

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

Dosage Mild anxiety: 2-3mg daily in divided doses.
Moderate/severe anxiety: 5-7mg daily in divided doses. In all patients dosage should be increased until optimal control of symptoms is achieved.

Presentation ATIVAN is presented as blue oblong tablets each containing 1mg lorazepam and as yellow tablets containing 2.5mg lorazepam. (Also available in injectable form).

Uses Mild, moderate and severe anxiety.

Contra-indications Patients sensitive to benzodiazepines.

Side effects ATIVAN is well tolerated and imbalance or

ataxia is an indication of excessive dosage. Daytime drowsiness may be seen initially and is to be anticipated in the effective treatment of anxiety. It will normally diminish rapidly and may be minimised in the early days of treatment by giving the larger proportion of the day's dose before retiring. Occasional confusion, hangover, headache on waking, drowsiness or dizziness, blurred vision and nausea have also been reported.

Precautions As with other drugs of this type, patients should be advised that their reactions may be modified (as in handling machinery, driving etc.) depending on the individual patient's response. Tolerance to alcohol may be

diminished and its consumption should be avoided. As the action of centrally acting drugs, such as phenothiazines, may be intensified, the co-prescription of these drugs should be carefully monitored as reduced dosage may be indicated. Elderly patients, or those suffering from cerebrovascular changes such as arteriosclerosis are likely to respond to smaller doses. Prolonged or excessive use of benzodiazepines may occasionally result in the development of some psychological dependence with withdrawal symptoms on sudden discontinuation. Treatment in these cases should be withdrawn gradually. Careful usage seldom results in the development of dependence. ATIVAN

tablets should not be administered during pregnancy unless in the judgement of the physician such administration is clinically justifiable. Special care should be taken in the first three months of pregnancy.

Legal category POM.

Product Licence Numbers PL0011/0034 (1mg)
PL0011/0036 (2.5mg). Injection PL0011/0051.

Basic N.H.S. cost 1mg x 100: £1.85 2.5mg x 100: £2.90.

Hospital Price As per local contract.

Wyeth Laboratories, John Wyeth & Brother Ltd.,
Taplow, Maidenhead, Berks.

*Trade Mark

Wyeth

AI/J/2

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 BP 50mg and Hydroflumethiazide BP 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 15 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 fetus.

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.M.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.,
P.O. Box 53, Lane End Road,
High Wycombe, Bucks. HP12 4HL
Tel: High Wycombe 21124

SEARLE

YOU CAN STILL INSIST ON INDERAL.

Inderal, the world's first and most widely prescribed beta-blocker, is the original propranolol and is backed by the full technical resources and quality control standards of ICI.

Its efficacy and reliability have been proven in fifteen years of worldwide clinical practice and in countless trials.

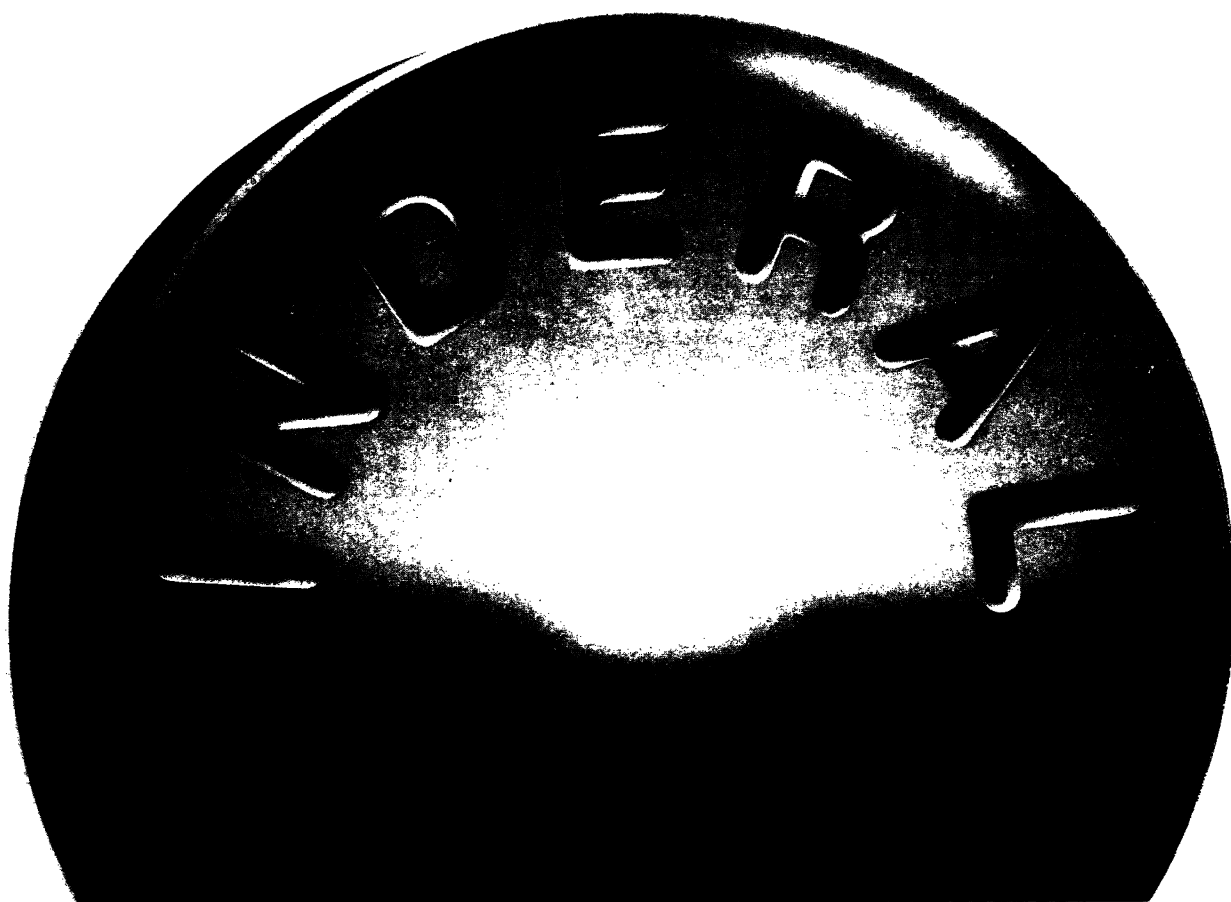
Developed wholly in Britain, Inderal

now contributes millions of pounds annually to the balance of payments and helps to fund ICI's £45 million a year investment in medical research.

Make certain your patient receives Inderal by prescribing it by name.



INDERAL



Write Inderal by name

“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}

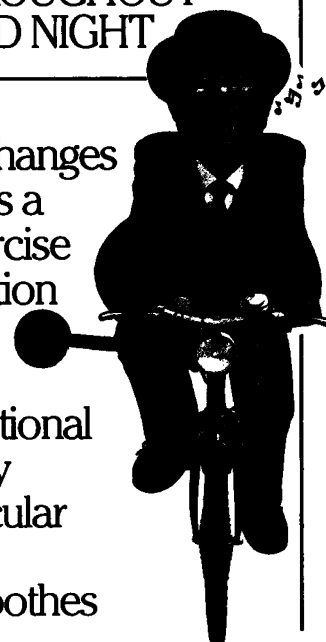
Thus Trandate is able to restore a more normal circulation.



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.

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

Trandate

labetalol hydrochloride

The

M&B May & Baker

Diagnostic Quiz

Every month a different clinical question will be set by a team of consultants. Please send your entries to the May & Baker Diagnostic Quiz, 33-34 Alfred Place, London WC1E 7DP.

The prize will be a £100 British Airways travel voucher, given to the first correct entry opened each month.

This month's competition has been

prepared by Doctor A. T. Willis, Consultant Microbiologist, Luton and Dunstable Hospital.

Results and the winner's name will be published in the journal in August.

We regret no correspondence can be entered into. No employees or relatives of May & Baker or the publishers can enter the competition.



1. What are the likely causes of this condition?
2. What are the likely infecting organisms?
3. How would you treat this patient?

Win £100
**British
airways**
travel voucher
each month

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 9072



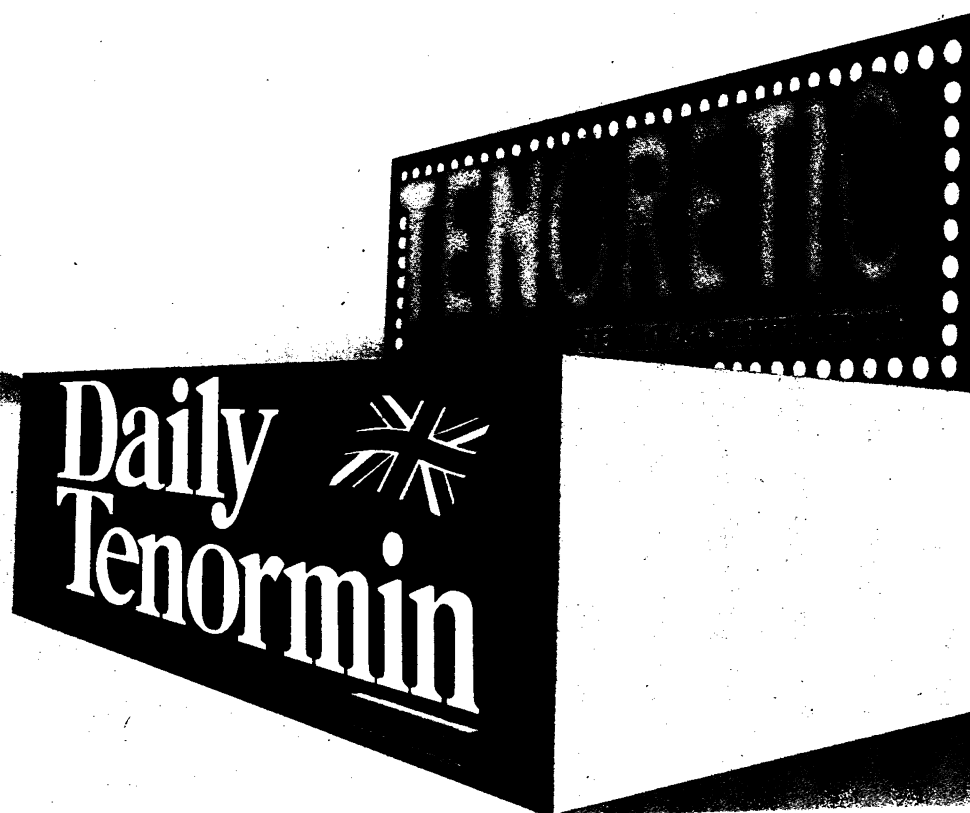


**Balancing
the
pain scale**

Paramol-118

DF 118

Logical steps in 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.

Ventolin

(salbutamol BP)

**bronchodilator therapy
no asthmatic
need be without**

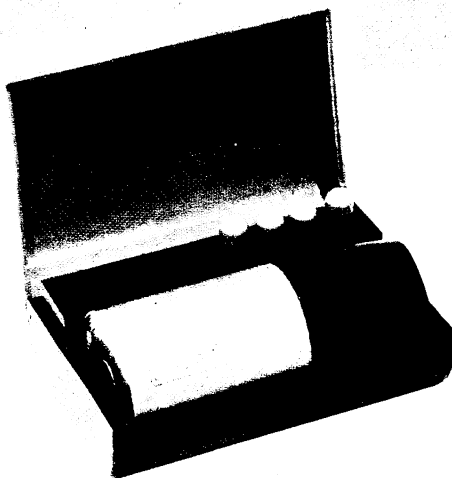
**Primary therapy
in reversible airways obstruction**

Proven efficacy and β_2 -selectivity

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

**Protects against
exercise-induced asthma**

Relieves nocturnal asthma



VENTOLIN PRESCRIBING INFORMATION

Uses

For the control of reversible obstructive pulmonary disease, including asthma and chronic bronchitis, relieving acute attacks. Also used for the prevention of exercise-induced asthma. Doses may also be given prior to exertion to prevent exercise-induced asthma or before exposure to a known allergen to prevent allergic bronchospasm.

Dosage and administration

As single doses for the relief of acute bronchospasm, for managing intermittent or persistent asthma and to prevent exercise-induced bronchospasm.

Using Ventolin Inhaler—Adults: one to two inhalations.

Children: one inhalation up to a maximum of two.

Using Ventolin Rotahaler

Adults: one Ventolin Rotahaler 200mcg or 400mcg.

Children: one Ventolin Rotahaler 200mcg or 400mcg. Children should not be given more than one.

Using Ventolin Inhaler

Adults: two inhalations three or four times a day.

Children: one inhalation three or four times a day, increasing to two inhalations three times a day.

Using Ventolin Rotahaler—Adults: one Ventolin Rotahaler 400mcg three or four times a day.

Children: one Ventolin Rotahaler 200mcg three or four times a day.

For the prevention of exercise-induced asthma, one Ventolin Rotahaler should be administered regularly.

Contra-indications

Ventolin Rotahaler should not be used in the prevention of threatened abortion during the first trimester of pregnancy.

Precautions

Patients using effective doses of inhaled Ventolin Rotahaler for asthmatic attack should be warned that they should be advised to seek medical assistance if Ventolin Rotahaler is administered regularly to patients after night.

Further doses, if necessary, administration of drugs during the first trimester of pregnancy is contraindicated.

Side effects

Adverse effects have been reported: tachycardia, tremor, and nervousness.

Presentation and Basic NHS cost—Inhaler: Ventolin Inhaler 200mcg, Ventolin Inhaler 400mcg.

Rotahaler: Rotahaler 200mcg, Rotahaler 400mcg.

Further information on Ventolin is available from Allen & Hanbury Limited, London E2 6AL.

Basic NHS cost £3.00.

Ventolin Rotahaler 200mcg and 400mcg each contain a mixture of the stated amount of

microfinesalbutamol BP, as salbutamol, and

larger part of lactose, in light blue or pink, or dark blue or yellow hard gelatin capsules, respectively.

Contra-indicated: Basic NHS cost £5.20 and £11.15 respectively.

Ventolin Rotahaler for use in conjunction with Ventolin Rotahaler, Basic NHS cost £7.50.

Product Licence numbers

Ventolin Inhaler 200mcg 0049/R/21

Ventolin Rotahaler 200mcg 0049/R/16

Ventolin Rotahaler 400mcg 0049/R/17

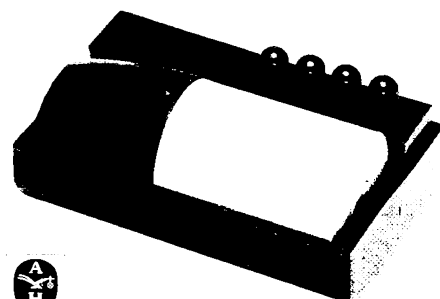
Rotahaler, Rotahaler and Ventolin are trademarks of Allen & Hanbury Limited.

Further information on Ventolin is available from Allen & Hanbury Limited, London E2 6AL.

(beclomethasone dipropionate BP)

100

asthma

[illegible]

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.
- 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 — a videocassette featuring two general practice consultations recorded in Dr Freeling's surgery, with comments by the doctor on his own consulting style.
- Safer Prescribing — a tape/slide programme in two parts (see below).

PROGRAMME OF THE MONTH

SAFER PRESCRIBING

A tape/slide programme in two parts for use over two-day release sessions. Part 1 — Slides and sound track cover the elements of safe prescribing and provide sample prescriptions for the group to discuss. The paperwork includes literature relating to a new drug 'Kwitesafe', which the group has to assess critically. Part 2 — This covers repeat prescribing and discussion of practice policies on specific drugs, together with a final section on when, or whether, prescribing for non-pharmacological reasons is justified.

We showed the programme to Dr Donald Grant, a course organizer in North London, and here are his comments.

"This is an audiovisual programme of subtlety and finesse — which no course organizer can afford to dismiss. It raises an enormous number of questions which all deserve answers and I found it compelling, not to say riveting. However, any teacher intending to use it would be very well advised to do at least a little homework on the accompanying documents first, for it is a multifaceted work with a lot of different angles. Flexible and versatile in its potential, the programme needs a thoughtful presentation and some selectivity lest the audience feels swamped by the difficulties raised.

"This tape/slide programme is very, very good. It has been put together with care, intelligence and imagination. It tackles a universal problem — no clinician can be exempted from attention to the details it raises. It is a long show, it is a complex show and it is rewarding and stimulating. If it does not make you think again about your prescribing habits then the fault is in you."

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. Tape/slide programmes cost about £30 per session.

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: 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 10 per cent reduction. Replies to box numbers should be sent to the Production Department, Update Publications Ltd., with the box number on the envelope.

The inclusion of an advertisement in this *Journal* does not imply any recommendation and the Editor reserves the right to refuse any advertisement. All recruitment advertisements in this section are open to both men and women.

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

LOCUM TENENS, USA

Board-eligible family practitioner (Harvard Medical School '78) seeks locum tenens after August 1981 for one to six months. Contact **A. Schneider MD, Box 354, Barre, MA 01005, USA.**

BALINT SOCIETY

Applications are invited from general practitioners with or without previous similar experience to attend a Balint training seminar. The seminar will meet weekly in London starting later this year and will be led by Mrs Enid Balint.

Section 63 approval will be available. Applicants should write to **Dr A. H. Elder, Lisson Grove Health Centre, Gateforth Street, London NW8.**

PARTNERSHIP

A fifth partner sought for a progressive group practice in St. John's Wood. We have our own nurse, attached HVs, GVs, etc. Appointments system. Excellent consulting facilities. ECG, vitalograph and access to pathology and x-ray services.

Please write with C.V. to: **Drs Newman, Antoniou & Partners, Abbey Medical Centre, 87/89 Abbey Road, St. John's Wood, London NW8 0AG.**

THE UNIVERSITY OF BIRMINGHAM FACULTY OF MEDICINE AND DENTISTRY BOARD OF GRADUATE CLINICAL STUDIES

TEACHING AND LEARNING IN GENERAL PRACTICE

A five-day residential course for general practitioner trainers and intending trainers, 20 to 25 September 1981, starting on Sunday evening and finishing at noon on Friday. It will involve the members in some lectures and a lot of group activities with opportunities to share experiences and to try out new ideas.

The course is approved under Section 63 and expenses are reclaimable.

Early application is essential through **Miss Cathy Hunt, Room 321, West Midlands Regional Health Authority, Arthur Thomson House, 146 Hagley Road, Birmingham B16 9PA. Tel: 021-454 4828 Ext. 23.**

REPLACEMENT 6th PARTNER REQUIRED

Initial salaried partnership for mutual assessment, then two or three years to parity. LHA health centre (no capital required) off M18 motorway. Two practice SRNs; practice manager; secretary; receptionists; attached community health visitors; midwives and nurses; dieticians and chiropodists. Equipment includes ECG, microscope, peak flow meters, sonicaid, etc. for enthusiasts. Equal duty rota. Splendid hospital services and postgraduate programmes.

Send applications to: **Drs Oakshott, Dobson, Owen, Nicholson and Stafford, The Health Centre, Thorne, Doncaster DN8 5QH.**

The advertisement which appeared for the Barking and Havering AHA Vocational Training Scheme in the May issue of the Journal was published in error, and the Publishers regret any inconvenience cause.

LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE

Intensive Courses in Epidemiology and Medical Statistics

Full-time courses in Epidemiology and Medical Statistics, lasting three and four weeks respectively, will be given at the School starting on 22 June 1981. The lectures are intended to be useful to those engaged in epidemiological work and in other branches of medical research. Each lecture will be accompanied by a practical class dealing with applications of the lecture topic. The fees are as follows:

Epidemiology (3 weeks)	UK & EEC students £200
	Overseas students £400
Medical Statistics (4 weeks)	UK & EEC students £250
	Overseas students £500

The Medical Statistics course is divided into self-contained one-week modules and students may enrol for one or more of these.

Further details can be had from: **The Registrar, London School of Hygiene and Tropical Medicine, Keppel Street (Gower Street), London WC1E 7HT. (Tel: 636 8636 Ext. 279).**

The closing date for applications is 12 June 1981. The course is approved under Section 63, subject to individual approval by the Postgraduate Dean, North East Thames Region, 40 Eastbourne Terrace, London W2.

COMPUTERS IN PRIMARY CARE

Occasional Paper 13

Computers are coming. More and more general practitioners are computerizing aspects of their record systems in general medical practice.

Computers in Primary Care is the report of a working party of the Royal College of General Practitioners which describes the possibilities currently available and looks into the future, discussing both technical and financial aspects.

The members of this working party have between them considerable experience of using computers in general practice. Together they summarize the experience and philosophy which they have acquired which enables them to put forward a series of conclusions and recommendations for the future.

Computers in Primary Care, is published by the *Journal of the Royal College of General Practitioners*, and is available now, price £3.00 post free, from the Royal College of General Practitioners, 14 Princes Gate, London SW7 1PU. Payment should be made with order.



MENTAL HEALTH FOUNDATION

THE DETECTION AND MANAGEMENT OF PSYCHIATRIC DISORDERS IN GENERAL PRACTICE

The conference will be held on Friday, 11 September to Sunday, 13 September 1981 at Magdalen College, Oxford. The proceedings will be opened by Dr John Horder, President of the Royal College of General Practitioners.

The recent report of the Royal College of General Practitioners Working Party on Prevention entitled *Prevention of Psychiatric Disorders in General Practice* indicated that psychological factors are relevant in at least half of a general practitioner's consultations, and yet little attention has been paid to the general practitioner's role in preventing psychiatric disorders. The aim of this conference is to encourage psychiatrists, general practitioners and paramedical professionals to discuss issues of mutual concern and to suggest ways of increasing the general practitioner's awareness of his or her role in detecting and managing psychiatric disorders.

Section 63 approval for the conference has been obtained.

Booking forms and further information are obtainable from: **Mrs Dierdre Laing, Secretary, Mental Health Foundation, 8 Wimpole Street, London W1M 8HY. Tel: 01-580 0145 Ext. 26.**



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.

Patients can be alert and free from hay fever symptoms.

Beconase is the answer

First line therapy for seasonal 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 steroid which is highly effective for both prophylaxis and treatment of the nasal symptoms of hay fever. It is convenient, simple to use, and highly effective for both prophylaxis and treatment of the nasal symptoms of hay fever. Patients can be alert and free from hay fever symptoms.

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

Beconase is a trade mark of
J. H. Pharmaceuticals Ltd
London, U.K.



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 Fucidin Caviject... and of course

fucidin* ointment

Sodium Fusidate B.P.

Full prescribing information available from



Leo Laboratories Limited
Longwick Road, Princes Risborough,
Aylesbury, Bucks HP17 9RR.

*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 £1.14