

CIMETIDINE WITH DIAZEPAM

There is interference

yet another good reason to prescribe

Ativan

lorazepam

Unlike diazepam, Ativan can be prescribed with confidence for patients also taking cimetidine.¹

Other good reasons for making Ativan your anxiolytic of choice include:

short-acting Ativan tends not to accumulate, therefore sedative effects are less frequent than with diazepam.²

simple 'one step' metabolism also makes Ativan preferable to diazepam;
for example when liver function is impaired.³

Ativan - preferred for so many patients



Prescribing Information. 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 optimum 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/staxia is an indication of excessive dosage. Daytime drowsiness may be severe initially and is to be anticipated for the effective treatment of anxiety. It will normally disappear rapidly and may be minimised by the more spaced 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 ativan 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 gastrovascular 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 Treatment in these cases should be withdrawn gradually.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 clearly 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. **References:** 1 New Eng J Med 1980; 302: 18-1012 2014 2 Curr Ther Res 1973; 15: 500 3 Acta Psy Scand Suppl 1978; 274 56. **Wyeth Laboratories,** with Wyeth & Brother Ltd, Taplow, Maidenhead, Bucks. *trademark.



In hypertension

TENORMIN

Atenolol 100mg

The only beta-blocker to put it all together in one.

Full 24 hour control

One tablet daily

Wide patient
spectrum

Few CNS
side-effects

Hydrophilic

Possible
advantages
in smokers

Cardioselective

Cardioprotective

Tenormin fits the profile of the ideal beta-blocker for hypertension.

TENORMIN

A unique combination of hydrophilicity
and cardioselectivity

Prescribing Notes:

Dosage: One tablet daily. **Contraindications:** Heart block. Co-administration with verapamil. **Precautions:** Untreated cardiac failure, bradycardia, renal failure, anaesthesia and pregnancy. **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 blockers should be gradual. **Pack size and Basic NHS cost:** 'Tenormin' 28's £7.27.
Product Licence Number: 'Tenormin' 0029/0122.

Full prescribing information is available on request to the company



Stuart Pharmaceuticals Limited
Carr House Carrs Road
Cheadle Cheshire SK8 2EG
Tenormin is a trade mark for atenolol.



Glaxo

PRESCRIBING INFORMATION: DOSAGE AND ADMINISTRATION: THE USUAL ADULT DOSE IS ONE 150 mg TABLET TWICE DAILY. IT IS NOT NECESSARY TO TIME THE DOSE IN RELATION TO MEALS. IN MOST CASES OF DUODENAL ULCER AND BENIGN GASTRIC ULCER, HEALING WILL OCCUR IN FOUR WEEKS. PATIENTS WITH A HISTORY OF RECUR-

Now Gastric acid

RENT ULCER MAY HAVE AN EXTENDED COURSE OF ONE TABLET DAILY AT BEDTIME. FOR REFLUX OESOPHAGITIS THE RECOMMENDED COURSE FOR ADULTS IS ONE TABLET TWICE DAILY FOR UP TO EIGHT WEEKS. **SIDE EFFECTS:** NO SERIOUS ADVERSE EFFECTS HAVE BEEN REPORTED IN PATIENTS TREATED WITH ZANTAC TABLETS. **PRECAUTIONS:** WHERE GASTRIC ULCER IS SUSPECTED, THE POSSIBILITY OF MALIGNANCY SHOULD BE EXCLUDED BEFORE THERAPY IS INSTITUTED. PATIENTS RECEIVING PROLONGED TREATMENT SHOULD BE EXAMINED PERIODICALLY. DOSAGE SHOULD

BE REDUCED IN THE PRESENCE OF SEVERE RENAL IMPAIRMENT (SEE DATA SHEET). AS WITH ALL DRUGS, ZANTAC SHOULD BE USED DURING PREGNANCY AND NURSING ONLY IF STRICTLY NECESSARY. **CONTRA-INDICATIONS:** THERE ARE NO KNOWN CONTRA-INDICATIONS TO THE USE OF ZANTAC. **BASIC NHS COST (EXCLUSIVE OF VAT)** 60 TABLETS £27.43. **PRODUCT LICENCE NUMBER** 4/0279. FURTHER INFORMATION ON ZANTAC (TRADE MARK) IS AVAILABLE FROM: GLAXO LABORATORIES LTD., GREENFORD, MIDDX. UB6 0HE.

Zantac is the new H₂ blocker from Glaxo, developed to add important benefits to the treatment of acid peptic disease.

Highly effective

Zantac's molecular structure confers important advantages in terms of specificity and duration of action.

Primarily however, Zantac promotes rapid, effective ulcer healing with sustained pain relief, both day and night.

Simple dosage regimens

Zantac is tailor-made for B.D. dosage.

The recommended treatment course for duodenal ulcer and benign gastric ulcer is one 150 mg tablet twice daily for four weeks.

For extended maintenance therapy the dose is just one tablet taken nightly.

And in the management of benign oesophagitis, one tablet twice daily for four to eight weeks is recommended.

Highly specific action

Zantac's specificity of action avoids problems such as mental confusion in the elderly, and anti-cholinergic effects.

Similarly as Zantac does not interfere with liver enzyme function there are no unwanted effects on the metabolism of drugs such as diazepam and warfarin which may be prescribed concomitantly.

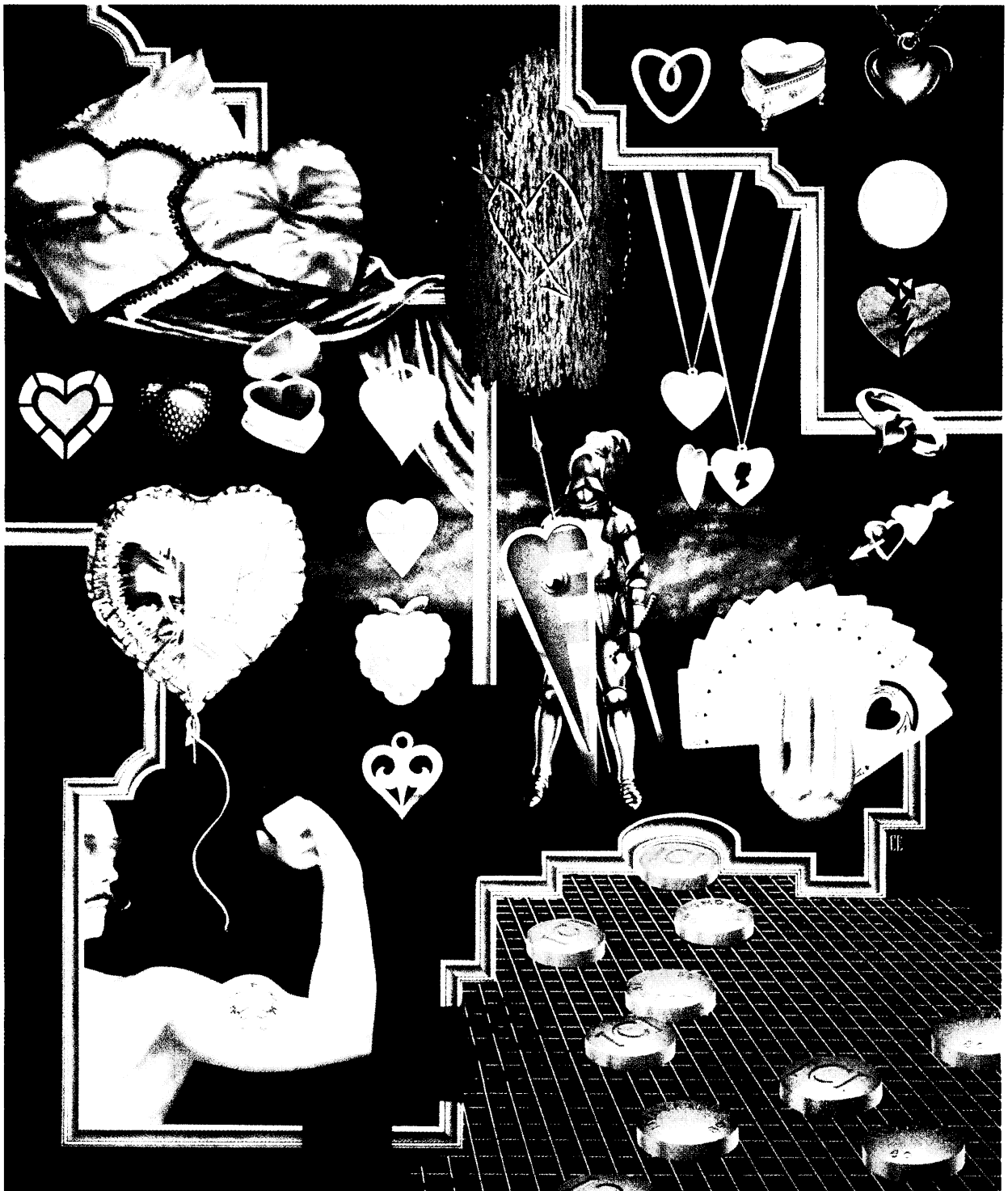
Admittedly, it would have been nice to have been the first available H₂ blocker.

But then, as you can see, being second does bring certain advantages.

has a new advanced H₂ blocker to contend with

Zantac

EVERY ORIGINAL IS SIGNED



'INDERAL' IS THE ORIGINAL PROPRANOLOL AND EVERY TABLET IS SIGNED BY ICI.

Write 'Inderal' by name  **INDERAL**
propranolol hydrochloride BP

ABRIDGED PRESCRIBING INFORMATION: DOSAGE, HYPERTENSION: 80MG B.D., INCREASING WEEKLY. USUAL RANGE 160-320MG DAILY. **ANGINA:** 40MG B.D. OR T.I.D., INCREASING WEEKLY. USUAL RANGE 120-240MG DAILY. **CONTRAINDICATIONS:** HEARTBLOCK, BRONCHOSPASM, PROLONGED FASTING, METABOLIC ACIDOSIS, CO-ADMINISTRATION WITH VERAPAMIL. **PRECAUTIONS:** UNTREATED CARDIAC FAILURE, BRADYCARDIA, DISCONTINUANCE OF CLONIDINE, ANAESTHESIA. **PREGNANCY:** **ADVERSE REACTIONS:** SIDE EFFECTS SUCH AS COLEXTREMITIES, 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. **DISCONTINUANCE:** IF THEY OCCUR BETA BLOCKERS SHOULD BE WITHDRAWN GRADUALLY. **OVERDOSAGE:** SEE DATA SHEET. **PACK SIZES AND BASIC NHS COSTS:** 40MG/250, £11.14, 1500, £42.12, 80MG/500, £31.45, 160MG/50, £16.69, 250, £31.48. **PL NOS:** 0029/5064, 0029/5065, 0079/0103. **INDERAL** IS A TRADE MARK FOR PROPRANOLOL, HYDROCHLORIDE. FULL PRESCRIBING INFORMATION IS AVAILABLE FROM: IMPERIAL CHEMICAL INDUSTRIES PLC, PHARMACEUTICALS DIVISION, ALDERLEY HOUSE, ALDERLEY PARK, WATCLESFORD, CHESHIRE. ***

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 Dr John Webster, Senior Registrar, Aberdeen Royal Infirmary.

Results and the winner's name will be published in the journal in March.

We regret no correspondence can be entered into. No employees or relatives of May & Baker or the publishers can enter the competition.



This 60 year old was receiving thiazide, β -blocker and hydralazine for hypertension. He developed painful toes and these appearances were noted in the presence of normal peripheral pulses.

1. What is the likely cause of this appearance?
2. What alternative diagnoses should be considered?
3. What is the initial management?

Win £100

travel voucher
each month



A new lifeline for your hypertensive patients

Physical and emotional stress cause transient but marked increases in blood pressure and may precipitate arrhythmias.^{1,2}

"... continual stress may result in a persistent elevation of blood pressure."³

Once daily 'Secadrex' is a synergistic⁴ combination of hydrochlorothiazide and acebutolol, which provides effective antihypertensive action plus

protection from the cardiac effects of stress.

This low dose combination is intended as first line therapy in patients with mild to moderate hypertension and as maintenance therapy in the elderly.

NEW

Secadrex acebutolol and hydrochlorothiazide

Low dose, once daily in hypertension

It couldn't B simpler.

“Treatment can almost always be simplified, which may have a dramatic effect upon compliance.”

Smith A. et al., B.M.J., (1979), 1; 1335-1336.



Day 1	Day 2	Day 3	Day 4	Day 5
MORNING	MORNING	MORNING		
			MIDDAY	MIDDAY
			EVENING	EVENING
Day 1	Day 2	Day 3	Day 4	Day 5

Erythrocin 500
erythromycin stearate B.P.
B-PackTM

Effective antibiotic therapy kept simple

Prescribing Information

Erythrocin 500: 500mg erythromycin activity as erythromycin stearate B.P.

Indications: Prophylaxis and therapy of diseases caused by organisms sensitive to erythromycin.

Dose: Adults: 1-2g daily divided as: one tablet by mouth two, three or four times daily.

Contra-indications: Sensitivity to erythromycin.

Side-effects: The following have been reported rarely:

diarrhoea, nausea, vomiting, abdominal pain.

Precautions: Impaired liver function.

Basic NHS Price: Erythrocin 500 B-Pack £2.82,

Erythrocin 500 x 100 £18.79, Erythrocin 500 x 500 £93.94.

PL No: 0037/5044.



Abbott Laboratories Ltd.,
Queenborough, Kent ME11 5EL

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.



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.

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.



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

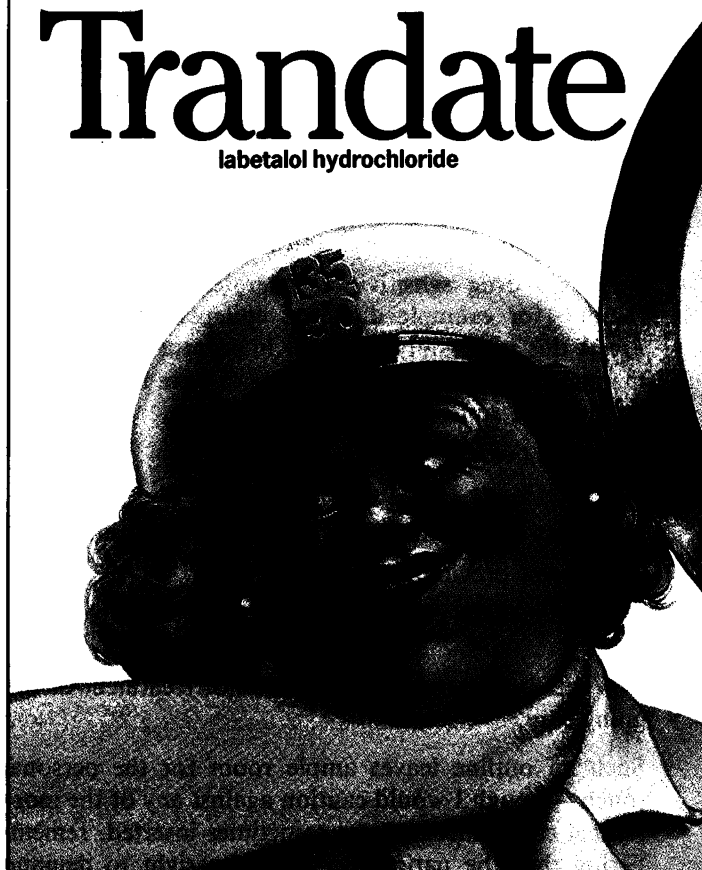
Initial dosage is simple. 100 or 200mg of Trandate twice daily with food is adequate to control hypertension in many patients. Trandate therapy can be tailored to meet patient requirements by adjustment of dosage rather than by changing to, or adding in, other drugs. The majority of patients will be 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

Ventolin

(salbutamol BP)

bronchodilator therapy
no asthmatic
need be without

**Primary therapy
in reversible airways obstruction**

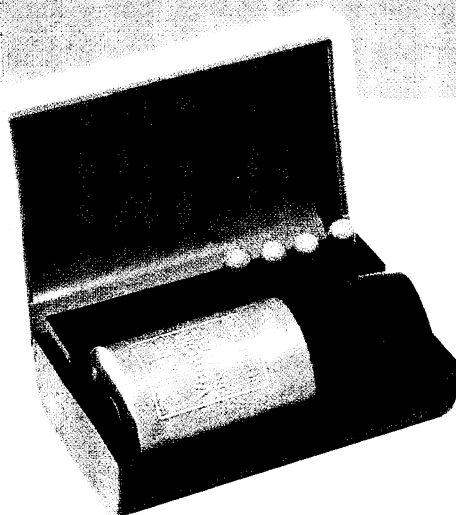
Proven efficacy and β_2 -selectivity

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

**Protects against
exercise induced asthma**

**Microgram dosage
avoids systemic side effects**

**Available in metered dose rotahaler
and Rotacaps with Rotahaler**



VENTOLIN PRESCRIBING INFORMATION

Uses
Relative control of bronchospasm in bronchial asthma, bronchitis and emphysema. It is required for severe attacks of acute bronchospasm. Doses may also be taken before exertion to prevent exercise induced asthma or before exposure to a known unavoidable irritant.

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: 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 chronic maintenance and regular prophylaxis.

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

Precautions
If a previous effective dose of inhaled Ventolin fails to give relief lasting at least three 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
Ventolin has no side effects to have been reported following treatment with inhaled Ventolin.

Presentation and Basic NHS cost (exclusive of VAT)
Ventolin Inhaler: a metered dose aerosol delivering 200mcg salbutamol BP per actuation. Each canister contains 200 inhalations.
Ventolin Rotacaps: 200mcg and 400mcg, each containing a mixture of the stated amount of microfine salbutamol BP as sulphate and larger particles lactose monohydrate, 0.05% w/w. Each Rotacap contains one 200mcg or 400mcg Rotacap.

Basic NHS cost £3.00.
Ventolin Rotacaps 200mcg and 400mcg, each containing a mixture of the stated amount of microfine salbutamol BP as sulphate and larger particles lactose monohydrate, 0.05% w/w. Each Rotacap contains one 200mcg or 400mcg Rotacap.

Containers of 100: Basic NHS cost £3.29 and £2.15 respectively.
Ventolin Rotahaler, for use in conjunction with Ventolin Rotacaps: Basic NHS cost 78p.

Product Licence numbers
Ventolin Inhaler: 0045-5022
Ventolin Rotacaps 200mcg: 0045-0156
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 E2 6JA.

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**

prescribing in 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 adrenocorticotrophic 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 Rotacaps Rotahaler three or four times a day is the usual maintenance dose.

Children: one 100mcg Becotide Rotacaps 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 the two of these or both 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 mucous 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 data leaflet provided in the data sheets for Becotide Inhaler and Becotide Rotahaler.

Side effects

Occasional candidiasis of the mouth and throat (thrush) occurs in some patients, particularly those with high blood levels of Candida precipitates. Topical therapy with antifungal

agents usually clears the condition without withdrawal of Becotide.

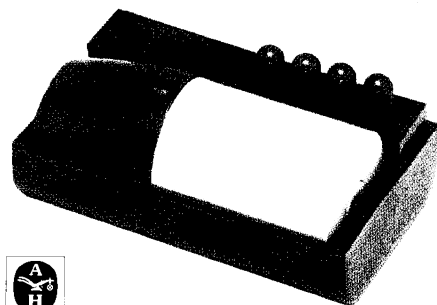
Presentation and Basic NHS cost (exclusive of VAT)
Becotide Inhaler is a metered-dose aerosol delivering 50mcg beclomethasone dipropionate BP per actuation.

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 Rotacaps and Rotahaler are trademarks of Allen & Hanburys Ltd.
Further information on Becotides available from Allen & Hanburys Limited, London E2 6LA.



COME SHARE OUR WORLD

Tenth Wonca World Conference on

Family Medicine.

May 20th - 24th 1983
Singapore



The College of General Practitioners Singapore will host the Tenth WONCA World Conference on Family Medicine. The Organising Committee takes great pleasure in inviting all Family Physicians/General Practitioners to this excellent opportunity to meet your colleagues from other parts of the world and to exchange and discuss views and ideas on Family Practice.

An extensive varied programme has been planned. The Scientific Programme will include plenary sessions and workshops on

- * the clinical aspects of
- * research in
- * education for, and
- * future health care in

Family Practice, besides free-paper sessions on different subjects.

Besides the Opening Reception and Closing Banquet for all registrants, all accompanying physicians' spouses and children will be treated to a separate comprehensive, social programme to give them an insight into our rich multi-cultural heritage and an opportunity to pick up bargains in the shopper's paradise that is Singapore.

In conjunction with the Conference, we will also hold a Medical Trade Exhibition where you will be able to see the latest in pharmaceuticals, clinical and laboratory equipment, and related items.

Come share our world

Official Conference Carrier:



Official Tour Operator:



For more information contact:

The Organising Secretary
Tenth WONCA World Conference College of General Practitioners Singapore 4-A College Road
Singapore - 0316. Telephone: 2207730 Telex: RS 25086.



THE MSD FOUNDATION

Audiovisual Programmes for General Practitioner Training

New Programmes for 1982

Our new catalogue, available now, contains details of the following new programmes for use with small groups in general practitioner training:

The Problem Drinker: a videocassette on detection and management of early alcoholism.

Major Disease in the Home: a videocassette on the role of the primary health care team, intended for use with multi-disciplinary groups of health workers.

Five Minutes for the Patient: a dozen or so real consultations recorded in the surgeries of UK general practitioners. Each consultation lasts five minutes at most.

Consulting in General Practice: four videotape programmes presenting an analysis of the consultation into seven tasks and discussing how these can be achieved most effectively.

Mind Your Own Business: a videocassette describing the basics of business management for general practitioners, using cartoons and diagrams.

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.

BALINT SOCIETY

Applications are invited from general practitioners who would like to attend Balint training seminars. The seminars will meet weekly in London and applicants need not have had previous similar experience.

Section 63 approval will be available. Applicants should write to **Dr A. H. Elder, Lisson Grove Health Centre, Gateforth Street, London NW8.**

UNIVERSITY OF MANITOBA

POSITIONS IN GENERAL PRACTICE

The Northern Medical Unit, University of Manitoba, has permanent and locum tenens positions in general practice available throughout 1982 in university clinics located in rural and remote areas of Manitoba. These positions offer the opportunity to become involved in innovative health care delivery and research-related activities, work with visiting consultants experienced in northern medicine and develop associations with university teaching hospitals' programmes. A competitive salary and benefit package including paid continuing education leave and relocation assistance is provided.

For information please write (including brief details of education and professional experience and a current telephone number) to: **Northern Medical Unit, Faculty of Medicine, University of Manitoba, 61 Emily Street, Winnipeg, Manitoba, R3E 1Y9.**

THE ROYAL COLLEGE OF GENERAL PRACTITIONERS FIVE YEARS ON IN PRACTICE

Part I: 26-28 March 1982

Part II: 17-21 May 1982

Have you recently started in general practice as a principal? Would you like the chance to examine and reflect on what you are doing?

If so, a course is to be run in spring 1982 which is designed for and by you, and you are invited to apply. It will begin with a residential weekend from 26-28 March 1982 at Oaklea, Epping Forest, and will lead to a non-residential week at London from 17-21 May 1982. Approval under Section 63 is being sought.

For further details and an application form, please write to: **Miss Elizabeth Monk, The Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU.**

HALLWOOD HEALTH CENTRE, RUNCORN MRCGP EXAMINATION ONE-DAY COURSE

Applications are invited for this one-day course on Sunday, 14 March 1982, 09.30-16.30. It has been recognized under Section 63 as a zero-rated course.

Each section of the examination is reviewed, a panel of examiners speak on technique and a video presentation shows viva procedure. Participants in our previous three courses expressed favourable comments about the day. Lunch is provided free and there are also exhibitions of medical books and equipment at the Centre.

Because of limited accommodation, only 30 participants can be included. Early application is recommended, to: **Dr B. M. McGuinness, MD, FRCGP, Chairman, Examination Course, Hallwood Health Centre, East Lane, Runcorn, Cheshire, WA7 2UT.**

PARTNER

Retirement vacancy for young and enthusiastic partner with mature outlook in long-established Hertfordshire part-rural group practice with a list of 12,000. Full ancillary and attached LA staff, own nurse. Practice provides own 24-hour cover with equal rota. Outside appointments held and special interests encouraged. Full VTS and obstetrics preferred. Initial period of mutual assessment.

Write with full CV and some personal details to:

**Drs Sutherland, Berg, Barnes and Ogden,
8 Park Lane, Broxbourne, Herts.**

THE ROYAL COLLEGE OF GENERAL PRACTITIONERS CARE OF THE ELDERLY

A three-day course will be held on 3, 4 and 5 February 1982 at the Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London, SW7 1PU. The course will aim at a practical approach towards the management of the elderly in general practice. Particular attention will be paid to diagnosis, treatment, practice organization and use of support services. Approval under Section 63 is being sought. The course will be evaluated for its effectiveness.

The Course Organizers are Dr Norman How and Dr Robert Bethel, Educational Research Project.

For further details please write to **Mrs N. Wimbleton, Educational Research Project Secretary, The Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU.**

ROYAL COLLEGE OF GENERAL PRACTITIONERS East of Ireland Faculty

DR SHEPPARD MEMORIAL PRIZE

A prize of £500 is being offered for a paper by an Irish graduate of not more than 2,500 words on a subject pertaining to general practice. Entries must reach a standard set down by the Judgement Committee.

Entries close on 1 March 1982 and should be sent to **The Secretary, Mrs Mary P. Holahan, 59 Lansdowne Road, Ballsbridge, Dublin 4. Tel: Dublin 964653 or 964042.**

BRITISH POSTGRADUATE MEDICAL FEDERATION

COURSES FOR GENERAL PRACTITIONERS

The British Postgraduate Medical Federation has now published its programme of courses for general practitioners for the period January–August 1982. 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 Deans' Office, 14 Ulster Place, London, NW1 5HD.**

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 1982. The six programmes available are:

- | | | | |
|------------------------------|-------------|----------------------|-------------|
| 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 term 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 recognized for MRCGP, DRCOG, and DCH examinations, as appropriate. An exchange scheme is in operation between Plymouth and the Department of General Practice, Memorial University, Newfoundland, which sends English trainees to Newfoundland for a period of six months to two posts in paediatrics and community medicine.

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

Application forms and full details obtainable from **Miss A. M. Ling, Senior Administrative Assistant, Plymouth General Hospital, North Friary House, Greenbank Terrace, Plymouth PL4 8QQ. Tel: Plymouth (0752) 834110.** Forms should be returned by 30 January, the short list will be drawn up by 9 February, and it is hoped to interview on 2 March 1982.



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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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