



lorazepam
**direct 'one step' metabolism and short action
make Ativan preferable to diazepam**

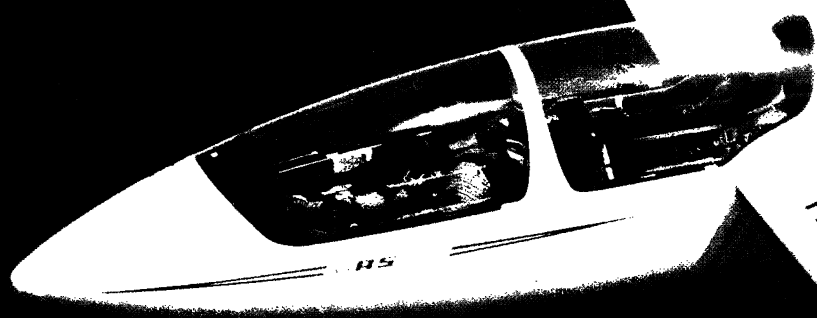
short-acting Ativan tends not to accumulate, therefore sedative effects are less frequent than with diazepam!

the straightforward metabolism is another reason to prefer Ativan — for example, when liver function is impaired?

Prescribing Information. **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. **Dosage:** Mild anxiety: 2.5mg 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. **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 minimized in the early days of treatment by giving the larger proportion of the daily 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 Treatment in these cases should be withdrawn gradually.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:** 0011/0034 (1mg), 0011/0036 (2.5mg), 0011/0051 (injection). **Basic NHS Cost:** 1mg x 100 £1.91, 2.5mg x 100 £3.03. Hospital price: As per local contract. Further information is available on request. **Wyeth Laboratories,** John Wyeth & Brother Limited, Taplow, Maidenhead, Berks. **References:** 1. *Curr Ther Res.* (1973) **15**, 500. 2. *Acta Psy Scand Suppl.* (1978) **274**, 56. *Trade marks: AT, J, 33, 48.



The Caring, Sparing Diuretic



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 $K^+ < 3.5 \text{ mEq/l}$? At serum $K^+ < 3.0 \text{ mEq/l}$?

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-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
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.
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 to be weighed against the possible

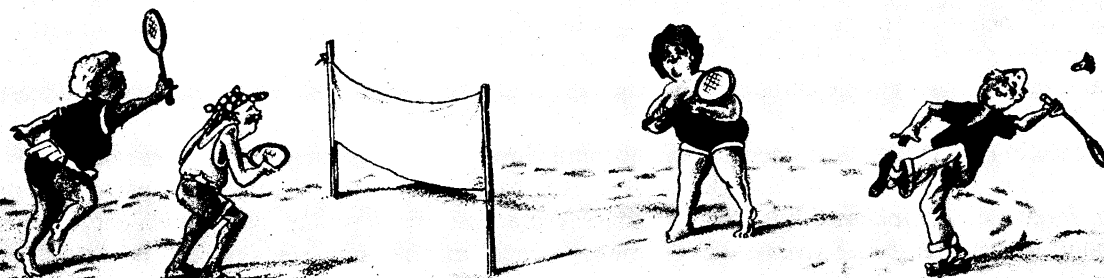
hazards to the foetus.
Adverse effects reported in association with spironolactone include gynaecomastia, gastrointestinal intolerance, skin rashes, menstrual irregularities, impotence, mild androgenic effects etc.
Adverse effects reported in association with thiazides include gastrointestinal symptoms, 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

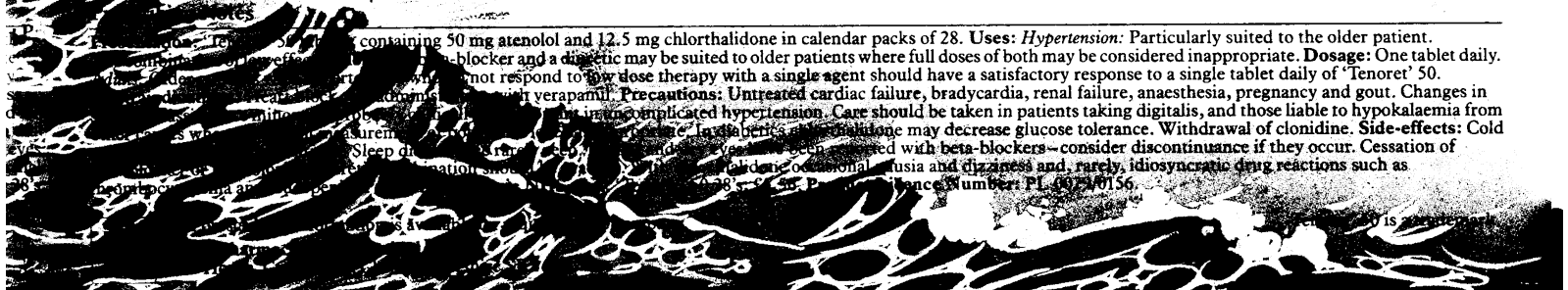
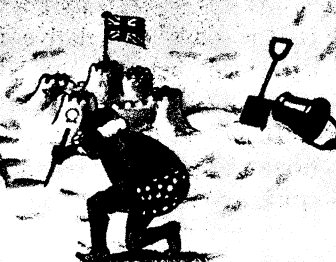
SEARLE

NEW

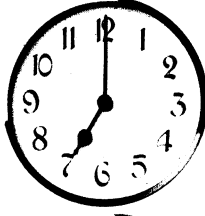
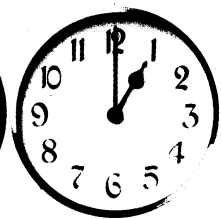
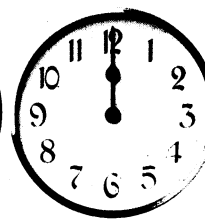
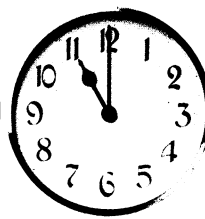
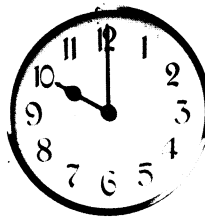
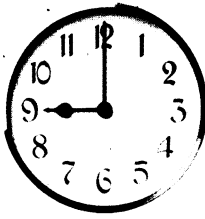
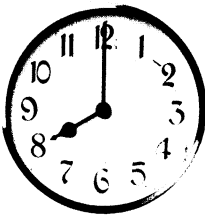
**For the elderly hypertensive
with things to do and places to go.**



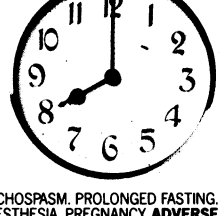
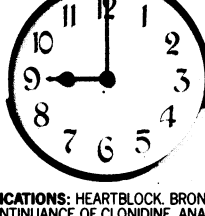
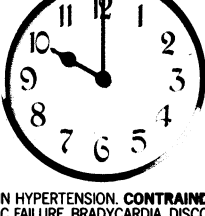
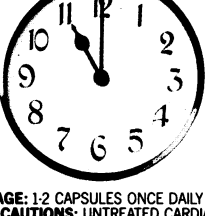
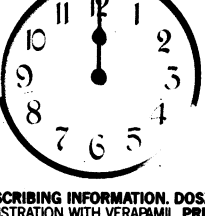
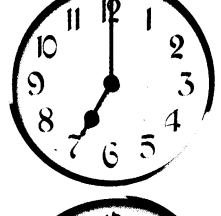
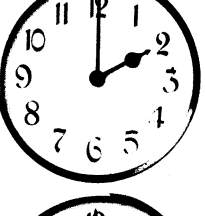
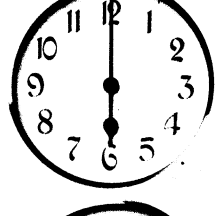
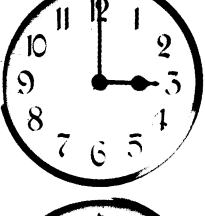
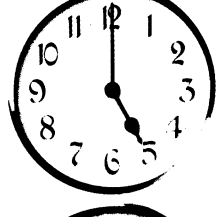
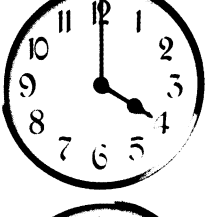
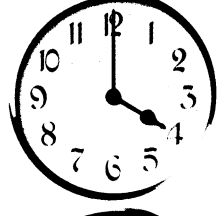
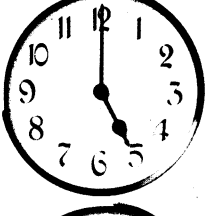
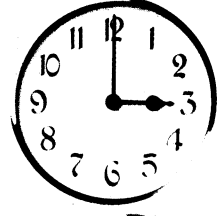
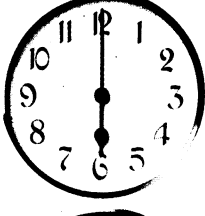
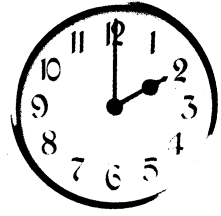
**LOW DOSE ANTIHYPERTENSIVE
GENTLE BUT EFFECTIVE TREATMENT
ONE TABLET DAILY - OPTIMAL COMPLIANCE
WIDE PATIENT SELECTION
MINIMAL EFFECT ON LIFE STYLE**



containing 50 mg atenolol and 12.5 mg chlorthalidone in calendar packs of 28. **Uses:** Hypertension: Particularly suited to the older patient. **Dosage:** One tablet daily. **Contraindications:** Hypersensitivity to any of the components. **Warnings:** Beta-blockers and a diuretic may be suited to older patients where full doses of both may be considered inappropriate. **Precautions:** Untreated cardiac failure, bradycardia, renal failure, anaesthesia, pregnancy and gout. Changes in renal function may affect the response to the diuretic. **Side-effects:** Cold, flu-like symptoms, dizziness, fatigue, weakness, depression, sleep disturbance, dry mouth, constipation, headache, joint pain, muscle pain, numbness, tingling, skin reactions, allergic reactions, blood disorders, liver and kidney problems, and rarely, idiosyncratic drug reactions such as



'Inderal' LA **Full** **24 hour** **protection** **from** **a single** **dose.**



INDERAL LA

Propranolol hydrochloride BP.

Once daily in hypertension and angina.

'INDERAL' LA ABRIDGED PRESCRIBING INFORMATION. DOSAGE: 1-2 CAPSULES ONCE DAILY IN HYPERTENSION. **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 SIZE AND BASIC NHS COST:** £6.66 PER 28 CAPSULES. PL. NO. 0029/0128 'INDERAL' LA IS A TRADE MARK FOR PROPRANOLOL HYDROCHLORIDE IN LONG-ACTING FORMULATION. FULL PRESCRIBING INFORMATION IS AVAILABLE FROM: IMPERIAL CHEMICAL INDUSTRIES PLC, PHARMACEUTICALS DIVISION, ALDERLEY HOUSE, ALDERLEY PARK, MACCLESFIELD, CHESHIRE.



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 Products Limited
PO Box 8
Welwyn Garden City
Hertfordshire AL7 3AY
Madopar is a trade mark
J522191/382.

4+1 *the right balance in Parkinson's disease*



Madopar

levodopa plus benserazide

*the original 4+1 combination
in three dosage forms, 62.5, 125 and 250*

A high-contrast, black and white image featuring a bright, diagonal streak of light that cuts across the frame from the top left towards the bottom right. The background is dark and filled with numerous small, white specks, resembling a starry night sky or a microscopic view. The streak itself has a soft, glowing edge, giving it a sense of motion or energy.

The fast, simple and
promote peptic

And specific way to ulcer healing



80% ulcers healed in one month¹

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 H₂ 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 interaction⁵

Zantac

RANITIDINE

A British advance from Glaxo

3 levels of management with Ventolin

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 Rotacap** – 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 Rotacap** – 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 Rotacap 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.

ement in asthma and Becotide

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.

Inhaled Ventolin and Becotide – a rational basis for 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 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 microfine 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 admissions¹ and 400 deaths² 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.

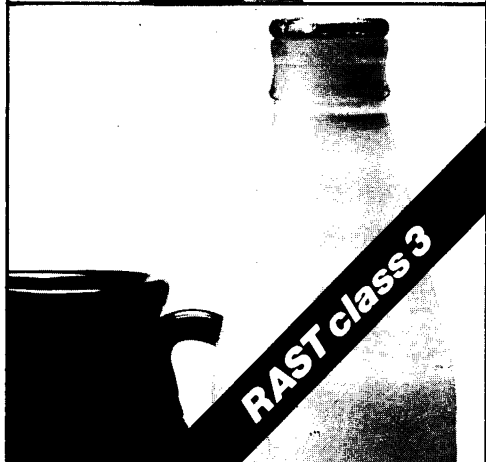
Norval

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



Practical diagnosis means effective management for atopic patients.

You often see atopic patients whose conditions are difficult to manage. Their range of symptoms may be confusing. In-vivo tests can be time consuming and impractical. Symptomatic treatment can seem the only option. Now, the hospital laboratory can confirm atopy and reliably identify important allergens. A single blood sample plus a full allergic history can cost effectively provide you with accurate information.

Phadebas IgE PRIST[®] and RAST[®]

Please send me full details on Phadebas IgE PRIST and RAST

Name

Position

Speciality

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RCGP

Pharmacia (Great Britain) Ltd
Prince Regent Road Hounslow Middx TW3 1NE
Telephone 01-572 7321

 **Pharmacia
Diagnostics**

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

Amoxil has a long safety record and its outstanding safety profile. It is available in three different oral presentations which offer acceptable and convenient therapy for younger patients.

Amoxil – the leading antibiotic prescription for children in Britain.

Amoxil

amoxycillin

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.0038/0108/9

Amoxil paediatric suspension: 125mg per 1.25ml PL.0038/0107

Amoxil capsules: 250mg and 500mg PL.0038/0103/5

▼ Amoxil dispersible tablets: 500mg PL.0038/0277

▼ Amoxil 3g sachet: PL.0038/0238

▼ Amoxil vials for injection: 250mg, 500mg and 1g PL.0038/0221/2/5

The amoxycillin 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 49p/day (250mg capsules t.d.s.). Dispersible tablet: 35p per tablet (30 pack). 3g Sachet £1.98 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 bodyweight per day in divided doses.

Adult Dosage

Oral: 250mg three times a day.

In severe infections doses should be doubled.

Injectable: 500mg IM 8 hourly (or more frequently if necessary) in moderate infections. 1g IV 6 hourly in severe infections.

Contra-Indications

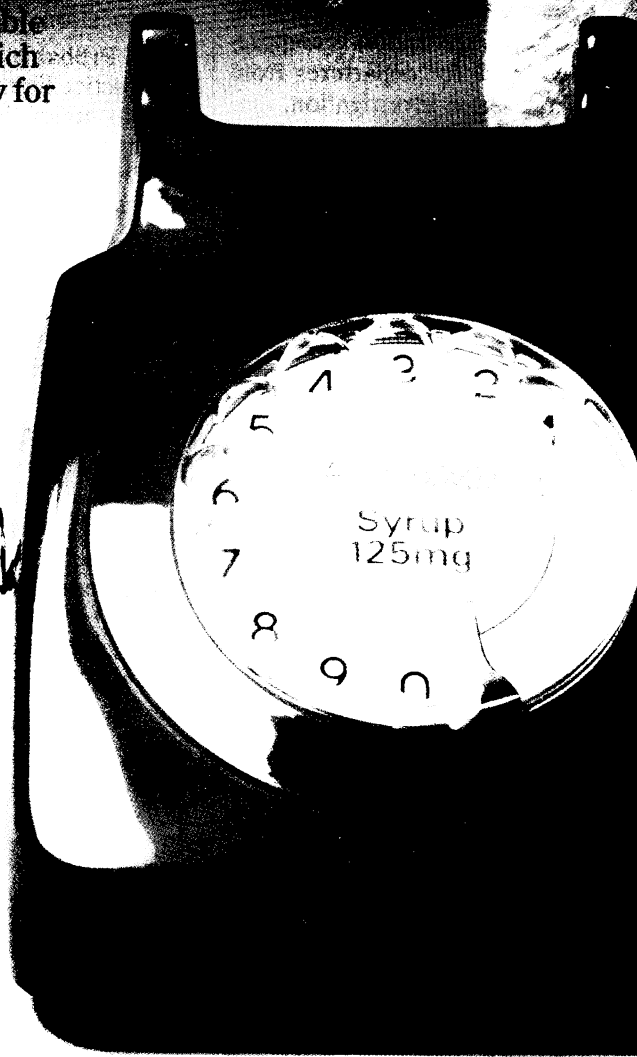
Amoxil is a penicillin and should not be given to penicillin hypersensitive patients. Side-effects, as with other penicillins, are usually of a mild and transitory nature: they may include diarrhoea or indigestion. Occasionally a rash may occur, in which case treatment should be discontinued. Since Amoxil is a penicillin, problems of overdosage are unlikely to be encountered.

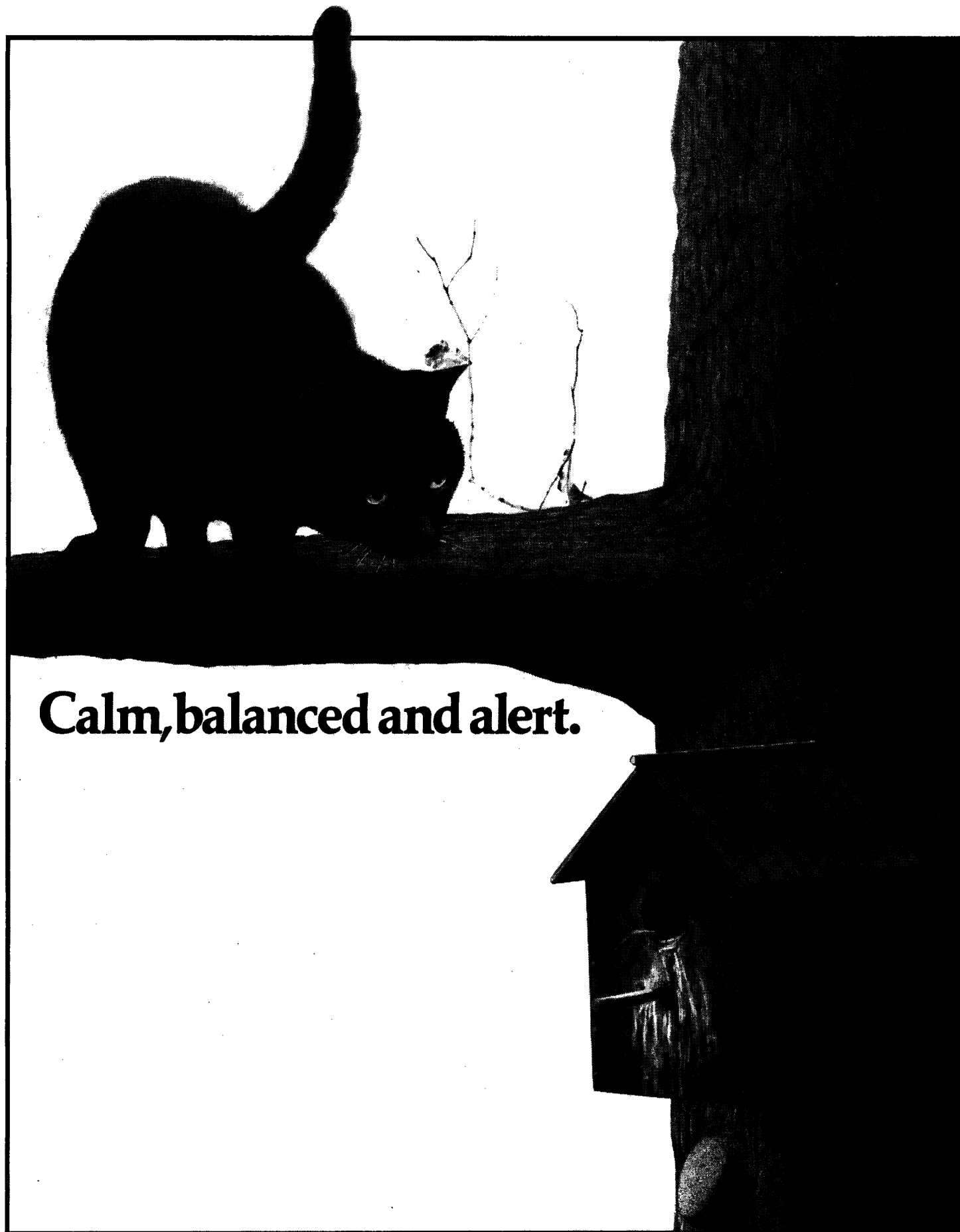
Further information on Amoxil (amoxycillin) is available from:

 **Bencard**

Bencard, Great West Road, Brentford.
Telephone: 01-560 5151

Amoxil and the Bencard logo are trademarks.
December 1981 14289





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.

THE MSD FOUNDATION

Letter from the New Director of the Foundation

This month I take over as Director. Most of you will know that the Foundation, under the imaginative direction of Karl Sabbagh, has pioneered high quality recording of live consultations in general practice, which now provide an important resource for vocational training. There have also been a number of conferences and colloquia, which have focused on learning and teaching from the consultation. What of the future?

It would be foolish to admit to having any detailed view of the next few years, but there are one or two principles which will, I think, inform our future work. We are a small and independent Foundation: if we are to make an important contribution to medical education, we need to exploit both our small size and our independence. This means that we must be prepared to respond very rapidly to the needs of general practice as they seem to arise, be prepared to experiment and be willing to take risks and make mistakes.

If we are to be able to respond rapidly and experimentally to the changing needs of practice, the Foundation must develop an ever closer partnership with general practitioners. For example I hope to operate an open-access facility for the profession. Some of our future programmes will be initiated and composed by individual general practitioners or groups who come up with a particularly interesting idea. These programmes will be

resourced by the Foundation, by its personnel, its equipment and any other necessary expertise.

A second theme will be the increasingly interactive nature of the materials that we produce. There will, I think, be a shift from the television screen to the work of the small group of trainees or others, based on their own clinical experiences. Inevitably the use of such materials in vocational training or continuing medical education requires a great deal more creativity and skill from both learners and teachers than might be required from using more polished and complete packages.

The consequence of this will be a greater involvement of the Foundation in meetings with clinical teachers in general practice. I hope to extend our present programmes of conferences for Course Organizers, to include a variety of courses and materials which will explore new dimensions in teaching and learning.

Last year the Governors agreed that we should turn our attention increasingly to continuing medical education. Recent thinking about the techniques of performance review links the educational needs of the doctor inextricably with the health care needs of his patient. This provides an exciting challenge for the Foundation's work in the next decade.

MARSHALL MARINKER

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.

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.

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Hemel Hempstead, Herts HP1 1AA
Tel. Hemel Hempstead (0442) 52113

PASTEST

COURSE OF STUDIES IN GENERAL PRACTICE

15—19 November 1982

A course of studies in general practice structured on small group work and restricted to 25. Subjects covered include practice management, problems solving, prescribing, patient/doctor relationship and patient care evaluation.

The subject matter and format of the course make it especially relevant to established general practitioners who are prepared to think about their work in a critical and constructive way. In order to extract maximum benefit from the course, participants will be asked to make certain preparations to provide input for some parts of the course.

The course will be held in the Postgraduate Medical Centre, Glasgow Western District, Lancaster House, 5 Lancaster Crescent, Glasgow. It is not residential but there are several hotels in the vicinity and a list will be supplied.

The course has been approved under section 63. Further details may be obtained from: **Mr D. A. Crombie, Postgraduate Medical Office, The University of Glasgow, Glasgow G12 8QQ. Tel: 041-339 8855, Ext. 7275.**

ccpme

FELLOWSHIPS IN FAMILY MEDICINE

**The University of Western Ontario,
London, Canada**

Applications are invited for two fellowships, tenable in the Department of Family Medicine, The University of Western Ontario. Fellowships are intended to supplement the income of general practitioners who are on prolonged study leave from the National Health Service or on sabbatical leave from a university department. They will enable the fellow to enrol in the department's Graduate Studies programme for a period of eight to 12 months. The programme consists of clinical and teaching practice and course work in teaching and learning, research methods, human behaviour, the theory of family medicine and academic administration. Fellows may, if they wish, do a thesis based on original research for the degree of Master of Clinical Science. The fellowships are designed to begin in September 1983.

Application forms and further information can be obtained from: **Dr I. R. McWhinney, Professor and Chairman, Department of Family Medicine, The University of Western Ontario, London, Ontario, Canada N6A 5C1. Tel: (519) 679-2712.** The deadline for the academic year commencing 1 September 1983 is 31 January 1983.

MEDICAL AUDIT IN GENERAL PRACTICE

Occasional Paper 20

Medical audit in general practice is the subject of the essay with which Dr Michael Sheldon won the 1981 Butterworth Prize. Now published as *Occasional Paper 20*, it consists of a valuable review of the literature with reference to general practice, an analysis of several of the key issues, a description of the author's personal experience of audit and a suggested protocol for carrying out an audit.

Medical Audit in General Practice provides a thought-provoking analysis of one of the major issues facing general practitioners today and is warmly commended as a valuable guidance on how any general practitioner can apply audit in general practice.

Medical Audit in General Practice, Occasional Paper 20, is available now from the Publication Sales Department, Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London, SW7 1PU, price £3.25 including postage. Payment should be made with order.

FACULTY VACANCIES IN COMMUNITY MEDICINE COLLEGE OF MEDICINE KING FAISAL UNIVERSITY DAMMAM, SAUDI ARABIA



For the following areas:

**PRIMARY HEALTH CARE/FAMILY MEDICINE
BIostatISTICS AND HEALTH STATISTICS
COMMUNITY MEDICINE—GENERAL**

Successful applicants will participate in an expanding programme teaching undergraduates, interns and residents (research activities where applicable). Main satisfactions will derive from being part of an innovative and exciting teaching service programme vertically integrated from undergraduate through vocational training.

Prerequisites: Applicants must be Members or Fellows of one of the Royal Colleges of General Practice or have American Boards of Family Practice or the equivalent. Medical qualifications are not essential for those applying in the fields of Biostatistics and Health Statistics. Teaching experience is required.

Salaries are highly competitive and negotiable. Contracts are for one year and renewable. Instruction is in English.

Benefits include furnished housing, air tickets to and from Saudi Arabia once per year for a family of four, a 60-day vacation with pay, generous overweight allowance and educational allowance for children. No Saudi tax.

Please send curriculum vitae with current telephone number and the names and address of three referees to: **Dr Tawfik Tamimi, Dean, College of Medicine and Medical Sciences**
c/o US Recruiting Office or c/o UK Recruiting Office
King Faisal University **King Faisal University**
2425 West Loop South, Ste. 540 29 Belgrave Square
Houston, Texas 77027 London SW1X 8QB
USA

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.



Royal Postgraduate Medical School

(University of London)

COURSE IN UROLOGY

**18 and 19 November 1982
for general practitioners**

Topics include:

Prostatism	Kidney disorders
Cystitis	Bladder carcinoma
Eneuresis	Infertile men
Incontinence	Vasectomy
Impotence	Urinary infection
Vasectomy reversal	Venereal disease

These talks and case presentations are particularly suitable for general practitioners.

Course organizer: G. Williams, FRCS.

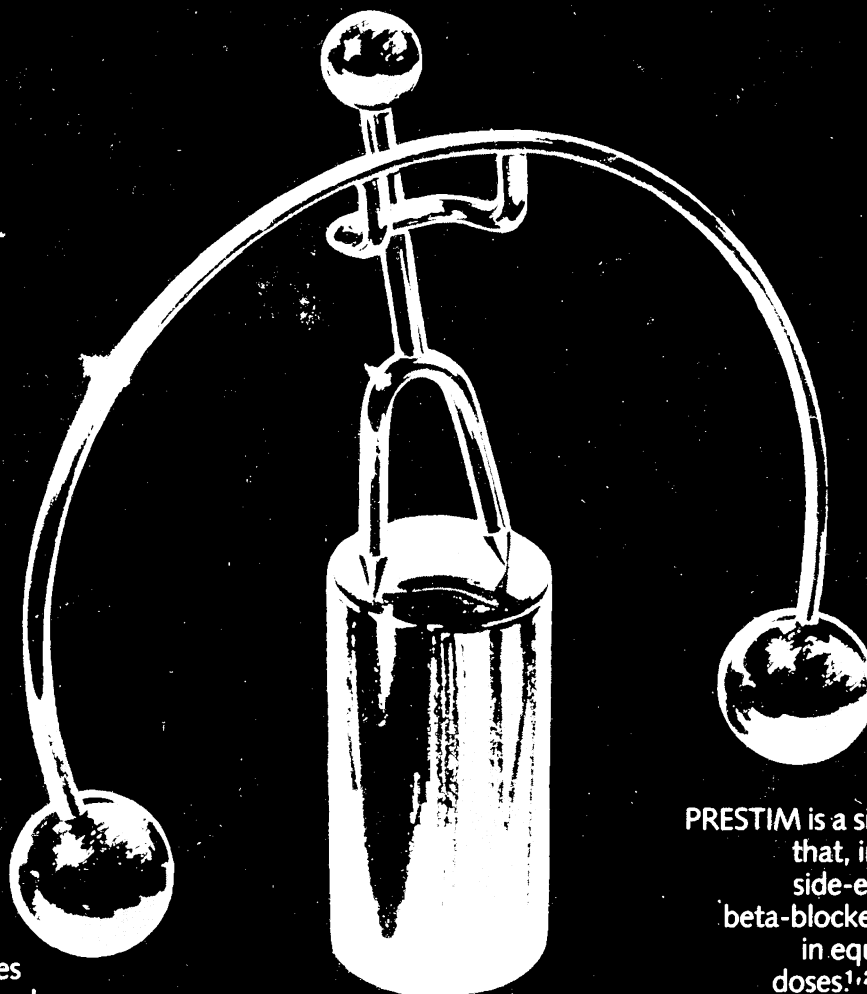
Course fee: general practitioners will be charged £16 catering fee (fees for non-GPs are available on request).

Application forms and a draft programme may be obtained from: **School Office (SSC), Royal Postgraduate Medical School, Hammersmith Hospital, Du Cane Road, London W12 0HS. Tel: 01-743 2030, ext 351.** This course has been approved under Section 63 with zero rating to enable general practitioners to claim travel and subsistence expenses.

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 PRESTIM³

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.


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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. Castenfor, H., Europ. J. Clin. Pharmacol., 12, 97, 1977.

Further information available from:

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