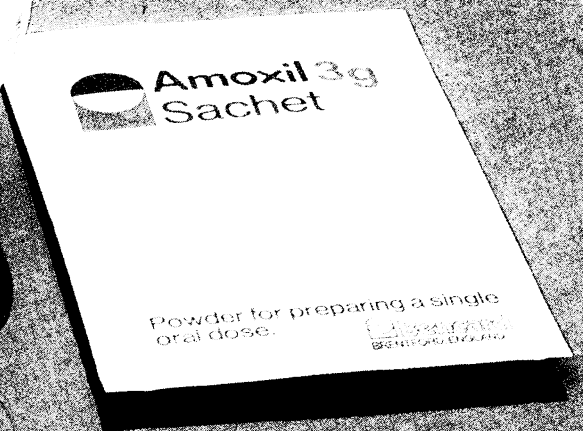
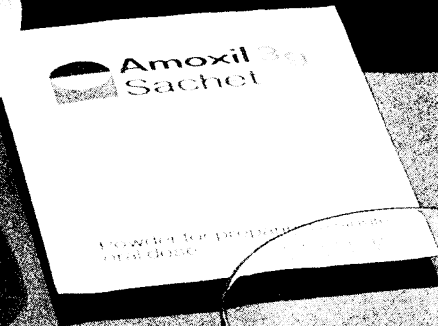


Introducing a unique 12-hour treatment course for cystitis.



Complete in two doses
Now you can treat cystitis
with unparalleled simplicity.

With the new Amoxil Twinpack
you have a complete course for cystitis –
in only 2 x 3g sachets. The two doses are
taken 10 to 12 hours apart.

Proven to be just as effective as a
conventional 10 day treatment course, Amoxil
Twinpack provides rapid and complete
symptomatic relief. With a promise of patient
compliance that's simply unique.

Prescribing Information
Indications Amoxil Twinpack (3g x 2) is indicated
for the treatment of simple, acute urinary tract
infections such as cystitis in adults.
Dosage Adults: Two 3g doses, 10-12 hours apart.
Presentation Carton containing 2 sachets. Each
sachet provides 3g amoxicillin for oral use. For
recommended use, see package insert. Always
prescribe.

administration. Basic NHS cost for complete
course £2.65. PL 0006/0235.
Contra-indications Amoxil is a penicillin and
should not be given to patients hypersensitive
to penicillins.
Side-effects Side-effects occur with other penicillins
and include diarrhoea, rash, fever, and
hypersensitivity reactions. See package insert for
full details.

Optimum results are achieved when the
above information is followed. For further
information, contact your local representative
or the manufacturer, Glaxo Wellcome,
Stockley Park, Uxbridge, Middlesex, UK.

Amoxil 3g x 2
amoxicillin
TwinPack



The third in a series of Hibernating animals: the Brown Bear (*Ursus arctos arctos*) hibernates from mid November

For safe, natural, undisturbed sleep ...

REMNOS

Nitrazepam/DDSA

- Rapidly induces natural sleep
- Increases the duration of sleep and reduces the number of nocturnal awakenings
- No hangover or confusion on waking
- Minimum changes in REM pattern
- Small dependence risk
- High comparative safety in overdose
- Well tolerated and producing no unwanted systemic effects
- Uniquely available in two strengths (5mg & 10mg)

Presentation circular biplanar 12mm tablets marked DDSA on obverse with single break line on reverse, containing Nitrazepam BP; white 5mg, yellow 10mg. Uses an effective hypnotic agent recommended when a rapid onset of sleep is required. Remnos increases total sleep time lasting 6-8 hours, with a reduced number of nocturnal awakenings. Remnos does not act by depression of brain structures, but promotes sleep with minimal changes in the rapid eye movement pattern (REM). Sleep disturbances due to organic conditions, tension, stress, anxiety and depression. The treatment of insomnia in the chronically ill requiring long or short term hypnotics. Pre-operative sleep. *Dosage and administration*, adults - the recommended dose is 5mg before retiring. This may be increased to 10mg. Hospital in-patients may receive up to 20mg. Debilitated and elderly patients - 2.5 to 5mg. Treatment should be commenced with the smaller 2.5mg dose in the elderly. Remnos is not recommended for administration to children. *Contra-indications, warnings, etc.* It is not advisable that Remnos be used in pregnancy and lactation. Patients receiving treatment with Remnos should be warned against the dangers of taking alcohol, barbiturates and other CNS depressants, and to exercise great care in handling mechanical equipment and driving motorised vehicles. Care should be taken in patients with respiratory depression. Side effects such as ataxia and drowsiness may occur, although hangover effect is minimal. *Overdosage*, evidenced by ataxia, slurred speech and drowsiness, gastric lavage and symptomatic treatment. *Pharmaceutical precautions*, protect from light and store in a well-closed container in a dry cool place. *Legal category*, S4b. *Basic NHS price* 5mg £1.40 per 100 and 10mg £2.50 per 100, also packs of 500 (both strengths). *Further information*, Remnos may be given to patients receiving anti-coagulant therapy and cardiovascular, antihypertensive and antidepressant drugs. *Product licence numbers* 0225/0022; 0225/0031. DDSA Pharmaceuticals 310 Old Brompton Road London SW5 9JQ.

Further information available on request from DDSA Pharmaceuticals, 310 Old Brompton Road London SW5 9JQ

THE
JOURNAL
OF

family practice

Family Practice became the twentieth specialty in American medicine with the formation of the American Board of Family Practice in 1969. Since that time, there has been rapid evolution in this developing specialty in clinical, educational, and research areas. As the specialty has expanded, new organizations have developed to meet the needs of this growing field.

THE JOURNAL OF FAMILY PRACTICE is a scholarly journal for the new specialty, and is now in its fifth year of publication. It aims to broaden the literature base in all areas, and has been recognized by Index Medicus as part of the scientific literature.

THE JOURNAL is edited by Dr. John P. Geyman, Professor and Chairman of the Department of Family Medicine at the University of Washington in Seattle. A member of the Society of Teachers of Family Medicine and the American Academy of Family Physicians, Dr. Geyman is a leading authority in the field of family medicine. A distinguished editorial board and a carefully selected editorial advisory board representing many fields insure editorial content of high academic quality.

Interest in and support for THE JOURNAL has been widespread throughout the United States and Canada. THE JOURNAL provides a forum for family physicians and educators to publish their original work. Intensive peer review of scientific articles is carried out. Special features include Letters, Guest Editorials, P-H Doctor's Tax Report, Problems in Family Practice, Family Practice Grand Rounds, Family Practice Forum, Communications, Self-Assessment in Family Practice, Book Reviews, International Perspectives, Procedures in Family Practice, Books Received, Reviews of Audiovisual Materials, Book Excerpts, and the WONCA Research Newsletter. THE JOURNAL's expanding circulation includes residents, medical students, and readers from other disciplines interested in the developing specialty of family practice.

The annual foreign subscription rate for THE JOURNAL OF FAMILY PRACTICE is \$35.00. Sample copies are furnished upon request.

For orders or further information, contact:

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PERIODICALS DIVISION

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Ventolin

(salbutamol BP)

**bronchodilator therapy
no asthmatic need be without**

**Primary therapy
in reversible airways obstruction**

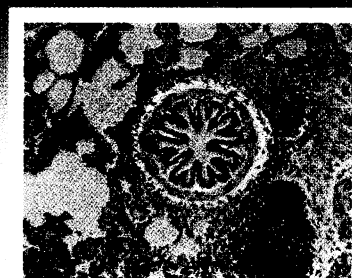
Proven efficacy and β_2 -selectivity

**Long acting
yet with a rapid onset of action**

Protects against exercise induced asthma

**Microgram dosage
avoids systemic side effects**

**Available as metered-dose aerosol
and Rotacaps with Rotahaler**



Cross-section of bronchiole illustrating bronchospasm due to contraction of respiratory smooth muscle.

“Why are so many asthma patients treated with oral drugs when their symptoms could be more effectively controlled, and with much less risk, by therapy administered by inhalation? ... All patients with asthma should be treated with a bronchodilator aerosol, and it is rational to use only the more selective sympathomimetic drugs . . .”

(Modern Medicine, May, 1977, p. 57-58)

INHALED VENTOLIN

INHALED BECOTIDE

PATIENT INSTRUCTION

It is important to ensure that patients receiving inhalation therapy are correctly instructed in the use of the device being prescribed. For this purpose demonstration units are available on request from Allen & Hanburys Ltd. The patient's acquired technique should be monitored by re-checking at suitable intervals. Generally speaking, patients unable to use pressurised aerosols efficiently can be satisfactorily treated using the alternative Rotacap/Rotahaler system which, for them, provides a greater degree of certainty and a better guarantee of effectiveness. Any initial problems with the manipulation of the Rotahaler are usually overcome as the patient becomes more familiar

with its use. In the case of young children and patients with arthritis of the hands it may be preferable for the device to be loaded by the parent or other person. When Ventolin Rotacaps are being used for the relief of acute bronchospasm it may be convenient to load a Rotacap into the device so that the dose is readily available. Ventolin and Becotide Rotahalers are supplied in plastic boxes for carrying in the pocket or handbag. The daily requirement of Rotacaps may be inserted into the spaces provided in the box to encourage compliance. A replacement Ventolin or Becotide Rotahaler should be prescribed at approximately six-monthly intervals.

PRODUCT INFORMATION

PRESENTATION AND BASIC NHS COST

Ventolin Inhaler is a metered-dose aerosol delivering 100mcg salbutamol BP per actuation. Each canister contains 200 inhalations. Basic NHS cost £1.96.

Ventolin Rotacaps 200mcg & 400mcg each contain a mixture of the stated amount of microfine salbutamol BP (as sulphate), and larger particle lactose in light blue/colourless or dark blue/colourless hard gelatine cartridges, respectively. Containers of 100. Basic NHS cost £2.96 and £4.00, respectively.

Ventolin Rotahaler for use in conjunction with Ventolin Rotacaps. Basic NHS cost 65p.

INDICATIONS

Routine control of bronchospasm in bronchial asthma, bronchitis and emphysema, or as required to relieve attacks of acute bronchospasm. Doses may also be taken before exertion to prevent exercise induced asthma or before exposure to a known unavoidable challenge.

DOSAGE AND ADMINISTRATION

As single doses for the relief of acute bronchospasm, for managing intermittent episodes of asthma and to prevent exercise-induced bronchospasm.

Using Ventolin Inhaler – Adults: one or two inhalations.

Children: one inhalation increasing to two if necessary.

Using Ventolin Rotahaler – Adults: one Ventolin Rotacap 200mcg or 400mcg.

Children: one Ventolin Rotacap 200mcg.

For chronic maintenance or prophylactic therapy.

Using Ventolin Inhaler – Adults: one or two inhalations three or four times a day.

Children: one inhalation three or four times a day increasing to two inhalations if necessary.

Using Ventolin Rotahaler – Adults: one Ventolin Rotacap 400mcg three or four times a day.

Children: one Ventolin Rotacap 200mcg three or four times a day.

For optimum results in most patients inhaled Ventolin should be administered regularly.

CONTRA-INDICATIONS

Ventolin preparations should not be used for the prevention of threatened abortion.

PRECAUTIONS

If a previously effective dose of inhaled Ventolin fails to give relief lasting at least 3 hours, the patient should be advised to seek medical advice. Ventolin should be administered cautiously to patients suffering from thyrotoxicosis. Unnecessary administration of drugs during the first trimester of pregnancy is undesirable.

SIDE EFFECTS

No important side effects have been reported following treatment with inhaled Ventolin.

PRODUCT LICENCE NUMBERS

Ventolin Inhaler 0045/5022; Ventolin Rotacaps 200mcg 0045/0116;

Ventolin Rotacaps 400mcg 0045/0117.

PRODUCT INFORMATION

PRESENTATION AND BASIC NHS COST

Becotide Inhaler is a metered-dose aerosol delivering 50mcg beclomethasone dipropionate BP per actuation. Each canister contains 200 inhalations. Basic NHS cost £3.84.

Becotide Rotacaps 100mcg & 200mcg each contain a mixture of the stated amount of microfine beclomethasone dipropionate BP and larger particle lactose in buff or chocolate-brown/colourless hard gelatine cartridges, respectively. Containers of 100. Basic NHS cost £5.84 & £7.78, respectively.

Becotide Rotahaler, for use in conjunction with Becotide Rotacaps. Basic NHS cost 65p.

INDICATIONS

Bronchial asthma especially in patients whose asthma is not adequately controlled by bronchodilators and patients with severe asthma who would otherwise be dependent on systemic corticosteroids or adreno-corticotrophic hormone (ACTH) or its synthetic equivalent.

DOSAGE AND ADMINISTRATION

Using Becotide Inhaler – Adults: two inhalations three or four times a day is the usual maintenance dose. In severe cases dosage may be started at twelve to sixteen inhalations per day and subsequently reduced when the patient begins to respond.

Children: one or two inhalations, two, three or four times a day according to the response.

Using Becotide Rotahaler – Adults: one 200mcg Becotide Rotacap three or four times a day is the usual maintenance dose.

Children: one 100mcg Becotide Rotacap, two, three or four times a day according to the response.

For optimum results inhaled Becotide should be administered regularly.

CONTRA-INDICATIONS

No specific contra-indications to inhaled Becotide are known but special care is necessary in patients with active or quiescent pulmonary tuberculosis.

PRECAUTIONS

The maximum daily intake of beclomethasone dipropionate BP should not exceed 1mg. Inadequate response after the first week of inhaled Becotide therapy suggests that excessive mucus is preventing penetration of inhaled drug to the target area. A short course of systemic steroid in relatively high dosage should be given and therapy with inhaled Becotide continued.

Unnecessary administration of drugs during the first trimester of pregnancy is undesirable. When transferring patients to Becotide from systemic steroid therapy the possibility of adrenocortical suppression should be considered and patients given a supply of oral steroids for use during periods of stress. Please refer to the detailed procedure described in the data sheets for Becotide Inhaler and Becotide Rotacaps.

SIDE EFFECTS

Occasional candidiasis of the mouth and throat (thrush) occurs in some patients, particularly those with high blood levels of Candida precipitins. Topical therapy with antifungal agents usually clears the condition without withdrawal of Becotide.

PRODUCT LICENCE NUMBERS

Becotide Inhaler 0045/0089; Becotide Rotacaps 100mcg 0045/0119;

Becotide Rotacaps 200mcg 0045/0120.

INHALED Ventolin and Becotide

A rational basis for prescribing in asthma



Full prescribing information is available on request.

Ventolin, Becotide, Rotacap, Rotahaler, are trade marks of ALLEN & HANBURY LTD., London E2 6LA.

Becotide

(beclomethasone dipropionate BP)

**Controls the inflammatory processes
in more severe asthma**

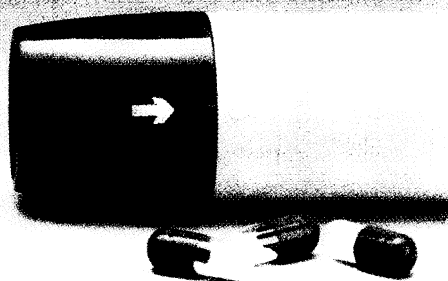
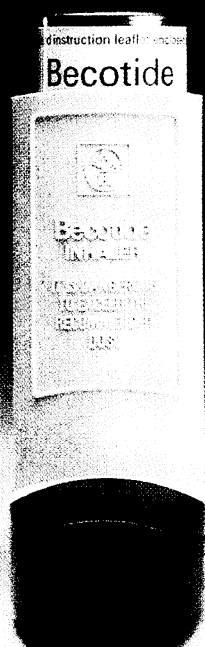
Restores the response to bronchodilators

**Avoids the side effects
associated with systemic steroids**

**Eliminates or greatly reduces the need for
systemic steroids
in steroid-dependent patients**

**Obviates physical disfigurement
and stunting of growth in children**

**Available as metered-dose aerosol
and Rotacaps with Rotahaler**



Cross-section of bronchiole illustrating bronchospasm complicated by bronchial mucosal oedema and hypersecretion of mucus.

“To support this claim of extraordinary activity (of Becotide), there are not only statistically valid comparisons but also numerous validated individual experiences. These include the impressive therapeutic results in patients with severe asthma not controllable with high daily doses of systemic steroids; the beneficial responses of those refractory to adrenergic agonists and unable to tolerate even suboptimal doses of theophylline; the suppression of asthma unresponsive to mediator-release inhibitors, such as cromolyn sodium; and, importantly, the high level of acceptance and compliance among people who do not comply with other standard therapeutic routines.”

(Lancet, 1979, i, 932-933)

Trandate

(labetalol hydrochloride)



“Good blood pressure control was obtained easily and the treatment regimen was simpler than that with previous therapy received by the patients. Few incremental changes in dosage were required and all but six (10%) patients were controlled by labetalol alone.”

(Current Medical Research and Opinion, 1978, 5, 618)

PRODUCT INFORMATION

PRESENTATION AND BASIC NHS COST

Trandate Tablets 100mg, Trandate Tablets 200mg and Trandate Tablets 400mg each contain 100mg, 200mg and 400mg labetalol hydrochloride, respectively. In containers of 50 and 250 tablets. Basic NHS cost of 50 tablets of each strength is £3.44, £4.88 and £7.76.

INDICATIONS

Treatment of all grades of hypertension when oral antihypertensive therapy is indicated.

DOSAGE AND ADMINISTRATION

The recommended starting dose is 100mg three times daily. If necessary, this may be increased gradually at intervals of one or two weeks. A daily dosage of 600mg is usually adequate but severe cases may require up to 2,400mg daily. Once the optimum dosage is established a twice-daily dosage regimen can be used. Trandate Tablets should preferably be taken after food.

For transfer of patients from other antihypertensive therapy see Data Sheet.

Trandate therapy is not applicable to children.

CONTRA-INDICATIONS

There are no known absolute contra-indications.

WARNING

There have been reports of skin rashes and/or dry eyes associated with the use of beta-adrenoceptor blocking drugs. The reported incidence is small and in most cases the symptoms have cleared when the treatment was withdrawn. Discontinuation of the drug should be considered if any such reaction is not otherwise explicable. Cessation of therapy with a beta-adrenoceptor blocking drug should be gradual.

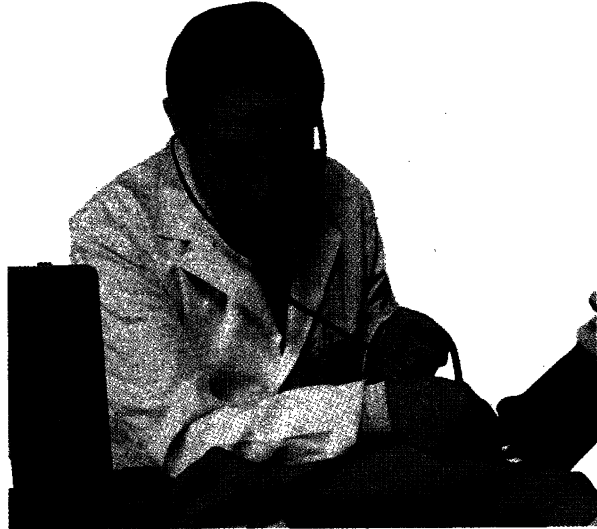
PRECAUTIONS

Trandate should not be given to patients with uncompensated or digitalis-resistant heart failure or with atrioventricular block. The presence of severe liver disease may necessitate reduced doses of Trandate. Care should be taken in asthmatic patients and

simplifies the management of hypertension

for the doctor

- Trandate provides effective control of the hypertension
- Trandate is suitable for a wide range of patients
- Trandate obviates the need for multi-drug regimens or fixed combination products
- Trandate needs few incremental changes in dosage for control of most patients.

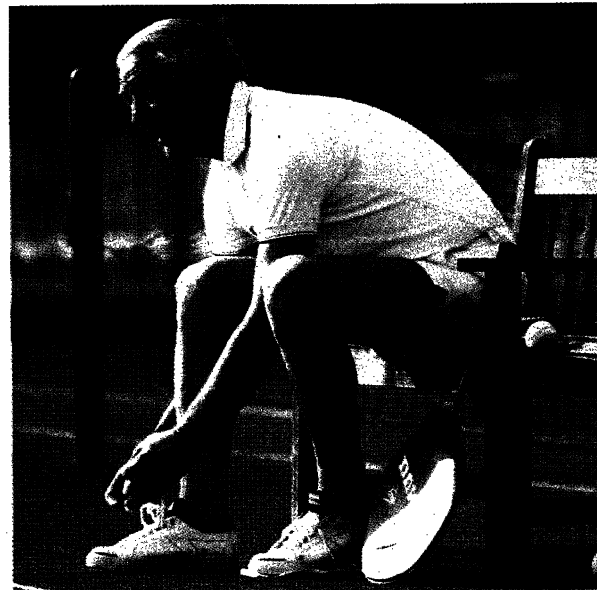


and for the patient

- The overall incidence of side effects is low
- Trandate avoids unwanted effects such as sedation and lack of energy
- The dosage regimen is simple – just one tablet two or three times a day
- **Patients feel better on Trandate and the treatment does not restrict activity**

"It is therefore particularly encouraging that 74% of patients in this study reported that they were much less tired, more energetic, more active physically and more mentally relaxed than when on their previous antihypertensive therapy."

(Practitioner, 1979, 222, 131)



Medical Aid at Accidents

'This book covers the basic knowledge required for most aspects of emergency care and rescue organisation by a series of short, relevant, and beautifully illustrated chapters... This is a significant contribution to the discipline of emergency care and can be recommended for use internationally.' The Lancet

Roger Snook, 1974, 235 figures, 136 pp, hardback, price £7.65, post and packing free.

Rehabilitation Today

'Every medical practitioner, every medical student (and every dean) should... have access to a copy of this book... Its use as a source of reference should become second nature.' British Medical Journal

Stephen Mattingly (Ed.), 1977, 216 figures, 189 pp, paperback, ISBN 0 906141 00 1, price £6.20, post and packing free.

Dermatology

'The first edition of this book was a landmark in medical publishing. The second edition contains 506 new colour illustrations, together with a comprehensive text. It will have immediate practical value to general practitioners, physicians, dermatologists, students and all others with an interest in this field.'

Lionel Fry, 2nd edition, 1978, 506 figures, 168 pp, hardback, ISBN 0 906141 02 8, price £8.25, post and packing free.

Neonatal Medicine

'The text is factual, concise and easy to read. It correlates theory with clinical practice, and progresses smoothly from the assessment of the unborn child to care of the newborn, unborn or abnormal... This hardback book gives excellent value for money.' Nursing Times

Malcolm Chiswick, 1978, 113 figures, 112 pp, hardback, ISBN 0 906141 01 X, price £6.20, post and packing free.

Oral Disease

'Oral Disease would make a very valuable addition to the book collection of the dental student... The book will also serve as a valuable revision text for the general dental practitioner and the general medical practitioner, whose training in oral disease has usually been minimal.' British Dental Students' Association Newsletter.

C. E. Renson (Ed.), 1978, 230 figures, 96 pp, hardback, ISBN 0 906141 04 4, price £6.20, post and packing free.

Immunisation

George Dick, 1978, 24 figures, 160 pp, paperback, ISBN 0 906141 03 6, price £4.20, post and packing free.

Preventive Dentistry

Leon Silverstone, 1978, 74 figures, 176pp, hardback, ISBN 0 906141 06 0, price £5.95, post and packing free.

Interpreting the Electrocardiogram

James S. Fleming, 1979, 245 figures, 144pp, hardback, ISBN 0 906141 05 2, price £6.75 post and packing free.

UPDATE BOOKS

Order form opposite

CLASSIFIED ADVERTISEMENTS AND NOTICES

Classified advertisements are welcomed and should be sent to: Sue Cain, 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 by the first of the month preceding 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 ten per cent reduction.

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.

THINKING OF RETIRING? Age 55 years plus?

Why not consider the beautiful Wye Valley in Herefordshire? Two single-handed dispensing doctors require permanent part-time assistance. Minimum requirements of 10 to 12 weeks full-time holiday relief per annum and weekend rota throughout the year of one in three. Additional surgeries if required.

Applications to:

**Dr Michael H. Oakland,
The Doctor's House, Tarrington,
Hereford HR1 4HZ.**

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.

GRANTS FOR CONVALESCENCE

Have you a patient who is broadly a professional woman (or retired) and needs convalescence which she cannot afford? Then apply to us for financial help.

Frederick Andrew Convalescent Trust,
Andrew & Co (Reference RA),
St Swithin's Square,
Lincoln.
Tel: 0522 32123

ANNUAL SPRING MEETING 1980

The Annual Spring Meeting of the Royal College of General Practitioners is being arranged by the Cumbria Sub-Faculty from

25 to 27 APRIL 1980

The William Pickles Lecture will be delivered by Dr M. P. Taylor. The theme of the Saturday meeting will be 'Alpha and Omega'—the morning will be devoted to the care of children and the afternoon to the care of their grandparents.

On Friday, 25 April, the local faculty will present a session on clinical standards in general practice. Speakers will include Dr D. H. Irvine and Dr G. N. Marsh.

Further details from: Dr John Beitch, "Cramond", Woodend, Egremont, Cumbria.

UNIVERSITY OF DUNDEE DEPARTMENT OF GENERAL PRACTICE SENIOR LECTURER

Applications are invited for this new post from registered medical practitioners holding the diploma of MRCP.

Candidates will be expected to participate in patient care within the medical school teaching practice as well as in teaching and research. Experience of teaching and research in general practice is desirable.

Salary on the Clinical Senior Lecturer scale, with initial placing dependent on qualifications and experience. Superannuation under USS, or continuation of FSSU. Grant towards removal expenses to Dundee.

Further particulars of the appointment may be obtained from The Secretary, The University, Dundee DD1 4HN, with whom applications (12 copies or, if posted overseas, one copy) quoting Reference EST/71/79 R and containing the names of two referees should be lodged as soon as possible.

WELSH NATIONAL SCHOOL OF MEDICINE
(University of Wales)

DEPARTMENT OF GENERAL PRACTICE

Applications are invited for the post of

SENIOR LECTURER

in the Department of General Practice.

Salary on the scale for University Clinical Senior Lecturers (£11,211—£14,259 per annum); starting point dependent upon qualifications and experience. U.S.S.

Further particulars available from the
Registrar and Secretary,
Welsh National School of Medicine,
Heath Park,
Cardiff,

to whom application should be submitted by 31 December, 1979.

**THE BRITISH POSTGRADUATE
MEDICAL FEDERATION**

has now published its programme of courses

**COURSES FOR
GENERAL PRACTITIONERS**

for the period January to August 1980. These programmes will be distributed automatically to General Practitioners in the National Health Service in the four Thames Regional Health Authorities through their local Family Practitioner Committees.

Any other General Practitioner wishing to receive a copy of this programme should forward a stamped addressed foolscap envelope to:

**The General Practitioner Department,
British Postgraduate Medical Federation,
Regional Postgraduate Medical Dean's Office,
14 Ulster Place, London NW1 5HD.**

No applications will be accepted by telephone.

**SUPPLEMENT TO THE JOURNAL
OF THE ROYAL COLLEGE OF
GENERAL PRACTITIONERS**

Prescribing in general practice

The cost of the drugs prescribed by British general practitioners now exceeds the cost of the doctors' own income and expenses combined. The number of prescriptions for psychotropic drugs has doubled between 1964 and 1974 and the applications of prescribing in general practice are bedevilled by factors quite unrelated to clinical pharmacology, such as the symbolic use of drugs, patient and doctor expectations and attitudes, and pressures from advertising.

Who are the high cost prescribers? What, if any, is the influence on a doctor's prescribing of being trained overseas? What are the facts and what are the trends?

Prescribing in General Practice is one of the most comprehensive booklets ever issued on prescribing in British general practice; it was published as a *Supplement* to this *Journal* and sponsored by the Department of Health and Social Security.

Prescribing in General Practice is available now from 14 Princes Gate, Hyde Park, London SW7 1PU, price £3.00, post free.

University of London

**ROYAL POSTGRADUATE MEDICAL SCHOOL
ADVANCED MEDICINE FOR
GENERAL PRACTITIONERS**

21—25 January 1980

Applications are invited from General Practitioners for the above course which will be held at the Royal Postgraduate Medical School, Hammersmith Hospital.

Topics include: Open Access Medicine
Day Case Surgery
Neurology
Gastroenterology
Paediatric Problems
Obstetrics and Gynaecology
Geriatric Medicine
Management of Medical Emergencies

Course fee: £80

Application forms may be obtained from:

The School Office (SSC),
Royal Postgraduate Medical School,
Hammersmith Hospital,
Du Cane Road,
London W12 0HS.

Telephone: 01-743 2030 ext 351

Notification of change of address

Members changing their address are asked to let the Registrar of the Royal College of General Practitioners know as soon as possible, with the effective date, so that the *Journal* can continue to be sent to them without delay.

Please write to: The Registrar, Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU.

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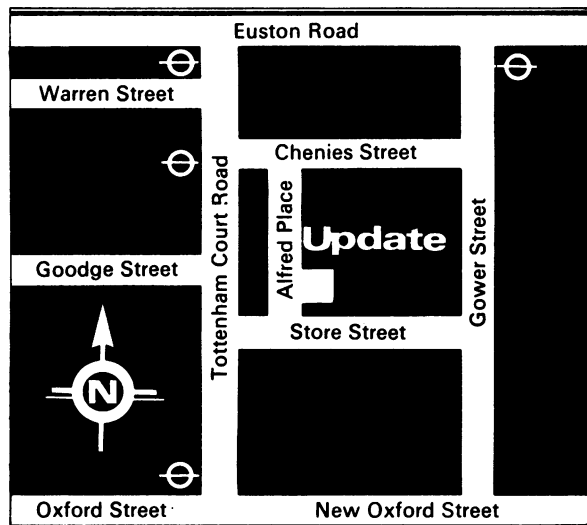
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Update Books are now on display and for sale at the Update offices in central London. You can call into the 2nd floor reception, Update Publications, 33-34 Alfred Place, London WC1E 7DP, to inspect or purchase Update books any time between 9.30 a.m. and 5.30 p.m., Monday to Friday. This map shows how to find Alfred Place. The Update building is clearly recognisable by the display of books in the front window at street level.



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SOUTH WEST CUMBRIA VOCATIONAL TRAINING SCHEME FOR GENERAL PRACTICE

Applications are invited from medical graduates for four available places on the following programme of training, conducted under the overall aegis of the University of Newcastle upon Tyne:

Complete three year programme which includes:

- (a) A six-month appointment in a carefully chosen teaching practice.
- (b) Successive six-month appointments in four hospital posts of relevance to general practice from a variety of options.
- (c) A final six-month appointment in the same or a different teaching practice.
- (d) An on-going academic course comprising 90 half-day release sessions based on small group methods.

OR

Partial—less than three year-rotation to enable doctors who already have relevant experience to meet the requirements for the MRCGP examination and the Vocational Training Allowance.

The Hospital posts available from which a selection will be agreed are as follows:— obstetrics/gynaecology, paediatrics, ENT/eyes, general medicine, casualty and geriatrics.

Applications should be directed to:

**Dr A. Reed—Scheme Organiser,
South West Cumbria Vocational Training Scheme,
Postgraduate Department,
North Lonsdale Hospital,
Barrow-in-Furness,
Cumbria.**

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As a fast acting diuretic

Burinex^{*} K

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is unbeatable...

as a potassium
supplement it's
unforgettable

Your patients rarely forget to take their 'water pill' but all too frequently fail to take their potassium supplement if you prescribe it separately.¹

Burinex K solves this problem because Burinex the 'most effective natriuretic agent'² 'coats' the potassium core - to make it truly unforgettable.

In addition - because of the shape and size - it's easier to swallow than the most commonly used potassium supplement alone.³

Burinex K in CCF right from the start

1. Brit. Med. J., 618, 2, 1977

2. Acta med. scand., 119, 193, 1973

3. J. Int. Res., 104, 3, 1975

