



Ativan lorazepam ahead in anxiety

the response that you expect
and your patient needs

with minimal sedation
and rapid elimination

**Ativan—the short
acting anxiolytic**

Ativan (lorazepam) is a Schedule IV controlled substance.
It is not to be used in patients with known hypersensitivity to lorazepam or its components.

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It is not to be used in patients with known hypersensitivity to lorazepam or its components.



Logical step the treatment of hypertension



**Daily
Tenormin**

Step One **Tenormin**

atenolol 100mg

Highly cardioselective
Cardioprotective

Only ONE tablet daily

Step Two **Tenoretic**

atenolol 100mg & chlorthalidone 25mg

Combines 'Tenormin' with chlorthalidone
Better control in more patients

Still only ONE tablet daily

Prescribing Notes for 'Tenormin' and 'Tenoretic'

Dosage:

One tablet daily.

Contraindications:

Heartblock. Co-administration with verapamil.

Precautions:

Untreated cardiac failure, bradycardia, renal failure, anaesthesia and pregnancy. *'Tenoretic' only* Gout. Changes in serum potassium are minor and probably clinically unimportant. 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 disturbance rarely seen. Rashes and dry eyes have been reported with beta-blockers — consider discontinuance if they occur. Cessation of therapy with beta-blocker or beta-blocker/diuretic combination should be gradual. *'Tenoretic' only* With chlorthalidone occasional nausea and dizziness and rarely idiosyncratic drug reactions such as thrombocytopenia and leucopenia.

Pack sizes and Basic NHS cost:

'Tenormin' 28's £7.27.
'Tenoretic' 28's £8.17

Product Licence Numbers:

'Tenormin' 0029/0122.
'Tenoretic' 0029/0139.

'Tenormin' and 'Tenoretic' are trademarks.

Full prescribing information is available on request to the Company.



Stuart Pharmaceuticals Limited
Carr House, Carrs Road,
Cheadle, Cheshire SK8 2EG.



**Balancing
the
pain scale**

Paramol-118

DF 118

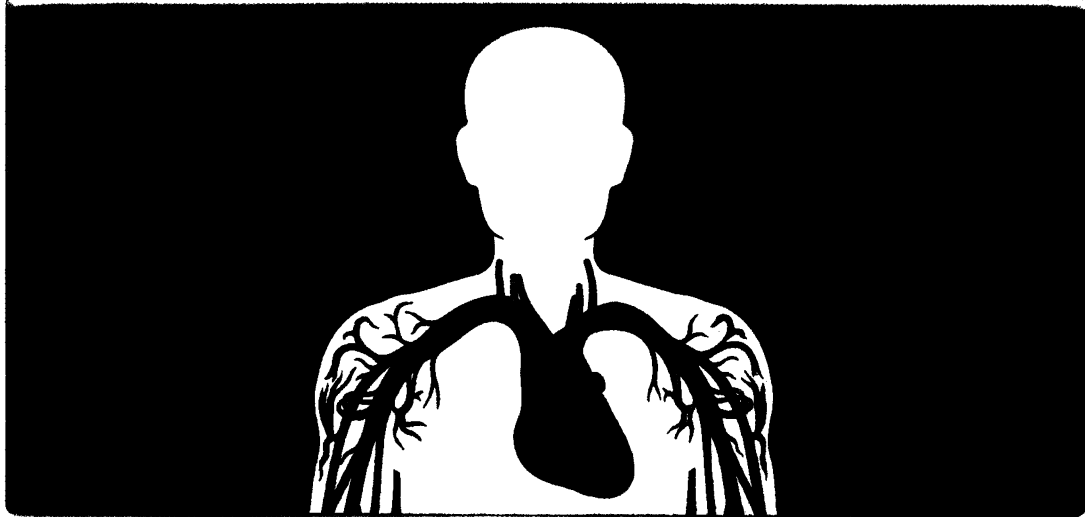
Peripheral
Vasodilatation



B-Blockade



Uncomplicating hypertension



Trandate offers a unique means of controlling hypertension by combining the benefits of both beta-blockade and peripheral vasodilatation in just one drug.

Suitable for all grades of hypertension, control can usually be achieved with Trandate alone simply by increasing the dose.

With a low incidence of side effects, Trandate provides simple and logical therapy avoiding the complexities of multi-drug regimens or fixed-dose combination products.

Trandate uncomplicates hypertension for both doctor and patient.

Trandate

labetalol hydrochloride

Dual action, singular efficacy.

Prescribing Information appears overleaf.

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**

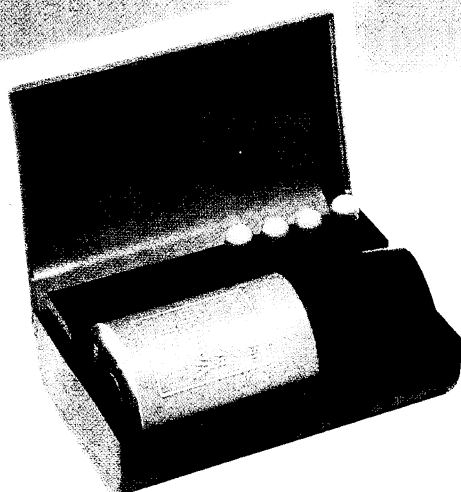
**Protects against
exercise induced asthma**

**Microgram dosage
avoids systemic side effects**

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



A solid basis for



VENTOLIN PRESCRIBING INFORMATION

Uses

Relief of bronchospasm in reversible airways obstruction and prevention of exercise induced asthma. It may also be taken before exertion to prevent exercise induced asthma or before exposure to a known unavoidable challenge.

Dosage and administration

Aspirin 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 if necessary.

Using Ventolin Rotahaler: Adults, one Ventolin Rotacaps 200mcg or 400mcg.

Children, one Ventolin Rotacaps 200mcg. For children, consult the manufacturer's literature.

Using Ventolin Inhaler: Adults, 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 Rotacaps 400mcg three or four times a day, or children, one Ventolin Rotacaps 200mcg three or four times a day.

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

Contra-indications

Ventolin preparations should not be used for the prevention of threatened abortion during the first or second trimester of pregnancy.

Precautions

In previous, effective doses of inhaled Ventolin, faints, tingling or lasting at least three hours, the patient should be advised to seek medical advice.

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

Presentation and Basic NHS cost: (excludes VAT)
Ventolin Inhaler is a metered dose aerosol device. Ventolin Rotacaps 200mcg per actuation. Each container contains 200 inhalations.

Basic NHS cost £4.30.
Ventolin Rotacaps 200mcg and 400mcg, each contain a mixture of the stated amount of microfine salbutamol BP plus salbutamol and larger particles, actives in light blue colourless or dark blue colourless hard plastic cartridges, respectively.

Containers of 100. Basic NHS cost £4.29 and £7.15, respectively.

Ventolin Rotahaler, for use in conjunction with Ventolin Rotacaps. Basic NHS cost 78p.

Product Licence numbers
Ventolin Inhaler 0045/5022
Ventolin Rotacaps 200mcg 0045/0116
Ventolin Rotacaps 400mcg 0045/0117

Rotacaps, Rotahaler and Ventolin are trademarks of Allen & Hanbury's Limited.

Further information on Ventolin is available from Allen & Hanbury's Limited, London SE1 6LA.

Becotide

(beclomethasone dipropionate BP)



Controls the inflammatory processes in more severe asthma

Avoids the side effects associated with systemic steroids

Can eliminate or greatly reduce the need for systemic steroids

Restores the response to bronchodilators

Obviates cushingoid features and stunting of growth in children

Available as a metered-dose aerosol and Rotacaps with Rotahaler

Control severe asthma

BECOTIDE PRESCRIBING INFORMATION

Uses

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 adrenocortical 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 or 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; pre-emptive topical therapy with antifungal

agents usually clears the condition without withdrawal of Becotide.

Presentation and Basic NHS cost (exclusive of VAT). Becotide Inhaler is a metered-dose aerosol delivering 50mcg beclomethasone dipropionate BP per actuation.

Each canister contains 200 inhalations.

Basic NHS cost £4.77.

Becotide Rotacaps 100mcg and 200mcg each contain a mixture of the stated amount of microfine beclomethasone dipropionate BP and larger particle lactose in buff/colourless or chocolate brown/colourless hard gelatine cartridges, respectively.

Containers of 100. Basic NHS cost £7.26 and

£9.67 respectively.

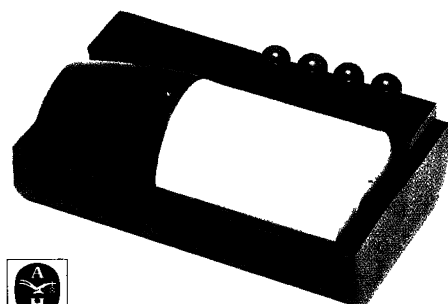
Becotide Rotahaler, for use in conjunction with Becotide Rotacaps. Basic NHS cost 78p.

Product Licence numbers

Becotide Inhaler	0045/0089
Becotide Rotacaps 100mcg	0045/0119
Becotide Rotacaps 200mcg	0045/0120

Becotide Rotacap and Rotahaler are trade marks of Allen & Hanburys Limited.

Further information on Becotide is available from Allen & Hanburys Limited, London E2 6LA.



NEW

For all MRCGP candidates

M
R
C
G
P

The MRCGP Study Book

T. A. I. Bouchier Hayes
John Fry
Eric Gambrill
Alistair Moulds
K. Young



Update Books

The MRCGP Study Book, published by Update Books in January 1981. Authors: T.A.I. Bouchier Hayes, John Fry, Eric Gambrill, Alistair Moulds, K. Young. Length: 200 pages (approx.). Size: 245 x 188mm. Two-colour text throughout. Price: hardback £11.50 (ISBN 0 906141 13 3), paperback £9.75 (ISBN 0 906141 31 1), post and packing free.

Contents

Foreword 1. Introduction 2. The Multiple Choice Question Paper 3. The Modified Essay Question Paper 4. The Traditional Essay Question Paper 5. The Orals.

The MRCGP examination tests not only the candidate's knowledge but also his ability to apply and present that knowledge in a variety of different forms. Preparation is essential and *The MRCGP Study Book* includes all the necessary material and guidance enables candidates to cope confidently with each part.

Covering all the written components of the papers, *The MRCGP Study Book* contains a series of mock tests and self-assessment exercises. The style, format, standard, timings and marking schedules reflect those actually used in the exam. Introductory notes in each section and points throughout the mock papers give advice on exam techniques and a whole section is devoted to the best way of approaching the orals.

All the authors have been involved for many years either in preparing and marking the exam or in running courses to help candidates to improve their chances of passing.

This new book will be invaluable for all those preparing for the MRCGP exam and may also be useful for trainers wishing to assess their trainees.



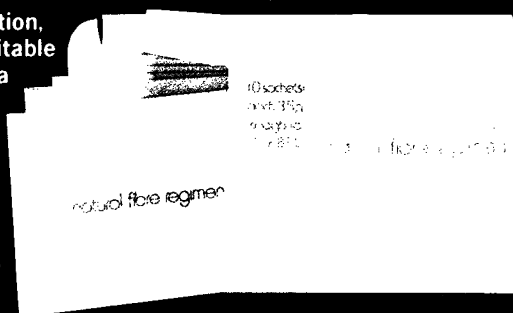
UPDATE BOOKS

Order form opposite

The beginning of the end of dietary constipation



Long term treatment of constipation, like that of haemorrhoids and irritable bowel disease, is often based on a high-fibre diet. Until new dietary habits can be established, Fybogel provides an excellent way of ensuring an adequate intake of fibre, especially in patients who find bran difficult to take. Fybogel not only absorbs 40 times its own weight of water



(nearly six times as much as bran), but in addition is easily taken, in the form of a palatable drink.

Fybogel
Ispaghula Husk B.P.C.
natural fibre regimen

Further information is available from Reckitt & Colman, Pharmaceutical Division, Hull, HU8 7DS.



P.L. No. 44/0041. Indications: Conditions requiring a high-fibre regimen. Dosage and Administration: Adults and children: one sachet morning and evening. Children under 12: Dosage at the discretion of the doctor. To be taken in water. Contra-indications, warnings etc. Fybogel is contra-indicated in cases of intestinal obstruction and colonic atony. Each sachet contains 3.5g Ispaghula husk (6.0 mEq sodium). Basic N.H.S. price at February 1980: 60 sachets £3.61. P01693.

THE MSD FOUNDATION

Audiovisual Programmes for General Practitioner Training

The MSD Foundation was set up in 1978 as an independent charity to provide videotape and tape/slide programmes for use in vocational training for general practitioners. In its first year of programme production the Foundation planned and produced a dozen programmes which are now used in day-release courses in the United Kingdom.

During 1981 The MSD Foundation plans to release a further dozen programmes covering other aspects of general practice education. Programmes available from February include:

- The Use of Medical Records in the Consultation
- Symptoms as Signs — extracts from consultations in which physical symptoms may have psychological significance
- Upper Respiratory Tract Infection in Children — a tape/slide programme
- Terminal Care — a dramatized video—case study in several scenes
- Immunization — a tape/slide programme
- Running a Child Development Clinic — videocassette
- Safer Prescribing — tape/slide programme
- Techniques of the Consultation — the first three programmes in a structured series, analysing the consultation into specific tasks and using extracts to compare how different doctors approach these tasks
- The Management of the Arthritic Patient — videocassette (see below)

PROGRAMME OF THE MONTH

THE MANAGEMENT OF THE ARTHRITIC PATIENT

(Two parts — 30 minutes and 18 minutes)

We showed the Arthritis programme to Dr Terence Reilly, Associate Adviser in General Practice, Welsh National School of Medicine, and here are his comments:

“There has been for some time an awareness of the need for greater emphasis on the management of rheumatic problems in training for General Practice. This latest offering from the MSD Foundation entitled ‘The Arthritic Patient’ makes a valuable contribution to this aim.

“The programme takes its audience through the problems of four actual patients with differing joint pathology; these include ankylosing spondylitis, rheumatoid arthritis, tuberculous arthritis and osteoarthritis.

“The presentation is good, offering the course organiser or group leader many teaching points including practical demonstration of examination of patients with joint disease coupled to relevant investigation. A broad analysis of treatments applicable to each patient is suggested with ample opportunity for individual groups to provide their own management input. This is a valuable addition to programmes already produced by the Foundation.”

The Foundation has already available programmes on the following topics:

- Chronic Disease in General Practice—tape/slide programmes on asthma and hypertension
- Practice Management and Administration — tape/slide programmes in cartoon format on patient complaints and service committee procedure, how not to hire and fire a receptionist and choosing a partnership
- Video Case Studies — dramatized case histories for group discussion (management of a patient after myocardial infarction, problems at the menopause, the angry patient)
- The Consultation in General Practice — selected real consultations recorded on videotape in general practitioner surgeries around the UK. The consultations are selected because they provide a range of learning situations covering such topics as the doctor-patient relationship, techniques of the consultation, the interaction of psychological and physical illness, nonverbal behaviour and medical records

MSD Foundation programmes are sold at a price that reflects only the cost of materials. Videocassettes, available on VHS, U-Matic, Philips or Betamax cost about £20 to £25.

Further information about these programmes, including catalogues and order forms, can be obtained from the Director, The MSD Foundation, Tavistock House, Tavistock Square, London WC1. Tel: 01-387 6881

CLASSIFIED ADVERTISEMENTS AND NOTICES

Classified advertisements are welcomed and should be sent to: 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.

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.

FAMILY PRACTICE COURSES

April 12-14 1981 or June 29-30 1981

Symposia organized for physicians and their families. A three-day course in *Family Problems, Ageing and Sexuality* will be offered on April 12-14 1981 and repeated on June 28-30 1981.

Sponsored by the University of Southern California School of Medicine Postgraduate Division. Eighteen hours of AMA/CMA Category I credit.

Further information from: **Association Dean, USC School of Medicine, Postgraduate Division, 2025 Zonal Avenue, KAM 307, Los Angeles, CA 90033. Tel: (213) 224-7051.**

Tuition: \$136.00.

March 3 through June 30 1981—Every Tuesday Evening

Symposia designed to provide the most current information and techniques for managing the problems encountered in the daily practice of family medicine.

Tuesday evenings—7.00 to 10.15 pm. Fifty-six hours of AMA/CMA Category I credit.

Further information from: **Association Dean, USC School of Medicine, Postgraduate Division, 2025 Zonal Avenue, KAM 307, Los Angeles, CA 90033. Tel: (213) 224-7051.**

Tuition: \$325.00.

MRCGP EXAMINATION COURSE TRURO, CORNWALL

Two-part course with preliminary sessions 13-14 March 1981, and intensive course 21-25 September 1981 inclusive.

Applications for details to:
**Postgraduate Secretary,
Royal Cornwall Hospital (Treliske),
Truro TR1 3LJ**
Recognition for section 63 being sought.

University of London ROYAL POSTGRADUATE MEDICAL SCHOOL Course in Advanced Medicine for General Practitioners

23—27 March 1981

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

Topics include: Hypertension
Neurology
Dermatology
Angina
Gastroenterology

There will also be discussion groups and a Medical Staff Round with case presentations.

A catering charge of £25 will be made.

Please note that this course has been approved under Section 63 with zero rating to enable general practitioners to claim travel and subsistence expenses.

Application forms and further details may be obtained from: **School Office (SSC), Royal Postgraduate Medical School, Hammersmith Hospital, Du Cane Road, London W12 0HS. Telephone: 01-743 2030 Ext 351.**

THE BALINT SOCIETY PRIZE ESSAY

The council of the Balint Society will award a prize of £250 for the best essay received entitled 'How Balint Training Has Affected Medical Practice'.

The prize-winner will be announced in June 1981 at the Twelfth Annual General Meeting of the society. Entries should be submitted by 15 April 1981.

Details are obtainable from:

**Dr Cyril Gill, Secretary
The Balint Society
11 Briardale Gardens
London NW3**

The British Postgraduate Medical Federation

has now published its programme of

COURSES FOR GENERAL PRACTITIONERS

for the period January-August 1981. These programmes will be distributed automatically to general practitioners in the National Health Service in the four Thames Regional 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 Deans' Office
14 Ulster Place, London NW1 5HD

BALINT SOCIETY WORKSHOP ON GROUP LEADERSHIP

It is proposed to hold a whole-day Workshop on Saturday 9 May 1981 for all those involved in further education for general practice. This will be focussed on the problems of the leaders of case discussion groups. The venue will be The Royal College of General Practitioners, 14 Princes Gate, London SW7. Section 63 applied for.

Further details and application forms from:

Dr Peter Graham
149 Altmore Avenue, London E6
Telephone: 01-472 4822

PARTNERSHIP OFFERED London/Surrey Borders

Fifth partner required for busy training practice. Four Principals. Excellent ancillary and attached staff. Pleasant well-equipped surgeries. Appointments system. Open access to pathology and x-ray departments.

Write enclosing C. V. to:

Practice Manager
32 Foxley Lane
Purley
Surrey CR2 3EE

STANDARD SETTING IN GENERAL PRACTICE INTENSIVE RESIDENTIAL COURSE

A five-day course for established general practitioners who would like to explore the management of important medical conditions will be held at Edgware General Hospital from Monday 21 September 1981 to Friday 25 September 1981.

For details please write to:

Mrs H. Collier
Postgraduate Medical Centre
Edgware General Hospital
Edgware, Middx

BIRMINGHAM/WORCESTERSHIRE BORDER

Junior partner required, eligible for obstetric list. Four principals and one maximum part-time. All usual ancillary staff, all usual hospital and PG facilities.

Reply Box No. 17

DEVON AREA HEALTH AUTHORITY

PLYMOUTH HEALTH DISTRICT

VOCATIONAL TRAINING FOR GENERAL PRACTICE

Applications are invited from fully registered doctors for six posts in this established three year scheme commencing on 1 September 1981.

1, 2 & 3	General Practice	(1 month)	4	General Practice	(1 month)
	Geriatrics	(4 months)		Accident & Emergency	(4 months)
	Accident & Emergency	(4 months)		ENT	(4 months)
	Psychiatry	(4 months)		General Medicine	(4 months)
	Obstetrics & Gynaecology	(6 months)		Psychiatry	(6 months)
	Paediatrics	(6 months)		Paediatrics	(6 months)
	General Practice	(11 months)		General Practice	(11 months)
5	General Practice	(1 month)	6	General Practice	(1 month)
	General Medicine	(4 months)		ENT	(4 months)
	Accident & Emergency	(4 months)		General Medicine	(4 months)
	ENT	(4 months)		Accident & Emergency	(4 months)
	Obstetrics & Gynaecology	(6 months)		Geriatrics	(6 months)
	Geriatrics	(6 months)		Psychiatry	(6 months)
	General Practice	(11 months)		General Practice	(11 months)

A half-day release course will be held in academic terms throughout the three years. A full programme of postgraduate meetings is available at the Plymouth Postgraduate Medical Centre. Excellent library facilities are available. A Medical Centre bursary and trainee project prizes are awarded annually. The scheme is recognised for MRCGP, DRCOG, and DCH examinations, as appropriate.

An opportunity exists for a six month rotation in paediatrics and/or community hospital in Newfoundland, on an exchange basis, which will be recognised as equivalent experience.

Single and married accommodation will be available during the hospital period.

Application forms should be returned by 5 February 1981, and the shortlist will be drawn up in mid-February. It is hoped to interview on 3 March 1981.

Application forms and full details obtainable from: Miss A. M. Ling, Senior Administrative Assistant, Plymouth General Hospital, 1 Belvedere, Greenbank Road, Plymouth PL4 7JN. Tel: Plymouth (0752) 68080 Ext 313.

DON'T FORGET

As a fast acting diuretic

Burinex^{*} K

bumetanide and slow-release potassium chloride

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

