Ativan
lorazepam
ahead in anxiety
the response that you expect
and your patient needs
with minimal sedation
and rapid elimination

Ativan—the short acting anxiolytic
Logical step in the treatment of hypertension

Step One Tenormin
Highly cardioselective
Cardioprotective
Only ONE tablet daily

Step Two Tenoretic
Combines Tenormin with chlorthalidone
Better control in more patients
Still only ONE tablet daily

Prescribing Notes for ‘Tenormin’ and ‘Tenoretic’

Dosage:
One tablet daily.

Contraindications:
Hypotension, CHF, severe heart failure, heart block, co-administration with verapamil.

Precautions:
Untreated cardiac failure, bradycardia, renal failure, anaesthesia and pregnancy. ‘Tenoretic’ only Gout.
Changes in serum potassium are minor and probably clinically unimportant. Care should be taken in patients receiving digitalis and those liable to hypokalaemia from other causes.
In diabetes chlorthalidone may decrease glucose tolerance.

Side Effects:
Coldness of extremities and muscular fatigue.
Sleep disturbance rarely seen. Rash and dry eyes have been reported with beta-blockers — consider discontinuance if they occur. Cessation of therapy with beta-blocker or beta-blocker/diuretic combination should be gradual. ‘Tenoretic’ only
With chlorthalidone occasional nausea and dizziness and rarely idiosyncratic drug reactions such as thrombocytopenia and leucopenia.

Pack sizes and basic NHS cost:
‘Tenormin’ 28’s £7.27.
‘Tenoretic’ 28’s £8.17

Product Licence Numbers:
‘Tenormin’ 0029/0122.
‘Tenoretic’ 0029/0139.

‘Tenormin’ and ‘Tenoretic’ are trademarks.
Full prescribing information is available on request from the Company.

Stuart Pharmaceuticals Limited
Carr House, Carrs Road,
Cheadle, Cheshire SK8 2EG.
Balancing the pain scale

Paramol-118

DF 118
Trandate offers a unique means of controlling hypertension by combining the benefits of both beta-blockade and peripheral vasodilatation in just one drug. Suitable for all grades of hypertension, control can usually be achieved with Trandate alone simply by increasing the dose.

With a low incidence of side effects, Trandate provides simple and logical therapy avoiding the complexities of multi-drug regimens or fixed-dose combination products. Trandate uncomplicates hypertension for both doctor and patient.

Trandate
labetalol hydrochloride

Dual action, singular efficacy.
**Ventolin**
(salbutamol BP)

**bronchodilator therapy no asthmatic need be without**

Primary therapy in reversible airways obstruction

Proven efficacy and β₂-selectivity

Long-acting yet with a rapid onset of action

Protects against exercise induced asthma

Microgram dosage avoids systemic side effects

Available as: aerosol inhaler, rotahaler® and metered spray

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Using Ventolin Rotahaler

1. Open the package.
2. Remove the outer box and store it in the outer box.
3. Remove the inner box and store it in the outer box.
4. Remove the inhaler and store it in the outer box.
5. Remove the mouthpiece and store it in the outer box.

Using Ventolin Inhaler

1. Insert the mouthpiece into the inhaler.
2. Hold the inhaler upright and breathe out through the mouthpiece.
3. Breathe in through the mouthpiece and inhale fully.
4. Hold your breath for approximately 5 seconds.
5. Breathe out slowly.

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**Ventirol®**

Ventirol® is a bronchodilator agent for use in the management of reversible airways obstruction. It is available as a metered dose inhaler and a rotahaler®.

**Dosage and Administration**

Ventirol® is administered by inhalation. The usual adult dosage is 100 mcg of salbutamol per spray, taken as required. The maximum recommended daily dose is 400 mcg.

**Side Effects**

Common side effects include tremor, palpitations, hyperactivity, and nervousness. Rare side effects include dyspnea, headache, sweating, and flush.

**Contraindications**

Ventirol® is not recommended for use in patients with a history of hypersensitivity to salbutamol.

**Precautions**

Ventirol® is not recommended for use in patients with a history of hyperthyroidism.

**Product Licence Numbers**

Ventirol® Inhaler: 132/0374

Ventirol® Rotahaler: 132/0373

**References**

For further information, please consult the product information leaflet. This information is not intended to replace the manufacturers' instructions.

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**Further Information:**

For further information, please consult the product information leaflet. This information is not intended to replace the manufacturers' instructions.
Becotide
(beclothemasone dipropionate BP)

Controls the inflammatory processes in more severe asthma

Avoids the side effects associated with systemic steroids

Can eliminate or greatly reduce the need for systemic steroids

Restores the response to bronchodilators

Obviates cushingoid features and stunting of growth in children

Available as a metered-dose aerosol and Rotacaps with Rotahaler

asthma

BECOTIDE PRESCRIBING INFORMATION

User

Becotide is indicated in the treatment of asthma, including severe or life-threatening exacerbations of asthma, in patients who require intermittent or continuous therapy.

Dosage and administration

Becotide Inhaler

Inhalation puffs: 1 puff contains 400 micrograms of beclomethasone dipropionate.

Maintenance dose: 1 puff twice daily, or as required.

Additional doses: 2 or 3 puffs when needed.

Becotide妤athaler

Inhalation doses: 1 puff contains 100 micrograms of beclomethasone dipropionate.

Maintenance dose: 1 puff twice daily, or as required.

Additional doses: 2 or 3 puffs when needed.

Becotide Oral Suspension

Indications: 10 mg of beclomethasone dipropionate per 5 ml.

Maintenance dose: 10 ml daily, or as required.

Additional doses: 10 ml when needed.

Contraindications

Becotide is contraindicated in patients with known hypersensitivity to any component of the product.

Precautions

The use of Becotide is associated with a low risk of adrenal suppression, and no dose adjustment is necessary in patients with normal adrenal function.

Pregnancy and lactation

Becotide is not recommended for use in pregnancy, especially during the first trimester.

Nursing mothers should ensure complete breast emptying before use, and milk in the breast during lactation should be discarded.

Side effects

Common side effects include hoarseness, throat irritation, and oral and pharyngeal candidiasis.

Severe side effects include severe adrenal suppression, hypokalemia, and hyperglycemia.

Further information on Becotide can be found in the Summary of Product Characteristics (SmPC) and the Product License Number (PLN) provided by the manufacturer.

Contents

The MRCGP examination tests not only the candidate's knowledge but also his ability to apply and present that knowledge in a variety of different forms. Preparation is essential and The MRCGP Study Book includes all the necessary material and guidance enables candidates to cope confidently with each part.

Covering all the written components of the papers, The MRCGP Study Book contains a series of mock tests and self-assessment exercises. The style, format, standard, timings and marking schedules reflect those actually used in the exam. Introductory notes in each section and points throughout the mock papers give advice on exam techniques and a whole section is devoted to the best way of approaching the orals.

All the authors have been involved for many years either in preparing and marking the exam or in running courses to help candidates to improve their chances of passing.

This new book will be invaluable for all those preparing for the MRCGP exam and may also be useful for trainers wishing to assess their trainees.
The beginning of the end of dietary constipation

Long term treatment of constipation, like that of haemorrhoids and irritable bowel disease, is often based on a high-fibre diet. Until new dietary habits can be established, Fybogel provides an excellent way of ensuring an adequate intake of fibre, especially in patients who find bran difficult to take. Fybogel not only absorbs 40 times its own weight of water (nearly six times as much as bran), but in addition is easily taken, in the form of a palatable drink.

Fybogel
Ispaghula Husk B.P.C.
natural fibre regimen

Further information is available from Reckitt & Colman, Pharmaceutical Division, Hull, HU8 7DS.

THE MSD FOUNDATION

Audiovisual Programmes for General Practitioner Training

The MSD Foundation was set up in 1978 as an independent charity to provide videotape and tape/slide programmes for use in vocational training for general practitioners. In its first year of programme production the Foundation planned and produced a dozen programmes which are now used in day-release courses in the United Kingdom.

During 1981 the MSD Foundation plans to release a further dozen programmes covering other aspects of general practice education. Programmes available from February include:

- The Use of Medical Records in the Consultation
- Symptoms as Signs — extracts from consultations in which physical symptoms may have psychological significance
- Upper Respiratory Tract Infection in Children — a tape/slide programme
- Terminal Care — a dramatized video—case study in several scenes
- Immunization — a tape/slide programme
- Running a Child Development Clinic — videocassette
- Safer Prescribing — tape/slide programme
- Techniques of the Consultation — the first three programmes in a structured series, analysing the consultation into specific tasks and using extracts to compare how different doctors approach these tasks
- The Management of the Arthritic Patient — videocassette (see below)

PROGRAMME OF THE MONTH

THE MANAGEMENT OF THE ARTHRIC PATIENT

(Two parts — 30 minutes and 18 minutes)

We showed the Arthritis programme to Dr Terence Reilly, Associate Adviser in General Practice, Welsh National School of Medicine, and here are his comments:

"There has been for some time an awareness of the need for greater emphasis on the management of rheumatic problems in training for General Practice. This latest offering from the MSD Foundation entitled 'The Arthritic Patient' makes a valuable contribution to this aim.

'The programme takes its audience through the problems of four actual patients with differing joint pathology; these include ankylosing spondylitis, rheumatoid arthritis, tuberculous arthritis and osteoarthritis.

'The presentation is good, offering the course organiser or group leader many teaching points including practical demonstration of examination of patients with joint disease coupled to relevant investigation. A broad analysis of treatments applicable to each patient is suggested with ample opportunity for individual groups to provide their own management input. This is a valuable addition to programmes already produced by the Foundation."

The Foundation has already available programmes on the following topics:

- Chronic Disease in General Practice—tape/slide programmes on asthma and hypertension
- Practice Management and Administration — tape/slide programmes in cartoon format on patient complaints and service committee procedure, how not to hire and fire a receptionist and choosing a partnership
- Video Case Studies — dramatized case histories for group discussion (management of a patient after myocardial infarction, problems at the menopause, the angry patient)
- The Consultation in General Practice — selected real consultations recorded on videotape in general practitioner surgeries around the UK. The consultations are selected because they provide a range of learning situations covering such topics as the doctor-patient relationship, techniques of the consultation, the interaction of psychological and physical illness, nonverbal behaviour and medical records

MSD Foundation programmes are sold at a price that reflects only the cost of materials. Videocassettes, available on VHS, U-Matic, Philips or Betamax cost about £20 to £25.

Further information about these programmes, including catalogues and order forms, can be obtained from the Director, The MSD Foundation, Tavistock House, Tavistock Square, London WC1. Tel: 01-387 6881
CLASSIFIED ADVERTISEMENTS AND NOTICES

Classified advertisements are welcomed and should be sent to: Sue Cain, 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 by the 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 £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 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 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.

FAMILY PRACTICE COURSES
April 12-14 1981 or June 29-30 1981
Symposia organized for physicians and their families. A three-day course in Family Problems, Ageing and Sexuality will be offered on April 12-14 1981 and repeated on June 28-30 1981.
Sponsored by the University of Southern California School of Medicine Postgraduate Division. Eighteen hours of AMA/CMA Category I credit.
Further information from: Association Dean, USC School of Medicine, Postgraduate Division, 2025 Zonal Avenue, KAM 307, Los Angeles, CA 90033. Tel: (213) 224-7051.
Tuition: $136.00.

March 3 through June 30 1981—Every Tuesday Evening
Symposia designed to provide the most current information and techniques for managing the problems encountered in the daily practice of family medicine.
Tuesday evenings—7.00 to 10.15 pm. Fifty-six hours of AMA/CMA Category I credit.
Further information from: Association Dean, USC School of Medicine, Postgraduate Division, 2025 Zonal Avenue, KAM 307, Los Angeles, CA 90033. Tel: (213) 224-7051.
Tuition: $325.00.

MRCGP EXAMINATION COURSE
TRURO, CORNWALL
Applications for details to:
Postgraduate Secretary,
Royal Cornwall Hospital (Treliske),
Truro TR1 3LJ
Recognition for section 63 being sought.

University of London
ROYAL POSTGRADUATE MEDICAL SCHOOL
Course in Advanced Medicine for General Practitioners
23—27 March 1981
Applications are invited from General Practitioners for the above course which will be held at the Royal Postgraduate Medical School, Hammersmith Hospital.
Topics include: Hypertension Neurology Dermatology Angina Gastroenterology
There will also be discussion groups and a Medical Staff Round with case presentations.
A catering charge of £25 will be made.
Please note that this course has been approved under Section 63 with zero rating to enable general practitioners to claim travel and subsistence expenses.
Application forms and further details may be obtained from: School Office (SSC), Royal Postgraduate Medical School, Hammersmith Hospital, Du Cane Road, London W12 0HS. Telephone: 01-743 2030 Ext 351.

THE BALINT SOCIETY
PRIZE ESSAY
The council of the Balint Society will award a prize of £250 for the best essay received entitled 'How Balint Training Has Affected Medical Practice'.
The prize-winner will be announced in June 1981 at the Twelfth Annual General Meeting of the society. Entries should be submitted by 15 April 1981.
Details are obtainable from:
Dr Cyril Gill, Secretary
The Balint Society
11 Briardale Gardens
London NW3
The British Postgraduate Medical Federation has now published its programme of

COURSES FOR GENERAL PRACTITIONERS

for the period January-August 1981. These programmes will be distributed automatically to general practitioners in the National Health Service in the four Thames Regional Authorities through their local Family Practitioner Committees.

Any other general practitioner wishing to receive a copy of this programme should forward a stamped addressed foolscap envelope to:

The General Practitioner Department
British Postgraduate Medical Federation
Regional Postgraduate Deans' Office
14 Ulster Place, London NW1 5HD

STANDARD SETTING IN GENERAL PRACTICE INTENSIVE RESIDENTIAL COURSE

A five-day course for established general practitioners who would like to explore the management of important medical conditions will be held at Edgware General Hospital from Monday 21 September 1981 to Friday 25 September 1981.

For details please write to:
Mrs H. Collier
Postgraduate Medical Centre
Edgware General Hospital
Edgware, Middx

BALINT SOCIETY WORKSHOP ON GROUP LEADERSHIP

It is proposed to hold a whole-day Workshop on Saturday 9 May 1981 for all those involved in further education for general practice. This will be focussed on the problems of the leaders of case discussion groups. The venue will be The Royal College of General Practitioners, 14 Princes Gate, London SW7. Section 63 applied for.

Further details and application forms from:
Dr Peter Graham
149 Altmore Avenue, London E6
Telephone: 01-472 4822

PARTNERSHIP OFFERED

London/Surrey Borders


Write enclosing C. V. to:
Practice Manager
32 Foxley Lane
Purley
Surrey CR2 3EE

BIRMINGHAM/WORCESTERSHIRE BORDER

Junior partner required, eligible for obstetric list. Four principals and one maximum part-time. All usual ancillary staff, all usual hospital and PG facilities.

Reply Box No. 17

DEVON AREA HEALTH AUTHORITY

PLYMOUTH HEALTH DISTRICT

VOCATIONAL TRAINING FOR GENERAL PRACTICE

Applications are invited from fully registered doctors for six posts in this established three year scheme commencing on 1 September 1981.

1, 2 & 3 General Practice
Geriatrics (4 months)
Accident & Emergency (4 months)
Psychiatry (4 months)
Obstetrics & Gynaecology (6 months)
Paediatrics (6 months)

General Practice (11 months)

4 General Practice
Accident & Emergency (4 months)
ENT (4 months)
General Medicine (4 months)
Psychiatry (6 months)
Paediatrics (6 months)

General Practice (11 months)

5 General Practice
General Medicine (4 months)
Accident & Emergency (4 months)
ENT (4 months)
Obstetrics & Gynaecology (6 months)
Geriatrics (6 months)

General Practice (11 months)

6 General Practice
ENT (4 months)
General Medicine (4 months)
Accident & Emergency (4 months)
Geriatrics (6 months)
Psychiatry (6 months)

General Practice (11 months)

A half-day release course will be held in academic terms throughout the three years. 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 recognised for MRCPG, DRCOG, and DCH examinations, as appropriate.

An opportunity exists for a six month rotation in paediatrics and/or community hospital in Newfoundland, on an exchange basis, which will be recognised as equivalent experience.

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

Application forms should be returned by 5 February 1981, and the shortlist will be drawn up in mid-February. It is hoped to interview on 3 March 1981.

Application forms and full details obtainable from: Miss A. M. Ling, Senior Administrative Assistant, Plymouth General Hospital, 1 Belvedere, Greenbank Road, Plymouth PL4 7NJ. Tel: Plymouth (0752) 680880 Ext 313.
As a fast acting diuretic

**Burinex** K

bumetanide and slow-release potassium chloride

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. 

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

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