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 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 1.5 mg three times daily. Usual dose for mild to moderate anxiety is 5 mg to 10 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 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 Treatment in these cases should be withdrawn gradually.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 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 mg three times daily 15p per day ex 500 pack. Product licence number 0031/0128

Roche Products Limited, PO Box 8, Welwyn Garden City, Hertfordshire AL7 3AY.
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:

Full prescribing information is available on request from the Company.
‘Inderal’ LA, once daily in hypertension and angina.

ICI INDERAL LA
Propranolol Hydrochloride BP
Works a 24 hour day
A fresh approach to peptic ulcers

Antepsin

New
non-systemic ulcer healer

Prescribing Information

Presentation Antepsin Tablets 1 gram are white, oblong, brownish, uncoated tablets scored and embossed 1239 on one side and Ayerst on the other. Each tablet contains 1 gram succinate. 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. 00073/0045 PA No. 1491/42. Basic N.H.S. Price Average daily cost 50p.

Ayerst

International

Ayerst Laboratories Ltd.,
South Way, Andover, Hampshire SP10 5LI.
Telephone: 0264 58711.
Distributors in Ireland: Ayerst Laboratories Ltd.,
765 South Circular Road, Islandbridge, Dublin 8.
1966 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. ¹

1973 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. ²

1983 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. ³

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. 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: Septrin Forte Tablets. Adults and children over 12 years: 1 forte tablet twice daily. Maximum dosage for particularly severe infections: 1 1/2 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.

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 160mg Trimethoprim BP and 800mg Sulphamethoxazole BP.
Basic NHS cost £1.47 for 10 PL3/0121

*Trade Mark
**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.”

---

**VIBRAMYCIN PENETRATES BRONCHIAL PATHOGENS IN ONE DAY.**

---

**Prescribing Information:**

Indications: Infections due to susceptible strains of micro-organisms including bronchitis, sinusitis and other respiratory infections. Dosage: Capsules: Two capsules (200mg) on the first day, taken as a single dose, preferably with a meal. Thereafter, one capsule (100mg) daily. In severe infections two capsules (200mg) daily may be given. Vibramycin-D Dispersible Tablets: Two dispersible tablets (200mg) on the first day, taken as a single dose. Thereafter, one dispersible tablet (100mg) daily. The tablets should be stirred in half a glass of water until dispersed. In severe infections two dispersible tablets (200mg) daily may be given. Syrup: (for detailed dosage recommendations, see data sheet). Side effects and precautions: Nausea and vomiting are the side effects most commonly reported. Staining of teeth is a possible sequel of treatment in the latter half of pregnancy or in early infancy (up to the age of eight weeks). Contra-indications: Hypersensitivity to tetracyclines. Packaging: Vibramycin is available as opaque green capsules each containing 500mg of doxycycline as the monohydrate, in packs of 10 and 50. Vibramycin-D dispersible tablets are available as off-white tablets each containing 100mg of doxycycline as the monohydrate, in packs of 10. Vibramycin is also available as a syrup in bottles of 30ml. Each 5ml spoonful contains the equivalent of 50mg of doxycycline as the calcium chelate. Basic N.H.S. Cost: Capsules: 100mg: £0.37, 200mg: £0.77. Dispensable tablets: 100mg: £0.51, 200mg: £0.99. Further information is available on request to the Company, Pfizer Limited, Sandwich, Kent.

---

*Pfizer*
More likely to work first time than other oral antibacterials

Whenever you are dealing with infections in children - acute bronchitis, otitis media and other respiratory infections - it is vital that the antibiotic you choose should work first time to avoid the risk of complications. A national sensitivity survey has confirmed that Augmentin is active against more of the pathogens likely to occur in general practice infections than other oral antibacterials such as ampicillin, amoxycillin, erythromycin and co-trimoxazole.

Pleasant and easy to take

Children are far more likely to take their medicine if it has a pleasant taste.

Augmentin, with its highly acceptable flavour, is readily taken by children and the simple tds dosage means that there is no late night dose either - a real plus for children and their mothers.

Excellent absorption, rapid action

The safety and tolerance of a penicillin-based therapy

Augmentin is well tolerated, as would be expected from a penicillin based therapy.

Two Sugar-free Preparations for Children

<table>
<thead>
<tr>
<th>Age</th>
<th>Augmentin Paediatric Suspension</th>
<th>Augmentin Junior Suspension</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-6 years</td>
<td>5ml tds</td>
<td>4ml tds</td>
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<tr>
<td>6-12 years</td>
<td>5ml tds</td>
<td>Under 2 years See data sheet</td>
</tr>
</tbody>
</table>

AUGMENTIN clavulanate-potentiated amoxycillin
WORKING QUICKLY, EFFECTIVELY, EVERYDAY.
“... Teddy’s better too, Grandma. Can we come tomorrow?”

prescribing information

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

presentations:
Amoxil syrups: 125mg and syrup forte: 250mg per 5ml PL0038/0196/9
Amoxil paediatric suspension: 125mg per 1.25ml PL0038/0197
Amoxil capsules: 250mg and 500mg PL0038/0191/9

Amoxil dispersible tablets: 500mg PL0038/0277

Amoxil 3g sachet: PL0038/0238

Amoxil tials for injection: 250mg, 500mg and 1g PL0038/0231/2/5

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

average treatment cost: children 25p/day (125mg syrup plus a adults 50p/day (250mg capsules t.d.s.).

Dosage:
Dispersible tablet: 35p per tablet (10 packs). 3g Sachet £1.98 per sachet.

Adult Dosage:
Oral: 250mg three times a day. In severe infections doses should be doubled.

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

contraindications:
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 transient nature; they may include diarrhoea or indigestion. Occasionally a rash may occur in which case treatment should be discontinued.

Further information on Amoxil (amoxycillin) is available from:

Bencard
Bencard, Great West Road, Brentford Telephone: (01) 846 1555

Amoxil and the Bencard logos 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 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: PLO607/0041 PA 1497/4

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

Ayerst International
Ayerst Laboratories Limited
South Way, Andover, Hampshire SP10 5LT
Telephone: Andover (0264) 58711
Distributed in the Republic of Ireland by:
Ayerst Laboratories Limited
South Circular Road, Islandbridge, Dublin 8
Telephone: 01-772669
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

Glaxo
"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 anti-depressant therapy. Avoid, if possible, in patients with epilepsy. Monitor patients on concurrent antihypertensive therapy, phenytoin or anticoagulants. Do not use with, or until 2 weeks after cessation of, MAOI therapy.

Norval may potentiate the central nervous depressive 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 treatment under such circumstances. Breast disorders (gynaecomastia, nipple tenderness and non-puerperal lactation), dizziness, postural hypotension, polynuropathy, 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 21p (price correct as at time of printing).

References

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

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

Norval
mianserin hydrochloride
Effective in depression without tricyclic overdose risks.

Further information is available from Bencard, Brentford, Middlesex TW8 9BD. Norval and the Bencard logo are trade marks. PL0038/0230R, 0247R, 0248R.

14270(1) Oct 1982
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,⁴-⁵ whilst being as well tolerated as ibuprofen.⁶,⁷
Feldene*  
piroxicam  
*Trade Mark  
24 hour relief from a single dose.  

Prescribing Information  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 piroxicam 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. Gastro-intestinal symptoms are the most common, if peptic ulceration or gastro-intestinal 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, ankylosing spondylitis—starting dose of 20mg as single daily dose; the majority of patients will be maintained on 20mg daily. In acute gout, start with a single dose of 40mg followed on the next 4-6 days with 20mg 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 40mg 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 continued at 20mg daily. Basic N.A.S. Cost: capsules 10mg 144, 10 pack 60 £0.08 (PL. 0007-0145). Full information on request. References: F. Inst. Med. R. Hist. (Clin. Pract., 1961, 69, No. 4, 35). Dixon, A. S. L. et al. Symposium proceedings: Piroxicam—a new non-steroidal Anti-inflammatory Agent, 11-21, 1979, 3. Sydenes, G. A. Hist. (Clin. Pract., 1962, 33, No. 1, 40). 4. Ostendar P. and Viderman, T. Excerpta Medica. Proceedings of Symposium Malaga, 1960: 45. Stengersebold, J. L., J. Rhenum and Inflamm., 1955, 4, No. 1, 364. 6. Kakisaka, P. Excerpta Medica. Proceedings of the Royal Society of Medicine, 1978, 65. 7. Turner, R. American Journal of Medicine, Feb. 16, 1982, 34.
IN ANXIETY

ANXON

CLINICALLY SUPERIOR

SIGNIFICANTLY MORE EFFECTIVE THAN DIAZEPAM.¹

A recent double-blind study demonstrated that Anxon was more effective than diazepam in the treatment of anxiety. Another study showed "...on the Hamilton Anxiety Rating Scale in direct comparison with diazepam, ketazolam [Anxon] was significantly superior in anxiolytic effect."³

Anxon vs. clorazepate and lorazepam.

Further double-blind studies have compared Anxon with clorazepate and lorazepam and the authors commented...

"Ketazolam [Anxon] appears, therefore, to be more effective than clorazepate in treating symptoms of anxiety..."³

In comparison with lorazepam: "Therapeutic effects, although similar for both drugs, showed a slight superiority in favour of ketazolam [Anxon]. Also ketazolam [Anxon] was better tolerated in that patients in that group reported fewer side effects than those in the lorazepam group."⁶

REFERENCES
5. Abst. of 12th CINP Congress, Göteborg, Sweden, June 1980

▼ PRESCRIBING INFORMATION

Indications
Anxiety, tension, irritability and similar stress-related symptoms.

Dosage and Administration
For many adult patients a dosage of 30mg nocte is appropriate. The dosage may be adjusted to suit the needs of each individual patient within the range of 15-60mg per day.

Children: Not recommended. Elderly: Reduced dosage initially until tolerance and efficacy have been assessed. Patients undergoing therapy with Anxon should be periodically reviewed.

Contra-indications, Warnings etc. Precautions: Anxon may potentiate other centrally acting drugs. Patients should be warned to exercise care when...
FEWER SIDE EFFECTS THAN DIAZEPAM, CLORAZEPATE AND LORAZEPAM.¹²,⁶,⁷

60% fewer than diazepam
"Side effects were markedly less frequent and less severe in patients treated with ketazolam [Anxon] than in those treated with diazepam."⁴

28% fewer than clorazepate
"...ketazolam [Anxon] produced side effects in fewer patients, the overall incidence of side effects was less [28%] and the severity of the side effects tended to be milder than with clorazepate."⁷

14% fewer than lorazepam
"Ketazolam [Anxon] patients reported a total of 124 side effects [30 patients], while the lorazepam patients reported 135 side effects [28 patients]"—14% fewer side effects on Anxon.⁸
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.

VACANCY FOR RESEARCH REGISTRAR

Vacancy for Research Registrar in General Practice to work with Dr Julian Tudor Hart at Glyncorrwg Health Centre, South Wales, from 10 July 1983 (but we would wait for a suitable applicant). The person appointed will be a member of the Medical Research Council’s Clinical Scientific Staff, under the joint supervision of Dr Hart and Dr T. W. Meade, Director of the MRC Epidemiology and Medical Care Unit at Northwick Park Hospital, Harrow, and will have responsibilities both in the clinical work of the practice and in organizing research projects. These currently include studies of the effects on arterial pressure of dietary sodium restriction in genetically defined groups of the population and descriptive studies on management of high blood pressure in a total screened community over 15 years. The new registrar will also initiate studies on clotting factors and coronary heart disease, and descriptive studies on management of other chronic disease in the practice.

The post is normally held for two or three years. Salary is on the Council’s clinical scale and would be comparable with the Hospital Practitioner scale for a suitably qualified applicant. The post is suitable for (1) those who, having completed vocational training and passed the MRCGP, wish to gain research and population management experience before entering service or academic general practice, (2) community physicians in training who wish to have clinical and research experience in the community and, (3) epidemiologists in training. Overseas applicants with an interest in clinical epidemiology and in the British National Health Service will be welcome, if eligible for provisional registration.

Please apply as soon as possible to: Dr T. W. Meade, MRC Epidemiology Unit, Northwick Park Hospital, Harrow HA1 3UJ, or to Dr J. T. Hart, Glyncorrwg Health Centre, near Port Talbot, West Glamorgan SA13 3BL.

THE BALINT SOCIETY
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 Altmare Avenue, London E6.

THE UNIVERSITY OF LEEDS
DEPARTMENT OF COMMUNITY MEDICINE AND GENERAL PRACTICE

MASTER’S DEGREE IN GENERAL PRACTICE

A one-year, full-time course leading to the degree of Master of Medical Science in General Practice will be provided by the above department, commencing in October 1983. The course will include clinical medicine and therapeutics, epidemiology, statistics, research method, human behaviour and development, medical sociology and health administration—together with a dissertation on an approved topic of the candidate’s choice. Emphasis will be laid throughout on topics of practical importance in general practice.

The course is intended for established practitioners who wish to develop their methods of practice or become involved in teaching.

Applicants may be eligible for DHSS Prolonged Study Leave Allowances and it is hoped that a number of supporting Fellowships will be available to selected candidates.

Preliminary enquiries and requests for further details and application forms should be directed to: Dr H. J. Wright, Division of General Practice, St James’s Hospital, Leeds (tel: 0532 433144 Ext. 5654).
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 Trainers on Trainees in General Practice  £3.25

BOOKS

The Future General Practitioner  £10.50*
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†
RCGP Members’ Reference Book  £17.50
Present State and Future Needs in General Practice  £5.50

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

TRAINEE VACANCY

Semi rural, West Sussex. Trainee vacancy starting 1 August 1983 in Steyning. Five partners at modern Health Centre with full ancillary staff and access to pathology services. Day release course. Close to recreational facilities of Brighton, Worthing and Chichester harbour.

Apply to: Dr Frank and Partners, The Health Centre, Steyning, West Sussex. Tel: Steyning 814100.

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.

Carl Simonton MD

Two-day Seminar at the Institute of Psychiatry
15 June 1983

<table>
<thead>
<tr>
<th>Subject</th>
<th>Individuals concerned</th>
<th>Chairman</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physiological and biochemical aspects of cancer</td>
<td>Dr Malcolm Carruthers</td>
<td>Prof. Kenneth Calman</td>
</tr>
<tr>
<td>Psychological aspects of cancer</td>
<td>Dr Carl Simonton</td>
<td>Dr Ian Pearce</td>
</tr>
<tr>
<td>Death, dying and the family</td>
<td>Dr Michael Murphy</td>
<td>Dr Dora Black</td>
</tr>
<tr>
<td>Experiencing relaxation and visualization</td>
<td>Dr Carl Simonton</td>
<td>Dr Patrick Hickey</td>
</tr>
</tbody>
</table>

16 June 1983

On the suffering of patients, families and care givers

Do we need a new model to research cancer

How a GP can use the Simonton technique in his daily practice

Practical challenges in organizing an in-patient and out-patient clinic

Carl Simonton MD

7.30 to 9.30 pm

Royal Society of Medicine

‘The psychological approach to cancer’

For researchers, oncologists, general practitioners and health professionals.

For details, send an s.a.e. to the:

Association for New Approaches to Cancer,

28 Blythe Road, London W14 0HA.
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 education services. The following is one of our new programmes for 1983:

Putting the Pressure on
Detecting High Blood Pressure

In this video Dr Julian Tudor Hart’s arguments for hypertension screening in general practice are presented. There are scenes from Dr Tudor Hart’s own practice, and that of a neighbouring doctor. He comments on a number of aspects of high blood pressure, its detection and the implications for practice organization. Also he touches on some of the ethical issues. This is in one sense a polemic, but Dr Hart’s pronouncements are most often supported by a formidable grasp of the best empirical research.

The video cassette is designed to be used with a small group of doctors over one or two 90 minute sessions. A pre-course task is suggested in which information about patients between the ages of 35 and 65 years is collected from the course members’ practices. These data are summated and discussed in the first session.

Other tasks involve the group members in presenting the arguments for and against screening for hypertension, in the context of their own practices.

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
Prescribing Information—Indications Oedema of renal, cardiac or hepatic origin. Dosage Most patients require 1 mg Burinex daily given as morning or evening dose. In refractory cases dosage can be increased to achieve the desired response. For high dose treatment 5 mg Burinex should be given initially and increased by 5 mg steps at 12-24 hour intervals until desired response is achieved. Contra-indications, Precautions and Side Effects Co-tri-indicated in hepatic coma, severe electrolyte depletion and severe progressive renal failure. Hypovolaemia and circulatory collapse may follow inappropriately excessive diuresis. Electrolyte disturbances resulting in digitalis toxicity may occur. Concurrent antihypertensive or antidiabetic therapy may require adjustment. Caution should be exercised in first trimester of pregnancy. Side effects such as skin rashes, muscular cramps, rise in serum uric acid and thrombocytopenia may rarely occur. Product Licence Number: 1 mg tablets 0043/0021. Basic N.H.S. Price: £5.60 per 100.

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