minutes. Burinex Tablets: Most patients require 1 mg Burinex daily as morning or evening dose. In refractory cases dosage can be increased to achieve the desired response. For high dose treatment 5 mg Burinex should be given initially and increased by 5 mg steps at 12-24 hour intervals until desired response is achieved. Burinex K: Most patients require 2 tablets Burinex K daily. **Contra-indications, Precautions and Side Effects** Contra-indicated in hepatic coma, severe electrolyte depletion and severe progressive renal failure. Hypokalaemia and circulatory collapse may follow inappropriately excessive diuresis. Concurrent digitalis therapy in association with electrolyte disturbances may lead to digitalis toxicity. Concurrent antihypertensive or antidiabetic therapy may require adjustment. Caution should be exercised in the first trimester of pregnancy. Burinex K is contra-indicated in combination with potassium sparing agents. Burinex K should be stopped immediately if signs or symptoms of bowel ulceration appear. Side effects such as skin rashes, muscular cramps, rises in serum uric acid and thrombocytopenia may rarely occur. **Product Licence Numbers:** Burinex Injection: 0043/0060 Burinex Tablets: 0043/0021, 0043/0043 Burinex K: 0043/0027B **Basic N.H.S. Prices** Burinex Injection: 0.5 mg/ml - 5 x 4 ml £3.34 Burinex Tablets: 1 mg - 100 tabs £4.74 Burinex K: 100 tabs £3.24



*Burinex is a trade mark

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