Increased exercise tolerance.

Beta-Cardone significantly prolongs the duration of exercise effort in patients with angina pectoris. The illustration below, based on six case studies, demonstrates this effect in patients exercised on a bicycle ergometer.

In this test the protective effect of Beta-Cardone was shown by a marked reduction in ST segment depression throughout: at rest, at the point of pain, and after exercise.

Fewer anginal attacks, reduced trinitrin dependence.

The increased exercise tolerance induced by Beta-Cardone results in fewer anginal attacks and decreased need for trinitrin. The graph summarises the results of a double-blind, crossover, multi-centre study involving 146 patients. 92% were given a dose of between 240mg and 480mg per day; 93% reported fewer attacks during Beta-Cardone therapy and 71% had a reduction of 50% or more. Compared with the baseline period, the lowered attack rate was confirmed by the parallel reduction in the usage of trinitrin tablets.


Beta-Cardone helps the anginal patient to live with his condition.

The anginal patient lives under the constant threat of painful attack. Beta-Cardone, with its pure beta-blocking activity, takes him step by logical step toward the enjoyment of a less troubled, more normal life.

HEART RATE REDUCED
MYOCARDIAL CONTRACTION VELOCITY SLOWED
REDUCED CARDIAC WORK
MYOCARDIAL OXYGEN CONSUMPTION REDUCED
EXERCISE TOLERANCE INCREASED
NEARER-TO-NORMAL LIFE FOR THE PATIENT

BETA-CARDONE preparations of sotalol hydrochloride are available as:
TABLETS 40 mg (basic NHS cost £2.93 per 100 tablet pack), TABLETS 80 mg (£4.35 per 100), and INJECTION 10 mg in 5 ml (£4.41 per 10 ampoules)

Beta-Cardone is a trade mark of DUNCAN, FLOCKHART & CO. LTD. LONDON E2 8LA Full information is available on request.
timed-release iron
provides better absorption
FEOSPAN 'SPANSULE' CAPSULES
for the treatment of iron deficiency
Fefol 'SPANSULE' CAPSULES
for prevention of anaemia in pregnancy

Smith Kline & French Laboratories Limited
Welwyn Garden City, Hertfordshire

'Feospan', 'Fefol' and 'Spansule' are trade marks
Full information is available upon request
'Feospan' contains ferrous sulphate
Fefol' contains ferrous sulphate and folic acid.
they've proved superior in urinary tract infections
One thing you shouldn’t

Dermatophagoides pteronyssinus scanning electron micrograph

Migen
asthma immunisation made easy.
Because, no matter what you do, you can’t get rid of Dermatophagoides pteronyssinus, the house dust mite, “... the most common cause of allergic asthma in this country”. Brit. med. J., (1970), 2, 501.

The mite is an extremely potent allergen. In fact, it has been calculated that the inhalation of mite material in an amount weighing less than one whole live mite would be capable of precipitating an allergic reaction.

In 1698 Floyer in his “Treatise on Asthma” stated that, “all asthmatics are offended by the least dust made by the sweeping of a room, or making of a bed”. But it wasn’t until 1964 that the significance of this tiny, semi-transparent creature was first appreciated.

Today, although only 0.3 mm. in length, the common house dust mite has been proved to be a major cause of a disease that disables over 300,000 Britons.

A Thriving Subculture

Although the mites will live and breed in any house dust they are most often found on the mattresses and pillows of our beds, close to their staple diet - human skin scales. For most people this thriving subculture means little. But for the allergic asthmatic it could mean the difference between a dream and a nightmare.

Avoidance is Impossible

In the home, it is virtually impossible to remove every trace of the mite. The ubiquitous creature exists in beds, carpets, curtains, cushions - anywhere that human beings and domestic dust come together. Even immaculate dwellings produce dust samples rich in live mites, their excreta and dead remains - all potent allergens. This is why the most effective way of controlling house dust mite sensitivity is immunisation.

Migen - for the prevention of Asthma

Migen is a new short course vaccine which immunises against the house dust mite.

So it does not simply treat the symptoms of asthma - it prevents them. Immunisation against the powerful house dust mite allergen can raise the patient's overall level of tolerance. If he is multi-sensitive he may well find that he no longer reacts to contact with other allergens which have previously provoked attacks. And the stress caused by the fear of attack is reduced.

Migen is the first treatment that gives you, the family doctor, real control over asthma.

Migen and Simplicity

There was a time when immunisation was both a complicated and lengthy business. Not so with Migen. Just six injections form a course of treatment for asthma and perennial rhinitis. With each syringe pre-filled to ensure easy administration and accurate dosage.

Migen and Safety

In Migen the active material is adsorbed on to tyrosine - a naturally occurring amino acid which is metabolised in the human body. The active material is therefore released slowly but completely for maximum effectiveness and minimum risk of adverse effects.

Diagnosis

Migen may usually be prescribed on the basis of a careful case history alone. A Diagnostic Aid has been devised to help identify, by case history, those patients who are most suitable for Migen treatment. If the diagnosis is still in doubt after the case study then the Migen Skin Test Kit may be used for confirmation. Both the Diagnostic Aid (which also includes notes for the guidance of patients) and the Skin Test Kit are available on request from Bencard.

Migen

Many products have been advocated for use in the treatment of asthma. Most have drawbacks that you and your patients suffer for the sake of some relief. Now Migen offers you an opportunity to treat the most common form of allergic asthma. From your surgery.
RADIOLOGY FOR GENERAL PRACTITIONERS AND MEDICAL STUDENTS
DAVID SUTTON
1971 Second Edition Reprint 110 pages 82 illustrations £1.25
'All the more common investigations are clearly displayed and described and the more difficult procedures made to appear not so desperate as is often imagined. The pictures are excellent. Now that direct access to radiological departments is becoming more generally available to general practitioners, a knowledge of the help and scope of assistance possible is important, and this small volume should prove invaluable, and find an honoured place on the doctor's bookshelf.'
Journal of the Royal College of General Practitioners

LEGAL ASPECTS OF MEDICAL PRACTICE
BERNARD KNIGHT
1972 288 pages 33 illustrations £3.00
This is a concise guide to the aspects of law which concern the senior clinical student, junior doctor and general practitioner. The topics discussed include the doctor's responsibility towards his patient and profession, the framework of the British legal system, the role of the coroner and the doctor's duty at the scene of death. Practical advice is given in procedure, examination of the dead body and recognition of the probable cause of death. These are considered more fully, together with important allied issues such as the battered baby and sudden infant death.

THE EYE IN GENERAL PRACTICE
C. R. S. JACKSON
1972 Sixth Edition 188 pages 48 illustrations £2.00
'This book has established itself firmly as a sound synopsis of the practical essentials of ophthalmology. It continues to fill a gap in the needs of the busy general practitioner and indeed makes an excellent introduction to ophthalmology for the undergraduate in clinical training.'
British Medical Journal

CHURCHILL LIVINGSTONE
23 Ravelston Terrace, Edinburgh EH4 3TL
Amoxil compared with ampicillin

When Amoxil was first introduced to the Medical Profession in May 1972 it was hailed as the successor to ampicillin. Since then research teams and clinical trial workers all over the world have reported that Amoxil is superior to ampicillin. Some of their reports have been in areas which were anticipated, but others have confirmed important superiorities which could not be predicted. These reports are obviously of considerable interest to the discerning clinician, and inevitably there have been many requests for a compendium of the available work. This is now available and will be sent upon request to interested clinicians. Brief summaries of the main areas considered in the compendium are given below.

More effective than ampicillin

There is evidence that Amoxil is more effective than ampicillin and this is particularly well illustrated in respiratory infections. Indeed, some reports have confirmed that Amoxil can succeed where ampicillin has failed.

Absorption unaffected by food

Early reports confirmed that Amoxil is twice as well absorbed as ampicillin, giving a peak serum concentration of 3.3 μg/ml as opposed to ampicillin’s 2.3 μg/ml. Further work has shown that if both drugs are taken in the non-fasting state the overall absorption of Amoxil over the following 6 hour period is not significantly reduced, whereas that of ampicillin is reduced by nearly a third.

Amoxil’s absorption characteristics mean that it is taken t.d.s. as opposed to ampicillin’s q.d.s., and that the patient need not remember to take every dose in the fasting state.

Superior penetration

Studies at the Brompton Hospital have shown that whereas ampicillin penetrates well into purulent sputum it penetrates very poorly into mucoid sputum. These workers have shown that Amoxil penetrates equally well into both purulent and mucoid sputum, and suggest that this may have far-reaching consequences in the treatment of respiratory infections.

Better tolerated

Although ampicillin is generally well tolerated, rashes and diarrhoea can be an irritating nuisance. A review of published literature indicates that Amoxil produces substantially less rash and diarrhoea than ampicillin.

Greater potency

An ingenious series of experimental infections in mice has demonstrated that Amoxil exerts "...a more rapid bactericidal effect than ampicillin and this could be correlated with the difference in therapeutic effect."

Further studies comparing Amoxil in depth with other leading antibiotics are in preparation. If you would like to receive a copy of the booklet "Amoxil — a significant advance on ampicillin" please write to the Freepost address given below. No stamp is required.

AMOXIL
Better than ampicillin in practice.


Full information on Amoxil (regd.), amoxicillin, is available from:

Bencard
Freepost, Brentford, Middlesex.
Clarks

Foot Health Education Service

A full range of foot health educational material can be supplied to you free of charge.

- Wall charts  
  (foot anatomy and shoe fitting)
- Posters and leaflets for clinics and surgery
- Information about orthopaedic alterations
- Advice to local authority health departments

For full details please write to:

The Fitting Services Manager,
Clarks Ltd,
Street,
Somerset.
'Moduretic' owes its versatility to the complementary actions of its active constituents:
Hydrochlorothiazide—the well-established thiazide diuretic.
Amiloride hydrochloride—a potassium-conserving agent.
Besides moderating the kaliuretic effect of hydrochlorothiazide, amiloride has an additive diuretic effect; the results of some studies reflect a synergistic effect on sodium excretion.

MODURETIC®
DIURETIC
Amiloride hydrochloride and hydrochlorothiazide

Merck Sharp & Dohme Limited, Hoddesdon, Hertfordshire

'Moduretic' is available as peach-coloured, diamond-shaped tablets containing 5 mg amiloride hydrochloride and 50 mg hydrochlorothiazide. Detailed information is available to physicians on request. © denotes registered trademark.
Epidemiology in country practice

by

W. N. Pickles

This classic book from general practice has not been available for many years.

A special facsimile of the 1939 edition has now been published by the Royal College of General Practitioners in a limited edition of 1,000 copies. Any profits will go to the college appeal.

Copies are available from the address below and orders will be dealt with in turn while stocks last.

Cheques should be made payable to the Royal College of General Practitioners and orders sent to: Bookpack Department, The Royal College of General Practitioners, Kitts Croft, Writtle, Chelmsford CM1 3EH. Price: £3 post free (£4 overseas), cash with order.

---

**COLLEGE ACCOMMODATION**

Charges for college accommodation are reduced for members (i.e. fellows, members and associates). Members of overseas colleges are welcome when rooms are available. All charges for accommodation include breakfast and are subject to Value Added Tax; a service charge of 12½ per cent is added. Members are reminded that children under the age of 12 years cannot be admitted and dogs are not allowed.

<table>
<thead>
<tr>
<th>Charges</th>
<th>Members</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single room</td>
<td>£3.50</td>
<td>£4.50</td>
</tr>
<tr>
<td>Double room</td>
<td>£6.00</td>
<td>£9.00</td>
</tr>
<tr>
<td>Flat 1</td>
<td>£8.00 or 50.00 per week</td>
<td>£10.00 or 60.00 per week</td>
</tr>
<tr>
<td>Flat 3</td>
<td>£9.00 or 55.00 per week</td>
<td>£12.00 or 70.00 per week</td>
</tr>
</tbody>
</table>

Charges are also reduced for members hiring reception rooms compared with outside organisations which apply to hold meetings at the College. All hirings are subject to approval and VAT is added.

<table>
<thead>
<tr>
<th>Charges</th>
<th>Members</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long room</td>
<td>£30.00</td>
<td>£40.00</td>
</tr>
<tr>
<td>Damask room</td>
<td>£20.00</td>
<td>£30.00</td>
</tr>
<tr>
<td>Common room and terrace</td>
<td>£20.00</td>
<td>£30.00</td>
</tr>
<tr>
<td>Kitchen</td>
<td>–</td>
<td>£10.00</td>
</tr>
<tr>
<td>Dining room</td>
<td>£10.00</td>
<td>£10.00</td>
</tr>
</tbody>
</table>

Enquiries should be addressed to the Accommodation Secretary, Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU. (Tel. 01 584 6262). Whenever possible bookings should be made well in advance.
UNIVERSITY OF QUEENSLAND
AUSTRALIA

CHAIR IN COMMUNITY PRACTICE
Applications are invited for the newly created Chair in Community Practice, to be located in the Department of Social and Preventive Medicine (Head: Professor D. Gordon). The Professor of Community Practice will be provided with facilities for teaching and research in Community Centres currently being developed in association with the State Health Department. Applicants should hold medical qualifications registrable in the State of Queensland and should have substantial previous experience in community practice (viz. other than hospital practice), and preferably some experience of teaching in this setting. The salary is $A22,102 per annum, and the University provides travelling and removal expenses, superannuation similar to F.S.S.U., housing assistance, and study leave. Additional information and application forms are obtainable from the Secretary-General, Association of Commonwealth Universities (Appts), 36 Gordon Square, London WC1H OFP. Applications close in London and in Brisbane on 26 July 1974, but will be accepted for a further 7 days.

COLLEGE TUTOR
The South-west England Faculty of the Royal College of General Practitioners invites applications for the post of College Tutor for the Cheltenham area. The appointment will be made by the Council of the College on recommendations by the South-west England Faculty Board. Applicants should apply by 21 September 1974 to Dr Sheila Fraser, F.R.C.G.P., 20A Dragon’s Well Road, Henbury, Bristol. BS10 7BU.

Readers are asked to mention The Journal of the Royal College of General Practitioners when replying to all advertisements.

CLASSIFIED ADVERTISEMENTS
Classified advertisements are welcomed and should be sent to: The Journal of the Royal College of General Practitioners, Classified Advertisement Department, Div J, Longman House, Burnt Mill, Harlow, Essex.

The charge for this service is 40p per line, plus 20p if a box number is required. Fellows, members and associates of the Royal College of General Practitioners may claim a ten per cent reduction.

The inclusion of an advertisement in this Journal does not imply any recommendation and the editor of the Journal of the Royal College of General Practitioners reserves the right to refuse or stop the insertion of any advertisement.


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.
Burinex K

the only short-acting diuretic with built-in potassium supplementation

Burinex K is positively indicated as a diuretic

★ in patients undergoing concurrent treatment with digitalis

★ in the treatment of chronic congestive heart failure

★ for maintenance therapy

The time of administration can be suited to the daily routine of the ambulant patient. An early evening dosage allows the patient to retire to bed in a state of therapeutic dehydration—minimising nocturia and nocturnal dyspnoea.

The short period of diuretic activity allows for natural compensatory absorption of dietary potassium during the prolonged diuretic-free phase (some 21 hours per day).

Burinex K reduces the number of tablets the cardiac patient has to take, thus avoiding confusion and medication errors.

Burinex K is bumetamide (0.5 mg) with slow-release potassium chloride (573 mg)

Leo Laboratories Limited,
Hayes Gate House, Hayes, Middlesex

Further information available on request.