“Cimetidine! Tagamet! I remain the drug of first choice both for symptomatic relief and for ulcer healing.”

Tagamet

cimetidine

THOROUGHLY EXPLORER

guts you in control of gastric acid


Prescribing Information

Presentations - Tagamet Tablets: 10000 (000/0000), each containing 400 mg cimetidine. 500, 1366, 99, Tagamet Tablets: 0002/0003, each containing 200 mg cimetidine. 500, 15/16, 6. Tagamet Syrup: Pr 0002/0003, containing 200 mg cimetidine per 5 ml, 200 ml.

17. Indications - Duodenal ulcer: benign gastric ulcer: recurrent and stomal ulceration: oesophageal reflex disease. Other conditions where reduction of gastric acid is beneficial: prophylaxis of stress-induced gastrointestinal haemorrhage and of acid aspiration (Mendelson’s) syndrome; malabsorption and fluid loss in short bowel syndrome; Zollinger-Ellison syndrome. Dosage - Usual dosage: Adults: Duodenal ulcer: 400 mg b.d. with breakfast and at bedtime, or 200 mg t.d.s. with meals and 400 mg at bedtime (10 g/day) for at least 4 weeks. To prevent relapse: 400 mg at bedtime or 400 mg morning and at bedtime for at least 6 months. Benign gastric ulcer: 200 mg t.d.s. with meals and 400 mg at bedtime (10 g/day) for at least 6 weeks. Oesophageal reflux disease: 400 mg t.d.s. with meals and 400 mg at bedtime (11.6 g/day) for 4 to 8 weeks. Prophylaxis of stress-induced gastrointestinal haemorrhage: up to 2 g a day, divided, to maintain intragastric pH above 4. Prophylaxis of acid aspiration syndrome: 400 mg 2-6 hourly as necessary maximum 16 g. Do not use Tagamet syrup. Zollinger-Ellison syndrome: up to 400 mg q.i.d., rarely up to 2 g a day. Recurrent and stomal ulceration and short bowel syndrome: 200 mg t.d.s. and 400 mg at bedtime (10 g/day).


Adverse reactions - Diarrhoea, dizziness, rash, tiredness. Rarely, oedema, anaemia, reversible liver damage, convulsions, usually in the elderly or very ill, interstitial nephritis, acute pancreatitis. Legal category - POM 11.3.83

SK&F SMITH KLINE & FRENCH LABORATORIES LIMITED Welwyn Garden City, Hertfordshire AL7 1Ey

© 1983 Smith Kline & French Laboratories Limited Tagamet is a trade mark
NINE OUT OF TENORETIC

HYPERTENSIVES ARE CONTROLLED WITH ONE TABLET DAILY

aténolol 100mg and chlorthalidone 25mg

Prescribing Notes

Uses: In mild to moderate hypertension. Dosage: One tablet daily.


Precautions: Untreated cardiac failure, bradycardia, renal failure, anaesthesia, pregnancy and gout. 'Tenormin' is beta-selective and can be used with caution in obstructive airways disease. Changes in serum potassium are minor and probably clinically unimportant in uncomplicated hypertension. Care should be taken in patients receiving digitalis and those liable to hypokalaemia from other causes. In diabetes, chlorthalidone may decrease glucose tolerance.

Side Effects: Coldness of extremities and muscular fatigue. Sleep disturbances rarely seen. Rashes and dry eyes have been reported with beta-blockers – consider discontinuance if they occur. Cessation of therapy with a beta-blocker should be gradual. With chlorthalidone, occasional nausea and dizziness and rarely idiosyncratic drug reactions such as thrombocytopenia and leucopenia. Pack size and Basic NHS cost: 28's £7.92; PI: 0029/0139.

'Tenoretic' and 'Tenormin' are trademarks.

Full prescribing information is available on request to the Company
Stuart Pharmaceuticals Limited
Carr House, Carrs Road, Cheadle, Cheshire SK8 2BG.
There is no substitute for success

in urinary tract infections

Septrin b.d.
co-trimoxazole

Regular blood counts may be necessary for patients receiving oral therapy. Caution is advised in patients with bone marrow depression. Care should be taken when giving Septrin to patients receiving oral anti-coagulants of the coumarin group, phenindione, sulphonamides or phenylbutazone.

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

Further information is available on request

Welcome Medical Division
The Welcome Foundation Ltd, Caws, Chichester.
‘Inderal’ LA, once daily in hypertension and angina.

Propranolol Hydrochloride BP
Works a 24 hour day

Abnormal prescribing information: Presentation: Long acting capsules each containing 80mg or propionoic acid. Route: Control of hypertension, management of angina, anxiety and ventricular rate in susceptible patients. Indications: Hypertension, angina pectoris, anxiety, ventricular rate in susceptible patients. Precautions: Use in patients with impaired liver function. Discontinuation: Patients on hypertensive therapy should be weaned from Inderal LA, gradually. Overdosage: Discontinue therapy. Inderal LA is not recommended for children.
Presentation
Madopar contains a combination of levodopa and the decarboxylase inhibitor benserazide in the ratio of 4:1. Madopar 62.5 capsules containing 50mg levodopa and 14.25mg benserazide hydrochloride (equivalent to 12.5mg of the base).
Madopar 125 capsules containing 100mg levodopa and 28.5mg benserazide hydrochloride (equivalent to 25mg of the base).
Madopar 250 capsules containing 200mg levodopa and 57mg benserazide hydrochloride (equivalent to 50mg 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 (two to four capsules of Madopar 250) daily in divided doses. Most patients requiring no more than six capsules of Madopar 125 daily. In 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 psychoneuroses or psychoses. It should not be given in conjunction with monoamine oxidase inhibitors or within two weeks of their withdrawal. To patients under 25 years of age, to pregnant women, or to 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 disorder, peptic ulcer, osteoporosis, sympathomimetic drugs, 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 £5.41 per 100.
Madopar capsules 125 £9.76 per 100.
Madopar capsules 250 £17.47 per 100.

Roche Products Limited
PO Box 6
Welwyn Garden City
Hertfordshire AL7 3AY

Madopar is a trade mark J522210/283
The acid test

Control when it's needed.¹

Acid levels can still increase to digest food.

Good overall daytime acid control.

Selective effective H₂ blockade

RANITIDINE

Full prescribing information overleaf.
In maintenance, acid levels are essentially normal by day; one tablet at night protects mucosa in the absence of food.

Acid control right through until breakfast time.

Night time acid is reduced, protecting gastric mucosa when there is no ‘buffering’ effect of food.

The result

Rapid, effective ulcer healing.

Zantac provides four-week peptic ulcer healing on just one 150mg tablet twice-daily, together with a maintenance regime to keep patients both symptom-free and ulcer-free on one tablet at night.


For offer of further evidence about Zantac’s effect on 24-hour acid activity, please see over page. Full prescribing information overleaf.
There is no substitute for experience

Specify Diabinese
The original chlorpropamide

Prescribing Information

Indications: maturity-onset, non-ketotic diabetes mellitus uncontrolled by diet alone. Contraindications: 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.
Antepsin®

Mucoprotective ulcer healer

Non-systemic action

Fast pain relief
Excellent healing rates
Prolonged remission
Low incidence of side effects

Prescribing Information

Presentation Antepsin Tablets 1 gram are white, oblong, bevelled, uncoated tablets scored and embossed 1239 on one side and Averst on the other. Each tablet contains 1 gram sucralfate.

Uses For the treatment of duodenal ulcer, gastric ulcer and chronic gastritis.

Dosage and Administration For oral administration. Adults – Usual dose 1 gram 4 times a day. Maximum daily dose 8 grams. Four to six weeks treatment is usually needed for ulcer healing but up to twelve weeks may be necessary in resistant cases. Antacids may be used as required for relief of pain. Caution – Infections, Precautions, Warnings, etc. Contra-Indications There are no known contra-indications. Precautions 1. Concomitant administration with some oral antacids 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.

Further information is available on request to the Company.

Legal Category POM. Package Quantities Antepsin 1 gram - Securitainers of 100. Pharmaceutical Precautions No special requirements for storage are necessary. Product Licence Numbers PL No. 00677/0045 PA No. 149/4/2. Basic N.H.S. Price Average daily cost 50p.

Averst

International

Averst Laboratories Ltd.,
South Way, Andover, Hampshire SP10 5LT.
Telephone: 0264 58711.

Distributors in Ireland: Averst Laboratories Ltd.,
76 South Circular Road, Islandbridge, Dublin 8.
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. It is a highly effective anxiolytic and patient tolerance is excellent.

I. Wien. klin. Wochr., 1979, 97, 240

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 1.25 mg three times daily. Usual dose for mild to moderate anxiety is 2.5 mg to 5 mg three times daily. Elderly patients are more sensitive to the actions of Lexotan. The safety of Lexotan in toxic 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 such cases should be withdrawn gradually. Side-effects Drowsiness, sedation, undesirable effects and anxiety may occur. They usually disappear after the first few days of treatment or with reduction of dosage. Presentation Pink, hexagonal tablets containing 1.25 mg of bromazepam in 100 packings of 100. Basic NHS cost Lexotan 3 mg tablets in packings of 100 (65.25). Product licence number 0031/0128.

Roche Products Limited, PO Box 8, Welwyn Garden City, Hertfordshire AL7 3AY.
Effective in acute as well as chronic conditions

Recent clinical studies 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

Pfizer Limited Sandwich, Kent.

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 and pustules have also 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 4-8 days with 40 mg daily in single or divided doses; Feldene is not indicated for long-term management of gout.

In acute musculoskeletal disorders, start with a loading dose of 40 mg daily in single or divided doses for the first 2 days. For the remainder of the 7 to 14 day treatment period the dose should be reduced to 20 mg daily.

Basic N.H.S. Cost: capsules 10 mg: coded FEL 10. pack of 60 £8.99 [Ref. 00570145]. Full information on request.

References:
1. Illing, L. eta/., Excerpta Medica, Proceedings of Symposium, Malaga, 1980, 73.
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 has led to sudden loss of consciousness generally lasting a few minutes. Subsequent treatment may be satisfactory. Hypovase is not recommended in pregnancy, during lactation, or in children under 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 (PL57/0149), pack of 100, £4.08; 1mg tablet (PL57/0106), pack of 100, £5.25; 2mg tablet (PL57/0107), pack of 100, £6.98; 5mg tablet (PL57/0108), pack of 100, £15.98.
Full information on request. Pfizer Ltd., Sandwich, Kent.
* Trade Mark 20496
Cuts fat in half.

St. Ivel Gold contains only half the fat of butter, margarine or even polyunsaturated margarine. Most authorities agree that reducing total dietary fat is an important measure in reducing the risks of obesity and heart disease. Changing to polyunsaturated margarine does not decrease the calorie or fat intake. Moving to St. Ivel Gold does.

<table>
<thead>
<tr>
<th>Average content per 100g of product</th>
<th>Butter</th>
<th>Polyunsaturated Margarine</th>
<th>St. Ivel Gold</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total fat g</td>
<td>80</td>
<td>80</td>
<td>39</td>
</tr>
<tr>
<td>Saturated fat g</td>
<td>47</td>
<td>14</td>
<td>11</td>
</tr>
<tr>
<td>Calories Kcal</td>
<td>740</td>
<td>740</td>
<td>390</td>
</tr>
</tbody>
</table>

But this is only half the story. St. Ivel Gold is a unique low fat blend of buttermilk and vegetable oil with a satisfying buttery taste.

So when you are recommending a weight reducing or lower fat diet, St. Ivel Gold can make a healthy contribution that patients enjoy.

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A buttery taste with half the fat of any margarine.

Send off for information package.
If you would like to receive further information on the St. Ivel Gold Low Fat Programme, including educational consumer literature, please return this coupon by FREEPOST to St. Ivel Limited, Hesketh House, Portman Square, London W1H 9FG.

Name

Address
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."25

**Anxon vs. clorazepate and lorazepam.**
Further double-blind studies have compared Anxon both with clorazepate and with lorazepam. In comparison with clorazepate, although the authors commented that, on the overall patients' global impression, the differences between the two drugs did not reach statistical significance, "Nevertheless at the end of the study, over 70% more patients reported feeling very much better on ketazolam [Anxon] than on clorazepate (33 versus 19, respectively)."25

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."26

**REFERENCES**

**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. This dosage may be adjusted to suit the needs of each individual patient within the range of 15-60mg per day.

**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.2,4,5,6

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 and the severity of the side effects tended to be milder than with clorazepate."5

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?"
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: PL0507/0041 PA 149/7/4

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

one capsule
b.d.

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

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South Way, Andover, Hampshire SP10 5LT
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South Circular Road, Islandbridge, Dublin 8
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Unshackled from sulphonamides

Monotrim is trimethoprim alone, proven to be as effective as co-trimoxazole.† 5
But — because the sulphonamide component is eliminated — using Monotrim reduces the risk of unwanted effects 1–6 and reduces prescribing costs.

Always write

trimethoprim B.P.
to avoid sulphonamide risks, to cut costs

Prescribing Information

Presentation Tablets — white, flat, round with bevelled edges, imprinted with the manufacturer's symbol on one face, with a simple break bar on the other and coded "S". Each tablet contains 100mg trimethoprim B.P. Available in packs of 100 and 500. Basic NHS price £4.75 and £11.00. Tablets — white, flat, round with bevelled edges, imprinted with the manufacturer's symbol on one face, with a simple break bar on the other and coded "S". Each tablet contains 200mg trimethoprim B.P. Available in packs of 100. Basic NHS cost £6.40. Suspension — white, sugar-free aniseed flavoured suspension containing 50mg trimethoprin per 5ml. Available in bottles of 100ml. Basic NHS price £1.40. Indications: Treatment of susceptible infections caused by trimethoprin-sensitive organisms, including urinary and respiratory tract infections. Dosage and Administration: Acute infections — Adults and children over 17 years: 900mg twice daily. Children 6 years to 17 years: 100mg twice daily. Children 6 months to 5 years: 50mg twice daily. Children 6 weeks to 5 months: 25mg twice daily. Treatment should continue for at least one week. The first dose can be doubled. Long-term treatment and prophylactic therapy — Adults and children over 17 years: 100mg at night. Children 6 years to 17 years: 50mg at night. Children 6 months to 5 years: 25mg at night. Where there is a reduced renal function, reference should be made to the dosage schedule in the Data Sheet. Contra indications: Pregnancy, trimethoprim hypersensitivity, blood dyscrasias, severe renal insufficiency, where blood levels cannot be monitored. On prolonged treatment with large doses there is a theoretical possibility of affecting human folinic acid metabolism. It is therefore advisable to check the blood picture in patients on long-term treatment. In pregnancy, trimethoprim should be used under strict medical supervision. Side Effects: Skin rashes, nausea and vomiting have been reported in rare instances. Product Licence Numbers: Tablets — 100mg: 4010.0001 300mg: 4010.0003 Suspension: 100ml: 4012.0007. Name and Address of Licence Holder: A S GE, CP, Copenhagen 5, Denmark. References: 1. Lancet (1980) 1. 17072. Brit med. J. (1972) 8. 65. 3. Curr Thcr Res. (1979) 9. 502. 4. Ann. Clin. Res. (1974) 9. 5. Czeckowicz (1973) 19. 316. 6. Brit J. Hosp. Med. (1980) March, 7. 918. Further information is available from Duphar Laboratories Ltd. 'trade mark of A S GE.
RCGP ANNUAL SYMPOSIUM

CHANGE: THE CHALLENGE FOR THE FUTURE

TO LOOK AT THE CHANGES WE CAN EXPECT IN THE NEXT TWENTY YEARS, AND TO FORMULATE RESPONSES.

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Dr. M. A. C. Dowling
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London SW18
Tel: 01-874 7466 (P.M. only)
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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.

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REFRESHER COURSE

A refresher course for general practitioners, ‘Current Trends in Obstetrics and Gynaecology’ will be held in Bristol from Monday 7 to Friday 11 November 1983.

Further details and programme from: Mrs E. F. Potter, University Department of Obstetrics and Gynaecology, Bristol Maternity Hospital, Southwell Street, Bristol BS2 8EG.

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 book, oral and reading suggestions. Send cheque now for £15 plus £6 p & p.

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POSTGRADUATE MEDICAL EDUCATION

Courses and Attachments for General Medical Practitioners Approved Section 63

1. Two-day Theoretical Course in Family Planning, 13 and 14 September 1983.
2. Recent Advances in Occupational Medicine, 19 to 23 September 1983.
5. Residential Attachments in Obstetrics: two-week attachments throughout the year by arrangement.

Further particulars may be obtained from: the Postgraduate Dean, Ninewells Hospital and Medical School, Dundee DD1 9SY.
SYMPOSIUM ‘83
The South London Faculty of the College of General Practitioners invites you to:
Symposium ‘83,
Hyde Park Hotel, Knightsbridge,
London SW1
10–11 November
The aim is to identify the major influences affecting the
development of general practice in the next 20 years and
to consider their implications for today’s decisions. The
challenge is to adapt.
An ambitious exhibition incorporating the theme of
the Symposium will run concurrently at Central Hall.
To apply for booking form and full programme,
please write to: Mrs A. Bridgeman, 21 Swaffield Road,
London SW18.

GOOD SIGHT IS NOT ENOUGH
13 September, King’s Fund Centre, London
The British Orthoptic Society invites you to a one-
day symposium on Binocular Vision and Squint.
The aim is to identify the patients who can benefit
from orthoptic treatment within hospitals and in the
community. Programmes and registration
forms are available from: Mrs C. Timms, Orthoptic
Department, Moorfields Eye Hospital, City
Road, London ECIV 2PD.

THE BALINT SOCIETY PRIZE ESSAY
The Council of the Balint Society will award a
prize of £250 for the best essay submitted on the
theme—
“SIX MINUTES . . .”
The prize winner will be announced at the 14th
Annual General Meeting in June 1984.
Details are obtainable from Dr Peter Graham,
Honorary Secretary, 149 Altmorke Avenue, East
Ham E6 2BT, England.

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GENERAL PRACTICE
31 October to 4 November 1983
A course of studies in general practice structured
on small group work and restricted to 24 people.
Subjects covered include practice management,
problem solving, prescribing, the patient-doctor
relationship and patient care evaluation.
The subject matter and format of the course
makes it specially relevant to established general
practitioners who are prepared to think about
their work and attitudes in a critical and constructive
way. In order to extract maximum benefit
from the course, participants will be asked to
make certain preparations to provide input for
some parts of the course.
The course will be held in the Postgraduate
Medical Centre, Glasgow Western District, Lan-
caster House, 5 Lancaster Crescent, Glasgow.
The course is approved under Section 63 for
nine sessions.
An application form and further details can be
obtained from: The Dean of Postgraduate
Medicine, The University of Glasgow, Glasgow,
G12 8QG.
VOCATIONAL TRAINING FOR GENERAL PRACTICE

Exeter Health Authority/
University of Exeter

Applications are now invited for four places starting on 1 September 1984, for the vocational training scheme of the Department of General Practice in the Postgraduate Medical School of the University of Exeter. The course is designed and recognized for the MRCGP examination.

The four fixed programmes available are:

A General practice (two months)
  Accident and emergency (three months)
  ENT (three months)
  Ophthalmology (three months)
  Gynaecology (three months)
  Paediatrics (six months)
  Psychiatry (six months)
  General practice (ten months)

B General practice (two months)
  Gynaecology (three months)
  Accident and emergency (three months)
  ENT (three months)
  Ophthalmology (three months)
  Psychiatry (six months)
  Paediatrics (six months)
  General practice (ten months)

C General practice (two months)
  Ophthalmology (three months)
  Gynaecology (three months)
  Accident and emergency (three months)
  ENT (three months)
  Obstetrics (six months)
  Geriatrics (six months)
  General practice (ten months)

D General practice (two months)
  ENT (three months)
  Ophthalmology (three months)
  Gynaecology (three months)
  Accident and emergency (three months)
  Geriatrics (six months)
  Obstetrics (six months)
  General practice (ten months)

Throughout the three years a half-day release course is held: trainees participate actively in the planning of the course and there is emphasis on small-group work. Additional courses are available for trainees and include an introductory course for each intake, an intensive MRCGP course, and a course on management in general practice. Trainees are encouraged to carry out research work, and several articles have already been published by Exeter trainees.

The Marwood prize and the Syntex awards are open to Exeter trainees annually.

The Department’s prospectus is available on request and the principles underlying the teaching have been published as Occasional Paper 4—a system of training for general practice (available from the Publication Sales Department, Royal College of General Practitioners, 8 Queen Street, Edinburgh EH2 1JE). The Department’s practice management course has been expanded into a book, Running a practice, Second Edition 1981, published by Croom Helm, London. One of the senior lecturers has written the book Training for general practice (Macdonald and Evans) and another has edited A GP training handbook (Blackwell, London).

This is the only University Department of General Practice in a Postgraduate Medical School in the British Isles.

Application forms can be obtained by writing to: Dr K. J. Bolden, FRCGP, Department of General Practice, Postgraduate Medical Centre, Barrack Road, Exeter EX2 5DW. The closing date for entry is 8 October 1983.
THE MSD FOUNDATION

Educational Programmes for General Practitioners

Our 1983 Handbook is now available and will be sent to you on request. It includes an up-to-date catalogue. In addition there is a description of some of our courses and other education services. The following is one of our new programmes for 1983:

An Apple a Day
Patients' Health Beliefs

Excerpts from the Foundation's library of real consultations are used on video to illustrate the nature of patient's health beliefs. These are discussed and classified. Further excerpts illustrate techniques for eliciting these beliefs as a basis for discussing diagnosis and management.

A number of tasks based on analysis of the group members' own consultations, or on role-play, are offered.

At the conclusion course members should be able to:

1. describe, classify and give examples of patient's health beliefs;
2. identify occasions where these beliefs affect both the process and the outcome of the consultation;
3. elicit health beliefs appropriately in the consultation;
4. use them in effective management of the patient's problem.

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 Handbook, can be obtained by writing to:

The MSD Foundation
Tavistock House
Tavistock Square
London WC1
Tel: 01-387 6881
Prescribing Information: Indications Occurrence of renal, cardiac or hepatic failure. Dosage Most patients respond to one Burinex daily given as morning or evening dose. In refractory cases, dosing can be increased to achieve the desired response. For high dose treatment, 5 mg Burinex should be given initially and increased by 5 mg every 3 to 4 hour intervals until desired response is achieved. Contraindications. Precautions and Side Effects Contraindicated in hepatic, renal, cardiac patients. Electrolyte depletion and severe progressive renal failure. Hypovolaemia and circulatory collapse may follow inappropriately excessive dosage. Electrolyte disturbances resulting in diastolic battery may occur. Osmotic and hypertonic or antidiuretic therapy may require adjustment. Caution should be exercised in first trimester of pregnancy. Side effects such as skin rashes, gastrointestinal disturbances, and thrombocytopenia may also occur. Product Licence Number: 1 intro tablets 094/0021. Basic N.H.S. Price: 15.60 per 100