Teddy's better too, Grandma. Can we come tomorrow?

In three different oral presentations which offer acceptable and convenient therapy for younger patients.

Amoxil – the leading antibiotic prescription for children in Britain.

Rapidly resolves young patients' infections.

Prescribing Information
Indications:
Commonly occurring bacterial infections of the upper and lower respiratory tract, urinary tract, skin and soft tissue.

Presentations:
- Amoxil syrup: 125mg and syrup forte: 250mg per 5ml PL 0036/0106 A
- Amoxil paediatric suspension: 125mg per 1.25ml PL 0036/0297
- Amoxil capsules: 250mg and 500mg PL 0036/0105
- Amoxil dispersible tablets: 500mg PL 0036/0267
- Amoxil 5g sachet: PL 0036/0298
- Amoxil tablets for injection: 125mg, 500mg and 1g PL 0036/0221/2.5

The amoxicillin content per dose unit is present as the trihydrate in Amoxil oral preparations and as the sodium salt in Amoxil injections.

Average treatment cost: children 28p/day (125mg syrup t.d.s) adults 14p/day (125mg caps /t.d.s). Dispersible tablets: 15p per tablet (30 per pack). 5g sachet: £1.58 per sachet.

Dosage:
- Children's dosage (up to 10 years)
  Oral: 125mg three times a day.
  In severe infections doses should be doubled.

Injectable: 50-100mg/kg body weight per day in divided doses.

Adult Dosage:
- Oral: 250mg three times a day.
- In severe infections doses should be doubled.

Injectable: 500mg (IM) hourly (or more frequently if necessary) in moderate infections. IDW 6 hourly in severe infections.

Contra-Indications:
Amoxil is a penicillin and should not be given to penicillin hypersensitive patients. Side effects are usually of a mild and transient nature: they may include diarrhea or induction. Occasionally a rash may occur, in which case treatment should be discontinued.

Since Amoxil is a penicillin, problems of overgrowth are unlikely to be encountered.

Further information on Amoxil (amoxicillin) is available from:

Bencard
Bencard, Great West Road, Brentford
Telephone: 01-560 5535

Amoxil and the Bencard logo are trademarks
December 1980
1346
In hypertension

TENORMIN

Atenolol 100mg

The only beta-blocker
to put it all together in one.

Full 24 hour control
One tablet daily

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spectrum

Few CNS
side-effects

Hydroporphic

Possible
advantages
in smokers

Cardioselective

Cardioprotective

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 vasopressin. Precautions: Unintentional 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 003/0012.

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Tenormin is a trade mark for atenolol.
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A MODERN
Masterpiece

‘INDERAL’ IS THE ORIGINAL PROPRANOLOL AND EVERY TABLET IS SIGNED BY ICI.

Write ‘Inderal’ by name  INDERAL
propranolol hydrochloride BP

**Ventolin**

(salbutamol BP)

bronchodilator therapy no asthma need be without

Primary therapy in reversible airways obstruction

Proven efficacy and β₂-selectivity

Long-acting yet with a rapid onset of action

Protects against exercise-induced asthma

Microgram dosage avoids systemic side effects

Combined with Rotahaler for extended effectiveness

**Use**

Inhalation, using Rotahaler as directed, for the relief of bronchospasm in reversible airways obstruction. Use prednisolone concurrently during therapy for patients with severe asthma who require high prednisolone dosage. For use of Rotahaler for asthma prophylactically before exercise, a 72-mg dose of prednisolone in the morning followed by a 24-mg dose 1 hour before exercise may be preferable to a 120-mg dose of prednisolone in the morning. Use of Rotahaler is an alternative to oral or parenteral steroids in the management of asthma patients requiring long-term oral or parenteral steroids.

**Dosage and administration**

For use of Rotahaler as directed; using Ventolin Rotahaler, one 100-mg dose of prednisolone is equivalent to one 72-mg dose of prednisolone in the morning followed by a 24-mg dose 1 hour before exercise.

**Contra-indications**

Use of Ventolin Rotahaler is not recommended in patients with a history of drug allergy or intolerance to salbutamol or any of its excipients.

**Precautions**

Use of Rotahaler is not recommended in patients with a history of drug allergy or intolerance to salbutamol or any of its excipients.

**Side effects**

Use of Rotahaler is not recommended in patients with a history of drug allergy or intolerance to salbutamol or any of its excipients.

**Product Licence numbers**

Beadon Ind. Ltd.

049 91502

049 91517

**Rotahaler**

Rotahaler and Rotahaler Rotadose are trademarks of Beadon Ind. Ltd. Ventolin Rotahaler is available from AstraZeneca UK Limited, Wrexham, Wales.
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
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+ < 3.5 mEq/l? At serum K+ < 3.0 mEq/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-sparing and is a more effective treatment in diuretic-induced hypokalaemia than potassium supplements,

In hypertension

Aldactide 50
hydroflumethiazide + spironolactone

The Caring, Sparing Diuretic.
"Tricyclics are extremely dangerous drugs when taken in overdose"  


Self-poisoning with amitriptyline, and other tricyclic antidepressants is now implicated in some 10,000 hospital admissions and 400 deaths per annum—a tragic waste of human life on a scale equivalent to one death every day.

Norval is an effective antidepressant which, in contrast to the tricyclics, has a high safety margin in overdose. In the treatment of depressed patients, where the possibility of deliberate or accidental self-poisoning cannot easily be ruled out, the difference between Norval and the tricyclics can be life-saving.

Norval  
Mianserin Hydrochloride  

Effective in depression without tricyclic overdose risks.

Further information on Norval (mianserin hydrochloride) is available from Bencard, Great West Road, Brentford, Middlesex, TW8 9BE. Norval and the Bencard logo are trade marks. PLU0038/0230, 0247, 0248. 14270 November 1981
Temgesic Sublingual

the sure new weapon for strong pain relief
Surer, strong pain relief

Long acting
Temgesic Sublingual eight hourly provides continuing analgesic cover with a bedtime dose able to give a night free from pain.

Outstandingly effective
When a strong oral analgesic is required, Temgesic Sublingual is consistently successful, providing better pain relief than, for example dihydrocodeine. In an extensive assessment in general practice, fewer than 5% of patients had to discontinue therapy because of inadequate pain relief.

Safety
Temgesic Sublingual offers a distinctive order of safety. Up to 70 times the unit dose has been taken without significant adverse effect.

Sublingual reliability
The sublingual route means absorption direct into the blood stream, and so a more consistent performance than with other oral analgesics.

No problem with constipation
So important in elderly patients with chronic pain.

No problem with hallucinations
With an incidence of less than one in 1300!
Back pain

Case No 2403-101204

Transferring this 42-year-old man with an acute prolapsed intervertebral disc from acute propoxyphene/paracetamol to dextropropoxyphene/paracetamol to Temgesic Sublingual six-hourly gave 'much better, quicker response than with any previous analgesic, allowing him to return to work.'

Painful dental abscess

Case No 2419-101317

Whilst penicillin V was given for the infection, Temgesic Sublingual t.d.s. gave 'excellent' relief from pain for this young man of 26 years.

Sciatica

Case No 5709-102030

One tablet of Temgesic Sublingual eight-hourly gave good pain relief to a 32-year-old male patient with sciatica. He had previously been in continuous severe pain despite taking eight tablets of dextropropoxyphene/paracetamol daily. The patient continued on Temgesic therapy with 'excellent' pain relief.

Severe osteoarthritic pain

Case No 2418-101354

Despite indomethacin and what her doctor considered to be an excessive consumption of dextropropoxyphene/paracetamol this 76-year-old lady was in severe pain. With eight-hourly Temgesic Sublingual added to her indomethacin, however, there was a very good response. She slept better and was able to stop the dextropropoxyphene/paracetamol.
once a day

**Uses:** Treatment and prophylaxis of bronchospasm associated with asthma, emphysema and chronic bronchitis; also cardiac asthma and left ventricular or congestive cardiac failure.

**Dosage and administration:** 3 or 4 tablets taken as a single daily dose, following an initial week of therapy on 2 tablets daily. Tablets should be swallowed whole or halved and not chewed. Each tablet contains 200 mg theophylline BP.
protecting asthmatics all the way through to bedtime tomorrow

NAPP
British Expertise in Theophylline Therapy

Contra-indications: None.
Side-Effects: The risk of side-effects usually associated with theophylline and Xanthine derivatives such as nausea, gastric irritation, headache and CNS stimulation are absent or much diminished. Basic NHS cost: 24p per day (ex. 100 pack, 4 o.d.). PL 0337/0057
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80% ulcers healed
Rapid relief of pain, rapid healing of the ulcer.

NEW
Zantac
RANITIDINE

The fast, simple and specific way to promote peptic ulcer healing
Specifically developed as b.d. treatment.

NEW

Zantac

RANITIDINE

The fast, simple and specific way to promote peptic ulcer healing
The benefits of highly
specific H₂ blockade

Zantac treatment has not been shown to affect the central nervous system¹,² to exert anti-androgenic effects³,⁴ or to cause drug interaction⁵.

NEW

Zantac

RANITIDINE

The fast, simple and specific way to promote peptic ulcer healing
NEW Zantac
RANITIDINE

The fast, simple and specific way to promote peptic ulcer healing

- Rapid relief, rapid healing
- Simple b.d. dosage
- Once-daily maintenance
- Excellent safety profile

A British advance from Glaxo
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.
Immunization in Childhood

1. Toby’s mother, a page editor for a national newspaper, is dubious about his receiving pertussis vaccine because of his eczema, a family history of atopy and the effect of correspondence with the Association of Parents of Vaccine Damaged Children.

2. Robin is nearly three and has severe asthma, but is currently well on alternate day prednisolone. He is about to start at playgroup and his parents are worried about contact with measles. They have heard that the vaccine can cause fits and this worries them.

3. Sophie is awaiting an appointment at a child development clinic because you believe there is moderate motor delay and her mother is suspicious she might be deaf. You see her at six months for her first triple.

4. Samantha, aged three and a half, has a soil-contaminated laceration of her right knee. Her notes have been mislaid and her mother, who has seven children, cannot remember whether she was immunized as a baby. Consider also what your practice would be if she had received a full course in infancy.

These are four of the 13 ‘short cases’ presented for group discussion in a tape/slide programme designed to help general practitioners understand the use and efficacy of the standard vaccines used in childhood. The sound track lasts 15 minutes and is combined with 60 slides to provide material for an hour and a half teaching session on the topic.

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 six weeks before the 1st of 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.

RUDOLPH FRIEDLAENDE Memorial Fund for Research in General Practice

The Rudolf Friedlaender Memorial Fund invites applications from general practitioners for this award of up to £1,000. The award is designed to assist in financing the following aims:

1. The preparation, completion and publication of a particular item of research or observations made in general practice.
2. The preparation and presentation of already completed work or findings in general practice.
3. Travelling expenses incurred in presenting the above findings at a local or international conference.

Application forms are available from: Dr F. H. Kroch, Rudolf Friedlaender Memorial Fund, 8 Regent Street, Eccles, Manchester M30 0AP.

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.

PARTNERSHIP REQUIRED

Hungarian lady doctor, 33 years old, multilingual, with wide experience in teaching hospitals, fully vocationally trained, IUD/FPC Certificate, requires full- or part-time partnership in the Central or North West London area. Assistantship with view to be considered. Further details from Dr A. E. Szabolcs, MD, 63 Eaton Rise, London, W5.

PARTNERSHIP

British graduate, MRCGP, 33, married, previous academic appointment in USA, presently working in Nepal, seeks partnership from September 1982. Available for interview mid-August. Curriculum vitae available. Dr Snider, c/o 47 Lune St, Preston, Lancs.

THE BALINT SOCIETY PRIZE ESSAY COMPETITION

The second winner of the Balint Society Prize Essay Competition was Dr Stanley Levenstein, who practises in Cape Town, S. Africa. His essay was adjudicated to be the best entry in the competition which was open to all general practitioners. The theme of this year's competition was 'The Doctor as Drug'. Dr Cyril Gill, President, presented the cheque for £250 at the Annual General Meeting of the Society at the Royal Society of Medicine on Tuesday, 8 June 1982, and his essay will be published in the next issue of The Journal of the Balint Society.

The Council of the Balint Society will award a further prize of £250 for the best essay on the title 'If You Ask Questions'. Entries should be submitted by 15 April 1983. The prize winner will be announced at the 14th Annual General Meeting of the Society in June 1983.

Details are obtainable from the Hon. Secretary, Dr Peter Graham, 149 Altmore Avenue, East Ham, London E6 2BT.

International Conference on Cardiac Arrest and Resuscitation

19-21 October 1982

The Brighton Conference Centre
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Defining the Problem
The Mechanisms of Cardiac Arrest
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Telephone: 01-584 4226 Telex: 916054

456 Journal of the Royal College of General Practitioners, July 1982
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bumetanide and slow release potassium chloride

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**gently effective for maintenance**

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combine strength with
gentleness for more refractory oedema

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fast powerful action for emergencies

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**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 origin. **Dosage**
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**
Hypokalaemia and circulatory collapse may follow inappropriate 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: 0043/0000 Burinex Tablets: 0043/0001, 0043/0003 Burinex K: 0043/0071

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