yet another good reason to prescribe

Ativan
lorazepam

Unlike diazepam, Ativan can be prescribed with confidence for patients also taking cimetidine.¹

Other good reasons for making Ativan your anxiolytic of choice include:

short-acting Ativan tends not to accumulate, therefore sedative effects are less frequent
than with diazepam.²

simple ‘one step’ metabolism also makes Ativan preferable to diazepam;
for example when liver function is impaired.³

Ativan - preferred for so many patients
Stay above the potassium debate

Will the patient's anti-hypertensive treatment lead to hypokalaemia?

*If so, when should potassium supplements be given? At serum K+ < 3.5m Eq/l? At serum K+ < 3.0m Eq/l?*

Should low serum K+ be supplemented even if the patient is asymptomatic?

*Aldactide 50 lets you stay above the debate. Clinical studies have shown that spironolactone therapy is potassium-sparing and is a more effective treatment in diuretic-induced hypokalaemia than potassium supplements; triamterene, or amiloride.*

In hypertension

Aldactide 50
hydroflumethiazide + spironolactone

The Caring, Sparing Diuretic.

---

**References**


**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, hypokalaemia, 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 regimen.

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, fluid dyscrasias, muscle cramps etc.

Product Licence Holder and Number:

G.D. Seear & Co. Ltd
Adelaide 62 3082/002/00.

Basic N.H.S. Cost:

28 tablets, £1.11.

Full prescribing information is available on request. Aldactide and Seear are registered trade marks.
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
Zantac is the new H₂ 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 ulcer is one 150 mg tablet twice daily for four weeks.

For extended maintenance therapy, the dosage may be once a day taken nightly.

**Highly effective action**

Zantac is effective in both benign and peptic ulcer, with membrane erosion in the elderly and ulcers of all ages.

**Stability as Zantac**

Absence of any significant interaction with other drugs makes Zantac a logical choice in the presence of conditions such as diuretics, antibiotics, proton-pump inhibitors, and described concomitantly. Increased cost would have been more than offset by availability of an H₂ blocker.

But Zantac is more than cost effective: does bring added benefits.
When your first line treatment in hypertension is not enough, boost it.

One of the problems of antihypertensive therapy is that increasing the dose of beta-blockers or diuretics can all too often mean an increase in side-effects.

But Hypovase is the ideal complement to beta-blockade or diuretic therapy. Hypovase boosts their effectiveness without increasing the side-effect profile. By reducing total peripheral resistance, Hypovase improves the overall haemodynamic profile when added to first line antihypertensive therapy.

A long-term study involving over 1,000 patients confirmed the effectiveness of Hypovase in combination with beta-blockers or diuretics. And further, follow-up at 15 months showed that no tolerance developed to these treatment regimens.

Add Hypovase—The booster to diuretic or beta-blocker therapy.

Hypovase* prazosin HCl
The booster therapy in hypertension.

Sudden loss of consciousness generally lasting a few minutes. Subsequent treatment may be satisfactory. Hypovase is not recommended in pregnancy, during lactation, or in children under 12 years of age.

Side-effects: Dizziness, drowsiness, and lack of energy are the most common. Doses may need to be increased from 0.5 mg two to three times before retiring, thereafter, up to 20 mg/day in divided doses.

Basic NHS Cost: B.D. Starter Pack containing 8 x 0.5 mg Hypovase tablets and 32 x 1 mg Hypovase tablets, £2.20/12.5 mg tablet (£LS/0049) pack of 100, £2.50, 2 mg tablet (£LS/0056) pack of 100, £2.50, 5 mg tablet (£LS/0008) pack of 100, £5.50.

Full information on request.
Pfizer Ltd, Sandwell, Kent.
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 a metered-dose aerosol
and Rotacaps with Rotahaler

VENTOLIN PRESCRIBING INFORMATION

Uses
Relieves the acute symptoms of bronchial asthma, chronic bronchitis, and emphysema. It may be prescribed for prophylactic use in the treatment of chronic obstructive airways disease. It is intended for patients under the age of 12 years.

Dosage and administration
Adults: Initial: 1 inhalation 3 or 4 times daily. Maximum: 6-8 inhalations daily.

Using Ventolin Inhaler
Adults and Children
Inhale slowly through your mouth.

Using Ventolin Rotahaler
Adults and Children
Remove the paper from the Rotacaps 20mcg or 50mcg.

Contra-indications
Ventolin inhaler is not recommended for use by patients with systemic lupus erythematosus.

Precautions
It is advisable to use Ventolin inhaler and Rotacaps with Rotahaler only as directed by your doctor or pharmacist.

Performance
Ventolin inhaler is packaged in a foil blister pack unit dose blister packs of 120 inhalations.

Side effects
Necropsy studies have shown no evidence of harm to the embryo-fetal development of animals. Ventolin inhaler is not recommended for use in pregnancy.

Presentation and Basic NHS cost
Ventolin inhaler is supplied in the following pack sizes: 20mcg or 50mcg.
Each blister contains 120 inhalations.

Further information on Ventolin is available from
Astra & E. L. & W. Ltd.
Becotide
(beclomethasone 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

Oblivates cushingoid features and stunting of growth in children

Available as a metered-dose aerosol and Rotacaps with Rotahaler

Presenting in asthma
Being tied to the phone is a pain in the cervical region.

Because when you’re on call, you dare not leave the house in case the phone rings.

We prescribe a device that helps doctors lead a more normal life.

The Radiopager.

These bleepers fit in the pocket and cost from £10 initial charge and £21 quarterly rental (excluding VAT). Which works out at about 35p a day – cheaper than any comparable system.

And, of course, they’re tax-allowable as a legitimate business expense.

So if being tied to the phone is a pain, pick one up, dial 100 and ask the operator for FREEFONE 2188. Or post the coupon (you won’t need a stamp).

Then you can look forward to some relief.

To: David Thoms, Radiopaging Marketing Manager, Ref: BSS.11, British Telecom, FREEPOST, London EC4B 4TS.
Please provide me with full details of the British Telecom Radiopaging Service.

NAME
ADDRESS
POSTCODE
TEL:

British TELECOM
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.\(^1\)

**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.

**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.\(^2,3\)

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.

Prescribing Information: Presentation and Basic NHS Cost
Trandate Tablets 100mg, Trandate Tablets 200mg and Trandate Tablets 400mg each contain 100mg, 200mg and 400mg tablet of 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.

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 explainable. Cessation of therapy with a beta-adrenoceptor blocking drug should be gradual. **Precautions** Trandate should not be given to patients with uncompensated or
USEFUL IN PATIENTS WITH IMPAIRED RENAL FUNCTION

Trandate is particularly useful in the hypertensive patient with impaired renal function.4

"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."5

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."6

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
betalol hydrochloride


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

Full prescribing information is available on request.
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 Dr John Webster, Senior Registrar, Aberdeen Royal Infirmary.

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

This investigation is occasionally indicated in patients presenting with hypertension.

1. What is the procedure?
2. What abnormality is present?
3. What is the likely nature of this lesion?
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 520mg benzoylmetronidazole, equivalent to 200mg metronidazole. Indications: For the treatment of ungerital 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 trichomoniasis vaginale has been eliminated. Side-effects: Occasional unpleasant taste, furry 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 @ £4.90. (April 1981) PLU002/0131. Further information available on request.

Flagyl-S is a trade mark of May & Baker Ltd.
MA/9187
Since 1957 Upjohn has made available a grant to General Practitioners through The Royal College of General Practitioners. This award was known as the Upjohn Travelling Fellowship. In line with the needs and trends of General Practice Training, the award has been re-structured to support eight Essay Prizes and two Lectureships in Therapeutics.

The new awards are entitled
The Upjohn Essay Prize in Therapeutics
The Upjohn Lecture Prize in Therapeutics

The awards are available to two groups of registered practitioners in the United Kingdom.
1. Vocational Trainees in their final year.
2. Principals in their first five years in General Practice.

In each group there will be awarded up to four Essay Prizes of £250 each. From each group of prizewinners, one prizewinner will be awarded also an Upjohn Lectureship of a further £300 (with an availability of £200 travel expenses).

The Upjohn Essay Prize will afford an opportunity for doctors in their early years as practitioners to examine a specified area of therapeutics that is considered by the College to be of current interest in General Practice. The subject essay for 1982 is "Hypnotics in the Treatment of Insomnia."

It is expected that a major portion of an Essay will refer to practical aspects of the subject as experienced in the applicant's Practice.

Applications for a registration form and conditions of entry for 1982 should be forwarded to the Honorary Secretary, Awards and Ethical Committee, Royal College of General Practitioners, 14 Princes Gate, London SW7 1PU.

Registrations will close on 31 January 1982 and Essays should be presented no later than 31 August 1982.

The Awards and Ethical Committee of The Royal College of General Practitioners will be the sole judge of the Essays and Lectureships.
A Computer System
For General Practice

- Repeat FP10's.
- Cross Reaction Warnings.
- Recall Lists for: age/sex, items of service, at risk.
- Head Count Statistics etc.
- Word Processing
  ... and much more.

The cost of computers has plummeted downwards as a result of the "micro revolution" in the late seventies. This has enabled HCL to develop a computer system designed specifically for General Practitioners at a price most large practices, or multi-practice.

Health Centres can comfortably afford.

The system has already been successfully installed in a number of practices and has proved itself to be reliable, effective and easy to use.

But don't just take our word for it — come and see for yourself. To arrange a demonstration please contact John Wells at:

**HCL Computing Limited**
7 St. Cross Road, Winchester
Hampshire  S023 9JA
Tel Winchester (0962) 69654
A Happy Christmas to all our viewers

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 menopausal patient
The dying patient  The child as a presenting symptom of family stress
The patient after a heart attack

*Upper Respiratory Tract Infections  *Asthma
*Bronchitis  *Hypertension

*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/hide 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.

Next month, some new audiovisual programmes for jaded GP educators
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.

**PARTNERSHIP OFFERED**

Group practice in Pembrokeshire seeks additional partner after short assistantship. Under 35, preferably vocationally trained.

Purpose-built premises. Mixed urban/rural practice.

Apply to:
Drs Perry, Gibson, Barton, David, Weaver and Weaver,
Medical Centre, Winch Lane,
Haverfordwest, Dyfed, SA61 1RN.

**LOW-COST RETURN FARES**
**BY SCHEDULED FLIGHTS**

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TANZIL TRAVEL
(Incorporated with Tanzil UK Ltd)
2C Cricklewood Lane, London NW2 1EX
01-452 6924/01-450 7526

**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.

**MORBIDITY AND THE ENVIRONMENT**
**IN AN URBAN GENERAL PRACTICE**

A report which explores the relationship between people's housing and their morbidity experience is to be presented on Tuesday, 8 December, 13.45—16.45 at Department of the Environment, Five Ways Tower, Birmingham. Applications to attend should be sent to Dr L. A. Pike, Birchfield Medical Centre, Birmingham B19 1LJ. Approved under Section 63.

**A SURVEY OF PRIMARY CARE IN LONDON**

Occasional Paper 16

General practice in inner cities has emerged as a topic of immense concern to patients, the profession and government but, although there are many anecdotes, prejudices and rumours, hitherto there has been a great shortage of facts.

A Survey of Primary Care in London, Occasional Paper 16, is the report of a working party led by Dr Brian Jarman, which gives more facts than have ever been assembled before about the medical problems in London and the characteristics of the doctors who work there. A particularly valuable feature is the number of comparisons with Outer London and England and Wales.

This is likely to become a classic reference for all those interested in the problems of primary care in big cities.

A Survey of Primary Care in London, Occasional Paper 16, is available now, price £4.00 including postage, from the Publications Sales Department of the Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU. Payment should be made with order.
PATIENT PARTICIPATION IN GENERAL PRACTICE

Occasional Paper 17

Patient participation has been one of the more radical innovations in general practice in the last few years and has led to the formation of many different kinds of patient groups attached to practices all over Britain.

*Patient Participation in General Practice* stems from a conference held on this subject by the Royal College of General Practitioners in January 1980 and was compiled by Dr P. M. M. Pritchard, who was one of the first general practitioners to set up a patients’ association. It brings together in one booklet a large number of current ideas and gives much practical information about patient groups.

*Patient Participation in General Practice, Occasional Paper 17*, is available now, price £3.75 including postage, from the Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU. Payment should be made with order.

FOURTH NATIONAL TRAINEE CONFERENCE REPORT, RECOMMENDATIONS AND QUESTIONNAIRE

Occasional Paper 18

How much teaching do vocational trainees really get? What do they think about their trainers and how easily can they talk to them? This Occasional Paper reports on the proceedings of the Fourth National Trainee Conference held at Exeter in July 1980 and analyses the results of a questionnaire which was returned by 1,680 trainees throughout the country. This is the most detailed information so far published about the opinions of trainees, and from them a new ‘value for money’ index has been derived, based on sophisticated statistical analysis, which now makes it possible for the first time to rate a general practitioner trainer.

*Fourth National Trainee Conference, Occasional Paper 18*, is available now from the Publication Sales Department, Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU, price £3.75 including postage. Payment should be made with order.

GRAMPIAN HEALTH BOARD — SOUTH DISTRICT
UNIVERSITY OF ABERDEEN

VOCATIONAL TRAINING FOR GENERAL PRACTICE

Applications for 12 places in this approved three-year scheme are invited from medical graduates who wish to train for a career in general practice and who are fully registered on 1 August 1982.

Trainees will spend the first two years in hospital service posts at Senior House Officer grade. These posts include experience in accident and emergency, dermatology, ENT, ophthalmology, paediatrics, obstetrics and gynaecology. During the obstetric training the doctor would be expected to live in, and would also be required to live in during on-call periods in accident and emergency, paediatrics and gynaecology. In the second year an elective period of three months is available for each trainee to spend in a hospital department of his or her own choice.

The third year will be spent mainly as an assistant in a local training practice from which one day per week release will be arranged for day release teaching.

Doctors completing the three-year training programme in Aberdeen will be eligible to sit the examination of the Royal College of General Practitioners.

Those wishing to be considered for the intake on 1 August 1982 should complete and return by 31 January 1982 an application form obtainable from the Specialist in Community Medicine, Grampian Health Board, South District, Foresterhill House, Ashgrove Road West, Aberdeen, AB9 8AQ.

Details of the training schedule will be sent out with the application form, but any additional enquiries about the scheme may be addressed to Dr Denis Durno, Regional Adviser in General Practice, Department of General Practice, Foresterhill Health Centre, Westburn Road, Aberdeen, AB9 2AY.
Somebody has prescribed 30,000,000 tubes of fucidin...

is it YOU?

In boils, dirty wounds, impetigo and most other soft tissue bacterial infections - Fucidin works.

Topical Fucidin is available as Fucidin Gel, Fucidin H Gel, Fucidin H Ointment, Fucidin Tulle and Fucidin Caviject... and of course

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Sodium Fusidate B.P.
Full prescribing information available from

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Longwick Road, Princes Risborough, Aylesbury, Bucks HP17 9RR.

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Topical Fucidin 2% Fucidin, also available with 1% hydrocortisone. Indications Gram-positive skin infections. Hydrocortisone preparations for inflammatory dermatoses. Contra Indications/Precautions Infections due to non-susceptible organisms. Fucidin hypersensitivity. Avoid extensive use of hydrocortisone in pregnancy and infants. Do not use in or near eyes. Adverse Reactions Occasional hypersensitivity reactions.

Product Licence No: 0043/5000 Basic NHS Price: 10g £1.14