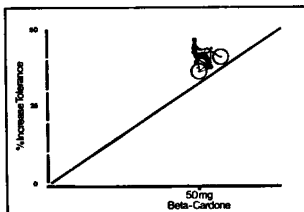


# Beta-Cardone

## Increased exercise tolerance.

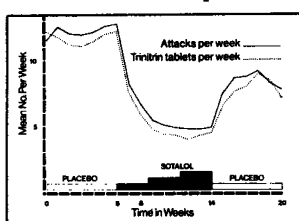
Beta-Cardone significantly prolongs the duration of exercise effort in patients with angina pectoris. The illustration below, based on six case studies, demonstrates this effect in patients exercised on a bicycle ergometer.

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



Adapted from *Postgrad. med. J.* (1970) (Nov. Suppl.) 77

## Fewer anginal attacks, reduced trinitrin dependence.



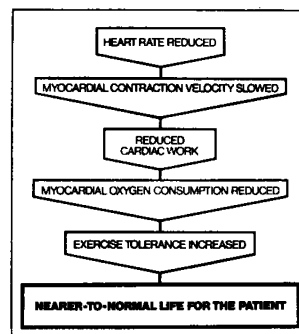
The increased exercise tolerance induced by sotalol results in fewer anginal attacks and decreased need for trinitrin. The graph summarises the results of a double-blind, crossover, multi-centre study involving 146 patients.

92% were given a dose of between 240 mg and 480 mg per day; 93% reported fewer attacks during sotalol 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.

Multicentre Study in Angina. Unpublished.

## 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.



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)

	β-BLOCKADE	I.S.A.	L.A.
OXPRENOLOL	+	•	•
PROPRANOLOL	+	•	•
PRACTOLOL	+	•	•
SOTALOL	+		

Adapted from the classification in *Clin. Pharmac. Ther.* 10, 292

# Beta-Cardone



Beta-Cardone is a trade mark of DUNCAN, FLOCKHART & CO. LTD. LONDON E2 6LA Full information is available on request.



# timely release from 'tea & toast' anaemia\*

'Fesovit' timed release capsules replace iron stores depleted by poor eating habits, and help to meet the daily requirements for essential vitamins B and C. The unique 'Spansule' Capsule is formulated to release the majority of the

iron not in the stomach where it can cause gastric irritation but in the duodenum and jejunum where the absorption of iron is optimal.

\* This is not a clinical diagnosis. It is merely a convenient and familiar way of describing those anaemias caused by poor eating habits, e.g. a diet made up almost exclusively of tea and toast.

## FesoVit



Smith Kline & French Laboratories Limited,  
Welwyn Garden City, Hertfordshire AL7 1EY

'Fesovit' and 'Spansule' are trade marks  
Full information is available upon request  
'Fesovit' contains ferrous sulphate, vitamin B  
complex and vitamin C.

'SPANSULE'  
CAPSULES



SFT:PA 54



## Business as usual during Esbatal

Hypertensive patients who want to lead normal, active lives prefer ESBATAL\* because it does not commonly produce tiredness, depression or diarrhoea.<sup>1,2</sup>

<sup>1</sup> *Br. med. J.* (1973), **3**, 485.

<sup>2</sup> *Brit. J. Hosp. Med.* (1973), **8**, 45.

# ESBATAL

## Successful in hypertension

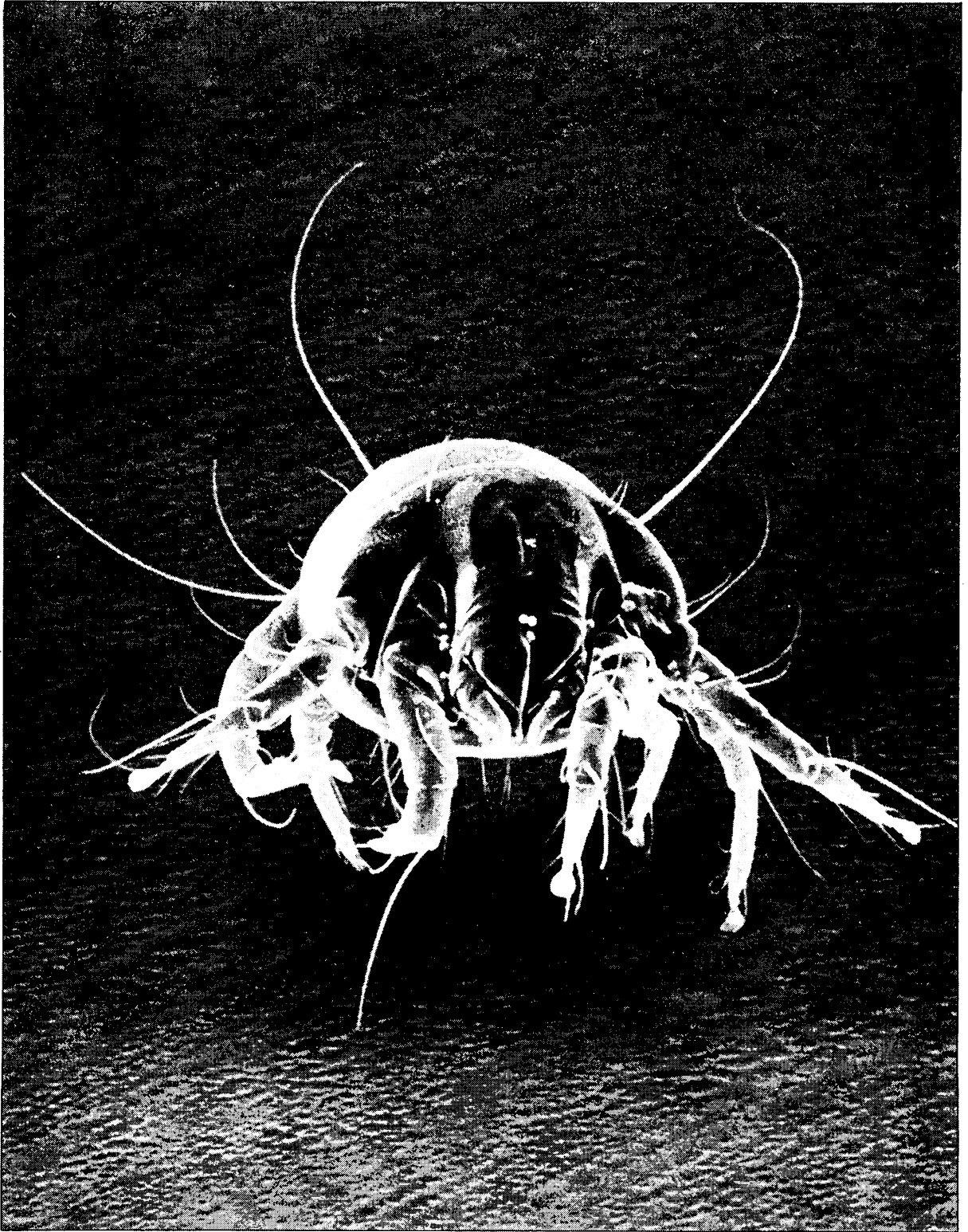
Full prescribing information about ESBATAL (bethanidine sulphate) is available on request.



Calmic Medical Division,  
The Wellcome Foundation Ltd.,  
Berkhamsted, Herts.

\*Trade Mark

# One thing you shouldn't



*Dermatophagoides pteronyssinus* scanning electron micrograph

# Migen

**asthma immunisation made easy.**

# sweep under the carpet.

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.

It is now well established that house dust is one of the most important causes of asthma and that the most important allergen in house dust is a minute insect called the house dust mite. (The Asthma Research Council)

## 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

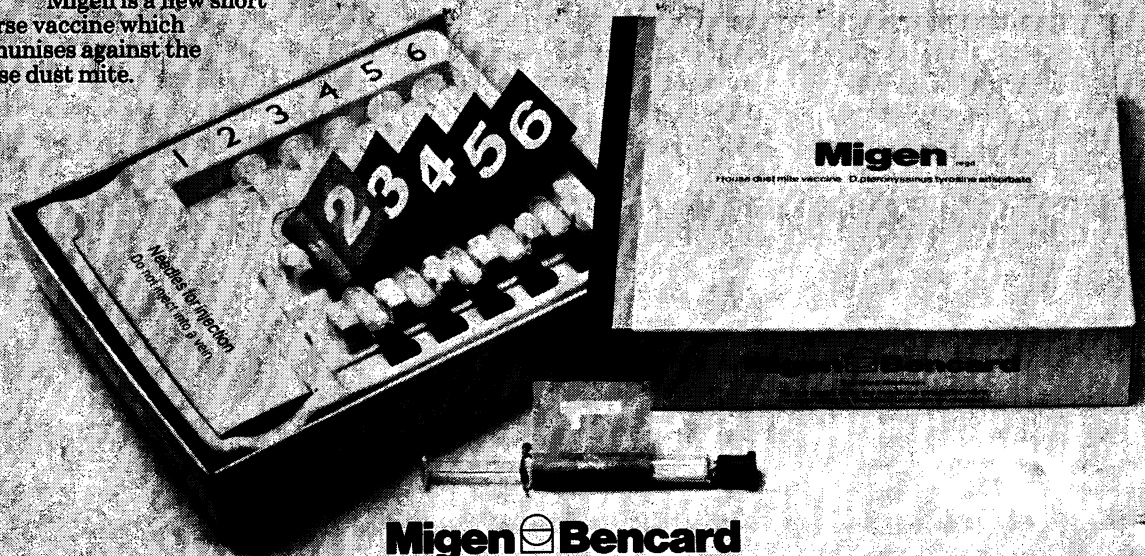
In Migen the active material is adsorbed on to tyrosine - a naturally occurring amino acid which is metabolised in the human body. The active material is therefore released slowly but completely for maximum effectiveness and minimum risk of adverse effects.

## 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.



**Migen Bencard**

Migen is a tyrosine adsorbed vaccine prepared from pure extract of *Dermatophagoides pteronyssinus*. Full information on Migen (regd.) is available on request from Bencard, Freeport, Brentford, TW8 9BE.

# This is what we call practising medicine.

A career in Naval medicine can be a rewarding experience. Opportunities to specialise abound. And perhaps above all else, there is an immense satisfaction to be gained from the wide variety of work you will be involved in.

At sea, for instance, you could be anywhere from the Mediterranean to the Pacific Ocean. Looking after the health and well being of the company of a modern warship.

And though you could spend as long as the first eighteen months of your five year Short Service Commission on board different ships, you need have no fear of losing contact with mainstream medicine. For no matter where you are, you will be kept informed of current medical opinion.

After this, the choice is yours. Post graduate medical training and a career in the clinical disciplines at one of our naval district general hospitals. Haslar or Plymouth, for instance, with their wide spectrum of clinical material drawn from naval personnel, their dependants and the local civilian population as well. There are also naval hospitals in Malta, Gibraltar and Mauritius, with opportunities for exchange appointments elsewhere.

Or you might prefer occupational medicine in our research orientated naval dockyards. Aviation medicine with its accent on rotary wing support of the Fleet. And for those with an administrative turn of mind, community medicine.

Royal Naval expertise in maritime medicine is recognised world wide and research into underwater medicine, nuclear medicine and the closed submarine environment is centred

at the Institute of Naval Medicine at Alverstoke.

Naval general practice in well staffed and equipped medical centres extend as far afield as Hong Kong and Singapore. And new training schemes are now under way in the United Kingdom.

Should you be moved or sent abroad at any time, all expenses will be paid by us. We will help you with accommodation (at very reasonable rents) and provide allowances for the education of your children, if you have a family.

If you enter the Royal Navy immediately after registration you will be given the rank of Surgeon Lieutenant and a salary of £4,099, rising to £4,249 after four years.

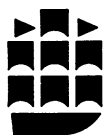
On the other hand, if you are older (up to the age of forty) and more experienced, we can offer you a number of opportunities in general practice and the specialities. And, depending on your post-registration experience, you could enter as a Surgeon Lieutenant Commander at a salary of £5,161, rising to £5,658.

Then, at the end of your five year Short Service Commission you could leave with a tax free gratuity of £3,000.

But if it is mutually agreeable, you could apply for a Full Career Commission or a 16 year pensionable commission. The choice is yours.

In the meantime if you would like further information, write giving details of your age and qualifications to Surgeon Commander L.C. Banks, R.N., ( 26BU3 ) Department of the Medical Director General (Naval), Empress State Building, Fulham, London SW6.





1724 - 1974

# CHURCHILL LIVINGSTONE

The Eleventh Edition of

## DAVIDSON'S PRINCIPLES AND PRACTICE OF MEDICINE

Edited by JOHN MACLEOD

1974    1096 pages    101 illustrations    limp binding    £4.50

*Davidson's Principles and Practice of Medicine* has now appeared in eleven editions and eighteen reprints since it was first published in 1952.

In this edition new co-authors have been introduced to the sections on infection, nutrition, digestive disorders, liver diseases, endocrinology, and diseases of the connective tissues; these areas particularly have been extensively rewritten. The remainder has been thoroughly revised and the book has been reduced in size mainly by discarding material which has been superseded.

In preparing the eleventh edition the primary objective has been to ensure that this book continues to reflect the constantly evolving pattern of clinical practice.

---

**CHURCHILL LIVINGSTONE**  
23 Ravelston Terrace, Edinburgh EH4 3TL





# Some people take barbiturates because they can't face another day

Every year many thousands of people attempt to kill themselves with barbiturates. Some die. Most survive. But usually only after intensive treatment, in hospital.

Virtually all of these patients could be transferred to Mogadon, which is much safer,<sup>1</sup> but just as effective in inducing sleep.<sup>2</sup> Moreover, it causes few of the barbiturates' many other problems.<sup>3-5</sup>

Patients may still try to kill themselves. But with Mogadon few, if any, would succeed and most would recover in less than 12 hours without treatment.<sup>1</sup>

## Mogadon: far safer, far better

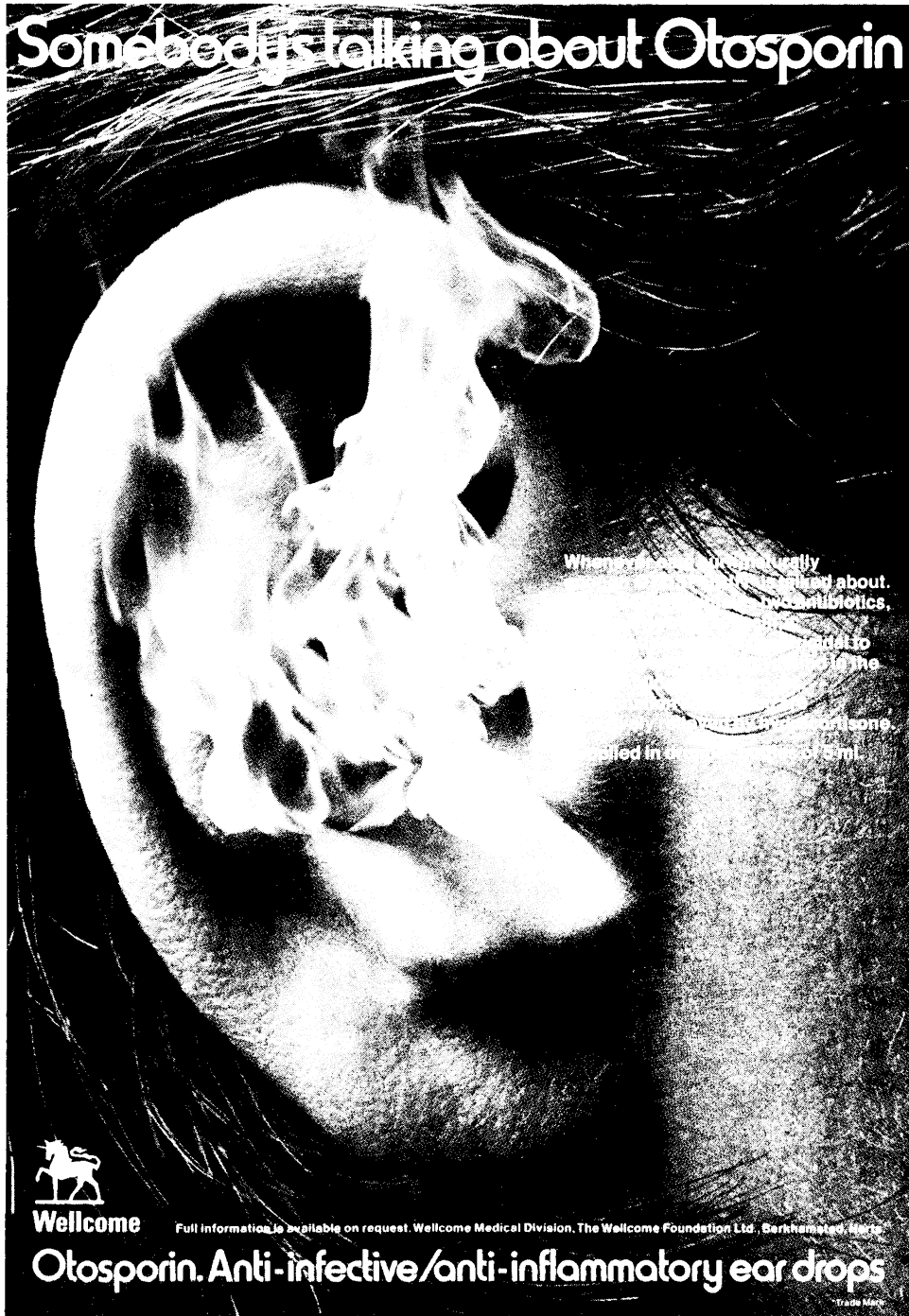
ROCHE

Mogadon is the trade mark for pharmaceutical preparations containing nitrazepam

1. Lancet, 1974, 1, 224 2. Brit. med. J., 1969, 3, 23 3. Practitioner, 1966, 196, 829 4. Lancet, 1969, 2, 429 5. Brit. med. J., 1972, 3, 611  
Further information is available on request. Roche Products Limited, 15 Manchester Square, London W1M 6AP



# Somebody's talking about Otosporin



When somebody's usually  
talking about antibiotics,  
they're talking about  
adding to the  
problem. Cortisone  
isn't added in the form of Sml.



**Wellcome**

Full information is available on request. Wellcome Medical Division, The Wellcome Foundation Ltd., Beckenham, Kent.

**Otosporin. Anti-infective/anti-inflammatory ear drops**

Trade Mark

# MINOCIN

in bronchitis

highly effective  
sometimes vital

You fasten your safety belt this morning just in case of an emergency. You're not expecting trouble; of course, but you never know . . .

You never know with bronchitis either.

Minocin® (minocycline) protects against the horrendous bronchitis, but unlike traditional tetracycline and semi-synthetic penicillins is also highly effective against resistant staphylococci – the pathogen which could threaten your patient's life.

Staphylococcal pneumonia is the only really life endangering infective hazard in bronchitis.<sup>1</sup> So whenever you treat bronchitis be sure from the start with Minocin – just in case . . .

(1) *Brit. Med. J.* (1970), Leading Article, 1, (5689) 125-126.

Precautions: Effeter packs of 3 and 45 tablets, each containing 100mg minocycline.

 **Lederle Laboratories** Research for British Medicine  
A Division of Cynamid of Great Britain Ltd., Farmham Road, Gosport, Hants.  
Full information is available on request \*Trademark

# **Vocational Training for General Practice**

**Devon Area Health Authority  
Exeter University/  
Exeter and Mid-Devon Hospitals**

Applications are now invited for three places starting on 1 January 1975 on the vocational training scheme being organised by the Department of General Practice in the Postgraduate Medical Institute of Exeter University. This course is recognised for the MRCGP examination.

Trainees will rotate through four six-month posts at senior house officer level at the Royal Devon and Exeter Hospitals in Exeter. The programme will be constructed from acute medicine/dermatology, paediatrics (DCH), accident and emergency, geriatrics and psychiatry.

One year will be spent in a university approved teaching practice and throughout the three years a half-day release course is held.

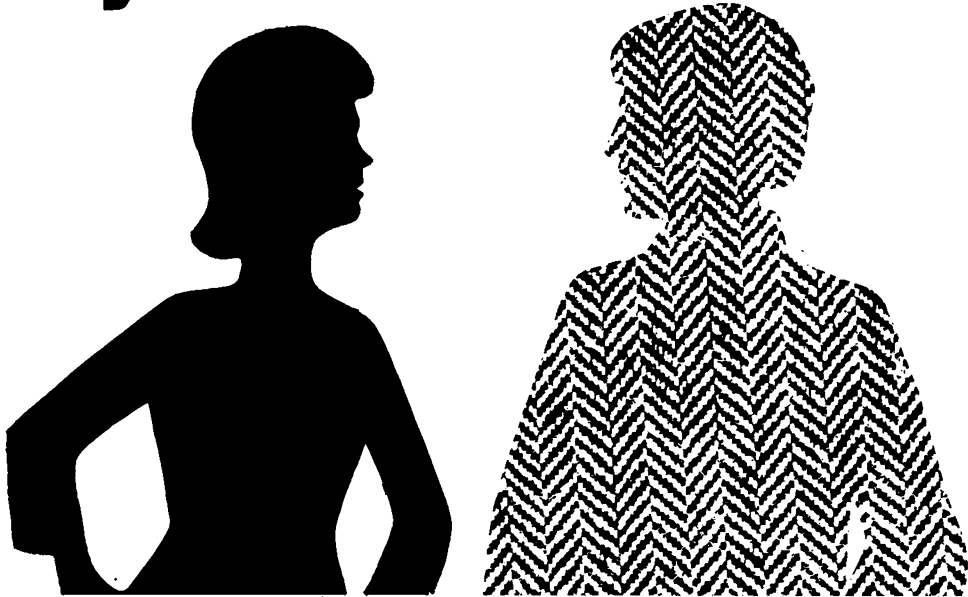
The Exeter Department of General Practice is the only university department of general practice in the country outside a medical school.

*Applications and enquiries should be made  
as soon as possible to:*

**Dr D. J. Pereira Gray, Senior Lecturer-in-charge,  
Department of General Practice,  
Postgraduate Medical Centre,  
Barrack Road,  
Exeter, EX2 5DW.**



# Is the problem in the Nystaform-HC zone?



NYSTAFORM-HC effectively controls dermatoses where bacterial and fungal (particularly monilial) infections occur, whilst promptly relieving the associated pruritus.

## NYSTAFORM-HC

Nystatin + iodochlorhydroxyquin + hydrocortisone



# Broadly speaking... Deteclo

... the broad spectrum antibiotic for the effective low cost treatment of all routine respiratory infections. Infections of the upper and lower respiratory tract quickly respond to the triple power of Deteclo<sup>®</sup>, with a minimum of the side-effects commonly experienced with high dose tetracyclines.

And it costs less than 6p a day.

# Deteclo

the routine  
antibiotic

Each tablet contains tetracycline 115.4mg,  
chlortetracycline 115.4mg,  
demethylchlortetracycline 69.2mg

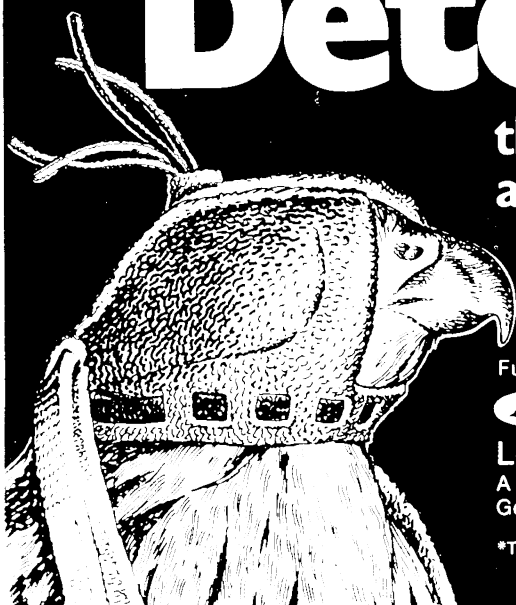
Full information is available on request



**Lederle Laboratories**

A division of Cyanamid of Great Britain Ltd.  
Gosport Hampshire

\*Trade Mark



REDBRIDGE AND WALTHAM FOREST AREA  
HEALTH AUTHORITY

**VOCATIONAL TRAINING SCHEME  
FOR GENERAL PRACTICE**

WHIPPS CROSS, CONNAUGHT AND CHINGFORD  
HOSPITALS

Applications are invited for two posts for fully registered doctors in this three-year scheme, starting on 1 May, 1975.

Both posts begin with an introductory month in general practice, which is followed by two years spent in hospital posts based mainly at Whipps Cross Hospital, London, E11. The posts cover general medicine, accident and emergency, obstetrics and gynaecology, and paediatrics. The final year will be spent in a recognised general practice.

These schemes are recognised for the M.R.C.G.P. (the D.Obst.R.C.O.G. and the D.C.H. as appropriate) and on completion of the appointment the holder qualifies for the vocational training allowance paid to junior principals in the National Health Service.

Included in the trainee year for all schemes is a half-day release course. Trainees are encouraged to attend meetings held at the Medical Education Centre, Whipps Cross Hospital.

Arrangements can be made to visit the Hospital and practices in the area involved in the schemes, through Dr J. L. Hardman, Course Organiser, Vocational Training Medical Education Centre, Whipps Cross Hospital, London, E11 1NR. Telephone 01-539-5522. Ext. 310. Rented accommodation will be available.

Forms of application and full details from the Administrative Assistant, Langthorne Hospital, London, E11 4HJ. Applications should be returned by the 1 January 1975 and interviews are expected to be held on 17 January 1975.

**CLASSIFIED ADVERTISEMENTS**

Classified advertisements are welcomed and should be sent to: *The Journal of the Royal College of General Practitioners*, Longman Group, Burnt Mill, Harlow, Essex. The charge for this service is 50p per line, plus 25p 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.

UNIVERSITY OF CAMBRIDGE

**School of Clinical Research and  
Postgraduate Medical Teaching**

Postgraduate Courses will be held as follows:

A revision course in *Basic Medical Sciences* for the Primary F.F.A.R.C.S. on alternate Fridays at the new Addenbrooke's Hospital from October 1974–February 1975. An Annual course on *The Biology of Skin* at Churchill College 8–13 December, 1974, intended for registrars and others who have recently begun the study of dermatology, but open to other medical practitioners who are interested. A meeting of *The British Association of Dermatologists* will take place in the University Chemical Laboratory 3–4 July 1975 with accommodation in Pembroke and Christ's Colleges.

*Refresher Courses* for general practitioners will be held from 30 June–5 July and 7 July–12 July 1975 accommodation for which will be available in Downing College.

Arrangements can be made for practitioners to attend the practice of the United Cambridge Hospitals for short or long periods.

Further information may be obtained from the Secretary, the Medical School, Hills Road, Cambridge CB2 2QL.

**CLINICAL INTERVIEW PROJECT:  
RESEARCH OFFICER**

Applications are invited from registered medical practitioners for the post of Research Officer in a 3 year project to study clinical and behavioural aspects of doctor-patient encounters.

The person appointed will lead a small team which will also include a social scientist, a technician and a full-time secretary. He will be responsible to a steering group from the Departments of General Practice, Education and Audio-Visual Aids. He will develop and implement a research policy, collaborate with other clinicians in hospital and general practice and be concerned with day-to-day operation of the project.

Applications will be considered from doctors who have completed or are about to complete vocational training for general practice or those in other relevant clinical disciplines who have behavioural as well as clinical interests.

Salary is in the range of £3,900–£4,300 with F.S.S.U. Further particulars may be obtained from Professor J. Knox, Department of General Practice, The University of Dundee, and applications should be submitted by 31st October, 1974.

## 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.

Charges are:	<i>Members</i>	<i>Others</i>
	£	£
Single room	3.50	4.50
Double room	6.00	9.00
Flat 1	8.00 or 50.00 per week	10.00 or 60.00 per week
Flat 3	9.00 or 55.00 per week	12.00 or 70.00 per week

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.

Charges are:	<i>Members</i>	<i>Others</i>
	£	£
Long room	30.00	40.00
Damask room	20.00	30.00
Common room and terrace	20.00	30.00
Kitchen	—	10.00
Dining room	10.00	10.00

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.

## 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.



# Burinex<sup>\*</sup> 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

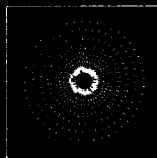
★ for maintenance therapy

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 bumetanide (0.5 mg) with slow-release potassium chloride (573 mg)



Leo Laboratories Limited,  
Hayes Gate House, Hayes, Middlesex.

<sup>\*</sup>Burinex is a registered trademark.

Further information available on request.

PLN/Nov 81/10-1