

When a patient comes to you with flu, maybe you should recommend Flora.

Perhaps the best time to start your patients thinking more seriously about their health is when they come to you with some more routine complaint.



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The following publications can be obtained from the Publications Sales Department of the Royal College of General Practitioners, 8 Queen Street, Edinburgh EH2 1JE. All prices include postage and payment should be made with order.

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18. Health and Prevention in Primary Care	£3.00
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The Future General Practitioner	£10.50*
Epidemiology and Research in a General Practice	£10.50
A History of the Royal College of General Practitioners	£12.00†
RCGP Members' Reference Book	£17.50
Present State and Future Needs in General Practice	£5.50
Doctors Talking to Patients	£10.50
Notes for Lecturers	£1.00

*£1.00 and †£2.00 less for members of the College

SOCIAL CLASS AND HEALTH STATUS: INEQUALITY OR DIFFERENCE

Occasional Paper 25

It has been known for many years that social class is a major determinant of health and death. What is not clear is how general practitioners respond to illness presented by patients in different social classes. Although the Black Report was unconvinced about differential response, Dr Donald Crombie in his important McConaghey Memorial Lecture provides new evidence that general practitioners actively compensate by providing more consultations and more care for patients in social classes 4 and 5.

This lecture gives the factual evidence and also provides striking tables showing that the variations of care between general practitioners is now greater than variation due to any obvious patient factor, including age, sex and social class; in other words the doctor is the most important variable in general medical practice.

Occasional Paper 25 can be obtained from the Publications Sales Office, Royal College of General Practitioners, 8 Queen Street, Edinburgh EH2 1JE, price £3.50, including postage. Payment should be made with order.

DOCTORS TALKING TO PATIENTS

Doctors talking to patients, by Professor P. S. Byrne, a distinguished past-President of the Royal College of General Practitioners, and Dr B. E. L. Long, an expert educationalist, was first published by HMSO in 1976.

This well known book has made a major contribution to the understanding of the consultation in general practice and illustrates the potential for using modern methods of recording for analysing the problems of doctor-patient communication.

With permission of HMSO, the Royal College of General Practitioners has now reprinted *Doctors talking to patients* and so made available this classic work to a new generation of trainees and general practitioner principals.

Doctors talking to patients can be obtained from the Publications Sales Office, Royal College of General Practitioners, 8 Queen Street, Edinburgh EH2 1JE, price £10.50, including postage. Payment should be made with order.

CLASSIFIED ADVERTISEMENTS AND NOTICES

Classified advertisements are welcomed and should be sent to: Advertising 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 £6.35 per single column centimetre, plus 30p 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 Advertising 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.

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THE BALINT SOCIETY RESIDENTIAL WEEKEND AT PEMBROKE COLLEGE, OXFORD

Friday 14 – Sunday 16 September 1984

Open to all general practitioners who are interested in a live experience of Balint work. Section 63 applied for. Application forms from: **The Hon. Sec. Dr Peter Graham**, 149 Altmere Ave, London E6 2BT.

IRISH REPUBLIC

Rapidly growing private practice in pleasant Dublin suburb. Four-bed house with oil-fired central heating and purpose-built surgery, toilet and waiting room. Prime location at shopping centre. 1,000 patient clients. IR£45,000. Reply to: **Box No. 36, JRCGP, The Update Group**, 33/34 Alfred Place, London WC1E 7DP.

CLINICAL ASSISTANTS

Applications are invited from Registered Medical Practitioners to work with our mobile or static blood collecting units in the North West Thames Region. Appointments are for multiples of two notional half days, up to a maximum of eight. Rate of pay £2,840 per annum per two notional half days plus pro rata London Weighting. Previous experience of work in the Blood Transfusion Service is desirable but not essential.

Written application to: **The Director, North London Blood Transfusion Centre, Deansbrook Road, Edgware, Middlesex HA8 9BD.**

Closing date seven days from the date of advertisement. Reference MC/REW/4.

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 September to December 1984. 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 9" x 7", to: The General Practitioner Department, British Postgraduate Medical Federation, Regional Postgraduate Dean's Office, 33 Millman Street, London WC1N 3EJ.*



**THE SECOND ANNUAL CONFERENCE OF THE
BRITISH HOLISTIC MEDICAL ASSOCIATION**

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SPECIALIST PRACTICE**

Speakers include Professor Kenneth Calman, Sir James Watt and Luke Zander on topics such as cancer and childbirth.

Lectures — Discussions — Workshops

28 to 30 September 1984

Examinations Schools, Oxford University

Applications to: **Conference Office, 10 Belgrave Square, London SW1X 8PH. Tel. 01-235 4912.**

TRAINEE VACANCY

Trainee vacancy for one year from September/October 1984. Large organized six-man practice in excellent modern health centre premises. Well equipped, full-access radiology, pathology, etc., GP maternity unit, full attachments, health visitors, district nurses. Nearby District General Hospital with full postgraduate programme including day-release course. The practice has two trainers; one trainee is currently in post.

Apply in writing, with full c.v. please, to:

Dr T. J. Rudman, The Health Centre, St John's, Woking, Surrey.

**RUDOLF FRIEDLAENDER
MEMORIAL FUND FOR RESEARCH
IN GENERAL PRACTICE**

The Rudolf Friedlaender Memorial Fund invites applications from general practitioners for this award of up to £1,500.

The award is designed to assist in financing the following aims:

1. The preparation, completion and publication of a particular item of research or observations made in general practice.
2. The preparation and presentation of already completed work or findings in general practice.
3. Travelling expenses incurred in presenting the above findings at a local or international conference.

Application forms are available from: **Dr M. A. Casson, 599 Wilmslow Road, Didsbury, Manchester M20 9QT.**

MRCGP CANDIDATES

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 £17.50 plus 65p p & p.

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Up to 20 years Repayment Term.

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**CLASSIFICATION OF DISEASES,
PROBLEMS AND PROCEDURES 1984**

Occasional Paper 26

The new College classification of health problems from the Manchester Research Unit of the Royal College of General Practitioners is a major academic event. This is the first time that the old College classification has been blended thoroughly with the *International Classification of Disease* and that it has been made available in both electronic and printed form.

The printed version, published as *Occasional Paper 26*, describes the background of the classification, offers guidance on its use, and gives the classification in full, first in code order and then in alphabetical groups.

Approved by the Council of the College in 1983, this is likely to be the definitive text on classification in general practice for many years.

Classification of Diseases, Problems and Procedures 1984, Occasional Paper 26, can be obtained from the Publications Sales Office, Royal College of General Practitioners, 8 Queen Street, Edinburgh EH2 1JE, price £4.75 including postage. Payment should be made with order.

H₂ WHO?

'Tagamet' is the most frequently used H₂ antagonist in the UK and in the world. Indeed, most British GP's use 'Tagamet' as their usual choice in duodenal ulceration. And they do so with good reason.

'Tagamet' is an outstandingly effective drug. The accelerated healing and rapid symptomatic relief offered by 'Tagamet' have become a touchstone of ulcer therapy. Others compare themselves with 'Tagamet'.

But 'Tagamet' has been under the clinical microscope for nine long years. Few drugs can claim to have undergone such scrutiny, and certainly none in the ulcer field.

'Tagamet' is known.

'Tagamet' has become a reference standard of efficacy and safety following 7 years' widespread experience, 25 million patients and an unmatched programme of post-marketing surveillance and long-term study.

Efficacy.

The assurance of an unparalleled surveillance programme.

And a simple dosage.

The gastro-technology of the eighties.

Tagamet
cimetidine
acid controlled

Prescribing Information. Presentations 'Tagamet' Tablets, PL 0002/0092, each containing 400 mg cimetidine. 56, £16.61. 'Tagamet' Tablets, PL 0002/0063, each containing 200 mg cimetidine. 500, £74.15. 'Tagamet' Syrup, PL 0002/0073, containing 200 mg cimetidine per 5 ml. 500 ml, £20.43. **Indications** Duodenal ulcer, benign gastric ulcer, recurrent and stomal ulceration, oesophageal reflux disease. Other conditions where reduction of gastric acid is beneficial: prophylaxis of stress-induced gastrointestinal haemorrhage and of acid aspiration (Mendelson's) syndrome; malabsorption and fluid loss in short bowel syndrome. Zollinger-Ellison syndrome. **Dosage Adults. Oral.** Usual dosage, 400 mg b.d. with breakfast and at bedtime. Alternatively 200 mg t.d.s. with meals and 400 mg at bedtime (1.0 g/day) or, if inadequate, 400 mg q.d.s. with meals and at bedtime (1.6 g/day). Treat for at least 4 weeks (6 weeks in benign gastric ulcer). To prevent relapse of peptic ulcer, 400 mg at bedtime or 400 mg morning and at bedtime. **Oesophageal reflux disease,** 400 mg t.d.s. with meals and 400 mg at bedtime (1.6 g/day) for 4 to 8 weeks. **Prophylaxis of stress-induced gastrointestinal haemorrhage,** up to 2.4 g a day, divided, to maintain intragastric pH above 4. **Prophylaxis of acid aspiration syndrome,** 400 mg 90-120 mins before induction of general anaesthesia; up to this dose repeated (parenterally if appropriate) as required if operation is prolonged. 400 mg at start of labour then 200 mg 2-hourly as necessary, suggested maximum 1.6 g. Do not use 'Tagamet' syrup. **Zollinger-Ellison syndrome,** 1.6 g or more a day, divided. **N.B.** Usual maximum 2.4 g/day. **For full dosage instructions see Data Sheet. Cautions** Impaired renal function: reduce dosage (see Data Sheet). Potentiation of oral anticoagulants, phenytoin and theophylline (see Data Sheet). Prolonged treatment: observe patients periodically. Exclude malignancy in gastric ulcer. Care in patients with compromised bone marrow (see Data Sheet). Avoid during pregnancy and lactation. **Adverse reactions** Diarrhoea, dizziness, rash, tiredness. Rarely, mild gynaecomastia, reversible liver damage, confusional states (usually in the elderly or very ill), interstitial nephritis, acute pancreatitis. **Legal category** POM. 19.4.84.