



## Septrin Assurance

### 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 sulphonylureas.

**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 160 mg Trimethoprim BP and 800 mg Sulphamethoxazole BP.

Basic NHS cost £1.47 for 10. PL3/0121.

## Septrin\* Forte 1b.d. co-trimoxazole

Further information is available on request.  
Wellcome Medical Division

The Wellcome Foundation Ltd., Crewe, Cheshire



\*Trade Mark

# NINE OUT OF TENORETIC

atenolol 100mg and chlorthalidone 25mg

HYPERTENSIVES  
ARE CONTROLLED  
WITH  
ONE TABLET DAILY

## Prescribing Notes

**Uses:** In mild to moderate hypertension. **Dosage:** One tablet daily.  
**Contraindications:** Heart block. Co-administration of verapamil.  
**Precautions:** Untreated cardiac failure, bradycardia, renal failure, anaesthesia, pregnancy and gout. 'Tenormin' is beta<sub>1</sub> selective and can be used with caution in obstructive airways disease. Changes in serum potassium are minor and probably clinically unimportant in uncomplicated hypertension. 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 disturbances rarely seen. Rashes and dry eyes have been reported with beta-blockers - consider discontinuance if they occur. Cessation of therapy with a beta-blocker should be gradual. With chlorthalidone, occasional nausea and dizziness and rarely idiosyncratic drug reactions such as thrombocytopenia and leucopenia. **Pack size and Basic NHS cost:** 28's £7.92. PL 0029/0139.

'Tenoretic' and 'Tenormin' are trademarks.



Full prescribing information is available on request to the Company  
**Stuart Pharmaceuticals Limited**  
Carr House, Carrs Road, Cheadle, Cheshire SK8 2EG.

9/10 ✓

# The inside story.

## 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.



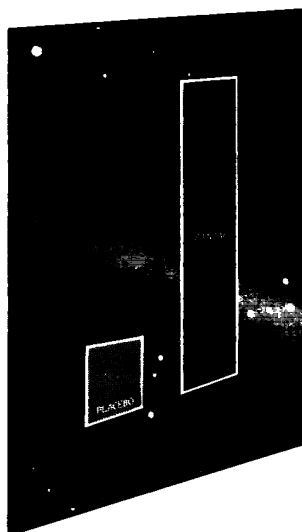
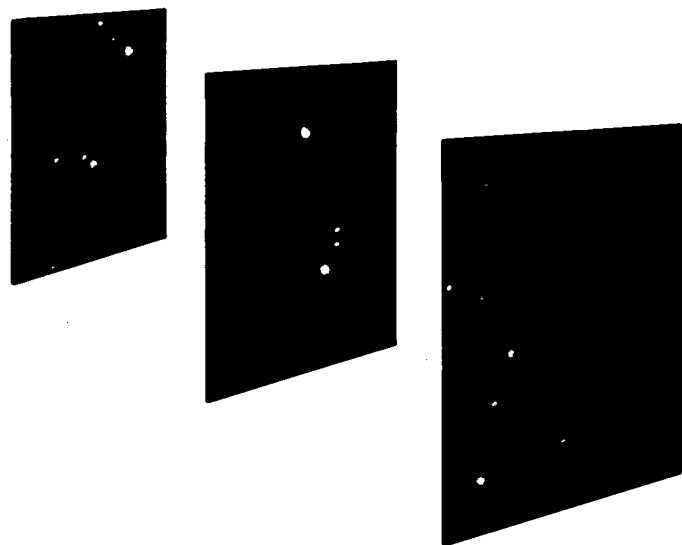
**ICI** **INDEREX**

Propranolol Hydrochloride in long-acting formulation and Bendrofluazide.

**The next logical step**

'Inderex': abridged prescribing information. **Dosage** One capsule daily in hypertension. **Contraindications** Heart block. Bronchospasm. Anuria, renal failure or thiazide sensitivity. Prolonged fasting. Metabolic acidosis. Co-administration with verapamil. **Precautions** Untreated cardiac failure. Bradycardia. Diabetes. Hepatic cirrhosis with ascites. Discontinuation of clonidine. Anaesthesia. Pregnancy. **Adverse Reactions.** Propranolol Hydrochloride: 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. Cessation of beta-blocker therapy should be gradual. Bendrofluazide: Hypokalaemia. Hyperuricaemia. Rare reports of rashes, necrotising vasculitis, acute pancreatitis, blood dyscrasias and aggravation of pre-existing myopia. **Overdosage** see data sheet. **Basic NHS cost** 28 day calendar pack £8.12. PL No. 0029/0157. 'Inderex' is a trademark for propranolol hydrochloride in a long-acting formulation, and bendrofluazide. Full prescribing information is available from Imperial Chemical Industries PLC, Pharmaceuticals Division, Alderley House, Alderley Park, Macclesfield, Cheshire SK10 4TF.

# Zantac m



**Zantac maintained most patients symptom-free and ulcer-free on a one tablet a day dosage during one year of maintenance.** <sup>1,2,3,4,5</sup>

## Selective action

Inherent in Zantac's unique molecular structure is a side effect profile similar to placebo; this is retained in long-term maintenance therapy. There has been no confirmed evidence that Zantac has antiandrogenic activity or causes mental confusion; nor that it interferes with the drug metabolising enzyme system cytochrome P450 responsible for the breakdown of many commonly used drugs.

## Simple dosage for all indications

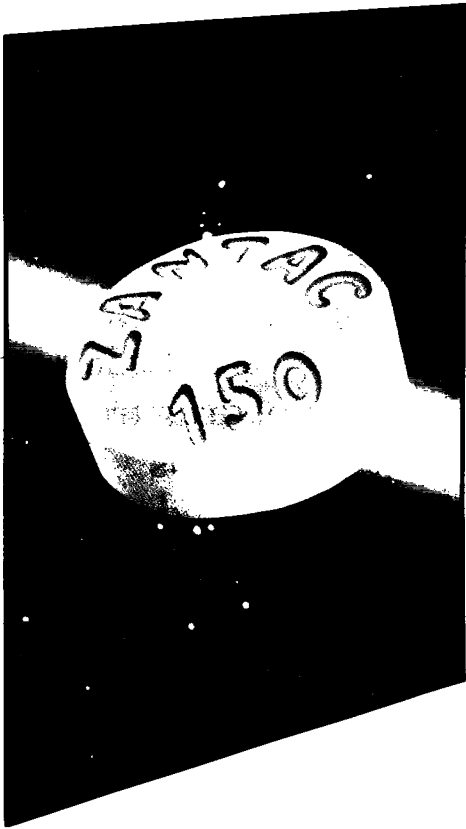
Zantac's unique molecular structure means that rapid, effective ulcer healing is achieved a simple b.d. dosage; most patients are maintained symptom-free and ulcer-free on just one

**Simply right in peptic ulcer treatment**  
**Simply right in maintenance**

**Glaxo**

**PRESCRIBING INFORMATION: DOSAGE AND ADMINISTRATION:** THE USUAL ADULT DOSE IS ONE 150mg 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 RECURRENT 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.

# maintains patients ulcer-free on one tablet daily



using  
tablet at night.

# Zantac

RANITIDINE

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. **REFERENCES:** 1. BOYD, E.J.S. *ET AL*; 2. HUNT, R.H. *ET AL*; 3. GOUGH, K.; 4. COCKEL, R. *ET AL*: THE CLINICAL USE OF RANITIDINE, LONDON 1981: 189, 192, 196, 232 (resp.) 5. DATA ON FILE, GLAXO GROUP RESEARCH.



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. It is a highly effective anxiolytic and patient tolerance is excellent!

1. Wien.klin.Wschr., 1979, 91, 240

## 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 1.5mg three times daily. Usual dose for mild to moderate anxiety is 3mg to 6mg 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 3mg of bromazepam in blister packings of 100. **Basic NHS Cost** Lexotan 3mg tablets in packings of 100 £6.25 **Product licence number** 0031/0128

Roche Products Limited, PO Box 8, Welwyn Garden City, Hertfordshire AL7 3AY.



Lexotan is a trade mark

ANXON

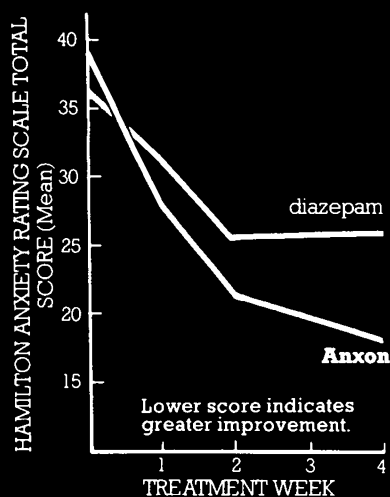
30

# IN ANXIETY ANXON

ketazolam

## CLINICALLY SUPERIOR

## SIGNIFICANTLY MORE EFFECTIVE THAN DIAZEPAM



Curr. Ther. Res. (1980), 28, 3, 425

A recent double-blind study<sup>1</sup> demonstrated that Anxon was more effective than diazepam in the treatment of anxiety. Another study showed "...on the Hamilton Anxiety Rating Scale in direct comparison with diazepam, ketazolam [Anxon] was significantly superior in anxiolytic effect."<sup>3</sup>

### Anxon vs. clorazepate and lorazepam.

Further double-blind studies have compared Anxon both with clorazepate and with lorazepam. In comparison with clorazepate, although the authors commented that, on the overall patients' global impression, the differences between the two drugs did not reach statistical significance, "Nevertheless at the end of the study, over 70% more patients reported feeling *very much better* on ketazolam [Anxon] than on clorazepate (33 versus 19, respectively)."<sup>5</sup>

In comparison with lorazepam: "Therapeutic effects, although similar for both drugs, showed a slight superiority in favour of ketazolam [Anxon]. Also ketazolam [Anxon] was better tolerated in that patients in that group reported fewer side effects than those in the lorazepam group."<sup>6</sup>

### REFERENCES

1. Br. J. Clin. Pract. (1983), In Press
2. Br. J. Clin. Pract. (1980), 34, 4, 107
3. Curr. Ther. Res. (1980), 28, 3, 425
4. J. Int. Med. Res. (1980), 8, 6, 439
5. Curr. Ther. Res. (1982), 31, 5, 679
6. Curr. Ther. Res. (1981), 29, 6, 936

### ▽ PRESCRIBING INFORMATION

#### Indications

Anxiety, tension, irritability and similar stress-related symptoms.

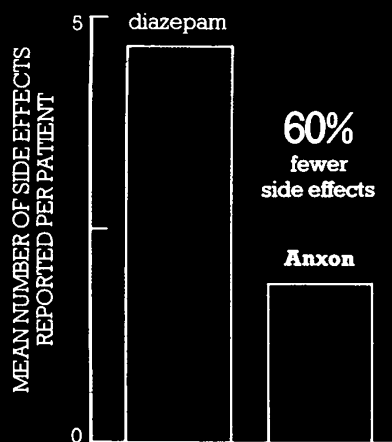
**Dosage and Administration** For many adult patients a dosage of 30mg nocte is appropriate. This dosage may be adjusted to suit the needs of each individual patient within the range of 15-60mg per day.

Children: Not recommended. Elderly: Reduced dosage initially until tolerance and efficacy have been assessed. Patients undergoing therapy with Anxon should be periodically reviewed.

**Contra-indications, Warnings etc.** Precautions: Anxon may potentiate other centrally acting drugs. Patients should be warned to exercise care when

# TO DIAZEPAM. (Refs 1-4)

## FEWER SIDE EFFECTS THAN DIAZEPAM, CLORAZEPATE AND LORAZEPAM.<sup>2,4,5,6</sup>



J. Int. Med. Res. (1980), 8, 6, 439.

### 60% fewer than diazepam

"Side effects were markedly less frequent and less severe in patients treated with ketazolam [Anxon] than in those treated with diazepam."<sup>4</sup>

### 28% fewer than clorazepate

"...ketazolam [Anxon] produced side effects in fewer patients, the overall incidence of side effects was less and the severity of the side effects tended to be milder than with clorazepate."<sup>5</sup>

### 14% fewer than lorazepam

"Ketazolam [Anxon] patients reported a total of 124 side effects [30 patients], while the lorazepam patients reported 135 side effects [28 patients]"—14% fewer side effects on Anxon.<sup>6</sup>

driving or operating heavy machinery. Usage cannot be recommended during pregnancy, labour or lactation. Side effects: Anxon is well tolerated. In clinical trials, the overall incidence of side effects was no greater than observed with placebo. Daytime drowsiness has been reported. Overdosage: Symptomatic treatment only is

required. Gastric lavage may be useful if performed soon after ingestion.

#### Presentations and Basic NHS Prices

Anxon capsules 15mg: 10p each. Anxon capsules 30mg: 16p each. Prices correct at February 1983. Further information is available on request to the Company.



**Beecham Research Laboratories**  
Brentford, Middx. TW8 9BD

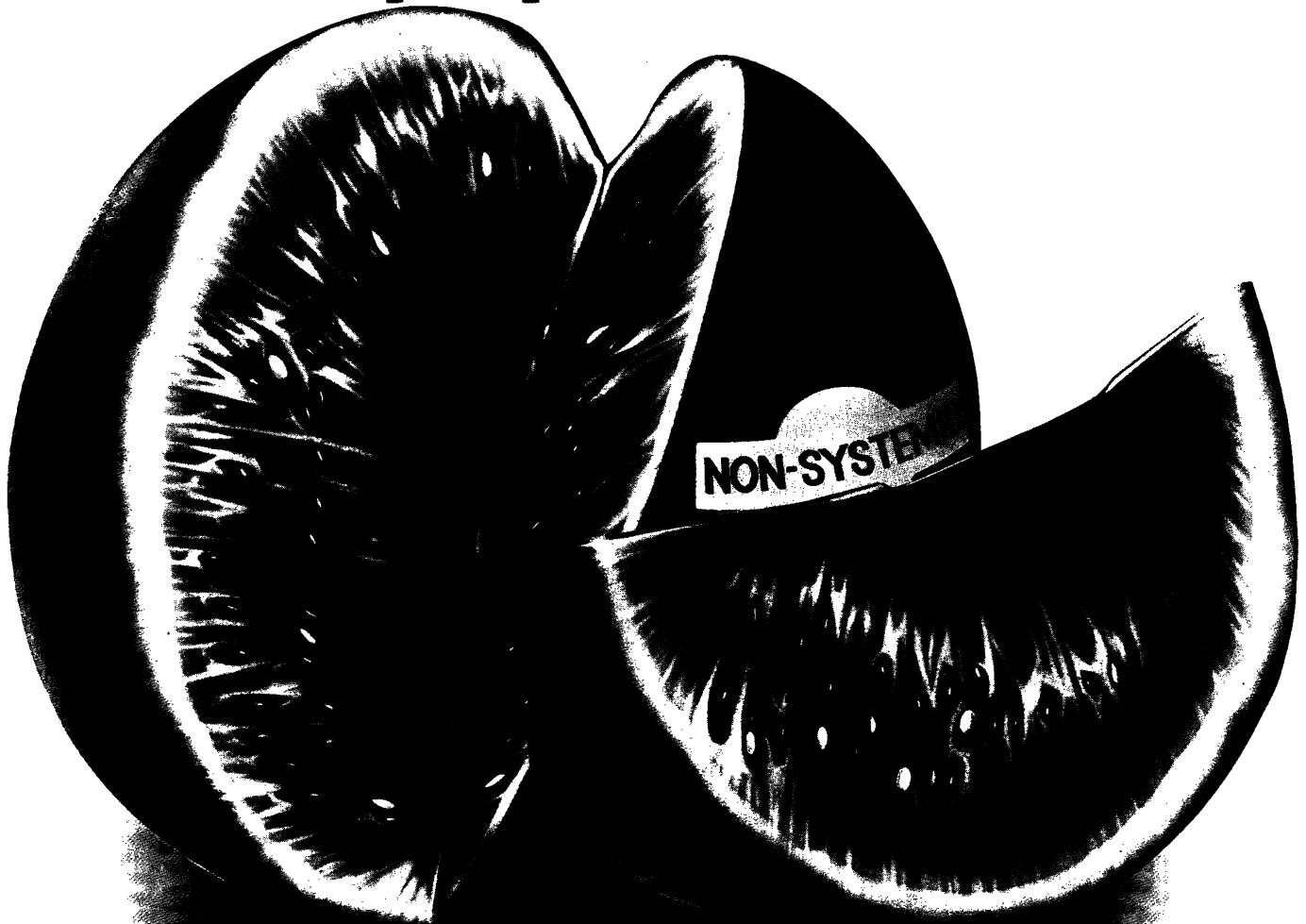
Anxon and the BRL logo are trademarks.

BRL 8016 R

PL0038/0252 0253



# A fresh approach to peptic ulcers



## **Antepsin** sucralfate

**New**  
**non-systemic ulcer healer**

### Prescribing Information

**Presentation** Antepsin Tablets 1 gram are white, oblong, biconvex, 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. Four to 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-infectives such as tetracyclines 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 - Securitainers of 100. **Pharmaceutical Precautions** No special

Further information is available on request to the Company.

requirements for storage are necessary. **Product Licence Numbers** PL No. 0607/0045 PA No. 149/4/2. **Basic N.H.S.** Price Average daily cost 50p



**Ayerst  
International**

Ayerst Laboratories Ltd.,  
South Way, Andover, Hampshire SP10 5LT.  
Telephone: 0264 58711.

**Distributors in Ireland:** Ayerst Laboratories Ltd.,  
765 South Circular Road, Islandbridge, Dublin 8.

# Effective in acute as well as chronic conditions

Recent clinical studies<sup>1-4</sup> show Feldene is effective in acute musculoskeletal disorders.

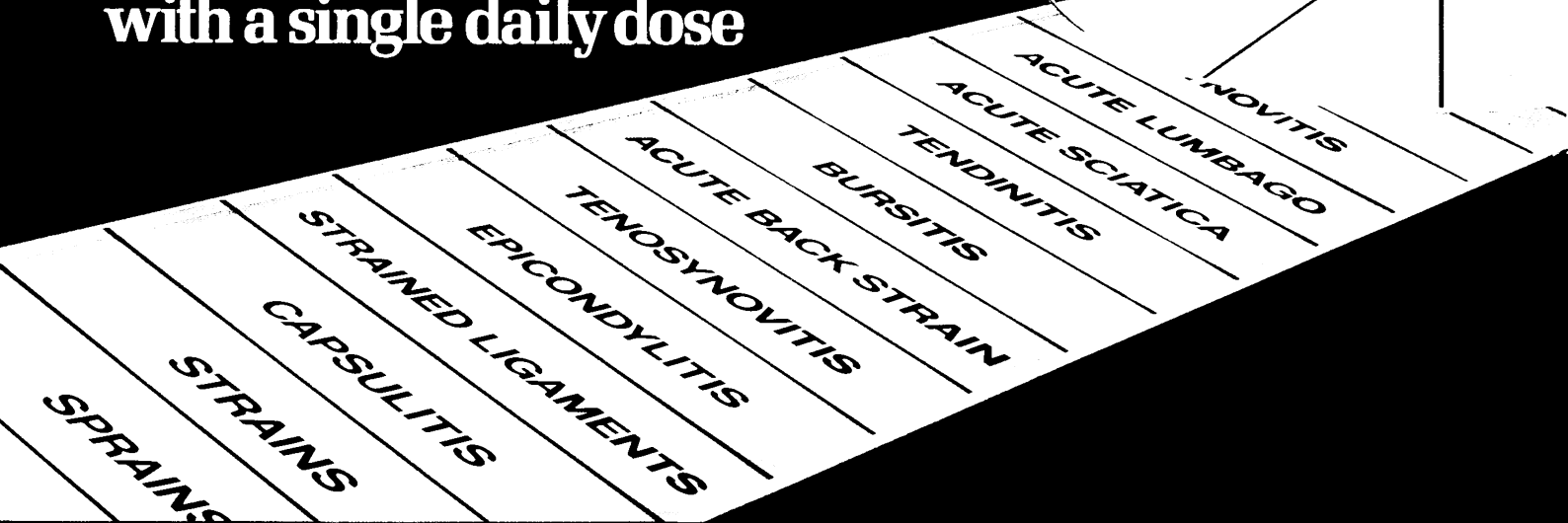
A single daily dose of Feldene provides round-the-clock relief of pain, inflammation and stiffness.

# Feldene\*

piroxicam

\*Trade Mark

## Continuous relief with a single daily dose



 **Pfizer Limited**  
Sandwich, Kent.

**Indications:** rheumatoid arthritis, osteoarthritis, ankylosing spondylitis, acute gout, acute musculoskeletal disorders.

**Contraindications:** patients with active peptic ulceration or a history of recurrent ulceration. Hypersensitivity to the drug or in patients in whom aspirin or other non-steroidal anti-inflammatory drugs induce symptoms of asthma, rhinitis or urticaria.

**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 peptic ulceration or gastrointestinal bleeding 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 40 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 FEL 10, pack of 80 £9.00 (PL 0057/0145). Full information on request.

**References:**  
1. Hess, H., et al., Excerpta Medica, Proceedings of Symposium, Malaga, 1980, 73.  
2. Maccagno, A., Excerpta Medica, Proceedings of Symposium, Malaga, 1980, 69.  
3. Nussdorf, R.T., Piroxicam: Proceedings of the Royal Society of Medicine, 1978, 93-95.  
4. Commandré, F., Excerpta Medica, Proceedings of Symposium, Malaga, 1980, 79.

# "Tricyclics are extremely dangerous drugs when taken in overdose"

Hollister, L. E., (1981), *Drugs*, 22, 129-152.

## **PRESCRIBING INFORMATION**

**Indications**  
Symptoms of depressive illness.

**Adult Dosage**  
For the first few days, 30-40mg/day as a single bed-time 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 anticoagulants. 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 (gynaecomastia, 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 21p (price correct at time of printing).

## **References**

1. Crome, P. and Newman, B., (1979), *Postgrad. med. J.*, 55, 528-532.
2. O.P.C.S., (1979), London.
3. Chand, S., Crome, P. and Dawling, S., (1981), *Pharmakopsych.*, 14, 15-17.



Self-poisoning with amitriptyline, and other tricyclic antidepressants is now implicated in some 10,000 hospital admissions<sup>1</sup> and 400 deaths<sup>2</sup> 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.<sup>3</sup> 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.*

 **Bencard**

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



# Cuts fat in half.

St. Ivel Gold contains only half the fat of butter, margarine or even polyunsaturated margarine. Most authorities agree that reducing total dietary fat is an important measure in reducing the risks of obesity<sup>1</sup> and heart disease.<sup>2,3</sup>

Changing to polyunsaturated margarine does not decrease the calorie or fat intake. Moving to St. Ivel Gold does.

Average content per 100g of product	Butter	Polyunsaturated Margarine	St. Ivel Gold
Total fat g	80	80	39
Saturated fat g	47	14	11
Calories Kcal	740	740	390

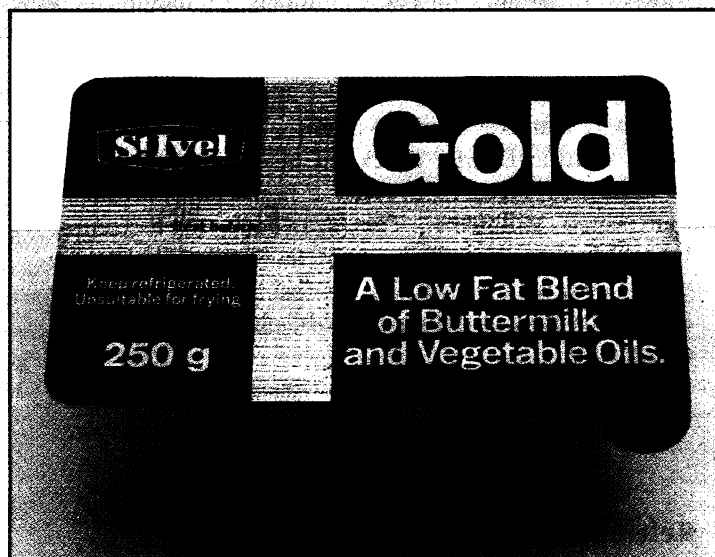
But this is only half the story.

St. Ivel Gold is a unique low fat blend of buttermilk and vegetable oil with a satisfying buttery taste.

So when you are recommending a weight reducing or lower fat diet, St. Ivel Gold can make a healthy contribution that patients enjoy.

#### References

1. Obesity. A report of the Royal College of Physicians, 1983 17; 1.
2. Beating Heart Disease. Health Education Council, 1982.
3. Prevention of Coronary Heart Disease, W.H.O. 1982, Technical Report Series, 678.



## A buttery taste with half the fat of any margarine.

#### Send off for information package.

If you would like to receive further information on the St. Ivel Gold Low Fat Programme, including educational consumer literature, please return this coupon by FREEPOST to St. Ivel Limited, Hesketh House, Portman Square, London W1H 9FG.

Name \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# 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.

## 2nd INTERNATIONAL COURSE OF RENAL TRANSPLANTATION

The 2nd International Course of Renal Transplantation will be held in Barcelona, Spain at the Palacio de Congresos on 12, 13, 14 and 15 December 1983, directed by Drs Jose Ma Gil-Vernet, Antonio Caralps, J. Vives, J. Andreu and A. Brulles.

The course will address the most significant medical and immunological aspects of renal transplantation. The course will offer scientific lectures, practical courses in immunology and actual surgical operations broadcasted in colour TV.

Details from: **The Secretary, F. Oppenheimer, Unidad de Trasplante Renal, Hospital Clinico, Casanova 143, Barcelona-36, Spain.**

## SYMPOSIUM '83

The South London Faculty of the College of General Practitioners invites you to:

Symposium '83,  
Central Hall, Westminster,  
London SW1  
10—11 November

The aim is to identify the major influences affecting the development of general practice in the next 20 years and to consider their implications for today's decisions. The challenge is to adapt.

An ambitious exhibition incorporating the theme of the Symposium will run concurrently at Central Hall.

To apply for booking form and full programme, please write to: **Mrs A. Bridgeman, 21 Swaffield Road, London SW18.**

## VACANCY FOR A TRAINEE

There will be a vacancy on 1 March 1984 for a trainee practitioner to work with Dr Julian Tudor Hart at Glyncoirwg Health Centre, West Glamorgan, SA13 3BL. Pros and cons of the post can be discussed with the current trainee Dr Adrian Hastings at 18 Norton Terrace, Glyncoirwg, tel: 0639 850773. Applications including CV and the addresses and telephone numbers of two referees should be received by 1 September 1983. Visitors will be welcome.

**FACULTY  
POSITIONS  
OPEN**

## DEPARTMENT OF FAMILY & COMMUNITY MEDICINE COLLEGE OF MEDICINE & MEDICAL SCIENCES

### KING FAISAL UNIVERSITY DAMMAM, SAUDI ARABIA

Applications are invited from qualified men and women for the Academic Year 1983/84. Successful applicants will participate in an expanding programme teaching undergraduates, interns and residents (research activities where applicable). Main satisfaction will derive from being part of an innovative and exciting teaching/service programme, vertically integrated from undergraduate through vocational training.

**Prerequisites:** Applicants must be Members or Fellows of the Royal College of General Practitioners or have American Boards in Family Practice. Several years' teaching experience.

Salaries are highly competitive and negotiable. Contracts are for one year and renewable. Instruction is in English.

Benefits include furnished housing, air tickets to and from Saudi Arabia once per year for a family of four, 60 days paid annual leave, monthly transport allowance, generous luggage overweight allowance and educational allowance for children. No Saudi Income Tax.

Please send curriculum vitae quoting ref FM/RC with current telephone number and the names and addresses of three referees to:

Dr. Tawfik Tamimi, Dean,  
College of Medicine and Medical Sciences

or

c/o U.S. Recruiting  
Office  
King Faisal University  
2425 West Loop South  
Suite 540  
Houston, Texas 77027  
USA



c/o U.K. Recruiting  
Office  
King Faisal University  
29 Belgrave Square  
London SW1X 8QB  
UK

## MEMBERS' REFERENCE BOOK

The College has completely changed the format of the old *Annual Report* and has now produced a new reference book for members, which will appear annually. This contains not only the full report of Council, reports from faculties and financial accounts as before, but also for the first time the names and addresses of half the membership of the College. The second half will follow next year, and so a complete register will be available every two years.

The Reference Book also includes lists of regional advisers, course organizers, College tutors and faculty secretaries, and a number of special features such as a list of College policy statements. Current activities of the College are described and illustrated by photographs of places and personalities. In addition, the book contains a great many articles about different aspects of general practice written by well-known authorities in the field.

This large volume, comprising 450 pages, provides an invaluable source of information for all general practitioners. Copies can be obtained from the Publications Sales Department, Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU, price £17.50 including postage. Payment should be made with order.

## A HISTORY OF THE ROYAL COLLEGE OF GENERAL PRACTITIONERS The First 25 Years

This book records early attempts to form a College, the birth of the College itself, and the story of its growth through childhood to maturity. Edited by three distinguished founder members, John Fry, Lord Hunt of Fawley and R.J.F.H. Pinsent, it is a fascinating tribute to the enthusiasm, persistence and dedication of the men who made the College.

Written by those who were actually involved in its development, the chapters describe not only the story of the structure and organization of the College as a whole but of each of its component parts. Thus its involvement with medical education, standards, research and literature is described as well as relationships with other bodies at home and abroad—and a glimpse into the future.

Undoubtedly a success story, this account of the first 25 years of the College is recommended to those interested not only in the College but in the involvement of general practice itself. Copies can be obtained from the Publications Sales Department, Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU, price £10 to members, £12 to non-members, including postage. Payment should be made with order.

## THE BALINT SOCIETY RESIDENTIAL WEEKEND AT PEMBROKE COLLEGE, OXFORD

From 7 p.m. Friday 23 September to  
1 p.m. Sunday 25 September 1983

General practitioners, both principals and trainees, are invited to sample the experience of being in a Balint group for a weekend. There will be opportunities to discuss the experience, and the problems of learning and teaching in small groups.

The cost of the weekend will be allowable under Section 63, together with travelling expenses. Further details available from: the Secretary, Dr Peter Graham, 149 Altmore Avenue, London E6.

## 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.

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## MEDICAL AUDIT IN GENERAL PRACTICE

### Occasional Paper 20

Medical audit in general practice is the subject of the essay with which Dr Michael Sheldon won the 1981 Butterworth Prize. Now published as *Occasional Paper 20*, it consists of a valuable review of the literature with reference to general practice, an analysis of several of the key issues, a description of the author's personal experience of audit and a suggested protocol for carrying out an audit.

*Medical Audit in General Practice* provides a thought-provoking analysis of one of the major issues facing general practitioners today and is warmly commended as a valuable guidance on how any general practitioner can apply audit in general practice.

*Medical Audit in General Practice, Occasional Paper 20*, is available now from the Publication Sales Department, Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London, SW7 1PU, price £3.25 including postage. Payment should be made with order.

# **THE MSD FOUNDATION**

## **Educational Programmes for General Practitioners**

Our 1983 Handbook is now available and will be sent to you on request. It includes an up-to-date catalogue. In addition there is a description of some of our courses and other education services. The following is one of our new programmes for 1983:

### **An Exchange of Letters**

Excerpts from the Foundation's library of real consultations are used to illustrate some of the problems that can occur as a result of poor communication between general practitioner and specialist. Dr Julian Tudor Hart comments forcibly and reflectively on these problems. In addition there are examples of letters exchanged by general practitioners and specialists which illustrate this further.

The videocassette is designed to be used with a small group of doctors over one or two 90 minute sessions. Several miniaudits are suggested.

At the conclusion of the basic course, members of the group should be able to:

1. discuss the organizational requirements for good written communication between general practitioner and consultant;
2. list and discuss the necessary components of a letter of referral;
3. list and discuss the intentions of hospital referral;
4. classify the types and causes of poor communication between general practitioner and consultant.

At the conclusion of the optional course the group members should be able to construct a standard for referral letters and monitor their own performance.

Video cassettes which are part of our teaching programme 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 handbook, can be obtained by writing to:

**The MSD Foundation  
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