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References 1. Lightfoot NF. The Repid Diagnosis of Urinary Tract infections in the Hospital and Community: Reagent Strip Testing. 2. Lowe PA. Med Lab Sci 1985; 42: 28-33. A COT ON MATHEMA

September 19 Septe

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THE EXPANDING WORLD



More GPs are prescribing 'Zestril' for more patients than ever before

Consult data sheet before prescribing.
USE: All grades of essential hypertension and renovascular hypertension. Congestive heart failure (adjunctive therapy). **PRESENTATION:** Tablets containing 2.5mg, 5mg, 10mg or 20mg

lisinopril ('Zestril').

DOSAGE AND ADMINISTRATION: Hypertension - Adults (including elderly): initially 2.5mg daily, a 2.5mg dose seldom achieves a therapeutic response; adjust dose according to response. Maintenance usually 10-20mg once-daily. Maximum is 40mg daily. Diuretic-treated patients – if possible stop diuretic 2-3 days before starting 'Zestril'. Resume diuretic later if desired.

Congestive heart failure: Adults: initially 2.5mg daily under close medical supervision (hospital initiation for severe or unstable heart failure and other patients at higher risk), increasing to 5-20mg once-daily according to response. Monitor blood pressure and renal function.

Renal impairment: May require lower maintenance dosage. CONTRAINDICATIONS: Pregnancy. Hypersensitivity to 'Zestril'. Patients with history of angioneurotic oedema to previous ACE inhibitor therapy. Patients with aortic stenosis, cor pulmonale or outflow tract obstruction.

PRECAUTIONS: Assessment of renal function is recommended.

Symptomatic hypotension may occur, particularly in volume depleted patients and congestive heart failure. Caution in patients with ischaemic heart or cerebrovascular disease; renal insufficiency; renovascular hypertension. Patients with a history

of angioedema may be at increased risk of angioedema with an ACE inhibitor. Cough has been reported with ACE inhibitors. Renal impairment (usually reversible) may occur in some patients. Hypotension may occur during surgery or anaesthesia. Caution in nursing mothers. No paediatric experience. Afro-Caribbean patients may show reduced therapeutic response. Symptomatic hypotension can be minimised by discontinuing diuretic prior to 'Zestril'. Interaction with indomethacin and lithium. Potassium supplements, potassium-sparing diuretics and potassium-containing salt substitutes not recommended. Avoid concomitant use with high-flux dialysis membranes.

SIDE EFFECTS: Hypotension, dizziness, headache, diarrhoea, cough, nausea, fatigue. Less frequently, rash, asthenia. Rarely, angioneurotic oedema and other hypersensitivity reactions, myocardial infarction or cerebrovascular accident possibly secondary to excessive hypotension in high risk patients, palpitation, tachycardia, abdominal pain, dry mouth, hepatitis, jaundice, mood alterations, mental confusion, urticaria, diaphoresis, uraemia, oliguria/anuria, renal dysfunction, acute traplicions, internal, original annua, ician dystatican, acute renal failure, impotence, pancreatitis. A symptom complex which may include fever, vasculitis, myalgia, arthralgia/arthritis, positive ANA, elevated ESR, eosinophilia, leukocytosis; rash, photosensitivity or other dermatological manifestations may occur. Increases (usually reversible) in blood urea, serum creatinine, liver enzymes and serum bilirubin. Decreases in haemoglobin and haematocrit have occurred. Hyperkalaemia.

LEGAL CATEGORY: POM.

PRODUCT LICENCE NUMBERS AND BASIC NHS COSTS: 'Zestril' 2.5mg (12619/0084) 7 tablets, £1.91; 28 tablets, £7.64; 5mg (12619/0085) 28 tablets, £9.58; 10mg (12619/0086) 28 tablets, £11.83; 20mg (12619/0087) 28 tablets, £13.38 'Zestril' is a trademark.

Further information is available from: ZENECA Pharma, King's Court, Water Lane, Wilmslow, Cheshire SK9 5AZ.



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Dr Ann Robinson,

leading economist, Institute of Directors

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Jenny Griffiths,

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Dr David Colin-Thome, *GP fundholder, Runcorn*

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THE MAJOR EVENT OF THE YEAR FOR PRACTICE MANAGERS

21-23 July 1994, Birmingham

800 delegates attended the First National Practice Managers' Conference and Exhibition last year; at least 1,000 delegates are expected to attend the Second National Practice Managers' Conference and Exhibition this year.



CONTRIBUTORS

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Dr Mollie McBride, GP, East London and past-Secretary to Council, RCGP
Bernie Naughton, Practice Manager, Luton
Mo Rillands, Chief Executive, Fundholding Practice, Newcastle.

WORKSHOPS

The introduction of a full day of workshops will provide an arena for the exchange of ideas and experiences between colleagues. Workshop topics include: **Developing Contracting in Fundholding Practices** sponsored by The National Audit Office; **Consortia - Primary/Secondary Care Purchasing; Managing the Partnership** sponsored by BMI Healthcare; **Career Development and Training; Primary Care/Priority Services Interface** sponsored by Bristol Myers Squibb; **The Positive Stress Factor in Practice Management and Communication; The Challenge of Small Practices; Health and Safety Issues.**

FEES: £150 + VAT (IHSM Members) £175 + VAT (Non-members)

For further details contact the Conference Assistant, IHSM, 39 Chalton Street,

London NW1 1JD. Tel: 071-388 2626 Fax: 071-388 2386

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10-14 June 1995

Hong Kong Convention & Exhibition Centre

"FAMILY MEDICINE MEETING NEW CHALLENGES"



Message from Dr J. T. N. Chung, Chairman, Host Organising Committee

The Hong Kong College of General Practitioners takes great pleasure in hosting the 14th WONCA World Conference, 10-14 June 1995, and on behalf of the College, I extend a warm welcome to family doctors of the world to Hong Kong.

As we move on in the last decade before the 21st Century, we see Family Medicine facing various challenges. A full array of scientific sessions will be devised to be presented by internationally renowned personalities in Family Medicine. A comprehensive Medical Exhibition will accompany the Scientific Programme, displaying the latest in medical products, technology and educational wares.

June is early summer when it is comfortably warm and Hong Kong is well placed to offer a wide range of pre-and post-Conference tours.

Plenary II: Family Medicine Meeting the Challenges of the Changing

1. Family Medicine meeting the challenge of changing political & socio-

2. Family medicine meeting the challenge of changing population struc-

3. Family medicine meeting the challenge of changing family structure.

economic structure;

We look forward to welcoming you all in Hong Kong in 1995.

WONCA ORCHESTRA, HONG KONG JUNE 1995

During recent years, WONCA has proved itself to be more than an organisation of family doctors. It has shown itself to be a meeting point of hidden talents and fine musicians, as embodied in the WONCA Orchestra.

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Please fill in the reply slip and send it back to us now!

GENERAL INFORMATION ON CALL FOR ABSTRACTS Deadline – 31 October 1994

The following presentation categories will be available:

- PLENARY PAPERS
- PLENARY WORKSHOPS
- WORKSHOPS
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- I F I \mathbf{C} P 0 \mathbf{G} R S \mathbf{C} E N T R A M M E Plenary III: Family Medicine Meeting the Challenges of Recent Ad-Plenary I: Family Medicine Meeting the Challenges of Health Care vances in Technology Delivery 1. Family medicine meeting the challenge of advances in computer 1. Family medicine in a national health care system; technology; 2. Family medicine in a private health care system;
 - 2. Family medicine in developing countries.

 2. Family medicine meeting the challenge of advances in telecommunications:
 - Family medicine meeting the challenge of advances in medical technologies.

Plenary IV: Family Medicine Meeting the Challenges of the Changing Environment

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- 2. Family medicine meeting the challenge of hazardous behaviours;
- 3. Family medicine meeting the challenge of professional stresses.

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In May 1991, Nurse Beverly Allitt was arrested for the murders of four children and the attempted murders of nine others in the care of the Grantham and Kesteven General Hospital, crimes for which she was consequently convicted. This shattering news left questions which needed urgent answers. How was she allowed to qualify as a nurse? Why were her crimes not detected earlier? What can be done to prevent another similar tragedy occurring in the future? This inquiry, chaired by Sir Cecil Clothier, attempts to provide answers to these questions and makes recommendations for changes in procedures. February 1994 297x210mm 140 pages DEPARTMENT OF HEALTH ISBN 0 11 321714 5 Paperback £6

The Care of Frail Elderly People in the United Kingdom

Anthea Tinker, Claudine McCreadie, Fay Wright and Ann V Salvage

This report brings together, from a diversity of sources, information on the way in which policy on the care of elderly people has developed, the ways in which care is provided, and the sources of funding for services and financial benefits for elderly people.

DEPARTMENT OF HEALTH
February 1994 246x156mm 114 pages
ISBN 0 11 321610 6
Paperback £10.25

Resource Allocation and Health Needs: From Research to Policy

Can policies for allocating resources in the Health Service be equitable and include assessment of the health needs of different populations? This is a topic on which there is currently vigorous debate. This book contains the proceedings of a conference designed to widen the debate by i) reviewing the research on assessment of health care needs and their value, and ii) addressing how these findings may contribute in the framing and implementation of policies for resource allocation in the health service.

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Royal College of Physicians of London

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The Diploma in Child Health is designed to give recognition of competence in the primary care of children and is particularly suitable for General Practitioners and Clinical Medical Officers.

The next examination will be held on Thursday 1st September 1994. Application forms and the necessary documentation and fees must reach the College by Friday 1st July 1994. The Written Section of the examination will now also be held in Manchester.

Experience of six months in the care of children is recommended before candidates apply to sit the examination.

Possession of the Diploma in Child Health is regarded as satisfactory for accreditation of General Practitioners in Child Health Surveillance.

Further details and an application form may be obtained from:

The Examinations Office
Royal College of Physicians of London
11 St Andrew's Place
Regent's Park, London NW1 4LE
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A workshop in effective writing will be held in a variety of locations around the country this Autumn.

This practical course has been developed to help doctors improve their written communication skills. Also suitable for other members of primary care teams.

With emphasis on participation and exercises, plus attention to individual needs, each workshop will include:

- Keys to expressing ideas clearly and effectively
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- Matching writing styles to outlets

Course fee estimate: £100 (includes background materials and light refreshments)
PGEA approval to be sought

<u>Better Writing Workshops</u> are led by Susan Kerr, BA, author, freelance health writer and qualified adult teacher, and by Dr Richard Maxwell, MA FRCGP, a published practising GP with an interest in communication skills.

Dates, venues and final details arranged according to demand. Further information: Dr Richard Maxwell, Lodgeside Surgery, 22 Lodgeside Avenue, Kingswood, Bristol BS15 1NH. Telephone 0272 615666; Fax 0272 476854.

Closing date for enquiries: 20 July 1994.

THE WELLINGTON SOCIETY

June 9: "OLYMPIC ATHLETES - DEATH AND

INJURY IN SPORT"

by: DR MICHAEL S TURNER (Dir. Med. Services, British Team, Lillehammer, February 1994)

July 5:

"FINANCIAL SURGERY" - A Seminar to be given by CITROEN WELLS, CHARTERED ACCOUNTANTS (TAX, INVESTMENTS, FINANCIAL PLANNING, INDEPENDENT ADVICE).

Supper: 7.15 pm Lecture: 8 pm prompt

The Society holds 10 supper meetings a year on a wide variety of topics at THE WELLINGTON HOSPITAL, SOUTH, WELLINGTON PLACE, LONDON NW8.

Subscription: £40 per year. Non-members: £7.50 per meeting. Please contact the Secretary: The Wellington Society, 34 Circus Rd., London NW8 9SG. Tel: 071 586 9361.

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The course will be taught by members of the Division of General Practice and of the Department of Public Health Sciences under the auspices of the Association of University Departments of General Practice and is approved by the Royal College of General Practitioners. PGEA approval for Service Management is anticipated. The course is also suitable for other NHS research workers.

The registration fee is £260 to include light lunch, refreshments, and course notes. Basic overnight accommodation can be arranged at extra cost. Further details are available on request. Application including payment should be sent to the address below by 19 August.

Booking Secretary
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Mrs Pit Rink
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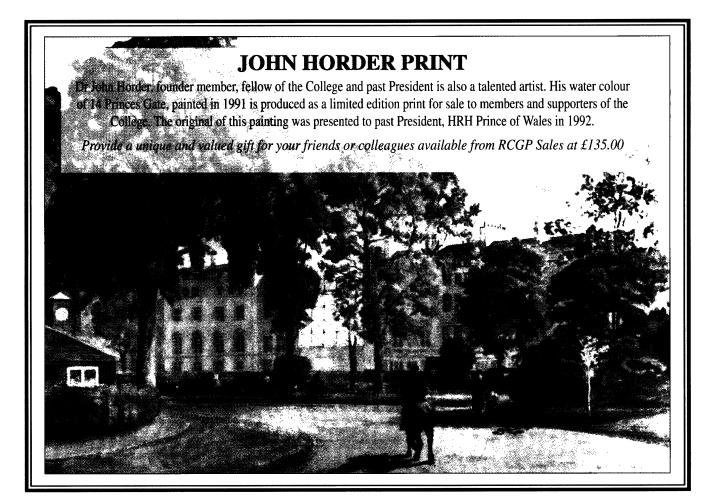
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(*subject to approval)



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Course Leaders: Dr D R Dare and Dr H P Joshi

22/25 September 1994

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The fee (inclusive of VAT) is £450.00

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Course Director: Sally Irvine Course Tutor: Hilary Haman

28/29 September 1994

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The fee (inclusive of VAT) is £250.00 including lunch and refreshments and dinner on the first evening.

PERFORMANCE APPRAISAL

Course Tutor: Hilary Haman

11/12 October & 29/30 November 1994

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For further details please contact: RCGP Courses and Conferences on 071 823 9703 or Fax 071 225 3047

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CARDURA and related quinazolines. Lactation. Use during pregnancy: CARDURA should only be used during pregnancy when, in the opinion of the physician, potential benefit outweighs potential risk. Side-effects: Postural hypotension, rarely associated with fainting. Other reactions include: dizziness, vertigo, headache, fatigue, asthenia and oedema. Further information: In short-term studies, CARDURA produced a modest reduction in plasma total cholesterol and LDL cholesterol. Legal Category: POM. Basic NHS Cost: Img tablet (PL 57/0276) Calendar pack of 28, £10.56; 2mg tablet (PL 57/02778) Calendar pack of 28, £10.56; 2mg tablet (PL 57/0278) Calendar pack of 28, £10.56; 2mg tablet (PL 57/0278) Calendar pack of 28, £17.60. Further information is available on request from INVICTA® Pharmaceuticals, A Division of Pfizer Limited, Sandwich, Kent CT13 9NJ

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