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.
IN HYPERTENSION AND ANGINA

Hydrophilic
Reduced risk of drug interaction
Wide range of patients
Few side effects
Cardioselective
Effective anti-anginal
Effective anti-hypertensive
Full 24 hour protection
Increased work performance

...in one tablet daily

TENORMIN
fits the profile of the ideal beta blocker in hypertension and angina

'Tenormin' Prescribing notes:
Prescribing Information

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

Dosage: Septran 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 Septran should be given for a minimum of five days or until the patient has been symptom-free for two days.

Contra-indications: Septran is contra-indicated in patients with marked liver parenchymal damage, blood dyscrasias or severe renal insufficiency. Septran should not be given to patients hypersensitive to sulphonamides, trimethoprim or co-trimoxazole; should not be given during pregnancy or to neonates.

Precautions: In renal impairment a reduced dosage is indicated and an adequate urinary output should be maintained. Regular blood counts are necessary whenever long-term therapy is used. Caution is advised in patients with folate deficiency. Care should be taken when giving Septran to patients receiving oral anticoagulants of the coumarin group, pyrimethamine or sulphapyridine.

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

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


Seprin Forte 1b.d.
co-trimoxazole

Further information is available on request. Welcome Medical Division The Welcome Foundation Ltd., Crewe, Cheshire

*Trade Mark
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.

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

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 1.5mg three times daily. Usual dose for mild to moderate anxiety is 3mg to 6mg 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 whilst 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, amnestic effects and ataxia may occur. They usually disappear after the first few days of treatment or with reduction of dosage. Presentation Pink, hexagonal tablets containing 5mg of bromazepam in packings of 100 and 500. Basic NHS Cost 3mg three times daily. 10p per day ex 500 pack Product licence number 0031/0128

Roche Products Limited. PO Box 8, Welwyn Garden City, Hertfordshire AL7 3AY.
ICI announce 'Inderex'.

'Inderex' is designed to give full 24-hour control of blood pressure from a single daily dose.

'Inderex' combines the world's most widely prescribed beta-blocker, 'Inderal' - in the form of 'Inderal' LA, with one of the world's most widely used diuretics, bendrofluazide.

'Inderex', the next logical step in the treatment of hypertension.

ICI INDEREX
Propranolol Hydrochloride in long-acting formulation and Bendrofluazide.

The next logical step
the promise of

Xanax®
alprazolam

a measurable
difference
in the quality of life
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, gastritis, and visual disturbances, skin rash, urinary retention, headache, vertigo, changes in libido, blood dyscrasias and jaundice have also been reported. Dependence Potential 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: 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 overdosage. As with the management of any overdosage, the physician should bear in mind that multiple agents may have been ingested. Pharmacological 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 tabler PL 0032/0092, 0.5 mg tablet PL 0032/0093. Basic NHS Cost 0.25 mg tablet 3.3 pence, 0.5 mg tablet 6.5 pence.
“... Teddy's better too, Grandma. Can we come tomorrow?”

Amoxil - the leading antibiotic prescription for children in Britain.

Rapidly resolves young patients' infections.

Prescribing Information

Indications:
Commonly occurring bacterial infections of the upper and lower respiratory tract, urinary tract, skin and soft tissue.

Presentations:
Amoxil syrup: 125mg and syrup forte: 250mg per 5ml PL 0038/0108/9
Amoxil paediatric suspension: 125mg per 1.25ml PL 0038/0077/7
Amoxil capsules: 250mg and 500mg PL 0038/0108/5
Amoxil dispersible tablets: 500mg PL 0038/0077/6
Amoxil 3g sachets: PL 0038/0238/8
Amoxil vials for injection: 250mg, 500mg and 1g PL 0038/0211/9

The amoxicillin content per dose unit is presented as the tributyrate in Amoxil oral preparations and as the sodium salt in Amoxil injections.

Average treatment cost: children 28p/day (125mg syrup t.d.s.) adults 49p/day (250mg capsules t.d.s.). Dispersible tablet: 35p per tablet (30 pack). 3g Sachet £5.98 per sachet.

Dosage

Children's Dosage (up to 10 years)
Oral: 125mg three times a day. In severe infections doses should be doubled.

Injectable: 50-100mg/kg bodyweight per day in divided doses.

Adult Dosage
Oral: 500mg three times a day. In severe infections doses should be doubled.

Injectable: 500mg IM 8 hourly (or more frequently if necessary) in moderate infections. 1g IV 6 hourly in severe infections.

Contra-Indications
Amoxil is a penicillin and should not be given to penicillin hypersensitive patients. Side-effects, as with other penicillins, are usually of a mild and transitory nature; they may include diarrhoea or indigestion. Occasionally a rash may occur; in which case treatment should be discontinued.

Since Amoxil is a penicillin, problems of overdosage are unlikely to be encountered.

Further information on Amoxil (amoxicillin) is available from:

Bencard

Bencard, Great West Road, Brentford. Telephone: 01-560 3155

Amoxil and the Bencard logo are trademarks. December 1981

14289
In Angina
restores the balance between coronary oxygen demand and supply for prolonged periods from

one capsule b.d.

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 nitrites may occur.

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

1. Cutaneous vasodilatation 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 149/7/4

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Ayerst Laboratories Limited
South Way, Andover, Hampshire SP10 5LT
Telephone: Andover (0264) 58771

Distributed in the Republic of Ireland by:
Ayerst Laboratories Limited
South Circular Road, Islandbridge, Dublin 8
Telephone: 01-772669
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

Uses: 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 management of intermittent 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 increasing to two inhalations if necessary. Using Ventolin Rotacap - Adults: one Ventolin Rotacap 400mcg three or four times a day. Children: one Ventolin Rotacap 200mcg 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, 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. 

Restored, Rotacap, Rotahaler and Ventolin are trade marks of Allen & Hanbursys Limited. Further information on Restored and Ventolin is available from Allen & Hanbursys Limited, Greenford Middlesex UB6 0HB.
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.

Inhaled Ventolin and Becotide - a rational basis for prescribing in asthma

Cross-section of bronchiile illustrating bronchospasm complicated by the inflammatory components, bronchial mucosal oedema and hypersecretion of mucus.
An important additional benefit for Hypovase...

...restoring the plasma lipid ratio.

Hypovase, the booster anti-hypertensive to first line therapy has now been shown to have an additional beneficial property... the restoration of the plasma lipid ratio!

This is important because the use of first line anti-hypertensives such as β-blockers and diuretics has not reduced the incidence of ischaemic heart disease (IHD).2-5

One possible reason is that their beneficial effects on blood pressure, one risk factor for IHD, have been offset by their effect on another major risk factor – the plasma lipid ratio (HDL: LDL + VLDL).6-9

Hypovase when added to these first line anti-hypertensives restores the plasma lipid ratio, providing yet another good reason for adding Hypovase to your first line therapy.

Hypovase
prazosin HCl
boosts anti-hypertensive action, restores the plasma lipid ratio.

Prescribing information:

Indications: hypertension of varied aetiology and all grades of severity.

Contra-indications: sensitivity to Hypovase.

Precautions: A small percentage of patients may react more rapidly and to a greater extent than the majority. In some cases this had 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 12 years of age.

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

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

Basic NHS Cost: b.d. Starter Pack containing 8 x 0.5mg Hypovase tablets and 32 x 1mg Hypovase tablets, £2.70: 0.5mg tablet.
(PLS7/0149), pack of 100, £4.08; 1mg tablet
(PLS7/0106), pack of 100, £6.25; 2mg tablet
(PLS7/0107), pack of 100, £6.98; 5mg tablet
(PLS7/0108), pack of 100, £15.58.

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Full information on request.
Pfizer Ltd, Sandwich, Kent.
* Trade Mark

20496
The fast, simple and promote peptic
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 H₂ blockade
Zantac treatment has not been shown to affect the central nervous system, to exert anti-secretory effects or to cause drug interaction.

A British advance from Glaxo
Everyday chest infections deserve Augmentin because of its...

Superior spectrum of activity
Other oral antibiotics - including tetracycline, amoxycillin, erythromycin, co-trimoxazole and cephalexin - cannot match the consistent and reliable activity of Augmentin against the common (and many of the not so common) respiratory pathogens.1

Excellent absorption, 2 rapid penetration to the site of infection
Augmentin achieves effective bactericidal levels in both purulent and mucoid sputum after only one hour.4

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 cephalexins at the site of infection.

Safety and tolerance
Augmentin is well tolerated, 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

Prescribing Information
Use: Respiratory tract, genitourinary tract, skin and soft tissue infections. Dose: Adults and children over 12 years of age: 1 Augmentin or Augmentin Dispersible Tablets (175mg) three times a day. In severe infections dosage may be doubled. Treatment with Augmentin should not be extended beyond 14 days without review. For use in younger children see data sheet. Contra-indications: Penicillin hypersensitivity. Precautions: Safety in human pregnancy is yet to be established, although high dose animal studies show no teratogenicity. Do not use in patients with renal impairment; unless the condition is severe enough to require diuresis. Side-Effects: As with other penicillins, these are uncommon and mostly of a mild and transient nature, and include diarrhoea, indigestion, nausea, vomiting and rash. If pronounced side effects occur they may be reduced by taking Augmentin at the start of meals. Erythema and urticarial rash occasionally occur but their incidence has been particularly low in clinical trial. Treatment should be discontinued if either of rash appears. Availability and Price: Augmentin Tablets 150mg/250mg (20 tablets); Augmentin Dispersible Tablets 150mg/250mg (60 tablets; 300 tablets); Augmentin Suspended Tablets 150mg/250mg (300 tablets). Augmentin is supplied in bottles of 30, 1000 or 30,000 tablets.

Further Information
is available on request to the Company.

Beecham Research Laboratories
Brentford, England.

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

November 1982
A fresh approach to peptic ulcers

New non-systemic ulcer healer

Prescribing information
Presentation: Antepsin Tablets 1 gram are white, oblong, biconvex, uncoated tablets scored and embossed 1239 on one side and AYERST on the other. Each tablet contains 3.5 gms sultalmenate. 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.

ANTEPSIN is a registered Trade Mark.

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 tetracyclines 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. Securitainers of 100. Pharmaceutical Precautions: No special

Further information is available on request to the Company.

Requirements for storage are necessary. Product Licence Numbers PL No. 0607/0453 PA No. 149/4/2. Basic N.H.S. Price: Average daily cost 50p.

AYERST INTERNATIONAL
AYERST Laboratories Ltd.,
South Way, Andover, Hampshire SP10 5LT.
Telephone: 0256 58711.
Distributors in Ireland: AYERST Laboratories Ltd.,
765 South Circular Road, Islandbridge, Dublin 8.
Effective in acute as well as chronic conditions

Recent clinical studies\(^1-4\) 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

*Trade Mark*

Continuous relief with a single daily dose

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**Indications:**
- rheumatoid arthritis, osteoarthritis, anklyosing 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. Gastrointestinal 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.
- Dosage: in rheumatoid arthritis, osteoarthritis, anklyosing 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 to 6 days with 20 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 /EL-10, pack of 80 £0.99

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References:

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Sandwich, Kent.
THE MSD FOUNDATION

Audiovisual Programmes for General Practitioner Training

Programmes for 1983

Our 1983 catalogue contains details of videocassette and tape/slide programmes for use with small groups in general practitioner training. They include:

The Depressed Patient in General Practice

This video cassette is really about patients who come to the doctor "feeling depressed". Whether they have "Depression", with a capital D, or are just unhappy, is not always clear, but the general practitioner still has to make management decisions.

By using videotaped extracts from real consultations, recorded in general practice surgeries throughout the UK, this programme explores diagnosis and management problems in this tricky and important area. The videocassette is designed for use with a small group of doctors over two 2-hour sessions and presents a series of discussion breaks for the group to share ideas and compare experiences.

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 NORTHERN IRELAND COUNCIL FOR POSTGRADUATE MEDICAL EDUCATION

TEACHING GENERAL PRACTICE

A five-day course for established general practice trainers will be held in the Department of General Practice, Dunluce Health Centre, Dunluce Avenue, Belfast, on 13, 14, 15, 18 and 19 April 1983.

The course is designed to provide experience in teaching and involves peer audit of the one-to-one and group situations. It is approved under Section 63. Total numbers are limited.

Application form and full details may be obtained from: Mrs Isabel McCurry, Northern Ireland Council for Postgraduate Medical Education, 5 Annadale Avenue, Belfast BT7 3JH. Tel. Belfast 0232 640731.

POSITION AS AU PAIR

Daughter (18 years) of Dutch general practitioner wishes to be an au pair in July 1983 for a family with small children (has experience) of an English general practitioner, whilst at home or on their holidays. Write to: Dr C. P. Bruins, Haydanaan 60, 3723 KJ Bilthoven, Holland. Tel. 010-31-30-787868.

HOSPITAL DEVELOPMENT IN NIGERIA

Joint business partners to develop virgin land for ultra-modern hospital already established in rented premises in Aba, the commercial city of Imo State, Nigeria. Interested doctors, of any nationality, who must be versatile, hardworking and adventurous with a sound financial background, may apply.

Write for details indicating qualifications, marital status, etc., to: Box No. 29, JRCGP, The Update Group, 33-34 Alfred Place, London WC1E 7DP.

THE ROYAL COLLEGE OF GENERAL PRACTITIONERS

DERMATOLOGY IN GENERAL PRACTICE

A three-day course on skin problems in general practice will be held at The Royal College of General Practitioners headquarters in London on the 16, 17, 18 March 1983. The course will be held under the auspices of the Education Research Project and will be evaluated.

Approval under Section 63 is being sought. The Course Organizer is Dr H. McMichen. For further details please write to: Mrs N. Wimbeldon, Secretary to the Education Research Project, The Royal College of General Practitioners, 14 Princes Gate, London SW7 1PU.

DOCTOR TRAVEL SERVICE

IBIZA—ES CANA from £151.00

Es Cana is an attractive little resort on the eastern side of Ibiza, much favoured by those seeking a quieter, relaxed holiday. Much of Es Cana’s appeal is due to its fine sandy beaches.

Accommodation is in the Hotel Calanova Playa in twin-bedded rooms with private bath, wc, and balcony. Full board basis. Single rooms at a supplement charge.

Amenities at the resort are varied with water sports, swimming, boating, sailing, with facilities nearby for horse-riding, golf and tennis.

Departing from Gatwick, Manchester, Birmingham, Bristol, Glasgow and Edinburgh from April to October.

For further details and bookings please telephone: Janet on 01-499 3869/4221.
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 PassTest Service, PO Box 81, Hemel Hempstead, Herts HP1 1AA
Tel. Hemel Hempstead (0442) 52113

KING’S FUND COLLEGE
MANAGEMENT FOR
GENERAL PRACTITIONERS

Course 841(A)—18-20 April 1983 General Medical Practitioners Part 1
Course 841(B)—5-6 July 1983 General Medical Practitioners Part 2

The King’s Fund College is repeating the two modules 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 Administrator, King’s Fund College, 2 Palace Court, London W2 4HS. Tel. 01-229 9361.

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, mid-March and mid-September 1983.
2. Refresher course in medicine for general medical practitioners, 11 to 15 July 1983.
3. Residential attachment in obstetrics: two-week attachments throughout the year by arrangement.
4. Recent advances in occupational medicine, 19 to 23 September 1983.

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

THE UNIVERSITY OF NEWCASTLE
NEW SOUTH WALES
FACULTY OF MEDICINE

ASSOCIATE PROFESSOR/SENIOR LECTURER—GENERAL PRACTICE

SENIOR LECTURER/LECTURER—GENERAL PRACTICE

Applications are invited for appointment as Associate Professor/Senior Lecturer/Lecturer in General Practice within the discipline of community medicine.

The Faculty offers a five-year undergraduate course, which has a total enrolment of 300. There are 30 candidates enrolled in PH.D programmes. A Master’s programme in clinical epidemiology has recently been introduced.

The undergraduate curriculum has an integrated approach to the learning of the clinical and basic science components of medicine. Supervised clinical experience begins in the first year of the programme. Similarly basic sciences have a role in the later years of the course. The principal educational strategy is clinical problem-solving in small groups.

The appointee will be expected to plan and oversee student learning in general practice in Newcastle and surrounding country areas, and to be involved in all years of the curriculum. Many general practitioners in the area serve as tutors and it will be a responsibility of the appointee to maintain contact with them.

The Faculty attempts to promote, where possible, integration of its research activities and the development of collaborative programmes. The appointee will be expected to initiate research into the process of General Practice and its content. Collaborative research is already underway involving the disciplines of behavioural science, clinical pharmacology, community medicine and psychiatry.

The principal academic base for general practice is at present the Medical Sciences Building at the Shortland campus. Explorations are under way to find means to establish a suitable university general practice.

The current salary for an Associate Professor is $A39,666 per annum, for Senior Lecturers $A30,096-$A35,077 per annum, for Lecturers $A22,430-$A29,467 per annum, plus clinical loadings, where appropriate, of up to $A8,400 per annum for each of these classifications.

The University reserves the right to fill the post by invitation. A tenured or contract appointment may be offered.

Condition of employment, method of application and other particulars may be obtained from: The Association of Commonwealth Universities (Appts), 36 Gordon Square, London WC1H 0PF.

Applicants should write for further information to: Professor S. R. Leeder, Professor of Community Medicine, University of Newcastle, Newcastle N2308, Australia.

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