The simple solution to the complicated problem of treating anxiety

Whenever advice alone is not enough, you can trust Ativan to relieve the symptoms of anxiety simply and effectively in a wide variety of patients. Ativan tends not to accumulate so sedative effects are less frequent than with diazepam. And its direct, one step metabolism makes it useful even in patients with impaired liver function.
Prescribing Information

Indications: Sensitive bacterial infections of the lower respiratory, urinary and genital tracts, sinusitis, otitis media, skin infections, septicaemia, typhoid and paratyphoid fevers, and other infections caused by sensitive organisms.

Dosage: Septrin Forte Tablets. Adults and children over 12 years: 1 forte tablet twice daily. Maximum dosage for particularly severe infections: 1½ forte tablets twice daily. In acute infections Septrin should be given for a minimum of five days or until the patient has been symptom-free for two days.

Contra-indications: Septrin is contra-indicated in patients with marked liver parenchymal damage, blood dyscrasias or severe renal insufficiency. Septrin should not be given to patients hypersensitive to sulphonamides, trimethoprim or co-trimoxazole, should not be given during pregnancy or to neonates.

Precautions: In renal impairment a reduced dosage is indicated and an adequate urinary output should be maintained. Regular blood counts are necessary whenever long-term therapy is used. Caution is advised in patients with folate deficiency. Care should be taken when giving Septrin to patients receiving oral anticoagulants of the coumarin group, pyrimethamine or sulphonamides.

Adverse Reactions: Occasionally, nausea, vomiting, glossitis and skin rashes may occur with normal doses and, very rarely, haematological reactions.

Presentation: Septrin Forte Tablets each contain 400 mg Trimethoprim BP and 800 mg Sulphamethoxazole BP.

Basic NHS cost £1.47 for 10 PL3/0121.
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; bradyarrhythmia; renal failure; anaesthesia and pregnancy. Side Effects: Coldness of extremities and muscular fatigue. Sleep disturbance rarely seen. Rash 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.
A fresh approach to peptic ulcers

Antepsin
sucralfate

New non-systemic ulcer healer

Prescribing Information
Presentation Antepsin Tablets 1 gram are white, oblong, binave, uncoated tablets scored and embossed 1239 on one side and AYERST on the other. Each tablet contains 1 gram sucralfate. Uses For the treatment of duodenal ulcer, gastric ulcer and chronic gastritis. Dosage and Administration For oral administration. Adults - Usual dose 1 gram 4 times a day. Maximum daily dose 8 grams. For six weeks treatment is usually needed for ulcer healing but up to twelve weeks may be necessary in resistant cases. Antacids may be used as required.

*ANTEPSIN is a registered Trade Mark.

for relief of pain. Contra-Indications, Precautions, Warnings, etc. Contra-Indications There are no known contra-indications. Precautions 1. Concomitant administration with some oral anti-inflammatories such as non-steroidal anti-inflammatory drugs may interfere with absorption of the latter. 2. The product should only be used with caution in patients with renal dysfunction. 3. As with all medicines, Antepsin should not be used in early pregnancy unless considered essential. Side Effects A low incidence of mild side effects, e.g. constipation, has been reported. Legal Category POM. Package Quantities Antepsin 1 gram - Sealed containers of 100. Pharmaceutical Precautions For special requirements for storage are necessary. Product Licence Numbers PT No. 060700045 PA No. 1497/42 Basic N.A.S.

AYERST INTERNATIONAL
AYERST Laboratories Ltd., South Way, Andover, Hampshire SP10 1LT. Telephone: 0264 58711.
Distributors in Ireland: AYERST Laboratories Ltd., 765 South Circular Road, Islandbridge, Dublin 8.

Price Average daily cost 50p.
1. For the patient who suffers episodic attacks
   - Inhaled Ventolin when necessary.

For those patients suffering only infrequent and episodic attacks of asthma, Inhaled Ventolin when necessary, is often all that is required. Used at the onset of an attack of bronchospasm, Inhaled Ventolin provides rapid and sustained relief of symptoms. Patients waking with early morning breathlessness will also benefit from the rapid onset of action.

And taken before exertion, Ventolin provides protection against exercise-induced asthma.

2. For the patient who requires prophylactic bronchodilator therapy
   - Inhaled Ventolin four times daily.

Routine bronchodilator therapy is indicated when asthmatic attacks become more frequent. The long duration of action of Inhaled Ventolin means that continuous protection against bronchospasm can be maintained on a four times daily dosage schedule.
The first sign of deterioration in asthma is often a waning response to bronchodilators brought about by inflammatory changes within the lungs. At this stage specific anti-inflammatory therapy is essential.

The early addition of Inhaled Becotide is indicated to control the inflammatory process, to restore lung function and the response to bronchodilators. The regular administration of Inhaled Becotide and Inhaled Ventolin will maintain lung function and prevent further deterioration in the condition of many of these patients.

3. For the patient with asthma involving inflammatory changes, add regular Inhaled Becotide.

Inhaled Ventolin and Becotide – a rational basis for prescribing in asthma

BECOTIDE PRESCRIBING INFORMATION

Use Bronchial asthma especially in patients whose asthma is not adequately controlled by bronchodilators and patients with severe asthma who would otherwise have to be dependent on systemic corticosteroids or adrenocorticotropic hormone (ACTH) or its synthetic equivalent. Design and administration Using Becotide Inhaler – Adults: two inhalations three or four times a day in the usual maintenance dose. In severe cases, dosage may be started at twice to three times inhalations per day and subsequently reduced when the patient begins to respond. Alternatively, the total daily dose may be administered as two divided doses. Children one or two inhalations, two to four times a day according to the response. Using Becotide Inhaler – Adults: one 200mg Becotide Rotacap three or four times a day in the usual maintenance dose. Children: one 100mg Becotide Rotacap, two to three or four times a day according to the response. For optimum results Inhaled Becotide should be administered regularly.

Contraindications No specific contraindications to inhaled Becotide are known but special care is necessary in patients with active or quiescent pulmonary tuberculosis. Precautions The maximum daily dose 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 Beclotide Inhaler and Becotide Rotacaps. Side effects Occasional occurrence of the mouth and throat (throat) usually occurs in some patients, particularly those with high blood levels of Cortisone preparations. Typical therapy with antihistamine agents usually clears the condition without withdrawal of Becotide. Prevention and Basic Risk cost: Becotide Inhaler is a metered-dose aerosol delivering 50mcg Beclomethasone Dipropionate BP per actuation. Each Rotacaps 100mg and 200mg each contain a mixture of the stated amount of microfine Beclomethasone Dipropionate BP and large particle lactose in bulk or a mixture comprised of lactose and gelatine capsules respectively. Each container contains 100 capsules. Basic NHS cost £7.26 and £9.67 respectively. Becotide Rotacaps for use in conjunction with Becotide Rotacaps. Basic NHS cost £7.79. Product Licence numbers Becotide Inhaler 0045/0089. Becotide Rotacaps 100mg 0045/0115 Becotide Rotacaps 200mg 0045/0170.
Anxiety is a perfectly normal response to stress but there are times when it gets out of hand and becomes mentally and physically disabling.

Then, a short course of drug treatment is required to help the patient to cope. New LEXOTAN is a good choice for the short-term treatment of anxiety states offering as it does advantages over its predecessor, diazepam.

LEXOTAN combines the effectiveness of diazepam with less sedation and better patient compliance.¹

WHEN ANXIETY GETS OUT OF PROPORTION

NEW LEXOTAN bromazepam CUTS IT DOWN TO SIZE

Prescribing Information
Indications Short-term treatment of anxiety and associated symptoms such as tension and agitation.

Dosage Dosage should be determined on an individual basis. Some patients may respond to doses as low as 1 mg three times daily. Usual dose for mild to moderate anxiety is 2 mg to 3 mg three times daily. Elderly patients are more sensitive to the actions of Lexotan. The safety of Lexotan for use in the elderly has not been established and therefore its use should be avoided. Contra-indications Patients with known sensitivity to benzodiazepines: acute pulmonary insufficiency: respiratory depression: Precautions Use during pregnancy and lactation should be avoided. Patients should be advised to avoid alcohol whilst under treatment with Lexotan. Patients' reactions, e.g. driving ability, may be modified. Sedative effects of other centrally-acting drugs may be intensified. The use of high doses of benzodiazepines, especially over prolonged periods, can sometimes lead to dependence, particularly in patients with a history of alcoholism or drug abuse. Treatment in these cases should be withdrawn gradually. Side-effects Drowsiness, sedation, unsteadiness and ataxia may occur. They usually disappear after the first few days of treatment or with reduction of dosage. Presentation Pink, hexagonal tablets containing 1 mg of bromazepam in packings of 100 and 500. Basic NHS Cost £5.95 three times daily 15p per day per 500 pack Product licence number 0631/0128

1. Royal College of General Practitioners' study, data on file. Roche Products Limited.
ICI announce 'Inderex'.

'Inderex' is designed to give full 24-hour control of blood pressure from a single daily dose.

'Inderex' combines the world's most widely prescribed beta-blocker, 'Inderal'—in the form of 'Inderal' LA—with one of the world's most widely used diuretics, bendrofluazide.

'Inderex', the next logical step in the treatment of hypertension.
"Tricyclics are extremely dangerous drugs when taken in overdose"


**Prescribing Information**

**Indications**
Symptoms of depressive illness.

**Adult Dosage**
For the first few days, 30-40mg/day as a single bedtime dose, or in divided doses. Effective maintenance dosage normally lies between 30mg and 90mg a day.

**Elderly**; initially no more than 30mg a day; thereafter, increase with caution under close supervision.

**Pregnancy**
Do not use unless there are compelling reasons.

**Contra-indications**
Mania; severe liver disease; during breast feeding.

**Precautions**
Monitor patients carefully during first 2-4 weeks of antidepressant therapy. Avoid, if possible, in patients with epilepsy. Monitor patients on concurrent antihypertensive therapy, phenytoin or anticonvulsants. Do not use with, or until 2 weeks after cessation of, MAOI therapy. Norval may potentiate the central nervous depressant action of alcohol. Care should always be exercised when treating the following: the elderly; suicidal patients; patients with diabetes, hepatic or renal insufficiency, recent or acute myocardial disease. Monitor patients with narrow angle glaucoma or symptoms suggestive of prostatic hypertrophy, even though anticholinergic side-effects are not anticipated with Norval therapy.

**Side-effects**
Drowsiness may occur initially; alcohol and activities which demand constant alertness should be avoided. Serious adverse effects are uncommon. A small number of cases of bone marrow depression, generally reversible on stopping treatment, have been reported; if a patient develops symptoms of infection, treatment must be stopped and a full blood count obtained. Jaundice (usually mild), hypomania and convulsions have been reported; discontinue treatment under such circumstances. Breast disorders (gynecomastia, nipple tenderness and non-puerperal lactation), dizziness, postural hypotension, polyarthropathy, skin rash, sweating and tremor may also occur.

**Overdosage**
There is no specific antidote. Treatment is by gastric lavage with appropriate supportive therapy. Symptoms of overdosage are normally confined to prolonged sedation. Cardiac arrhythmias, severe hypotension, convulsions and respiratory depression are unlikely to occur.

**Availability and NHS price**
10mg, 20mg and 30mg mianserin hydrochloride tablets. Basic NHS cost per day (30mg dosage) is £1.7p (price correct at time of printing).

**References**

Self-poisoning with amitriptyline, and other tricyclic antidepressants is now implicated in some 10,000 hospital admissions\(^1\) and 400 deaths\(^2\) per annum—a tragic waste of human life on a scale equivalent to one death every day.

Norval is an effective antidepressant which, in contrast to the tricyclics, has a high safety margin in overdose.\(^3\) In the treatment of depressed patients, where the possibility of deliberate or accidental self-poisoning cannot easily be ruled out, the difference between Norval and the tricyclics can be life-saving.

**Norval**
mianserin hydrochloride

Effective in depression without tricyclic overdose risks.

Further information is available from Bencard, Brentford, Middlesex TW8 9BD.
Norval and the Bencard logo are trade marks. PL0038/0230R, 0247R, 0248R.

14270(1) Oct 1982
The fast, simple and promote peptic
specific way to ulcer healing

80% ulcers healed in one month
Rapid relief of pain, rapid healing of the ulcer
No dosage simpler in peptic ulcer treatment
Specifically developed as b.d. treatment.
The benefits of highly specific H₂ blockade
Zantac treatment has not been shown to affect the central nervous system; to exert striking therapeutic effects to cause drug interaction.

Zantac
RANITIDINE

A British advance from Glaxo
"... Teddy's better too, Grandma. Can we come tomorrow?"

its outstanding safety profile, it is available in three different oral presentations which offer acceptable and convenient therapy for younger patients.

Amoxil – the leading antibiotic prescription for children in Britain.

Rapidly resolves young patients' infections.

Dosage:
- **Infectable:** 50-100mg/kg body weight per day in divided doses.
- **Adult Dosage:**
  - Oral: 250mg three times a day.
  - In severe infections doses should be doubled.
  - Injectable: 500mg IM 8 hourly (or more frequently if necessary) or moderate infections. 1q IV 8 hourly in severe cases.

**Contra-Indications:**
Amoxil is a penicillin and should not be given to penicillin hypersensitive patients. Side-effects, as with other penicillins, are usually of a mild and transitory nature: they may include diarrhoea or indigestion. Occasionally a rash may occur, in which case treatment should be discontinued.

Further information on Amoxil (amoxycillin) is available from:

Bencard, Great West Road, Brentford
Telephone: 01-565 1131
Amoxil and the Bencard logo are trademarks
December 1981
Effective in acute as well as chronic conditions

Recent clinical studies¹⁻⁴ show Feldene is effective in acute musculoskeletal disorders.

A single daily dose of Feldene provides round-the-clock relief of pain, inflammation and stiffness.

Feldene
piroxicam
*Trade Mark

Continuous relief with a single daily dose

Warnings:
the safety of Feldene used during pregnancy and lactation has not yet been established. Dosage recommendations and indications for use in children have also not yet been established.

Side Effects:
Feldene is generally well tolerated. Gastrointestinal symptoms are the most common. If diarrhea occurs Feldene should be withdrawn. As with other non-steroidal anti-inflammatory agents, oedema mainly ankle oedema has been reported in a small percentage of patients; the possibility of precipitation of congestive cardiac failure in elderly patients or those with compromised cardiac function should therefore be borne in mind. Various skin rashes have been reported.

Dosage:
in rheumatoid arthritis, osteoarthritis, ankylosing spondylitis - starting dose of 20 mg as single daily dose; the majority of patients will be maintained on 20 mg daily. In acute gout, start with a single dose of 40 mg followed on the next 4-6 days with 20 mg daily in single or divided doses; Feldene is not indicated for long term management of gout. In acute musculoskeletal disorders, start with a loading dose of 40 mg daily in single or divided doses for the first 2 days. For the remainder of the 7 to 14 day treatment period the dose should be reduced to 20 mg daily.

Basic N.H.S. Cost:
capsules 10 mg coded F10.10. pack of 60 £2.60

References:
Everyday chest infections deserve Augmentin because of its...

Superior spectrum of activity
Other oral antibacterials - including tetracycline, amoxycillin, erythromycin, co-trimoxazole and cephalosporin - cannot match the consistent and reliable activity of Augmentin against the common (and many of the not so common) respiratory pathogens.

Excellent absorption, rapid penetration to the site of infection
Augmentin achieves effective bactericidal levels in both purulent and mucoid sputum after only one hour.

Consistently reliable tissue levels
When Augmentin is administered, consistently high levels of active antibiotic are maintained in the sputum and tissues throughout a course of treatment, since Augmentin is unaffected by bacterial enzymes which can inactivate other penicillins and cephalosporins at the site of infection.

Safety and tolerance
Augmentin is well tolerated, as would be expected from a penicillin based therapy.

These are all good reasons why Augmentin is so appropriate for the range of chest infections which you will deal with everyday.

Prescribing Information
Upper respiratory tract, gastro-intestinal tract, skin and soft tissue infections. Doseage Adults and children over 12 years of age (or Augmentin or Augmentin Dispersible Tablets) dose once a day. In severe infections dose may be doubled. Treatment with Augmentin should not be continued beyond 14 days without review. For use in younger children see data sheet. Contraindications Penicillins hypersensitivity. Pretreatment Safety in human pregnancy is yet to be established, although high dose animal studies show no teratogenicity. Drug need not be reduced in patients with renal impairment, unless the condition is severe enough to require dialysis. Side Effects. As with other penicillins, these are uncommon and mostly of a mild and transient nature, and include diarrhoea, vaginitis, nausea, vomiting and rash. If gastro-intestinal side effects occur they may be reduced by taking Augmentin at the start of meals. Erythema and unilateral redness sometimes occur but neither their incidence has been particularly low in clinical trials. Treatment should be discontinued if other signs appear. Penicillin and other antimalarials such as pyrimethamine and sulphadoxine and Basic NPS Penicillin (Prices correct at time of printing). Augmentin Tablets and Augmentin Dispersible Tablets each containing potassium chloride (equivalent to 125mg chlorobenzilate) with amoxycillin, riboflavin (equivalent to 250mg amoxycillin). Augmentin Tablets (bottle of 30, 100). Cost per tablet - £25/50/0.50/1.00. Augmentin Dispersible Tablets (foil wrapped 30, 90, 315 (pills/box). PL2036/2072. AUGMENTIN and the BSL logo are trade marks. BSL Aug 31st November 1982.

References

Beecham Research Laboratories
Beeston, England.

AUGMENTIN clavulanate-potentiated amoxycillin
WORKING QUICKLY, EFFECTIVELY, EVERYDAY.
An important additional benefit for Hypovase...

...restoring the plasma lipid ratio.

Hypovase, the booster anti-hypertensive to first line therapy has now been shown to have an additional beneficial property...the restoration of the plasma lipid ratio!

This is important because the use of first line anti-hypertensives such as β-blockers and diuretics has not reduced the incidence of ischaemic heart disease (IHD).

One possible reason is that their beneficial effects on blood pressure, one risk factor for IHD, have been offset by their effect on another major risk factor – the plasma lipid ratio (HDL: LDL+VLDL).

Hypovase when added to these first line anti-hypertensives restores the plasma lipid ratio, providing yet another good reason for adding Hypovase to your first line therapy.

Hypovase boosts anti-hypertensive action, restores the plasma lipid ratio.

Prescribing information:
Indications: hypertension of varied aetiology and all grades of severity.
Contra-indications: sensitivity to Hypovase.
Precautions: A small percentage of patients may react more rapidly and to a greater extent than the majority. In some cases this had led to sudden loss of consciousness generally lasting a few minutes. Subsequent treatment may be satisfactory. Hypovase is not recommended in pregnancy, during lactation, or in children under 12 years of age.
Side-effects: dizziness, drowsiness, and lack of energy are the most common.
Dosage: starting dose 0.5mg two to three hours before retiring, thereafter, up to 20mg/day in divided doses.
Basic NHS Cost: b.d. Starter Pack containing 8 x 0.5mg Hypovase tablets and 32 x 1mg Hypovase tablets, £2.70; 0.5mg tablet (PL57/0149), pack of 100, £4.08; 1mg tablet (PL57/0100), pack of 100, £5.25; 2mg tablet (PL57/0107), pack of 100, £6.98; 5mg tablet (PL57/0108), pack of 100, £15.58.
Full information on request; Pfizer Ltd., Sandwich, Kent. *Trade Mark
Audiovisual Programmes for General Practitioner Training

Programmes for 1983

Our 1983 catalogue contains details of videocassette and tape/slide programmes for use with small groups in general practitioner training.

Below is a full list of all the programmes now available, listed by short titles and programme number. If you need any more information, about duration, price or content, please send for our catalogue. All programmes are on videocassette unless marked T/S, meaning tape/slide.

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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 six weeks before the 1st of 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.

COURSES FOR GENERAL PRACTITIONERS

The British Postgraduate Medical Federation has now published its programme of courses for general practitioners for the period January–August 1983. 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 envelope, size not less than 9in x 7in to: The General Practitioner Department, British Postgraduate Medical Federation, Regional Postgraduate Dean’s Office, 1 Ulster Place, London NW1 5HD.

ARGYLL & CLYDE HEALTH BOARD
RENFREW DISTRICT

VOCATIONAL TRAINING
1 AUGUST 1983

VOCATIONAL TRAINING SCHEME FOR GENERAL PRACTICE IN PAISLEY

Applications are invited from candidates interested in the above scheme for entry on 1 August 1983. There are six places available.

The course covers a period of three years and offers experience in obstetrics and gynaecology, accident and emergency, psychiatry, geriatrics, paediatrics and general medicine. There are two schemes available following a slightly different pattern of specialties but both begin and end with six months in general practice. Day release is also granted for instruction in dermatology, ophthalmology and ENT surgery. The course is recognized for D.OBST.R.COG, MRCGP and DCH.

Every effort will be made to provide accommodation suitable to the needs of appointed trainees. Application forms and job descriptions are available from: Department of Medical Administration, Royal Alexandra Infirmary, Paisley. Tel. 887 9111 Ext. 352.

Closing date for receiving applications is Friday 28 January 1983.

MRCGP CANDIDATES

New practice exams now available. Two MCQ papers (120 questions) covering the new subject areas as required by the Royal College. (This includes social and legal aspects, epidemiology, statistics and practice organization.) Answers and detailed teaching explanations provided together with computer sheets and free marking service. MEQ and TEQ papers have sample answers, explanations, marking schedules references and practical examination advice. Also hints on log diary, oral and reading suggestions. Send cheque now for £15 plus 60p p & p.

Dept. GP PasTest Service, PO Box 81, Hemel Hempstead, Herts HP1 1AA
Tel. Hemel Hempstead (0442) 52113

WINDSOR AND DISTRICT POSTGRADUATE MEDICAL CENTRE

A REFRESHER COURSE FOR GENERAL PRACTITIONERS

A course is to be held here from Monday 18 April to Friday 22 April 1983.

A registration fee of £20 will cover lunches, coffees, tea, etc. Light entertainment in the evenings will be arranged. The course is recognized for Section 63 allowances and numbers will be limited so early application is advised.

Further details are available from: Mrs C. J. Chitty, Postgraduate Medical Centre, King Edward VII Hospital, Windsor, Berks.

BEHAVIOUR IN THE CONSULTATION

A course on Behaviour in the Consultation will be held at Wansfell College, Epping, from 28 February to 2 March 1983. The behaviour of both patients and doctors will be examined in the context of the consultation. Participants will be helped to learn new consultation techniques. This course is particularly suitable for trainers.

For details, apply to: Dr P. Martin, British Postgraduate Medical Federation, 14 Ulster Place, London NW1 5HD.
COUNSELLING TECHNIQUES
A course on Counselling Techniques will be held at Wansfell College, Epping from 28 March to 30 March, 1983. Participants will be given the opportunity to learn and to practice the techniques of counselling. This is the course for you if you feel that there should be more to the consultation than diagnosis and advice.
For details, apply to: Dr P. Martin, British Postgraduate Medical Federation, 14 Ulster Place, London NW1 5HD.

MEDICAL EDUCATION CENTRE
Whipps Cross Hospital, London E11 1NR
STUDY DAY—
"COMPUTERS IN GENERAL PRACTICE"
12th February 1983, 9.30 a.m. to 4.30 p.m.
Programme details from:
Secretary, Medical Education Centre
Whipps Cross Hospital, London E11 1NR.
Course approved under Section 63.

THE ROYAL COLLEGE OF GENERAL PRACTITIONERS
WEST OF SCOTLAND FACULTY
(in collaboration with the West of Scotland Committee for Postgraduate Medical Education)

PREPARATION COURSE FOR THE MRCGP EXAMINATION
The course held from Friday 4 to Sunday 6 February, 1983 at the Normandy Hotel, Renfrew, is intended for general practitioners who plan to take the Membership Examination of the Royal College of General Practitioners. The number of participants is limited and early application is advised. Preference will be given to applicants who have not had the opportunity to attend trainee half-day release sessions dealing with the preparation for the MRCGP examination. The course is residential and has been approved under Section 63.
Further details may be obtained from: The Dean of Postgraduate Medicine, The University of Glasgow, Glasgow G12 8QQ, Tel: 041-339 8855.

PLYMOUTH HEALTH AUTHORITY
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, 1983.
The six programmes available are:

1. General Practice ............................................. (1 month)
   Geriatrics .................................................. (4 months)
   Accident & Emergency .................................... (4 months)
   Psychiatry .................................................. (4 months)
   Obstetrics & Gynaecology ............................... (6 months)
   Paediatrics ................................................ (6 months)
   General Practice ........................................... (11 months)

2. General Practice ............................................. (1 month)
   Accident & Emergency .................................... (4 months)
   ENT .......................................................... (4 months)
   General Medicine .......................................... (4 months)
   Psychiatry .................................................. (6 months)
   Paediatrics ................................................ (6 months)
   General Practice .......................................... (11 months)

3. General Practice ............................................. (1 month)
   General Medicine .......................................... (4 months)
   Accident & Emergency .................................... (4 months)
   ENT .......................................................... (4 months)
   Obstetrics & Gynaecology ............................... (6 months)
   Geriatrics .................................................. (6 months)
   General Practice ........................................... (11 months)

4. General Practice ............................................. (1 month)
   Accident & Emergency .................................... (4 months)
   ENT .......................................................... (4 months)
   General Medicine .......................................... (4 months)
   Psychiatry .................................................. (6 months)
   Paediatrics ................................................ (6 months)
   General Practice ........................................... (11 months)

5. General Practice ............................................. (1 month)
   General Medicine .......................................... (4 months)
   Accident & Emergency .................................... (4 months)
   ENT .......................................................... (4 months)
   Obstetrics & Gynaecology ............................... (6 months)
   Geriatrics .................................................. (6 months)
   General Practice ........................................... (11 months)

6. General Practice ............................................. (1 month)
   ENT .......................................................... (4 months)
   General Medicine .......................................... (4 months)
   Accident & Emergency .................................... (4 months)
   Geriatrics .................................................. (6 months)
   Psychiatry .................................................. (6 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, D.OBST.RCOG, and DCH examinations, as appropriate. An exchange scheme is in operation between Plymouth and the Family Practice Residency Training Programme at Memorial University, Newfoundland, which seconds English trainees to Newfoundland for a period of six months to two posts in paediatrics and community medicine. This period is recognized by the JCPGP as equivalent experience.
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, 1 Belvedere, Greenbank Road, Plymouth PL4 7JN. Telephone Plymouth (0752) 834110. Forms should be returned by the 29 January, the short list will be drawn up by the 10 February, and it is hoped to interview on 8 March 1983.
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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. Cautions 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 irritation appear. Side effects such as skin rashes, muscular cramps, rises in serum uric acid and thrombocytopenia may rarely occur.

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