

CIMETIDINE WITH DIAZEPAM

There is interference

yet another good reason to prescribe

Ativan

lorazepam

Unlike diazepam, Ativan can be prescribed with confidence for patients also taking cimetidine.¹

Other good reasons for making Ativan your anxiolytic of choice include:

short-acting Ativan tends not to accumulate, therefore sedative effects are less frequent than with diazepam.²

simple 'one step' metabolism also makes Ativan preferable to diazepam;
for example when liver function is impaired.³

Ativan - preferred for so many patients



Prescribing Information. 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 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 Treatment in these cases should be withdrawn gradually.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 NHS Cost:** 1mg x 100: £1.91 2.5mg x 100: £3.03. Hospital Price: As per local contract. **References:** 1. New Eng J Med. (1980) 302: (18) 1012-1014. 2. Curr Ther Res. (1973) 15: 500. 3. Acta Psy Scand. Suppl. (1978) 274: 56. **Wyeth Laboratories,** John Wyeth & Brother Ltd., Taplow, Maidenhead, Berks. *trade marks.





Stay above the potassium debate

Will the patient's anti-hypertensive treatment lead to hypokalaemia?

If so, when should potassium supplements be given? At serum $K^+ < 3.5mEq/l$? At serum $K^+ < 3.0mEq/l$?

Should low serum K^+ be supplemented even if the patient is asymptomatic?

Aldactide 50 lets you stay above the debate. Clinical studies have shown that spironolactone therapy is potassium-sparing¹ and is a more effective treatment in diuretic-induced hypokalaemia than potassium supplements,² triamterene,² or amiloride.³

In hypertension
Aldactide 50
hydroflumethiazide + spironolactone

The Caring, Sparing Diuretic.

References

1. Schersten B et al. Clinical and biochemical effects of spironolactone administered once daily in primary hypertension. *Hypertension* 1980; 2(5): 672-9.
2. Hollander W. Hemodynamic and pathophysiological considerations in choosing antihypertensive therapy. *Clin Therap* 1979; 2(Suppl A): 11-23.
3. Sanguigni D, Benvenuti C. Comparison between spironolactone and amiloride associated with hydrochlorothiazide in the treatment of mild and moderate hypertension. *Clin Therap* 1978; 87: 69-74.
Prescribing Information
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 anti-hypertensive 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

28 tablets: £5.11.

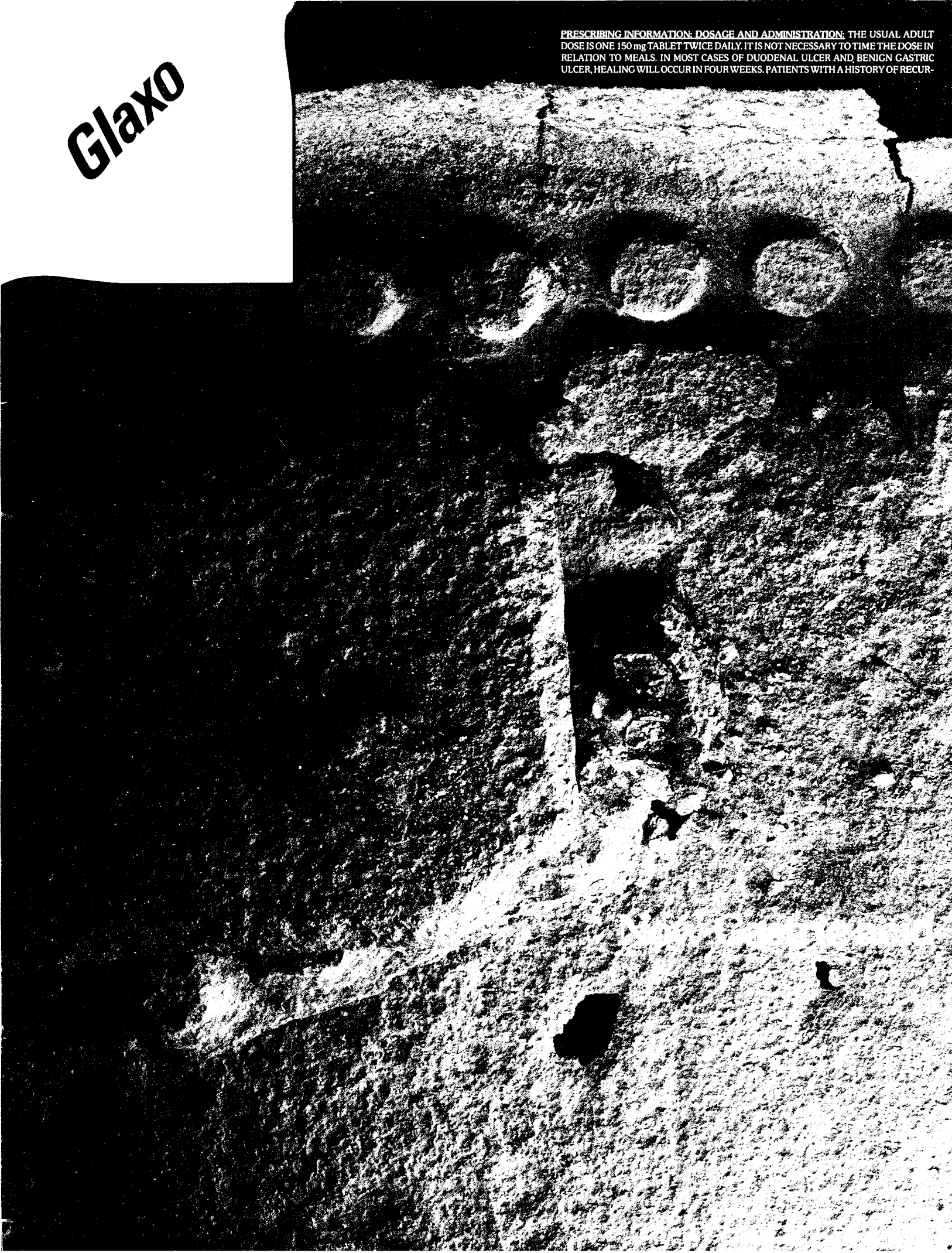
Full prescribing information is available on request. Aldactide and Searle are registered trade marks.

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

SEARLE

Glaxo

PRESCRIBING INFORMATION: DOSAGE AND ADMINISTRATION: THE USUAL ADULT DOSE IS ONE 150 mg TABLET TWICE DAILY. IT IS NOT NECESSARY TO TIME THE DOSE IN RELATION TO MEALS. IN MOST CASES OF DUODENAL ULCER AND BENIGN GASTRIC ULCER, HEALING WILL OCCUR IN FOUR WEEKS. PATIENTS WITH A HISTORY OF RECUR-



RENT ULCER MAY HAVE AN EXTENDED COURSE OF ONE TABLET DAILY AT BEDTIME. FOR REFLUX OESOPHAGITIS THE RECOMMENDED COURSE FOR ADULTS IS ONE TABLET TWICE DAILY FOR UP TO EIGHT WEEKS. **SIDE EFFECTS:** NO SERIOUS ADVERSE EFFECTS HAVE BEEN REPORTED IN PATIENTS TREATED WITH ZANTAC TABLETS. **PRECAUTIONS:** WHERE GASTRIC ULCER IS SUSPECTED, THE POSSIBILITY OF MALIGNANCY SHOULD BE EXCLUDED BEFORE THERAPY IS INSTITUTED. PATIENTS RECEIVING PROLONGED TREATMENT SHOULD BE EXAMINED PERIODICALLY. DOSAGE SHOULD

BE REDUCED IN THE PRESENCE OF SEVERE RENAL IMPAIRMENT (SEE DATA SHEET). AS WITH ALL DRUGS, ZANTAC SHOULD BE USED DURING PREGNANCY AND NURSING ONLY IF STRICTLY NECESSARY. **CONTRA-INDICATIONS:** THERE ARE NO KNOWN CONTRA-INDICATIONS TO THE USE OF ZANTAC. **BASIC NHS COST** (EXCLUSIVE OF VAT) 60 TABLETS £27.43. **PRODUCT LICENCE NUMBER** 4/0279. FURTHER INFORMATION ON ZANTAC (TRADE MARK) IS AVAILABLE FROM: GLAXO LABORATORIES LTD., GREENFORD, MIDDLESEX. UB6 0HE.

Zantac is the new H₂ blocker from Glaxo, developed to add important benefits to the treatment of acid peptic disease.

Highly effective

Zantac's molecular structure confers important advantages in terms of specificity and duration of action. Primarily however, Zantac promotes rapid, effective ulcer healing, with sustained pain relief, both day and night.

Simple dosage regimens

Zantac is tailor-made for B.D. dosage. The recommended treatment course for duodenal ulcer and benign gastric ulcer is one 150-mg tablet twice daily for four weeks.

For extended maintenance therapy the dosage is one 150-mg tablet taken nightly.

Also in the management of benign oesophagitis, Zantac is the first H₂ blocker to be recommended for long-term treatment.

Highly specific action

Zantac is highly specific in its action, with no mental or physical side-effects, and no interference with other drugs.

Smaller doses of Zantac do not interfere with alcohol, and because there are no drug-drug interactions, the possibility of side-effects such as drowsiness and dizziness which may be prescribed concomitantly.

Previously, it would have been necessary to have been treated with an available H₂ blocker.

But now, as you can see, being second does bring its own advantages.

This is the new H₂ blocker to contend with.

Zantac

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.

The 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 £55 million a year investment in medical research.

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



INDERAL

Propranolol Hydrochloride



Write Inderal by name

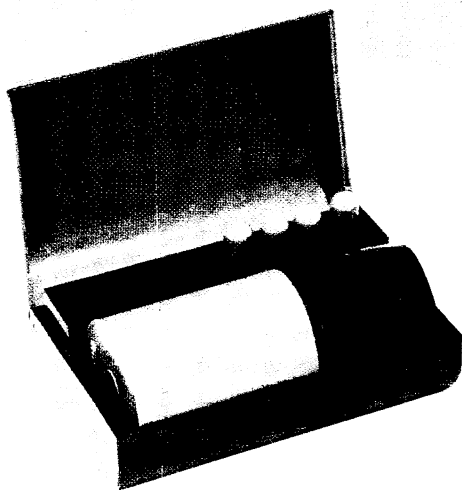
'INDERAL' ABRIDGED PRESCRIBING INFORMATION. DOSAGE. HYPERTENSION: 80 MG B.D., INCREASING WEEKLY. USUAL RANGE 160-320 MG DAILY. **ANGINA:** 40 MG B.D. OR T.I.D., INCREASING WEEKLY. USUAL RANGE 120-240 MG DAILY. **CONTRAINDICATIONS:** HEARTBLOCK. BRONCHOSPASM. PROLONGED FASTING. METABOLIC ACIDOSIS. CO-ADMINISTRATION WITH VERAPAMIL. **PRECAUTIONS:** UNTREATED CARDIAC FAILURE. BRADYCARDIA. DISCONTINUANCE OF CLONIDINE. ANAESTHESIA. PREGNANCY. **ADVERSE REACTIONS:** COLD EXTREMITIES, NAUSEA, INSOMNIA, LASSITUDE AND DIARRHOEA ARE USUALLY TRANSIENT. ISOLATED CASES OF PARAESTHESIA OF THE HANDS, RASHES AND DRY EYES HAVE BEEN REPORTED WITH BETA BLOCKERS. CONSIDER DISCONTINUANCE IF THEY OCCUR. BETA BLOCKERS SHOULD BE WITHDRAWN GRADUALLY. **OVERDOSAGE:** SEE DATA SHEET. **PACK SIZES AND BASIC NHS COSTS:** 40 MG. 250 : £11.14, 1,000 : £42.12 80 MG. 100 : £6.69, 500 : £31.48 160 MG. 50 : £6.69, 250 : £31.48. **PL NOS** 0029/5064, 0029/5065, 0029/0103. 'INDERAL' IS A TRADEMARK FOR PROPRANOLOL HYDROCHLORIDE. FULL PRESCRIBING INFORMATION IS AVAILABLE FROM: IMPERIAL CHEMICAL INDUSTRIES PLC, PHARMACEUTICALS DIVISION, ALDERLEY HOUSE ALDERLEY PARK, MACCLESFIELD, CHESHIRE.



(salbutamol BP)

Proven efficacy and β_2 -selectivity

Product & Pricing



Becotide

(beclomethasone dipropionate BP)



Controls the inflammatory processes in more severe asthma

Avoids the side effects associated with systemic steroids

Can eliminate or greatly reduce the need for systemic steroids

Restores the response to bronchodilators

Obviates cushingoid features and stunting of growth in children

Available as a metered-dose aerosol and Rotacaps with Rotahaler

prescribing in asthma

BECOTIDE PRESCRIBING INFORMATION

Uses

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-corticotropic hormone (ACTH) or its synthetic equivalent.

Dosage and administration

Using Becotide Inhaler: Adults, two inhalations three or four times a day is the usual maintenance dose. In severe cases dosage may be started at twelve to sixteen inhalations per day and subsequently reduced when the patient begins to respond.

Children: one or two inhalations, two, three or four times a day according to the response.

Using Becotide Rotahaler: Adults, one 200mcg Becotide Rotacap three or four times a day is the usual maintenance dose.

Children: one 100mcg Becotide Rotacap, two, three or four times a day according to the response. For optimum results inhaled Becotide should be administered regularly.

Contra-indications

No specific contra-indications to inhaled

Becotide are known but special care is necessary in patients with active or quiescent pulmonary tuberculosis.

Precautions

The maximum daily intake of beclomethasone dipropionate BP should not exceed 7mg. 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 steroids in relatively high dosage should be given, and therapy with inhaled Becotide continued. Unnecessary administration of drugs during the first trimester of pregnancy is undesirable. When transferring patients to Becotide from systemic steroid therapy, the possibility of adrenocortical suppression should be considered and patients given a supply of oral steroids for use during periods of stress. Please refer to the detailed procedure described in the data sheets for Becotide Inhaler and Becotide Rotacaps.

Side effects

Occasional candidiasis of the mouth and throat (thrush) occurs in some patients, particularly those with high blood levels of Candida precipitating topical therapy with antifungal

agents usually clears the condition without withdrawal of Becotide.

Presentation and Basic NHS cost (exclusive of VAT)

Becotide Inhaler is a metered-dose aerosol delivering 50mcg beclomethasone dipropionate BP per actuation.

Each canister contains 200 inhalations.

Basic NHS cost £4.77.

Becotide Rotacaps 100mcg and 200mcg each contain a mixture of the stated amount of microfine beclomethasone dipropionate BP and larger particle lactose in buff colourless or chocolate brown colourless hard gelatine cartridges respectively.

Containers of 100 Basic NHS cost £7.26 and

£9.67 respectively.

Becotide Rotahaler for use in conjunction with

Becotide Rotacaps. Basic NHS cost 78p.

Product Licence numbers

Becotide Inhaler 0045/0089

Becotide Rotacaps 100mcg 0045/0119

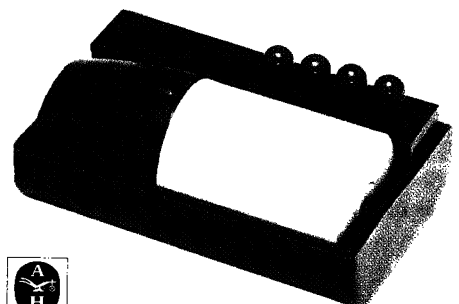
Becotide Rotacaps 200mcg 0045/0120

Becotide Rotacap and Rotahaler are trade

marks of Allen & Hanburys Limited.

Further information on Becotide is available from

Allen & Hanburys Limited, London E2 6LA.



It couldn't B simpler.

“Treatment can almost always be simplified, which may have a dramatic effect upon compliance.”

Smith A. et al., B.M.J., (1979), 1; 1335-1336.



Day 1	Day 2	Day 3	Day 4	Day 5
MORNING	MORNING	MORNING		
MIDDAY	MIDDAY	MIDDAY		
EVENING	EVENING	EVENING		
Day 1	Day 2	Day 3	Day 4	Day 5

Erythrocin® 500
erythromycin stearate B.P.
B-Pack™

Effective antibiotic therapy kept simple

Prescribing Information

Erythrocin® 500: 500mg erythromycin activity as erythromycin stearate B.P.

Indications: Prophylaxis and therapy of diseases caused by organisms sensitive to erythromycin.

Dose: Adults: 1-2g daily divided as: one tablet by mouth two, three or four times daily.

Contra-indications: Sensitivity to erythromycin.

Side-effects: The following have been reported rarely:

diarrhoea, nausea, vomiting, abdominal pain.

Precautions: Impaired liver function.

Basic NHS Price: Erythrocin® 500 B-Pack £2.82, Erythrocin® 500 x 100 £18.79, Erythrocin® 500 x 500 £93.94.
P.L. No. 0037/5044.



Abbott Laboratories Ltd.,
Queenborough, Kent ME11 5EL.

The antihypertensive

“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

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.



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 anti-hypertensive 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.

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



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

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 complications of raised plasma lipid levels in hypertensive patients treated with beta-blockers it would appear more appropriate to use antihypertensive drugs which do not cause such changes. (Trandate) appears to be such a drug."*⁶



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.

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.

Full prescribing information is available on request.



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

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 Dr W. G. Henderson, Consultant Microbiologist, Hammersmith Hospital.

Results and the winner's name will be published in the journal in January. We regret no correspondence can be entered into. No employees or relatives of May & Baker or the publishers can enter the competition.



1. With what disease is the above appearance usually associated?
2. Describe three other physical signs usually associated with this disease.
3. What is the cause?
4. What is the specific treatment?

Win £100

**travel voucher
each month**



NEW

FLAGYL-S

benzoylmetronidazole suspension

A bridge to patient compliance

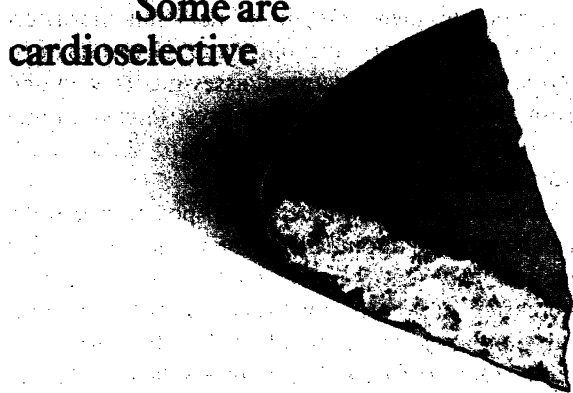
When a patient's inability—or unwillingness—to swallow a tablet compromises the treatment of an anaerobic or trichomonal infection, you can now turn to Flagyl-S. It is an easy-to-swallow suspension that extends the availability of effective treatment to all patients, including the elderly, the debilitated and the very young.

*single 50ml dose
in trichomoniasis*

Prescribing Information: **Presentation:** Suspension: each 5ml containing 320mg benzoylmetronidazole, equivalent to 200mg metronidazole. **Indications:** For the treatment of urogenital trichomoniasis in the female and in the male. Treatment of infections in which anaerobic bacteria have been identified or are suspected as pathogens. **Adult dosage:** 50ml Suspension as a single dose. Alternatively, 5ml three times daily for seven days, or 20ml in the morning and 30ml in the evening for two days. **Contra-indications:** There are no absolute contra-indications to the use of Flagyl. **Precautions:** Avoid alcohol or use in pregnancy; lactation may enhance the effect of oral anti-coagulants. The prescriber should also bear in mind the possibility that an accompanying gonococcal infection might persist in a symptomless state after trichomonas vaginalis has been eliminated. **Side-effects:** Occasional unpleasant taste, furred tongue and gastro-intestinal disturbances. Drowsiness, dizziness, headache, ataxia, skin rashes, pruritus, inco-ordination of movement, darkening of urine (due to a metabolite) has been reported but very rarely. A few instances of peripheral neuropathy have been reported during intensive and/or long-term treatment. **Presentation/Cost:** Suspension Bottle of 50ml @ £2.05. Bottle of 125ml @ £4.80 (April 1981) PL0012/0131. Further information available on request.

In hypertension- Together our competitors have got it all, but...

**Some are
cardioselective**



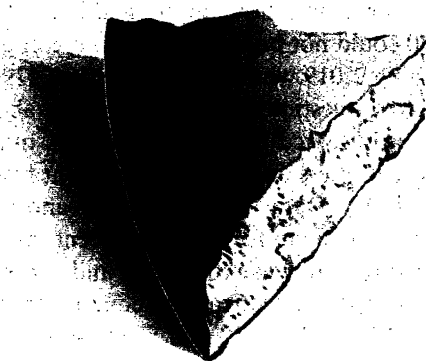
Some are hydrophilic



Some work 24 hours



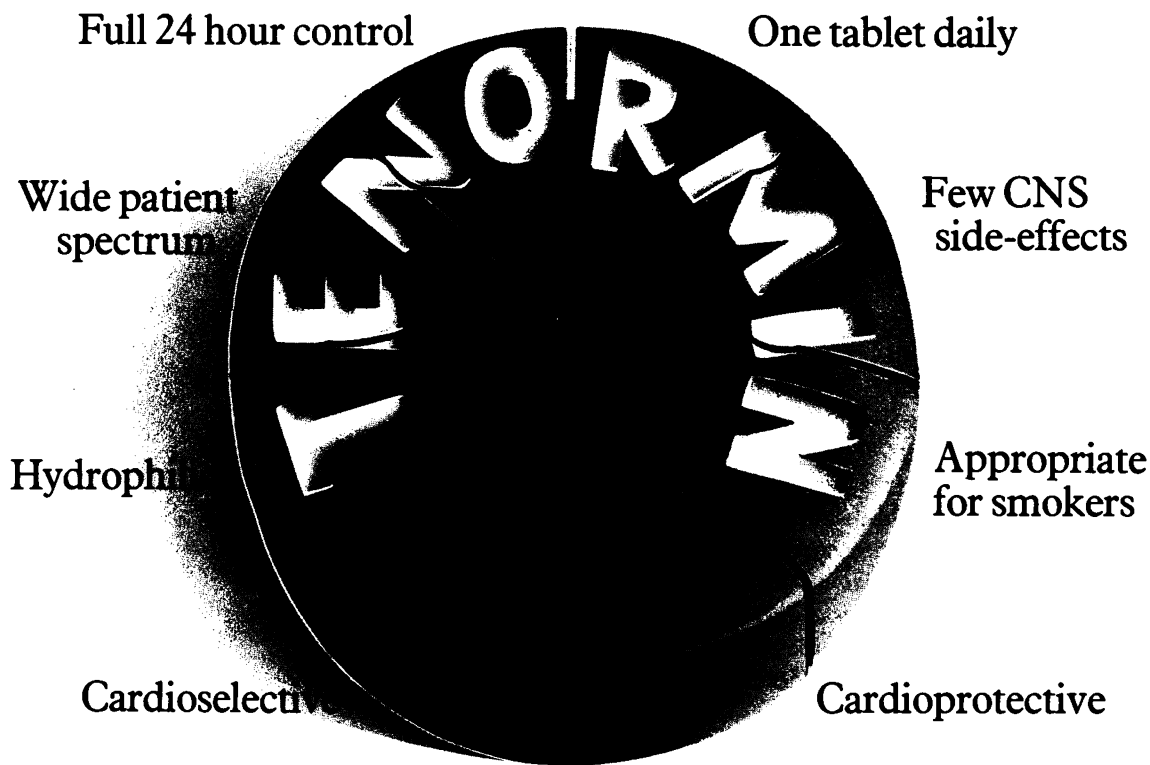
Some are once a day



In hypertension

...only **TENORMIN** puts it all in one.

Atenolol 100mg



Tenormin fits the profile of the ideal beta-blocker for hypertension.

TENORMIN

A unique combination of hydrophilicity and cardioselectivity

Prescribing Notes:

Dosage: One tablet daily. **Contraindications:** Heart block. Co-administration with verapamil. **Precautions:** Untreated cardiac failure, bradycardia, renal failure, anaesthesia and pregnancy. **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 blockers should be gradual. **Pack size and Basic NHS cost:** 'Tenormin' 28's £7.27. **Product Licence Number:** 'Tenormin' 0029/0122.

Full prescribing information is available on request to the company



Stuart Pharmaceuticals Limited
Carr House Carrs Road
Cheadle Cheshire SK8 2EG
Tenormin is a trade mark for atenolol.



THE MSD FOUNDATION

Audiovisual Programmes for General Practitioner Training

During the last two years the MSD Foundation has produced audiovisual teaching materials on the following topics for discussion by small groups of general practitioners:

The angry patient
The dying patient
The patient after a heart attack

The menopausal patient
**The child as a presenting
symptom of family stress**

***Upper Respiratory Tract Infections**
***Bronchitis**

***Asthma**
***Hypertension**
Arthritis

***Dealing with a patient's complaint against
the doctor**

***Choosing a partnership**
***Hiring and firing practice staff**

***Safer Prescribing**
Child Health Surveillance

Medical Records

**Real general practice consultations on: contraception, polypharmacy, feeling depressed, headaches,
diarrhoea and hot flushes.**

Consulting techniques, analysed by Dr Paul Freeling

The topics preceded by an asterisk are tape/slide programmes, the rest are available on videocassette. Some of the programmes, featuring real consultations, are available for use with doctors only. Others might be of interest to other members of the primary health care team or to medical students.

Videocassettes are available for sale on U-matic, VHS, Philips 1500 or Betamax formats, and the average cost is about £20-£25. Tape/slide programmes cost about £30 per session.

Further information, and 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.

EXCHANGE

New Zealand general practitioner, suburban Auckland partnership practice, wishes to exchange for similar in southern England for 12 months from mid-1982. For further details write: **Dr Dryson, 350 Ellerslie-Panmure Highway, Auckland 6, New Zealand.**

REPLACEMENT PARTNER

Retirement vacancy for young and enthusiastic partner in a long-established Kent suburban group practice. Full ancillary and attached LA staff. Wide choice of hospitals, GP beds available. Practice provides own 24-hour cover with one in five rota. Outside appointments held and special interests encouraged. Full VTS and obstetrics preferred. Six months' mutual assessment, then parity at 18 months.

Write **Drs Bolton, Forshaw, Critchley and Mehta, 14 Broadway, Bexley Heath, Kent DA6 7LA.**

BALINT SOCIETY

Applications are invited from general practitioners who would like to attend Balint training seminars. The seminars will meet weekly in London and applicants need not have had previous similar experience.

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

KING EDWARD'S HOSPITAL FUND FOR LONDON STUDY COURSE IN CANADA 3—22 MAY 1982

The King's Fund is financing a third study course and will meet course-related expenses, including basic travel and board and lodging.

The Department of Health Administration, University of Toronto, is organizing the programme, which will include the opportunity to examine different provincial systems of health care and problems of health care organization in isolated communities. Twelve participants will be selected from professionals in health and social services, aged under 35, with the requisite qualifications and experience.

Application forms and further information are available from **The Registrar, King's Fund College, 2 Palace Court, London W2 4HS.** Closing date is 16 November 1981.

PATIENT PARTICIPATION IN GENERAL PRACTICE

Occasional Paper 17

Patient participation has been one of the more radical innovations in general practice in the last few years and has led to the formation of many different kinds of patient groups attached to practices all over Britain.

Patient Participation in General Practice stems from a conference held on this subject by the Royal College of General Practitioners in January 1980 and was compiled by Dr P. M. M. Pritchard, who was one of the first general practitioners to set up a patients' association. It brings together in one booklet a large number of current ideas and gives much practical information about patient groups.

Patient Participation in General Practice, Occasional Paper 17, is available now, price £3.75 including postage, from the Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU. Payment should be made with order.

FOURTH NATIONAL TRAINEE CONFERENCE REPORT, RECOMMENDATIONS AND QUESTIONNAIRE

Occasional Paper 18

How much teaching do vocational trainees really get? What do they think about their trainers and how easily can they talk to them? This *Occasional Paper* reports on the proceedings of the Fourth National Trainee Conference held at Exeter in July 1980 and analyses the results of a questionnaire which was returned by 1,680 trainees throughout the country. This is the most detailed information so far published about the opinions of trainees, and from them a new 'value for money' index has been derived, based on sophisticated statistical analysis, which now makes it possible for the first time to rate a general practitioner trainer.

Fourth National Trainee Conference, Occasional Paper 18, is available now from the Publication Sales Department, Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU, price £3.75 including postage. Payment should be made with order.

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