



# THE EXPANDING WORLD OF 'ZESTRIL'

*Lisinopril: the only once-daily ACE-inhibitor  
indicated for hypertension, congestive heart failure  
and acute myocardial infarction*

- More Doctors are prescribing 'Zestril' for more patients than ever before
- 'Zestril' has 12 million patient years of experience
- 48,000 patients are currently involved in 3 major trials with lisinopril
- Lisinopril is on over 75% of hospital formularies

## **PRESCRIBING INFORMATION**

Consult Data Sheet before prescribing.

### **'ZESTRIL'**

**USE:** All grades of essential hypertension and renovascular hypertension. Congestive heart failure (adjunctive therapy). Acute myocardial infarction in haemodynamically stable patients (in addition to standard coronary care).

**PRESENTATION:** Tablets containing 2.5mg, 5mg, 10mg or 20mg lisinopril.  
**DOSAGE AND ADMINISTRATION:** *Hypertension* Adults (inc elderly): initially 2.5mg daily, a 2.5mg dose seldom achieves a therapeutic response; adjust dose according to response. Maintenance usually 10-20mg once daily. Maximum is 40mg daily.

Diuretic-treated patients - if possible stop diuretic 2-3 days before starting 'Zestril'. Resume diuretic later if desired.

*Congestive heart failure* Adults: initially 2.5mg daily under close medical supervision (hospital initiation for severe or unstable heart failure and other patients at higher risk), increasing to 5-20mg once daily according to response. Monitor blood pressure and renal function.

*Acute myocardial infarction* Treatment may be started within 24 hours of symptoms. First dose is 5mg, followed by 5mg after 24 hours, 10mg after 48 hours and then 10mg once daily. Dosing should continue for six weeks. Lower dosage in patients with low systolic blood pressure (120mmHg or less) - see Data Sheet.

Renal impairment - may require lower maintenance dosage. 'Zestril' is dialysable.

Children - not recommended.

**CONTRA-INDICATIONS:** Pregnancy. Hypersensitivity to 'Zestril'. Patients with history of angioneurotic oedema to previous ACE-inhibitor therapy. Patients with aortic stenosis, cor pulmonale or outflow tract obstruction.

**PRECAUTIONS:** Assessment of renal function is recommended. Symptomatic hypotension may occur, particularly in volume depleted patients and congestive heart failure. Caution in patients with ischaemic heart or cerebrovascular disease; renal insufficiency; renovascular hypertension. Patients with a history of angioedema may be at increased risk of angioedema with an ACE inhibitor. Acute myocardial infarction patients with evidence of renal dysfunction or at risk of serious haemodynamic deterioration - see Data Sheet. Cough has been reported with ACE inhibitors. Renal impairment (usually reversible) may occur in some patients. Hypotension may occur during surgery or anaesthesia. Caution in nursing mothers. No paediatric experience. Afro-Caribbean patients may show reduced therapeutic response. Symptomatic hypotension can be minimised by discontinuing diuretic prior to 'Zestril'. Interaction with indomethacin and lithium. Potassium supplements, potassium sparing diuretics and potassium containing salt substitutes not recommended. Avoid concomitant use with high-flux dialysis membranes.

**SIDE EFFECTS:** Hypotension, dizziness, headache, diarrhoea, cough, nausea, fatigue. Less frequently, rash, asthenia. Rarely, angioneurotic oedema and other hypersensitivity reactions, myocardial infarction or cerebrovascular accident possibly secondary to excessive hypotension in high risk patients, palpitations, tachycardia, abdominal pain, dry mouth, pancreatitis, hepatitis, jaundice, mood alterations, mental confusion, paraesthesia, bronchospasm, alopecia, urticaria, diaphoresis, pruritus, uraemia, oliguria/anuria, renal dysfunction, acute renal failure, impotence, haemolytic anaemia. A symptom complex which may include fever, vasculitis, myalgia, arthralgia/arthritis, positive ANA, elevated ESR, eosinophilia, leukocytosis; rash, photosensitivity or other dermatological manifestations may occur. Increases (usually reversible) in blood urea, serum creatinine, liver enzymes and serum bilirubin. Decreases in haemoglobin and haematocrit. Hyperkalaemia and hyponatraemia.

Anaphylactoid reactions during desensitisation treatment. Leucopenia and thrombocytopenia have occurred (causal relationship not established).

**LEGAL CATEGORY:** POM.

**PRODUCT LICENCE NUMBERS AND BASIC NHS COSTS:** 'Zestril' 2.5mg (12619/0084) 28 tablets £7.64; 5mg (12619/0085) 28 tablets, £9.58; 10mg (12619/0086) 28 tablets, £11.83; 20mg (12619/0087) 28 tablets, £13.38.

'Zestril' is a trademark, the property of ZENECA Limited.

Further information is available from: ZENECA Pharma, King's Court, Water Lane, Wilmslow, Cheshire SK9 5AZ. 95/4366/H Issued Sept '95

**ZENECA**



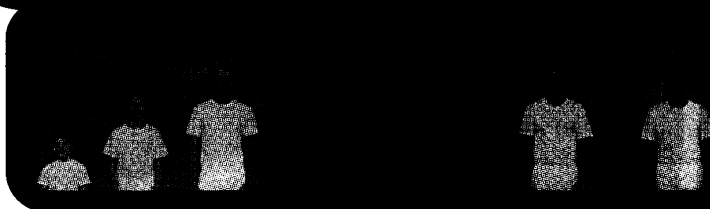
**lisinopril**

*Helping hypertensives retain  
their Zest for Life*

restandol

Testosterone Undecanoate 40mg

# helping through the changes in life restandol



› male climacteric  
› male hypogonadism › endocrine impotence

› oral testosterone therapy for the different stages of manhood - with an excellent safety profile

#### Restandol 40mg prescribing information

**Presentation:** Gelatin capsules containing 40.0mg Testosterone Undecanoate.

**Uses:** Testosterone replacement therapy in male hypogonadal disorders, eg. male climacteric symptoms such as decreased libido, decreased mental and physical activity.

**Administration:** Initially 120-160mg daily for 2-3 weeks. Subsequent dosage (40-120mg daily) should be based on the clinical effect.

**Contraindications:** Known or suspected prostatic or mammary carcinoma; Hypercalcaemia, hypercalcaemia, nephrotic syndrome, ischaemic heart disease or untreated congestive heart failure.

**Precautions and warnings:** Patients with the following conditions should be monitored: latent or overt cardiac failure, renal or hepatic

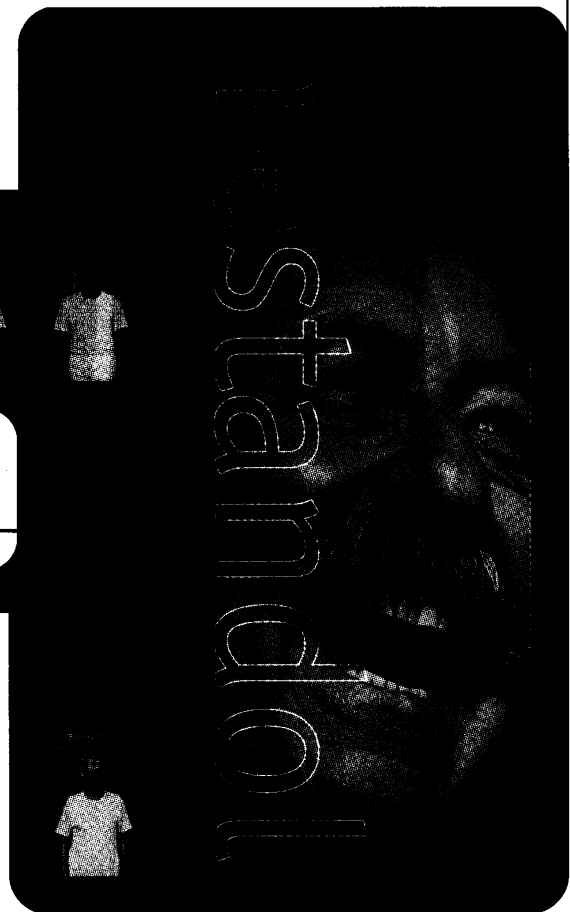
dysfunction, hypertension, epilepsy or migraine (or a history of these conditions), mammary carcinoma, hyponemephroma, bronchial carcinoma, and skeletal metastases. If hypercalcaemia or hypercalciuria develops treatment should be discontinued. Androgens should be used cautiously in prepubertal boys. Androgen therapy should only be used in male hypogonadism in which testosterone levels have been demonstrated to be low.

**Interactions:** Concurrent administration of liver enzyme inducing drugs such as rifampicin, barbiturates, carbamazepine, dichloralphenazone, phenylbutazone, phenytoin or primidone may decrease the effect of Restandol.

**Adverse reactions:** Priapism and other signs of excessive sexual stimulation, precocious sexual development, increased frequency of erections, phallic enlargement, premature epiphyseal closure in pre-pubertal males, sodium and water retention, oligospermia, decreased ejaculatory volume. Treatment should be interrupted until these symptoms have disappeared, after which it should be continued at a lower dosage. If signs of virilisation, particularly lowering of the voice, develop treatment should be discontinued.

**Overdosage:** Gastric lavage with appropriate supportive therapy.

**Legal Category:** POM  
**Product Licence Numbers:** 0065/0059  
**Basic NHS Cost:** 1 x 28 capsules £8.69,  
1 x 56 capsules £17.38  
Revised 1 Mar 96



Marketing authorisation holder:  
**Organon Laboratories Limited**  
Cambridge Science Park  
Milton Road, Cambridge CB4 4FL  
Telephone: 01223 423445

013926

# FIRST LOVE, HER CHOICE



**Mercilon 20** mcg  
Desogestrel 150 mcg, ethinylestradiol B.P.

## A PILL SHE CAN SWITCH TO AND STAY ON

**Mercilon Abbreviated Prescribing Information:** (See data sheet before prescribing). Calendar pack of 21 tablets each containing 150mcg desogestrel and 20mcg ethinylestradiol B.P. **Uses:** Oral Contraception. **Dosage:** One tablet daily for 21 days, starting on the first day of the menstrual cycle. **Subsequent courses:** are started after seven tablet-free days have followed the preceding course. **Absolute Contraindications:** Pregnancy, breast feeding. Past or present circulatory disorders, moderate to severe hypertension, hyperlipoproteinaemia. Presence of more than one risk factor for arterial disease. Severe liver disease, cholestatic jaundice or hepatitis, hepatic cell tumours and porphyria. Cholelithiasis. Oestrogen-dependent tumours, endometrial hyperplasia; undiagnosed vaginal bleeding. Past or present S.L.E. A history during pregnancy or previous use of steroids of severe pruritis, herpes gestationis, a manifestation or deterioration of otosclerosis or jaundice. **Relative Contraindications:** Conditions which increase the risk of developing venous thrombo-emboli. Coagulation disorders. Any risk factor for arterial disease. Other conditions associated with an increased risk of circulatory disease. Epilepsy or migraine, past or present. History of cholelithiasis. Any risk factor for oestrogen-dependent tumours; oestrogen-sensitive gynaecological disorders. Diabetes mellitus. Severe depression, past or present. Sickle cell haemoglobinopathy. Discontinue use if liver function tests become abnormal. **Serious Adverse Reactions:** Various reports have associated O.C. use with deep vein thrombosis, pulmonary embolism and other embolisms, and coronary and cerebrovascular accidents, predominantly in heavy smokers. Combined OCs offer substantial protection against ovarian and endometrial cancer. Evidence linking combined OC use and breast and cervical cancer remains inconclusive. Malignant hepatic tumours have been reported on rare occasions in long-term users of OCs. Benign hepatic tumours have also been associated with OC use. **Other Adverse Reactions:** Breast tenderness, nausea, vomiting, headache, depression, change in body weight. **Legal Category:** POM. **Basic NHS Cost:** £8.97 - 3 x 21 tablets. PL0065/0085. **Further information on request to:** Organon Laboratories Limited, Cambridge Science Park, Milton Road, Cambridge CB4 4FL. Tel: (01223) 423445. **DOC:** UK/MERC/12 DEC 95. **Date of Preparation:** May 96. Ref no. 01453B/1.



# Introduction to Ultrasound Course for GPs

**7th UK Course  
21-25 October 1996**

**at  
The Post-graduate Medical Centre,  
St Richard's Hospital Chichester**



## Course contents:

This Four day course (1300 hrs Monday to 1300 hrs Friday) successfully introduces GPs (practising and non-practising) to both the potential and limitations of ultrasound.

You will have lectures on the *theory* in the mornings, covering basic physics, abdominal and general ultrasound, obstetrics and gynaecological ultrasound, cardiac ultrasound, medico-legal and safety aspects and equipment selection.

The theoretical sessions are backed up in the afternoons with *practice hands-on* experience working with models and patients.

PGEA accreditation 30 hours

Course fees £495 (inclusive of VAT)

(Sponsored by leading manufacturers of ultrasound equipment)

For more information contact

Mr. P. Hussain (Course Leader)

Centre for Radiography Education

01705 866190 / 866915



## **The Schizophrenia Association of Great Britain**

### **Schizophrenia - The Umbrella Disease**

Koranyi says 'There are no psychiatric patients - only medical patients with varying degrees of psychopathology.' We, in the Schizophrenia Association of Great Britain (SAGB), agree with Koranyi. There is much physical illness amongst our members and their close relatives. We believe that bodily illness is seldom sought in psychiatric patients and yet it may be the direct cause of the psychiatric symptoms in very many patients. There may be a genetic vulnerability to certain bodily diseases which eventually disturb the functioning of the brain. No genetic cause has yet been found for schizophrenia. It is now widely accepted as having a heterogeneous aetiology. We call on all GPs to help to medicalise psychiatry and to look for the diseases which have a raised incidence in schizophrenia (gastrointestinal disease, cardiovascular disease, endocrine disease and infections) and those which cause an excess mortality in these patients (lung, gastro-intestinal, urogenital and cardiovascular diseases and infections.)

It is of the utmost importance that such disease is sought in the early stages of the illness when personality changes are first reported by the relatives. Such changes may not be noted by outsiders, including doctors. Early tentative diagnosis is as important for schizophrenia as for any other disease, yet, on average about three years may elapse between the time the relative seeks medical help and the time a diagnosis of schizophrenia is made.

Write for more information to: Gwynneth Hemmings, Schizophrenia Association of Great Britain  
Bryn Hyfryd, The Crescent, Bangor, Gwynedd LL57 2AG. Telephone and fax 01248 354048



The Schizophrenia Association of Great Britain acknowledges funding from the National Lottery Charities Board UK for a campaign for raising awareness about schizophrenia.



## **THE ROYAL COLLEGE OF OPHTHALMOLOGISTS**

**17 Cornwall Terrace, London NW1 4QW**

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**In conjunction with the Royal National Institute for the Blind  
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**UNDERSTANDING AGE-RELATED MACULAR DEGENERATION**

**UNDERSTANDING RETINAL DETACHMENT**

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Association)**

**These easy to read leaflets are available free of charge.**

**Also available:**

**Excimer Laser Photorefractive Surgery – patient information**

**Cost: £5.00 (cheques made payable to: The Royal College of Ophthalmologists).**

**Orders should be sent to: Helen Skelton, Royal College of Ophthalmologist, 17  
Cornwall Terrace, London NW1 4QW.**

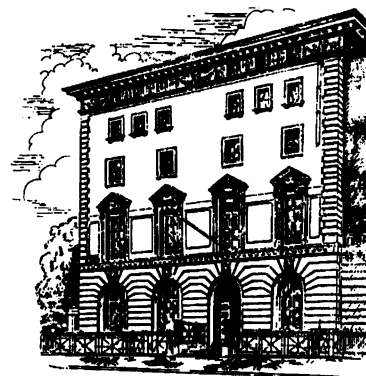
# **Do you need a place to stay?**

## **Special RCGP Accommodation Rates**

As a special offer to our Fellows, Members, and Associates and their families, the RCGP is offering reduced accommodation rates for midweek and weekend breaks at Princes Gate during the month of August as follows:

**Midweek- FOUR nights accommodation (Monday-Friday)-  
Pay only for THREE nights**

**Weekend- THREE nights accommodation (Friday-Monday)-  
Pay only for TWO nights**



The College is ideally situated for The Albert Hall, major museums, shopping and tourist attractions. Single, double, twin bedded and family rooms without en suite facilities are available and all charges include full English breakfast and V.A.T. Children over six years of age welcome.

**For further details of this offer please contact: Accommodation Secretary,  
Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU**



**0171 581 3232 ext 269**



# New Publications from HMSO

## Getting Around After 60

### A Profile of Britain's Older Population

CLAIRE JARVIS, RUTH HANCOCK, JANET ASKHAM AND ANTHEA TINKER

Later life is commonly pictured as a time of restricted activity and mobility by - for example - providers of health and social services. On the other hand, travel agents or manufacturers of - for example - gardening tools will depict later life as a time of increased freedom to travel and involvement in leisure pursuits. This report presents a statistical picture of activity and mobility in later life, focusing on: employment in later life, active leisure pursuits, helping others and personal mobility inside and outside the home. All the statistics are previously unpublished and come from national survey data.

*An indispensable reference book for anyone who needs accurate information about the elderly population and later life.*

ISBN 0 11 321966 0 May 1996 106 pages, graphs, tables  
297x210 mm Paperback £19.95

## Community Services for People with HIV Infection

### Utilisation, Needs and Costs

ADRIAN RENTON, STAVROS PETROU AND LUKE WHITAKER

What is the level of need for community care services for people with HIV infection? How much are the services already provided used? What are the associated costs of these services? This report presents the findings of a 30 month prospective study of community based health and social care for people with HIV infection in London. For ease of use the main document presents some of the important findings together with commentary and interpretation; the second part includes the comprehensive results presented in tabular form.

*An invaluable source of information for all those engaged in planning, commissioning, funding and providing community based services to people with HIV infection.*

ISBN 0 11 321907 5 May 1996 232 pages  
246x189 mm Hardback £35

## Local Healthcare Facilities - Case Studies

### Health Building Note 36, Volume 2

This document is the second volume of *HBN 36: Local Healthcare Facilities* and examines some current models of primary healthcare provision through a number of case studies of proposed, planned and built health centres around the UK. Each case study describes the background, the development process, the functional content of the building and provides information on project ownership, management and funding. Photographs, site and floor plans are also included.

ISBN 0 11 322025 1 May 1996 82 pages, ill.  
297x210 mm Paperback £50

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**Books**



Following on from the first two highly successful events in this series held in Glasgow, the Third International Congress on Drug Therapy in HIV Infection will take place at the International Convention Centre, Birmingham, UK, from 3-7 November 1996. The meeting will consider current and future therapies in the treatment of HIV infection during a scientific programme which is structured around a series of non-competing sessions, giving delegates the opportunity to attend all sessions.

The focus of the Congress will be on key clinical issues in the treatment of HIV, allowing clinicians and clinical scientists to participate in active debate. Acknowledged international experts will present keynote review lectures. There will also be a comprehensive programme of oral and poster presentations selected from submitted abstracts in the following areas:



**The Congress has been approved for CME accreditation (24 credit hours) applicable to UK physicians only**

**CO-SPONSORED BY:**



Karolinska Institutet, Stockholm, Sweden



The University College London Medical School (UCLMS), London, UK

*For further information and a copy of the Second Announcement please contact the Congress Secretariat:*

**Mandy Lakin, Gardiner-Caldwell Communications Ltd, Victoria Mill, Windmill Street, Macclesfield, Cheshire SK11 7HQ, UK**  
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***Guest Speaker:***  
**Sir Peter Beale,**  
**Chief Medical Adviser,**  
**British Red Cross**

**18 Hours PGEA  
(covering Categories A, B & C)  
Course Fee: £125**

***Details from:***  
**General Practice Unit  
School of Postgraduate Studies,  
Maesygwernen Hall,  
Morriston Hospital,  
Swansea SA6 6NL**

**Tel: 01792 703719  
Fax: 01792 797310**

**RESOURCES FOR CLINICAL AUDIT**

**Eli Lilly National Clinical Audit Centre  
Department of General Practice and Primary Health Care  
University of Leicester**

The Lilly Audit Centre, an integral part of the Department of General Practice and Primary Health Care at the University of Leicester, provides resources for those involved in clinical audit.

These include systematically developed audit protocols for use by primary health care teams. These protocols are issued free to medical audit advisory groups and may be obtained from them or alternatively from the Lilly Audit Centre at cost.

The topics available include:

Asthma	Diabetes
Gout	Angina
Hypertension	Depression
Benzodiazepines:	New Prescriptions

The journal produced by the Lilly Audit Centre - Audit Trends - supports the exchange of information about new developments in audit and is now in its fourth year. There are a number of sections including original papers on a wide range of issues, reviews of audit methods and information about the various agencies which can be contacted for support and advice. The annual subscription is £35.00 for the UK and £45.00 for overseas.

The Lilly Audit Centre runs training courses for clinical support staff in all sectors of the health service, the aim of which is to develop understanding and skills in multidisciplinary clinical audit.

For further information and a full publications list please write to:

The Eli Lilly National Clinical Audit Centre, Department of General Practice and Primary Health Care, University of Leicester, Leicester General Hospital, Gwendolen Road, Leicester LE5 4PW. Tel: 0116 2584873. Fax: 0116 2584982.

**IMPERIAL COLLEGE OF SCIENCE  
TECHNOLOGY AND MEDICINE**

**M.S.c. COURSE IN VASCULAR TECHNOLOGY AND MEDICINE  
ST. MARY'S HOSPITAL MEDICAL SCHOOL**

**GENERAL INFORMATION**

This full-time, 1 calendar year or part-time 2 calendar years postgraduate course to be held at St Mary's Hospital Medical School and Imperial College (London University) will run from October 1996 - September 1997. The aim is to provide a foundation course for those with medical degrees who wish to pursue a clinical or academic career in vascular medicine or surgery, and for scientists who would like to become vascular technologists or to pursue research in the broader field of vascular biology.

**COURSE CONTENT**

A. **Basic science and general topics:** Epidemiological methods, epidemiology and pathophysiology of arterial disease; vascular wall; structure and function; statistical methods; clinical trials; presenting and writing a scientific paper; writing a thesis; history of vascular surgery; principles of measurement, mechanics of the circulation, haemodynamics of vascular grafts; coagulation and fibrinolysis; computers in medicine; vascular audit; the microcirculation.

B. **Instrumentation and Basic Techniques:** Ultrasound; stress and duplex scanning; plethysmography; CT scanning; NMR; nuclear medicine in vascular disorders; angiography and venography; thermography; ECG; echocardiography; TcPO<sub>2</sub> and TcPcO<sub>2</sub>; laser Doppler; principles of vascular procedures.

C. **Vascular Disorder:** hypertension; diabetes mellitus, hyperlipidaemia; lower limb ischaemia, extracranial cerebrovascular disease; renal and mesenteric ischaemia; costoclavicular syndrome, vasculogenic impotence, coronary artery disease, vascular malformation; Raynaud's syndrome; DVT and pulmonary embolism, chronic venous disorders; lymphatic disorders aneurysmal disease.

The syllabus will be covered by a series of lectures, teaching rounds, outpatient clinics and specially organised seminars. In addition, each student will undertake a research project which should be written up and presented as a dissertation at the final examination.

**APPLICATIONS AND ENQUIRIES**

Applicants should hold a degree in medicine or science. United Kingdom science graduates would normally be expected to have obtained first or second class honours in their first degree; overseas qualifications will be considered individually.

**Course Organisers:**

ANDREW N. NICOLAIDES, M.S., F.R.C.S., Professor of Vascular Surgery, PETER SEVER, M.B., B.Ch., Ph.D., F.R.C.P., Professor of Clinical Pharmacology, RICHARD KITNEY, M.S.c., Ph.D., D.I.C., Professor of Biomedical Systems. For details and an application form, please contact The Deputy Registrar: Mr. W. UMPLEBY, St. Mary's Hospital Medical School, Norfolk Place, London W2 1PG, United Kingdom, Tel: 0171 723-1252.

\*\*\*\*\* calling general practice \*\*\*\*\*



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Did you know that a number of training and development products are available from the NHS Training Division, including videos, toolkits, computer-based training packages and open learning materials. These are designed to help you make better use of your existing staff and equipment resources through the better use of information management and technology.

Want to know more? Simply contact:

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St Bartholomews Court  
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Bristol BS1 3BT

tel: 0117 929 1029  
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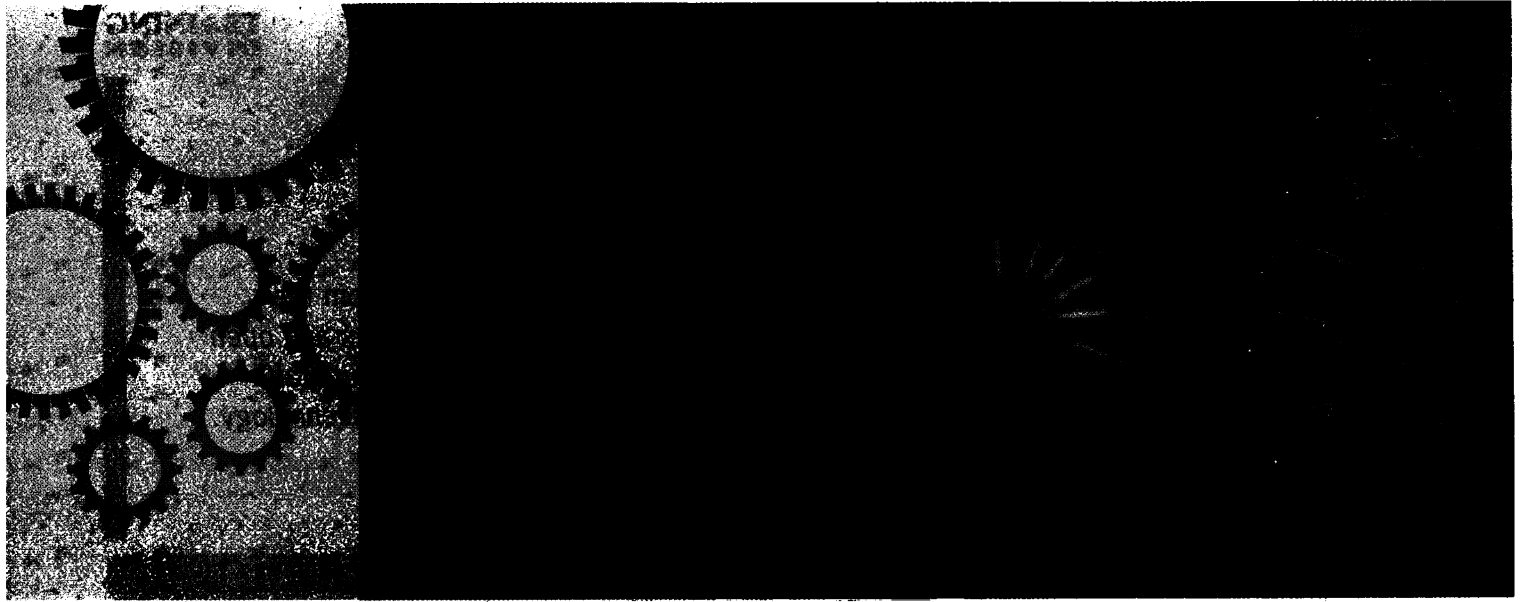
The OMRON 1050 is a simple, accurate, automatic device which can be used by the patient and will give the true blood pressure reading. It is a simple, accurate, automatic device which can be used by the patient and will give the true blood pressure reading. It is a simple, accurate, automatic device which can be used by the patient and will give the true blood pressure reading.

For more information on this and other products, please contact the NHS Training Division on 0117 929 1029.



**OMRON**

# Making it work more effectively



## Key Principles

Information is person-based

Information comes from  
operational principles

Information needs to be shared

Information supports  
management

Information enables business  
objectives

Information focuses on health

Information is our business

**Can we talk?  
Just pick up the phone!**

## Information is vital to the NHS

The NHS is an increasingly complex and diverse organisation. The separation of the purchaser and provider functions with the establishment of the 419 NHS trusts and over 2000 GP fund-holding practices has created a whole new set of relationships and information needs.

If we are all to maximise the benefits of these developments we need to take advantage of modern information technology to gather information from many and often remote sources; to assemble and present information where and when we want it; and to make it accessible to all those who need it.

**That's where we come in.** IMG is charged with providing an NHS wide strategy for delivering effective healthcare, through better use of IT resources. We understand the management and implementation issues of IM&T, can suggest ways of presenting the concept of IM&T to management and then help draw up a nationwide strategy of clearly focused delivery.

And, because we've worked on every type of project across the NHS, our unrivalled experience means you can enjoy the best systems and help drive efficiency through the NHS. In other words, make plans and take action to implement the IM&T strategy and its infrastructure.

After all, information is more than a resource, it's a shared strategy.

For general information please order The IM&T Infrastructure in context: executive summary (C3038) and The Impact on the NHS (B2132). Comprehensive documentation relating to the IM&T strategy is also available from:

**IMG Information Point/NHS Register of Computer Applications**  
**c/o Cambridge and Huntingdon Health Authority**  
**Primrose Lane, Huntingdon, Cambs PE18 6SE**  
**Tel: 01480 415118 Fax: 01480 415160**



**Information  
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## **RCGP NWE Faculty**

### **MRCGP Exam Preparation Course**

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**Cost reduced to £195    Section 63 approved**

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**For further details contact**

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Tel 01925 662351 Fax 01925 662484**



### **ROYAL COLLEGE OF GENERAL PRACTITIONERS INTERNATIONAL TRAVEL SCHOLARSHIPS THE KATHARINA VON KUENSSBERG AWARD AND JOHN J FERGUSON INTERNATIONAL TRAVEL SCHOLARSHIP**

The Royal College of General Practitioners invites applications for international scholarships to enable general practitioners from this country to travel overseas to study aspects of health care relevant to this country's needs or to help countries develop their own system of primary care.

The scholarships are also available to assist doctors from overseas who wish to visit this country to study an aspect of primary care relevant to their own country's needs.

#### **Katharina Von Kuenssberg Award**

The Katharina Von Kuenssberg Award is awarded annually for the most outstanding international travel scholarship application submitted.

#### **John J Ferguson International Travel Scholarship**

The John J Ferguson International Travel Scholarship is awarded annually for the outstanding scholarship application from a doctor undertaking study in relation to the Middle or Far East.

The value of each scholarship will not normally exceed £1000.

The closing date for applications is **Wednesday 31 July 1996**.

**If you would like further details or an application form please contact:**

**Mrs Mayuri Patel, Assistant Committee Clerk to the International  
Committee, Royal College of General Practitioners, 14 Princes Gate,  
Hyde Park, London SW7 1PU.**

**Telephone: 0171 581 3232 ext 233 Fax 0171 589 3145.**

## **The 1996 NATIONAL CONFERENCE OF GP REGISTRARS**

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**Venue: The Royal College of Obstetricians & Gynaecologists,  
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**A 2 day conference addressing the current recruitment and morale crisis in  
General Practice with focus on inner city practice, as well as planning  
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**Open to all GP Registrars (both current and recently trained)  
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***Application Forms available from:* Course Organisers, GP Trainers or:  
The Conference Unit, RCGP, 14 Princes Gate, London SW7 1PU  
(Tel: 0171 823 9703 Fax: 0171 225 3047)**

**Organised by The North East Thames GP Registrars Committee**



# Recent Publications from the RCGP

## Audit in Practice

This is the first manual which offers concise, practical examples of audit on a wide range of clinical and organisational topics. The layout is such that it will be easy for practitioners to copy sections or incorporate designs into their systems from the forms provided.

The audits were chosen because they are common, important and relevant to everyday general practice. They have all been rigorously tested, are individually referenced and share a common structure.

ISBN 0 85084 223 9  
Pages: 96  
Price: Members £14.95  
Non-members £16.50

## The MRCGP Examination: A Guide for Candidates and Teachers (1996 2nd Edition)

The MRCGP examination is the only British examination recognised by the General Medical Council in relation to general practice itself. Taken by up to 2000 candidates a year, it has become the single most important professional qualification for medical generalists.

This workbook for candidates, written by an experienced MRCGP examiner, is the official College guide to the latest MRCGP exam syllabus. It offers practical guidelines not only on initial preparation for the examination but also how to tackle the papers and orals providing vital support to students and teachers.

*This excellent book ... provides a splendid opportunity for trainees and other potential candidates to familiarise themselves with this examination ... well written in a lucid and concise style ... an excellent book.*

Family Practice

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 failed to return to normal;  
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 jaundice in pregnancy or jaundice  
 due to the use of steroids; Rotor  
 syndrome and Dubin-Johnson  
 syndrome. Known or suspected  
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Unexplained vaginal bleeding,  
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**Precautions and Warnings:**  
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 production of cervical mucus may  
 indicate a too high a dosage.  
 Regular medical examinations are  
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 following conditions should be  
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 disease, renal dysfunction, epilepsy  
 (especially for history of).

Hypertension, sickle cell  
 anaemia, porphyria, oestrogen-  
 sensitive gynaecological disorders,  
 uterine fibromyomata and  
 metrorrhagia. Remove implant if  
 hypertension develops. **Adverse**

**Effects:** Intermenstrual  
 bleeding, increase in the size of the  
 uterine fibromyomata, endometrial  
 hyperplasia, excessive production  
 of cervical mucus, aggravation of  
 metrorrhagia, premenstrual-like  
 syndrome. **Breast tenderness, pain,**  
**swelling, secretion. Nausea,**  
**vomiting, cholelithiasis, cholestatic**  
**jaundice. Thrombosis, rise of blood**  
**pressure. Chloasma, erythema**  
**multiforme, rash. Discomfort of the**  
**eyes if contact lenses are used,**  
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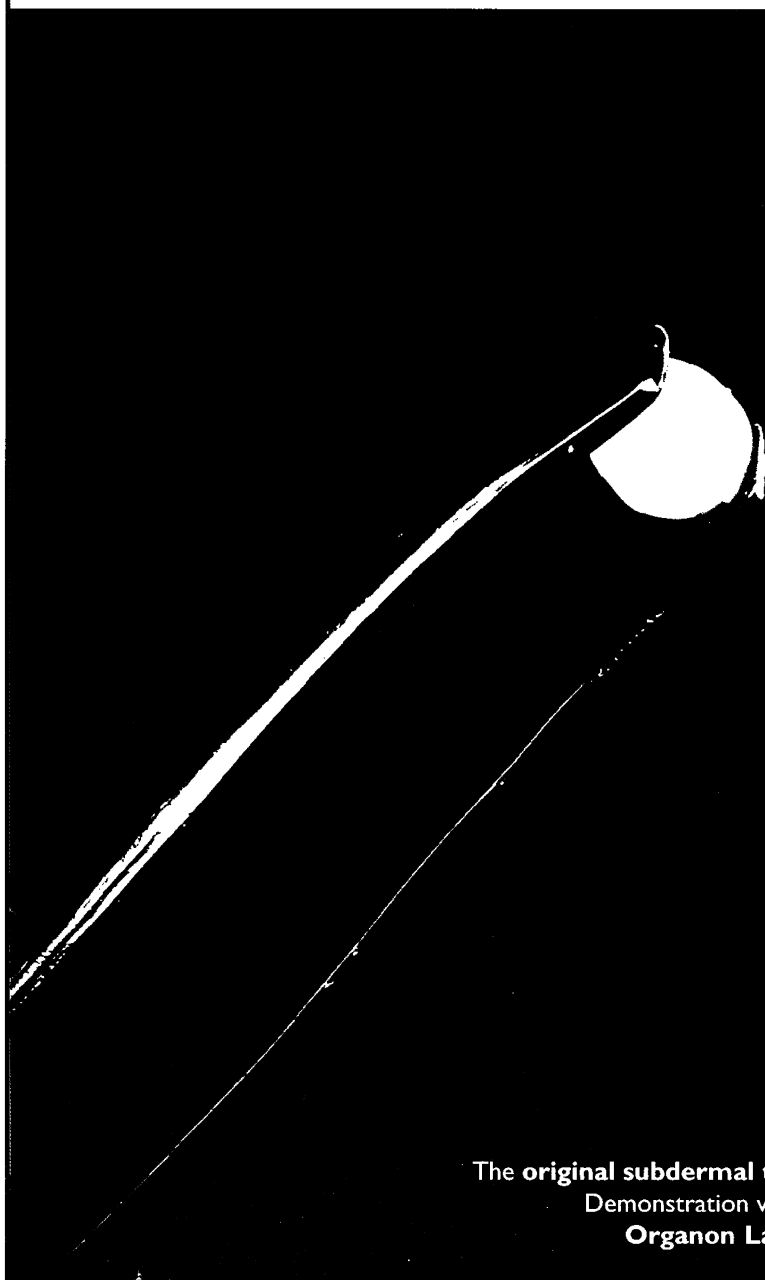
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