



**LESS SHEEP  
MORE SLEEP**

# **DALMANE 15mg**

**flurazepam**

## **COUNT ON IT FIRST**

**Prescribing Information:** Indications Insomnia of all degrees. Sleep disturbances due to organic conditions, in conjunction with specific therapy. **Dosage Adults:** Mild insomnia 15mg. Moderate to severe insomnia 15 or 30mg. Severe insomnia 30mg. Elderly patients 15mg. **Precautions** As with other CNS drugs, patients should avoid alcohol while under treatment. Patients' reactions (driving ability, etc.) may be modified. Prescribe in early pregnancy only when absolutely indicated. 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 Treatment in these cases should be withdrawn gradually.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** Dalmane is well tolerated. However, morning drowsiness, dizziness and ataxia may occur. Occasionally patients may experience a bitter after-taste. **Basic NHS Cost** 1 x 15mg capsule 4.8p per night ex 500 pack. 1 x 30mg capsule 6.8p per night ex 500 pack. **Product Licence Numbers** 0031/0068 (capsules 15mg) 0031/0069 (capsules 30mg). **Presentations** Dalmane capsules 15mg and 30mg. Roche Products Limited, PO Box 8, Welwyn Garden City, Hertfordshire AL7 3AY. Dalmane is a trade mark.



J236319/783

**bromazepam**

Lexotan is a sound choice for short-term treatment of the tense patient, because it reduces tension without lowering vitality, and has been shown to be more effective and less sedative than diazepam.

**Lexotan low-dosage therapy with the new 1.5mg tablet gives rapid control of the somatic and psychic symptoms associated with anxiety.**

Lexotan—because it helps the anxious patient to cope.



path of anxiety and associated with  
anxious social behaviour, the socialisation  
behaviour dimensions themselves will show  
an increase in the positive relationship  
between the two methods of measurement  
that is, the correlation between the two  
methods of measurement will increase

[illegible]

ROCHE

New  
product  
for Angina



# Monit

Isosorbide mononitrate 20mg, Stuart

PREDICTABLE  
ANGINA PROPHYLAXIS

Usually 1b.d.

Effective.

For a wide range of patients.

#### Prescribing Information

**Presentation** 'Monit' tablets are white, round, scored tablets embossed 'Stuart 20'. Each tablet contains 20mg isosorbide mononitrate. **Uses** Prophylaxis of angina pectoris. **Mode of Action** Isosorbide mononitrate is an active metabolite of isosorbide dinitrate and from an oral dose exerts qualitatively similar effects. However, unlike the dinitrate which is subject to extensive 'first pass' hepatic metabolism, it has virtually complete systemic availability from an oral dose. Isosorbide mononitrate thus achieves predictable and sustained blood levels. Onset of pharmacological action occurs within 20 minutes of an oral dose and is maintained for more than 8 hours. **Dosage and Administration** Usually one tablet twice or three times daily. Patients already accustomed to prophylactic nitrate therapy (for example with isosorbide dinitrate) may normally be transferred directly to a therapeutic dose of 'Monit'. For patients not receiving prophylactic nitrate therapy, it is recommended that the initial dose should be half a tablet twice daily. Maintenance dose in individual patients will be between 20 and 120mg daily. The tablets should be swallowed whole with a little fluid. **Contra-indications, Warnings, etc.** **Contra-indications:** A known sensitivity to the drug or to isosorbide dinitrate. **Warnings:** The following adverse effects may be seen with nitrate therapy. 1. Cutaneous vasodilation, headache, dizziness and weakness may occur, and are usually controlled by lowering the dose. The incidence of these effects is highest at commencement of treatment and tends to decline with time. 2. Postural hypotension may occur, especially with high doses. 3. Nitrate preparations can act as physiological antagonists to noradrenaline, acetylcholine, histamine and other agents. 4. Dry rash and/or exfoliative dermatitis have been described rarely with isosorbide dinitrate and similar reactions might be expected occasionally. **Overdosage:** Overdosage should be treated symptomatically. The main symptom is likely to be hypotension and this may be treated by elevation of the legs to promote venous return. **Pharmaceutical Precautions** Store at room temperature, protected from moisture. **Legal Category** POM. **Package Quantities** 'Monit' tablets are supplied in bottles of 56 tablets. **Further Information** Isosorbide mononitrate is the British Approved Name for isosorbide-5-mononitrate. Beta-blocking drugs have a different pharmacological action in angina and may have a complementary effect when co-administered with 'Monit'. **Product Licence Number** 0029/0174. **Basic N.H.S. Cost** 56 tablets £4.78.



Further information is available on request to the company  
**Stuart Pharmaceuticals Limited** Carr House, Carrs Road, Cheadle, Cheshire SK8 2EG.

'Monit' is a trademark.

**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 14.25mg of the base). Madopar 125 capsules containing 100mg levodopa and 28.5mg benserazide hydrochloride (equivalent to 28.5mg of the base). Madopar 250 capsules containing 200mg levodopa and 57mg benserazide hydrochloride (equivalent to 57mg 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

# 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*



**EMERGENCY  
BREAK GLASS**



LA

*'Inderal' LA, once daily  
in hypertension and angina.*



**INDERAL LA**

**Propranolol Hydrochloride BP**

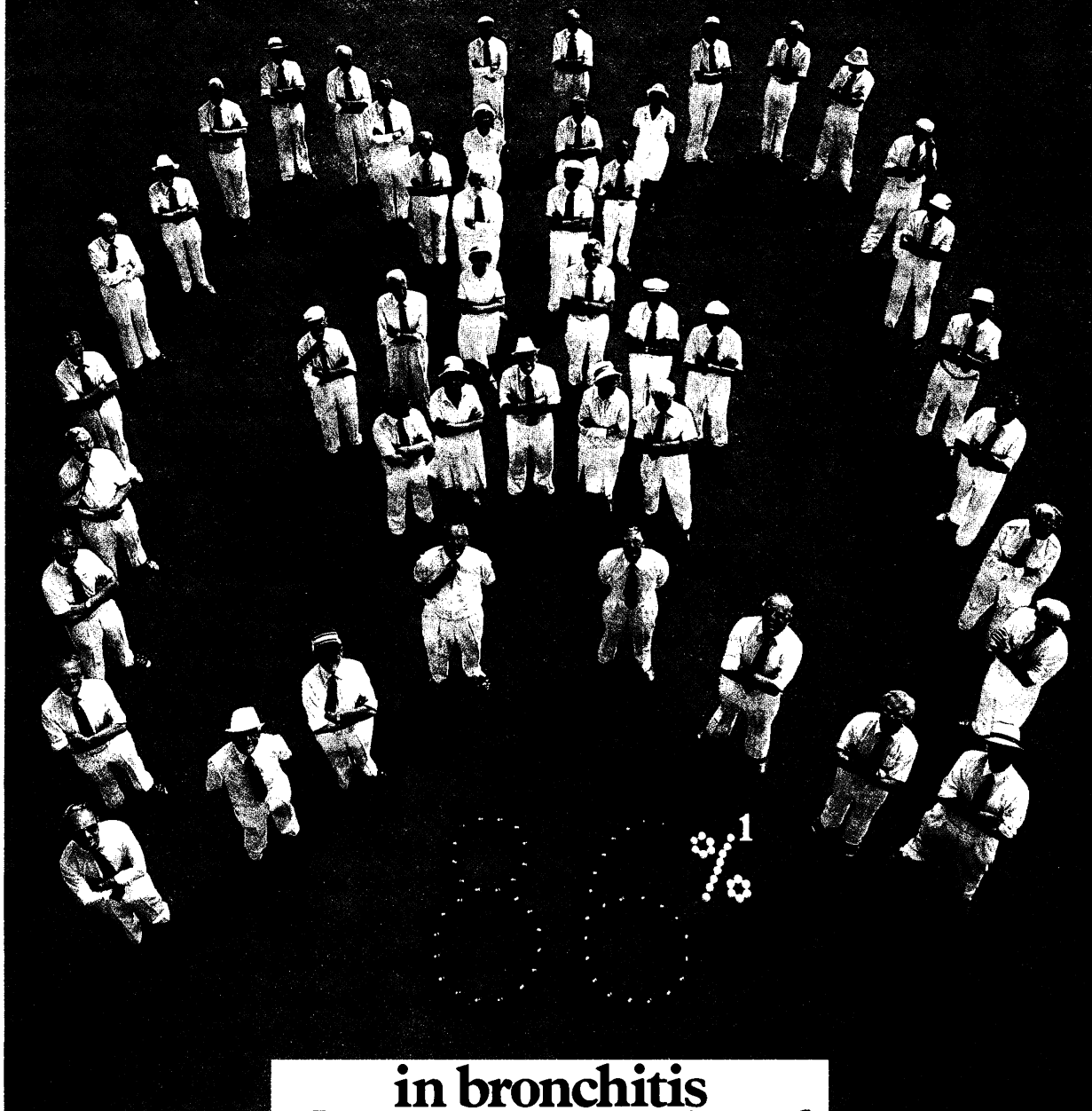
6230

**Works a 24 hour day**

**Abridged prescribing information. Presentation:** Long-action capsules each containing 160mg of propranolol hydrochloride BP. **Uses:** Control of hypertension. Management of angina, anxiety and essential tremor. Adjunctive management of thyrotoxicosis. Prophylaxis of migraine. **Dosage:** Adults: 1 or 2 capsules, once daily. Children: Not intended for use in children. **Contraindications:** Heart block, Bronchospasm. Prolonged fasting. Metabolic acidosis. Co-administration with verapamil. **Precautions:** Untreated cardiac failure. Bradycardia. Discontinuation 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. **Basic NHS cost:** 28 day calendar pack £6.66. **PL No:** 0029/0128 'Inderal' LA is a trademark for propranolol hydrochloride in a long-acting formulation. Full prescribing information is available from: Imperial Chemical Industries PLC, Pharmaceuticals Division, Alderley House, Alderley Park, Macclesfield, Cheshire SK10 4TF.



# There is no substitute for success



## in bronchitis **Septrin b.d.** co-trimoxazole

### Prescribing Information

**Uses:** 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:* over 12 years, one twice daily; *Septrin Tablets:* over 12 years, one twice daily; *Septrin Dispersible Tablets:* over 12 years, two twice daily; children 6 to 12 years, one twice daily; *Septrin Suspensions:* over 12 years, 10ml Adult twice daily; children 6 to 12 years, 10ml Paediatric twice daily; 6 months to 6 years, 5ml Paediatric twice daily; 6 weeks to 6 months, 2.5ml Paediatric twice daily.

**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 or co-trimoxazole; should not be given during pregnancy or to neonates.

**Precautions:** In cases of renal impairment a reduced dosage is indicated and an adequate urinary output should be maintained.

Trade Mark

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 anti-coagulants of the coumarin group, pyrimethamine, sulphonylureas, or phenytoin.

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

Further information is available on request.

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



### Presentations:

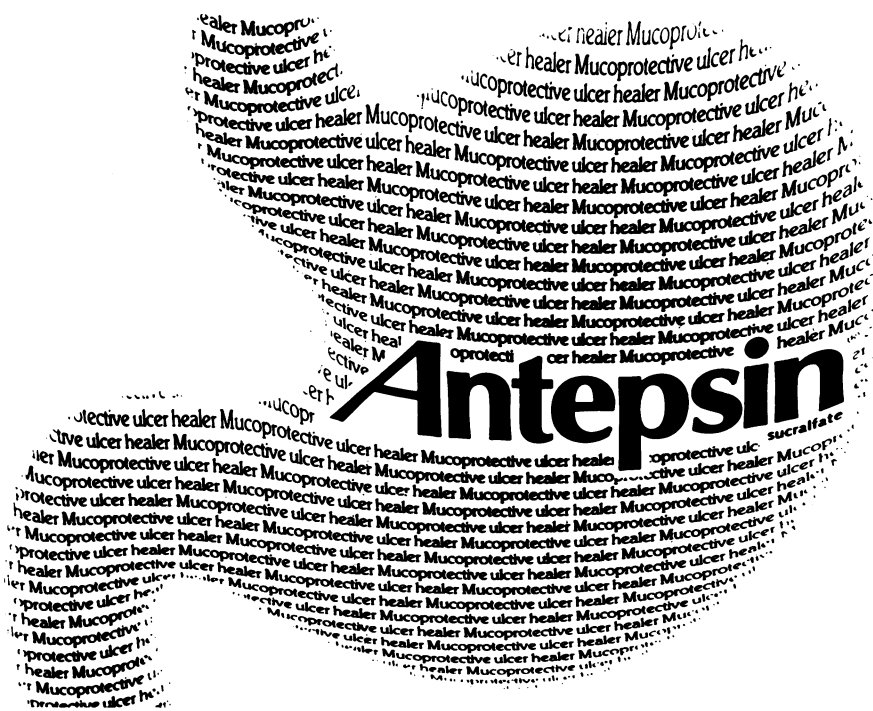
Product Licence	Formulation	Basic NHS Cost
Septrin Forte Tablets	160mg Trimethoprim BP 800mg Sulphonamethoxazole BP	£1.90 for 10
Septrin Tablets	80mg TMP/400mg SMX	£2.27 for 20
Septrin Dispersible Tablets	80mg TMP/400mg SMX	£2.42 for 20
Septrin Adult suspension	80mg TMP 400mg SMX in 5ml	£2.22 for 100ml
Septrin Paediatric suspension	40mg TMP 200mg SMX in 5ml	£2.00 for 100ml
Septrin Paediatric Tablets	20mg TMP 100mg SMX	£0.89 for 20

I. Cooper, J. McGillion, F.B. and West, B. 1978, *Practitioner*, 220, 798. 40 patients with acute bronchitis were treated with Septrin. 21 patients or amoxycillin. 19 patients. In the GPs' clinical assessment, 86% of Septrin-treated patients had a satisfactory response at 7 days, compared with 74% of the amoxycillin-treated patients.

# Antepsin<sup>®</sup>

Sucralfate

## Mucoprotective ulcer healer



## Non-systemic action

Fast pain relief  
Excellent healing rates

Prolonged remission  
Low incidence of side effects

### 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 sucralbate. **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.



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.

© ANTEPSIN is a registered Trade Mark.

Further information is available on request to the Company.

# Why 80% of GPs have



## Selective, effective H<sub>2</sub> blockade

**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 SHOULD BE EXAMINED PERIODICALLY. DOSAGE SHOULD BE REDUCED IN THE PRESENCE OF SEVERE RENAL IMPAIRMENT (SEE DATA SHEET). AS WITH ALL DRUGS, ZANTAC SHOULD BE USED DURING PREGNANCY AND NURSING ONLY IF STRICTLY NECESSARY.



# already prescribed Zantac<sup>1</sup>



## It's simple

In the treatment of peptic ulcer disease, Zantac effectively promotes ulcer healing in 4 weeks on just one 150mg tablet twice-daily;<sup>2</sup> one nightly in maintenance.

## It's selective

Zantac's selective action minimises risks of drug interactions,<sup>3</sup> dizziness and mental confusion,<sup>2</sup> and antiandrogenic effects.<sup>4,5</sup>

## And it's effective

4-week peptic ulcer healing, together with a maintenance regime to keep patients both symptom-free and ulcer-free, could be another reason why 80% of GPs have prescribed Zantac after less than 2 years' availability.

When you think about it, it's simple.

# Zantac

RANITIDINE

CONTRA-INDICATIONS: THERE ARE NO KNOWN CONTRA-INDICATIONS TO THE USE OF ZANTAC. BASIC NHS COST (EXCLUSIVE OF VAT) 60 TABLETS £27.43. PRODUCT LICENCE NUMBER: 4/0279. FURTHER INFORMATION ON ZANTAC (TRADE MARK) IS AVAILABLE FROM: GLAXO LABORATORIES LTD., GREENFORD, MIDD. UB6 0HE. REFERENCES: 1. INDEPENDENT MARKET RESEARCH-MRF LTD, 1983. 2. DATA ON FILE, GLAXO GROUP RESEARCH. 3. SERLIN, M.J. THE CLINICAL USE OF RANITIDINE, LONDON, 1981; MEDICINE INTERNATIONAL REVIEW: 89. 4. HUNT, R.H. REVIEW OF THE SATELLITE SYMPOSIUM HELD AT THE "WORLD CONGRESS ON GASTROENTEROLOGY", STOCKHOLM, JUNE 1982. 5. EDWARDS, C.R.W. AND RILEY, A.J. THE CLINICAL USE OF RANITIDINE, LONDON 1981; MEDICINE INTERNATIONAL REVIEW: 65.

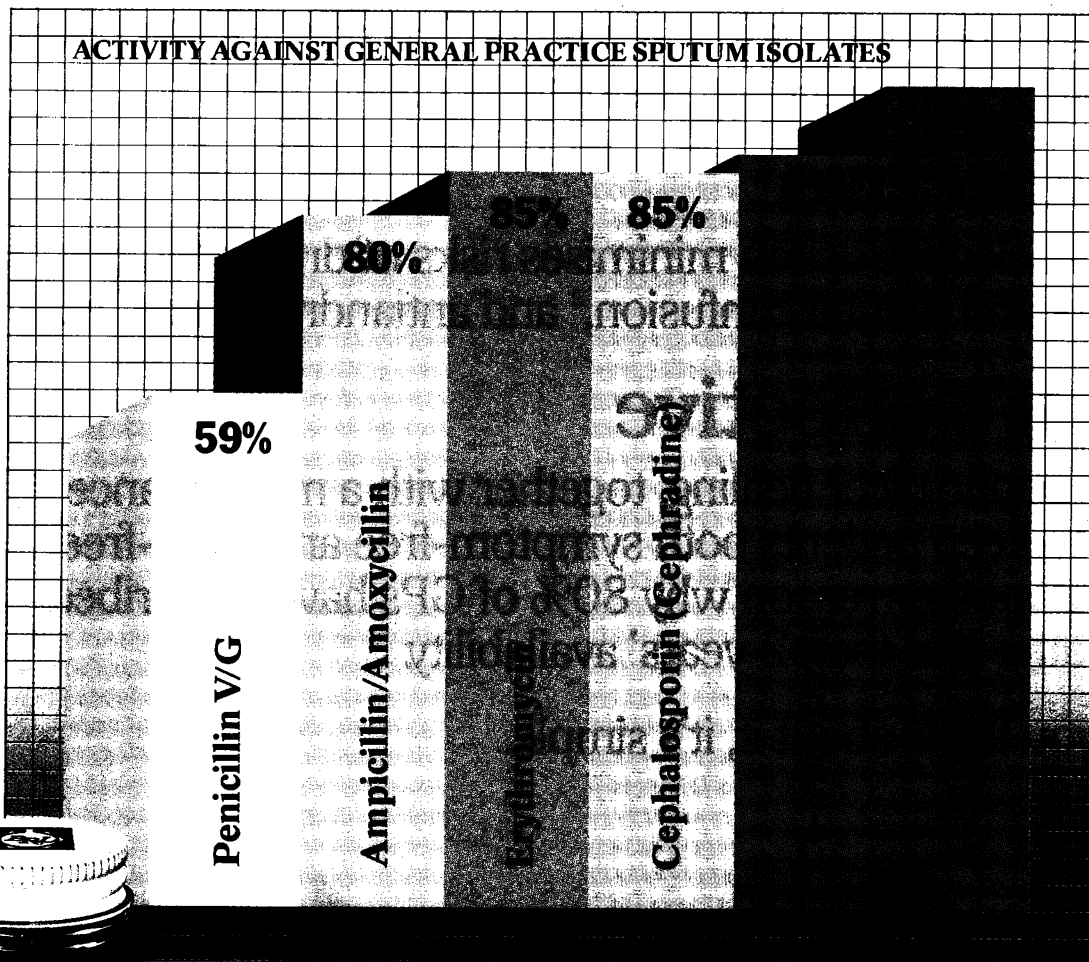
**Glaxo**

# AUGMENTIN

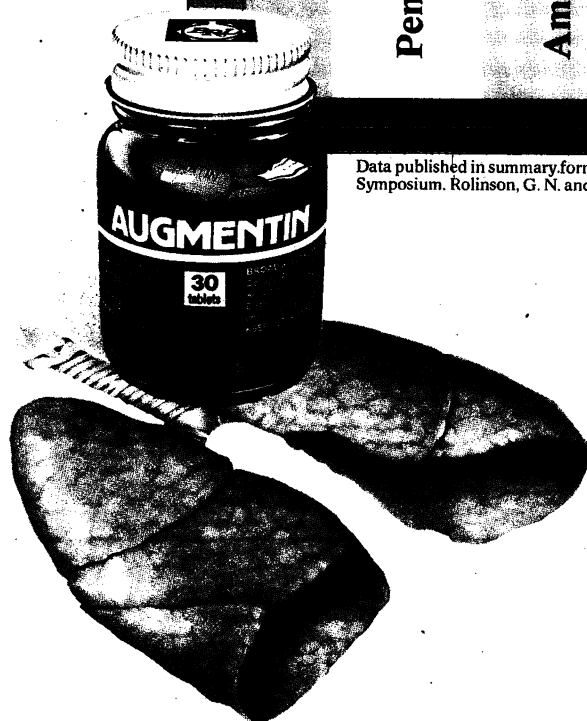
clavulanate-potentiated amoxycillin

## IN CHEST INFECTIONS

LET THE FIGURES DO THE TALKING.



Data published in summary form in: A multicentre antibiotic sensitivity survey. Proceedings of the First Augmentin Symposium. Rolinson, G. N. and Watson, A. (eds) Excerpta Medica, 1980, pp 173-183.



### Prescribing Information

**USES:** Chest, ENT, Genito-urinary tract, Skin and soft tissue infections.

**DOSAGE: Adults and children over 12 years:** One Augmentin or Augmentin Dispersible Tablet (375 mg) three times a day.

**Children 6-12 years:** 5 ml Augmentin Junior Suspension (187 mg) three times a day.

**Children 2-6 years:** 5 ml Augmentin Paediatric Suspension (156 mg) three times a day.

**Children 9 months-2 years:** 5 ml half-strength Augmentin Paediatric Suspension (78 mg) three times a day.

**Children 3-9 months:** 2.5 ml half-strength Augmentin Paediatric Suspension (39 mg) three times a day.

In severe infections, dosages for patients aged 2 years and over may be doubled. Treatment with Augmentin should not be extended beyond 14 days without review.

**CONTRA-INDICATION:** Penicillin hypersensitivity.

**PRECAUTIONS:** Safety in human pregnancy is yet to be established. Dosage need not be reduced in patients with renal impairment, unless dialysis is required.

**SIDE-EFFECTS:** Uncommon, mainly mild and transitory, eg diarrhoea, indigestion, nausea, vomiting, candidiasis, urticarial and erythematous

rashes. If gastro-intestinal side-effects occur, they may be reduced by taking Augmentin at the start of meals.

**PRESENTATIONS:** (Prices correct at October, 1983.)

▼ **Augmentin Tablets and Dispersible Tablets**, each providing 125 mg clavulanic acid with 250 mg amoxycillin. Augmentin Tablets (bottles of 30, 100). Cost per tablet - 29p PL0038/0270. Augmentin Dispersible Tablets (foil wrapped 30, 90). Cost per tablet - 32½p PL0038/0274.

▼ **Augmentin Junior Suspension.** Powder to prepare 100 ml suspension. Each 5 ml provides 62 mg clavulanic acid with 125 mg amoxycillin. Cost per 5 ml dose - 18p PL0038/0274.

▼ **Augmentin Paediatric Suspension.** Powder to prepare 100 ml suspension. Each 5 ml provides 31 mg clavulanic acid with 125 mg amoxycillin. Cost per 5 ml dose - 14p PL0038/0298.

The clavulanic acid is present as potassium clavulanate and the amoxycillin as the trihydrate. All the above presentations are sugar-free formulations.

October 1983

Further information is available on request to the Company.



**Beecham Research Laboratories**  
Brentford, England.



Augmentin and the BRL logo are trade marks

BRL 9007



Proven effective over seven years of widespread clinical experience, 'Tagamet' is a known quantity in peptic ulcer treatment.

With 'Tagamet' 25 million patients ahead of the less experienced newcomers, you're on familiar ground.

**Tagamet**  
cimetidine  
*THOROUGHLY EXPLORED*  
puts you in control of gastric acid

**Prescribing Information**

**Presentations** Tagamet Tablets, PL 0002/0092, each containing 400 mg cimetidine. 56, £16.61. Tagamet Tablets, PL 0002/0063, each containing 200 mg cimetidine. 500, £74.15. Tagamet Syrup, PL 0002/0073, containing 200 mg cimetidine per 5 ml. 200 ml, £8.17. **Indications** Duodenal ulcer, benign gastric ulcer, recurrent and stomal ulceration, oesophageal reflux disease. Other conditions where reduction of gastric acid is beneficial, prophylaxis of stress-induced gastrointestinal haemorrhage and of acid aspiration (Mendelson's) syndrome. **Dosage Usual dosage:** Adults. Duodenal ulcer, 400 mg b.d. with breakfast and at bedtime, or 200 mg t.d.s. with meals and 400 mg at bedtime (1.0 g/day) for at least 4 weeks. To prevent relapse, 400 mg at

bedtime or 400 mg morning and at bedtime for at least 6 months. *Benign gastric ulcer*, 200 mg t.d.s. with meals and 400 mg at bedtime (1.0 g/day) for at least 6 weeks. *Oesophageal reflux disease*, 400 mg t.d.s. with meals and 400 mg at bedtime (1.6 g/day) for 4 to 8 weeks. *Prophylaxis of stress-induced gastrointestinal haemorrhage*, up to 2 g a day, divided, to maintain intragastric pH above 4. *Prophylaxis of acid aspiration syndrome*, 400 mg 90-120 mins before induction of general anaesthesia. 400 mg at start of labour then 200 mg 2-hourly as necessary, maximum 1.6 g. Do not use Tagamet syrup. *Zollinger-Ellison syndrome*, up to 400 mg q.i.d., rarely up to 2 g a day. *Recurrent and stomal ulceration and*

*short bowel syndrome*, 200 mg t.d.s. and 400 mg at bedtime (1.0 g/day). *N.B.* For full dosage instructions see Data Sheet. **Cautions** Impaired renal function: reduce dosage (see Data Sheet). Potentiation of oral anticoagulants, phenytoin and theophylline (see Data Sheet). Prolonged treatment: observe patients periodically. Exclude malignancy in gastric ulcer. Care in patients with compromised bone marrow (see Data Sheet). Avoid during pregnancy and lactation. **Adverse reactions** Diarrhoea, dizziness, rash, tiredness. Rarely, mild gynaecomastia, reversible liver damage, confusional states (usually in the elderly or very ill), interstitial nephritis, acute pancreatitis. **Legal category** POM 21 783

**SK&F**

SMITH KLINE & FRENCH LABORATORIES LIMITED, Welwyn Garden City, Hertfordshire AL7 1EY  
©1983 Smith Kline & French Laboratories Limited

'Tagamet' is a trade mark TG:AD194



# Working night and day

The pain of arthritis can in many ways be worse at night, causing insomnia. Feldene has been shown to give a better improvement in sleep quality than placebo.



**Feldene**<sup>\*</sup>  
piroxicam <sup>\*</sup>Trade Mark

**24 hour relief from  
a single daily 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 days treatment period the dose should be reduced to 20mg daily. **Basic N.H.S. Cost:** capsules 10mg coded FEL10, pack of 60 £9.00 (PL. 0057/0145). Full information on request. **References:** 1. Romberg, O., The American Journal of Medicine Feb., 16, 1982, 58.

# day and night

Twenty-four hour relief with Feldene means just that. Continuous day and night relief from the pain, inflammation and stiffness of rheumatoid and osteoarthritis. Because of the unique pharmacokinetics of Feldene, all this is achieved with a single daily dose.



**Feldene**<sup>\*</sup>  
piroxicam <sup>\*</sup>Trade Mark

**24 hour relief from  
a single daily 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 days treatment period the dose should be reduced to 20mg daily. **Basic N.H.S. Cost:** capsules 10mg coded FEL10, pack of 60 £9.00 (PL. 0057/0145). Full information on request.

# 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 1984.

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 1984 should complete and return by 31 January 1984 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 25 to Friday 30 March 1984**

Closing date for applications is Friday 27 January 1984. (In view of the fact that the course is likely to be over-subscribed, 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, PO Box 147, Liverpool L69 3BX. Tel: 051-709 3114 or 709 0141, ext. 2747.**

## ROYAL COLLEGE OF GENERAL PRACTITIONERS WEST OF SCOTLAND FACULTY SEMINARS ON PRESCRIBING

A series of six seminars on prescribing for general practitioners will be held on the third Wednesday evening of each month commencing on 18 January 1984, in the Postgraduate Centre, 5 Lancaster Crescent, Glasgow G12.

Practical prescribing problems will be dealt with in small group work and a relevant specialist will join with the groups in a plenary session to attempt to answer some of the problems presented.

Each meeting will start with a buffet meal at 6.30 pm and end at 9.30 pm. The meetings are approved under Section 63.

Further details and application form may be obtained from: **Mr D. A. Crombie, Administrative Assistant, The University of Glasgow, Glasgow G12 8QQ. Tel: 041-339 8855, ext. 7275**



## VOCATIONAL TRAINING FOR GENERAL PRACTICE

Applications are invited for 12 places on the Leicester Vocational Training Scheme which has a close liaison with the Department of Community Health at the University of Leicester Medical School.

The Course commences on 1 October 1984 for the complete three-year programme which includes an introductory three-month appointment in a training practice, successive six-month appointments as Senior House Officers in four hospital posts, and a final nine-month appointment in the original training practice.

A wide variety of hospital posts relevant to general practice is available from which candidates will be offered a selection, including general medicine, paediatrics, geriatrics, obstetrics, psychiatry, accident and emergency, ophthalmology, dermatology and ENT. A half-day release course is held throughout the three years, with an emphasis on small group work. The course is recognized for the MRCGP, DCH and DRCOG.

Further details and an application form can be obtained from the Scheme Supervisor, **Dr Judith Millac**, c/o Miss Tracey Smith, Postgraduate Medical Centre, Leicester Royal Infirmary, Leicester LE1 5WW. Closing date for applications is Tuesday, 31 January 1984. Interviews will be held on Wednesday, 29 February 1984.



**Leicestershire  
Health Service**

## PRESENT STATE AND FUTURE NEEDS IN GENERAL PRACTICE

The sixth edition of this well known book by John Fry gives numerous facts and figures about general practice and is a basic reference for all those interested in primary medical care.

Dr Fry has again summarized key information such as the average number of patients, patterns of allowances, and numbers of trainers and teaching practices in a series of tables and charts which are supported by a clear commentary. Particularly useful is the conversion of current rates for illness and services in relation to population units of 2,500 (about one general practitioner) and 10,000 (a typical group practice).

*Present state and future needs in general practice* has been published for the College by MTP Press Limited and is available from the Publications Sales Department, Royal College of General Practitioners, 8 Queen Street, Edinburgh EH2 1JE, price £5.50 including postage.

## SURGERY MORTGAGES FOR THE MEDICAL PROFESSION

Up to 100 per cent with very attractive fixed rates of interest.

Up to 20 years Repayment Term.

Telephone 0935 77471 or write to Medical Insurance Consultants, 9 Princes Street, Yeovil TA20 1EN.

## 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 £16.50 plus 65p p & p.

**PASTEST**

Dept. GP PasTest Service, PO Box 81,  
Hemel Hempstead, Herts HP1 1UR  
Tel. Hemel Hempstead (0442) 52113

## A HISTORY OF THE ROYAL COLLEGE OF GENERAL PRACTITIONERS The First 25 Years

This book records early attempts to form a College, the birth of the College itself, and the story of its growth through childhood to maturity. Edited by three distinguished founder members, John Fry, Lord Hunt of Fawley and R.J.F.H. Pinsent, it is a fascinating tribute to the enthusiasm, persistence and dedication of the men who made the College.

Written by those who were actually involved in its development, the chapters describe not only the story of the structure and organization of the college as a whole but of each of its component parts. Thus its involvement with medical education, standards, research and literature is described as well as relationships with other bodies at home and abroad—and a glimpse into the future.

Undoubtedly a success story, this account of the first 25 years of the College is recommended to those interested not only in the College but in the evolution of general practice itself. Copies can be obtained from the Publications Sales Department, Royal College of General Practitioners, 8 Queen Street, Edinburgh EH2 1JE, price £10 to members, £12 to non-members, including postage. Payment should be made with order.

# THE MSD FOUNDATION

## **Educational Programmes for General Practitioners**

Our 1983 Handbook is now available and will be sent to you on request. It includes an up-to-date catalogue. In addition there is a description of some of our courses and other education services. The following is one of our new programmes for 1983:

### **Putting the Pressure on Detecting High Blood Pressure**

In this video Dr Julian Tudor Hart's arguments for hypertension screening in general practice are presented. There are scenes from Dr Tudor Hart's own practice, and that of a neighbouring doctor. He comments on a number of aspects of high blood pressure, its detection and the implications for practice organization. Also he touches on some of the ethical issues. This is in one sense a polemic, but Dr Hart's pronouncements are most often supported by a formidable grasp of the best empirical research.

The video cassette is designed to be used with a small group of doctors over one or two 90 minute sessions. A pre-course task is suggested in which information about patients between the ages of 35 and 65 years is collected from the course members' practices. These data are summated and discussed in the first session.

Other tasks involve the group members in presenting the arguments for and against screening for hypertension, in the context of their own practices.

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**





# Burinex<sup>®</sup>

bumetanide

gentle  
with  
hidden  
strength

**Prescribing Information:- Indications** Oedema of renal, cardiac or hepatic origin. **Dosage** Most patients require 1 mg Burinex daily given as morning or evening dose. In refractory cases dosage can be increased to achieve the desired response. For high dose treatment 5 mg Burinex should be given initially and increased by 5 mg steps at 12-24 hour intervals until desired response is achieved. **Contra-indications, Precautions and Side Effects** Contra-indicated in hepatic coma, severe electrolyte depletion and severe progressive

renal failure. Hypovolaemia and circulatory collapse may follow inappropriately excessive diuresis. Electrolyte disturbances resulting in digitalis toxicity may occur. Concurrent antihypertensive or antidiabetic therapy may require adjustment. Caution should be exercised in first trimester of pregnancy. Side effects such as skin rashes, muscular cramps, rises in serum uric acid and thrombocytopenia may rarely occur. **Product Licence Number:** 1 mg tablets 9043/0021. **Basic N.H.S. Price:** £5.60 per 100.



Leo Laboratories Limited  
Longwick Road, Princes Risborough  
Aylesbury, Bucks

Burinex is a trade mark