

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

Dosage Mild anxiety: 2-3mg daily in divided doses. Moderate/severe anxiety: 5-7mg daily in divided doses. In all patients dosage should be increased until optimal control of symptoms is achieved.
Presentation ATIVAN is presented as blue oblong tablets each containing 1mg lorazepam and as yellow tablets containing 2.5mg lorazepam. (Also available in injectable form).
Uses Mild, moderate and severe anxiety.
Contra-indications Patients sensitive to benzodiazepines.
Side effects ATIVAN is well tolerated and imbalance or

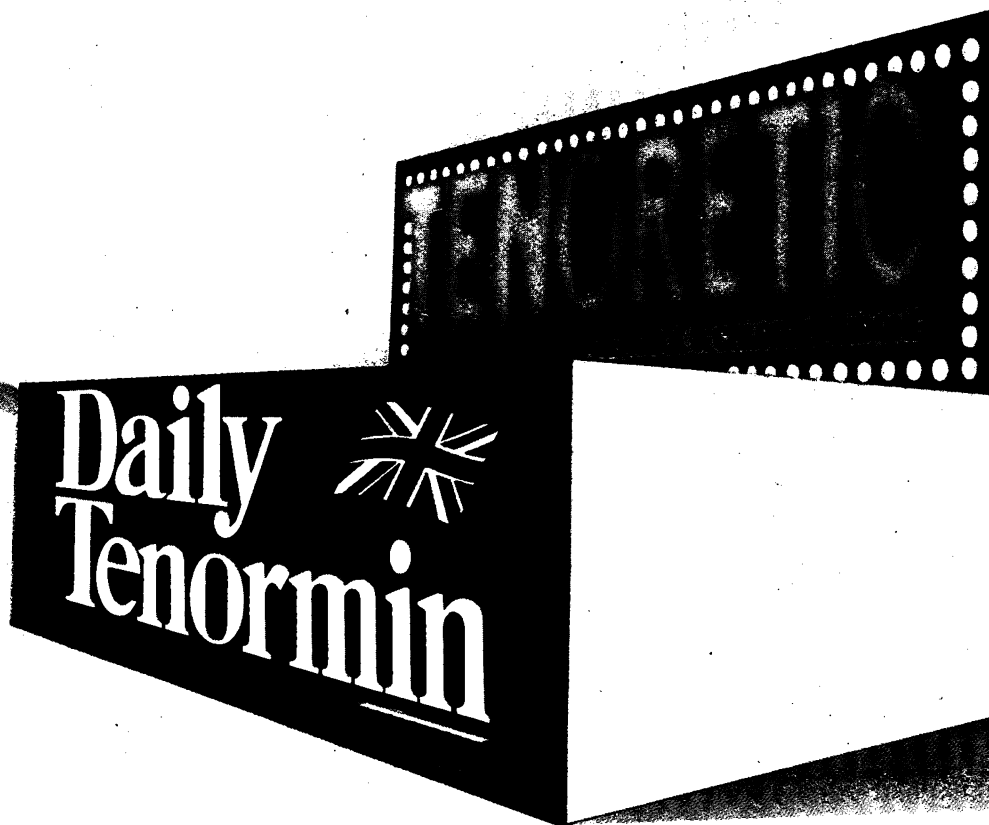
ataxia is an indication of excessive dosage. Daytime drowsiness may be seen initially and is to be anticipated in the effective treatment of anxiety. It will normally diminish rapidly and may be minimised in the early days of treatment by giving the larger proportion of the day's dose before retiring. Occasional confusion, hangover, headache on waking, drowsiness or dizziness, blurred vision and nausea have also been reported.
Precautions As with other drugs of this type, patients should be advised that their reactions may be modified (as in handling machinery, driving etc.) depending on the individual patient's response. Tolerance to alcohol may be

diminished and its consumption should be avoided. As the action of centrally acting drugs, such as phenothiazines, may be intensified, the co-prescription of these drugs should be carefully monitored as reduced dosage may be indicated. Elderly patients, or those suffering from cerebrovascular changes such as arteriosclerosis are likely to respond to smaller doses. Prolonged or excessive use of benzodiazepines may occasionally result in the development of some psychological dependence with withdrawal symptoms on sudden discontinuation. Treatment in these cases should be withdrawn gradually. Careful usage seldom results in the development of dependence. ATIVAN

tablets should not be administered during pregnancy unless in the judgement of the physician such administration is clinically justifiable. Special care should be taken in the first three months of pregnancy.
Legal category POM.
Product Licence Numbers PL0011/0034 (1mg) PL0011/0036 (2.5mg). Injection PL0011/0051.
Basic N.H.S. cost 1mg x 100: £1.85 2.5mg x 100: £2.90.
Hospital Price As per local contract.
Wyeth Laboratories, John Wyeth & Brother Ltd., Taplow, Maidenhead, Berks. *Trade Mark
At/J/29



Logical step the treatment of hypertension



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.

High level performance in hypertension

Aldactide 50

hydroflumethiazide + spironolactone

Low level of side effects

Prescribing Information

Presentation

Aldactide 50

Cream, scored tablets stamped "SEARLE 180" on one side containing Spironolactone B.P. 50mg and Hydroflumethiazide B.P. 50mg.

Uses

Essential hypertension.

Dosage and Administration

Adults

Aldactide 50—one or two tablets with breakfast or the first main meal of the day.

Children

Daily dosage should provide 1.5 to 3mg of spironolactone per kilogram body weight, given in divided doses.

Contra-indications, Warnings, etc.

Anuria, acute renal insufficiency, rapidly progressing impairment of renal function, hyperkalaemia, patients who are hypersensitive to either component, concurrent administration with other potassium-conserving diuretics.

Aldactide potentiates the effect of other anti-hypertensive drugs and their dosage should be reduced when Aldactide is added to the treatment regime. Patients should be carefully evaluated for possible disturbances of fluid and electrolyte balance. Thiazides may induce hyperuricaemia and decrease glucose tolerance.

Spironolactone or its metabolites may, and hydroflumethiazide does, cross the placental barrier. Use of Aldactide in pregnant women requires the anticipated benefit be weighed against the possible hazards to the foetus.

Adverse effects reported in association with spironolactone include gynaecomastia, gastrointestinal intolerance, skin rashes, menstrual irregularities, impotence, mild androgenic effects etc. Adverse effects reported in association with thiazides include gastrointestinal symptoms, skin rashes, blood dyscrasias, muscle cramps etc.

Product Licence Holder and Number

G.D. Searle & Co. Ltd. Aldactide 50:0020/0082.

Basic N.H.S. Cost

28 tablets: £5.11.

Full prescribing information is available on request. Aldactide and Searle are registered trade marks.

Once daily
Aldactide 50

To start with—to stay with

SEARLE

Searle Pharmaceuticals, Division of G.D. Searle & Co. Ltd., P.O. Box 53, Lane End Road, High Wycombe, Bucks. HP12 4HL. Telephone High Wycombe 21124

YOU CAN STILL INSIST ON INDERAL.

'Inderal', the world's first and most widely prescribed beta-blocker, is the original propranolol and is backed by the full technical resources and quality control standards of ICI.

The efficacy and reliability have been proven in fifteen years of worldwide clinical practice and in countless trials.

Developed wholly in Britain, 'Inderal'

now contributes millions of pounds annually to the balance of payments and helps to fund ICI's £55 million a year investment in medical research.

Make certain your patient receives 'Inderal' by prescribing it by name.



INDERAL

Propranolol Hydrochloride



Write Inderal by name

'INDERAL' ABRIDGED PRESCRIBING INFORMATION. DOSAGE. HYPERTENSION: 80 MG B.D., INCREASING WEEKLY USUAL RANGE 160-320 MG DAILY. ANGINA: 40 MG B.D. OR T.I.D., INCREASING WEEKLY USUAL RANGE 120-240 MG DAILY. CONTRAINDICATIONS: HEARTBLOCK. BRONCHOSPASM. PROLONGED FASTING. METABOLIC ACIDOSIS. CO-ADMINISTRATION WITH VERAPAMIL. PRECAUTIONS: UNTREATED CARDIAC FAILURE. BRADYCARDIA. DISCONTINUANCE OF CLONIDINE. ANAESTHESIA. PREGNANCY. ADVERSE REACTIONS: COLD EXTREMITIES, NAUSEA, INSOMNIA, LASSITUDE AND DIARRHOEA ARE USUALLY TRANSIENT. ISOLATED CASES OF PARAESTHESIA OF THE HANDS, RASHES AND DRY EYES HAVE BEEN REPORTED WITH BETA BLOCKERS. CONSIDER DISCONTINUANCE IF THEY OCCUR. BETA BLOCKERS SHOULD BE WITHDRAWN GRADUALLY. OVERDOSAGE: SEE DATA SHEET. PACK SIZES AND BASIC NHS COSTS: 40 MG. 250 : £11.14, 1,000 : £42.12 80 MG. 100 : £6.69, 500 : £31.48 160 MG. 50 : £6.69, 250 : £31.48. PL NOS 0029/5064, 0029/5065, 0029/0103. 'INDERAL' IS A TRADEMARK FOR PROPRANOLOL HYDROCHLORIDE. FULL PRESCRIBING INFORMATION IS AVAILABLE FROM: IMPERIAL CHEMICAL INDUSTRIES PLC, PHARMACEUTICALS DIVISION, ALDERLEY HOUSE ALDERLEY PARK, MACCLESFIELD, CHESHIRE.



Ventolin

(salbutamol BP)

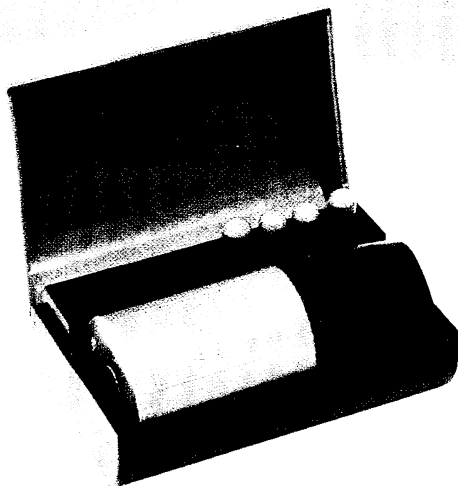
**Primary therapy
in reversible airways obstruction**

Proven efficacy and β_2 -selectivity

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

**Protects against
exercise-induced asthma**

**Minimises damage
caused by bronchodilator effects**



VENTOLIN PRESCRIBING INFORMATION Uses

Relief of reversible airways obstruction in asthma, bronchitis and emphysema. Also indicated for exercise-induced asthma. For relief of asthma symptoms, the patient should use Ventolin Rotahaler as directed, but not more than 4 times a day.

Dosage and administration

As a long-acting bronchodilator, Ventolin Rotahaler should be used as a maintenance inhaler, in addition to short-acting bronchodilators.

Using Ventolin Inhaler (400 µg/ml) as follows

1. Shake the inhaler well before use.

2. Breathe out fully, then breathe in slowly and deeply through the inhaler.

3. Hold the breath for 10 seconds, then breathe out slowly.

4. Repeat steps 1-3 as often as necessary, but not more than 4 times a day.

5. If symptoms persist, consult your doctor.

Using Ventolin Rotahaler (400 µg/ml) as follows

1. Shake the inhaler well before use.

2. Breathe out fully, then breathe in slowly and deeply through the inhaler.

3. Hold the breath for 10 seconds, then breathe out slowly.

4. Repeat steps 1-3 as often as necessary, but not more than 4 times a day.

5. If symptoms persist, consult your doctor.

6. Do not use the inhaler if you are pregnant or breastfeeding.

7. Do not use the inhaler if you have a history of heart disease.

8. Do not use the inhaler if you have a history of high blood pressure.

9. Do not use the inhaler if you have a history of diabetes.

10. Do not use the inhaler if you have a history of thyroid disease.

11. Do not use the inhaler if you have a history of kidney disease.

12. Do not use the inhaler if you have a history of liver disease.

Contra-indications

Ventolin Rotahaler should not be used in patients with known hypersensitivity to salbutamol or any of the excipients.

Ventolin Rotahaler should not be used in patients with known hypersensitivity to any of the excipients.

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Basic licence numbers:
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Ventolin Inhaler (400 µg/ml) 400 µg/ml
Ventolin Rotahaler (200 µg/ml) 200 µg/ml
Ventolin Inhaler (200 µg/ml) 200 µg/ml
Ventolin Rotahaler (100 µg/ml) 100 µg/ml
Ventolin Inhaler (100 µg/ml) 100 µg/ml

Product licence numbers:
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Ventolin Inhaler (200 µg/ml) 200 µg/ml
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Basic licence numbers:
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Ventolin Rotahaler (100 µg/ml) 100 µg/ml
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Ventolin Inhaler (100 µg/ml) 100 µg/ml

(beclomethasone dipropionate BP)

(continued)

Becotide

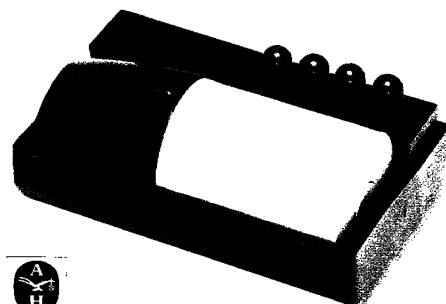
(S)

BECOTIDE INHALER

GLUCOCORTICOID
WITH ANTI-CHOLINERGIC
PROPERTIES

Dose

Becotide in asthma

[illegible]

The

M&B May & Baker

Diagnostic Quiz

Every month a different clinical question will be set by a team of consultants. Please send your entries to the May & Baker Diagnostic Quiz, 33-34 Alfred Place, London WC1E 7DP.

The prize will be a £100 British Airways travel voucher, given to the first correct entry opened each month.

This month's competition has been

prepared by Doctor John Webster, Senior Registrar, Aberdeen Royal Infirmary.


Results and the winner's name will be published in the journal in November. We regret no correspondence can be entered into. No employees or relatives of May & Baker or the publishers can enter the competition.



1. What is the differential diagnosis?
2. Which laboratory tests would be most useful?
3. What antimicrobial therapy is indicated?

Win £100

**travel voucher
each month**



Working alongside you

No matter how careful the surgical technique, the endogenous flora can produce anaerobic infections after abdominal and gynaecological operations. But set up an infusion of Flagyl, and it works alongside you, providing a powerful tissue barrier to protect against anaerobic sepsis.

Prescribing Information

Dosage: Treatment: adults and children over 12 years: 100ml by intravenous infusion eight-hourly, administered 5ml per minute. Oral medication with 400mg three times daily should be substituted as soon as this becomes feasible. Treatment for seven days should be satisfactory in most cases. Children under 12 years: as for adults but the intravenous dose is based on 1.5ml (7.5mg metronidazole) per kg bodyweight and the oral dose on 7.5mg per kg bodyweight.

Prevention: adults and children over 12 years: 100ml by intravenous infusion immediately before, during or after operation, followed by the same dose eight-hourly until oral medication (200 to 400mg three times daily) can be given to complete a seven-day course. Children under 12 years: as for adults but the intravenous dose is based on 1.5ml (7.5mg metronidazole) per kg bodyweight and the oral dose on 3.7 to 7.5mg per kg bodyweight.

Contra-indications: There are no absolute contra-indications to the use of Flagyl.

Precautions: Regular clinical and biological surveillance advised if duration of treatment exceeding ten days considered necessary, may enhance the effect of oral anti-coagulants.

Avoid alcohol, pregnancy, lactation.

Side-effects: Drowsiness, dizziness, headache, ataxia, skin rashes, pruritus, inco-ordination of movement and darkening of urine (due to a metabolite) have been reported but very rarely. A few instances of peripheral neuropathy have been reported during intensive and/or long-term treatment. A moderate leucopenia has been reported but the white cell count has always returned to normal before or after treatment has been completed.

Presentation/Cost (Feb 81) 21 x 200 mg tablets (PL 0012/5256) £1.88 10 x 400mg tablets (PL 0012/0084) £1.74. Injection 0.5% w/v 100ml (PL 0012/0107) £6.40.

Flagyl is a trade mark of May & Baker Ltd., Dagenham, Essex RM10 7XS.

MA8531

M&B May & Baker



FLAGYL
metronidazole

INJECTION
your best line of
defence against
anaerobic infections

The antihypertensive

“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.”¹

TRANDATE'S BALANCED MODE OF ACTION

Trandate has a mode of action that is different from that of any other currently available antihypertensive agent. It provides the benefits of both beta-blockade and peripheral vasodilatation. And in just one drug.

Trandate lowers blood pressure by reducing peripheral resistance. However, where Trandate differs from simple peripheral vasodilators is that it concurrently blocks beta-adrenoceptors, notably in the heart.



PRODUCES A MORE NORMAL CIRCULATION WITH GOOD EXERCISE TOLERANCE

This beta-blockade protects the heart from the reflex sympathetic drive which is normally induced by peripheral vasodilatation thus blood pressure is lowered, but without cardiac stimulation. Cardiac output is not significantly reduced at rest or after moderate exercise.^{2,3}

Thus Trandate is able to restore a more normal circulation.

SMOOTHING PEAKS IN BLOOD PRESSURE THROUGHOUT THE DAY AND NIGHT

The normal changes in blood pressure as a result of stress, exercise and circadian variation can be harmful to the hypertensive patient placing additional stress on an already strained cardiovascular system.

Trandate smoothes potentially harmful peaks throughout the whole 24 hour period and controls blood pressure effectively during the early morning surge.



Prescribing 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 £4.54, £7.32 and £11.64. **Indications** Treatment of all grades of hypertension when oral antihypertensive therapy is indicated. **Dosage and Administration** Treatment may start with one 200mg tablet twice daily but in some patients including those already being treated with antihypertensive drugs, the elderly and those of low body weight, one 100mg tablet twice daily is more appropriate. If the blood pressure is not controlled by the initial dosage, increases should be made at intervals of about 14 days. Many patients have satisfactory blood pressure control on 400mg daily.

A twice daily dosage regimen can be maintained up to a total daily dose of 800mg. However, resistant cases may require higher doses. In these patients it is preferable to administer Trandate three or four times a day to minimise side-effects. Trandate tablets should preferably be taken with food. 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

people feel better with.

USEFUL IN PATIENTS WITH IMPAIRED RENAL FUNCTION

Trandate is particularly useful in the hypertensive patient with impaired renal function.⁴

*"The drug did not seem to cause any significant deterioration in the GFR of those patients whose renal function was monitored closely, and in the majority of those whose renal functional impairment was due to hypertension alone a considerable improvement in GFR was observed."*⁵

WITHOUT ELEVATING PLASMA LIPIDS

It is also reassuring to know that Trandate does not cause a rise in plasma lipid levels.

*"Until we know the long-term complications of raised plasma lipid levels in hypertensive patients treated with beta-blockers it would appear more appropriate to use antihypertensive drugs which do not cause such changes. (Trandate) appears to be such a drug."*⁶



EMPLOYING A SIMPLE DOSAGE REGIMEN

Initial dosage is simple. 100 or 200mg of Trandate twice daily with food is adequate to control hypertension in many patients. Trandate therapy can be tailored to meet patient requirements by adjustment of dosage rather than by changing to, or adding in, other drugs. The majority of patients will be controlled at daily doses of up to 600mg. Higher doses may be required in more resistant cases.

WITHOUT RESTRICTING LIFESTYLE

What Trandate offers your patients is effective control of their blood pressure without burdening them with additional problems that may restrict their everyday life.

Trandate

labetalol hydrochloride



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 others prone to bronchospasm. Unnecessary administration of drugs during the first trimester of pregnancy is undesirable. **Side-effects** If the recommended dosage instructions are followed side-effects are infrequent and usually transient. Those that have been reported include: headache, tiredness, dizziness, depressed mood and lethargy, difficulty in micturition, epigastric pain, nausea and vomiting, a tingling sensation in the scalp, and, in a very few patients, a lichenoid rash. Trandate Tablets 100mg PL 0045/0106. Trandate Tablets 200mg PL 0045/0107. Trandate Tablets 400mg PL 0045/0109.

References: 1. Scott Manderson, W. Practitioner (1979), 222, 131-134. 2. Edwards, R.C. et al. Br. J. clin. Pharmac. (1976), Suppl. 733-736. 3. Koch, G. Br. Heart J. (1979), 41, 192-198. 4. Thompson, F.D. et al. Br. J. clin. Pharmac. (1979), 8, 129S-133S. 5. Bailey, R.R. Br. J. clin. Pharmac. (1979), 8, 135S-140S. 6. McGonigle, R.J.S. et al. Lancet (1981), 1, 163.



Full prescribing information is available on request.

Trandate is a trade mark of
Allen & Hanburys Ltd. London E2 6LA

THE ROYAL COLLEGE OF GENERAL PRACTITIONERS ANNUAL SYMPOSIUM

To be held at Imperial College, Exhibition Road, London SW7
on Friday, 13 November 1981

THE DISABLED—WHO ARE THEY? CARITAS AT WORK

As a major part of the College's contribution to the International Year of Disabled People, the Annual Symposium will concentrate on definition, discovery, help and prevention.

PROGRAMME

- 10.00 Introduction by Chairman
Chairman: Dr John Horder, CBE, PRCGP
Finding the Disabled
Who are the Disabled? Dr Douglas Price
Looking for Trouble Dr Edward Idris Williams Miss Rosemary Daniel
Questions and Discussion
BREAK
Measuring Disability Dr Laurie Pike Miss Elizabeth Fanshawe
Questions and Discussion
Chairman's Summing Up
- 12.45 LUNCH
- 14.15 *Chairman: Professor David Metcalfe, FRCGP*
Helping the Disabled
The Practice Dr Lotte Newman
The Hospital Dr Janet Heyes
The Home Miss Ida Bromley
Questions and Discussion
BREAK
The Community Mrs Eunice Mortimer
Self-Help Mrs Pamela Nield
The Future Dr Campbell Murdoch
General Discussion
Chairman's Summing Up
- 16.45 Close

Section 63 approval has been given for general practitioners in England and Wales, and selectively for Northern Ireland and Scotland. Others attending should apply to their employing authority for support.

Will those interested in attending the Annual Symposium please complete and return, as soon as possible, the tear-off slip below.

.....
To: Miss Elizabeth Monk
The Royal College of General Practitioners
14 Princes Gate, London SW7 1PU.

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: SURGERY: _____ HOME: _____

FAMILY PRACTITIONER COMMITTEE: _____

I require () lunch ticket(s) and enclose my cheque made out to The Royal College of General Practitioners for £.....

(Lunch tickets are £6.50 each)

© THE MSD FOUNDATION

Audiovisual Programmes for General Practitioner Training

During the last two years the MSD Foundation has produced audiovisual teaching materials on the following topics for discussion by small groups of general practitioners:

The angry patient
The dying patient
The patient after a heart attack

The menopausal patient
**The child as a presenting
symptom of family stress**

***Upper Respiratory Tract Infections**
***Bronchitis**

***Asthma**
***Hypertension**
Arthritis

***Dealing with a patient's complaint against
the doctor**

***Choosing a partnership**
***Hiring and firing practice staff**

***Safer Prescribing**
Child Health Surveillance

Medical Records

**Real general practice consultations on: contraception, polypharmacy, feeling depressed, headaches,
diarrhoea and hot flushes.**

Consulting techniques, analysed by Dr Paul Freeling

The topics preceded by an asterisk are tape/slide programmes, the rest are available on videocassette. Some of the programmes, featuring real consultations, are available for use with doctors only. Others might be of interest to other members of the primary health care team or to medical students.

Videocassettes 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 catalogue, can be obtained by writing to: **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: 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 10 per cent reduction. Replies to box numbers should be sent to the Production Department, Update Publications Ltd., with the box number on the envelope.

The inclusion of an advertisement in this *Journal* does not imply any recommendation and the Editor reserves the right to refuse any advertisement. All recruitment advertisements in this section are open to both men and women.

Opinions expressed in *The Journal of the Royal College of General Practitioners* and the supplements should not be taken to represent the policy of the Royal College of General Practitioners unless this is specifically stated.

UNIVERSITY OF DUNDEE POSTGRADUATE MEDICAL EDUCATION

Theoretical Course in Family Planning at Ninewells Hospital, 15th and 16th September 1981.

Approved Section 63. Further particulars from Postgraduate Dean, Ninewells Hospital and Medical School, Dundee DD1 9SY.

CLINICAL CYTOPATHOLOGY FOR PATHOLOGISTS POSTGRADUATE COURSE

The Twenty-third Postgraduate Institute for Pathologists in Clinical Cytopathology is to be given at The Johns Hopkins University School of Medicine and The Johns Hopkins Hospital, Baltimore, Maryland, 22 March–2 April 1982. The full two-week programme is designed for pathologists who are Certified (or qualified) by the American Board of Pathology (PA), or its international equivalent.

It will provide an intensive refresher in all aspects of the field of clinical cytopathology, with time devoted to newer techniques, special problems and recent applications. Topics will be covered in lectures, explored in small informal conferences and discussed over the microscope with the faculty. Self-instructional material will be available to augment at individual pace. A loan set of slides with text will be sent to each participant for home study during February and March before the institute. Credit hours 125 in AMA Category 1.

Application is to be made before 27 January 1982. For details, write to: **John K. Frost, MD, 610 Pathology Building, The Johns Hopkins Hospital, Baltimore, Maryland 21205, USA.** The entire course is given in English.

North Yorkshire Area Health Authority YORK HEALTH DISTRICT Vocational Training for General Practice

For a three-year course of training commencing on 1 February 1982, and comprising of four six-month hospital posts and two six-month periods in general practice.

The hospital posts are in four of the following specialties: Accident & Emergency; General Medicine; Obstetrics; Paediatrics; Psychiatry. Other specialties may be available to suit the requirements of the trainees.

The course of training has been approved by the RCGP and although it is primarily aimed towards general practice, it would also be suitable as a course for general professional training.

A curriculum vitae and the names and addresses of two referees should be sent to the District Personnel Officer, York Health District, Bootham Park Hospital, York YO3 7BY.

Closing date: 18 September 1981.

University of London ROYAL POSTGRADUATE MEDICAL SCHOOL COURSES IN UROLOGY 19 & 20 November 1981

Topics will include:

Prostatism	Kidney disorders
Cystitis	Bladder carcinoma
Eneuresis	Testicular tumours
Incontinence	Infertile men
Impotence	Vasectomy
Vasectomy reversal	Urinary infection

These talks and case presentations will be suitable for non-specialist doctors and doctors-in-training. General practitioners will be particularly welcome.

Course organizer:

Mr A. D. Mee

Course fee:

General practitioners will be charged a £15 catering fee

For other applicants the fee will be £40 for home students and £136 for overseas students

Application forms and further details may be obtained from:

School Office (SSC),
Royal Postgraduate Medical School,
Hammersmith Hospital,
Du Cane Road,
London W12 0HS.
Tel: 01-743 2030 Ext 351

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

General Practice

in one of the world's finest new hospitals in Saudi Arabia.

c.£23,000 p.a. tax free

A 500-bed hospital complex in Jeddah, on Saudi Arabia's west coast, is now being commissioned and managed by a British organisation, IHG International Hospitals Group. Equipped to the highest international standards, the hospital now requires specialist medical staffing, and IAL, the UK-based systems and services company, has been contracted to recruit dedicated professionals to share in this ambitious health care project.

The new hospital includes a Department of General Practice, which will eventually have a team of 7 doctors. Their responsibilities will include general practice for staff and local patients, both within and outside the hospital, and casualty work.

Tax free salaries will be paid in Saudi Riyals (the conversion to Sterling has been effected at the rate of SR 7.01=£1). Benefits include free, furnished accommodation, life assurance, 49 days leave per year, free return flights to the UK and medical care.

Adjacent to the hospital there is a purpose-built, landscaped living complex which includes fully furnished accommodation to the highest standards, shops, tennis courts, a swimming pool, theatre, gymnasium and restaurants.

For further details, please write with CV to Dr. Judith Hamer, IAL, Aeradio House, Hayes Road, Southall, Middlesex UB2 5NJ. Tel. 01-574 4960. Please quote reference number M139.



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PATIENT PARTICIPATION IN GENERAL PRACTICE

Occasional Paper 17

Patient participation has been one of the more radical innovations in general practice in the last few years and has led to the formation of many different kinds of patient groups attached to practices all over Britain.

Patient Participation in General Practice stems from a conference held on this subject by the Royal College of General Practitioners in January 1980 and was compiled by Dr P. M. M. Pritchard, who was one of the first general practitioners to set up a patients' association. It brings together in one booklet a large number of current ideas and gives much practical information about patient groups.

Patient Participation in General Practice, Occasional Paper 17, is available now, price £3.75 including postage, from the Royal College of General Practitioners, 14 Princes Gate, London SW7 1PU. Payment should be made with order.

**THE ROYAL COLLEGE OF
GENERAL PRACTITIONERS**

TRANSACTIONAL ANALYSIS IN GENERAL PRACTICE

**14 PRINCES GATE, LONDON SW7 1PU
6, 13, 20 and 27 OCTOBER 1981**

Four weekly sessions of three hours of interest to general practitioners who want to increase their understanding of personality and the communications between people.

This course will cover the theory of Transactional Analysis as expressed by Dr Eric Berne, author of *Games People Play*. The material will be related to the relationships between the doctor and the people who are his patients.

Apply to: **Miss Elizabeth Monk, Courses Secretary,
The Royal College of General Practitioners, 14 Princes
Gate, London SW7 1PU.**

Approval under section 63 has been applied for.

FELLOWSHIPS IN FAMILY MEDICINE THE UNIVERSITY OF WESTERN ONTARIO LONDON, CANADA

Applications are invited for two fellowships, tenable in the Department of Family Medicine, The University of Western Ontario. Fellowships are intended to supplement the income of general practitioners who are on prolonged study leave from the National Health Service or on sabbatical leave from a university department. They will enable the fellow to enroll in the department's Graduate Studies programme for a period of eight to 12 months. The programme consists of clinical and teaching practice and course work in teaching and learning, research methods, human behaviour, the theory of family medicine and academic administration. Fellows may, if they wish, do a thesis based on original research for the degree of Master of Clinical Science. The fellowships are designed to begin in September 1982.

For application forms or further information, write to: **I. R. McWhinney, M.D., Professor and Chairman, Department of Family Medicine, Faculty of Medicine, The University of Western Ontario, London, Canada N6A 5C1.**

INCONTINENCE: INVESTIGATION AND MANAGEMENT

GLASGOW, 16 OCTOBER 1981

One-day meeting bringing together representatives of all groups involved in the management of incontinence. Speakers include community and stoma care nurses, pharmacists, a general practitioner, a urologist, a gynaecologist, a paediatrician, a geriatrician and a development engineer.

Trade exhibition. Registration £4.00, including lunch.

Registration: Eric Glenn, Walton Urological Teaching and Research Centre, Southern General Hospital, Glasgow, G51. Trade Exhibition: David Rowan, Department of Clinical Physics and BioEngineering, 11 West Graham Street, Glasgow, G4.

THE BALINT SOCIETY PRIZE ESSAY COMPETITION

The first winner of the Balint Society Prize Essay Competition was Dr Sally Hull, who practises in Stepney. Her essay was adjudicated to be the best entry in the competition which was open to all general practitioners. The theme of this year's competition was "How Balint Training has influenced Medical Practice".

Dr Cyril Gill, President, presented the cheque for £250 at the Annual General Meeting of the Society at the Royal Society of Medicine on Tuesday, 9 June 1981, and her essay will be published in the next issue of the *Journal of the Balint Society*.

The Council of the Balint Society will award a further prize of £250 for the best essay with the title "Doctor as Drug". Entries should be submitted by 15 April 1982. The prize winner will be announced at the 13th Annual General Meeting of the Society in June 1982.

Details are obtainable from the **Hon. Secretary, Dr Peter Graham, 149 Altmore Avenue, London E6.**



COLLEGE ACCOMMODATION

Charges for college accommodation are reduced for fellows, members and associates. Members of overseas colleges are welcome when rooms are available, but pay the full rate. All charges for accommodation include a substantial breakfast and now include service and VAT.

Children aged 12 and over can be accommodated when accompanied by a parent. Accompanied children aged between six and 12 may be accommodated upon a trial basis. Children over six may use the public rooms when accompanied by their parents. Younger children cannot be accommodated, and dogs are not allowed. Residents are asked to arrive before 21.00 to take up their reservations, or if possible, earlier.

From 1 April 1981, the room charge per night will be

	Members	Full Rate
Single room	£12	£22
Double room	£24	£44
Flat 1	£37.50	£55
Penthouse (self-catering with kitchen)	£50	£80

Reception rooms are available for booking by outside organizations as well as by members. All hirings are subject to approval, and the charges include VAT and service. A surcharge may be made for weekend bookings.

	Members	Full Rate
Long room	£90	£180
John Hunt Room	£60	£120
Common room and terrace	£60	£120
Dining room	£30	£60

Enquiries should be addressed to:

**The Accommodation Secretary,
Royal College of General Practitioners,
14 Princes Gate, Hyde Park,
London SW7 1PU.
Tel: 01-581 3232.**

Whenever possible, bookings should be made well in advance and in writing. Telephone bookings can be accepted only between 09.30 and 17.30 on Mondays to Fridays. Outside these hours, an Ansafone service is available.



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Formulations Burinex Injection: 0.5 mg/ml in 2 ml, 4 ml and 10 ml ampoules. Burinex Tablets: 1 mg and 5 mg. Burinex K: 0.5 mg bumetanide, 7.7 mmol slow release potassium chloride. **Indications** Acute pulmonary oedema and oedema of cardiac, renal or hepatic origins. **Dosages** Burinex Injection: Initially 1-2 mg i.v., if necessary repeated at 20 minute intervals to achieve desired response. Where appropriate higher doses may be given by infusion over 30-60 minutes. Burinex Tablets: Most patients require 1 mg Burinex daily as morning or evening dose. In refractory cases dosage can be increased to achieve the desired response. For high dose treatment 5 mg Burinex should be given initially and increased by 5 mg steps at 12-24 hour intervals until desired response is achieved. Burinex K: Most patients require 2 tablets Burinex K daily. **Contra-indications, Precautions and Side Effects** Contra-indicated in hepatic coma, severe electrolyte depletion and severe progressive renal failure. Hypokalaemia and circulatory collapse may follow inappropriately excessive diuresis. Concurrent digitalis therapy in association with electrolyte disturbances may lead to digitalis toxicity. Concurrent antihypertensive or antidiabetic therapy may require adjustment. Caution should be exercised in the first trimester of pregnancy. Burinex K is contra-indicated in combination with potassium sparing agents. Burinex K should be stopped immediately if signs or symptoms of bowel ulceration appear. Side effects such as skin rashes, muscular cramps, rises in serum uric acid and thrombocytopenia may rarely occur. **Product Licence Numbers:** Burinex Injection: 0043/0060 Burinex Tablets: 0043/0021, 0043/0043 Burinex K: 0043/0027B **Basic N.H.S. Prices** Burinex Injection: 0.5 mg/ml - 5 x 4 ml £3.34 Burinex Tablets: 1 mg - 100 tabs £4.74 Burinex K: 100 tabs £3.24



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