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ules (200 mg) morning and evening for 1 day. Pityriasis versicolor: 2 capsules (200 mg) once daily for 7 days.

Treea corporis, treea cruris, treea pedic, treea manus. Testicole (100 mg/day for 15 days) in keratinized tissues, as in plantae treea pedic and pecten treea manus. Testicole (100 mg/day for 30 days).

advisable not to give this drug to patients with a known history of liver disease. **Nursing mothers:** It is recommended that breast feeding be avoided. Propranolol crosses the placenta and may cause bradycardia in the fetus. It should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

TOBACCO CONTROL

AN INTERNATIONAL JOURNAL

Editor: Ronald M Davis

TOBACCO CONTROL is a new quarterly scientific journal launched in March 1992 by the BMJ Publishing Group to consider all aspects of tobacco prevention and control.

The Journal aims to study:

- The nature and extent of tobacco use worldwide
- The effect of tobacco use on health, the economy, the environment and society.
- The efforts of the health community and health advocates to prevent and control tobacco use
- The activities of the tobacco industry and its allies to promote tobacco use

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K E Warner, L M Goldenhar
- Recent developments in tobacco litigation, 1991
R A Daynard
- Support for restricting smoking at workplaces in developing countries: a survey of Peace Corps staff
T R Eng, S L Emont, T H van der Vlugt

Papers for submission should be sent to:

Ronald M Davis, MD
Editor: Tobacco Control
Michigan Department of Public Health
3423 North Logan Street
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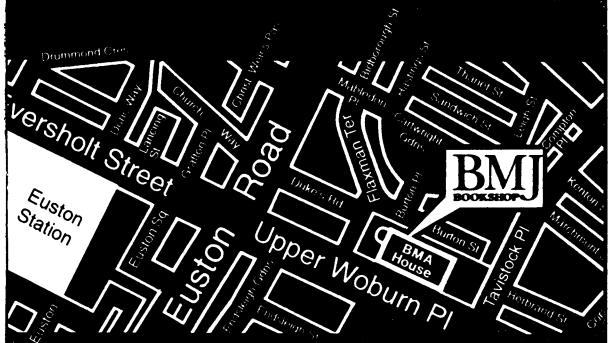
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BMA NOTICES

Fate of motions referred to 1992 BMA craft conferences

The 1986 representative meeting of the BMA resolved:

"That when a motion is properly submitted for the annual representative meeting agenda but is then deferred to a craft committee conference the relevant minutes of that conference or the fate of that motion, if not debated, should be published in the *BMJ*."

The fate of some of the motions submitted to the BMA's annual meeting but referred to craft conferences is published facing p 687 (Clinical Research), p 685 (General Practice), and p 697 (other editions).

Any motions not reached are referred back to the sponsoring constituencies, which are invited to submit a written memorandum requesting that the motion be considered by the appropriate committee.

LMC = LMC conference
 S = Senior staffs conference
 J = Junior staffs conference
 PH = Public health conference
 CO = COMAR (conference of academic representatives)
 C = Carried

CB = Bracketed with motion carried
 L = Lost
 F = Fell
 W = Withdrawn
 NR = Not reached

BATH DISTRICT

That this meeting suggests that payment for out of hours cover should be removed from net remuneration of general practitioners. CB (LMC)
That this meeting suggests that the government should reduce clinical responsibilities (ie practice size) to allow adequate time and space for GPs to improve their continued education including quality of care (audit) which would have manpower implications. NR (LMC)

BRISTOL

That there is still a recurring problem in obtaining parity and salaries of senior and junior academics which the Department of Health and Education should address and permanently resolve, now. CB (CO)

BROMLEY

That this meeting demands that all decisions concerning the strategy of hospital care must be shared by clinical directors and management alike. NR (S)
That this meeting requests that the chairman of the clinical directorate board be medically qualified. NR (S)
That this meeting considers that the present system for the handling of complaints against general practitioners is inequitable and urges council to take action. CB (LMC)
That this meeting considers the current right of a family health services authority board to overturn the recommendations of a medical service committee to be unjust and to require review. NR (LMC)

CAMBRIDGE, HUNTINGDON AND ELY

That this meeting believes that, since the government has stated that the new NHS hospital trusts shall work within the National Health Service, they should be made to adhere to the national terms and conditions for all their employees. NR (S)

CHESTERFIELD

That maternity medical services are part of the normal skills of a general medical practitioner and that such services should continue to be provided by general practitioners. C (LMC)

CITY OF DUNDEE

That this meeting calls upon the government to act decisively to halt the annual delay in the implementation of pay awards for clinical academic staff. CB (COMAR)

CORNWALL

That this meeting urges the Department of Health to introduce into general practice, particularly for the benefit of married doctors returning to work, intermediate stages between the maximum of two sessions per week of the Doctors' Retainer Scheme, and the minimum of 13 hours per week required for qualification as a half time principal. C (LMC)

CROYDON

That the effects of the new GP contract on recruitment into general practice vocational training schemes should be monitored and appropriate remedial action taken. CB (LMC)
That this meeting supports clinical psychology's part in the primary health care team. NR (LMC)
That with a view to prevention of deliberate self harm there should be a prescriber's option for the dispensing by pharmacists of prescriptions of psychotropic medication at shorter intervals (eg, weekly) than the duration of the prescription. NR (LMC)

DUDLEY

That the BMA believes that for general practitioners to obtain the best available secondary care for their patients, the preferred method is through liaison with DHA commissioning teams rather than through fund holding negotiations. NR (LMC)

DUKERIES

That this meeting supports the increase in the staff grade doctor positions in the NHS. C (S), C (PH)

DUNBARTONSHIRE

That this meeting, while welcoming the use of video taped consultation in the training and assessment of GP trainees, is seriously concerned by moves to adopt this practice in bona fide GP consultations, since this will compromise patient confidentiality fundamentally and unacceptably. L (LMC)

EAST DORSET

That "goodwill" should be saleable in general practice as it was under the Lloyd George act. NR (LMC)
That the GP contract is increasingly being seen as a means for setting up unnecessary health promotion clinics for financial gain to the detriment of good medical care and the doctor patient relationship. NR (LMC)

EAST SUFFOLK

That this meeting believes that the proposed "clawback" of incentive payments runs contrary to the spirit of the reforms which generated these payments. CB (LMC)

EAST YORKSHIRE

That the out of hours supplements for trainees in general practice and public health be substantially increased. CB (LMC), NR (J), C (PH)
That there should be adequate financial support from the FHSAs for a locum to enable women GPs to have six months maternity leave. NR (LMC)
That any transfer of responsibility for the provision of services from DHAs or other provider units to general medical services must be accompanied by an appropriate transfer of funds. CB (LMC)

ENFIELD

That all NHS general practitioners should be given opportunities and facilities to become fund holders within a reasonable time so as to ensure the elimination of a two tier system of general practice. F (LMC)

FORTH VALLEY

That this meeting calls for the government to develop a mechanism whereby the review body increments automatically applied to clinical academic staff. C (CO)

FURNESS

That this meeting would request that the BMA pursues a policy of achieving retirement age for all GPs from the age of 55 years. CB (LMC)

GLASGOW

That this meeting deplores the introduction of cash limits for essential services in primary care. C (LMC)
That this meeting supports a further reduction in list sizes in general practice to enable practices to provide high quality personal patient care. NR (LMC)

GREAT YARMOUTH AND WAVENRAY

That this meeting congratulates the GMSC on its effective consultation process with individual GPs and looks forward to the committee vigorously negotiating with the department on these matters. CB (LMC)
That adequate guidance and finance from FHSAs be made available to enable general practice to comply promptly with new European Community directives. NR (LMC)

GREENWICH AND BEXLEY

That this meeting would like our negotiators to persuade the Minister for Health to investigate the possibility of rescinding the three yearly patient check since it appears not to be an effective use of medical time. NR (LMC)

KETTERING

That this meeting would urge the review body to reverse its decision about the upper age limit on merit awards. CB (S), C (J), C (CO)

LANARKSHIRE

That this meeting feels that the additional demands upon the primary care team, brought about by the new contract, should be matched by the provision of adequate additional resources. C (LMC)

LEEDS

That this meeting urges the government to make more resources available for practice staff, practice premises, computers, and the health promotion aspects of the new contract. NR (LMC)
That this meeting recognises the unique position of general practitioners and insists on the continuation of their independent contractor status. CB (LMC)
That this meeting notes that once again the pay award for medical academics was not implemented in April and asks the association to take urgent steps to resolve this matter. CB (CO)

LEICESTERSHIRE AND RUTLAND

That this meeting urges the government to accept general practice as "a stressful specialty" and provide full retirement rights for GPs at the age of 60. C (LMC)
That this meeting believes that the electorate for junior doctor representation on the BMA council should be limited to junior doctors. NR (J)

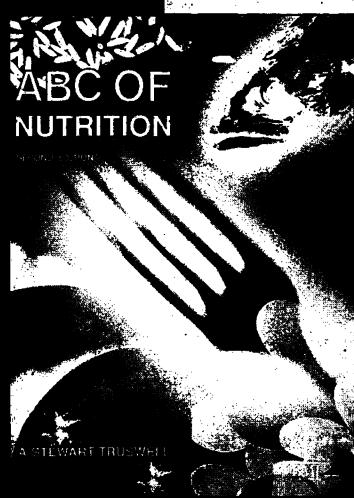
LEWISHAM

That this meeting expresses its grave concern that deputising agencies and deputising doctors are not subject to the same complaints and medical service procedures as apply to the general medical services and proposes that this anomaly be rectified forthwith. NR (LMC)

LIVERPOOL

That this meeting deplores the continued use of the term "junior doctors" to describe a group which includes many 35 year old specialists with several postgraduate medical degrees. A more appropriate general term should be adopted and for hospital specialties the term specialist, which is well understood by the public, is recommended. NR (J)
That this meeting requests council to recommend to undergraduate and postgraduate medical deans that students and junior hospital staff are made fully aware of the limitations of NHS indemnity and the advisability of further professional indemnity cover. C (J)

ABC FROM THE BMJ '92



"Value judgments about food are being made all the time—they are nearly always subjective and usually wrong." A Stewart Truswell, Boden professor of human nutrition at the University of Sydney, separates fact from fallacy in the *ABC of Nutrition*. This fully revised and updated edition offers the general medical reader a refreshingly down to earth review of all aspects of nutrition—from anorexia to obesity, infant feeding to dietary guides for the elderly—and will be invaluable for doctors and other medical professionals wishing to advise patients about their eating habits.

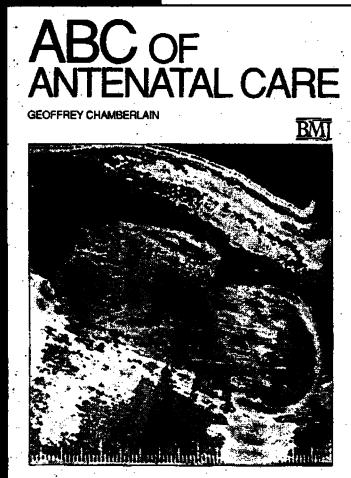
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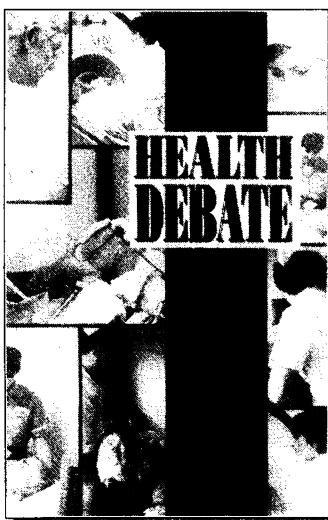
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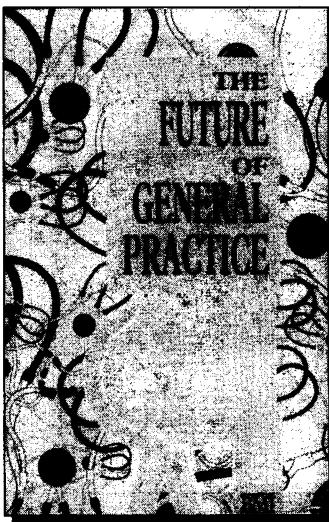
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- ACE inhibitors, quality of life, mood and cognition
- Economics of cardiovascular health care
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- ACE inhibitors and myocardial salvage

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Professor G.A. MacGregor and Professor P.S. Sever, Organising and Scientific Committee
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