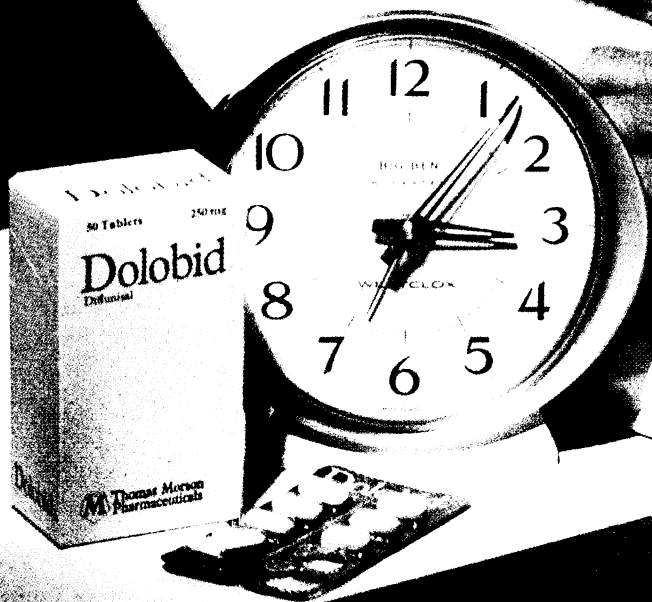




When other analgesics
have stopped...

Dolobid[®] can go on working.

Diflunisal



With its intrinsic benefit of prolonged action, 'Dolobid' can offer many patients relief and night relief without the occurrence of breakthrough pain.

Unlike short-acting analgesics which have to be given 3 or 4 hourly, 'Dolobid' is administered only twice daily. This long action means that pain can usually be controlled and the recurrence of pain largely avoided between doses. This is particularly beneficial for the patient who suffers pain during the night.

A number of controlled clinical studies have demonstrated the efficacy of 'Dolobid' in a variety of acute and chronic conditions. In addition, special studies have shown that 'Dolobid', a non-narcotic analgesic, has a relatively wide margin of safety.

Dolobid (Diflunisal) offers prolonged relief of pain.

Talpen the routine antibiotic that won't upset your patients' routine

Effective Your main consideration is to help your patient to get better quickly. Talpen is highly effective across a wide range of indications. For example, a published clinical trial produced a 93.0% success in bronchitis; a 94.3% success in UTI; and a 95.6% success in ENT.¹

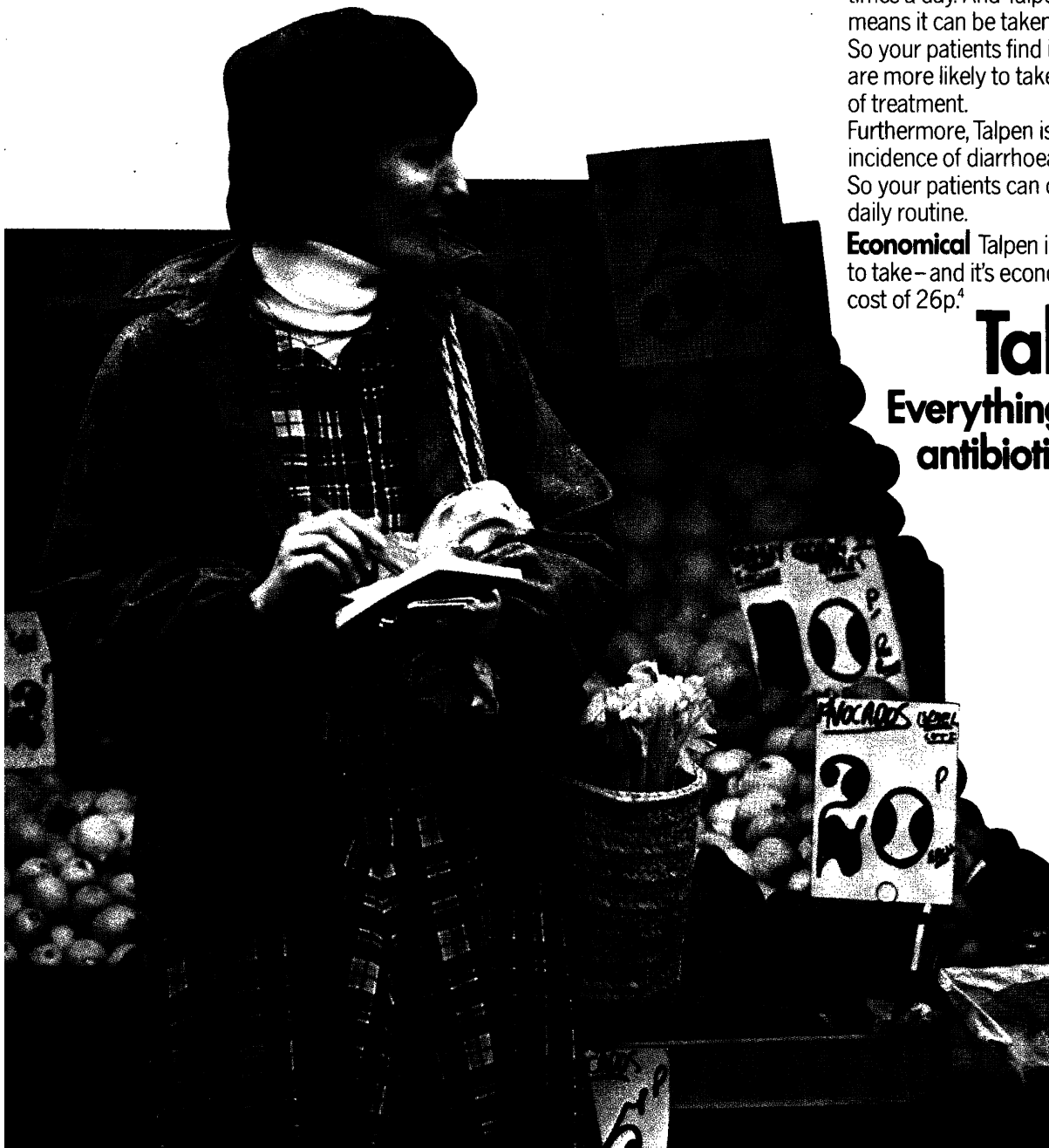
Easy To Take Just one Talpen tablet three times a day. And Talpen's reliable absorption means it can be taken with or without food.² So your patients find it easy to remember and are more likely to take the full prescribed course of treatment.

Furthermore, Talpen is very well tolerated.^{1,3} (The incidence of diarrhoea, for example, is only 4%.¹) So your patients can carry on their normal daily routine.

Economical Talpen is effective, reliable, easy to take – and it's economical at an average daily cost of 26p.⁴

Talpen

Everything your routine antibiotic should be



Prescribing Information. Typical indications include: Acute and Chronic Bronchitis, Pneumonia, ENT infections, UTI. Usual Oral Dosage: Adults: 1 tablet three times a day. Each tablet contains 250 mg of the ampicillin ester, talampicillin hydrochloride equivalent to 169 mg of ampicillin. Contra-indication: Penicillin hypersensitivity. Precaution: Talpen is not recommended for patients with severe renal or hepatic impairment. Side-effects: As with other penicillins. An erythematous rash may occasionally occur. The incidence is particularly high in patients with infectious mononucleosis. Further information is available on request to the company. 1. Br. J. Clin. Pract., (1975), 29, 255. 2. Brit. med. J., (1977), 2, 232. 3. Practitioner, (1976), 216, 455. 4. £1.30 for 15 tablets. (Basic NHS). Price correct at time of going to press. April 1978.

Talpen* (talampicillin) is a product of British research from



Beecham Research Laboratories,
Brentford, England. A branch of
Beecham Group Limited. *Regd.

PL 0038/0209

BRL 1020



Second in a series of Hibernating animals: the Badger (*Meles vulgaris*) hibernates in extreme cold.

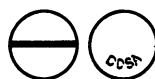
For safe, natural, undisturbed sleep ...

REM NOS

Nitrazepam/DDSA



Remnos 5mg tablets



Remnos 10mg tablets

Now available in 2 strengths from DDSA only

Remnos brand of Nitrazepam is now available as tablets 5mg and 10mg

Patient convenience

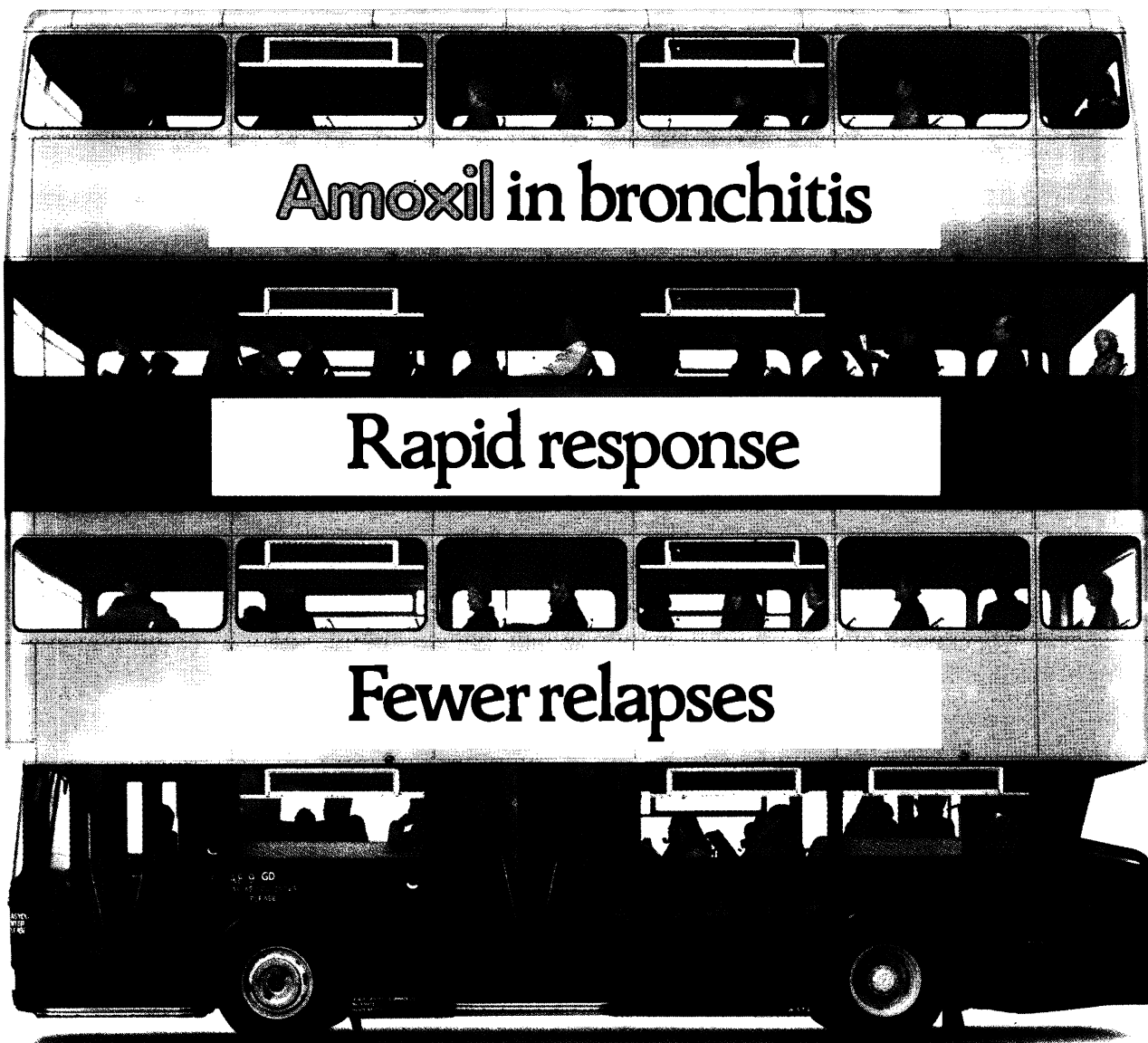
Many patients require 2x5mg tablets at night. Now one tablet of Remnos 10mg fulfills this need

Prescribing convenience

The distinctive yellow colour of tablets Remnos 10mg clearly distinguishes this dosage form from tablets Remnos 5mg thus avoiding the likelihood of confusion

Cost saving

1x100 Remnos 10mg tablets costs 10% less than 2x100 Remnos 5mg



Amoxil



stays on top

Because of its excellent penetration of mucoid and purulent sputum, the powerful bactericidal action of Amoxil achieves early symptomatic improvement and rapid clearance of the causative organisms in acute bronchitis. And for the chronic patient, Amoxil means the promise of fewer relapses.

"...the majority of cases responded rapidly."¹
 "...Clinical success with freedom from relapse clinically and bacteriologically during the 4-6 week follow up period was recorded in 92% of cases."²

With Amoxil you can stay on top of bronchitis.

References 1. S.A. Med. Jnl. (1973), 47, 717. 2. Brit. J. Clin. Pract. (1975) 29, (8), 203

Indications

Acute and Chronic Bronchitis
 Upper Respiratory Tract Infections Otitis Media
 Pneumonia Cystitis, Urethritis, Pyelonephritis
 Bacteriuria in pregnancy Gonorrhoea
 Skin and Soft Tissue Infections

Presentations

Amoxil capsules, 250mg and 500mg PL 0038 0103 5
 Amoxil syrup,
 125mg and syrup forte 250mg per 5ml PL 0038 0108 9
 Amoxil paediatric suspension,
 125 mg per 125 ml PL 0038 0107

Amoxil vials for injection,
 250 mg, 500 mg, and 1 g PL 0038 0221 2 5
 The amoxycillin content per dose unit is present as the
 trihydrate in Amoxil oral presentations and as the
 sodium salt in Amoxil injections.
 Average daily cost for adults (250 mg capsules t.d.s.) is
 33p and for children (125 mg syrup t.d.s.) is 20p

Dosage

Oral
 Adults: 250 mg, three times a day
 Children up to 10 years: 125 mg, three times a day
 In severe infections the dosage should be doubled

Parenteral

Adults: 500 mg IM 8 hourly in moderate infections
 1 g IV 6 hourly in severe infections
 Children: 50-100 mg/kg bodyweight a day in divided doses

Contra Indications

Amoxil is a penicillin and should not be given to penicillin
 hypersensitive patients

Side Effects

Side effects as with other penicillins, are usually of a
 mild and transitory nature, they may include diarrhoea,
 indigestion, or occasionally rash, either urticarial which
 suggests penicillin hypersensitivity or erythematous. An

erythematous rash may be caused in patients with glandular
 fever, in which case it is advisable to discontinue treatment.
 Since Amoxil is a penicillin, problems of overdosage are
 unlikely to be encountered.
 Full prescribing information on Amoxil (regd.) amoxycillin,
 is available from:

Bencard, Great West Road, Brentford, Middlesex

 **Bencard**



You know how. You know why. Do you know when?



'Tagamet' – long or short-term therapy

With over 2½ million patients treated, 'Tagamet's' unique mode of action selectively inhibiting the histamine H₂-receptor has been shown to be unequalled in the short-term treatment of reflux oesophagitis and peptic ulceration; particularly in the prompt relief of symptoms and healing of duodenal ulcers.¹⁻³ Considerable interest has been aroused by the possibilities of extended use of 'Tagamet' in order to minimise the recurrence of duodenal ulceration – inherently a naturally relapsing disease.

'Tagamet' – maintenance therapy

'Tagamet' is the only drug proven to reduce the frequency of relapse in duodenal ulceration.

Individual clinical trials have shown that continued treatment with 'Tagamet' at a reduced dosage after the duodenal ulcer has healed will significantly reduce the risk of relapse.⁴⁻⁶ In on going trials⁴ over 90% of 'Tagamet' patients remained in remission after periods of up to one year, compared with 50.1% of placebo patients.

Patients who have healed their ulcers and may benefit from continued treatment with 'Tagamet' should be maintained on a 400mg night-time dose for at least six months – a regimen shown to be effective in preventing relapse whilst producing reports of unwanted symptoms at a frequency similar to the overall incidence observed in short-term therapy; itself not greatly different from placebo.

'Tagamet' – short-term therapy

Reflux Oesophagitis – a review of 120 patients

'Tagamet' **67%** complete healing/marked improvement
Placebo **14%** complete healing/marked improvement

This group of patients included patients with serious oesophagitis having ulcers and erosions diagnosed at endoscopy.

Benign Gastric Ulcer – a review of 409 patients

'Tagamet' **75%** completely healed
Placebo **41%** completely healed

An analysis of treatment periods showed that significantly more patients had complete healing after 6 weeks (76%) compared with those treated for 4 weeks (62%).

(N.B. Malignant gastric ulcer should be excluded.)

Duodenal Ulcer – a review of 1055 patients

'Tagamet' **77%** completely healed
Placebo **41%** completely healed

For those patients who may benefit from longer term treatment, therapy may be continued for at least 6 months at a reduced dosage.

Prescribing Information

Presentations

'Tagamet' Tablets PL0002/0063 each containing 200mg cimetidine. 100, £13.22; 500, £64.75.

'Tagamet' Syrup PL0002/0073 containing 200mg cimetidine per 5ml syrup. 200ml, £6.29.

Indications

Duodenal ulcer, benign gastric ulcer, reflux oesophagitis.

Dosage

Duodenal ulcer: Adults, 200mg tds with meals and 400mg at bedtime (1.0g/day) for at least 4 weeks (for full instructions see Data Sheet). To prevent relapse, 400mg at bedtime or 400mg morning and evening for at least 6 months.

Benign gastric ulcer: Adults, 200mg tds with meals and 400mg at bedtime (1.0g/day) for at least 6 weeks (for full instructions see Data Sheet).

Reflux oesophagitis: Adults, 400mg tds with meals and 400mg at bedtime (1.6g/day) for 4 to 8 weeks.

Cautions

Impaired renal function: reduce dosage (see Data Sheet). Prolonged treatment: observe patients periodically. Malignant gastric ulcer may respond symptomatically. Avoid during pregnancy and lactation.

Adverse reactions

Diarrhoea, dizziness or rash, usually mild and transient; tiredness. Rarely, mild gynaecomastia or evidence of reversible liver damage.

References

1. Cimetidine in the treatment of active duodenal and prepyloric ulcers. (1976) Lancet, ii, 161.
2. The effect of cimetidine on duodenal ulceration. (1977) Proceedings of the Second International Symposium on Histamine H₂-Receptor Antagonists. Excerpta Medica, p.260.
3. Oral cimetidine in severe duodenal ulceration. (1977) Lancet, i, 4.
4. Cimetidine Treatment in the Management of Chronic Duodenal Ulcer Disease. (1978) Topics in Gastroenterology. (In Press).
5. Maintenance Treatment of Recurrent Peptic Ulcer by Cimetidine. (1978) Lancet, i, 403.
6. Prophylactic Effect of Cimetidine in Duodenal Ulcer Disease. (1978) Brit. med. J., i, 1095.

Tagamet

cimetidine



Unique control of
gastric acid secretion

Full prescribing information is available from

SK&F
a SmithKline company

Smith Kline & French Laboratories Limited
Welwyn Garden City, Hertfordshire AL7 1EY
Telephone: Welwyn Garden 25111
'Tagamet' is a trade mark
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'TAGAMET' A REPUTATION MAINTAINED

It is well recognised that duodenal ulceration is peculiarly susceptible to relapse and that such relapse occurs at a frequency irrespective of type, or use, of pharmacological agents that may have promoted initial remission. Generally speaking, it is more difficult to maintain remission than it is to induce it. In fact, it has been estimated that 75-80% of duodenal ulcer patients will have at least one relapse within five years of the initial episode¹ with some patients relapsing several times in one year.

Thus great interest has centred on the long-term usage of 'Tagamet' as a means of extending remission times. Trials have now been published²⁻⁴ that emphasise how 'Tagamet' – the only drug proven to reduce the frequency of relapse – can be of use in such an application.

'Tagamet' 90.5% of patients remained in remission	placebo 50.1% of patients remained in remission
--	--

Overall results from clinical trials² have shown that over 90% of the 379 'Tagamet'-treated patients remained in remission

compared with 50.1% of the 411 placebo-treated patients.

The mean duration of treatment in the 'Tagamet' group was approximately 6.3 months at a dosage of 400 mg nocte or 400 mg bd.

Symptomatic relief, reduction in gastric acid output, were maintained and ulcer recurrence significantly reduced.²⁻⁴ Equally important, extensive monitoring for haematological, clinical and biochemical effects revealed no factors in these trials which are likely to limit the general use of 'Tagamet' for longer term treatment at the recommended dosage.² Furthermore, over 2½ million patients have now been treated with 'Tagamet'; reports of adverse reactions received by SK&F follow a generally similar pattern to that reported in clinical trials.

Thus the patient may be usefully maintained in remission with the concomitant advantages of general well-being and ability to conduct an active working life. In fact in one study³ there was a significant difference in the number of working days lost between the 'Tagamet' and placebo groups.

'Tagamet' 2.8 days per patient/year	placebo 49.3 days per patient/year
---	--

A synopsis of how 'Tagamet' can be successfully applied to long-term ulcer management is available on request.

Prescribing Information

Presentations

'Tagamet' Tablets PL0002/0063 each containing 200mg cimetidine. 100, £13.22; 500, £64.75.
'Tagamet' Syrup PL0002/0063 containing 200mg cimetidine per 5ml syrup. 200ml, £6.29.

Indication

Duodenal ulcer.

Dosage

Adults: 200mg tds with meals and 400mg at bedtime (1.0g/day) for at least 4 weeks (for full instructions see Data Sheet).

To prevent relapse, 400mg at bedtime or 400mg morning and evening for at least 6 months.

Cautions

Impaired renal function: reduce dosage (see Data Sheet). Prolonged treatment: observe patients periodically. Avoid during pregnancy and lactation.

Adverse Reactions

Diarrhoea, dizziness or rash, usually mild and transient; tiredness.

Rarely mild gynaecomastia or evidence of reversible liver damage.

References

1. The Natural History of Duodenal Ulcer Disease. (1976) Surg. Clin. N. Amer., 56, 1235.
2. Cimetidine Treatment in the Management of Chronic Duodenal Ulcer Disease. (1978) Topics in Gastroenterology. (In Press).
3. Maintenance Treatment of Recurrent Peptic Ulcer by Cimetidine. (1978) Lancet, i, 403.
4. Prophylactic Effect of Cimetidine in Duodenal Ulcer Disease. (1978) Brit. med. J., i, 1095.

Tagamet

cimetidine



Unique control of
gastric acid secretion

Full prescribing information is available from

SK&F
a SmithKline company

Smith Kline & French Laboratories Limited
Welwyn Garden City, Hertfordshire AL7 1EY
Telephone: Welwyn Garden 25111

'Tagamet' is a trade mark
© Smith Kline & French Laboratories Limited 1978

More valuable together



*Dogs of Fo reproduced by
permission of the Syndics
of the Fitzwilliam Museum,
Cambridge.*

Prescribing Notes

Presentation: Trasidrex tablets each contain 160mg oxprenolol hydrochloride in a sustained release core and 0.25mg cyclopenthiiazide BP in the sugar coat.

Indications: In the treatment of mild and moderate hypertension. The combination product may be suitable for use when satisfactory control of arterial blood pressure cannot be obtained with either a diuretic or a beta-blocking drug used alone.

Dosage: *Adults:* One or two tablets once daily. Trasidrex can be combined with other antihypertensive drugs having a different pharmacological effect. In particular, a free combination with a vasodilator (e.g. Apresoline®) will often be beneficial.

Side effects: Though mild gastro-intestinal upsets and dizziness may occur, especially at the start of treatment, they are rarely sufficiently severe to justify withdrawal of therapy. Drowsiness and insomnia occur infrequently. As with all beta-blockers bronchospasm, cold extremities, excess bradycardia and heart failure could be precipitated in susceptible patients. There have been reports of rashes and dry eyes associated with the use of all beta-blocker drugs but in

most cases the signs and symptoms have cleared when treatment was withdrawn. Nevertheless the drug should be discontinued if any such reaction is suspected. In common with other thiazides there have been reports of thrombocytopenia but these are rare. Thiazides can produce allergic skin reactions, mild anorexia and nausea and cause latent gout or latent diabetes to become manifest.

Precautions: Cardiac failure must be controlled by digitalis before and during Trasidrex therapy. Caution should be observed when treating asthmatics, chronic bronchitics or other individuals where bronchospasm may be precipitated. Trasidrex should be given cautiously to patients with metabolic acidosis, or renal impairment and during anaesthesia. Beta-blockers may mask the symptoms of hypoglycaemia and affect carbohydrate metabolism. Thiazides may also decrease glucose tolerance. Therefore, in patients with diabetes it may be necessary to adjust the dosage of anti-diabetic medication. Sudden withdrawal of any beta-blocking drug may induce or worsen angina pectoris.

NEW PRODUCT

Once daily

TRASIDREX[®]

oxprenolol hydrochloride plus cyclopenthiazine

in hypertension

Combines
SLOW-TRASICOR[®] and
oxprenolol hydrochloride
NAVIDREX[®]
cyclopenthiazine

Calendar pack



Pregnancy: Beta-blockers may cause bradycardia in the fetus, which can also persist after birth. During late phases of pregnancy and in the course of labour, beta-blockers should only be employed after the needs of the mother have been weighed against the possible risks to the fetus.

Contra-indications: Patients with atrio-ventricular block, marked bradycardia, uncontrolled heart failure, cardiogenic shock, renal insufficiency and during concomitant lithium treatment.

Packs: Cartons of 28 tablets consisting of two reminder calendar foils of 14 tablets
Basic NHS price 28: £6.24
PL 0008/0138

©denotes registered trademark
Full prescribing information is available on request
from CIBA Laboratories, Horsham, West Sussex.

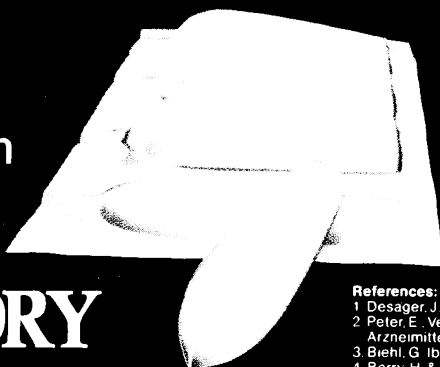
C I B A

TRASIDREX



The new night-fighter in arthritis

NEW —
The double strength
TRADE MARK
NAPROSYN
(naproxen)
SUPPOSITORY



- releases the full anti-arthritic action of 500 mg naproxen¹⁻³
- offers 12 hours of potent relief from pain, stiffness and inflammation¹⁻⁴
- is a logical treatment for night pain and morning stiffness

References:

1. Desager, J.P., Vanderbist, M., Harvengt, C. *Journal of Clinical Pharmacology*, 1976, **16**, 189
2. Peter, E., Veress, M. in: *Internationales Naproxen-Symposium* am 7 und 8 November 1974 in Berlin. *Arzneimittel Forsch.* 1975, **25**, 2a, 324
3. Biehl, G. *Ibid.* 321
4. Barry, H. & Swinson, D. (in press)

INDICATIONS: Rheumatoid arthritis, osteoarthritis (degenerative arthritis), ankylosing spondylitis and acute gout

CONTRA-INDICATIONS: No known absolute contra-indications

SPECIAL PRECAUTIONS AND WARNINGS: Episodes of G.I. bleeding have been reported. Use under close supervision in patients with a history of G.I. disease. Observe patients simultaneously receiving hydantoins, anti-coagulants or highly protein-bound sulphonamides for signs of overdosage. Occasional rashes, angio-oedema have been

reported. Patients exhibiting aspirin hypersensitivity may exhibit same on NAPROSYN. Also reported: abdominal discomfort, epigastric distress, headache, inability to concentrate, insomnia, thrombocytopenia, agranulocytosis, tinnitus, vertigo, jaundice, sporadic abnormalities in lab tests, decreased platelet aggregation, prolonged bleeding time (this should be kept in mind when determining bleeding times). Discontinuation of NAPROSYN 48 hours prior to adrenal function tests is suggested as NAPROSYN may artifactually interfere with some tests for 17-

ketogenic steroids. Also observed mild peripheral oedema (patients with questionable or compromised cardiac function may be at a greater risk on NAPROSYN). Although NAPROSYN produces a delay in parturition in animals its relevance to patients is unknown. However minimal drug usage in pregnancy is indicated and a cautious balance of possible benefits against potential risks to mother and foetus should be made.

Trandate

(labetalol)

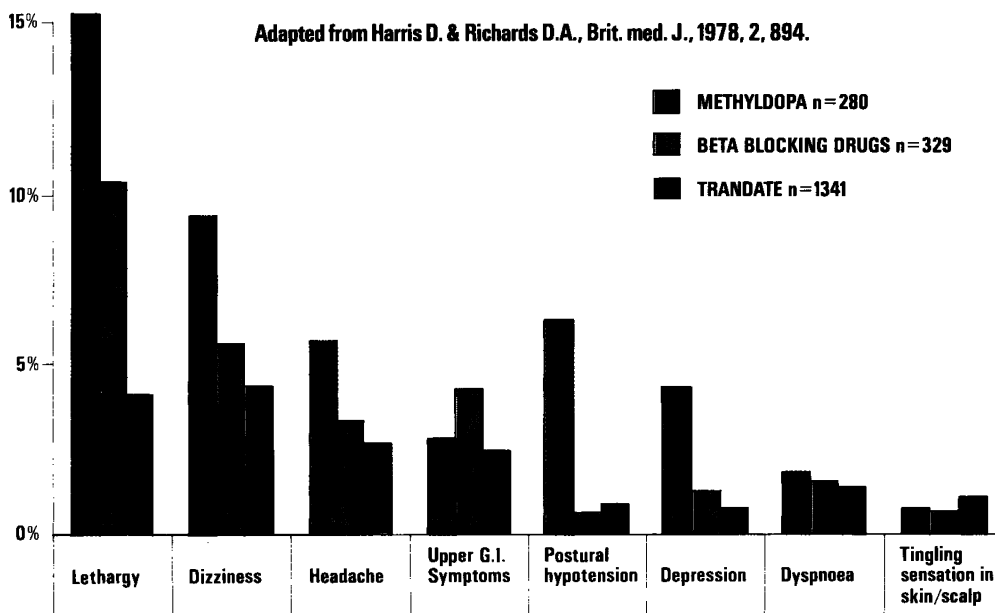
Trandate is a new, effective, and safe antihypertensive agent.



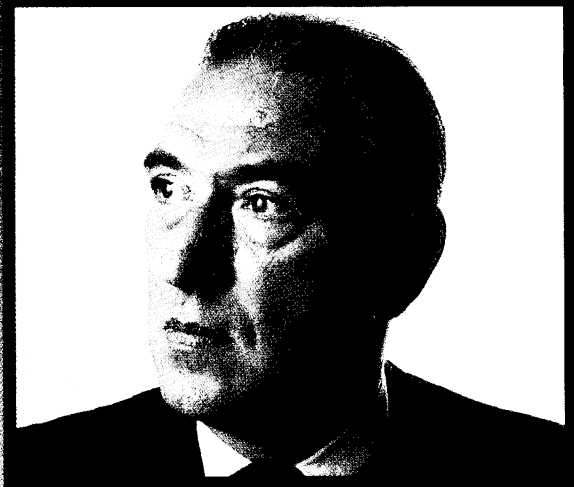
...with a lower incidence

Incidence of the most frequently observed side effects during treatment with Trandate for 3 months. Compared with side effects reported on previous therapy.

Adapted from Harris D. & Richards D.A., Brit. med. J., 1978, 2, 894.



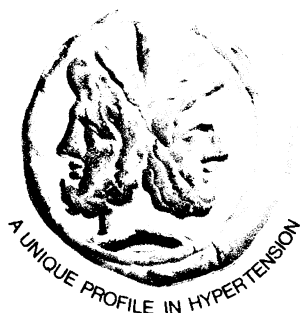
Trandate alone...



absence of side effects

Hypertension is frequently free of unpleasant symptoms and patients are therefore reluctant to continue taking drugs with side effects that cause them problems in everyday life. Because of its unique mode of action, Trandate, the first alpha-beta-blocker avoids many of the side effect problems associated with previous therapeutic approaches.

Additionally Trandate has a favourable effect on the haemodynamics of the circulation – lowering peripheral resistance without reducing cardiac output. And most patients can be controlled by Trandate alone resulting in a simple treatment regimen with a high level of compliance.



Trandate

Right in principle - working in practice

Full prescribing information is available on request
Trandate is a trade mark of ALLEN & HANBURY LTD., LONDON E2 6LA



If you were convinced that the population is not eating any more animal fat than it was in 1909 - would it make you stop and think?

It is sometimes said that the incidence of CHD is linked with an increasing consumption of animal fats.

Statistics and estimates have been used to substantiate this. But are they correct?

Supposing we are not, in fact, eating any more fat now than we were seventy years ago?

Viscount Trenchard has challenged the validity of the estimates. He has shown them to be wrong.

In a recent article¹ he said that fat consumption is no higher to-day than it was in 1909. Statisticians, he said, had not, until 1974, allowed for the trend towards much leaner animals. Also, they excluded UK lard and dripping production from consumption estimates for the years before 1934.

In other words, ten per cent of carcase weight was rendered and eaten as lard, but were not added to consumption estimates.



This means that there has been no significant rise in fat consumption during the last 70 years.

Issued in the interests of balance by the Butter Information Council.

To receive occasional material on Fats and Health write to:-
Department J.R.C.G.P. 2.
Butter Information Council,
Bank Street Suite,
158 High Street,
Tonbridge, Kent TN9 1BJ.

	Quoted Statistics	The Trenchard Formula
	grams/per day	
1909/13*	98	128
1924/28*	109	133
1934/38	130	135
1954	136	135
1963	143	135
1974	133	133
1975	130	130
*Estimates		

Butter - we've been eating it for a thousand years

Upjohn Travelling Fellowships 1979

As in previous years Upjohn is pleased to announce that Travelling Fellowship Awards are available in 1979.

These Awards are made to general practitioners wishing to further their postgraduate training (outside Section 63 of the National Health Act 1958) by taking a course of study at a hospital or centre of their choosing in the British Isles.

Applications for Awards are considered by the Royal College of General Practitioners within the terms of the Fellowship Rules.

Upjohn will be mailing application forms and brochures to doctors on their mailing list and applications *must* be in the hands of The Honorary Secretary of the Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU, by 31st May 1979.

Upjohn

Upjohn Limited,
Fleming Way, Crawley, West Sussex

CLASSIFIED ADVERTISEMENTS AND NOTICES

Classified advertisements are welcomed and should be sent to: Mr Mike Fulton, Advertisement Director, *The Journal of the Royal College of General Practitioners*, Update Publications Ltd., 33/34 Alfred Place, London WC1E 7DP. Copy must be received by first of the month preceding 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 £3.00 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 ten per cent reduction.

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 male and female applicants.

Readers are asked to mention *The Journal of the Royal College of General Practitioners* when replying to all advertisements.

SYMPOSIUM ON ASPECTS OF PSYCHOSEXUAL PROBLEMS

27, 28, 29 April 1979

to be held at

HOLIDAY INN, LIVERPOOL

(in conjunction with the Royal College of
General Practitioners)

Topics

Neuro-endocrinology, Hormones, Social response, Impotence, Premature ejaculation, Frigidity, Menopause, Infertility, Family planning, Contraception, Sterilization, Abortion, Social and educational aspects, Marriage guidance, Homosexuality, Transsexualism. Legal aspects, Exhibitionism, Incest, Rape, Paedophilia, Therapeutic aspects, Psychotherapy, Behaviour therapy, Chemotherapy, Sexual problems of mentally handicapped, physically handicapped.

Registration

Conference registration fee: £20 if paid before 5 January. (Fees includes coffee, buffet lunch and afternoon tea throughout the conference).

Refund

The entire fee will be refunded if application received before 5 April 1979. Fifty per cent refund up to 20 April. No refund will be possible after that date.

Conference is recognized under Section 63 for six sessions.

Conference organizer

Dr J. M. A. Ansari, Consultant in Psychological Medicine, Windsor Clinic (ATU), Rainhill Hospital, Prescott, Merseyside L35 4PQ, England, UK. Telephone: 051-426 6511 (Ext. 178).

ROYAL COLLEGE OF GENERAL PRACTITIONERS

Spring General Meeting

Friday 20 to Sunday 22 April 1979

Hosted by the South-East Wales Faculty, this bumper weekend in Cardiff will include educational and social events. There are two Symposia entitled "The Joneses" and "When the Chips Are Down". The meeting is recognized under Section 63. Full details can be obtained from: Dr T. A. A. Reilly, Riversdale House, Merthyr-mawr Road, Bridgend, CF31 3NH.

THE UNIVERSITY OF BIRMINGHAM FACULTY OF MEDICINE AND DENTISTRY BOARD OF GRADUATE CLINICAL STUDIES

'Teaching and Learning in General Practice'—a 5-day residential course for general practitioner trainers and intending trainers—25 to 30 March 1979 at the University of Warwick.

This popular course will start on Sunday evening and finish at noon on Friday. It will involve the members in some lectures and a lot of group activities with opportunities to share experiences and to try out new ideas.

The course is approved under Section 63 and expenses are reclaimable. Early application is advised through Mrs C. A. Hunt, W.M.R.H.A., Arthur Thomson House, 146 Hagley Road, Birmingham, B16 9PA. (Tel: 021-454 4828 Ext. 23).

There will be a whole-day meeting in the Postgraduate Medical Centre at St Thomas' Hospital, Westminster Bridge, London SE1 on Saturday 17 March 1979 on the subject of 'Home Visiting'.

Principal speaker will be Dr D. J. Pereira Gray. Registration is at 10.00 hours. The meeting will close at 17.00 hours. Morning coffee, lunch, and afternoon tea will be provided.

Please send notice of attendance to facilitate catering to Dr W. S. Mason, Lambeth Road Group Practice, 80 Kennington Road, London SE11.

NORTH AMERICAN PRIMARY CARE RESEARCH GROUP

1979 Meeting, 3 to 8 April, Seattle, Washington, USA. Papers to be submitted by 15 January. Further details from Dr D. R. Hannay, Department of General Practice, Woodside Health Centre, Barr Street, Glasgow G20 7LR.

SUPPLEMENT TO THE JOURNAL OF THE ROYAL COLLEGE OF GENERAL PRACTITIONERS

Prescribing in general practice

The cost of the drugs prescribed by British general practitioners now exceeds the cost of the doctors' own income and expenses combined. The number of prescriptions for psychotropic drugs has doubled between 1964 and 1974 and the applications of prescribing in general practice are bedevilled by factors quite unrelated to clinical pharmacology, such as the symbolic use of drugs, patient and doctor expectations and attitudes, and pressures from advertising.

Who are the high cost prescribers? What, if any, is the influence on a doctor's prescribing of being trained overseas? What are the facts and what are the trends?

Prescribing in General Practice is one of the most comprehensive booklets ever issued on prescribing in British general practice; it was published as a *Supplement* to this *Journal* and sponsored by the Department of Health and Social Security.

Prescribing in General Practice is available now from 14 Princes Gate, Hyde Park, London SW7 1PU, price £3.00, post free.

NORWICH

Norfolk and Norwich Institute for Medical Education

Postgraduate Course for General Practitioners

A residential course for general practitioners will be held at the Norwich Hospital from 1 to 6 April 1979. Approval for the course will be sought under Section 63. Some topics covered will be under the general headings of:

Neurology, Ophthalmology, Obstetrics and Gynaecology, Paediatrics, ENT, Rheumatology and Orthopaedics, Radiotherapy and Oncology, Chest medicine, Genito-urinary surgery, General practitioner discussion groups.

Programme and application forms are available from Mrs Jill Taylor, Asst Secretary, NANIME, Norfolk and Norwich Hospital, Norwich NR1 3SR.

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DON'T FORGET

As a fast acting diuretic
Burinex^{*} K
is unbeatable...

as a potassium
supplement it's
unforgettable

Your patients rarely forget to take their 'water pill' but all too frequently fail to take their potassium supplement if you prescribe it separately.¹ Burinex K solves this problem because Burinex the 'most effective natriuretic agent'² 'coats' the potassium core - to make it truly unforgettable. In addition - because of the shape and size - it's easier to swallow than the most commonly used potassium supplement alone.³

Burinex K in CCF
right from the start

1. Brit. Med. J., 618, 2, 1977
2. Acta med. scand., 119, 193, 1973
3. J. Int. Res., 104, 3, 1975

