The simple solution to the complicated problem of treating anxiety

Whenever advice alone is not enough, you can trust Ativan to relieve the symptoms of anxiety simply and effectively in a wide variety of patients. Ativan tends not to accumulate so sedative effects are less frequent than with diazepam. And its direct, one step metabolism makes it useful even in patients with impaired liver function.
Anxiety is a perfectly normal response to stress but there are times when it gets out of hand and becomes mentally and physically disabling.

Then, a short course of drug treatment is required to help the patient to cope. New LEXOTAN is a good choice for the short-term treatment of anxiety states offering as it does advantages over its predecessor, diazepam.

LEXOTAN combines the effectiveness of diazepam with less sedation and better patient compliance.

WHEN ANXIETY GETS OUT OF PROPORTION

NEW LEXOTAN bromazepam CUTS IT DOWN TO SIZE

Prescribing Information

Indications Short-term treatment of anxiety and associated symptoms such as tension and agitation.

Dosage Dosage should be determined on an individual basis. Some patients may respond to doses as low as 1 mg three times daily. Usual dose for mild to moderate anxiety is 1 mg to 3 mg three times daily. Elderly patients are more sensitive to the actions of Lexotan. The safety of Lexotan for use in the elderly has not been established and therefore its use should be avoided. Contra-indications Patients with known sensitivity to benzodiazepines; acute pulmonary insufficiency; respiratory depression. Precautions Use during pregnancy and lactation should be avoided. Patients should be advised to avoid alcohol while under treatment with Lexotan. Patients' reactions, e.g. driving ability, may be modified. Sedative effects of other centrally-acting drugs may be intensified. The use of high doses of benzodiazepines, especially over prolonged periods, can sometimes lead to dependence, particularly in patients with a history of alcoholism or drug abuse. Treatment in these cases should be withdrawn gradually. Side-effects Drowsiness, sedation, unsteadiness and ataxia may occur. They usually disappear after the first few days of treatment or with reduction of dosage. Presentation Pink, hexagonal tablets containing 5 mg of bromazepam in packings of 100 and 500. Basic NHS Cost £5.00 three times daily 15p per day ex 500 pack Product licence number 0531/0128

1. Royal College of General Practitioners' study, data on file, Roche Products Limited.

Roche Products Limited, PO Box 8, Welwyn Garden City, Hertfordshire AL7 3AY.
TENORETIC
atenolol 100mg & chlorthalidone 25mg

24 hour reliable serum
in hypertension

ONE TABLET
DAILY

LOW INCIDENCE
OF SIDE EFFECTS

A WIDE RANGE
OF PATIENTS

Prescribing Notes

Uses: In mild to moderate hypertension. Dosage: One tablet daily. Contraindications: Heart block 1st degree, atrioventricular dissociation, pheochromocytoma, renal or liver failure, severe uncontrolled asthma, bronchial asthma, lupus erythematosis, hyperthyroidism, pregnancy and lactation. Tenderness in the eye, nausea, hypotension, headache and dizziness have been reported. These effects are minor and probably not clinically important. Diuretics should be used with caution in patients with hypovolaemia. Care should be taken in using diuretics in patients with hypertension from other causes. In diabetes, chlorthalidone may cause glucose intolerance. Side Effects: Angina, hypotension, dryness of mouth, and muscle cramps. Stinging, burning, and itching often occur. Rash is rarely seen. Reactions and dry eyes have been noted with beta-blockers. Consider discontinuing if necessary. Pack size and Basic NHS cost: 128.57 FT 0.05429.

Full prescribing information is available from Stuart Pharmaceuticals Ltd., Carr House, Carr Lane, Cheddleton, Staffordshire ST13 6LE.
the promise of

**Xanax**
(alprazolam)

a measurable difference in the quality of life
in anxiety
in anxiety associated with depression

the benzodiazepine with
a wide therapeutic range

- effective in relieving the somatic and psychic symptoms of both anxiety and anxiety associated with depression
- excellent patient tolerance
- low incidence of side effects

outbursts, excitement, and confusion. Other rare adverse effects including hypotension, gastrointestinal and visual disturbances, skin rash, urinary retention, headache, vertigo, changes in libido, blood dyscrasias and jaundice have also been reported. Dependence Potentials and Withdrawal Symptoms In general the dependence potential of benzodiazepines is low, but this increases when high dosage is attained, especially when given over long periods. This is particularly so in patients with a history of alcoholism, drug abuse or in patients with marked personality disorders. Regular monitoring of treatment in such patients is essential and routine repeat prescriptions should be avoided. Treatment in all patients should be withdrawn gradually as symptoms such as depression, nervousness, rebound insomnia, irritability, sweating and diarrhoea have been reported following abrupt cessation of treatment in patients receiving even normal therapeutic doses for short periods of time. Abrupt withdrawal following excessive dosage may produce confusion, toxic psychosis, convulsions or a condition resembling delirium tremens. Overdose Manifestations of Xanax overdose include extensions of its pharmacological activity, namely ataxia and somnolence. Induced vomiting and/or gastric lavage are indicated. As in all cases of drug overdose, respiration, pulse and blood pressure should be monitored and supported by general measures when necessary. Intravenous fluids may be administered and an adequate airway maintained. Animal experiments have suggested that forced diuresis or haemodialysis are probably of little value in treating overdose. As with the management of any overdose, the physician should bear in mind that multiple agents may have been ingested. Pharmaceutical Precautions Protect from light. Legal Category POM. Package Quantities Bottles of 100. Further Information Alprazolam is readily absorbed. Following oral administration, peak concentrations in the plasma occur after 1-2 hours. The mean half-life is 12.15 hours. Repeated dosage may lead to accumulation and this should be borne in mind in elderly patients and those with impaired renal or hepatic function. Alprazolam and its metabolites are excreted primarily in the urine. Xanax did not affect the prothrombin times or plasma warfarin levels in male volunteers administered sodium warfarin orally. Product Licence Numbers 0.25 mg tablets PL 0032/0092, 0.5 mg tablets PL 0032/0093. Basic NHS Cost 0.25 mg tablets 3.3 pence, 0.5 mg tablet 6.5 pence.

UPJOHN LIMITED
CRAWLEY
WEST SUSSEX

Registered Trademark: Xanax

UK 2013.4
EMERGENCY BREAK GLASS

‘Inderal’ LA, once daily in hypertension and angina.

ICI
Propranolol Hydrochloride BP
Works a 24 hour day
the right balance in Parkinson's disease

Madopar
levodopa plus benzerazide

the original 4+1 combination in three dosage forms, 50, 100 and 250
Effective in acute as well as chronic conditions

Recent clinical studies1-4 show Feldene is effective in acute musculoskeletal disorders.

A single daily dose of Feldene provides round-the-clock relief of pain, inflammation and stiffness.

Feldene
piroxicam

Continuous relief with a single daily dose

Indications:
- rheumatoid arthritis, osteoarthritis,
- ankylosing spondylitis, acute gout, acute
- musculoskeletal disorders.

Contraindications:
- patients with active peptic ulceration or a
  history of recurrent ulceration.
- Hypersensitivity to the drug or in patients in
  whom aspirin or other non-steroidal anti-
  inflammatory drugs induce symptoms of
  asthma, rhinitis or urticaria.

Warnings:
- the safety of Feldene used during pregnancy
  and lactation has not yet been established.
  Dosage recommendations and indications
  for use in children have also not yet been
  established.
- Side Effects:
  Feldene is generally well tolerated. Gastric-
  intestinal symptoms are the most common, if
  peptic ulceration or gastrointestinal bleeding
  occurs Feldene should be withdrawn. As with
  other non-steroidal anti-inflammatory
  agents, oedema mainly ankle oedema has
  been reported in a small percentage of
  patients; the possibility of precipitation of
  congestive cardiac failure in elderly patients
  or those with compromised cardiac function
  should therefore be borne in mind; various
  skin rashes have been reported.
- Dose:
  in rheumatoid arthritis, osteoarthritis, ankylosing spondylitis, starting dose of
  20 mg as single daily dose; the majority of
  patients will be maintained on 20 mg daily.
  In acute gout, start with a single dose of
  40 mg followed on the next 4-6 days with 40 mg
  daily in single or divided doses; Feldene is not
  indicated for long term management of gout.
  In acute musculoskeletal disorders, start with
  a loading dose of 40 mg daily in single or
  divided doses for the first 2 days. For the
  remainder of the 7 to 14 day treatment period
  the dose should be reduced to 20 mg daily.

Basic N.H.S. Cost:
capsules 10 mg coded FEL 10, pack of 60 £9.00
([PL 00570154]). Full information on request.

References:
of Symposium, Malaga, 1980, 73.
of Symposium, Malaga, 1980, 89.
3. Nissendorf, R.T., Piroxicam: Proceedings of
the Royal Society of Medicine, 1978, 83-85.
of Symposium, Malaga, 1980, 79.
A fresh approach to peptic ulcers

New non-systemic ulcer healer

Antepsin®
sucralfate

Prescribing Information

Presentation Antepsin Tablets 1 gram are white, oblong, bevelled, uncoated tablets scored and embossed 1239 on one side and Ayerd on the other. Each tablet contains 1 gram sucralfate. Uses For the treatment of duodenal ulcer, gastric ulcer and chronic gastritis. Dosage and Administration For oral administration. Adults: Usual dose 1 gram 4 times a day. Maximum daily dose 8 grams. Four to six weeks treatment is usually needed for ulcer healing but up to twelve weeks may be necessary in resistant cases. Antacids may be used as required for relief of pain. Contra-Indications. Precautions, Warnings, etc. Contra-Indications. There are no known contra-indications. Precautions 1. Concomitant administration with some oral anti-infectives such as metronidazole may interfere with absorption of the latter. 2. The product should only be used with caution in patients with renal dysfunction. 3. As with all medicines, Antepsin should not be used in early pregnancy unless considered essential. Side Effects A low incidence of mild side effects, e.g. constipation, has been reported. Legal Category POM. Package Quantities Antepsin 1 gram – 100 Tablets. Further information is available on request to the Company.

Requirements for storage are necessary. Product Licence Numbers P No. 0607/0045. PA No. 14914/2. Basic N.H.S.

Price Average daily cost 50p.

Ayerd International
Ayerd Laboratories Ltd.,
South Way, Andover, Hampshire SP10 5LT.
Telephone: 0264 58711.
Distributors in Ireland: Ayerd Laboratories Ltd.,
765 South Circular Road, Islandbridge, Dublin 8.
Prescribing Information

Indications: Sensitive bacterial infections of the lower respiratory, urinary and genital tracts, sinusitis, otitis media, skin infections, septicemia, typhoid and paratyphoid fevers, and other infections caused by sensitive organisms.

Dosage: Septrin Forte Tablets. Adults and children over 12 years: 1 forte tablet twice daily. Maximum dosage for particularly severe infections: 1 forte tablets twice daily. In acute infections, Septrin should be given for a minimum of five days or until the patient has been symptom-free for two days.

Contra-indications: Septrin is contra-indicated in patients with marked liver parenchymal damage, blood dyscrasias or severe renal insufficiency.

Septrin should not be given to patients hypersensitive to sulphonamides, trimethoprim or co-trimoxazole.

Adverse Reactions: Occasionally, nausea, vomiting, glossitis and skin rashes may occur with normal doses and, very rarely, haematological reactions.

Presentation: Septrin Forte Tablets each contain 160 mg Trimethoprim BP and 800 mg Sulphamethoxazole BP.

Basic NHS cost £1.47 for 10 PL.3/0121.

Seprin * Forte 1b.d.
co-trimoxazole

Further information is available on request.

Wellcome Medical Division
The Wellcome Foundation Ltd., Crewe, Cheshire.

*Trade Mark
The fast, simple and promote peptic
specific way to ulcer healing

80% ulcers healed in one month. Rapid relief of pain, rapid healing of the ulcer.
No dosage simpler in peptic ulcer treatment
Specifically developed as b.d. treatment.
The benefits of highly specific $H_2$ blockade
Zantac treatment has not been shown to affect the central nervous system, to exert anti-androgenic effect, or to cause drug interaction.

Zantac
RANITIDINE
A British advance from Glaxo
Photographic evidence Using autoradiographical techniques it has been shown that Vibramycin penetrates bronchial pathogens in just one day.

A specimen of bronchial tissue was taken one day after starting treatment with Vibramycin. The slide below shows the presence of Vibramycin in a Haemophilus influenzae cell taken from this tissue.

Clinical success The recent evidence correlates well with Vibramycin's clinical success in chronic bronchitis...79% of the infections treated with doxycycline (Vibramycin) were rated by the investigator to have responded with marked to moderate improvement.²
1. For the patient who suffers episodic attacks
   - Inhaled Ventolin when necessary.

For those patients suffering only infrequent and episodic attacks of asthma, Inhaled Ventolin when necessary, is often all that is required. Used at the onset of an attack of bronchospasm, Inhaled Ventolin provides rapid and sustained relief of symptoms. Patients waking with early morning breathlessness will also benefit from the rapid onset of action. And taken before exertion, Ventolin provides protection against exercise-induced asthma.

2. For the patient who requires prophylactic bronchodilator therapy
   - Inhaled Ventolin four times daily.

Routine bronchodilator therapy is indicated when asthmatic attacks become more frequent. The long duration of action of Inhaled Ventolin means that continuous protection against bronchospasm can be maintained on a four times daily dosage schedule.

VENTOLIN PRESCRIBING INFORMATION Does routine control of bronchospasm in bronchial asthma, bronchitis and emphysema, or as required to relieve attacks of acute bronchospasm. Doses may also be taken before exertion to prevent exercise-induced asthma or before exposure to a known unavoidable challenge. Dosage and administration As single doses for the relief of acute bronchospasm, for managing exacerbations episodes of asthma and to prevent exercise-induced bronchospasm. Using Ventolin Inhaler - Adults: one or two inhalations. Children: one inhalation increasing to two if necessary. Using Ventolin Rotacap - Adults: one Ventolin Rotacap 200mcg or 400mcg. Children: one Ventolin Rotacap 200mcg. 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. Using Ventolin Rotacap - Adults: one Ventolin Rotacap 400mcg three or four times a day. Children: one Ventolin Rotacap 200mg three or four times a day. For optimum results in most patients inhaled Ventolin should be administered regularly. Contra-indications Ventolin preparations should not be used for the prevention of threatened abortion during the first or second trimester of pregnancy. Precautions If a previously effective dose of inhaled Ventolin fails to give relief lasting at least three hours, then the patient should be advised to seek medical advice. Ventolin should be administered cautiously to patients suffering from thyrotoxicosis. Unnecessary administration of drugs during the first trimester of pregnancy is undesirable. Side-effects No important side-effects have been reported following treatment with inhaled Ventolin. Presentation and Pack size ventolin Inhaler is a metered-dose aerosol delivering 100mcg Salbutamol 10mg per actuation. Each canister contains 200 inhalations. Brand: NMS, cost £1.20. Ventolin Rotacaps 200mg and 400mg, each contains a mixture of the stated amounts of microfine Salbutamol BP (as sulphate), and larger particulate lactose in light blue or dark blue or colourless hard gelatine capsules, respectively. Containers of 100. Brand: NMS, cost £2.29 and £7.15, respectively. Ventolin Rotacaps for use in conjunction with Ventolin Rotacap. Brand: NMS, cost 72p, Product license numbers Ventolin Inhaler: 00445/5022. Ventolin Rotacaps 200mcg 00445/0116. Ventolin Rotacaps 400mcg 00445/0117.
3. For the patient with asthma involving inflammatory changes, add regular Inhaled Becotide.

The first sign of deterioration in asthma is often a waning response to bronchodilators brought about by inflammatory changes within the lungs. At this stage specific anti-inflammatory therapy is essential.

The early addition of Inhaled Becotide is indicated to control the inflammatory process, to restore lung function and the response to bronchodilators.

The regular administration of Inhaled Becotide and Inhaled Ventolin will maintain lung function and prevent further deterioration in the condition of many of these patients.
"Tricyclics are extremely dangerous drugs when taken in overdose"


PRESCRIBING INFORMATION

Indications
Symptoms of depressive illness.

Adult Dosage
For the first few days, 30-40mg/day as a single bedtime dose, or in divided doses. Effective maintenance dosage normally lies between 30mg and 90mg a day.

Elderly: Initially no more than 10mg a day; thereafter increase with caution under close supervision.

Pregnancy
Do not use unless there are compelling reasons.

Contra-indications
Manic, severe liver disease; during breast feeding.

Precautions
Monitor patients carefully during first 2-4 weeks of antidepressant therapy. Avoid, if possible, in patients with epilepsy. Monitor patients on concurrent antihypertensive therapy, phenothiazin or anticoagulants. Do not use with or until 2 weeks after cessation of, MAOI therapy.

Norval may potentiate the central nervous depressant action of alcohol. Care should always be exercised when treating the following: the elderly, suicidal patients; patients with diabetes, hepatic or renal insufficiency, recent or acute myocardial disease. Monitor patients with narrow angle glaucoma or symptoms suggestive of prostatic hypertrophy, even though anticholinergic side-effects are not anticipated with Norval therapy.

Side-effects
Drowsiness may occur initially; alcohol and activities which demand constant alertness should be avoided. Serious adverse effects are uncommon. A small number of cases of bone marrow depression, generally reversible on stopping treatment, have been reported; if a patient develops symptoms of infection, treatment must be stopped and a full blood count obtained. Jaundice (usually mild), hypomania and convulsions have been reported; discontinuation of treatment under such circumstances. Breast disorders (gynecomastia, nipple tenderness and non-puerperal lactation), dizziness, postural hypotension, polyuria, polymorphism, skin rash, sweating and tremor may also occur.

Overdosage
There is no specific antidote. Treatment is by gastric lavage with appropriate supportive therapy. Symptoms of overdose are normally confined to prolonged sedation. Cardiac arrhythmias, severe hypotension, convulsions and respiratory depression are unlikely to occur.

Availability and NHS price
10mg, 20mg and 30mg mianserin hydrochloride tablets. Basic NHS cost per day (10mg dosage) is 21p (price correct at time of printing).

References

Self-poisoning with amitriptyline, and other tricyclic antidepressants is now implicated in some 10,000 hospital admissions\(^1\) and 400 deaths\(^2\) 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\(^3\). 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 is available from Bencard, Brentford, Middlesex TW8 9BD. Norval and the Bencard logo are trade marks. PL0038/0230R, 0247R, 0248R.
Everyday chest infections deserve Augmentin because of its...

Superior spectrum of activity
Other oral antibacterials - including tetracycline, amoxycillin, erythromycin, co-trimoxazole and cephalosporin - cannot match the consistent and reliable activity of Augmentin against the common (and many of the not so common) respiratory pathogens.  

Excellent absorption, \(^{12}\) rapid penetration to the site of infection
Augmentin achieves effective bactericidal levels in both purulent and mucoid sputum after only one hour.  

Consistently reliable tissue levels
When Augmentin is administered, consistently high levels of active antibiotic are maintained in the sputum and tissues throughout a course of treatment, since Augmentin is unaffected by bacterial enzymes which can inactivate other penicillins and cephalosporins at the site of infection.  

Safety and tolerance
Augmentin is well tolerated, \(^{4}\) as would be expected from a penicillin based therapy.  

These are all good reasons why Augmentin is so appropriate for the range of chest infections which you will deal with everyday.

References

Beecham Research Laboratories
Bracknell, England.

AUGMENTIN
clavulanate-potentiated amoxycillin
WORKING QUICKLY, EFFECTIVELY, EVERYDAY.
Prescribing information

Presentation: Isordil Tembids capsules, containing isosorbide dinitrate 40mg in a sustained release formulation, are gelatin capsules with a colourless, transparent body and opaque blue cap for oral administration.

Uses: Prophylaxis of angina pectoris.

Dosage and Administration: Usual dosage — one Tembids capsule twice a day. Maximum recommended dose — one Tembids capsule three times a day.

Contra-indications, Warnings, etc.

Contra-indications: Idiosyncrasy to this drug.

Precautions: Tolerance to this drug, and cross-tolerance to other nitrates, and nitrates may occur.

Side Effects: Side effects due to Isordil are common to all nitrates used for the treatment of angina pectoris.

1. Cutaneous vasodilation with flushing.

2. Headache is common and in some patients may be severe and persistent. Analgesics have been useful in some cases.

3. Transient episodes of dizziness and weakness and other signs of cerebral ischaemia associated with postural hypotension may occur.

4. This drug can act as a physiological antagonist to noradrenaline, acetylcholine, histamine and many other agents.

Basic N.H.S. Price — 100 Tembids capsules £7.50.

Product Licence Number: PL0607/0041 PA 149/75/4

In Angina

restores the balance between coronary oxygen demand and supply for prolonged periods from

one capsule

b.d.

® denotes registered Trade Mark. Further information is available on request to the Company.

Ayerst Laboratories Limited
South Way, Andover, Hampshire SP10 5LT
Telephone: Andover (0264) 58711

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There is no substitute for experience.

Specify

Diabinese

brand of chlorpropamide

The original chlorpropamide for maturity onset diabetes.

INDICATIONS: maturity-onset, non-ketotic diabetes mellitus uncontrolled by diet alone. CONTRA-INDICATIONS: pregnancy; impairment of hepatic, renal or thyroid function; juvenile or growth-onset diabetes mellitus; severe, unstable 'brittle' diabetes; diabetes complicated by ketosis, acidosis, diabetic coma, surgery, infection, severe trauma. PRECAUTIONS: care should be taken to prevent hypoglycaemic reactions, particularly during the transition from insulin to the oral drug; also when other compounds are used concomitantly with Diabinese. ADVERSE REACTIONS: mostly dose related; they include anorexia, nausea, vomiting, epigastric discomfort. Certain idiosyncratic and hypersensitivity reactions have occurred, including jaundice and skin eruptions. DOSAGE: range 100 mg to 500 mg daily. Mild to moderately severe, middle-aged stable diabetic patients should be started on 250 mg daily. Subsequent dosage may be adjusted upwards and downwards by 50 mg to 125 mg at intervals of 3 to 5 days to obtain optimal control. Geriatric patients should be started on 100 mg daily. BASIC N.H.S. COST: 100 mg tabs (Prod. Lic. No. 0057/5015), pack of 100, £3.04. 250 mg tabs (Prod. Lic. No. 0057/5016), pack of 100, £6.68. Further information available on request to the Company.
THE MSD FOUNDATION

Audiovisual Programmes for General Practitioner Training

Programmes for 1983

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

Consulting in General Practice

Four videocassette programmes presenting a structured analysis of the general practice consultation. Using the research of David Pendleton and Dr Peter Tate in Oxford, the consultation is divided into seven tasks each of which may be achieved more or less effectively.

1. Defining the reason for attendance.
2. Considering other problems.
3. Choosing appropriate actions.
4. Sharing the doctor’s understanding.
5. Involving the patient in management.
6. Using time and resources appropriately.
7. Establishing or maintaining a relationship.

The four programmes are a framework for group discussion of these tasks, using extracts from real general practice consultations. The group leader’s workbook contains suggestions for incorporating the group’s own recorded consultations in the work during the session.

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.

THE LONDON HOSPITAL, WHITECHAPEL E1 1BB
TOWER HAMLETS HEALTH AUTHORITY

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 1983. Each trainee will be invited to spend initially 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 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 B. T. Harris, Steel Lane Health Centre, 384-398 Commercial Road, London E1 or from the Medical Staffing Officer, The London Hospital, Whitechapel E1 1BB.

Applications in the form of six copies of your curriculm vitae, giving the names and addresses of two referees, should be received by 26 March 1983 and addressed to the Medical Staffing Officer, The London Hospital, Whitechapel E1 1BB.

ROYAL COLLEGE OF GENERAL PRACTITIONERS
MRCGP EXAMINATIONS

The dates for the next MRCGP examinations are as follows:

May/July 1983
Written papers: Tuesday 17 May 1983.
Orals: In Edinburgh during the week ending 2 July and in London during the week ending 9 July 1983.
Closing date: Thursday 17 March 1983.

October/December 1983
Written papers: Tuesday 1 November 1983.
Orals: In Edinburgh and London during the week ending 17 December 1983.
Closing date: 8 September 1983.

The written papers will be held in London, Birmingham, Leeds, Manchester, Exeter, Newcastle, Edinburgh, Aberdeen, Cardiff, Belfast and Dublin. These and other centres may be used as required, subject to a minimum (and in some centres maximum) number of candidates.

It may be necessary to limit the total numbers and candidates are therefore advised to apply well in advance of the closing dates. The application fee is as follows:

1983
Application fee £140.00
Re-application fee £105.00

Candidates withdrawing from the examination after the closing date for applications forfeit 40 per cent of the full fee.

Candidates are advised that the number of questions in the multiple choice paper has been reduced to 60.

Application forms and further information may be obtained from: The Examination Administrator, The Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU. Tel: 01-581 3322.
**PARTNERSHIP OFFERED IN WEST GLAMORGAN**

Third partner needed in Upper Afan Valley group practice. Equal share from start but relatively low earnings. Good equipment, staffing, and opportunities for teaching and research.

Apply as soon as possible to: Drs Brian Gibbons and Julian Tudor Hart, Glyncorrwg Health Centre, West Glamorgan SA13 3BL, with curriculum vitae and three references.

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**MRCGP CANDIDATES**

New practice exams now available. Two MCQ papers (120 questions) covering the new subject areas as required by the Royal College. (This includes social and legal aspects, epidemiology, statistics and practice organization.) Answers and detailed teaching explanations provided together with computer sheets and free marking service. MEQ and TEQ papers have sample answers, explanations, marking schedules references and practical examination advice. Also hints on log diary, oral and reading suggestions. Send cheque now for £15 plus 60p p & p.

Dept. GP PaTest Service, PO Box 81, Hemel Hempstead, Herts HP1 1AA
Tel. Hemel Hempstead (0442) 52113

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**ROYAL COLLEGE OF GENERAL PRACTITIONERS ICI FELLOW**

Applications are invited for this post, made possible through the generosity of ICI Pharmaceuticals Division, which will be concerned with the introduction and application of computers in general practice.

The work will involve assessing developments in the field of computers and holding meetings to inform general practitioners of these developments and of their implications.

Applicants should be general practitioners, or other medical or nonmedical graduates who are very familiar with British general practice, and have some personal experience of data processing. They should be able to communicate clearly both to the committed and the uncommitted on the use of computers in general practice.

The appointment will be part time (three sessions per week) with remuneration around £6,000 per annum and is intended to commence on 1 April 1983. The initial appointment will be for one year with the possibility of extension for a second year.

Applications with CV should be submitted not later than 20 February 1983 to the: Honorary Secretary, Royal College of General Practitioners, 14 Princes Gate, London SW7 1PU. Short-listed candidates will be interviewed on 9 March 1983.

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**LEICESTERSHIRE HEALTH AUTHORITY (T) VOCATIONAL TRAINING FOR GENERAL PRACTICE**

Applications are invited for 12 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 3 October 1983 for the complete three-year programme which includes an introductory three-month appointment in a training practice, successive six-month appointments as Senior House Officers 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 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. Closing date for applications is 3 March 1983.

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**PRESCRIBING IN GENERAL PRACTICE**

Prescribing in general practice is not just a matter of choosing between drugs and knowing their clinical indications and adverse effects. The decision whether to prescribe or not and the significance of such factors as doctors’ and patients’ expectations, customs, and problems of dependence are just as important.

*Prescribing in General Practice* is a report from the Medical Sociology Research Centre at the University of Swansea, Wales. It comprises a number of essays which include a considerable amount of factual information about the pattern of prescribing of general practitioners in Britain.

*Prescribing in General Practice*, published as a supplement to the *Journal of the Royal College of General Practitioners*, is available from the Publications Sales Department, Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU, price £3.00 including postage. Payment should be made with order.
Vocational Training for General Practice

Exeter Health Authority/ University of Exeter

Applications are now invited for four places starting on 1 November 1983, 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 MRCP examination.

The four programmes are:

A General practice (two months)
  Accident and emergency (six months)
  Paediatrics (six months)
  Psychiatry (six months)
  Geriatrics (six months)
  General practice (ten months)

B General practice (two months)
  Paediatrics (six months)
  Psychiatry (six months)
  Medicine and dermatology (six months)
  Community medicine/paediatrics (six months)
  General practice (ten months)

C General practice (two months)
  Psychiatry (six months)
  Geriatrics (six months)
  Paediatrics (six months)
  Medicine and dermatology (six months)
  General practice (ten months)

D General practice (two months)
  Geriatrics (six months)
  Medicine and dermatology (six months)
  Community medicine/paediatrics (six months)
  Accident and emergency (six months)
  General practice (ten months)

Due to changes in the hospital rotation, it will be necessary for all trainees to do one extra month in a particular hospital post. This means that the whole course will be three years and one month.

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 MRCPG course, and a course on management in general practice.

Research work particularly relevant to general practice is encouraged throughout the course and articles are regularly 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 the Royal College of General Practitioners, 14 Princes Gate, London SW7 1PU). The department's practice management course has been expanded into a book, Running a Practice, published by Croom Helm, London, and one of the senior lecturers has written the book Training for General Practice (Macdonald and Evans).

This is the only university department of general practice in a postgraduate medical school in the British Isles.

Application forms can be obtained by writing to: Dr K. J. Bolden, FRCPG, Department of General Practice, Postgraduate Medical Centre, Barrack Road, Exeter EX2 5DW. The closing date for entry is Monday, 21 February 1983.
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