

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

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

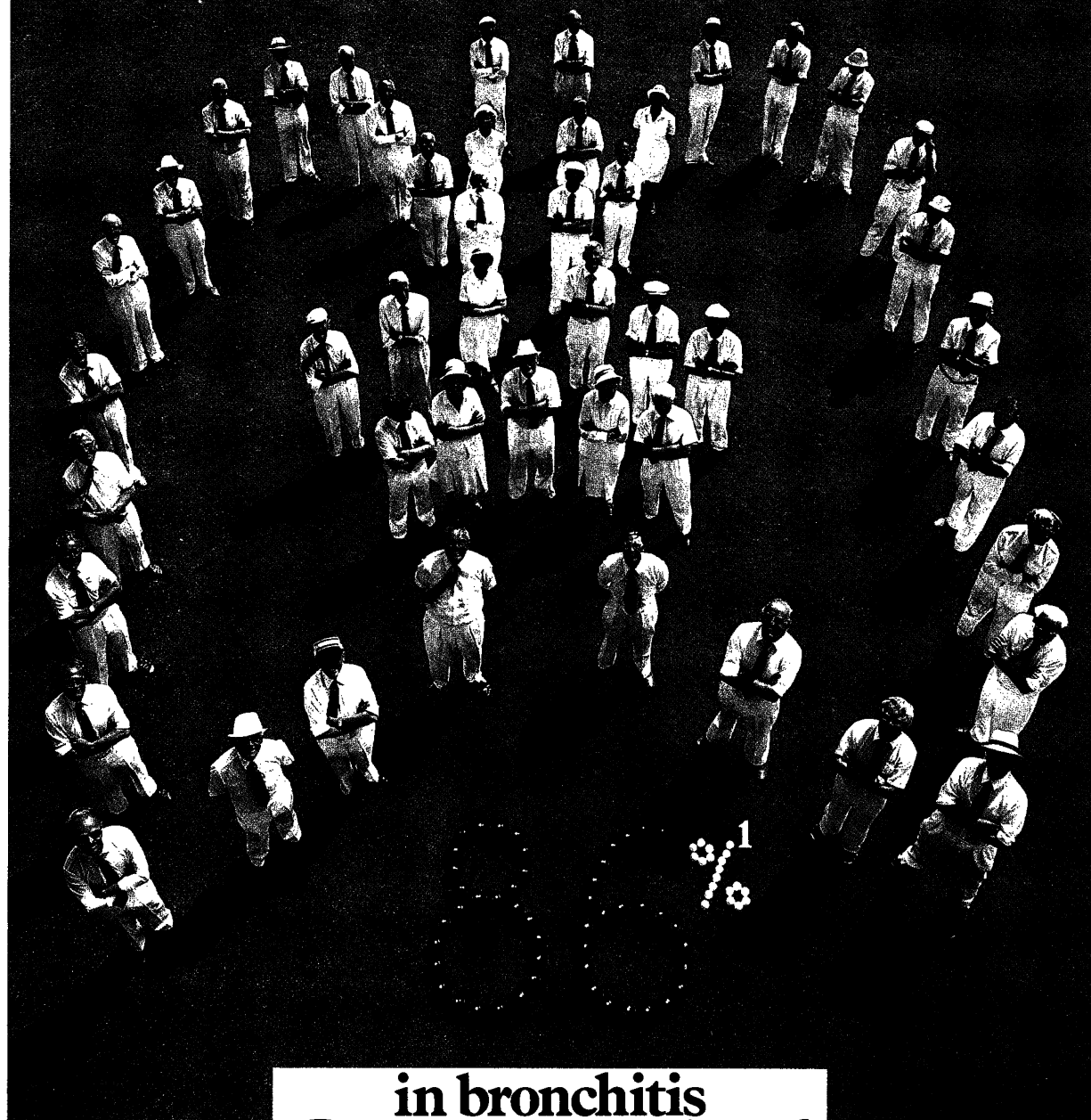


Madopar

levodopa plus benserazide

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

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/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	Formulation	Basic NHS Cost
Septrin Forte Tablets	100mg Trimethoprim BP 800mg sulphamethoxazole 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	£3.22 for 100ml
Septrin Paediatric Suspension	40mg TMP/ 200mg SMX in 5ml	£2.00 for 100ml
Septrin Paediatric Tablets	20mg TMP/ 100mg SMX	£0.69 for 20

I. Cooper, J. McGillion, F.R. and West, R. (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.



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 0002/0082, each containing 400 mg cimetidine. 56.16.61. Tagamet Tablets, PL 0002/0063, each containing 200 mg cimetidine. 500, 574.15. Tagamet Syrup, PL 0002/0073, containing 200 mg cimetidine per 5 ml. 200 ml. 58.17. **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; malabsorption and fluid loss in short bowel syndrome, Zollinger-Ellison 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 6 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
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Tagamet is a trade mark TG:AD194



"Why have you changed my tablets, Doctor?"

*Write 'Inderal' by name
and there's no confusion*

A generic prescription for propranolol can now be filled with tablets from at least eleven different sources. Variation in appearance is considerable and the possibility that this may lead to patient confusion and anxiety cannot be ignored.

By writing 'Inderal' by name, the doctor can ensure that his patient always receives the original ICI formulation.



INDERAL

Propranolol Hydrochloride BP

'Inderal': abridged prescribing information. Dosage: Hypertension 80mg b.d., increasing weekly. Usual range 160-320mg daily. Angina 40mg b.d. or t.i.d., increasing weekly. Usual range 120-240mg daily. Post myocardial infarction Starting 5-21 days post myocardial infarction, 40mg q.i.d. for 2-3 days, then 80mg b.d. **Contraindications:** Heartblock. 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. **Pack sizes and basic NHS costs:** 10mg 100: £1.18; 1000: £11.80. 40mg 100: £3.97; 1000: £39.70. 80mg 60: £3.78; 500: £31.48. 160mg 60: £7.56; 250: £31.48. **RL Nos.:** 0029/5063, 0029/5064, 0029/5065, 0029/0103. 'Inderal' is a trademark for Propranolol Hydrochloride B.P. Full prescribing information is available from: Imperial Chemical Industries PLC, Pharmaceuticals Division, Alderley House, Alderley Park, Macclesfield, Cheshire SK10 4TF. 7590

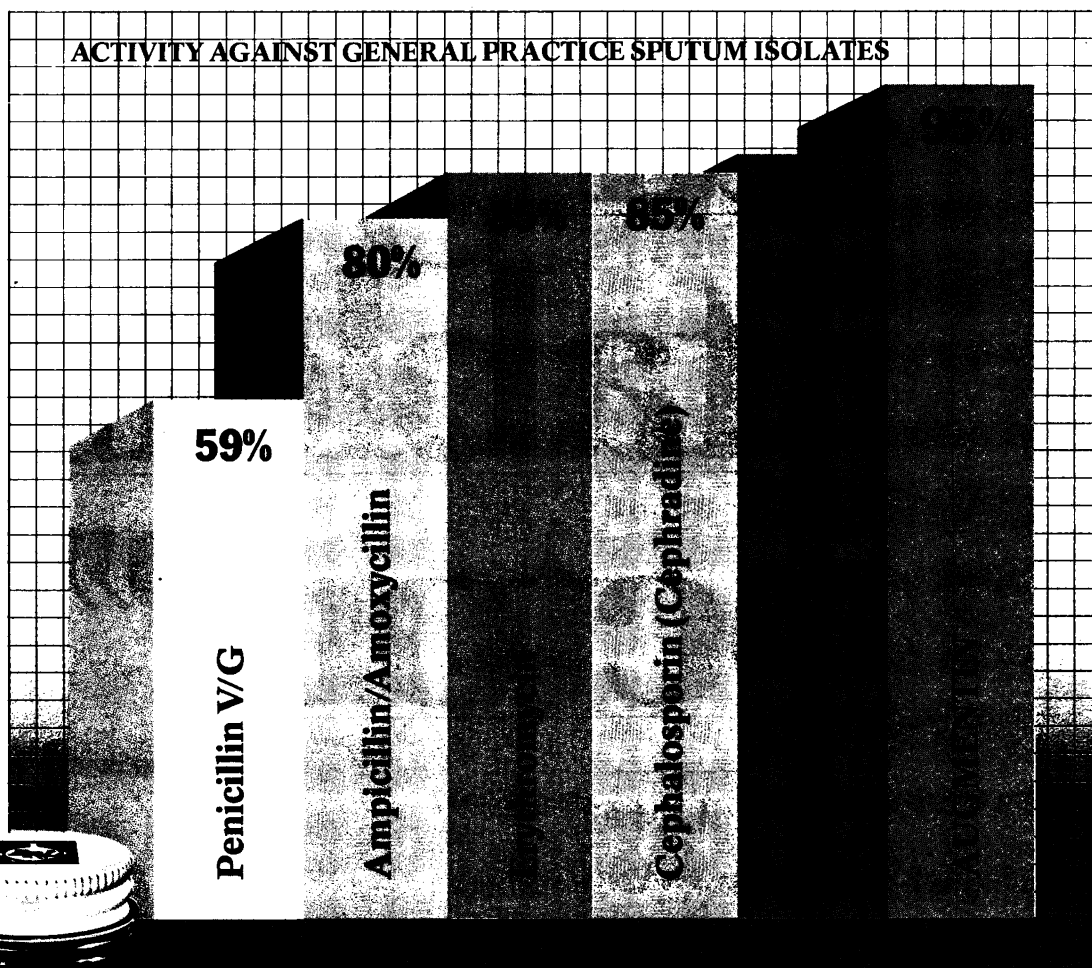


AUGMENTIN

clavulanate-potentiated amoxycillin

IN CHEST INFECTIONS

LET THE DRUGS 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 PL0038/0272.

▼ **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 RRI logo are trade marks.



Library of General Practice

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VOLUME 5 *New*

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John Preece

1983 208 PAGES ILLUSTRATED PAPERBACK
£15.00 (443 02919 9)

Assuming no prior knowledge of computers, this book describes

- *their role, uses and benefits in general practice.
- *the principles upon which they operate.
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A must for all GPs who don't want to be left in the 'computer jungle'.

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Graham Curtis Jenkins and Richard C. F. Newton

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VOLUME 6 *New*

☐ **Sexual Medicine**

G. R. Freedman

1984 204 PAGES PAPERBACK £8.50 (443 02353 0)

For GPs who, in the daily course of their work, may detect or be confronted with sexual problems in their patients. Illustrated by many case histories, the book also classifies the multiple factors contributing to sexual dysfunction, particularly psychological and psycho-social factors.

☐ VOLUME 3 **Rheumatology in General Practice**

Michael Rogers and Norman Williams

1982 240 PAGES ILLUSTRATED PAPERBACK £7.50
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David Brooks and Netar Mallick

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Contains synopses of * psychosexual medicine * venereology * breast problems

Offers hints for passing the actual examination.

☐ **The Doctor-Patient Relationship**

Paul Freeling and Conrad M. Harris

1983 THIRD EDITION 156 PAGES PAPERBACK
£5.95 (443 02375 1)

The doctor-patient relationship is the basis of good general practice. This book explains what precisely is meant by 'the doctor-patient relationship' and illustrates this with a series of real case histories. This edition has been extensively rewritten in the light of further experience and new studies.

☐ **The Development of the Infant and Young Child** *Normal and Abnormal*

Ronald S. Illingworth

1983 EIGHTH EDITION 312 PAGES
ILLUSTRATED PAPERBACK £11.00
(443 02664 5)

For this edition the whole text has been revised and updated with many new sections and new references.

☐ **The Normal Child**
Some Problems of the Early Years and their Treatment
Ronald S. Illingworth

1983 EIGHTH EDITION 352 PAGES
ILLUSTRATED £12.00 (443 02618 1)

Thoroughly revised and updated, this edition contains new sections on * breast milk jaundice * bonding of the parent and child * the development of speech * bringing the best out of a child

Churchill Livingstone 

JGP 184

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Signature

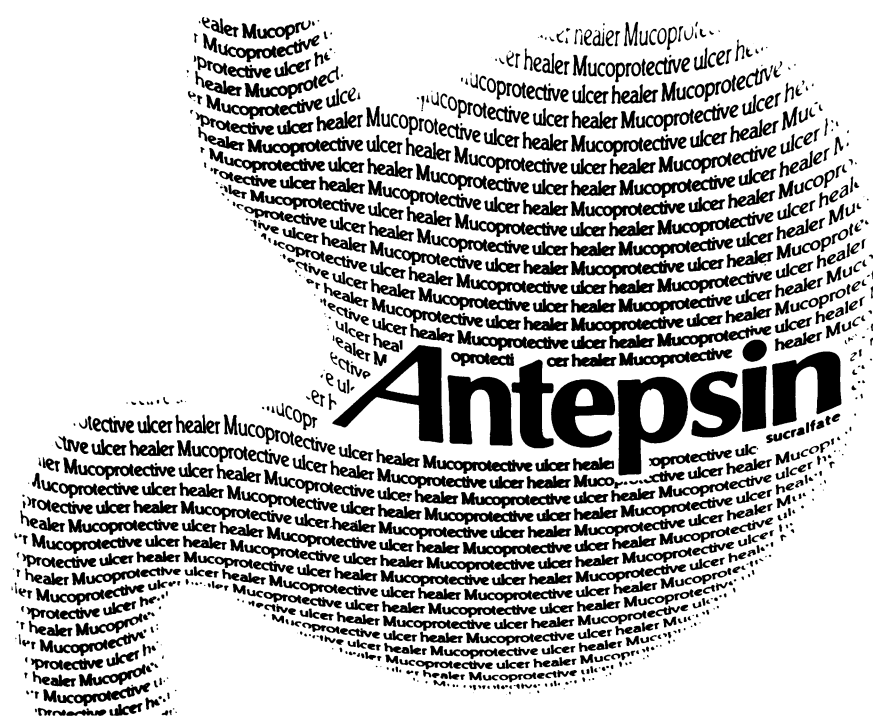
Name

Address

Antepsin[®]

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 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.

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Further information is available on request to the Company.



Cuts fat in half.

St. Ivel Gold contains only half the fat of butter, margarine or even polyunsaturated margarine. Most authorities agree that reducing total dietary fat is an important measure in reducing the risks of obesity¹ and heart disease.^{2,3}

Changing to polyunsaturated margarine does not decrease the calorie or fat intake. Moving to St. Ivel Gold does.

Average content per 100g of product	Butter	Polyunsaturated Margarine	St. Ivel Gold
Total fat g	80	80	39
Saturated fat g	47	14	11
Calories Kcal	740	740	390

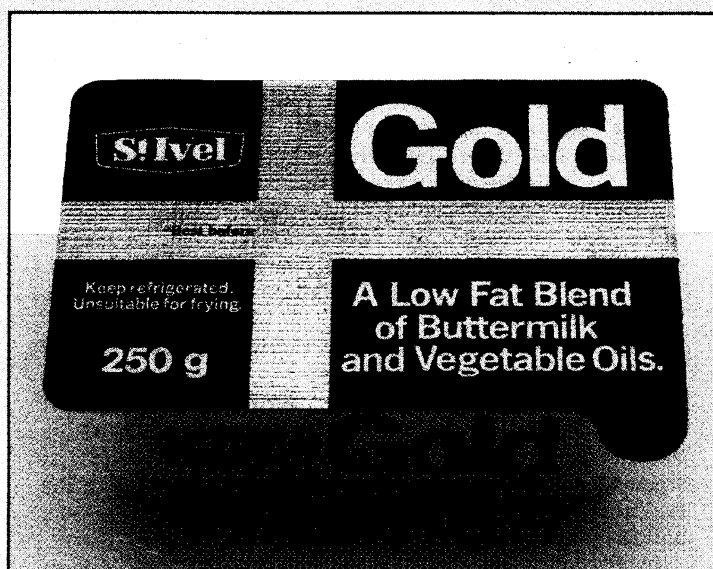
But this is only half the story.

St. Ivel Gold is a unique low fat blend of buttermilk and vegetable oil with a satisfying buttery taste.

So when you are recommending a weight reducing or lower fat diet, St. Ivel Gold can make a healthy contribution that patients enjoy.

References

1. Obesity. A report of the Royal College of Physicians, 1983 17; 1.
2. Beating Heart Disease. Health Education Council, 1982.
3. Prevention of Coronary Heart Disease, W.H.O. 1982, Technical Report Series, 678.



A buttery taste with half the fat of any margarine.

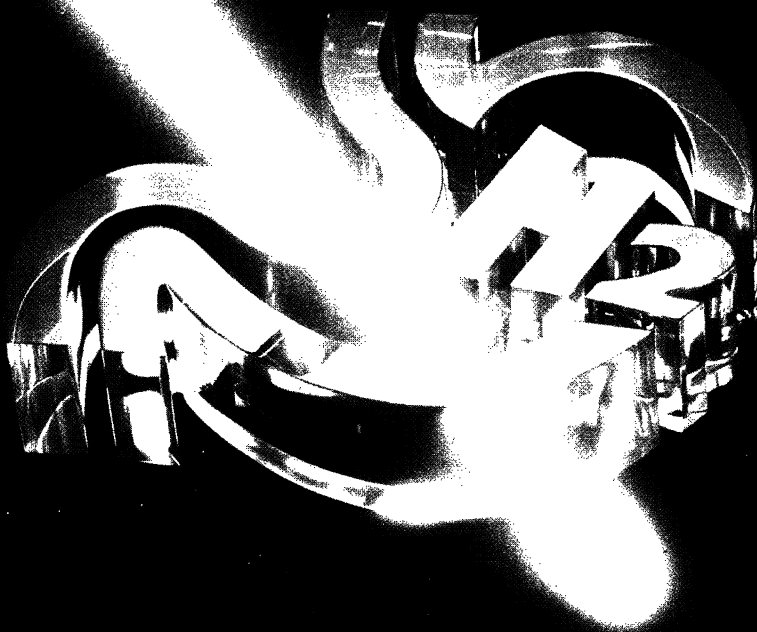
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Name _____

Address _____

Why 80% of GPs have



Selective, effective H₂ 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 Zantac¹

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;² one nightly in maintenance.

It's selective

Zantac's selective action minimises risks of drug interactions,³ dizziness and mental confusion,² and antiandrogenic effects.^{4,5}

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.

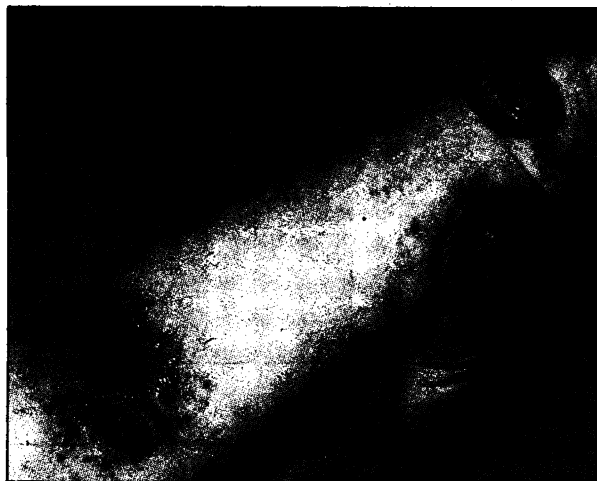
When you think about it, it's simple.

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

In infantile dermatoses ...



Infantile eczema



Napkin dermatitis

... emollients are the answer.

“Given the choice of a good emollient or a corticosteroid to use in the treatment of childhood atopic eczema or psoriasis, I would choose the emollient every time.”¹

Oilatum Emollient

acetylated wool alcohols: liquid paraffin.

- Reduces soreness and itch.
- Increases skin pliability and stops cracking.
- Improves appearance of the skin.
- Protects against further damage.
- Decreases amount of topical steroids required, so reducing side-effects.
- Conveniently administered as a bath additive.

**OILATUM EMOLLIENT — the emollient from Stiefel,
the dermatological specialists**

PRESCRIBING INFORMATION: Acetylated wool alcohols 5%, liquid paraffin 63.6%. **Uses:** Contact dermatitis; atopic dermatitis; senile pruritus; ichthyosis and related skin conditions; in infants, cleanses skin where soaps, soap substitutes, colloid or oatmeal baths prove irritating. **Dosage and administration:** 1. Bath: 1-3 capfuls added to 8 inch bath-water. Soak 10-20 minutes. 2. Infant bath: $\frac{1}{2}$ to 2 capfuls to wash basin of water. Apply with sponge, pat dry. 3. Direct to skin: wet skin, rub in Oilatum Emollient, rinse and pat dry. **Warning:** Patients to use care to avoid slipping in bath. **Packs and N.H.S. costs:** 150ml, £1.65; 350ml, £3.20; 1 litre £8.32. PL: 0174/5010.

X Full Information and Data Sheet on request:

Stiefel Laboratories (UK) Limited Wellcroft Road, Slough SL1 4AQ

¹ Modern Medicine, 1981, 26, 11, p.47

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 indomethacin in a 10-day, double-blind, cross-over study. This 24-hour relief is from pain and not from painkillers.

Feldene^{*}
piroxicam ^{*}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^{*}
piroxicam ^{*}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.

ANXON

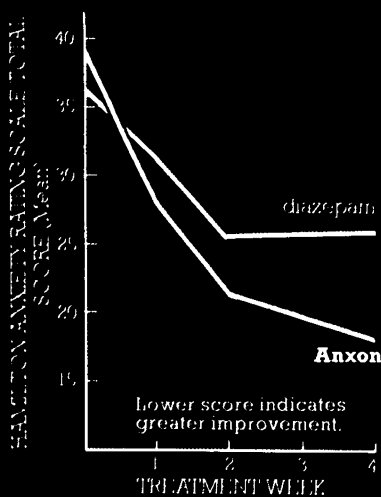
30

IN ANXIETY ANXON

ketazolam

CLINICALLY SUPERIOR

SIGNIFICANTLY MORE EFFECTIVE THAN DIAZEPAM.¹



(Curr Ther Res (1980), 28, 3, 425)

A recent double-blind study¹ demonstrated that Anxon was more effective than diazepam in the treatment of anxiety. Another study showed "...on the Hamilton Anxiety Rating Scale in direct comparison with diazepam, ketazolam [Anxon] was significantly superior in anxiolytic effect."³

Anxon vs. clorazepate and lorazepam.

Further double-blind studies have compared Anxon both with clorazepate and with lorazepam. In comparison with clorazepate, although the authors commented that, on the overall patients' global impression, the differences between the two drugs did not reach statistical significance, "Nevertheless at the end of the study, over 70% more patients reported feeling *very much better* on ketazolam [Anxon] than on clorazepate (33 versus 19, respectively)."⁵

In comparison with lorazepam: "Therapeutic effects, although similar for both drugs, showed a slight superiority in favour of ketazolam [Anxon]. Also ketazolam [Anxon] was better tolerated in that patients in that group reported fewer side effects than those in the lorazepam group."⁶

REFERENCES

1. Br. J. Clin. Pract. (1983), In Press
2. Br. J. Clin. Pract. (1980), **34**, 4, 107
3. Curr. Ther. Res. (1980), **28**, 3, 425
4. J. Int. Med. Res. (1980), **8**, 6, 439
5. Curr. Ther. Res. (1982), **31**, 5, 679
6. Curr. Ther. Res. (1981), **29**, 6, 936

▽ PRESCRIBING INFORMATION

Indications

Anxiety, tension, irritability and similar stress-related symptoms.

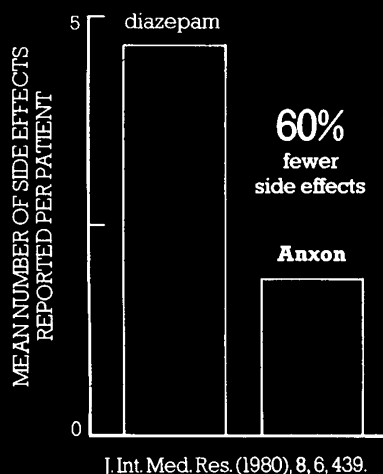
Dosage and Administration For many adult patients a dosage of 30mg nocte is appropriate. This dosage may be adjusted to suit the needs of each individual patient within the range of 15-60mg per day.

Children: Not recommended. Elderly: Reduced dosage initially until tolerance and efficacy have been assessed. Patients undergoing therapy with Anxon should be periodically reviewed.

Contra-indications, Warnings etc. Precautions: Anxon may potentiate other centrally acting drugs. Patients should be warned to exercise care when

TO DIAZEPAM. (Refs 1-4)

FEWER SIDE EFFECTS THAN DIAZEPAM, CLORAZEPATE AND LORAZEPAM.^{2,4,5,6}



60% fewer than diazepam

"Side effects were markedly less frequent and less severe in patients treated with ketazolam [Anxon] than in those treated with diazepam."⁴

28% fewer than clorazepate

"...ketazolam [Anxon] produced side effects in fewer patients, the overall incidence of side effects was less and the severity of the side effects tended to be milder than with clorazepate."⁵

14% fewer than lorazepam

"Ketazolam [Anxon] patients reported a total of 124 side effects [30 patients], while the lorazepam patients reported 135 side effects [28 patients]" - 14% fewer side effects on Anxon.⁶

driving or operating heavy machinery. Usage cannot be recommended during pregnancy, labour or lactation. Side effects: Anxon is well tolerated. In clinical trials, the overall incidence of side effects was no greater than observed with placebo. Daytime drowsiness has been reported. Overdosage: Symptomatic treatment only is

required. Gastric lavage may be useful if performed soon after ingestion.

Presentations and Basic NHS Prices

Anxon capsules 15mg: 10p each. Anxon capsules 30mg: 16p each. Prices correct at February 1983. Further information is available on request to the Company.



Beecham Research Laboratories
Brentford, Middx. TW8 9BD



Anxon and the BRL logo are trademarks.

BRL 8016 R

PL0038 0252 0253

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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.

PARTNERSHIP WANTED

Progressive doctor completing vocational training in February 1984 seeks inner-city practice committed to anticipatory care and teamwork. Special interests include practice development and teaching. I have had three years experience of primary care and teaching in Mozambique. **Adrian Hastings, Health Centre, Glyn-corrwg, Port Talbot, West Glamorgan.**

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.

PLYMOUTH HEALTH AUTHORITY

Vocational Training for General Practice

Applications are invited from fully registered doctors for six posts in this established three year scheme commencing on the 1 September 1984.

THE SIX PROGRAMMES AVAILABLE ARE:

1, 2 & 3.

General practice(1 month)
Geriatrics(4 months)
Accident and emergency(4 months)
Psychiatry(4 months)
Obstetrics and gynaecology(6 months)
Paediatrics(6 months)
General practice(11 months)

5.

General practice(1 month)
General medicine(4 months)
Accident and emergency(4 months)
ENT(4 months)
Obstetrics and gynaecology(6 months)
Geriatrics(6 months)
General practice(11 months)

4.

General practice(1 month)
Accident and emergency(4 months)
ENT(4 months)
General medicine(4 months)
Psychiatry(6 months)
Paediatrics(6 months)
General practice(11 months)

6.

General practice(1 month)
ENT(4 months)
General medicine(4 months)
Accident and emergency(4 months)
Geriatrics(6 months)
Psychiatry(6 months)
General practice(11 months)

A half-day release course will be held in academic term throughout the three years with an introductory course in September each year. A full programme of postgraduate meetings is available at the Plymouth Postgraduate Medical Centre. Excellent library facilities are available. A Medical Centre Bursary and trainee project prizes are awarded annually. The scheme is recognized for MRCGP, D.Obst.RCOG, and DCH examinations, as appropriate. An exchange scheme is in operation between Plymouth and the Family Practice Residency Programme at Memorial University, Newfoundland, which sends English trainees to Newfoundland for a period of six months shared between paediatrics and community cottage hospitals. This period is recognized by the JCPTGP as equivalent experience.

Single and married accommodation will be available during the hospital period.

Application forms and full details obtainable from: Mrs Joy McShane, V.T.S. Secretary, Postgraduate Medical Centre, Greenbank Terrace, Plymouth PL4 8QF. Telephone: Plymouth (0752) 834226. Forms should be returned by 24 January 1984, the shortlist will be drawn up by 21 February 1984 and it is hoped to interview on 20 March 1984.

**ROYAL COLLEGE OF GENERAL PRACTITIONERS
WEST OF SCOTLAND FACULTY**

**RECENT ADVANCES and CURRENT TRENDS
27-29 MARCH 1984**

A hospital based course covering:

Paediatrics—medical and surgical
Obstetrics and gynaecology
Ophthalmology, dermatology

will be held in the Royal Hospital for Sick Children and Queen Mother's Hospital, Yorkhill and in the Western Infirmary, Glasgow.

The programme will include lecture/discussions and clinical sessions.

The course is approved under Section 63 but is not residential.

Further details may be obtained from: **Mr D. A. Crombie,**
Postgraduate Medical Office, University of Glasgow, Glasgow
G12 8QQ. Tel. 041- 339 8855, ext. 7275.

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.

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ALPHABETIC COLOUR CODED FILING

We are developing a standard range of A-Z colour coded labels which will reduce mis-files in the FP7 Patient Records, otherwise known as the Lloyd George envelope. Preliminary samples of the range are available for your appraisal and we would value your comments to assist us in finalizing our specifications. Write to: **Tony Hargreaves, Pathfinder Systems, 54b Shortmead Street, Biggleswade, Beds. SG18 0AP.**

**ARGYLL & CLYDE HEALTH BOARD
RENFREW DISTRICT**

VOCATIONAL TRAINING SCHEME FOR GENERAL PRACTICE IN PAISLEY

Applications are invited from candidates interested in the above scheme for entry on 1 August 1984. There are six places available.

The course covers a period of three years and offers experience in obstetrics and gynaecology, accident and emergency, psychiatry, geriatrics, paediatrics and general medicine. There are two schemes available following a slightly different pattern of specialties but both begin and end with six months in general practice.

Day-release is also granted for instruction in dermatology, ophthalmology and ENT surgery.

The Course is recognized for D.Obst.RCOG, MRCGP and DCH.

Every effort will be made to provide accommodation suitable to the needs of the appointed trainees. Application forms and job descriptions are available from the: **Department of Medical Administration, Royal Alexandra Infirmary, Paisley. Tel. 887 9111 Ext. 352.**

Closing date for receiving applications is Friday 27 January 1984.

VOCATIONAL TRAINING FOR GENERAL PRACTICE

Exeter Health Authority University of Exeter

Applications are now invited for four places starting on 1 November 1984, for the vocational training scheme of the Department of General Practice in the Postgraduate Medical School of the University of Exeter. The course is designed and recognized for the MRCGP examination.

The four fixed programmes are:

- A.** General practice (three months)
Obstetrics (six months)
Radiotherapy (six months)
Paediatrics (six months)
Psychiatry (six months)
General practice (nine months)
- B.** General practice (three months)
Radiotherapy (six months)
Obstetrics (six months)
Geriatrics (six months)
Accident and emergency (six months)
General practice (nine months)
- C.** General practice (three months)
Accident and emergency (six months)
Paediatrics (six months)
Psychiatry (six months)
Geriatrics (six months)
General practice (nine months)
- D.** General practice (three months)
Geriatrics (six months)
Psychiatry (six months)
Accident and emergency (six months)
Paediatrics (six months)
General practice (nine months)

Throughout the three years a half-day release course is held: trainees participate actively in the planning of the course and there is emphasis on small-group work. Additional courses are available for trainees and include an introductory course for each intake, an MRCGP course, and a course on management in general practice. Trainees are encouraged to carry out research work, and several articles have been published by Exeter trainees.

The Marwood prize and the Syntex awards are open to Exeter trainees annually.

The Department's prospectus is available on request and the principles underlying the teaching have been published as *Occasional paper 4—a system of training for general practice* (available from the Royal College of General Practitioners, 8 Queen Street, Edinburgh EH2 1JE). The Department's practice management course has been expanded into a book, *Running a practice*, Second Edition 1981, published by Croom Helm, London. One of the senior lecturers has written the book *Training for general practice* (Macdonald and Evans) and another has edited *A GP training handbook* (Blackwell, London).

This is the only University Department of General Practice in a Postgraduate Medical School in the British Isles.

Application forms can be obtained by writing to:
**Dr K J Bolden, FRCGP, Department of
General Practice, Postgraduate Medical
Centre, Barrack Road, Exeter EX2 5DW. The
closing date for entry is 5 February 1984.**

THE MSD FOUNDATION

Educational Programmes for General Practitioners

Our Handbook is 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 current programmes:

"An Exchange of Letters"

Excerpts from the Foundation's library of real consultations are used to illustrate some of the problems that can occur as a result of poor communication between general practitioner and specialist. Dr Julian Tudor Hart comments forcibly and reflectively on these problems. In addition there are examples of letters exchanged by general practitioners and specialists which illustrate this further.

The video cassette is designed to be used with a small group of doctors over 1 or 2 ninety minute sessions. Several miniaudits are suggested. At the conclusion of the basic course members of the group should be able to:

1. discuss the organizational requirements for good written communication between general practitioner and consultant;
2. list and discuss the necessary components of a letter of referral;
3. list and discuss the intentions of hospital referral;
4. classify the types and causes of poor communication between general practitioner and consultant.

At the conclusion of the optional course the group members should be able to construct a standard for referral letters and monitor their own performance.

Video cassettes 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 Handbook, can be obtained by writing to:

**The MSD Foundation
Tavistock House
Tavistock Square
London WC1
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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 0043 0021. **Basic N.H.S. Price:** £5.60 per 100.



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