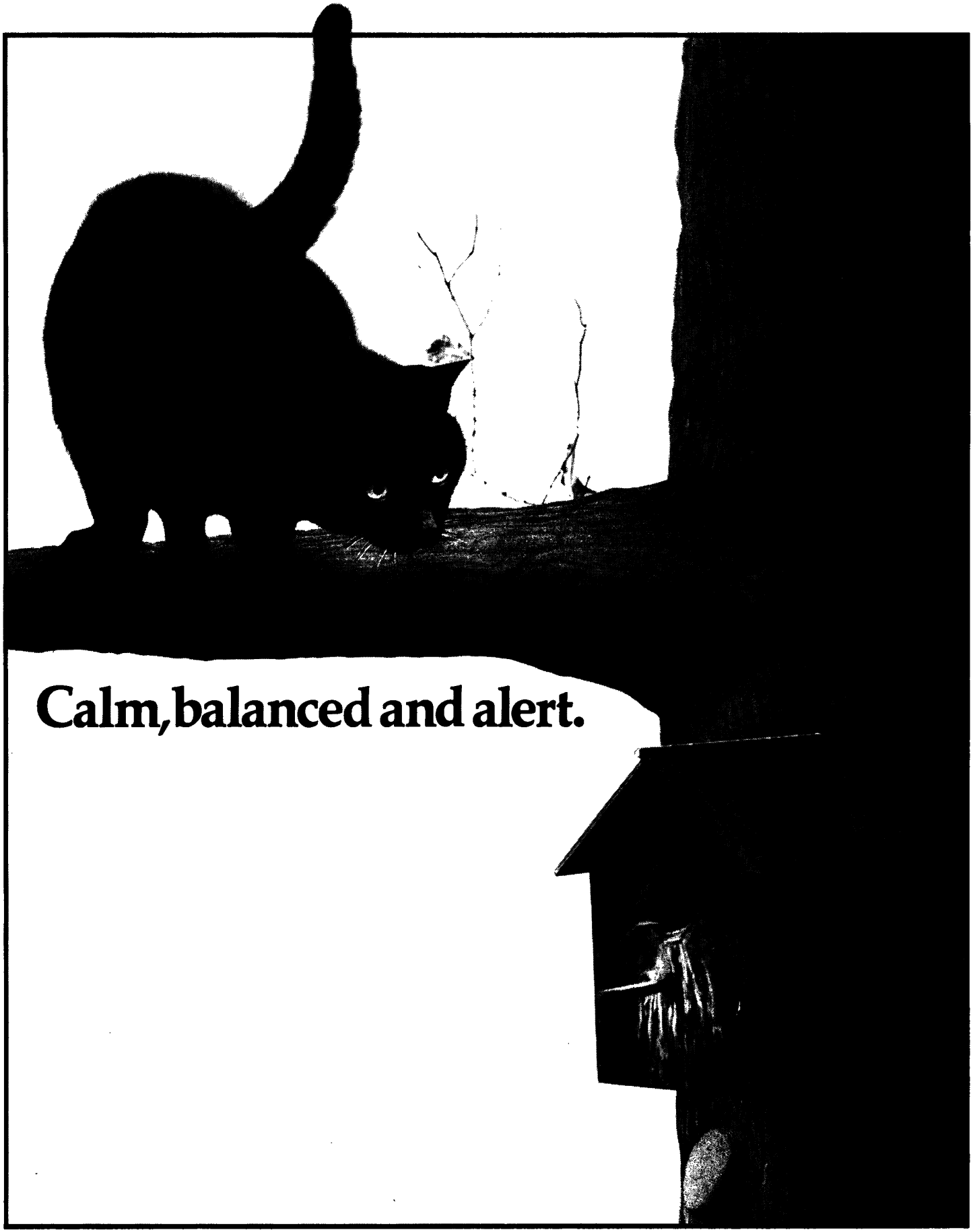


Calm, balanced and alert.

M&B May & Baker

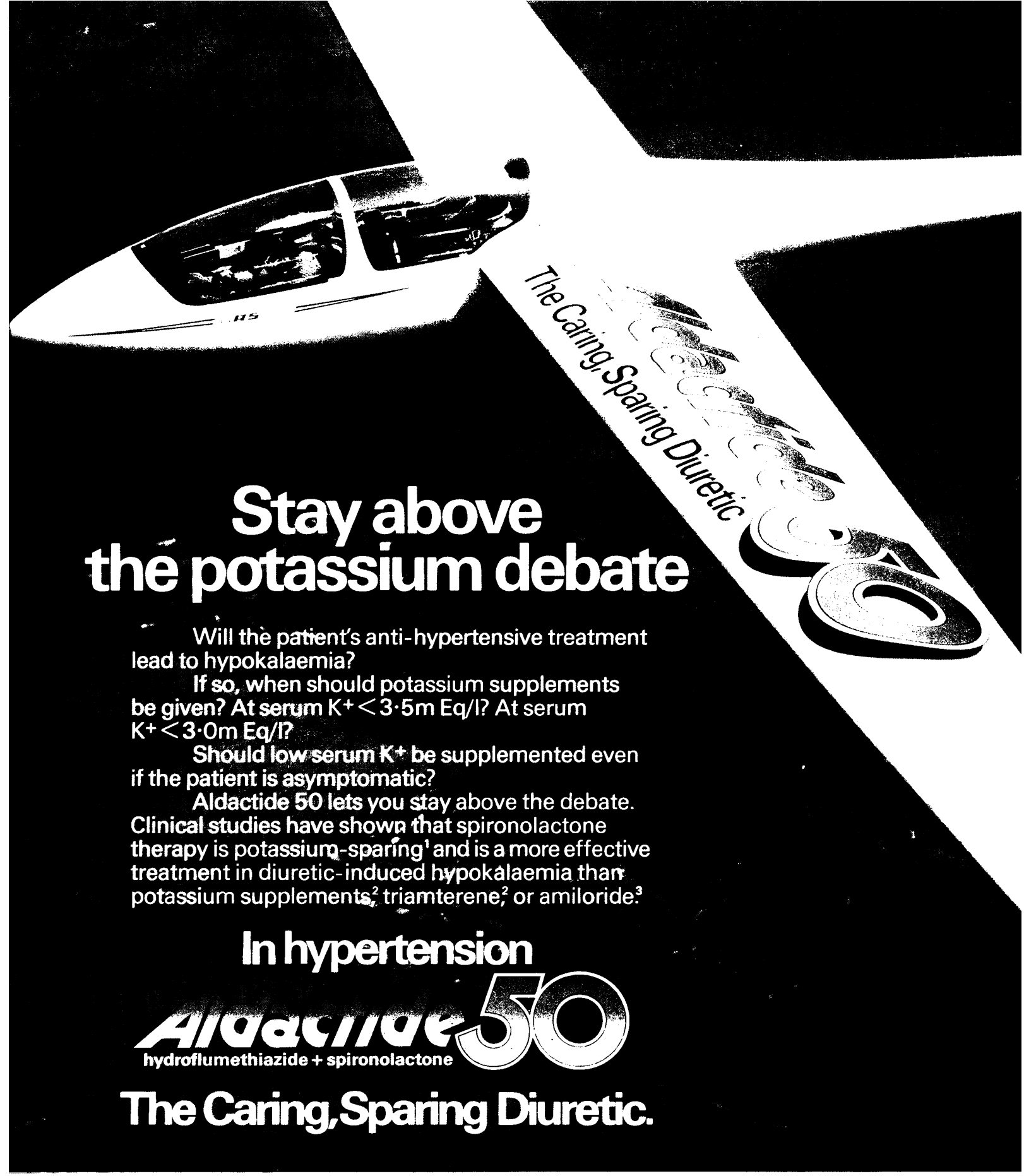
Prescribing information: Dosage: Minor mental and emotional disturbances and vertigo. Adults: 1 x 5 mg tablet T.D.S. increasing if necessary to a maximum of 6 x 5 mg tablets per day. Contra-indications: No absolute contra-indications. Precautions: Usual precautions during pregnancy and lactation. Patients should not drive or operate machinery until initial effect has been ascertained. Side-effects: Stemetil* has been shown to be remarkably free from side-effects. Slight transient drowsiness may occur in some patients during the early stages of treatment. Rare reports of mild skin reactions and dry mouth. Presentation/cost 5 mg tablet (PL0012/5263) £0.53 x 25 (April '82). Further information available on request. May & Baker Ltd., Dagenham, Essex RM10 7XS.

*Trade mark MA 1256.

STEMETIL

PROCHLORPERAZINE

Backed by 25 years' clinical experience. Calms the mind and the stomach. Restores balance.



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 $K^+ < 3{\cdot}5$m Eq/l? At serum $K^+ < 3{\cdot}0$m Eq/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[1] 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

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 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.

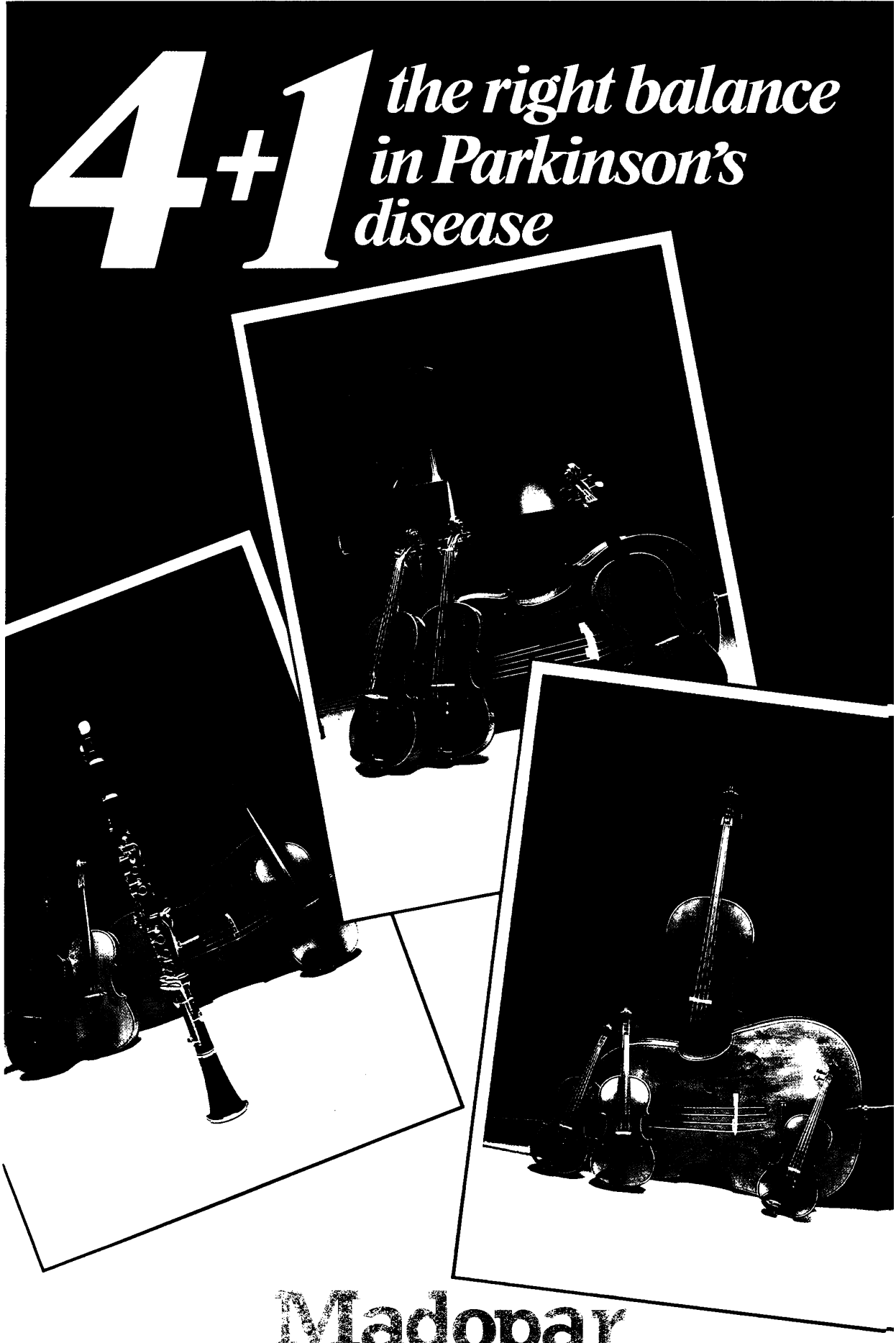
Basic N.H.S. Cost
28 tablets: £5.60.

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

4+1 the right balance in Parkinson's disease



Presentation
Madopar contains a combination of levodopa and the decarboxylase inhibitor benserazide in the ratio of 4:1. Madopar 62·5 capsules containing 50mg levodopa and 14·25mg benserazide hydrochloride (equivalent to 12·5mg of the base). Madopar 125 capsules containing 100mg levodopa and 28·5mg benserazide hydrochloride (equivalent to 25mg of the base). Madopar 250 capsules containing 200mg levodopa and 57mg benserazide hydrochloride (equivalent to 50mg of the base).

Indications
Parkinsonism – idiopathic, post-encephalitic.

Dosage
Dosage is variable and the data sheet should be consulted for full details. The effective daily dose usually lies between four and eight capsules of Madopar 125 (two to four capsules of Madopar 250) daily in divided doses, most patients requiring no more than six capsules of Madopar 125 daily. In some elderly patients initial treatment with one capsule of Madopar 62·5 once or twice daily, increasing by one capsule every third or fourth day may suffice. Patients who experience fluctuations in response may also benefit from administration of smaller more frequent doses using Madopar 62·5.

Contra-indications
Narrow-angle glaucoma, severe psychoneuroses or psychoses. It should not be given: in conjunction with monoamine oxidase inhibitors or within two weeks of their withdrawal; to patients under 25 years of age; to pregnant women; or to patients who have a history of, or who may be suffering from, a malignant melanoma.

Precautions
Drugs which interfere with central amine mechanisms should be avoided. Endocrine, renal, pulmonary or cardiovascular disease, hepatic disorder, peptic ulcer, osteoporosis, sympathomimetic drugs, antihypertensive drugs. Patients who improve on Madopar therapy should be advised to resume normal activities gradually as rapid mobilisation may increase the risk of injury.

Side-effects
Nausea and vomiting; cardiovascular disturbances; psychiatric disturbances; involuntary movements.

Packings
Madopar 62·5 capsules, Madopar 125 capsules and Madopar 250 capsules in packings of 100.

Licence Numbers
0031/0125 (Madopar 62·5 capsules); 0031/0073 (Madopar 125 capsules); 0031/0074 (Madopar 250 capsules).

Basic NHS Cost
Madopar capsules 62·5
£4.01 per 100
Madopar capsules 125
£7.23 per 100
Madopar capsules 250
£12.94 per 100

ROCHE

Roche Products Limited
PO Box 8
Welwyn Garden City
Hertfordshire AL7 3AY

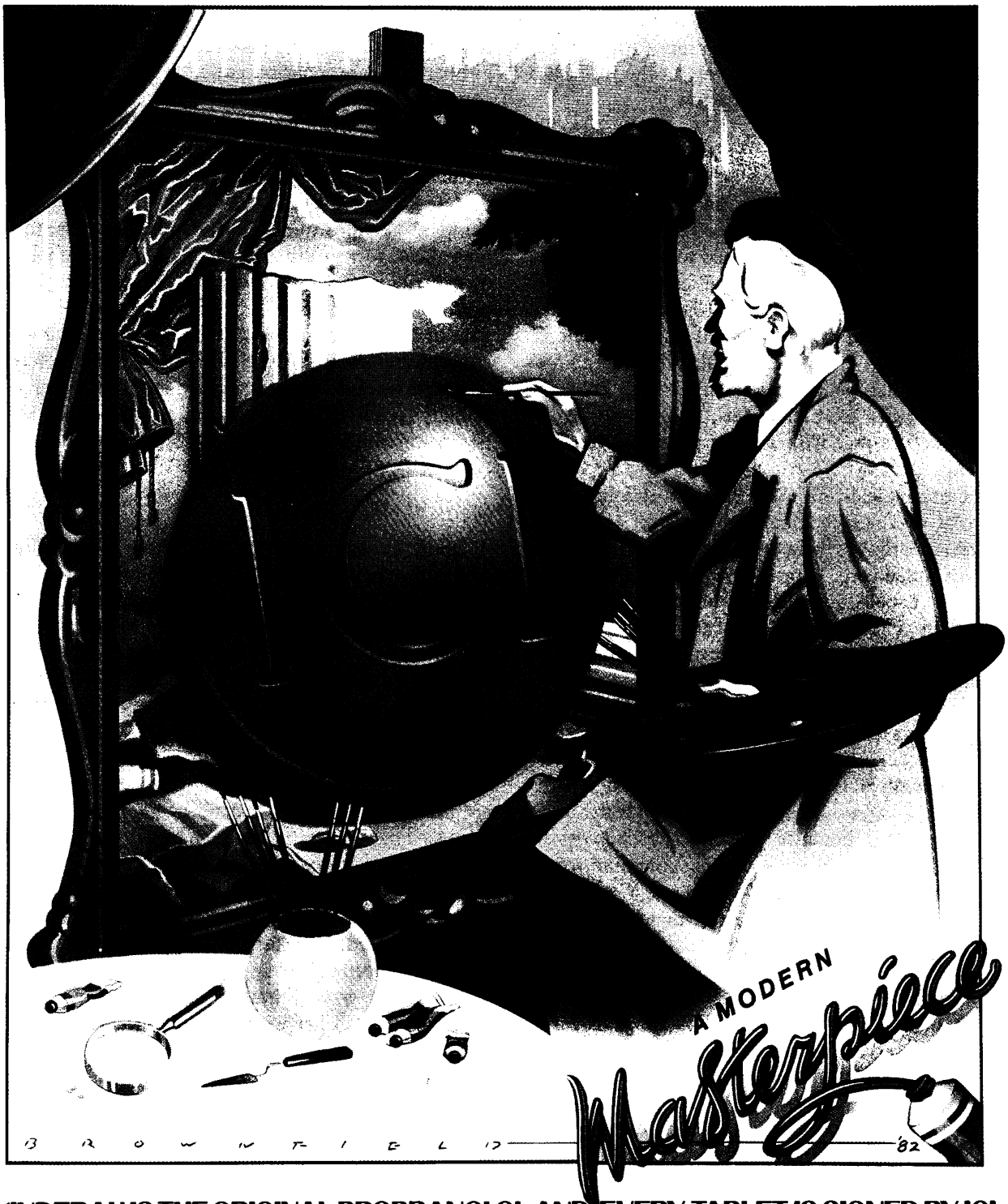
Madopar is a trade mark
J522191/382.

Madopar

levodopa plus benserazide

the original 4+1 combination in three dosage forms, 62·5, 125 *and* 250

EVERY ORIGINAL IS SIGNED



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

Write 'Inderal' by name ICI INDERAL
propranolol hydrochloride BP

ABRIDGED PRESCRIBING INFORMATION: DOSAGE. HYPERTENSION: 80MG B.D., INCREASING WEEKLY. USUAL RANGE 160-320MG DAILY. **ANGINA:** 40MG B.D. OR T.I.D., INCREASING WEEKLY. USUAL RANGE 120-240MG DAILY. **CONTRAINDICATIONS:** HEARTBLOCK, BRONCHOSPASM, PROLONGED FASTING, METABOLIC ACIDOSIS, CO-ADMINISTRATION WITH VERAPAMIL. **PRECAUTIONS:** UNTREATED CARDIAC FAILURE. BRADYCARDIA. DISCONTINUANCE OF CLONIDINE. ANAESTHESIA. PREGNANCY. **ADVERSE REACTIONS:** SIDE EFFECTS SUCH AS 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:** 10MG 100: £1.69, 1,000: £16.89. 40MG 100: £4.21, 1,000: £42.12. 80MG 60: £3.78, 500: £31.48. 160MG 60: £7.56, 250: £31.48. **PL NOS:** 0029/5063, 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.

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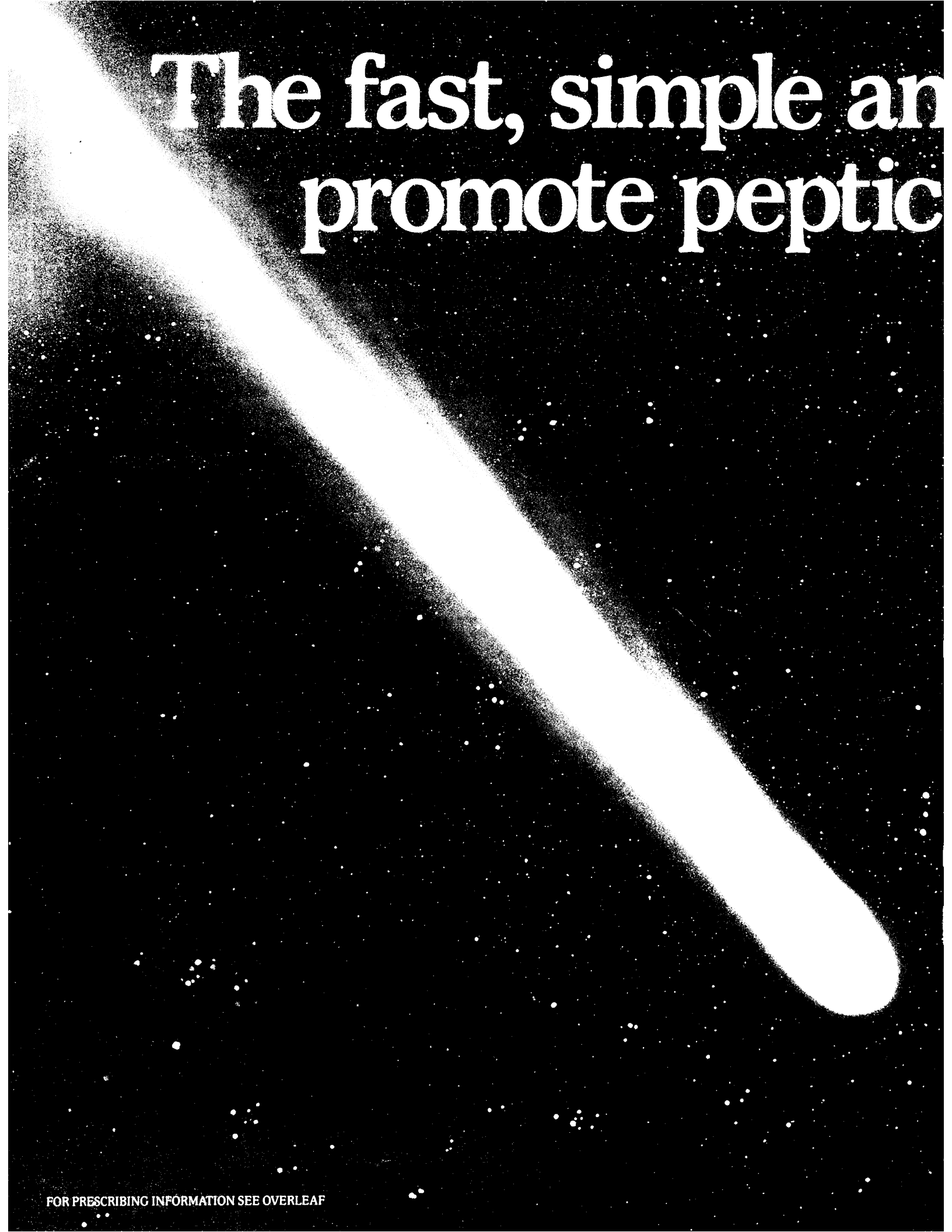

The fast, simple an
promote peptic
FOR PRESCRIBING INFORMATION SEE OVERLEAF

d specific way to ulcer healing

80% ulcers healed in one month[1]

Rapid relief of pain, rapid healing of the ulcer.

No dosage simpler in peptic ulcer treatment

Specifically developed as b.d. treatment.

The benefits of highly specific H_2 blockade

Zantac treatment has not been shown to affect the central nervous system,[1,2] to exert anti-androgenic effects[3,4] or to cause drug interaction[5]

NEW

Zantac

RANITIDINE

A British advance from Glaxo

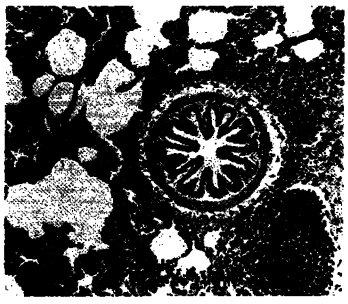
FOR PRESCRIBING INFORMATION SEE OVERLEAF

1. For the patient who suffers episodic attacks – Inhaled Ventolin when necessary.

For those patients suffering only infrequent and episodic attacks of asthma, Inhaled Ventolin when necessary, is often all that is required. Used at the onset of an attack of bronchospasm, Inhaled Ventolin provides rapid and sustained relief of symptoms. Patients waking with early morning breathlessness will also benefit from the rapid onset of action.
And taken before exertion, Ventolin provides protection against exercise-induced asthma.

2. For the patient who requires prophylactic bronchodilator therapy – Inhaled Ventolin four times daily.

Routine bronchodilator therapy is indicated when asthmatic attacks become more frequent. The long duration of action of Inhaled Ventolin means that continuous protection against bronchospasm can be maintained on a four times daily dosage schedule.



Cross-section of bronchiole illustrating bronchospasm due to contraction of respiratory smooth muscle.

VENTOLIN PRESCRIBING INFORMATION **Uses** Routine control of bronchospasm in bronchial asthma, bronchitis and emphysema, or as required to relieve attacks of acute bronchospasm. Doses may also be taken before exertion to prevent exercise-induced asthma or before exposure to a known unavoidable challenge. **Dosage and administration** As single doses for the relief of acute bronchospasm, for managing intermittent episodes of asthma and to prevent exercise-induced bronchospasm. *Using Ventolin Inhaler – Adults:* one or two inhalations. *Children:* one inhalation increasing to two if necessary. *Using Ventolin Rotahaler – Adults:* one Ventolin Rotacap 200mcg or 400mcg. *Children:* one Ventolin Rotacap 200mcg. For chronic maintenance or prophylactic therapy. *Using Ventolin Inhaler – Adults:* two inhalations three or four times a day. *Children:* one inhalation three or four times a day increasing to two inhalations if necessary. *Using Ventolin Rotahaler – Adults:* one Ventolin Rotacap 400mcg three or four times a day. *Children:* one Ventolin Rotacap 200mcg three or four times a day. For optimum results in most patients inhaled Ventolin should be administered regularly. **Contra-indications** Ventolin preparations should not be used for the prevention of threatened abortion during the first or second trimester of pregnancy. **Precautions** If a previously effective dose of inhaled Ventolin fails to give relief lasting at least three hours, the patient should be advised to seek medical advice. Ventolin should be administered cautiously to patients suffering from thyrotoxicosis. Unnecessary administration of drugs during the first trimester of pregnancy is undesirable. **Side effects** No important side effects have been reported following treatment with inhaled Ventolin. **Presentation and Basic NHS cost** Ventolin Inhaler is a metered-dose aerosol delivering 100mcg Salbutamol BP per actuation. Each canister contains 200 inhalations. Basic NHS cost £3·00. Ventolin Rotacaps 200mcg and 400mcg, each contain a mixture of the stated amount of microfine Salbutamol BP (as sulphate), and larger particle lactose in light blue/colourless or dark blue/colourless hard gelatine cartridges, respectively. Containers of 100. Basic NHS cost £5·29 and £7·15, respectively. Ventolin Rotahaler for use in conjunction with Ventolin Rotacaps. Basic NHS cost 78p. **Product licence numbers** Ventolin Inhaler 0045/5022. Ventolin Rotacaps 200mcg 0045/0116. Ventolin Rotacaps 400mcg 0045/0117.

Becotide, Rotacap, Rotahaler and Ventolin are trade marks of Allen & Hanburys Limited
Further information on Becotide and Ventolin is available from: Allen & Hanburys Limited, Greenford Middlesex UB6 0HB

3. For the patient with asthma involving inflammatory changes, add regular Inhaled Becotide.

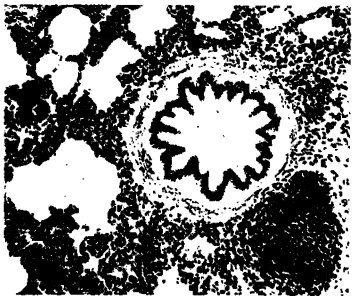
The first sign of deterioration in asthma is often a waning response to bronchodilators brought about by inflammatory changes within the lungs. At this stage specific anti-inflammatory therapy is essential.

The early addition of Inhaled Becotide is indicated to control the inflammatory process, to restore lung function and the response to bronchodilators.

The regular administration of Inhaled Becotide and Inhaled Ventolin will maintain lung function and prevent further deterioration in the condition of many of these patients.

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 adrenocorticotrophic 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. Alternatively, the total daily dose may be administered as two divided doses. *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 1mg. Inadequate response after the first week of inhaled Becotide therapy suggests that excessive mucus is preventing penetration of inhaled drug to the target area. A short course of systemic steroid in relatively high dosage should be given and therapy with inhaled Becotide continued. Unnecessary administration of drugs during the first trimester of pregnancy is undesirable. When transferring patients to Becotide from systemic steroid therapy the possibility of adrenocortical suppression should be considered and patients given a supply of oral steroids for use during periods of stress. Please refer to the detailed procedure described in the data sheets for Becotide Inhaler and Becotide Rotacaps. **Side effects** Occasional candidiasis of the mouth and throat (thrush) occurs in some patients, particularly those with high blood levels of *Candida precipitans*. Topical therapy with antifungal agents usually clears the condition without withdrawal of Becotide. **Presentation and Basic NHS cost** 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 micronised Beclomethasone Dipropionate BP and larger particle lactose in buff 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

Cross-section of bronchiole illustrating bronchospasm complicated by the inflammatory components, bronchial mucosal oedema and hypersecretion of mucus.



"Tricyclics are extremely dangerous drugs when taken in overdose" Hollister, L. E., (1981), Drugs, **22**, 129-152.

PRESCRIBING INFORMATION
Indications Endogenous depression, reactive depression and anxiety, agitation and insomnia where associated with depressive illness.
Dosage Treatment should be initiated at 30mg. a day as a single bedtime dose or in divided doses. Dosage may be increased after the first week. The usual effective daily dosage lies in the range of 30-60mg. although divided daily dosages up to 200mg. have been well tolerated.
Contra-Indications, Warnings, Etc. Norval is not yet recommended for use in children or pregnancy. When treating patients with epilepsy, diabetes, hepatic or renal insufficiency, normal precautions should be exercised and the dosages of all medication kept under review. Care should be taken in patients with cardiac conditions, but cardiotoxic effects have not been seen at therapeutic dosage even in patients with pre-existing cardiac disease. Drowsiness may occur during the first few days of treatment and patients should be warned to avoid alcohol and activities that demand constant alertness. Norval may interact with clonidine, but does not interact with bethanidine, guanethidine, propranolol, or coumarin type anticoagulants; nevertheless usual monitoring procedures should be followed. Concurrent use of Norval with MAOI's or barbiturates is not yet recommended.
Side-Effects Serious side-effects are uncommon. A small number of cases of white blood cell depression, reversible on cessation of treatment, have been reported; white blood cell counts are advisable in patients with persistent signs of infection. Jaundice, usually mild, hypomania and convulsions have also been reported. Additional adverse disorders include breast disorders (gynaecomastia, nipple tenderness and non-puerperal lactation), dizziness, postural hypotension and skin rash. Drowsiness may occur initially but no drug related anticholinergic effects have been observed.
Overdosage There is no specific antidote to Norval. Treatment is by gastric lavage with appropriate supportive therapy. Symptoms of overdosage are normally confined to prolonged sedation.
Availability and NHS price 10mg. 20mg. and 30mg. mianserin hydrochloride tablets. Basic NHS cost per day (30mg. dosage) is 21p. (Price correct at time of printing.)
References

1. Crome, P. and Newman, B., (1979), Postgrad. med. J., **55**, 528-532.
2. O.P.C.S., (1979), London.
3. Chand, S., Crome, P. and Dawling, S., (1981), Pharmakopsych., **14**, 15-17.

Self-poisoning with amitriptyline, and other tricyclic antidepressants is now implicated in some *10,000 hospital admissions*[1] and *400 deaths*[2] 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.[3] 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.

Bencard

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. PL0038/0230, 0247, 0248. 14270 November 1981

Special Upjohn Announcement

1983 Upjohn Essay Prize in Therapeutics

Since 1957 Upjohn has made available a grant to General Practitioners through The Royal College of General Practitioners. This award was known as the Upjohn Travelling Fellowship.

In line with the needs and trends of General Practice Training the award has been re-structured to support eight Essay Prizes and two Lectureships in Therapeutics.

The new awards are entitled

The Upjohn Essay Prize in Therapeutics
The Upjohn Lecture Prize in Therapeutics

The awards are available to two groups of registered practitioners in the United Kingdom.

1. Vocational Trainees in their final year.
2. Principals in their first five years in General Practice.

In each group there will be awarded up to four Essay Prizes of £250 each. From each group of prizewinners, one prizewinner will be awarded also an Upjohn Lectureship of a further £300 (with an availability of £200 travel expenses).

The Upjohn Essay Prize will afford an opportunity for doctors in their early years as practitioners to examine a specified area of therapeutics that is considered by the College to be of current interest in General Practice. The subject essay for 1983 is

"The Care of the Dying at Home"

It is expected that a major portion of an Essay will refer to practical aspects of the subject as experienced in the applicant's Practice.

Applications for a registration form and conditions of entry for 1983 should be forwarded to the Honorary Secretary, Awards and Ethical Committee, Royal College of General Practioners, 14 Princes Gate, London SW7 1PU.

Registrations will close on 31 October 1982 and Essays should be presented no later than 31 July 1983.

The Awards and Ethical Committee of The Royal College of General Practioners will be the sole judge of the Essays and Lectureships.

Upjohn UPJOHN LIMITED • CRAWLEY • WEST SUSSEX

2234 UK.

THE MSD FOUNDATION

Audiovisual Programmes for General Practitioner Training

Programmes for 1982

Our 1982 catalogue contains details of videocassette and tape/slide programmes for use with small groups in general practitioner training. They include:

Audit in General Practice

This 35-minute videocassette follows a group of established general practitioners over six weeks as they analyse and compare their own digoxin prescribing activities. Some might call this audit, others would describe it as merely swapping anecdotes.

By observing one group of doctors, the programme highlights a number of issues relating to the definition of medical audit in general practice, its relevance to improved health care and the methodology to be followed. These can all be raised at stop points in the programme with the members of the group using the programme.

This programme is suitable for groups of general practitioner trainees or established practitioners.

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. 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.

PARTNERSHIP REQUIRED

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 Street, Preston, Lancs.**

UNIVERSITY OF OTAGO
DUNEDIN
Faculty of Medicine

THE ELAINE GURR CHAIR OF GENERAL PRACTICE

The university council invites applications for appointment to the Foundation Chair of General Practice within the Faculty of Medicine.

Professional salaries for medically qualified staff provide for a salary within the range of NZ$53,951 to $59,509 per annum.

Further particulars are available from the **Secretary General, Association of Commonwealth Universities (Appts), 36 Gordon Square, London WC1H 0PF,** or from the Registrar of the university.

Applications close on 15 August 1982, but will be accepted for a further 10 days.

COMPUTERS AND THE GENERAL PRACTITIONER

This new book published by Pergamon Press for the Royal College of General Practitioners follows from a Study Day organized by the College in 1981. The chapters are written by a number of doctors with personal experience of computing in general practice as well as experts on the subject. The topics include a general review, examples of the experience of some early pioneers, the problem of security, education, audit and ECG analysis, and perceptive reviews on the challenge and opportunities for further development.

Computers and the General Practitioner is available now from the Publication Sales Department, Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU, price £10.00 plus 50p postage. Payment should be made with order.

MRCGP CANDIDATES

New practice exams now available. Two MCQ papers (120 questions) covering the new subject areas as required by the Royal College. (This includes social and legal aspects, epidemiology, statistics and practice organization.) Answers and detailed teaching explanations provided together with computer sheets and free marking service. MEQ and TEQ papers have sample answers, explanations, marking schedules references and practical examination advice. Also hints on log diary, oral and reading suggestions. Send cheque now for £15 plus 60p p & p.

Dept. GP PasTest Service, P.O. Box 81, Hemel Hempstead, Herts HP1 1AA. Tel: Hemel Hempstead (0442) 52113.

PASTEST

THE ROYAL COLLEGE OF GENERAL PRACTITIONERS

North and West London Faculty

Preceding this year's Annual General Meeting

SYMPOSIUM '82

Will be held on
Wednesday 10 November 1982
to
Friday 12 November 1982
at
Charing Cross Hospital Medical School
Fulham, London W6.

The programme will include the following four sessions:

As others see us	*Culture and illness*	*Doctors' health*	*Doctors' families*
Speakers:	Speakers:	Speakers:	Speakers:
Sir Henry Yellowless	Mrs Sheila Kitzinger	Dr R. MacG. Murray	Mrs Jill Pereira Gray
Mrs Jean Robinson	Miss Alex Henley	Dr R. E. Steel	Mrs Patricia Wilks
Prof. T. W. Glenister	Dr Margaret Pollak	Dr A. Allibone	Mrs Barbara MacInnes
Dr Henk Lamberts	Dr Julian Leff	Dr D. H. Irvine	Dr Stephen Challacombe
	Dr Colin Leonard		Mr Simon Carne
	Dr M. Aslam		

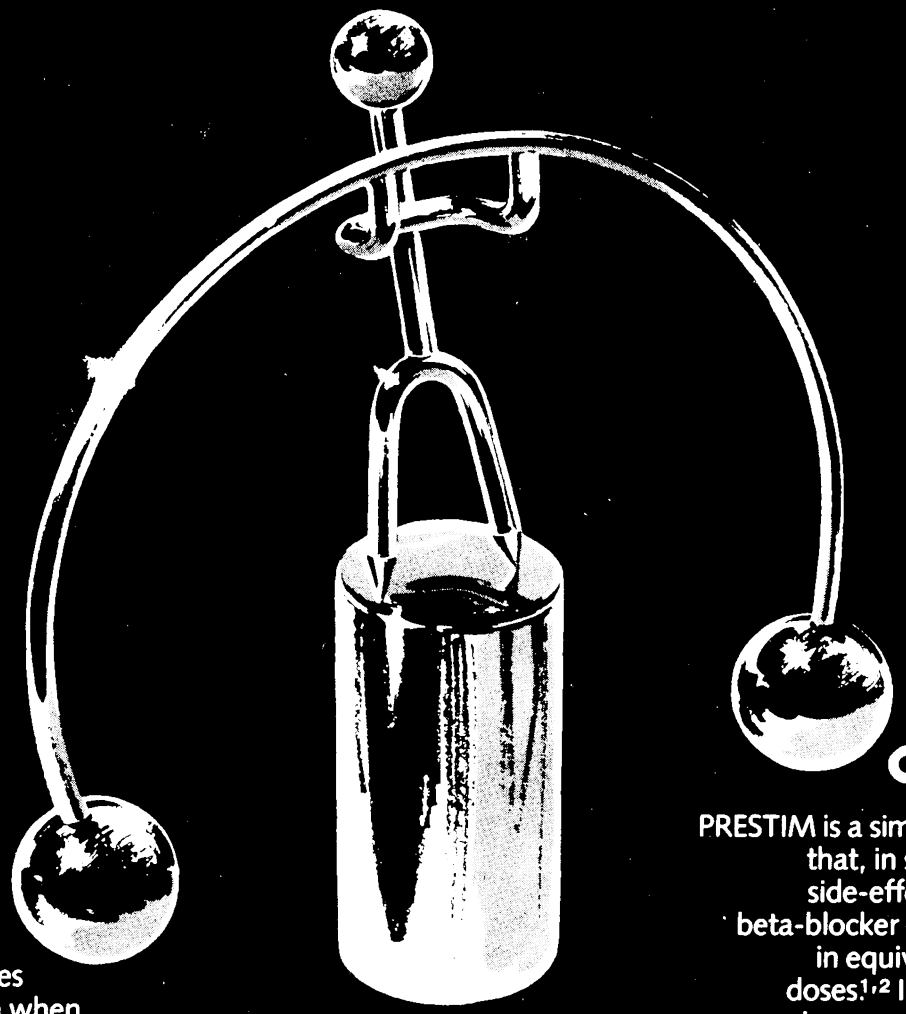
The symposium dinner for members and their families will be held on the evening of Friday, 12 November 1982 at the Cunard International Hotel, Hammersmith, London, W6. The after-dinner speaker will be Sir Harold Wilson.

Please note the dates in your diary: booking details will follow as an insert to this journal.

OPTIMAL ANTI-HYPERTENSIVE THERAPY

'. . . the greater the reduction in blood-pressure . . . the greater was the reduction of risk . . . It is equally clear, however, that treatment is scarcely worth the effort without long-term compliance by the patient . . .'

THE PRESSURE TO TREAT. LANCET LEADER JUNE 14th 1980



EFFICACY

Studies show that 9 out of 10 mild to moderate hypertensives achieve normotension when treated with PRESTIM alone.[1,2]

COMPLIANCE

PRESTIM is a simple once-a-day therapy that, in studies, produced fewer side-effects than methyldopa, a beta-blocker or a diuretic given alone in equivalent anti-hypertensive doses.[1,2] In addition dose titration is easy and rapid with PRESTIM.[3]

PRESTIM

bendrofluazide/timolol maleate

balanced therapy in hypertension

PRESCRIBING INFORMATION

Indications: Prestim (timolol maleate 10 mg and bendrofluazide 2.5 mg) is indicated for the treatment of mild to moderate hypertension.
Dosage: Recommended range 1-4 tablets daily, usually as a single dose but may be divided morning and evening.
Contra-indications: Renal failure; hypersensitivity to bendrofluazide or timolol; uncontrolled cardiac failure; bradycardia; heart block; obstructive airways disease.
Precautions: Bradycardia and heart failure may occur during Prestim therapy. In diabetic patients, premonitory signs of impending hypoglycaemia may be masked by β-blockade.
Warnings: Prestim should be discontinued immediately should patient develop dry eyes or a skin rash.
Product Licence number: 0043/0047.
Basic N.H.S. price: £10.64 per 100 tablets.

REFERENCES

1. Spira, M., Curr. Med. Res. Op., **5**, 252, 1977.
2. Karatzas, N.B. *et al.*, J. Int. Med. Res., **7**, 215, 1979.
3. Castenfors, H., Europ. J. Clin. Pharmacol., **12**, 97, 1977.

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