

# Ativan<sup>®</sup>

lorazepam

## ahead in anxiety

the response that you expect  
and your patient needs

with minimal sedation

and rapid elimination

## Ativan—the short acting anxiolytic

**Dosage** Mild anxiety: 2-3mg daily in divided doses. Moderate/severe anxiety: 5-7mg daily in divided doses. In all patients dosage should be increased until optimal control of symptoms is achieved.

**Presentation** ATIVAN is presented as blue oblong tablets each containing 1mg lorazepam and as yellow tablets containing 2.5mg lorazepam. (Also available in injectable form).

**Uses** Mild, moderate and severe anxiety.

**Contra-indications** Patients sensitive to benzodiazepines.

**Side effects** ATIVAN is well tolerated and imbalance or

ataxia is an indication of excessive dosage. Daytime drowsiness may be seen initially and is to be anticipated in the effective treatment of anxiety. It will normally diminish rapidly and may be minimised in the early days of treatment by giving the larger proportion of the day's dose before retiring. Occasional confusion, hangover, headache on waking, drowsiness or dizziness, blurred vision and nausea have also been reported.

**Precautions** As with other drugs of this type, patients should be advised that their reactions may be modified (as in handling machinery, driving etc.) depending on the individual patient's response. Tolerance to alcohol may be

diminished and its consumption should be avoided. As the action of centrally acting drugs, such as phenothiazines, may be intensified, the co-prescription of these drugs should be carefully monitored as reduced dosage may be indicated. Elderly patients, or those suffering from cerebrovascular changes such as arteriosclerosis are likely to respond to smaller doses. Prolonged or excessive use of benzodiazepines may occasionally result in the development of some psychological dependence with withdrawal symptoms on sudden discontinuation. Treatment in these cases should be withdrawn gradually. Careful usage seldom results in the development of dependence. ATIVAN

tablets should not be administered during pregnancy unless in the judgement of the physician such administration is clinically justifiable. Special care should be taken in the first three months of pregnancy.

**Legal category** POM.

**Product Licence Numbers** PL0011/0034 (1mg) PL0011/0036 (2.5mg). Injection PL0011/0051.

**Basic N.H.S. cost** 1mg x 100: £1.85 2.5mg x 100: £2.90.

**Hospital Price** As per local contract.

**Wyeth Laboratories**, John Wyeth & Brother Ltd., Taplow, Maidenhead, Berks.

\*Trade Mark

Wyeth



At/J/29

High performance in hypertension

# Aldactide 50

hydroflumethiazide + spironolactone

Low level of  
side effects

#### Prescribing Information

##### Presentation

**Aldactide 50**  
Cream, scored tablets stamped "SEARLE 180" on one side containing Spironolactone B.P. 50mg and Hydroflumethiazide B.P. 50mg.

##### Uses

Essential hypertension.

##### Dosage and Administration

###### Adults

Aldactide 50—one or two tablets with breakfast or the first main meal of the day.

###### Children

Daily dosage should provide 1.5 to 3mg of spironolactone per kilogram body weight, given in divided doses.

##### Contra-indications, Warnings, etc.

Anuria, acute renal insufficiency, rapidly progressing impairment of renal function, hyperkalaemia, patients who are hypersensitive to either component, concurrent administration with other potassium-conserving diuretics.

Aldactide potentiates the effect of other anti-hypertensive drugs and their dosage should be reduced when Aldactide is added to the treatment regime. Patients should be carefully evaluated for possible disturbances of fluid and electrolyte balance. Thiazides may induce hyperuricaemia and decrease glucose tolerance.

Spironolactone or its metabolites may, and hydroflumethiazide does, cross the placental barrier. Use of Aldactide in pregnant women requires the anticipated benefit be weighed against the possible hazards to the foetus.

Adverse effects reported in association with spironolactone include gynaecomastia, gastrointestinal intolerance, skin rashes, menstrual irregularities, impotence, mild androgenic effects etc. Adverse effects reported in association with thiazides include gastrointestinal symptoms, skin rashes, blood dyscrasias, muscle cramps etc.

##### Product Licence Holder and Number

G.D. Searle & Co. Ltd. Aldactide 50:0020/0082.

##### Basic N.H.S. Cost

28 tablets: £5.11.

Full prescribing information is available on request. Aldactide and Searle are registered trade marks.

Once daily  
**Aldactide 50**

To start with—to stay with

**SEARLE**

Searle Pharmaceuticals, Division of G.D. Searle & Co. Ltd., P.O. Box 53, Lane End Road, High Wycombe, Bucks. HP12 4HL. Telephone High Wycombe 21124

# YOU CAN STILL INSIST ON INDERAL.

'Inderal', the world's first and most widely prescribed beta-blocker, is the original propranolol and is backed by the full technical resources and quality control standards of ICI.

The efficacy and reliability have been proven in fifteen years of worldwide clinical practice and in countless trials.

Developed wholly in Britain, 'Inderal'

now contributes millions of pounds annually to the balance of payments and helps to fund ICI's £55 million a year investment in medical research.

Make certain your patient receives 'Inderal' by prescribing it by name.



## INDERAL

Propranolol Hydrochloride



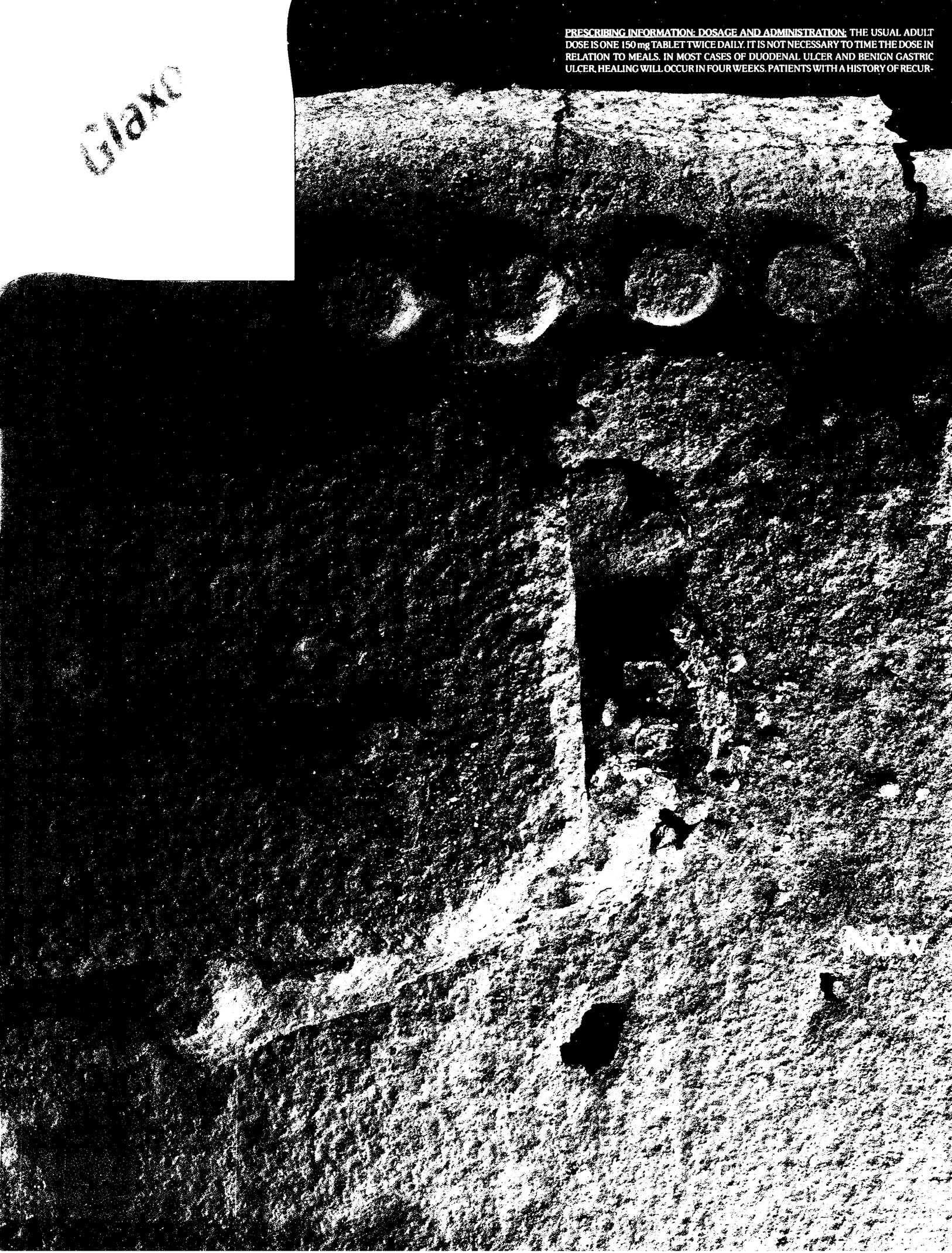
## Write Inderal by name

**'INDERAL' ABRIDGED PRESCRIBING INFORMATION. DOSAGE. HYPERTENSION:** 80 MG B.D., INCREASING WEEKLY USUAL RANGE 160-320 MG DAILY. **ANGINA:** 40 MG B.D. OR T.I.D., INCREASING WEEKLY USUAL RANGE 120-240 MG DAILY. **CONTRAINDICATIONS:** HEARTBLOCK, BRONCHOSPASM, PROLONGED FASTING, METABOLIC ACIDOSIS, CO-ADMINISTRATION WITH VERAPAMIL. **PRECAUTIONS:** UNTREATED CARDIAC FAILURE, BRADYCARDIA, DISCONTINUANCE 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:** 40 MG, 250 : £11.14, 1,000 : £42.12 80 MG, 100 : £6.69, 500 : £31.48 160 MG, 50 : £6.69, 250 : £31.48. **PL NOS** 0029/5064, 0029/5065, 0029/0103. 'INDERAL' IS A TRADEMARK FOR PROPRANOLOL HYDROCHLORIDE. FULL PRESCRIBING INFORMATION IS AVAILABLE FROM: IMPERIAL CHEMICAL INDUSTRIES PLC, PHARMACEUTICALS DIVISION, ALDERLEY HOUSE ALDERLEY PARK, MACCLESFIELD, CHESHIRE.



**PRESCRIBING INFORMATION: DOSAGE AND ADMINISTRATION:** THE USUAL ADULT DOSE IS ONE 150 mg 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 RECUR-

Glaxo



RENT ULCER MAY HAVE AN EXTENDED COURSE OF ONE TABLET DAILY. 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 OBSERVED 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. **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, MIDDX. UB6 0HE.

Zantac is the new  $H_2$  blocker from Glaxo, developed to add important benefits to the treatment of acid peptic disease.

#### Highly effective

Zantac's molecular structure confers important advantages in terms of specificity and duration of action.

Primarily however, Zantac promotes rapid, effective ulcer healing with sustained pain relief, both day and night.

#### Simple dosage regimens

Zantac is tailor-made for B.D. dosage.

The recommended treatment course for duodenal ulcer and benign gastric ulcers is one 150mg tablet twice daily for four weeks.

For extended maintenance therapy, the dosage is one tablet taken daily.

This is the first time a group of drugs,  $H_2$  antagonists, has been recommended for long-term therapy.

#### Highly specific

Zantac's specificity of action means that it causes no mental confusion in the elderly, and no sedative effects.

Studies of Zantac do not report any significant interactions with other drugs, so that the management of drugs such as diazepam and lithium which are often prescribed concomitantly is not complicated.

And finally, it would have been nice to have been the first available  $H_2$  blocker.

But the fact you can see being wrong does bring a few advantages.

Gastric acid has a new  $H_2$  blocker to worry about.

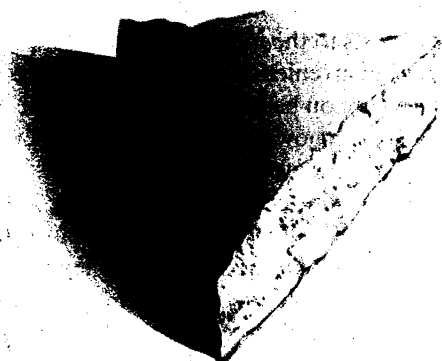
# Zantac

# **In hypertension- Together our competitors have got it all, but...**

Some are  
cardioselective



Some are hydrophilic



Some are once a day

Some work 24 hours

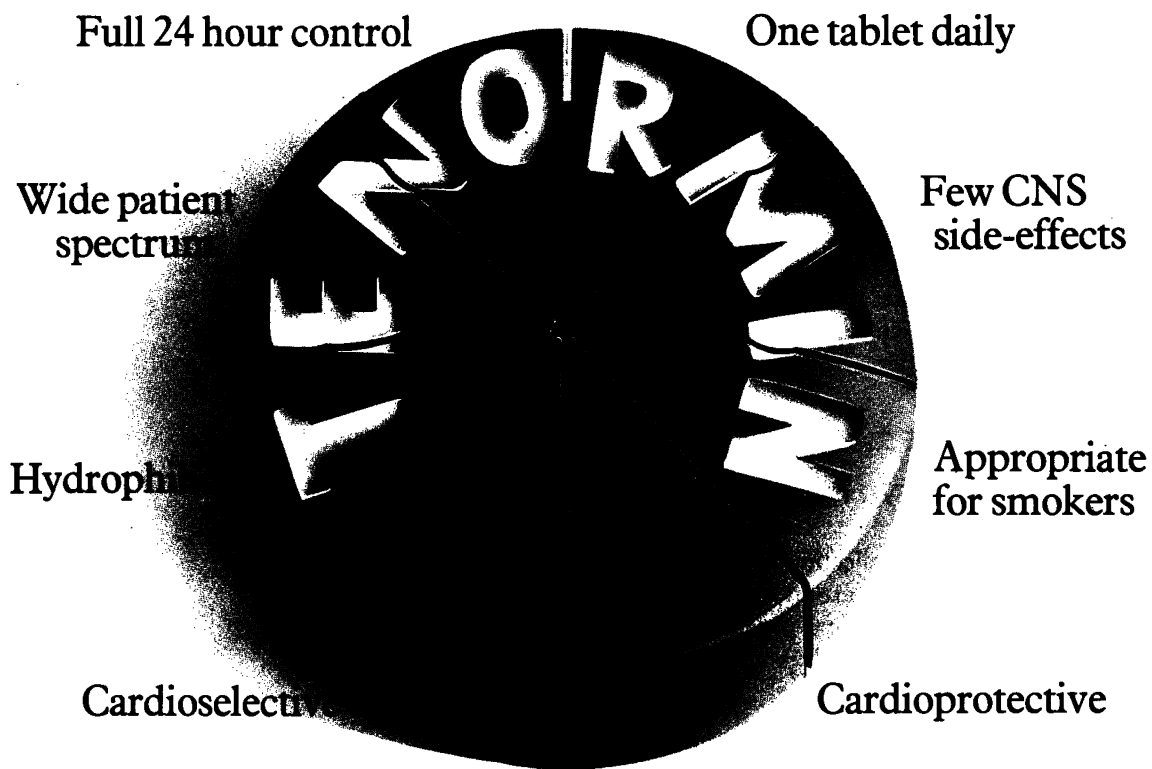


# In hypertension

# ...only **TENORMIN**

Atenolol 100mg

# puts it all in one.



**Tenormin fits the profile of the  
ideal beta-blocker for hypertension.**

## **TENORMIN**

**A unique combination of hydrophilicity  
and cardioselectivity**

**Prescribing Notes:**

**Dosage:** One tablet daily. **Contraindications:** Heart block. Co-administration with verapamil. **Precautions:** Untreated cardiac failure, bradycardia, renal failure, anaesthesia and pregnancy. **Side Effects:** Coldness of extremities and muscular fatigue. Sleep disturbance rarely seen. Rashes and dry eyes have been reported with beta blockers – consider discontinuance if they occur. Cessation of therapy with beta blockers should be gradual. **Pack size and Basic NHS cost:** 'Tenormin' 28's £7.27.  
**Product Licence Number:** 'Tenormin' 0029/0122.

Full prescribing information is available on request to the company



**Stuart Pharmaceuticals Limited**  
Carr House Carrs Road  
Cheadle Cheshire SK8 2EG  
Tenormin is a trade mark for atenolol.



# The antihypertensive

“It is therefore particularly encouraging that 74% of patients in this study reported that they were much less tired, more energetic, more active physically and more mentally relaxed than when on their previous antihypertensive therapy.”<sup>1</sup>

## TRANDATE'S BALANCED MODE OF ACTION

Trandate has a mode of action that is different from that of any other currently available antihypertensive agent. It provides the benefits of both beta-blockade and peripheral vasodilatation. And in just one drug.

Trandate lowers blood pressure by reducing peripheral resistance. However, where Trandate differs from simple peripheral vasodilators is that it concurrently blocks beta-adrenoceptors, notably in the heart.



**Prescribing Information: Presentation and Basic NHS Cost** Trandate Tablets 100mg, Trandate Tablets 200mg and Trandate Tablets 400mg each contain 100mg, 200mg and 400mg labetalol hydrochloride, respectively. In containers of 50 and 250 tablets. Basic NHS cost of 50 tablets of each strength is £4.54, £7.32 and £11.64. **Indications** Treatment of all grades of hypertension when oral antihypertensive therapy is indicated. **Dosage and Administration** Treatment may start with one 200mg tablet twice daily but in some patients including those already being treated with antihypertensive drugs, the elderly and those of low body weight, one 100mg tablet twice daily is more appropriate. If the blood pressure is not controlled by the initial dosage, increases should be made at intervals of about 14 days. Many patients have satisfactory blood pressure control on 400mg daily.

## PRODUCES A MORE NORMAL CIRCULATION WITH GOOD EXERCISE TOLERANCE

This beta-blockade protects the heart from the reflex sympathetic drive which is normally induced by peripheral vasodilatation thus blood pressure is lowered, but without cardiac stimulation. Cardiac output is not significantly reduced at rest or after moderate exercise.<sup>2,3</sup>

Thus Trandate is able to restore a more normal circulation.

## SMOOTHING PEAKS IN BLOOD PRESSURE THROUGHOUT THE DAY AND NIGHT

The normal changes in blood pressure as a result of stress, exercise and circadian variation can be harmful to the hypertensive patient placing additional stress on an already strained cardiovascular system.

Trandate smoothes potentially harmful peaks throughout the whole 24 hour period and controls blood pressure effectively during the early morning surge.



A twice daily dosage regimen can be maintained up to a total daily dose of 800mg. However, resistant cases may require higher doses. In these patients it is preferable to administer Trandate three or four times a day to minimise side-effects. Trandate tablets should preferably be taken with food. Trandate therapy is not applicable to children. **Contra-indications** There are no known absolute contra-indications. **Warning** There have been reports of skin rashes and/or dry eyes associated with the use of beta-adrenoceptor blocking drugs. The reported incidence is small and in most cases the symptoms have cleared when the treatment was withdrawn. Discontinuation of the drug should be considered if any such reaction is not otherwise explicable. Cessation of therapy with a beta-adrenoceptor blocking drug should be gradual. **Precautions** Trandate should not be given to patients with uncompensated or

# people feel better with.

## USEFUL IN PATIENTS WITH IMPAIRED RENAL FUNCTION

Trandate is particularly useful in the hypertensive patient with impaired renal function.<sup>4</sup>

*"The drug did not seem to cause any significant deterioration in the GFR of those patients whose renal function was monitored closely, and in the majority of those whose renal functional impairment was due to hypertension alone a considerable improvement in GFR was observed."*<sup>5</sup>

## WITHOUT ELEVATING PLASMA LIPIDS

It is also reassuring to know that Trandate does not cause a rise in plasma lipid levels.

*"Until we know the long-term complications of raised plasma lipid levels in hypertensive patients treated with beta-blockers it would appear more appropriate to use antihypertensive drugs which do not cause such changes. (Trandate) appears to be such a drug."*<sup>6</sup>



**digitalis-resistant heart failure or with atrioventricular block.** The presence of severe liver disease may necessitate reduced doses of Trandate. Care should be taken in asthmatic patients and others prone to bronchospasm. Unnecessary administration of drugs during the first trimester of pregnancy is undesirable. **Side-effects** If the recommended dosage instructions are followed side-effects are infrequent and usually transient. Those that have been reported include: headache, tiredness, dizziness, depressed mood and lethargy, difficulty in micturition, epigastric pain, nausea and vomiting, a tingling sensation in the scalp, and, in a very few patients, a lichenoid rash. Trandate Tablets 100mg PL 0045/0106. Trandate Tablets 200mg PL 0045/0107. Trandate Tablets 400mg PL 0045/0109.

## EMPLOYING A SIMPLE DOSAGE REGIMEN

Initial dosage is simple. 100 or 200mg of Trandate twice daily with food is adequate to control hypertension in many patients. Trandate therapy can be tailored to meet patient requirements by adjustment of dosage rather than by changing to, or adding in, other drugs. The majority of patients will be controlled at daily doses of up to 600mg. Higher doses may be required in more resistant cases.

## WITHOUT RESTRICTING LIFESTYLE

What Trandate offers your patients is effective control of their blood pressure without burdening them with additional problems that may restrict their everyday life.

# Trandate

labetalol hydrochloride



**References:** 1. Scott Manderson, W. Practitioner (1979), 222, 131-134. 2. Edwards, R.C. et al. Br. J. clin. Pharmac. (1976), Suppl. 733-736. 3. Koch, G. Br. Heart J. (1979), 41, 192-198. 4. Thompson, F.D. et al. Br. J. clin. Pharmac. (1979), 8, 129S-133S. 5. Bailey, R.R. Br. J. clin. Pharmac. (1979), 8, 135S-140S. 6. McGonigle, R.J.S. et al. Lancet (1981), 1, 163.



Full prescribing information is available on request.

Trandate is a trade mark of  
Allen & Hanburys Ltd. London E2 6LA

# The

**M&B** May & Baker

## Diagnostic Quiz

Every month a different clinical question will be set by a team of consultants. Please send your entries to the May & Baker Diagnostic Quiz, 33-34 Alfred Place, London WC1E 7DP.

The prize will be a £100 British Airways travel voucher, given to the first correct entry opened each month.

This month's competition has been

prepared by Doctor John Webster, Senior Registrar, Aberdeen Royal Infirmary.

Results and the winner's name will be published in the journal in December. We regret no correspondence can be entered into. No employees or relatives of May & Baker or the publishers can enter the competition.



This 70-year-old lady presented with a toxic confusional state.

1. What is this condition?
2. What is the predisposing cause?
3. What is the treatment of choice?

**Win £100**

**travel voucher  
each month**



**NEW**

# FLAGYL-S

benzoylmetronidazole suspension

## A bridge to patient compliance

When a patient's inability—or unwillingness—to swallow a tablet compromises the treatment of an anaerobic or trichomonal infection, you can now turn to Flagyl-S. It is an easy-to-swallow suspension that extends the availability of effective treatment to all patients, including the elderly, the debilitated and the very young.

*single 50ml dose  
in trichomoniasis*

**Prescribing Information:** **Presentation:** Suspension, each 5ml containing 320mg benzoylmetronidazole, equivalent to 200mg metronidazole. **Indications:** For the treatment of urogenital trichomoniasis in the female and in the male. Treatment of infections in which anaerobic bacteria have been identified or are suspected as pathogens. **Adult dosage:** 50ml Suspension as a single dose. Alternatively, 5ml three times daily for seven days, or 20ml in the morning and 30ml in the evening for two days. **Contra-indications:** There are no absolute contra-indications to the use of Flagyl. **Precautions:** Avoid alcohol or use in pregnancy, lactation; may enhance the effect of oral anti-coagulants. The prescriber should also bear in mind the possibility that an accompanying gonococcal infection might persist in a symptomless state after trichomonas vaginalis has been eliminated. **Side-effects:** Occasional unpleasant taste, furred tongue and gastro-intestinal disturbances. Drowsiness, dizziness, headache, ataxia, skin rashes, pruritus, inco-ordination of movement, darkening of urine (due to a metabolite) has been reported but very rarely. A few instances of peripheral neuropathy have been reported during intensive and/or long-term treatment. **Presentation/Cost:** Suspension Bottle of 50ml @ £2.05. Bottle of 125ml @ £4.80. (April 1981) PL0012/0131. Further information available on request





# © THE MSD FOUNDATION

## Audiovisual Programmes for General Practitioner Training

During the last two years the MSD Foundation has produced audiovisual teaching materials on the following topics for discussion by small groups of general practitioners:

**The angry patient**  
**The dying patient**  
**The patient after a heart attack**

**The menopausal patient**  
**The child as a presenting  
symptom of family stress**

**\*Upper Respiratory Tract Infections**  
**\*Bronchitis**

**\*Asthma**  
**\*Hypertension**  
**Arthritis**

**\*Dealing with a patient's complaint against  
the doctor**

**\*Choosing a partnership**  
**\*Hiring and firing practice staff**

**\*Safer Prescribing**  
**Child Health Surveillance**

**Medical Records**

**Real general practice consultations on: contraception, polypharmacy, feeling depressed, headaches,  
diarrhoea and hot flushes.**

**Consulting techniques, analysed by Dr Paul Freeling**

The topics preceded by an asterisk are tape/slide programmes, the rest are available on videocassette. Some of the programmes, featuring real consultations, are available for use with doctors only. Others might be of interest to other members of the primary health care team or to medical students.

Videocassettes 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 catalogue, can be obtained by writing to: **The MSD Foundation, Tavistock House, Tavistock Square, London WC1. Tel: 01-387 6881.**

# THE ROYAL COLLEGE OF GENERAL PRACTITIONERS ANNUAL SYMPOSIUM

To be held at Imperial College, Exhibition Road, London SW7  
on Friday, 13 November 1981

## THE DISABLED—WHO ARE THEY? CARITAS AT WORK

As a major part of the College's contribution to the International Year of Disabled People, the Annual Symposium will concentrate on definition, discovery, help and prevention.

### PROGRAMME

- 10.00 Introduction by Chairman  
*Chairman: Dr John Horder, CBE, PRCGP*  
*Finding the Disabled*  
Who are the Disabled? Dr Douglas Price  
Looking for Trouble Dr Edward Idris Williams Miss Rosemary Daniel  
Questions and Discussion  
BREAK  
Measuring Disability Dr Laurie Pike Miss Elizabeth Fanshawe  
Questions and Discussion  
Chairman's Summing Up
- 12.45 LUNCH
- 14.15 *Chairman: Professor David Metcalfe, FRCGP*  
*Helping the Disabled*  
The Practice Dr Lotte Newman  
The Hospital Dr Janet Heyes  
The Home Miss Ida Bromley  
Questions and Discussion  
BREAK  
The Community Mrs Eunice Mortimer  
Self-Help Mrs Pamela Nield  
The Future Dr Campbell Murdoch  
General Discussion  
Chairman's Summing Up
- 16.45 Close

Section 63 approval has been given for general practitioners in England and Wales, and selectively for Northern Ireland and Scotland. Others attending should apply to their employing authority for support.

Will those interested in attending the Annual Symposium please complete and return, as soon as possible, the tear-off slip below.

.....  
To: Miss Elizabeth Monk  
The Royal College of General Practitioners  
14 Princes Gate, London SW7 1PU.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: SURGERY: \_\_\_\_\_ HOME: \_\_\_\_\_

FAMILY PRACTITIONER COMMITTEE: \_\_\_\_\_

I require ( ) lunch ticket(s) and enclose my cheque made out to The Royal College of General Practitioners for £.....

(Lunch tickets are £6.50 each)

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# CLASSIFIED ADVERTISEMENTS AND NOTICES

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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 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 10 per cent reduction. Replies to box numbers should be sent to the Production Department, Update Publications Ltd., with the box number on the envelope.

The inclusion of an advertisement in this *Journal* does not imply any recommendation and the Editor reserves the right to refuse any advertisement. All recruitment advertisements in this section are open to both men and women.

Opinions expressed in *The Journal of the Royal College of General Practitioners* and the supplements should not be taken to represent the policy of the Royal College of General Practitioners unless this is specifically stated.

## BALINT SOCIETY

Applications are invited from general practitioners who would like to attend Balint training seminars. The seminars will meet weekly in London and applicants need not have had previous similar experience.

Section 63 approval will be available. Applicants should write to **Dr A. H. Elder, Lisson Grove Health Centre, Gateforth Street, London NW8.**

The meeting entitled 'Whose Patients? Team approach in Health and Social Services' is being held at the Royal College of General Practitioners, 14 Princes Gate, London SW7 on Saturday, 7 November 1981. Speakers include Anthea Hey, Senior Research Fellow at Brunel University, Dr Hilary Graham and Peter Seccombe, Principal Psychiatric Social Worker at Claybury Hospital. Section 63 has been applied for. Further details of the meeting, at which all the members of the primary care team are welcome, can be obtained from Mrs M. H. Lawrence, 7 Brookside, Dinas Powis, South Glam. Tel: 0222 514204. Invoice for payment to be sent to **Dr Michael Parker, Treasurer, 'Thornbers', Waddington, Clitheroe, Lancs. BB7 3JJ.**

## North Yorkshire Area Health Authority York Health District

### VOCATIONAL TRAINING SCHEME FOR GENERAL PRACTICE (TWO VACANCIES)

Applications are invited for 12 months' vocational training in general practice, beginning 1 February 1982, based on the training practices in the York Health District. Vacancies are suited to those candidates arranging their own vocational training scheme (B Scheme) in order that they can satisfy the requirements for vocational training. The attachments will consist of two periods of six months, to run consecutively. An active trainer/trainee group is in operation with half-day release facilities and a comprehensive Postgraduate Medical Education programme based on the York District Hospital. An excellent postgraduate medical library exists.

Successful applicants will have to make their own accommodation arrangements.

A curriculum vitae giving full details of education, qualifications, past experience and general interests, together with the names and addresses of two referees, should be sent to the District Personnel Officer, York Health District, Bootham Park Hospital, York YO3 7BY.

Closing date: 20 October 1981.

## FELLOWSHIPS IN FAMILY MEDICINE THE UNIVERSITY OF WESTERN ONTARIO LONDON, CANADA

Applications are invited for two Kellogg fellowships, tenable in the Department of Family Medicine, The University of Western Ontario. Fellowships are intended to supplement the income of general practitioners who are on prolonged study leave from the National Health Service or on sabbatical leave from a university department. They will enable the fellow to enroll in the department's Graduate Studies programme for a period of eight to 12 months. The programme consists of clinical and teaching practice and course work in teaching and learning, research methods, human behaviour, the theory of family medicine and academic administration. Fellows may, if they wish, do a thesis based on original research for the degree of Master of Clinical Science. The fellowships are designed to begin in September 1982.

For application forms or further information, write to: **I. R. McWhinney, M.D., Professor and Chairman, Department of Family Medicine, Faculty of Medicine, The University of Western Ontario, London, Canada N6A 5C1.**

## VOCATIONAL TRAINING FOR GENERAL PRACTICE

### Devon Area Health Authority/University of Exeter/ Exeter Health Care District

Applications are now invited for four places starting on 1 August 1982 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 available are:

- |   |   |
|---|---|
| <b>A</b> General practice (two months)<br>Accident and emergency (three months)<br>ENT (three months)<br>Gynaecology (three months)<br>Ophthalmology (three months)<br>Paediatrics (six months)<br>Psychiatry (six months)<br>General practice (ten months) | <b>B</b> General practice (two months)<br>ENT (three months)<br>Gynaecology (three months)<br>Ophthalmology (three months)<br>Accident and emergency (three months)<br>Psychiatry (six months)<br>Paediatrics (six months)<br>General practice (ten months) |
| <b>C</b> General practice (two months)<br>Gynaecology (three months)<br>Ophthalmology (three months)<br>Accident and emergency (three months)<br>ENT (three months)<br>Geriatrics (six months)<br>Obstetrics (six months)<br>General practice (ten months)  | <b>D</b> General practice (two months)<br>Ophthalmology (three months)<br>Accident and emergency (three months)<br>ENT (three months)<br>Gynaecology (three months)<br>Obstetrics (six months)<br>Geriatrics (six months)<br>General practice (ten 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 intensive MRCGP course and a course on management in general practice. Trainees are encouraged to carry out research work during their course and seven articles have already been published by Exeter trainees.

The Marwood prize and the Syntex award 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 RCGP, 14 Princes Gate, Hyde Park, London SW7 1PU). The department's practice management course has been expanded into a book, *Running a Practice*, published by Croom Helm, London.

This is the only university Department of General Practice in a Postgraduate Medical School in the British Isles. Applications and enquiries should be made by Thursday, 29 October 1981 to

**Dr K. J. Bolden, FRCGP,  
Department of General Practice,  
Postgraduate Medical Centre,  
Barrack Road, Exeter, Devon EX2 5DW.  
Tel: 0392 31159.**

# General Practitioner Lusaka–Zambia

A vacancy has arisen for an experienced General Practitioner to work in a comprehensive company-run general practice in Lusaka, Zambia.

The practice, which operates from its own custom-built premises, sees a wide range of medicine and has its own fully equipped pathological laboratory, X-ray and physiotherapy services. The clinic also operates a home nursing service and runs various preventative medical services. There is no domiciliary obstetrics, but full pre- and post-natal care is practised, as well as contraceptive counselling services, etc.

The applicant should have at least three years experience in general practice

and preferably be vocationally trained.

Experience in tropical medicine would be an added (but not essential) advantage.

A fully furnished company house and a car will be provided, as well as other substantial benefits. Salary will be commensurate with experience and will be internationally competitive. Contracts of service are initially for a two year period, renewable thereafter.

Interviews will be held in London in November. Apply with a full curriculum vitae and names and addresses of two referees to: Mrs. M. E. Coombes, 40 Holborn Viaduct, London EC1 1AJ, quoting reference (CGP) 56/81.

## WEST OF SCOTLAND COMMITTEE FOR POSTGRADUATE MEDICAL EDUCATION

### COURSE OF STUDIES IN GENERAL PRACTICE

16 to 20 NOVEMBER 1981

A course of studies in general practice structured on small group work and restricted to 25. Subjects covered include practice management, problems solving, prescribing, patient/doctor relationship and patient care evaluation.

The subject matter and format of the course make it especially relevant to established general practitioners who are prepared to think about their work in a critical and constructive way.

The course will be held in the Strathclyde Business School, Glasgow, where residential accommodation is available. It has been approved under Section 63.

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

# Regional Medical Officers (Health)

**£13,985-£19,235**

This is an opportunity for fully registered medical practitioners with wide experience in general practice to be involved in interesting and rewarding full-time post(s) in the Regional Medical Service of DHSS. There is frequent contact with general practitioners in order to help them in various aspects of general practice and to provide DHSS with information about the National Health Service. In addition the Regional Medical Service provides a reference service for the Social Security side of the Department and others, which includes medical examination of claimants and the provision of opinion of capacity for work.

Current vacancies are in Shropshire/Staffordshire or South Birmingham and South Nottinghamshire/Mid Derbyshire but others may occur elsewhere. The corresponding Divisional Offices are at Birmingham and Nottingham. A good deal of travel within the Division is

involved and occasionally outside. Other Divisional Offices of the Regional Medical Service are based in Leeds, Manchester, Stanmore and Reading.

Starting salary within the quoted range according to qualifications and experience. Promotion prospects.

For further details and an application form (to be returned by 30 October 1981) write to Civil Service Commission, Alencon Link, Basingstoke, Hants RG21 1JB, or telephone Basingstoke (0256) 68551 (answering service operates outside office hours). **Please quote ref: S(IN)630/3.**

**Department of Health  
and Social Security**

## ROYAL COLLEGE OF GENERAL PRACTITIONERS

### STUART FELLOW

Applications are invited for this post, made possible through the generosity of Stuart Pharmaceuticals, which will be concerned with the development of medical audit and performance review in general practice. The work will include attending and arranging courses and meetings, and initiating developments in this field.

Applicants should be medical or non-medical graduates, must be familiar with British general practice, and should be experienced in small group learning. The appointment will be part-time and is intended to commence in January 1982. Remuneration, £6,000 p.a.

Further details may be obtained from the **Honorary Secretary of Council, Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU.**

## SOME AIMS FOR TRAINING FOR GENERAL PRACTICE

### Occasional Paper 6

The Royal College of General Practitioners has now agreed three sets of educational objectives for doctors training for general practice: the first on child care with the British Paediatric Society, the second on the care of the elderly with the British Geriatric Society, and the third on the care of the mentally ill with the Royal College of Psychiatrists.

The booklet also contains the job definition and educational aims for general practice as a whole which have been agreed by the Leeuwenhorst Working Party and approved by the Royal College of General Practitioners.

*Some Aims for Training for General Practice* is available now, price £2.75 including postage, from the Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU. Payment should be made with order.

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