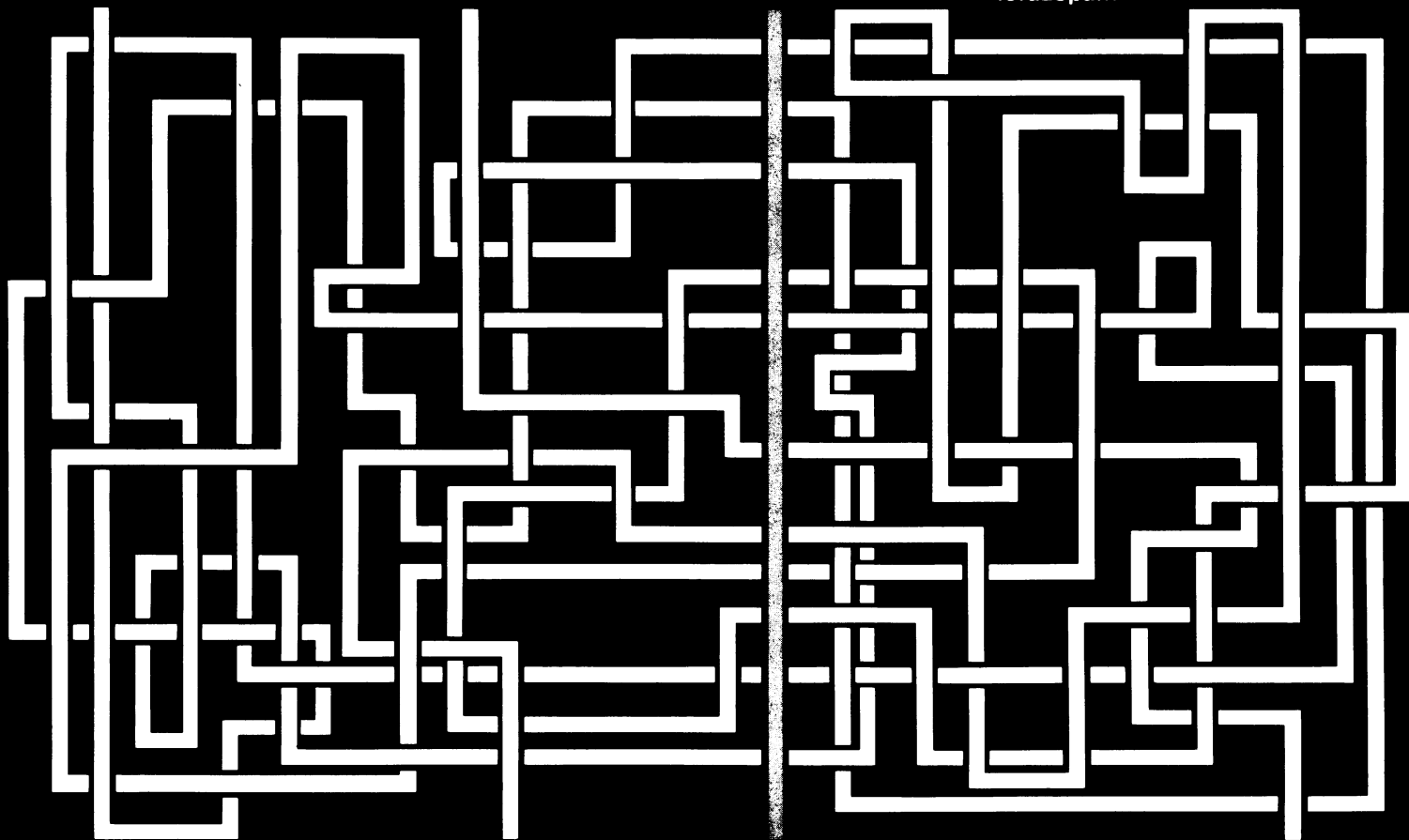


# Ativan

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! And its direct, one step metabolism makes it useful even in patients with impaired liver function.<sup>2</sup>

### 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 Treatment in these cases should be withdrawn gradually.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.





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.<sup>1</sup>

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

### 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



Lexotan is a trade mark

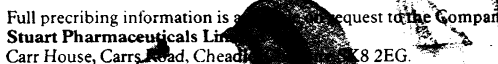
# 24 hour reliable se in hypertensi

**ONE TABLET  
DAILY**

**LOW INCIDENCE  
OF SIDE EFFECTS**

**A WIDE RANGE  
OF PATIENTS**

**THE UK'S NUMBER ONE  
BETA-BLOCKER/DIURETIC  
COMBINATION**



LA

# INDERAL LA

Propranolol Hydrochloride BP

*Works a 24 hour day*

# 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

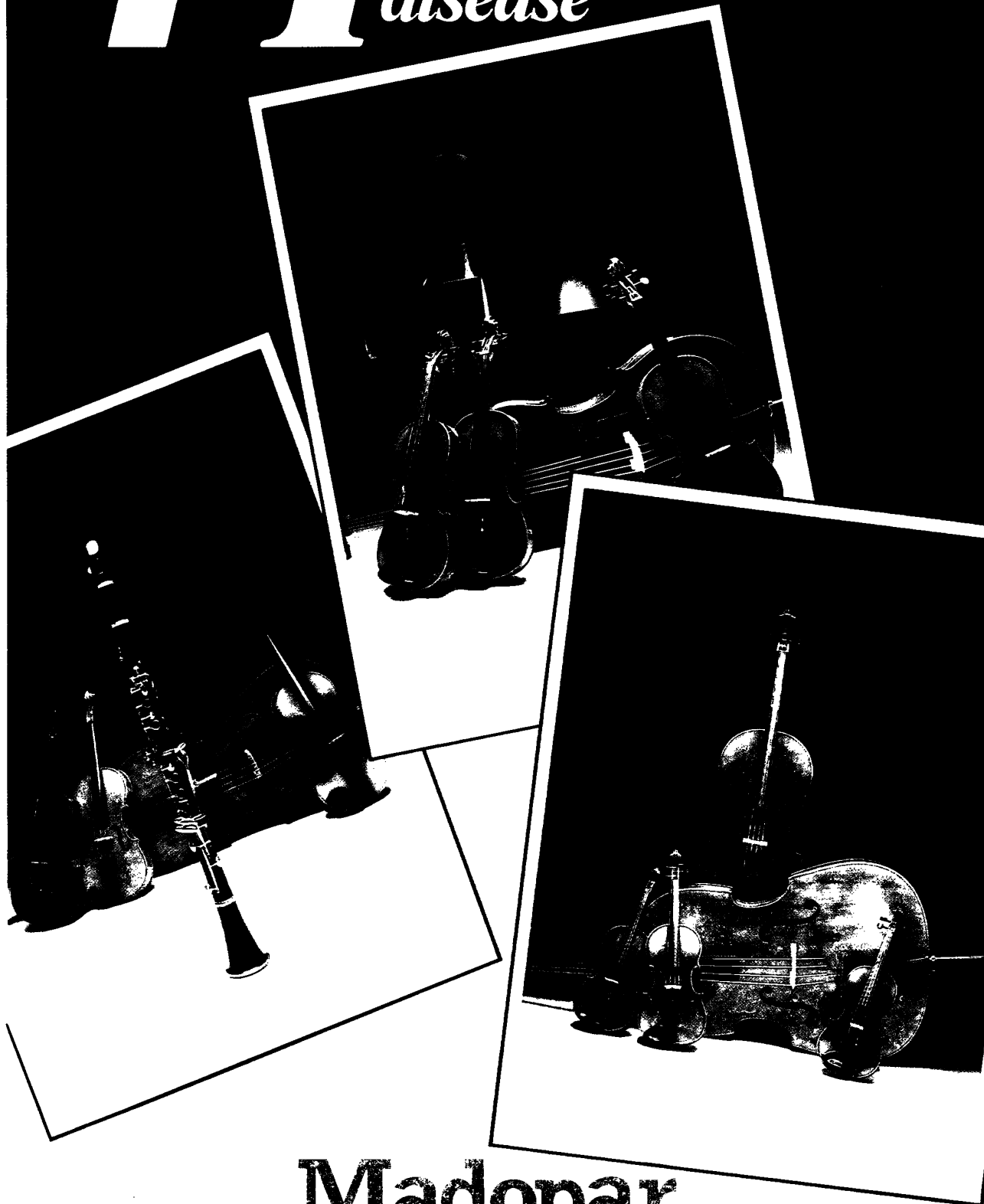
0031/0125 (Madopar 62.5 capsules), 0031/0073 (Madopar 125 capsules), 0031/0074 (Madopar 250 capsules).

## Basic NHS Cost

Madopar capsules 62.5  
£5.41 per 100  
Madopar capsules 125  
£9.76 per 100  
Madopar capsules 250  
£17.47 per 100

ROCHE

Roche Products Limited  
PO Box 8  
Welwyn Garden City  
Hertfordshire AL7 3AY  
Madopar is a trade mark  
j522210/283



# Madopar

levodopa plus benserazide

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

# A fresh approach to peptic ulcers



## **Antepsin<sup>®</sup>** 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

\*ANTEPSIN is a registered Trade Mark.

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 - Securainers of 100. **Pharmaceutical Precautions** No special

Further information is available on request to the Company.

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



Ayerst Laboratories Ltd.,  
South Way, Andover, Hampshire SP10 5LT.  
Telephone: 0264 58711.

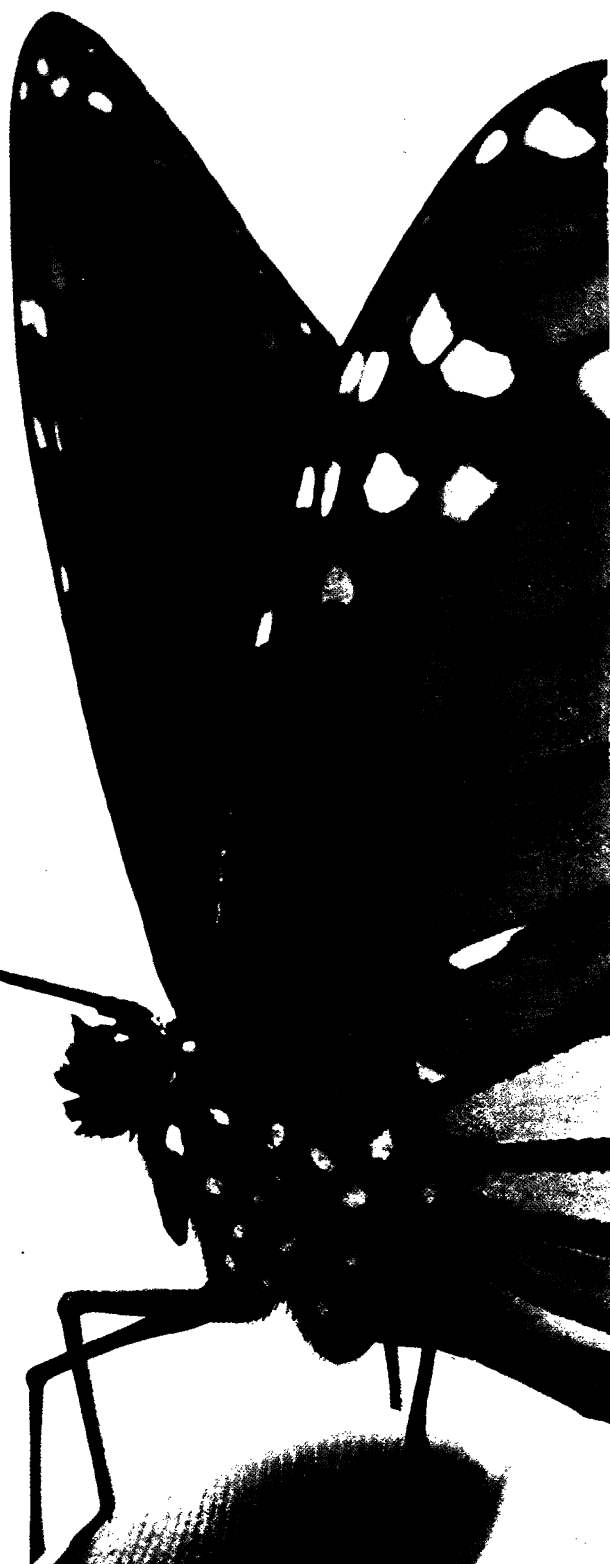
**Distributors in Ireland:** Ayerst Laboratories Ltd.,  
765 South Circular Road, Islandbridge, Dublin 8.

**NEW**

the promise of

**Xanax<sup>®</sup>**  
(alprazolam)

**a measurable  
difference  
in the quality of life**



**INFORMATION**

...d-shaped tablets con  
...e side and mar  
...-shaped tablet  
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...indica  
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...tacy  
...doses, the dosage should be  
...avoid adverse effects. When higher dosage  
...evening dose should be  
...before the daytime  
...In general, patients who have not previously received  
...psychotropic drugs should receive lower doses than  
...those who have received chronic

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...cially if organic brain  
...also Dependence Potential and  
...ow. Abnormal psychological  
...nes have been reported. Rare  
...ects include paradoxical aggressive



# in anxiety in anxiety associated with depression

## the benzodiazepine with a wide therapeutic range

- effective in relieving the somatic and psychic symptoms of both anxiety and anxiety associated with depression
- excellent patient tolerance
- low incidence of side effects

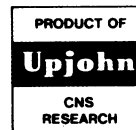
outbursts, excitement, and confusion. Other rare adverse effects including hypotension, gastrointestinal and visual disturbances, skin rashes, urinary retention, headache, vertigo, changes in libido, blood dyscrasias and jaundice have also been reported. **Dependence Potential and Withdrawal Symptoms** In general the dependence potential of benzodiazepines is low, but this increases when high dosage is attained, especially when given over long periods. This is particularly so in patients with a history of alcoholism, drug abuse or in patients with marked personality disorders. Regular monitoring of treatment in such patients is essential and routine repeat prescriptions should be avoided. Treatment in all patients should be withdrawn gradually as symptoms such as depression, nervousness, rebound insomnia, irritability, sweating and diarrhoea have been reported following abrupt cessation of treatment in patients receiving even normal therapeutic doses for short periods of time. Abrupt withdrawal following excessive dosage may produce confusion, toxic

psychosis, convulsions or a condition resembling delirium tremens. **Overdosage** Manifestations of Xanax overdosage include extensions of its pharmacological activity, namely ataxia and somnolence. Induced vomiting and/or gastric lavage are indicated. As in all cases of drug overdosage, respiration, pulse and blood pressure should be monitored and supported by general measures when necessary. Intravenous fluids may be administered and an adequate airway maintained. Animal experiments have suggested that forced diuresis or haemodialysis are probably of little value in treating overdosage. As with the management of any overdosage, the physician should bear in mind that multiple agents may have been ingested. **Pharmaceutical Precautions** Protect from light. **Legal Category** POM. **Package Quantities** Bottles of 100. **Further Information** Alprazolam is readily absorbed. Following oral administration, peak concentrations in the plasma occur after 1-2 hours. The mean half-life is 12-15 hours. Repeated dosage may lead to accumulation and this should be borne in mind in elderly

patients and those with impaired renal or hepatic function. Alprazolam and its metabolites are excreted primarily in the urine. Xanax did not affect the prothrombin times or plasma warfarin levels in male volunteers administered sodium warfarin orally. **Product Licence Numbers** 0.25 mg tablet PL 0032/0092, 0.5 mg tablet PL 0032/0093. **Basic NHS Cost** 0.25 mg tablet 3.3 pence, 0.5 mg tablet 6.5 pence.

**UPJOHN LIMITED  
CRAWLEY  
WEST SUSSEX**

Registered Trademark: Xanax  
UK 2013.4







## Septrin Assurance

### Prescribing Information

**Indications** Sensitive bacterial infections of the lower respiratory, urinary and genital tracts, sinusitis, otitis media, skin infections, septicaemia, typhoid and paratyphoid fevers, and other infections caused by sensitive organisms.

**Dosage** Septrin Forte Tablets. Adults and children over 12 years: 1 forte tablet twice daily. Maximum dosage for particularly severe infections 1½ forte tablets twice daily. In acute infections Septrin should be given for a minimum of five days or until the patient has been symptom-free for two days.

**Contra-indications** Septrin is contra-indicated in

patients with marked liver parenchymal damage, blood dyscrasias or severe renal insufficiency. Septrin should not be given to patients hypersensitive to sulphonamides, trimethoprim or co-trimoxazole; should not be given during pregnancy or to neonates.

**Precautions** In renal impairment a reduced dosage is indicated and an adequate urinary output should be maintained. Regular blood counts are necessary whenever long-term therapy is used. Caution is advised in patients with folate deficiency. Care should be taken when giving Septrin to patients receiving oral anticoagulants of the coumarin group, pyrimethamine or sulphonylureas.

**Adverse Reactions** Occasionally, nausea, vomiting, glossitis and skin rashes may occur with normal doses and, very rarely, haematological reactions.

**Presentation** Septrin Forte Tablets each contain 160 mg Trimethoprim BP and 800 mg Sulphamethoxazole BP.

Basic NHS cost £1.47 for 10. PL3/0121.

## Septrin\* Forte 1b.d. co-trimoxazole

Further information is available on request.

Wellcome Medical Division  
The Wellcome Foundation Ltd., Crewe, Cheshire



\*Trade Mark



**There is no  
substitute for  
experience**

**Specify**

**Diabinese** \*

chlorpropamide

\* Trade Mark

**The original chlorpropamide**

**Prescribing Information**

**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, major surgery, severe 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

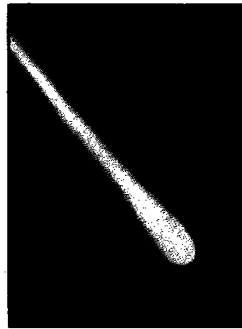
with Diabinese. **Adverse reactions:** mostly dose related; they include anorexia, nausea, vomiting, epigastric discomfort. Certain idiosyncratic and hypersensitivity reactions have occurred, including jaundice and skin eruptions. **Dosage:** range 100 mg to 500 mg daily (See Data Sheet for full details of dosage). **Basic N.H.S. Cost:** 100 mg tablets (PL 57/5015), pack of 100, £3.04, 250 mg tablets (PL 57/5016), pack of 100, £6.68.

Full information on request to the Company.



**PFIZER LIMITED**  
SANDWICH, KENT

20750



**Zantac makes  
peptic ulcer treatment  
this simple**



150mg b.d.

**and maintenance  
this simple**



150mg at night

**and retains its selective  
action throughout**

**PRESCRIBING INFORMATION: DOSAGE AND ADMINISTRATION:** THE USUAL ADULT DOSE IS ONE 150mg TABLET TWICE DAILY IT IS NOT NECESSARY TO TIME THE DOSE IN RELATION TO MEALS. IN MOST CASES OF DUODENAL ULCER AND BENIGN GASTRIC ULCER, HEALING WILL OCCUR IN FOUR WEEKS. PATIENTS WITH A HISTORY OF RECURRENT ULCER MAY HAVE AN EXTENDED COURSE OF ONE TABLET DAILY AT BEDTIME. FOR REFLUX OESOPHAGITIS THE RECOMMENDED COURSE FOR ADULTS IS ONE TABLET TWICE DAILY FOR UP TO EIGHT WEEKS. **SIDE EFFECTS:** NO SERIOUS ADVERSE EFFECTS HAVE BEEN REPORTED IN PATIENTS TREATED WITH ZANTAC TABLETS. **PRECAUTIONS:** WHERE GASTRIC ULCER IS SUSPECTED, THE POSSIBILITY OF MALIGNANCY SHOULD BE EXCLUDED BEFORE THERAPY IS INSTITUTED. PATIENTS RECEIVING PROLONGED TREATMENT



# Simple!

Simply right  
in peptic ulcer treatment  
Simply right  
in maintenance

# Zantac

RANITIDINE

# CHRONIC ASTHMA

---

## 1966 The need is recognised

¶If a drug could be produced that had the anti-asthmatic properties of steroids without their side effects, the trials and tribulations of asthmatic patients would be at an end. ¶<sup>1</sup>

## 1973 The solution is offered

¶In my experience the aerosol of beclomethasone dipropionate is effective in controlling symptoms and avoiding adrenal suppression both in patients with steroid-independent asthma and in most patients with steroid-dependent asthma and therefore seems to be a notable advance in the treatment of asthma. ¶<sup>2</sup>

## 1983 The promise is fulfilled

¶Inhaled steroids have transformed the management of chronic asthma. All initial promises have been fulfilled and there have been no serious side effects. ¶<sup>3</sup>

## ? A challenge for the future

¶In the light of the continuing morbidity of asthma, usually from underdiagnosis and undertreatment, and of too frequent asthma fatalities, there is a compelling case for the much wider use of anti-asthma drugs. The contribution that corticosteroids, especially their prophylactic use by inhalation, can make is not yet fully appreciated or employed. ¶<sup>4</sup>

---

TWICE DAILY  
INHALED

# Beclomide

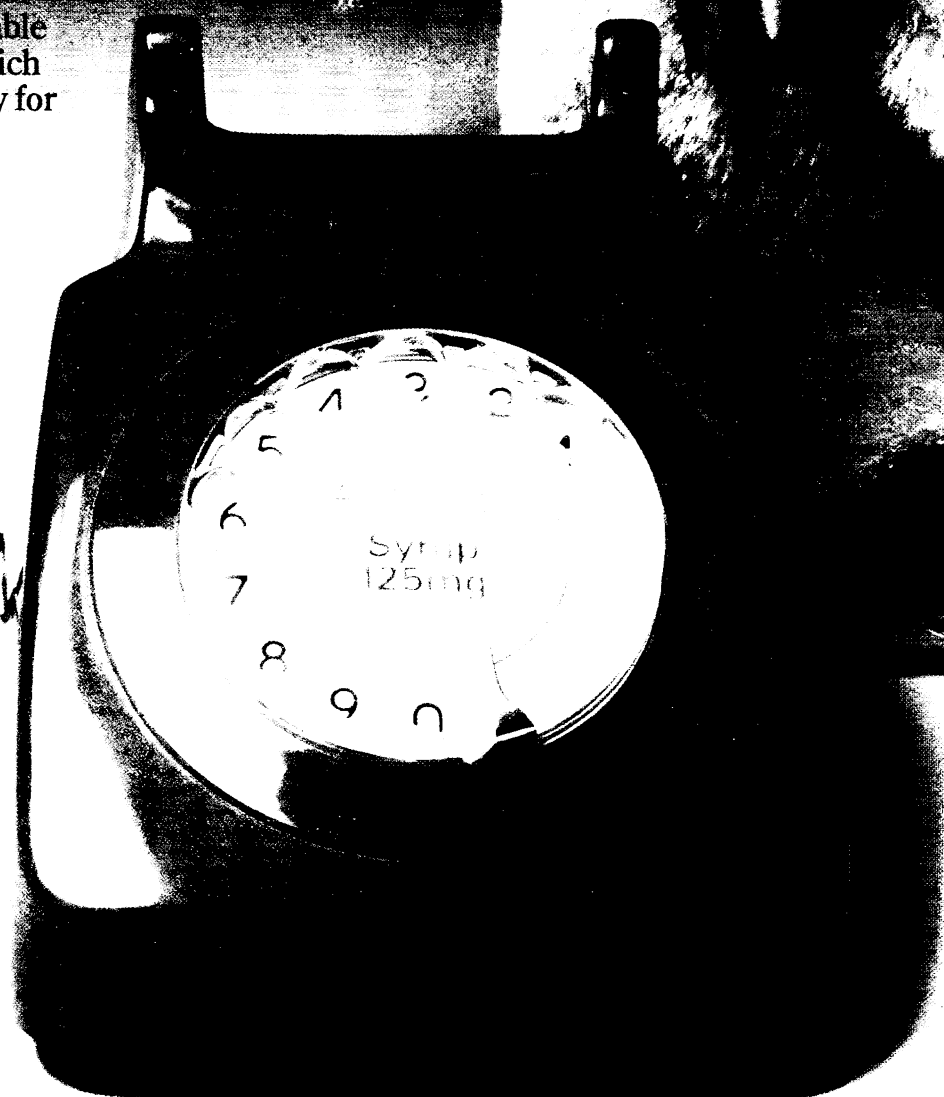


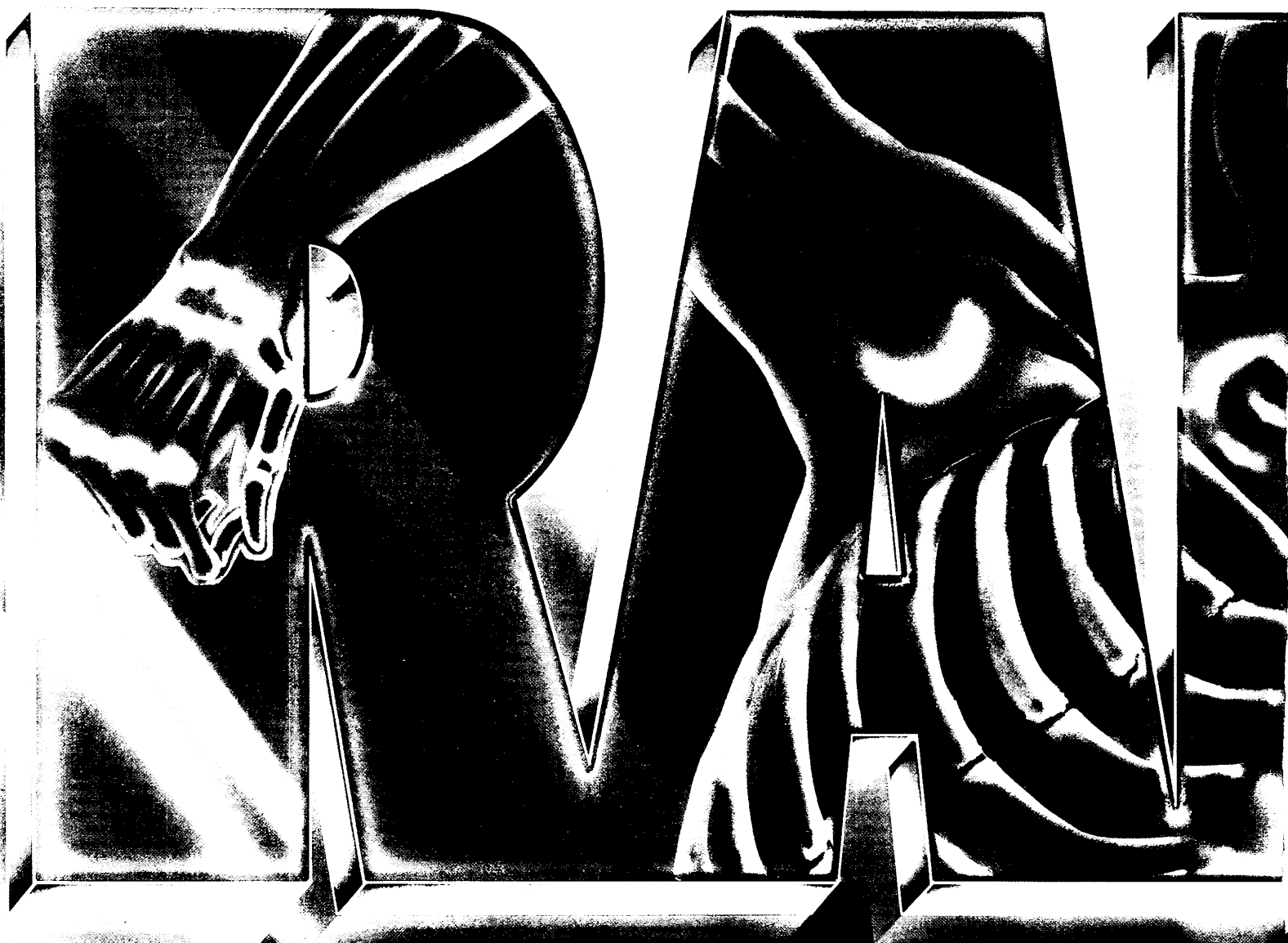
Amoxil – the leading antibiotic prescription for children in Britain.

**Rapidly resolves  
young patients' infections.**



Bencard, Great West Road, Brentford.  
Telephone: 01-560 5151  
Amoxil and the Bencard logo are trademarks.  
December 1981 11289





Effective blood levels, achieved within hours of the first administration of Feldene, lead to rapid relief from pain and inflammation. Continuous relief is then maintained with a single daily dose.

Feldene has repeatedly been shown to be at least as effective as indomethacin in rheumatoid and osteoarthritis<sup>1-5</sup> whilst being as well tolerated as ibuprofen.<sup>6,7</sup>





# Feldene<sup>\*</sup>

piroxicam \*Trade Mark

## 24 hour relief from a single dose.

**Prescribing Information 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 gastro-intestinal 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 20mg as single daily dose; the majority of patients will be maintained on 20mg daily. In acute gout, start with a single dose of 40mg followed on the next 4-6 days with 40mg 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 40mg 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 20mg daily. **Basic N.H.S. Cost:** capsules 10mg coded FEL 10, pack of 60 £9.00 (P.L. 0057/0145). Full information on request. **References** 1. Finstad, R., Brit. J. Clin. Pract., 1981, 35, No. 1, 35. 2. Dixon, A. St. J. et al. Symposium proceedings: "Piroxicam - A new non-steroidal Anti-inflammatory Agent," 14-21, 1979. 3. Sydnos, O. A., Brit. J. Clin. Pract., 1982, 35, No. 1, 40. 4. Osterman, K. and Videman, T., Excerpta Medica. Proceedings of Symposium, Malaga, 1980, 94. 5. Steigerwald, J. C., Eur. J. Rheum. and Inflamm., 1978, 1, No. 3, 360. 6. Makisara, P., Piroxicam, Proceedings of the Royal Society of Medicine, 1978, 65, 7. Turner, R., American Journal of Medicine, Feb. 16, 1982, 34.



# "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 bedtime 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 antidepressant 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<sup>1</sup> and 400 deaths<sup>2</sup> 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.<sup>3</sup> 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

**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." <sup>2</sup>

# VIBRAMYCIN<sup>\*</sup> PENETRATES doxycycline BRONCHIAL PATHOGENS IN ONE DAY.<sup>1</sup>

THE PROOF.

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  
Pfizer

**Pfizer**

# ISORDIL TEMBIDS®

isosorbide dinitrate



## In Angina

restores  
the balance  
between  
coronary  
oxygen  
demand  
and supply  
for  
prolonged  
periods  
from

one  
capsule  
*b.d.*

### Prescribing information

**Presentation** Isordil Tembids capsules, containing isosorbide dinitrate 40mg in a sustained release formulation, are gelatin capsules with a colourless, transparent body and opaque blue cap for oral administration.

**Uses** Prophylaxis of angina pectoris.

**Dosage and Administration** Usual dosage — one Tembids capsule twice a day. Maximum recommended dose — one Tembids capsule three times a day.

**Contra-Indications, Warnings, etc.**

**Contra-Indications** Idiosyncrasy to this drug.

**Precautions** Tolerance to this drug, and cross-tolerance to other nitrates, and nitrites may occur.

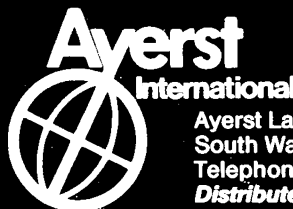
**Side Effects** Side effects due to Isordil are common to all nitrates used for the treatment of angina pectoris.

1. Cutaneous vasodilation with flushing.

2. Headache is common and in some patients may be severe and persistent. Analgesics have been useful in some cases.

3. Transient episodes of dizziness and weakness and other signs of cerebral ischaemia associated with postural hypotension may occur.

4. This drug can act as a physiological antagonist to noradrenaline, acetylcholine, histamine and many other agents.  
Basic N.H.S. Price — 100 Tembids capsules £7.50.  
Product Licence Number: PL0607/0041 PA 149/7/4



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# **THE MSD FOUNDATION**

## **Educational Programmes for General Practitioners**

Our 1983 Handbook will be available in April. This will include an up-to-date catalogue of our current programmes and information about a new format for our tutors' notes. In addition there will be a description of some of our courses and other educational services. Among these is an 'open access' facility for the making of future programmes.

### **Open Access**

A number of general practitioners, among them course organizers, trainers and trainees, have in the past made suggestions about important topics which might form the basis for some of our programmes.

The Foundation is keen to develop such ideas, and accordingly I would like to invite individual doctors, groups of general practitioners or others concerned in general practice education to submit their plans for a future programme. This should include a very brief description of the aims, the use of supporting material like video recording, the sort of notes for tutors or group leaders that might be written, and any practical exercises such as a limited clinical audit.

The topic should be one not so far sufficiently covered in our catalogue, and it should be seen as making an important contribution to vocational training courses and/or small groups of doctors concerned with their own continuing education.

Successful applicants will be given a realistic budget, and the support of the Foundation's technical and educational resources. If you are interested, please do not hesitate to write to me at the Foundation to discuss the idea, and the form in which you might want to submit it. I would hope to be in a position to choose two such programmes for production in 1983.

Marshall Marinker  
Director, MSD Foundation

Videocassettes which are part of our teaching programmes 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 a handbook, 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 AVAILABLE IN NORTH DEVON

Third partner required due to resignation, to start in midsummer by mutual arrangement.

Exclusive use of Health Centre with full ancillary staff. Access to Pathology and Radiology facilities.

This is a teaching practice and an applicant who is an established trainer or who would be prepared to become one would be particularly welcome.

Please write for full details of the practice to: **Drs Hunt, Ashton and Belsey, The Health Centre, Bay View Road, Northam, Bideford, Devon EX39 1AZ.**

## YORK HEALTH AUTHORITY

### VOCATIONAL TRAINING FOR GENERAL PRACTICE

Applications are invited for admission to a three-year course of training commencing on 1 August 1983. The course consists of four six-month hospital posts and two six-month periods in general practice.

The hospital posts are in four of the following specialties: accident and emergency; general medicine; obstetrics; paediatrics; psychiatry.

The course of training has been approved by the Royal College of General Practitioners and although it is primarily aimed towards general practice, it would also be suitable as a course for general professional training.

Interviews are scheduled to take place on Tuesday 3 May 1983.

Please send curriculum vitae including full details of education, qualifications, past experience and the names and addresses of two referees to the: District Personnel Officer, York Health District, Bootham Park Hospital, York YO3 7BY. Closing date: 12 April 1983.

## PARTNERSHIP OFFERED

Forward-looking fourth partner required in urban teaching practice. Purpose-built health centre in District General Hospital grounds adjacent to Postgraduate Centre. In addition to usual attached staff there are a psychologist and social worker. Must be on obstetric list. Research actively encouraged. Mutual assessment period: parity in three years. Apply with curriculum vitae and names of two referees to: **Dr A. Elliott, FRCGP, Newbury Park Health Centre, Perrymans Farm Road, Ilford, Essex.**

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POSITIONS  
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## DEPARTMENT OF FAMILY & COMMUNITY MEDICINE COLLEGE OF MEDICINE & MEDICAL SCIENCES

### KING FAISAL UNIVERSITY DAMMAM, SAUDI ARABIA

Applications are invited from qualified men and women for the Academic Year 1983/84. Successful applicants will participate in an expanding programme teaching undergraduates, interns and residents (research activities where applicable). Main satisfaction 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 the Royal College of General Practitioners or have American Boards in Family Practice. Several years' teaching experience.

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, 60 days paid annual leave, monthly transport allowance, generous luggage overweight allowance and educational allowance for children. No Saudi Income Tax.

Please send curriculum vitae quoting ref FM/RC with current telephone number and the names and addresses of three referees to:

Dr. Tawfik Tamimi, Dean,  
College of Medicine and Medical Sciences

or

c/o U.S. Recruiting  
Office  
King Faisal University  
2425 West Loop South  
Suite 540  
Houston, Texas 77027  
USA



c/o U.K. Recruiting  
Office  
King Faisal University  
29 Belgrave Square  
London SW1X 8QB  
UK

## COLLEGE PUBLICATIONS

The following publications from the Royal College of General Practitioners can be obtained from the Publications Sales Department of the Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU. All prices include postage and payment should be made with order.

### REPORTS FROM GENERAL PRACTICE

- |  |       |
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| 18. Health and Prevention in Primary Care ..                         | £3.00 |
| 19. Prevention of Arterial Disease in<br>General Practice .....      | £3.00 |
| 20. Prevention of Psychiatric Disorders in<br>General Practice ..... | £3.00 |
| 21. Family Planning—An Exercise in<br>Preventive Medicine .....      | £2.25 |
| 22. Healthier Children—Thinking Preven-<br>tion .....                | £5.50 |

### OCCASIONAL PAPERS

- |   |       |
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| 4. A System of Training for General<br>Practice (2nd edn).....                      | £3.00 |
| 6. Some Aims for Training for General<br>Practice .....                             | £2.75 |
| 7. Doctors on the Move.....   | £3.00 |
| 8. Patients and their Doctors 1977 .....  | £3.00 |
| 9. General Practitioners and Postgraduate<br>Education in the Northern Region ..... | £3.00 |
| 10. Selected Papers from the Eighth World<br>Conference on Family Medicine.....     | £3.75 |
| 11. Section 63 Activities .....   | £3.75 |
| 12. Hypertension in Primary Care.....   | £3.75 |
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| 14. Education for Co-operation in Health<br>and Social Work .....                   | £3.00 |
| 15. The Measurement of the Quality of<br>General Practitioner Care.....             | £3.00 |
| 16. A Survey of Primary Care in London ..   | £4.00 |
| 17. Patient Participation in General<br>Practice .....                              | £3.75 |
| 18. Fourth National Trainee Conference....  | £3.75 |
| 19. Inner Cities .....  | £3.00 |
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| 21. The Influence of Trainers on Trainees in<br>General Practice .....              | £3.25 |

### BOOKS

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|--|---------|
| The Future General Practitioner .....                            | £7.50*  |
| Trends in General Practice 1979 .....                            | £5.00*  |
| Computers and the General Practitioner ...                       | £10.50  |
| Epidemiology and Research in a General<br>Practice .....         | £10.50  |
| A History of the Royal College of General<br>Practitioners ..... | £12.00† |
| Members' Reference Book .....                                    | £17.50  |

\*£1.00 less for members of the College

†£2.00 less for members of the College

### 1983 SEVENTH NATIONAL GP TRAINEE CONFERENCE MERSEYSIDE—6 to 8 JULY 1983

Areas for discussion are Primary Care in Inner Cities, The Trainee Year, Partnership Agreements. . . and Disagreements, Medical Education and the GP.

Further details from: **Mrs A. Watson-Mattocks, Postgraduate Office, Faculty of Medicine, The University, PO Box 147, Liverpool L69 3BX. Tel. 051-709 3114.**

### RESIDENTIAL WEEKEND AT PEMBROKE COLLEGE, OXFORD From 7 p.m. Friday 23 September to 1 p.m. Sunday 25 September 1983

General practitioners, both principals and trainees, are invited to sample the experience of being in a Balint group for a weekend. There will be opportunities to discuss the experience, and the problems of learning and teaching in small groups.

The cost of the weekend will be allowable under Section 63, together with travelling expenses. Further details available from: **the Secretary, Dr Peter Graham, 149 Altmore Avenue, London E6.**

### ROYAL COLLEGE OF GENERAL PRACTITIONERS East of Ireland Faculty DR SHEPPARD MEMORIAL PRIZE

A Prize of £500 is being offered for a paper by an Irish graduate, of not more than 2,500 words on a subject pertaining to general practice. Entries must reach a standard set down by the Judgement Committee.

Entries close on 1 May 1983 and should be sent to: **the Secretary, Mrs Mary P. Holahan, 59 Lansdowne Road, Ballsbridge, Dublin 4 (Tel. 697011) from whom all details can be obtained.**

### 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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