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.¹

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 9mg 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 Treatment in these cases should be withdrawn gradually.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, unsteadiness and dizziness 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 £2.95 per day ex 500 pack Product licence number 0031/0128

¹ Royal College of General Practitioners' study, data on file. Roche Products Limited.
TENORETIC
atenolol 100mg & chlorthalidone 25mg

24 hour reliable control 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, bronchial asthma, severe asthma uncontrolled with betablockers, severe renal impairment, severe hepatic impairment, severe hepatic impairment, pregnancy and breast feeding. Tenosmin is contraindicated in patients with moderate to severe renal impairment. Care should be taken in patients with diabetes, for both drugs are likely to produce hyperglycaemia. In diabetes, chlorthalidone may interfere with glucose tolerance. Side Effects: Distressingly rare patients have reported with nifedipine - consider discontinuing therapy with a beta-blocker. Redness and dryness of eyes have been reported with betablockers - consider discontinuing therapy with a beta-blocker. The use of an atenolol 100mg & chlorthalidone 25mg combination may be appropriate to the patient's needs.

Pack size and Basic NHS cost: 10 tablets. £8.17. PL 0019/0139.

The UK's Number One Beta-Blocker/Diuretic Combination

Full prescribing information is available on request from the Company.
Stuart Pharmaceuticals Limited
Carr House, Carrs Road, Cheltenham, Glos GL50 2EG.
EMERGENCY BREAK GLASS

'Inderal' LA, once daily in hypertension and angina.

ICI INDERAL LA Propranolol Hydrochloride BP
Works a 24 hour day
Presentation
Madopar contains a combination of levodopa and the decarboxylase inhibitor benserazide in the ratio of 4:1. Madopar 62.5 capsules contain 50mg levodopa and 14.25mg benserazide hydrochloride (equivalent to 12.5mg of the base).

Indications
Parkinsonism – idiopathic post-encephalitic

Dosage
Dosage is variable and the data sheet should be consulted for full details. The effective daily dose usually lies between four and eight capsules of Madopar 125 every four to six hours, although doses of up to 200mg of levodopa and 50mg benserazide hydrochloride (equivalent to 50mg of the base) may be required between meals. Most patients require one capsule of Madopar 62.5 once or twice daily, increasing by one capsule every third or fourth day. For some elderly patients, initial treatment with one capsule of Madopar 62.5 once or twice daily, increasing by one capsule every third or fourth day, may suffice. Patients who experience fluctuations in response may also benefit from administration of smaller more frequent doses using Madopar 62.5.

Contra-indications
Narrow-angle glaucoma, severe psychosis or psychosis: It should not be given in conjunction with monoamine oxidase inhibitors or within two weeks of their withdrawal. It is contraindicated in patients over 25 years of age, in pregnant women, or in patients who have a history of, or who may be suffering from, a malignant melanoma.

Precautions
Drugs which interfere with central amine mechanisms should be avoided. Endocrine, renal, pulmonary or cardiovascular disease, hepatic disorders, peptic ulcer, osteoporosis, sympathomimetic and antihypertensive drugs. Patients who improve on Madopar therapy should be advised to resume normal activities gradually as rapid mobilisation may increase the risk of injury.

Side-effects
Nausea and vomiting, cardiovascular disturbances, psychiatric disturbances, involuntary movements.

Packings
Madopar 62.5 capsules, Madopar 125 capsules and Madopar 250 capsules in packings of 100.

Licence Numbers
0031 0125 (Madopar 62.5 capsules); 0031 0073 (Madopar 125 capsules); 0031 0074 (Madopar 250 capsules).

Basic NHS Cost
Madopar capsules 62.5
55p per 100
Madopar capsules 125
19p per 100
Madopar capsules 250
3.7p per 100

Madopar
levodopa plus benserazide

the original 4+1 combination in three dosage forms, 62.5, 125 and 250
A fresh approach
to peptic ulcers

Antepsin
sucralfate

New
non-systemic ulcer healer

Prescribing Information
Presentation Antepsin Tablets 1 gram are white, oblong, bicurved, uncoated tablets scored and embossed 1239 on one side and Ayerst 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. Antepsin 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.

Ayerst
International
Ayerst Laboratories Ltd.,
South Way, Andover, Hampshire SP10 SLT.
Telephone: 0264 58711.
Distributors in Ireland: Ayerst Laboratories Ltd.,
765 South Circular Road, Islandbridge, Dublin 8.
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 rashes, 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 maintained, 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,
agitation, 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
anxiety 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
tablet: 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.

UPJOHN LIMITED
CRAWLEY
WEST SUSSEX
Registered Trademark: Xanax
UK 2013.4
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: Seprin Forte Tablets. Adults and children over 12 years: 1 forte tablet twice daily. Maximum dosage for particularly severe infections: ½ forte tablets twice daily. In acute infections, Seprin should be given for a minimum of five days or until the patient has been symptom-free for two days.

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

Seprin should not be given to patients hypersensitive to sulphonamides, trimethoprim, or co-trimoxazole, and 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 Seprin to patients receiving oral anticoagulants of the coumarin group, pyrimethamine or sulphonylureas.

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

Presentation: Seprin Forte Tablets each contain 1.0 mg Trimethoprim BP and 800 mg Sulphamethoxazole BP.

Basic NHS cost £1.47 for 10 PL3/0121.
There is no substitute for experience

Specify

Diabinese

The original chlorpropamide

Prescribing Information

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, major surgery, severe 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 (See Data Sheet for full details of dosage). Basic N.H.S. Cost: 100 mg tablets (PL 57/5015), pack of 100, £3.04, 250 mg tablets (PL 57/5016), pack of 100, £6.68.

Full information on request to the Company.

PFIZER LIMITED
SANDWICH, KENT
20750
Zantac makes peptic ulcer treatment this simple

and maintenance this simple

and retains its selective action throughout
Simple!

Simply right in peptic ulcer treatment
Simply right in maintenance

Zantac
RANITIDINE
The need is recognised

If a drug could be produced that had the anti-asthmatic properties of steroids without their side effects, the trials and tribulations of asthmatic patients would be at an end.  

The solution is offered

In my experience the aerosol of beclomethasone dipropionate is effective in controlling symptoms and avoiding adrenal suppression both in patients with steroid-independent asthma and in most patients with steroid-dependent asthma and therefore seems to be a notable advance in the treatment of asthma.

The promise is fulfilled

Inhaled steroids have transformed the management of chronic asthma. All initial promises have been fulfilled and there have been no serious side effects.

A challenge for the future

In the light of the continuing morbidity of asthma, usually from underdiagnosis and undertreatment, and of too frequent asthma fatalities, there is a compelling case for the much wider use of anti-asthma drugs. The contribution that corticosteroids, especially their prophylactic use by inhalation, can make is not yet fully appreciated or employed.

TWICE DAILY INHALED

Becotide
"... Teddy's better too, Grandma. Can we come tomorrow?"

its outstanding safety profile. It is available in three different oral presentations which offer acceptable and convenient therapy for younger patients.

Amoxil - the leading antibiotic prescription for children in Britain.

Amoxil
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: 250mg and 500mg per 5ml
- Amoxil paediatric suspension: 125mg per 1.25ml
- Amoxil capsules: 250mg and 500mg
- Amoxil dispersible tablets: 500mg
- Amoxil 3g sachet
- Amoxil vials for injection: 25mg, 50mg and 1g

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

Average treatment cost: Children 20p/day (250mg syrup) to adults 40p/day (250mg capsules) to adults.

Dosage:
- Dispersible tablet: 35g per tablet (30 packs) 3g sachet 12.6g per sachet.
- Oral suspension (children):
  - 75mg three times a day
  - In severe infections doses should be increased.
- Injectable: 50-100mg/kg body weight per day in divided doses.
- Adult Dosage:
  - Oral: 250mg three times a day.
  - In severe infections doses should be doubled.
  - Injectable: 500mg (8 hours) (or more frequently if necessary) in moderate infections; 4-6 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 overlap are unlikely to be encountered.

Further information on Amoxil (amoxicillin) is available from:

Bencard
Bencard Great Wood Road, Brentford Telephone: 01-560 5131
Amoxil and the Bencard logo are trademarks.
December 1981

1/2c

 gamer.
Effective blood levels, achieved within hours of the first administration of Feldene, lead to rapid relief from pain and inflammation. Continuous relief is then maintained with a single daily dose.

Feldene has repeatedly been shown to be at least as effective as indomethacin in rheumatoid and osteoarthritis,\textsuperscript{1-5} whilst being as well tolerated as ibuprofen.\textsuperscript{6-7}
“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 30mg a day; thereafter increase with caution under close supervision.

Pregnancy
Do not use unless there are compelling reasons.

Contra-indications
Mania; 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, phenothiazines 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), hypomana and convulsions have been reported: discontinue treatment under such circumstances. Breast disorders (gynaecomastia, nipple tenderness and non-puerperal lactation), dizziness, postural hypotenion, polyarthropathy, 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 (30mg dosage) is £1p (price correct as time of printing).

References

Self-poisoning with amitryptiline, 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 is available from Bencard, Brentford, Middlesex TW8 9BD. Norval and the Bencard logo are trade marks. PL0038/0230R, 0247R, 0248R.
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

Vibramycin* penetrates bronchial pathogens in one day.1

Electron micrograph (coloured through image tone enhancement technique)
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 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 149/77/4

Ayerst International
Ayerst Laboratories Limited
South Way, Andover, Hampshire SP10 5LT
Telephone: Andover (0264) 58711
Distributed in the Republic of Ireland by:
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South Circular Road, Islandbridge, Dublin 8
Telephone: 01-772689

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THE MSD FOUNDATION

Educational Programmes for General Practitioners

Our 1983 Handbook will be available in April. This will include an up-to-date catalogue of our current programmes and information about a new format for our tutors’ notes. In addition there will be a description of some of our courses and other educational services. Among these is an ‘open access’ facility for the making of future programmes.

Open Access

A number of general practitioners, among them course organizers, trainers and trainees, have in the past made suggestions about important topics which might form the basis for some of our programmes.

The Foundation is keen to develop such ideas, and accordingly I would like to invite individual doctors, groups of general practitioners or others concerned in general practice education to submit their plans for a future programme. This should include a very brief description of the aims, the use of supporting material like video recording, the sort of notes for tutors or group leaders that might be written, and any practical exercises such as a limited clinical audit.

The topic should be one not so far sufficiently covered in our catalogue, and it should be seen as making an important contribution to vocational training courses and/or small groups of doctors concerned with their own continuing education.

Successful applicants will be given a realistic budget, and the support of the Foundation’s technical and educational resources. If you are interested, please do not hesitate to write to me at the Foundation to discuss the idea, and the form in which you might want to submit it. I would hope to be in a position to choose two such programmes for production in 1983.

Marshall Marinker
Director, MSD Foundation

Videocassettes which are part of our teaching programmes 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 a handbook, 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.

PARTNERSHIP AVAILABLE IN NORTH DEVON

Third partner required due to resignation, to start in midsummer by mutual arrangement.

Exclusive use of Health Centre with full ancillary staff. Access to Pathology and Radiology facilities.

This is a teaching practice and an applicant who is an established trainer or who would be prepared to become one would be particularly welcome.

Please write for full details of the practice to: Drs Hunt, Ashton and Belsey, The Health Centre, Bay View Road, Northam, Bideford, Devon EX39 1AZ.

PARTNERSHIP OFFERED

Forward-looking fourth partner required in urban teaching practice. Purpose-built health centre in District General Hospital grounds adjacent to Postgraduate Centre. In addition to usual attached staff there are a psychologist and social worker. Must be on obstetric list. Research actively encouraged. Mutual assessment period: parity in three years. Apply with curriculum vitae and names of two referees to: Dr A. Elliott, FRCS, Newbury Park Health Centre, Perymans Farm Road, Ilford, Essex.

DEPARTMENT OF FAMILY & COMMUNITY MEDICINE
COLLEGE OF MEDICINE & MEDICAL SCIENCES
KING FAISAL UNIVERSITY
DAMMAM, SAUDI ARABIA

Applications are invited from qualified men and women for the Academic Year 1983/84. Successful applicants will participate in an expanding programme teaching undergraduates, interns and residents (research activities where applicable). Main satisfaction will derive from being part of an innovative and exciting teaching/service programme, vertically integrated from undergraduate through vocational training.

Prerequisites: Applicants must be Members or Fellows of the Royal College of General Practitioners or have American Boards in Family Practice. Several years' teaching experience.

Salaries are highly competitive and negotiable. Contracts are for one year and renewable. Instruction is in English. Benefits include furnished housing, air tickets to and from Saudi Arabia once per year for a family of four, 60 days paid annual leave, monthly transport allowance, generous luggage overweight allowance and educational allowance for children. No Saudi Income Tax.

Please send curriculum vitae quoting ref FM/RC with current telephone number and the names and addresses of three referees to:

Dr. Tawfik Tamimi, Dean,
College of Medicine and Medical Sciences

or

c/o U.S. Recruiting Office
King Faisal University
2425 West Loop South
Suite 240
Houston, Texas 77027
USA

c/o U.K. Recruiting Office
King Faisal University
29 Belgrave Square
London SW1X 8Q8
UK

YORK HEALTH AUTHORITY
VOCATIONAL TRAINING FOR GENERAL PRACTICE

Applications are invited for admission to a three-year course of training commencing on 1 August 1983. The course consists of four six-month hospital posts and two six-month periods in general practice.

The hospital posts are in four of the following specialties: accident and emergency; general medicine; obstetrics; paediatrics; psychiatry.

The course of training has been approved by the Royal College of General Practitioners and although it is primarily aimed towards general practice, it would also be suitable as a course for general professional training.

Interviews are scheduled to take place on Tuesday 3 May 1983.

Please send curriculum vitae including full details of education, qualifications, past experience and the names and addresses of two referees to the: District Personnel Officer, York Health District, Bootham Park Hospital, York YO3 7BY.

Closing date: 12 April 1983.
COLLEGE PUBLICATIONS

The following publications from the Royal College of General Practitioners can be obtained from the Publications Sales Department of the Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU. All prices include postage and payment should be made with order.

REPORTS FROM GENERAL PRACTICE

18. Health and Prevention in Primary Care. £3.00
19. Prevention of Arterial Disease in General Practice.......................... £3.00
20. Prevention of Psychiatric Disorders in General Practice.............. £3.00
21. Family Planning—An Exercise in Preventive Medicine............... £2.25
22. Healthier Children—Thinking Prevention .................................................. £5.50

OCCASIONAL PAPERS

4. A System of Training for General Practice (2nd edn)...................... £3.00
6. Some Aims for Training for General Practice......................................... £2.75
7. Doctors on the Move.......................................................... £3.00
8. Patients and their Doctors 1977................................................ £3.00
9. General Practitioners and Postgraduate Education in the Northern Region ....... £3.00
10. Selected Papers from the Eighth World Conference on Family Medicine... £3.75
11. Section 63 Activities.......................................................... £3.75
12. Hypertension in Primary Care................................................ £3.75
13. Computers in Primary Care.................................................. £3.00
14. Education for Co-operation in Health and Social Work ......................... £3.00
15. The Measurement of the Quality of General Practitioner Care.............. £3.00
16. A Survey of Primary Care in London.......................................... £4.00
17. Patient Participation in General Practice........................................ £3.75
18. Fourth National Trainee Conference........................................ £3.75
19. Inner Cities............................................................................. £3.00
20. Medical Audit in General Practice............................................... £3.25
21. The Influence of Trainees on Trainees in General Practice................. £3.25

BOOKS

The Future General Practitioner ............................................... £7.50*
Trends in General Practice 1979 ............................................... £5.00*
Computers and the General Practitioner ................................... £10.50
Epidemiology and Research in a General Practice.......................... £10.50
A History of the Royal College of General Practitioners................ £12.00†
Members' Reference Book......................................................... £17.50

*£1.00 less for members of the College
†£2.00 less for members of the College

1983 SEVENTH NATIONAL GP TRAINEE CONFERENCE
MERSEYSIDE—6 TO 8 JULY 1983

Areas for discussion are Primary Care in Inner Cities, The Trainee Year, Partnership Agreements... and Disagreements, Medical Education and the GP.

Further details from: Mrs A. Watson-Mattocks, Postgraduate Office, Faculty of Medicine, The University, PO Box 147, Liverpool L69 3BX. Tel. 051-709 3114.

RESIDENTIAL WEEKEND AT PEMBROKE COLLEGE, OXFORD
From 7 p.m. Friday 23 September to 1 p.m. Sunday 25 September 1983

General practitioners, both principals and trainees, are invited to sample the experience of being in a Balint group for a weekend. There will be opportunities to discuss the experience, and the problems of learning and teaching in small groups.

The cost of the weekend will be allowable under Section 63, together with travelling expenses. Further details available from: the Secretary, Dr Peter Graham, 149 Altmore Avenue, London E6.

ROYAL COLLEGE OF GENERAL PRACTITIONERS

East of Ireland Faculty

DR SHEPPARD MEMORIAL PRIZE

A Prize of £500 is being offered for a paper by an Irish graduate, of not more than 2,500 words on a subject pertaining to general practice. Entries must reach a standard set down by the Judgement Committee.

Entries close on 1 May 1983 and should be sent to: the Secretary, Mrs Mary P. Holahan, 59 Lansdowne Road, Ballsbridge, Dublin 4 (Tel. 697011) from whom all details can be obtained.

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