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

1. Cimetidine with Ativan

2. Unlike diazepam

3. For example when liver function is impaired
HELP THEM GET ON WITH IT!

Help your working and active hypertensive patients get on with a normal life with ‘Tenoretic’ – the unique combination.

‘Tenoretic’
- Combines the uniquely cardioselective and hydrophilic ‘Tenormin’ with chlorthalidone – the long acting diuretic.
- One tablet daily.
- Low level of side effects.
- Full 24 hour control.
- Wide range of patients.
‘Tenoretic’ means a normal active life for your patients.

TENORETIC
atenolol and chlorthalidone
The unique combination

Prescribing Notes for ‘Tenoretic’
Presentation: White film-coated tablets, imprinted with the lettering ‘Tenoretic’ and bisected on the reverse side. Each tablet contains 100mg atenolol and 25mg chlorthalidone. Dosage: One tablet daily. Contraindications: Heart block. Co-administration with verapamil. Precautions: Untreated cardiac failure, bradycardia, renal failure, anaesthesia, pregnancy and with changes in serum potassium are minor and probably clinically unimportant. Care should be taken in patients taking digitals 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. With chlorthalidone occasional nausea and dizziness and rarely idiosyncratic drug reactions such as thrombocytopenia and leucopenia. Pack size and basic NHS cost: ‘Tenoretic’ 28’s £3.17. Product Licence Number: ‘Tenoretic’ 0029/0139.

Full prescribing information is available on request to the Company.

Stuart Pharmaceuticals Limited Carr House, Carrs Road, Cheddleton, Cheshire SK8 2EG.

‘Tenormin’ (atenolol) and ‘Tenoretic’ are trademarks.
“Tricyclics are extremely dangerous drugs when taken in overdose”


Prescribing Information

Indications Endogenous depression, reactive depression and anxiety, agitation and insomnia where associated with drug treatment.

Dosage Treatment should be initiated at 30mg a day as a single bedtime dose or in divided doses. Dosage may be increased after the first week. The usual effective daily dosage lies in the range of 30-60mg although divided daily dosages up to 200mg have been well tolerated.

Contraindications, Warnings, Etc.

Norval is not yet recommended for use in children or pregnancy. When treating patients with epilepsy, diabetes, hepatic or renal insufficiency, normal precautions should be exercised and the dosages of all medication kept under review. Care should be taken in patients with cardiac conditions, but cardioselective effects have not been seen at therapeutic dosages even in patients with pre-existing cardiac disease. Drowsiness may occur during the first few days of treatment and patients should be warned to avoid alcohol and activities that demand constant alertness. Norval may interact with clonidine, but does not interact with bethanechol, guanethidine, propranolol, or coumarin type anticoagulants; nevertheless usual monitoring procedures should be followed. Concurrent use of Norval with MAOI's or barbiturates is not yet recommended.

Side-Effects Serious side-effects are uncommon. A small number of cases of white blood cell depression, reversible on cessation of treatment, have been reported; white blood cell counts are advisable in patients with persistent signs of infection. Jaundice, usually mild, hypotension and convulsions have also been reported. Additional adverse effects include breast disorders (gynecomastia, nipple discharge and non-puerperal lactation), dizziness, postural hypotension, and skin rash. Drowsiness may occur initially but no drug related anticholinergic effects have been observed.

Overdosage There is no specific antidote to Norval. Treatment is by gastric lavage with appropriate supportive therapy. Symptoms of overdose are normally confined to prolonged sedation.

Availability and NHS price 10mg, 20mg, and 30mg mianserin hydrochloride tablets. Basic NHS cost per day (30mg dosage) is 2.6p. (Price correct at time of printing.)

References


Self-poisoning with amitriptyline, and other tricyclic antidepressants is now implicated in some 10,000 hospital admissions and 400 deaths per annum—a tragic waste of human life on a scale equivalent to one death every day.

Norval is an effective antidepressant which, in contrast to the tricyclics, has a high safety margin in overdose. In the treatment of depressed patients, where the possibility of deliberate or accidental self-poisoning cannot easily be ruled out, the difference between Norval and the tricyclics can be life-saving.

Norval
mianserin hydrochloride

Effective in depression without tricyclic overdose risks.

Further information on Norval (mianserin hydrochloride) is available from Bencard, Great West Road, Brentford, Middlesex, TW8 9BE. Norval and the Bencard logo are trade marks. PL0038/0230, 0247, 0248. 14270 November 1981.
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 is one 75 mg tablet taken nightly.

And in the management of reflux oesophagitis, one tablet twice daily, for up to eight weeks, is recommended.

**Highly specific action**

Zantac’s specificity of action avoids problems with mental confusion in the elderly, and with known side effects.

Similarly as Zantac does not interfere with liver enzyme function, there are no unwanted effects on the metabolism of drugs such as diazepam and warfarin which may be prescribed concomitantly.

Admittedly, it would have been nice to have been the first available H₂ blocker.

But then, as you can see, being second does bring certain advantages.
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+ < 3.5 mEq/l? At serum K+ < 3-0 mEq/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 branded "SALURINE 50" on one side containing Spironolactone 50 mg and Hydroflumethiazide 12.5 mg and Hydroflumethiazide 25 mg and Hydroflumethiazide 50 mg.

Usage:

Dosage and Administration: Adults

A dose of 50 to 100 mg is recommended. The maximum dose of 100 mg should not be exceeded.

Children:

Daily dose should be adjusted to 1.5 to 2.5 mg of spironolactone per kilogram body weight given in divided doses.

Contra indications, Warnings, etc.

A patient with severe renal insufficiency, rapidly progressing impairment of renal function, hyperkalaemia, or a patient who has a history of hyperkalaemia or a history of hypokalaemia should be monitored closely.

Adverse effects of spironolactone include gynaecomastia, gastrointestinal disturbance, skin rashes, menstruation disturbances, menorrhagia, and fluid retention. Adverse effects reported in association with spironolactone include gynaecomastia, gastrointestinal disturbances, skin rashes, and menstrual disturbances. Malignancy and increased skin pigmentation have been reported.

Product Licence Holder and Number

Searle & Co. Ltd

Aldactone 50 (R 50001603)

Basic N.H.S. Cost

2 CT doses: £ 3.99

Full prescribing information is available on request.

Aldactide and Searle are registered trade marks.

South Pharmaceuticals

Debden, SG 10 8PD, Searle Co. Ltd.

PD, Writing, Wonders Road, High Wycombe, Bucks HP12 2LJ

U.K. Headquarters: High Wycombe, Bucks HP12 2LJ

SEARLE
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 provided by the Department of Rheumatology, Hammersmith Hospital.

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

This patient, who had been ill for several years, complained of increasing pain and immobility of the right hip.

1. What is the diagnosis?
2. What is the most common cause?
3. What is the treatment?
Articular

Prescribing Information
Dosage: orally with food, 50-100 mg early morning and late at night. Contra-indications: recurring history of active peptic ulceration, chronic dyspepsia, use in children; in patients sensitive to aspirin or other non-steroidal anti-inflammatory drugs known to inhibit prostaglandin synthetase or with bronchial asthma or allergic disease. Precautions: pregnancy, lactation. Dosage of concomitant protein-binding drugs may need modification. Side-effects: occasional gastro-intestinal intolerance, very rare gastro-intestinal haemorrhage/skin rash.
Power

ketoprofen

Orudis 100

ORUDIS 100

ORUDIS 100

Presentations: 100 mg capsules PL 0012/0133; 50 mg capsules PL 0012/0122. Basic NHS Costs (Feb '81) 100 x 100 mg capsules £11.68; 25 x 50 mg capsules £1.46.

Orudis is a trade mark.

M&B May & Baker
May & Baker Ltd Dagenham Essex RM10 7XS

12A 91/72
Practical diagnosis means effective management for atopic patients.

You often see atopic patients whose conditions are difficult to manage. Their range of symptoms may be confusing. In-vivo tests can be time consuming and impractical. Symptomatic treatment can seem the only option. Now, the hospital laboratory can confirm atopy and reliably identify important allergens. A single blood sample plus a full allergic history can cost effectively provide you with accurate information.

Phadebas IgE PRIST® and RAST®

Please send me full details on Phadebas IgE PRIST® and RAST®

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Speciality ........................................................

Address ...........................................................

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Prince Regent Road Hounslow Middx TW3 1NE
Telephone 01-572 7321
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.  

**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.

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

labetalol hydrochloride


Full prescribing information is available on request.

Trandate is a trade mark of Allen & Hanburys Ltd. Greenford UB6 0HB
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.

---


Precautions: A small percentage of patients may react more rapidly and to a greater extent than the majority. In some cases this has led to 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 5 years of age.

Side-effects: Dizziness, drowsiness, and lack of energy are the most common.

Dosage: Starting dose 0.5 mg two to three hours before retiring, thereafter, up to 20 mg/day in divided doses.

Basic NHS Cost: bd. Starter Pack containing 8x0.5 mg Hypovase tablets and 32x1 mg Hypovase tablets, £2.20, 0.5 mg tablet (PL17/0169), pack of 100, £4.08, 1 mg tablet (P17/0160), pack of 100, £1.55, 2 mg tablet (P17/0174), pack of 100, £2.90, 5 mg tablet (P17/0186), pack of 100, £15.00.

Full information on request. Pfizer Ltd, Sandwich, Kent.

Trade Mark
It couldn't B simpler.

"Treatment can almost always be simplified, which may have a dramatic effect upon compliance."

Smith A. et al., B.M.J., (1979), 1; 1335-1336.

Prescribing Information
Erythrocin® 500: 500 mg erythromycin activity as erythromycin stearate B.P.
Indications: Prophylaxis and therapy of diseases caused by organisms sensitive to erythromycin.
Dose: Adults: 1.2 g daily divided as one tablet by mouth two, three or four times daily.
Contra-indications: Sensitivity to erythromycin.
Side effects: The following have been reported rarely:
- Diarrhoea, nausea, vomiting, abdominal pain.
- Precautions: Impaired liver function.

Basic NHS Price: Erythrocin® 500 B-Pack £2.82.
Erythrocin® 500 x 100 £18.79. Erythrocin® 500 x 500 £93.94.
P. No. 0037/6044.

Abbott Laboratories Ltd.,
Queenborough, Kent ME11 5EL.
Nicorette 3 mg or 4 mg nicotine
resin in a chewing gum base.

Indication
An aid to smoking
cessation. Dosage and Admin-
istration Start treatment with
2 mg gum in all patients. Some
smokers may need to be changed
to the 4 mg gum after a trial period
of approximately 2 weeks. Each
piece should be chewed slowly
for 30 minutes. Nicorette con-
sumption should be reduced
after 2–6 months, before finally
being withdrawn. Average daily
dose: 10 x 2 mg pieces. Maximum
recommended daily dose: 15 x
4 mg pieces. Precautions
Peptic ulcer, gastritis, angina, coronary
disease. Contra-indications
Pregnancy and childhood.

Adverse Reactions
Occasional: hiccups, indigestion, hyper-
salivation, throat irritation.

Further Information
Overdosing can occur only if many pieces
are chewed simultaneously.
Even then, the risk of poisoning
is extremely remote as nausea
or vomiting would occur at an
early stage. The risk of poisoning
by swallowing the gum is
also remote because of the very
slow release of nicotine from
unchewed gum. Package Quant-
ties Box of 105 pieces, in blister
strips of 15 pieces, 2 mg £4.20,
4 mg £6.75. (Trade prices, cor-
rect at time of printing.) PL Nos
0458/0020, 0458/0021
PA Nos 115/71/1, 115/71/2.

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1980; 381: 481-482.

*Nicorette is a registered
trademark. Nicorette is made
by A.B. Leo, Sweden.

Lundbeck
Limited,
Lundbeck House,
Hastings St.,
Luton, Beds.
LU1 5BE.

For full
details of the
Nicorette Cardio-
vascular Smoking
Cessation Programme,
please fill in this coupon
and send it, with a stamp,
to Lundbeck Limited.
FREEPOST, LUI 5BR

Name
Address

Smoking means carbon monoxide. Carbon monoxide means less oxygen for the
tissues and possibly an increased deposition of atheromatous plaques on the artery wall.
The implications in coronary heart disease and intermittent claudication are
obvious. Less well-known is the fact that smoking can greatly increase the risk of
myocardial infarction in common conditions, such as high blood pressure or high
blood cholesterol.

Smoking is the one cardiovascular risk factor that can be eliminated
completely, and your advice has been shown to be effective in persuading patients to give up the habit.

Nicorette, chewing gum containing nicotine, has also shown a high success rate: 38% when properly explained and prescribed by doctors in a setting of continuing patient advice and support. To obtain information on the Nicorette Cardiovascular Smoking Cessation Programme, including how nicotine itself affects the heart, please use the attached coupon.
**Intermittent use**

- When attacks of breathlessness are episodic and infrequent
- For those waking with early morning bronchospasm
- As prophylaxis against exercise-induced asthma
- As a rescue device for control of breakthrough bronchospasm

**Routine use**

- When asthma attacks become more frequent
- For chronic asthmatics requiring regular bronchodilator therapy to maximise lung function
- In more severe asthma when specific anti-inflammatory therapy (e.g., Becotide Inhaler) is also prescribed
- For patients with bronchitis or emphysema responsive to bronchodilator therapy

**Primary therapy in reversible airways obstruction**

**Prescribing information**

Using Ventolin Rotahaler - Adults: one Ventolin Rotacap 400mcg three or four times a day. Children: one Ventolin Rotacap 200mcg three or four times a day. For chronic maintenance or prophylactic therapy.

Using Ventolin Inhaler - Adults: two inhalations three or four times a day. Children: one inhalation three or four times a day increasing to two inhalations if necessary.

Presentation and Basic NHS cost: Ventolin Inhaler is a metered-dose aerosol delivering 100mcg Salbutamol BP per actuation. Each canister contains 200 inhalations. Basic NHS cost £3.00. Ventolin Rotacaps 200mcg and 400mcg, each contain a mixture of the stated amount of microfine Salbutamol BP (as sulphate) and larger particle lactose in light blue/clear/palms or dark blue/clear/palms hard gelatin capsules, respectively. Containers of 100. Basic NHS cost £5.25 and £7.15, respectively.


Product Licence numbers

Ventolin Inhaler 0045/5022
Ventolin Rotacaps 200mcg 0045/0116
Ventolin Rotacaps 400mcg 0045/0117

Further information is available on request. Becotide, Rotacaps, Rotahaler and Ventolin are trade marks of Allen & Hanbury's Limited, Greenford UB6 0HB
the MSD Foundation

Audiovisual Programmes for General Practitioner Training

New Programmes for 1982

Our new catalogue, available now, contains details of new programmes for use with small groups in general practitioner training. They include:

The Problem Drinker

A videocassette programme designed to help a group of doctors accept that alcohol abuse is a major health problem and to understand how to diagnose and manage the problem drinker in general practice.

The cassette uses a dramatized consultation to present one doctor’s way of detecting and managing early drinking problems in patients.

There are also extracts from an interview with an alcoholic patient about the care he has received, and extracts from real consultations designed to alert doctors to some of the cues that should alert suspicion.

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
CLASSIFIED ADVERTISEMENTS AND NOTICES

Classified advertisements are welcomed and should be sent to: Production Department, The Journal of the Royal College of General Practitioners, Update Publications Ltd., 33/34 Alfred Place, London WC1E 7DP. Copy must be received six weeks before the 1st of the month of issue to ensure inclusion. Every effort will be made to include advertisements received after this date but publication cannot be guaranteed and the advertisement may have to be held over to the following issue.

The charge for space in this section is £5.75 per single column centimetre, plus 25p if a box number is required. Fellows, members and associates of the Royal College of General Practitioners may claim a 10 per cent reduction. Replies to box numbers should be sent to the Production Department, Update Publications Ltd., with the box number on the envelope.

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

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 LONDON HOSPITAL, WHITECHAPEL, E1 1BB
(City and East London AHAT)

THE EAST LONDON GENERAL PRACTITIONER VOCATIONAL TRAINING SCHEME IN CONJUNCTION WITH THE LONDON HOSPITAL

Applications are invited for the four posts in this scheme, starting on 1 August 1982. Each trainee will be invited to spend one month in general practice, two years rotating in posts at The London Hospital and finally one year in general practice. The hospital posts include six months in obstetrics and gynaecology, six months in geriatrics, three months in general medicine, three months in the emergency and accident department and either six months in paediatrics or six months in psychiatry. A half-day release course is held at the East London Postgraduate Centre, Bethnal Green. Applicants will be welcome to visit the training practices. Further details may be obtained from the Course Organizer, Dr R. M. Griffiths, 35 High Street South, East Ham, London E6, or from the Medical Staffing Officer, The London Hospital, Whitechapel, E1 1BB.

Applications in the form of six copies of your curriculum vitae, giving the names and addresses of two referees, should be received by 9 April 1982 and addressed to the Medical Staffing Officer, The London Hospital, Whitechapel, E1 1BB.

THE GENERAL PRACTITIONER AND SOCIAL WORKER WORKSHOP

SOCIAL AND MEDICAL ASPECTS OF WOMEN’S HEALTH

This course will be held at Owen’s Park, University of Manchester, on 26–28 March 1982. The programme is aimed at general practitioners and social workers working together but would interest all members of the primary health care team, who are welcome. Section 63 approval is sought.

Introduction: Professional patient simulation group.
Problem Pregnancies: Graham Cooper and Marion Skelcher.
Premenstrual Tension: Sue Pierpoint, general practitioner.
The Menopause: Jean Coope, general practitioner.
Depression in Asian Women: John Bavington, psychiatrist.
Cancer and Depression: Peter Maguire, psychiatrist.

Further details from Mrs M. H. Lawrence, 7 Brookside, Dinas Powis, South Glamorgan, CF6 4LA.

UNIVERSITY OF BRISTOL
DEPARTMENTS OF MENTAL HEALTH AND EXTRA-MURAL STUDIES

PSYCHOTHERAPY WORKSHOP
16–21 May 1982

This residential multidisciplinary workshop will be of interest to general practitioners who have had some years of experience of psychotherapy and who now wish to review their therapeutic skills. The fee is £150.00, including full accommodation.

Further particulars and application forms from: The Assistant Director, Department of Extra-Mural Studies, University of Bristol, 32 Tyndall’s Park Road, Bristol, BS8 1HR. Tel: Bristol 24161, ext. 196. Closing date for applications: 16 April 1982.
TOWARDS BETTER GENERAL PRACTICE

A residential course arranged by the Thames Valley Faculty at New College, Oxford, from 18–21 April. Participants will spend half the time in small groups discussing chosen clinical topics and half studying the following:

Monday: Diabetes as a model of management of chronic disease.
Tuesday: The responsibilities of the patient.
Wednesday: The health visitor; servant or ally?
Apply to Mrs Marilyn Wolfson, 5 Tynebeck Court, Kingsthorpe, Northampton. Tel: 0604 715409.

KING'S FUND COLLEGE

MANAGEMENT FOR GENERAL PRACTITIONERS

The King's Fund College is repeating the two modules (Part I, 31 March-2 April 1982 and Part II, 6-7 July 1982) for newly appointed principals, to examine key components in managing an effective practice, and to help them plan developments and change for the future.

Approval for Section 63 reimbursement is being sought; board, lodging and tuition fees are funded by the DHSS.

Applications to: The Registrar, King’s Fund College, 2 Palace Court, London W2 4HS. Tel: 01-229 9361 (quoting reference C812).

LEICESTERSHIRE AREA HEALTH AUTHORITY (T)

VOCATIONAL TRAINING FOR GENERAL PRACTICE

Applications are now invited for 11 places on the Leicester Vocational Training Scheme, which has a close liaison with the Department of Community Health at the University of Leicester Medical School.

The course commences on 1 October 1982 for the complete three-year programme, which includes an introductory three-month appointment in a training practice, successive six-month appointments as senior house officer in four hospital posts, and a final nine-month appointment in the original training practice.

A wide variety of hospital posts relevant to general practice are available from which candidates will be offered a selection, including general medicine, paediatrics, geriatrics, obstetrics, psychiatry, accident and emergency, ophthalmology, dermatology and ENT. A half-day release course is held throughout the three years, with an emphasis on small-group work.

The course is recognized for the MRCGP, DCH and DRCOG.

Further details, a copy of the booklet The Leicester Vocational Training Scheme and an application form can be obtained from the Scheme Supervisor, Dr Judith Millar, c/o Mrs Jeanne Emberson, Department of Community Health, Clinical Sciences Building, Leicester Royal Infirmary, Infirmary Square, Leicester LE1 5WW. Tel: Leicester (0533) 551234, Ext. 5368. Closing date for applications is 1 April 1982.

UNIVERSITY OF DUNDEE
NINEWELLS HOSPITAL AND MEDICAL SCHOOL
POSTGRADUATE MEDICAL EDUCATION COURSES AND ATTACHMENTS FOR GENERAL MEDICAL PRACTITIONERS
APPROVED SECTION 63

1. Two-day theoretical course in family planning, March and September 1982.
2. Care of the elderly in general practice, 31 May to 4 June 1982.
3. Refresher course in medicine for general medical practitioners, 5 to 9 July 1982.
5. Recent advances in occupational medicine, 13 to 17 September 1982.

Further particulars may be obtained from the Postgraduate Dean, Ninewells Hospital and Medical School, Dundee, DD1 9SY.

LOW-COST RETURN FARES BY SCHEDULED FLIGHTS

Bombay from £275 Dacca from £350
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Madras ,, £360 Cairo ,, £205
Kuala Lumpur ,, £330 Sydney/M’bourne ,, £584
Singapore ,, £345 Salisbury ,, £584
Katmandu ,, £380 Johannesburg ,, £450
Colombo ,, £330 Mauritius ,, £510

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

ROYAL COLLEGE OF GENERAL PRACTITIONERS

THORN RESEARCH FELLOWSHIP

Applications are invited from university departments of general practice, research units particularly concerned with general practice, and individuals with a substantial research record, to act as Preceptor. Details of the Thorn Research Fellowship are published in the January 1982 edition of the Journal of the Royal College of General Practitioners.

Submissions should include details of the Preceptor's curriculum vitae, his/her experience in supervising research, accessibility to an academic unit, research facilities at his/her disposal, and any proposed area(s) of research.

The closing date for applications is Wednesday 31 March 1982, and these should be addressed to D. Lloyd-Williams, Esq., Administrative Secretary, Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU.
Behind the gentleness of
Burinex K
bumetanide and slow release potassium chloride
lies the power of
Burinex

Burinex K
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for maintenance
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gentleness for more refractory oedema
Burinex injection
fast powerful action for emergencies

Formulations: Burinex Injection: 0.5 mg/ml in 2 ml, 4 ml and 10 ml ampoules. Burinex Tablets: 1 mg and 5 mg. Burinex K: 0.5 mg bumetanide, 7.7 mmol slow release potassium chloride. Indications: Acute pulmonary oedema and oedema of cardiac, renal or hepatic origin. Dosages: Burinex Injection: Initially 1-2 mg i.v., if necessary repeated at 20 minute intervals to achieve desired response. Where appropriate higher doses may be given by infusion over 30-60 minutes. Burinex Tablets: Most patients require 1 mg Burinex daily as morning or evening dose. In refractory cases dosage can be increased to achieve the desired response. For high dose treatment 5 mg Burinex should be given initially and increased by 5 mg steps at 12-24 hour intervals until desired response is achieved. Burinex K: Most patients require 2 tablets Burinex K daily. Contra-Indications. Precautions and Side Effects: Contra-indicated in hepatic coma, severe electrolyte depletion and severe progressive renal failure. Hypokalaemia and circulatory collapse may follow inappropriately excessive diuresis. Concurrent diuretic therapy in association with electrolyte disturbances may lead to digitalis toxicity. Concurrent antihypertensive or antidiabetic therapy may require adjustment. Caution should be exercised in the first trimester of pregnancy. Burinex K is contra-indicated in combination with potassium sparing agents. Burinex K should be stopped immediately if signs or symptoms of bowel ulceration appear. Side effects such as skin rashes, muscular cramps, rise in serum uric acid and thrombocytopenia may rarely occur. Product Licence Numbers: Burinex Injection: 0043/0089 Burinex Tablets: 0043/0021, 0043/0043 Burinex K: 0043/00270 Basic N.H.S. Prices: Burinex Injection: 0.5 mg/ml - 5 x 4 ml £3.34 Burinex Tablets: 1 mg - 100 tabs £9.74 Burinex K 100 tabs £5.34

*Burinex is a trade mark

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