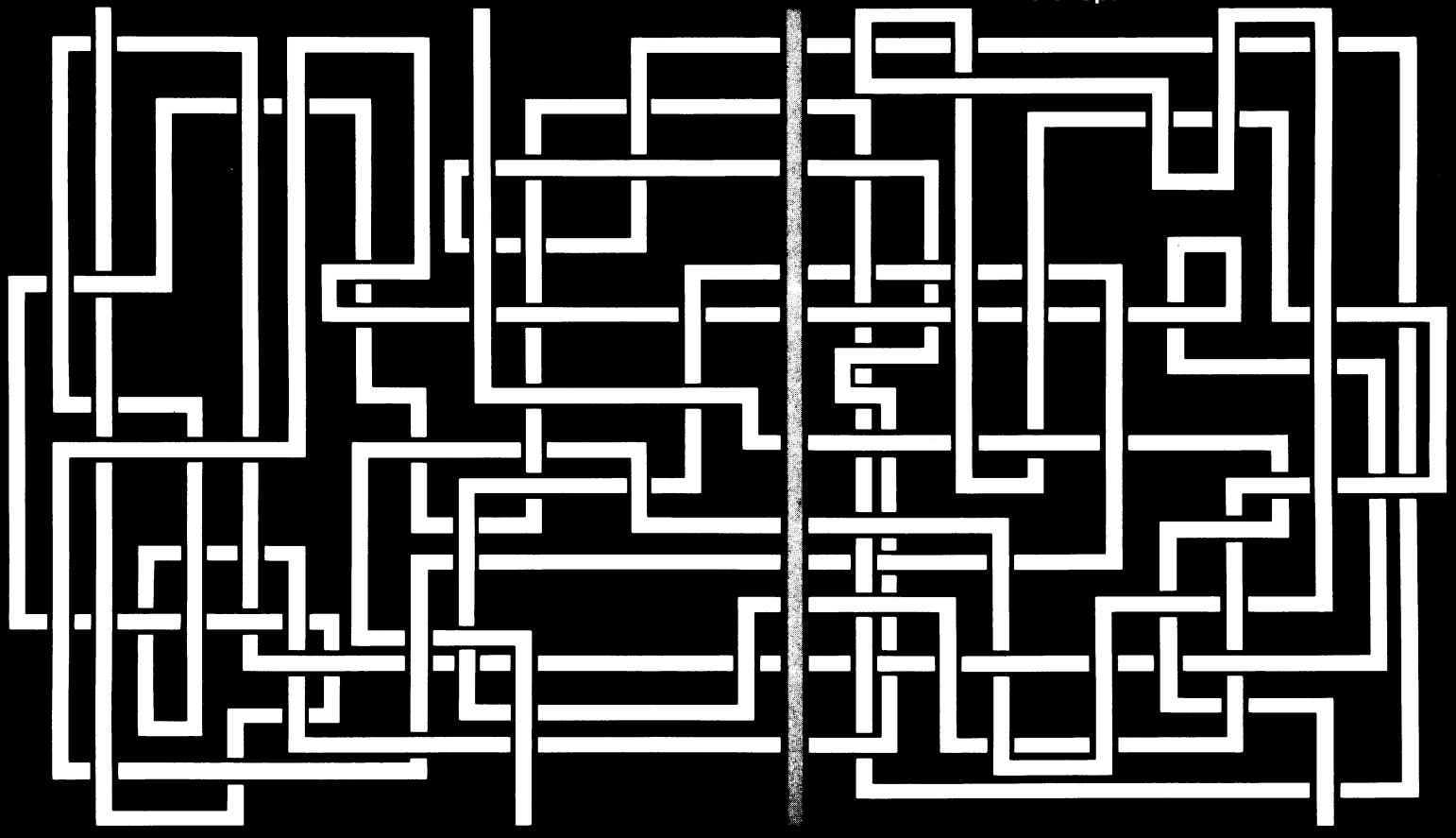
Ativan

lorazepam



The simple solution to the complicated problem of treating anxiety

Whenever advice alone is not enough, you can trust Ativan to relieve the symptoms of anxiety simply and effectively in a wide variety of patients. Ativan tends not to accumulate so sedative effects are less frequent than with diazepam[1]. And its direct, one step metabolism makes it useful even in patients with impaired liver function.[2]

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 2-3mg daily in divided doses. Moderate/severe anxiety 5-7mg daily in divided doses. In all patients, dosage should be increased until optimal control of symptoms is achieved **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 day's dose before retiring. Occasional confusion, hangover, headache on waking, drowsiness or dizziness, blurred vision and nausea have also been reported. **Precautions:** As with other drugs of this type, patients should be advised that their reactions may be modified (as in handling machinery, driving etc.) depending on the individual patient's response. Tolerance to alcohol may be diminished and its consumption should be avoided. As the action of centrally acting drugs, such as phenothiazines, may be intensified, the co-prescription of these drugs should be carefully monitored as reduced dosage may be indicated. Elderly patients, or those suffering from cerebrovascular changes such as arteriosclerosis are likely to respond to smaller doses. Prolonged or excessive use of benzodiazepines may occasionally result in the development of some psychological dependence, with withdrawal symptoms on sudden discontinuation. Treatment in these cases should be withdrawn gradually. Careful usage seldom results in the development of dependence. ATIVAN tablets should not be administered during pregnancy unless in the judgement of the physician such administration is clinically justifiable. This product should be used with caution in patients with impairment of renal or hepatic function. 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. Nanivadekar, A.S. *et al.*, *Curr. Ther. Res.*, 1973, **15**, 500. 2. Wilkinson, G.R. *Acta. Psych. Scand. Suppl.*, 1978, **274**, 56.

Wyeth

*trade marks AT/J/38/1182

Anxiety is a perfectly normal response to stress but there are times when it gets out of hand and becomes mentally and physically disabling.

Then, a short course of drug treatment is required to help the patient to cope. New LEXOTAN is a good choice for the short-term treatment of anxiety states offering as it does advantages over its predecessor, diazepam.

LEXOTAN combines the effectiveness of diazepam with less sedation and better patient compliance.[1]

1. Royal College of General Practitioners' study, data on file, Roche Products Limited.

WHEN ANXIETY GETS OUT OF PROPORTION

NEW

LEXOTAN

bromazepam

CUTS IT DOWN TO SIZE

ROCHE

Lexotan is a trade mark

Prescribing Information

Indications Short-term treatment of anxiety and associated symptoms such as tension and agitation.
Dosage Dosage should be determined on an individual basis. Some patients may respond to doses as low as 1.5mg three times daily. Usual dose for mild to moderate anxiety is 3mg to 6mg three times daily. Elderly patients are more sensitive to the actions of Lexotan. The safety of Lexotan for use in the elderly has not been established and therefore its use should be avoided. **Contra-indications** Patients with known sensitivity to benzodiazepines; acute pulmonary insufficiency; respiratory depression. **Precautions** Use during pregnancy and lactation should be avoided. Patients should be advised to avoid alcohol whilst under treatment with Lexotan. Patients' reactions, e.g. driving ability, may be modified. Sedative effects of other centrally-acting drugs may be intensified. The use of high doses of benzodiazepines, especially over prolonged periods, can sometimes lead to dependence, particularly in patients with a history of alcoholism or drug abuse. Treatment in these cases should be withdrawn gradually. **Side-effects** Drowsiness, sedation, unsteadiness and ataxia may occur. They usually disappear after the first few days of treatment or with reduction of dosage. **Presentation** Pink, hexagonal tablets containing 3mg of bromazepam in packings of 100 and 500. **Basic NHS Cost** 3mg three times daily 15p per day ex 500 pack **Product licence number** 0031/0128

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

J483028/982

Photographic evidence Using autoradiographical techniques it has been shown that Vibramycin penetrates bronchial pathogens in just one day.

A specimen of bronchial tissue was taken one day after starting treatment with Vibramycin. The slide below shows the presence of Vibramycin in a *Haemophilus influenzae* cell taken from this tissue.

Clinical success The recent evidence correlates well with Vibramycin's clinical success in chronic bronchitis . . . "79% of the infections treated with doxycycline (Vibramycin) were rated by the investigator to have responded with marked to moderate improvement." [2]

VIBRAMYCIN* PENETRATES BRONCHIAL PATHOGENS IN ONE DAY.[1]

doxycycline

Electron micrograph
(coloured through image tone enhancement technique)

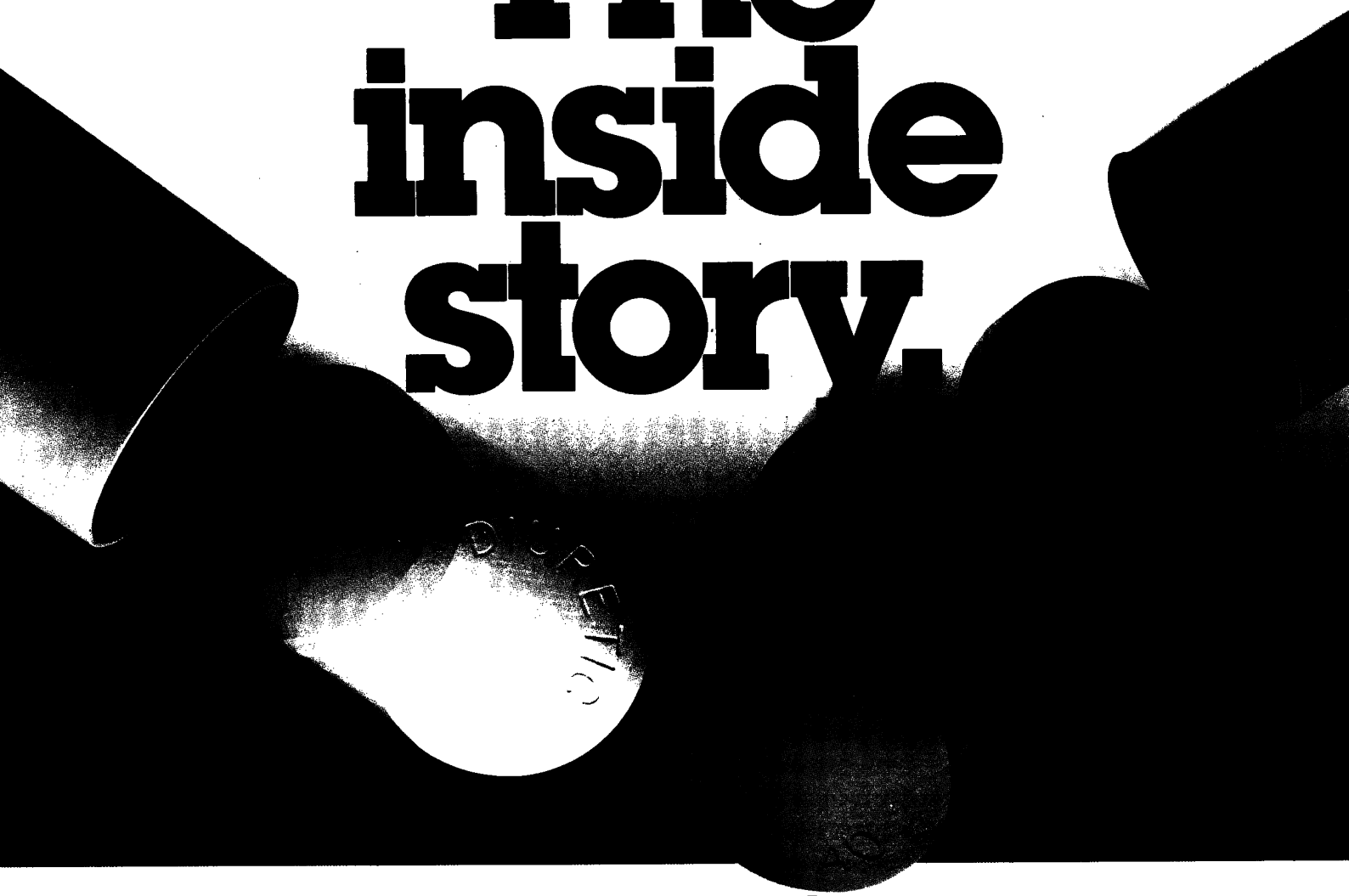
PRESCRIBING INFORMATION:
Indications: Infections due to susceptible strains of micro-organisms including bronchitis, sinusitis and other respiratory infections. **Dosage:** Capsules: Two capsules (200mg) on the first day, taken as a single dose, preferably with a meal. Thereafter, one capsule (100mg) daily. In severe infections two capsules (200mg) daily may be given. Vibramycin-D Dispersible Tablets: Two dispersible tablets (200mg) on the first day, taken as a single dose. Thereafter, one dispersible tablet (100mg) daily. The tablets should be stirred in half a glass of water until dispersed. In severe infections two dispersible tablets (200mg) daily may be given. Syrup: (for detailed dosage recommendations, see data sheet). **Side effects and precautions:** Nausea and vomiting are the side effects most commonly reported. Staining of teeth is a possible sequel of treatment in the latter half of pregnancy or in early childhood (up to the age of eight years). **Contra-indications:** Hypersensitivity to tetracyclines. **Packaging:** Vibramycin is available as opaque green capsules each containing 100mg of doxycycline as the hydrochloride, in packs of 10 and 50. Vibramycin-D dispersible tablets are available as off-white tablets each containing 100mg of doxycycline as the monohydrate, in packs of 10. Vibramycin is also available as a syrup, in bottles of 30ml. Each 5ml spoonful contains the equivalent of 50mg of doxycycline as the calcium chelate. **Basic N.H.S. Cost:** Capsules 100mg (PL57 5059), pack of 10, £5.48; Dispersible tablets 100mg (PL57/0188), pack of 10, £6.48; Syrup 30ml (PL57/5060), bottle £1.72. **References:** 1. Liss R.H. (1981). Data on file. 2. Chodosh S. Respiratory Infections. Postgraduate Medicine Communications(1981) 30–38. Further information is available on request to the Company: Pfizer Limited, Sandwich, Kent.

*Trademark

20490

Pfizer

The inside story.



ICI announce 'Inderex'.

'Inderex' is designed to give full 24-hour control of blood pressure from a single daily dose.

'Inderex' combines the world's most widely prescribed beta-blocker, 'Inderal'-in the form of 'Inderal' LA, with one of the world's most widely used diuretics, bendrofluazide.

'Inderex', the next logical step in the treatment of hypertension.

ICI INDEREX

Propranolol Hydrochloride in long-acting formulation and Bendrofluazide.

The next logical step

'Inderex': abridged prescribing information. **Dosage** One capsule daily in hypertension. **Contraindications** Heart block. Bronchospasm. Anuria, renal failure or thiazide sensitivity. Prolonged fasting. Metabolic acidosis. Co-administration with verapamil. **Precautions** Untreated cardiac failure. Bradycardia. Diabetes. Hepatic cirrhosis with ascites. Discontinuance of clonidine. Anaesthesia. Pregnancy. **Adverse Reactions. Propranolol Hydrochloride:** 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. Cessation of beta-blocker therapy should be gradual. **Bendrofluazide:** Hypokalaemia. Hyperuricaemia. Rare reports of rashes, necrotising vasculitis, acute pancreatitis, blood dyscrasias and aggravation of pre-existing myopia. **Overdosage** see data sheet. **Basic NHS cost** 28 day calender pack £8.12. PL No. 0029/0157. 'Inderex' is a trademark for propranolol hydrochloride in a long-acting formulation, and bendrofluazide. Full prescribing information is available from Imperial Chemical Industries PLC, Pharmaceuticals Division, Alderley House, Alderley Park, Macclesfield, Cheshire SK10 4TF.

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 [illegible] or to cause drug interactions.[3]

Zantac

RANITIDINE

A British advance from Glaxo

"Tricyclics are extremely dangerous drugs when taken in overdose"

Hollister, L. E., (1981), Drugs, **22**, 129-152.

PRESCRIBING INFORMATION

Indications
Symptoms of depressive illness.

Adult Dosage
For the first few days, 30-40mg/day as a single bed-time dose, or in divided doses. Effective maintenance dosage normally lies between 30mg and 90mg a day.
Elderly: initially no more than 30mg a day; thereafter increase with caution under close supervision.

Pregnancy
Do not use unless there are compelling reasons.

Contra-indications
Mania; severe liver disease; during breast feeding.

Precautions
Monitor patients carefully during first 2-4 weeks of anti-depressant therapy. Avoid, if possible, in patients with epilepsy. Monitor patients on concurrent antihypertensive therapy, phenytoin or anticoagulants. Do not use with, or until 2 weeks after cessation of, MAOI therapy. Norval may potentiate the central nervous depressant action of alcohol. Care should always be exercised when treating the following: the elderly; suicidal patients; patients with diabetes, hepatic or renal insufficiency, recent or acute myocardial disease. Monitor patients with narrow angle glaucoma or symptoms suggestive of prostatic hypertrophy, even though anticholinergic side-effects are not anticipated with Norval therapy.

Side-effects
Drowsiness may occur initially; alcohol and activities which demand constant alertness should be avoided. Serious adverse effects are uncommon. A small number of cases of bone marrow depression, generally reversible on stopping treatment, have been reported; if a patient develops symptoms of infection, treatment must be stopped and a full blood count obtained. Jaundice (usually mild), hypomania and convulsions have been reported: discontinue treatment under such circumstances. Breast disorders (gynaecomastia, nipple tenderness and non-puerperal lactation), dizziness, postural hypotension, polyarthropathy, skin rash, sweating and tremor may also occur.

Overdosage
There is no specific antidote. Treatment is by gastric lavage with appropriate supportive therapy. Symptoms of overdosage are normally confined to prolonged sedation. Cardiac arrhythmias, severe hypotension, convulsions and respiratory depression are unlikely to occur.

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 is available from Bencard, Brentford, Middlesex TW8 9BD.
Norval and the Bencard logo are trade marks. PL0038/0230R, 0247R, 0248R.

14270(1) Oct 1982

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

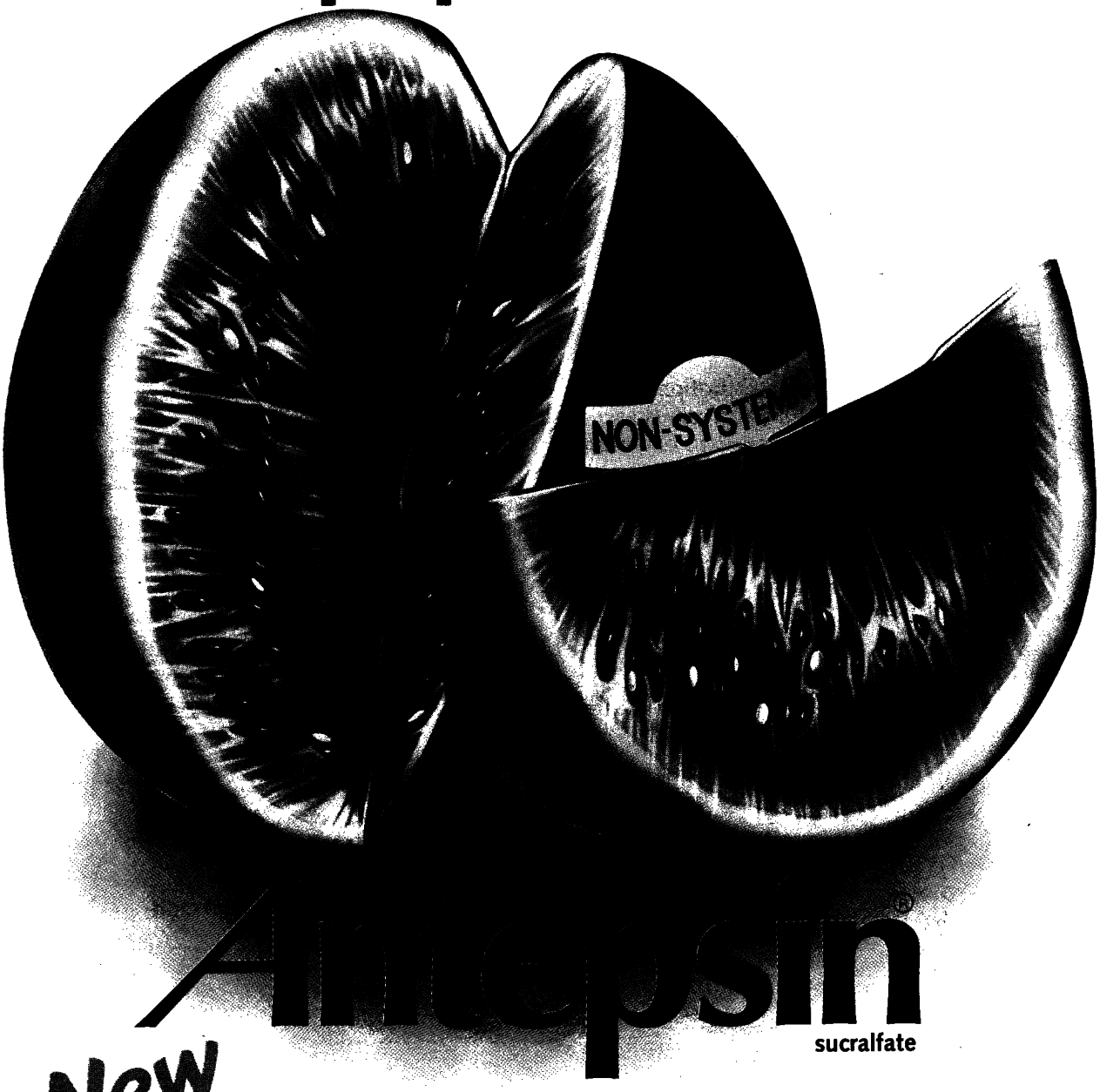
Madopar is a trade mark
1522191/382.

Madopar

levodopa plus benserazide

the original 4+1 combination in three dosage forms, and

A fresh approach to peptic ulcers



Antepsin®
sucralfate

New non-systemic ulcer healer

Prescribing Information

Presentation Antepsin Tablets 1 gram are white, oblong, biconvex, uncoated tablets scored and embossed 1239 on one side and Ayerst on the other. Each tablet contains 1 gram sucralfate. **Uses** For the treatment of duodenal ulcer, gastric ulcer and chronic gastritis. **Dosage and Administration** For oral administration. *Adults* – Usual dose 1 gram 4 times a day. Maximum daily dose 8 grams. Four to six weeks treatment is usually needed for ulcer healing but up to twelve weeks may be necessary in resistant cases. Antacids may be used as required for relief of pain. **Contra-Indications, Precautions, Warnings, etc.** *Contra-Indications* There are no known contra-indications. *Precautions* 1. Concomitant administration with some oral anti-infectives such as tetracyclines may interfere with absorption of the latter. 2. The product should only be used with caution in patients with renal dysfunction. 3. As with all medicines, Antepsin should not be used in early pregnancy unless considered essential. **Side Effects** A low incidence of mild side effects, e.g. constipation, has been reported. **Legal Category** POM. **Package Quantities** Antepsin 1 gram – Securitainers of 100. **Pharmaceutical Precautions** No special requirements for storage are necessary. **Product Licence Numbers** PL No. 0607/0045 PA No. 149/4/2. **Basic N.H.S. Price** Average daily cost 50p

*ANTEPSIN is a registered Trade Mark.

Further information is available on request to the Company.

Ayerst International

Ayerst Laboratories Ltd.,
South Way, Andover, Hampshire SP10 5LT.
Telephone: 0264 58711.
Distributors in Ireland: Ayerst Laboratories Ltd.,
765 South Circular Road, Islandbridge, Dublin 8.

Everyday chest infections deserve Augmentin

because of its...

Superior spectrum of activity
Other oral antibacterials - including tetracycline, amoxycillin, erythromycin, co-trimoxazole and cephalosporin - cannot match the consistent and reliable activity of Augmentin against the common (and many of the not so common) respiratory pathogens.[1]

Excellent absorption,[2,3] rapid penetration to the site of infection
Augmentin achieves effective bactericidal levels in both purulent and mucoid sputum after only one hour.[4]

Consistently reliable tissue levels
When Augmentin is administered, consistently high levels of active antibiotic are maintained in the sputum and tissues throughout a course of treatment, since Augmentin is unaffected by bacterial enzymes which can inactivate other penicillins and cephalosporins at the site of infection.

Safety and tolerance
Augmentin is well tolerated,[5] as would be expected from a penicillin based therapy.

These are all good reasons why Augmentin is so appropriate for the range of chest infections which you will deal with everyday.

References
1. A multicentre antibiotic sensitivity survey. *Proceedings of the First Augmentin Symposium.* Rolinson, G.N. and Watson, A. (eds), Excerpta Medica, 1980, pp 173-183. 2. Ball, A.P., *et al., Lancet*, 1980, 1, 620-623. 3. Jackson, D., *et al., Proceedings of the First Augmentin Symposium.* Rolinson, G.N. and Watson, A. (eds), Excerpta Medica, 1980, pp 87-105. 4. Kosmidis, J., *et al., Proceedings of the 12th International Congress of Chemotherapy,* Florence, Italy, 1981, 591. 5. O'Grady, F., *Proceedings of the Second Augmentin Symposium.* Leigh, D.A. and Robinson, O.P.W. (eds), Excerpta Medica, 1981, p 244.

Prescribing Information
Uses: Respiratory tract, genito-urinary tract, skin and soft tissue infections. **Dosage:** Adults and children over 12 years of age: *One Augmentin or Augmentin Dispersible Tablet (375mg) three times a day.* In severe infections dosage may be doubled. Treatment with Augmentin should not be extended beyond 14 days without review. For use in younger children: see data sheet. **Contra-indications:** Penicillin hypersensitivity. **Precautions:** Safety in human pregnancy is yet to be established, although high dose animal studies show no teratogenicity. Dosage need not be reduced in patients with renal impairment, unless the condition is severe enough to require dialysis. **Side-Effects:** As with other penicillins, these are uncommon and mainly of a mild and transitory nature, and include diarrhoea, indigestion, nausea, vomiting and candidiasis. If gastro-intestinal side-effects occur they may be reduced by taking Augmentin at the start of meals. Erythematous and urticarial rashes sometimes occur but their incidence has been particularly low in clinical trials. Treatment should be discontinued if either type of rash appears. **Availability and Basic NHS Prices** (Prices correct at time of printing). Augmentin Tablets and Augmentin Dispersible Tablets, each containing potassium clavulanate (equivalent to 125mg clavulanic acid) with amoxycillin trihydrate (equivalent to 250mg amoxycillin). ▼ Augmentin Tablets (bottles of 30,100) Cost per tablet - 29p. PL0038/0270. ▼ Augmentin Dispersible Tablets (foil wrapped 30,90). Cost per tablet - 32½p. PL0038/0272.

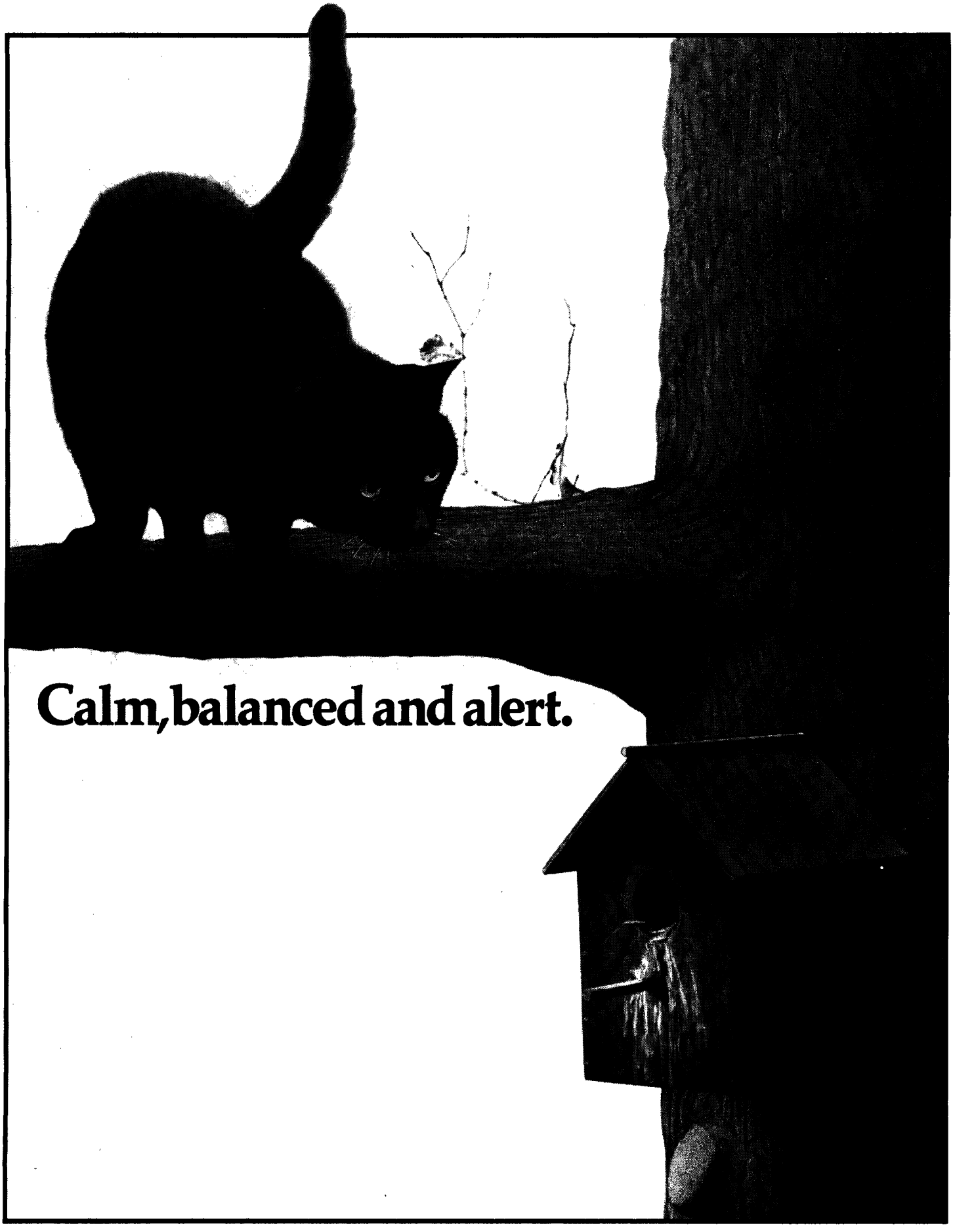
Beecham Research Laboratories
Brentford, England.

AUGMENTIN

clavulanate-potentiated amoxycillin

WORKING QUICKLY, EFFECTIVELY, EVERYDAY.

Further information is available on request to the Company.



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.

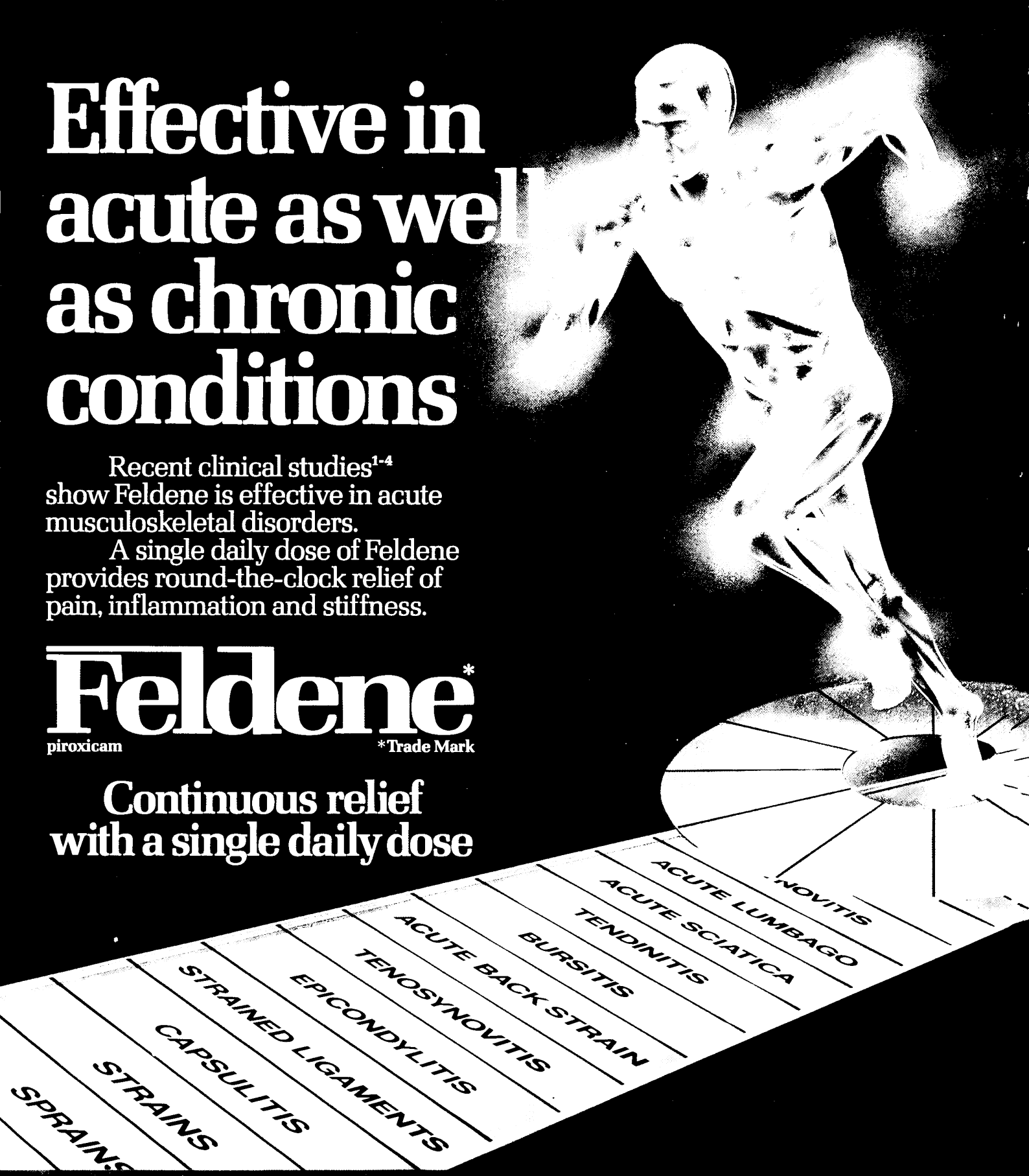
*Trade mark MA 1256.

STEMETIL

PROCHLORPERAZINE

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

Effective in acute as well as chronic conditions



Recent clinical studies[1-4] show Feldene is effective in acute musculoskeletal disorders.

A single daily dose of Feldene provides round-the-clock relief of pain, inflammation and stiffness.

Feldene*

piroxicam

*Trade Mark

Continuous relief with a single daily dose

Pfizer Limited
Sandwich, Kent.

Indications:
rheumatoid arthritis, osteoarthritis, ankylosing spondylitis, acute gout, acute musculoskeletal disorders.

Contraindications:
patients with active peptic ulceration or a history of recurrent ulceration.
Hypersensitivity to the drug or in patients in whom aspirin or other non-steroidal anti-inflammatory drugs induce symptoms of asthma, rhinitis or urticaria.

Warnings:
the safety of Feldene used during pregnancy and lactation has not yet been established. Dosage recommendations and indications for use in children have also not yet been established.

Side Effects:
Feldene is generally well tolerated. Gastro-intestinal symptoms are the most common, if peptic ulceration or gastrointestinal bleeding occurs Feldene should be withdrawn. As with other non-steroidal anti-inflammatory agents, oedema mainly ankle oedema has been reported in a small percentage of patients; the possibility of precipitation of congestive cardiac failure in elderly patients or those with compromised cardiac function should therefore be borne in mind; various skin rashes have been reported.

Dosage:
in rheumatoid arthritis, osteoarthritis, ankylosing spondylitis - starting dose of 20 mg as single daily dose; the majority of patients will be maintained on 20 mg daily. In acute gout, start with a single dose of 40 mg followed on the next 4-6 days with 40 mg daily in single or divided doses; Feldene is not indicated for long term management of gout. In acute musculoskeletal disorders, start with a loading dose of 40 mg daily in single or divided doses for the first 2 days. For the remainder of the 7 to 14 day treatment period the dose should be reduced to 20 mg daily.

Basic N.H.S. Cost:
capsules 10 mg coded FEL 10, pack of 60 £9.00 (P.L. 0057/0145). Full information on request.

References:
1. Hess, H., et al., Excerpta Medica, Proceedings of Symposium, Malaga, 1980, 73.
2. Maccagno, A., Excerpta Medica, Proceedings of Symposium, Malaga, 1980, 69.
3. Nussdorf, R.T., Piroxicam: Proceedings of the Royal Society of Medicine, 1978, 93-95.
4. Commandré, F., Excerpta Medica, Proceedings of Symposium, Malaga, 1980, 79.

20347

The original chlorpropamide for maturity onset diabetes.

INDICATIONS: maturity-onset, non-ketotic diabetes mellitus uncontrolled by diet alone. **CONTRA-INDICATIONS:** pregnancy; impairment of hepatic, renal or thyroid function; juvenile or growth-onset diabetes mellitus; severe, unstable 'brittle' diabetes; diabetes complicated by ketosis, acidosis, diabetic coma, surgery, infection, severe trauma. **PRECAUTIONS:** care should be taken to prevent hypoglycaemic reactions, particularly during the transition from insulin to the oral drug; also when other compounds are used concomitantly with Diabinese. **ADVERSE REACTIONS:** mostly dose related; they include anorexia, nausea, vomiting, epigastric discomfort. Certain idiosyncratic and hypersensitivity reactions have occurred, including jaundice and skin eruptions. **DOSAGE:** range 100 mg to 500 mg daily. Mild to moderately severe, middle-aged stable diabetic patients should be started on 250 mg daily. Subsequent dosage may be adjusted upwards and downwards by 50 mg to 125 mg at intervals of 3 to 5 days to obtain optimal control. Geriatric patients should be started on 100 mg daily. **BASIC N.H.S. COST:** 100 mg tabs (Prod. Lic. No. 0057/5015), pack of 100, £3.04. 250 mg tabs (Prod. Lic. No. 0057/5016), pack of 100, £6.68. Further information available on request to the Company.

Pfizer **PFIZER LIMITED**
SANDWICH, KENT

20190

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.

GRAMPIAN HEALTH BOARD— SOUTH DISTRICT
University of Aberdeen
VOCATIONAL TRAINING FOR GENERAL PRACTICE

Applications for 12 places in this approved three-year scheme are invited from medical graduates who wish to train for a career in general practice and who are fully registered on 1 August 1983.

Trainees will spend the first two years in hospital service posts at senior house officer grade. These posts include experience in accident and emergency, dermatology, ENT, ophthalmology, paediatrics, obstetrics and gynaecology. During the obstetric training the doctor would be expected to live in, and would also be required to live in during on-call periods in accident and emergency, paediatrics and gynaecology. In the second year an elective period of three months is available for each trainee to spend in a hospital department of his or her own choice.

The third year will be spent mainly as an assistant in a local training practice from which one day per week release will be arranged for day-release teaching.

Doctors completing the three-year training programme in Aberdeen will be eligible to sit the examination of the Royal College of General Practitioners.

Those wishing to be considered for the intake on 1 August 1983 should complete and return by 31 January 1983 an application form obtainable from **The Specialist in Community Medicine, Grampian Health Board, South District, Foresterhill House, Ashgrove Road West, Aberdeen AB9 8AQ.**

Details of the training schedule will be sent out with the application form, but any additional enquiries about the scheme may be addressed to Dr Denis Durno, Regional Adviser in General Practice, Department of General Practice, Foresterhill Health Centre, Westburn Road, Aberdeen AB9 2AY.

THE UNIVERSITY OF LIVERPOOL
'NUTS AND BOLTS'

This course will give a basic introduction to teaching for the general practitioner trainer. It is suitable for trainers and would-be trainers who wish to learn about the aims, methods and assessment of teaching in general practice.

The course, which is approved under Section 63, is residential and will be held in the University Halls of Residence, Liverpool, from Sunday, 20 March to Friday, 25 March 1983.

Closing date for applications is Friday, 28 January 1983. (In view of the fact that the course is likely to be oversubscribed, early application is advisable.)

Application form and full details may be obtained from **Dr J. S. Bamforth, Course Organizer, The Postgraduate Office, Faculty of Medicine, The University, P.O. Box 147, Liverpool L69 3BX.** Tel: 051-709 3114, or 709 0141 Ext. 2747.

Argyll & Clyde Health Board
Argyll & Bute & Dumbarton Districts

VOCATIONAL TRAINING SCHEME FOR GENERAL PRACTICE (TWO POSTS)

Applications are invited from candidates interested in the above scheme for entry on 1 August 1983.

The scheme covers a period of three years and offers experience in accident and emergency (six months), obstetrics & gynaecology (six months), both at the Vale of Leven District General Hospital, Dunbartonshire; general medicine (six months) at Oban; psychiatry/psychogeriatrics (six months) at Lochgilphead; and general practice (12 months) at Connel, near Oban, or Tarbert, Kintyre, in the Argyll & Bute District.

This scheme is particularly suitable for doctors wishing experience in both hospital and community in a rural environment. Accommodation, married or single according to needs, will be available in all locations.

Application forms and details of training schedule are available from **The Personnel Officer, Argyll & Bute District, Tigh-na-Linne, Lochgilphead. Tel: 0546-2511.** Closing date for receipt of applications is 10 December 1982.

EPIDEMIOLOGY AND RESEARCH IN A GENERAL PRACTICE

Dr Ian Watson, well known as Honorary Director of the Epidemic Observation Unit and a distinguished past-President of the College, died before he was able to complete a book he was writing on respiratory tract infections. *Epidemiology and Research in a General Practice* has now been published posthumously in a limited edition as a tribute to Dr Watson by his patients and the College. It comprises 16 chapters of his unfinished work and nine previously published articles mainly on the impact of virus diseases on general practice.

Based on a lifetime of observation and research, this book has lessons for all general practitioners and can be recommended both as the personal testimony of a great physician and as a contribution to the literature of general practice.

The book can be obtained, while stocks last, from the Publications Sales Department, Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London, SW7 1PU, price £10 plus 50p postage. Payment should be made with order.

THE MEASUREMENT OF THE QUALITY OF GENERAL PRACTITIONER CARE

Occasional Paper 15

The race to measure the quality of care in general practice is on, and the promotion of quality is one of the main objectives of the Royal College of General Practitioners. Nevertheless, for many years the identification of criteria of quality has proved elusive.

Occasional Paper 15 is a detailed review of the literature by one of the senior lecturers in general practice at St Thomas' Hospital Medical School, Dr C. J. Wilkins, and forms part of the work for which he was subsequently awarded a Ph.D. It is therefore essential reading for those who are studying this fascinating subject.

The Measurement of the Quality of General Practitioner Care, Occasional Paper 15, is available now from the Royal College of General Practitioners, 14 Princes Gate, London SW7 1PU, price £3.00 including postage. Payment should be made with order.

A SURVEY OF PRIMARY CARE IN LONDON

Occasional Paper 16

General practice in inner cities has emerged as a topic of immense concern to patients, the profession and government but, although there are many anecdotes, prejudices and rumours, hitherto there has been a great shortage of facts.

A Survey of Primary Care in London, Occasional Paper 16, is the report of a working party led by Dr Brian Jarman, which gives more facts than have ever been assembled before about the medical problems in London and the characteristics of the doctors who work there. A particularly valuable feature is the number of comparisons with Outer London and England and Wales.

This is likely to become a classic reference for all those interested in the problems of primary care in big cities.

A Survey of Primary Care in London, Occasional Paper 16, is available now, price £4.00 including postage, from the Publications Sales Department of the Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU. Payment should be made with order.

OPTIMAL ANTI-HYPERTENSIVE THERAPY

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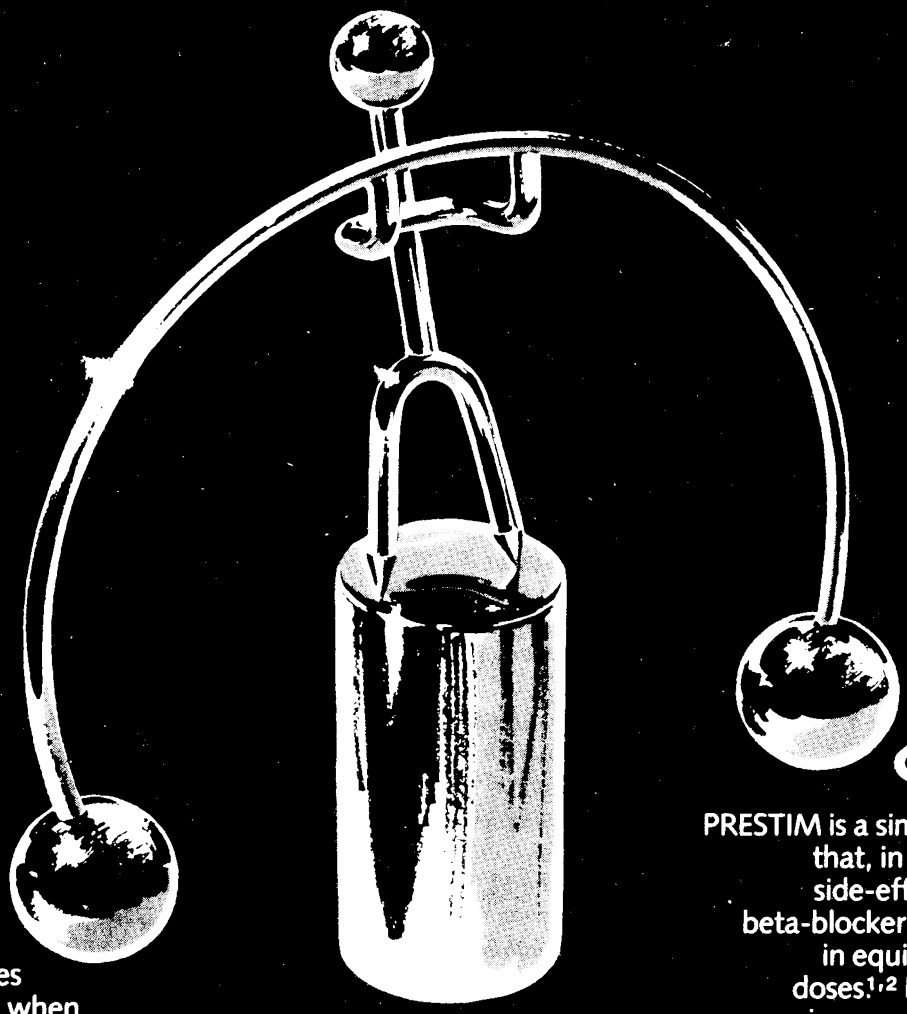

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2. Karatzas, N.B. *et al.*, J. Int. Med. Res., **7**, 215, 1979.
3. Castenfors, H., Europ. J. Clin. Pharmacol., **12**, 97, 1977.

Further information available from:

Leo Laboratories Limited
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