Act now to prevent next summer’s Hay Fever problems!

A pre-seasonal course of immunotherapy with Allpyral-G can be effective in preventing Hay Fever in 9 out of 10 patients\(^1\),\(^2\) and can obviate the need next summer for antihistamines or steroids.

Allpyral-G

NOW is the time to plan treatment for those Hay Fever patients who could benefit from immunotherapy with ALLPYRAL-G.

Full information is available on request

Dome Laboratories
Division of Miles Laboratories Ltd
Stoke Court Stoke Poges Slough SL2 4LY

ALLPYRAL is a trade mark
DM 640

1. Practitioner (1966) 196, 771
2. Practitioner (1966) 196, 786.
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’ and ‘Spansule’ are trade marks
Full information is available upon request
‘Fesovit’ contains ferrous sulphate, vitamin B complex and vitamin C.

Fesovit

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

'SPANSULE' CAPSULES
Sounds right for Septrin

b.d. in chest infections

Bacterial chest infections in children demand prompt, vigorous treatment. SEPTRIN Paediatric Suspension has an excellent record of clinical success in children. For fast, decisive action give them SEPTRIN.

SEPTRIN Paediatric Suspension
The kind of power you need in arthritis.

The power to relieve pain and inflammation. The power to improve grip strength and morning stiffness. The power to be kind.

All part of the special needs of the arthritic. And all part of the special power of NAPROSYN.

NAPROSYN has been shown to be as powerful as high doses of aspirin¹, indomethacin² and phenylbutazone³. But just as importantly, in comparative clinical trials, it was demonstrated to have significantly fewer side-effects.

In all, its the kind of power you need in arthritis.

NAPROSYN power:

NAPROSYN. Powerful in arthritis. Kind to patients.

Further information on NAPROSYN (naproxen) is available on request.
SYNTEx Pharmaceuticals Ltd.
St Ives House, Maidenhead, Berkshire.
twice daily

NAPROSYN

Precautions:

Presentation: NAPROSYN (naproxen) is a non-steroidal anti-inflammatory agent, developed by Syntex Research. It is unrelated to salicylates or the corticosteroid hormones. It is presented as a yellow half-scored tablet containing 250 mg of naproxen, inscribed NAPROSYN on one side, and SYNTAX on the other.

Indications: NAPROSYN is indicated for the treatment of rheumatoid arthritis, osteoarthritis (degenerative arthritis) and ankylosing spondylitis.

NAPROSYN has been shown to have striking anti-inflammatory properties when tested in classical animal test systems. In addition, it has marked analgesic and anti-pyretic actions. It exhibits its anti-inflammatory effect even in adrenalectomized animals, indicating that its action is not mediated through the pituitary-adrenal axis. It inhibits prostaglandin synthase, as do other non-steroidal anti-inflammatory agents. As with other agents, however, the exact mechanism of its anti-inflammatory action is not known.

Dosage and Administration: The recommended starting dose (and usual maintenance dose) of NAPROSYN is 250 mg twice daily, usually given with the morning meal and about 12 hours later. Dosage adjustment within the range of 375 mg to 750 mg daily, maintaining twice daily administration may be required for long-term maintenance.

As safety and efficacy studies in children are not yet complete, the product is currently not recommended for use in children under 16 years of age.

Contra-Indications: There are no known absolute contra-indications.

Special Precautions and Warnings: NAPROSYN has been found to be well tolerated by patients exhibiting dyspepsia with other similar agents. Nonetheless, episodes of gastrointestinal bleeding have been reported in patients with NAPROSYN therapy. NAPROSYN should be given under close supervision to patients with a history of gastrointestinal disease.

Due to the high plasma protein binding of NAPROSYN, patients simultaneously receiving hydantoins, anti-coagulants or a highly protein-bound sulphamides should be observed for signs of overdosage.

Occasional skin rashes and angio-oedema have been reported. Patients who have exhibited aspirin hyper sensitivity in the past (usually as the angio-oedema/asthma syndrome) may exhibit the same phenomenon on NAPROSYN. The following additional occurrences have been reported with NAPROSYN but a casual relationship to NAPROSYN has not been established: abdominal discomfort, epigastric distress, headache, inability to concentrate, insomnia, thrombocytopenia, tinnitus, vertigo.

Sporadic abnormalities in laboratory tests (e.g., liver function tests) have occurred in patients on NAPROSYN therapy but no definite trend was seen in any test indicating toxicity.

Mild peripheral oedema has been observed in a few patients receiving NAPROSYN. Although sodium retention has not been reported in metabolic studies, it is possible that patients with questionable or compromised cardiac function may be at greater risk when taking NAPROSYN.

Teratology studies in rats and rabbits, at dose levels equivalent on a human multiple basis to those which have produced foetal abnormality with certain other non-steroidal anti-inflammatory agents, e.g. aspirin, have not produced evidence of foetal damage with NAPROSYN. As with other drugs of this type, NAPROSYN produces delay in parturition in animals. The relevance of this finding to human patients is unknown. However, good medical practice indicates minimal drug usage in pregnancy, and use of this class of therapeutic agents requires cautious balancing of possible benefits against potential risks to the mother and foetus.

Overdosage: Should a patient ingest a large number of NAPROSYN tablets accidentally or purposely, the stomach may be emptied and usual supportive measures employed. Animal studies indicate that the prompt administration of activated charcoal in adequate amounts would tend to reduce markedly the absorption of the drug.

Pharmacological Precautions: Protect from light.

Legal Category: To be supplied on prescription only.

Package Quantities: NAPROSYN is supplied in canisters of 250 tablets. (N.H.S. cost - 14p per day).

Further Information: In addition to the excellent therapeutic efficacy demonstrated by NAPROSYN in comparative clinical trials, good tolerance has been demonstrated, even in patients exhibiting multiple intolerance to other commonly used non-steroidal anti-inflammatory agents.

Product Licence Number PL/0286/0001B

NAPROSYN (naproxen) is a registered trademark.

Further information is available on request.

PRODUCT LICENCE HOLDER:

SYNTEX SYNTEX Pharmaceuticals Ltd., St. Ives House, Maidenhed, Berks.

Powerful in arthritis. Kind to patients.
A seasonal reminder from Bencard

A reminder, that is, that the hayfever season is closer than you think. Make it a Pollinex season.

Recent clinical trial work\(^1\) showed that a single three-dose course of Pollinex is effective in the large majority of hayfever patients. It is considered that further benefits may ensue with each year’s pre-seasonal Pollinex course.

Combining safety and efficacy, Pollinex contains twelve grass pollens chemically modified and adsorbed on a tyrosine base to allow slow and complete release of active material, ensuring maximum effectiveness and minimum risk of side effects.

Pollinex consists of only three injections presented in disposable syringes pre-filled for accuracy of dosage and ease of administration.

Give your hayfever patients a trouble-free year. Remind them about Pollinex treatment now. Ask for a supply of Patient Recall Cards from Bencard, and give your patients the best New Year gift they could receive.

\(^{1}\)In press.

Pollinex
Positive action in hayfever prevention

Further information is available from Bencard, Freepost, Brentford, England
MINOCIN
in bronchitis
highly effective
sometimes vital
EIGHTH EDITION

MYLES
Textbook for Midwives

Thoroughly revised and updated
Available October 1975
848 pages illustrated £4.50

The rapid expansion of special and intensive care involving sophisticated diagnostic techniques, therapeutic procedures and electronic equipment has considerably widened the midwife’s horizon.

Consequently, this new edition of Myles Textbook for Midwives has been thoroughly revised and updated, to ensure adequate presentation of modern thought and practice. Among topics which have been amplified are sections on planned induction and acceleration of labour, the high risk mother and fetus, the use of prostaglandins and the battered baby. In addition, five new chapters have been introduced:

* orientation to the British midwife, her role and development
* management of obstetric emergencies for midwives in remote areas of underdeveloped countries
* neonatal metabolic disorders
* social aspects of obstetrics
* administrative reorganisation of the National Health Service, 1974.
Vocational Training Scheme
For General Practice

A vacancy occurs in a vocational training scheme for General Practice based at St. Helier Hospital, Carshalton with a secondment to Queen Mary’s Hospital, Carshalton for Paediatric experience. Both Hospitals are near to the Surrey countryside and within easy reach of London. The scheme is recognised for the M.R.C.G.P., the D.Obst.R.C.O.G. and D.C.H. and the programme of training will be as follows:

3 months in General Practice
6 months in Accident and Emergency
6 months in Obstetrics
6 months in Paediatrics (at Queen Mary’s Hospital for Children, Carshalton)
6 months in Geriatrics/General Medicine
9 months in General Practice.

The year in General Practice will be an attachment to an established local teaching practice. The Hospital training will be given in established posts in the Senior House Officer grade.

Regular meetings of trainers and trainees will be held throughout the three years, and a half day release scheme can be arranged during the general practitioner training.

Attachments to other clinical specialities relevant to General Practice can be offered during the Hospital appointments, and training in Psychiatry will be optional for those candidates desiring it.

Excellent Post Graduate Centre and Library facilities are available at St. Helier Hospital and Queen Mary’s Hospital for Children. Married accommodation may be available if required.

This scheme is already functioning with one trainee in post, and applications for the next vacancy on 12th February, 1975, giving full details of previous medical experience and including the names and addresses of two referees, should be sent to the Hospital Secretary, St. Helier Hospital, Wrythe Lane, Carshalton, Surrey, SMS IAA, immediately.
Listen to the difference between Amoxil and other antibiotics

The difference which has given significantly longer periods of relief from acute exacerbations of chronic bronchitis than tetracyclines, ampicillin and cephalosporins. (Fig. 1)

The difference that makes Amoxil more effective than ampicillin in the treatment of chest infections. 2,3,4

The difference which takes over where the tetracyclines have done all you can expect of them in bronchitis — so that significantly greater relief of all clinical symptoms can be demonstrated. 2,3,4

The difference that allows Amoxil to penetrate bronchial membrane barriers regardless of the degree of inflammation. 2,3,4

The difference in absorption that means Amoxil can be taken t.d.s. with or without food — which means it is simpler for patients to take properly. To these differences must be added Amoxil's safety and the fact that it is one of the least expensive therapies for respiratory infections. No wonder doctors everywhere are recognising that Amoxil makes all the difference.

References

Full prescribing information on Amoxil (regd.), amoxyccillin, is available from Benard, Bremford, Midleton.

Fig. 1 Comparative relapse rates in severe cases .
Fig. 2 Moderate bronchitis lung with emphysema.
Deafness.

If you can't do anything, don't just do nothing.

There often comes a time when all deaf patients can do is learn to live with it. One of the best things you can do then is introduce them to the RNID.

We run a welfare service, an information service that's one of the largest in the world to be devoted to deafness, and laboratories with sound measuring equipment.

In fact we can help your deaf patients in many ways. All you have to do is ask.

Perhaps you'd like to see our leaflet 'What is the RNID?' Or get some of our publications for your waiting room. They include 'Clinical Aspects of Hearing,' 'Special Aids to Hearing,' 'Conversation with the Deaf,' 'Highway Code for Children' and posters on protecting hearing. And you may wish to subscribe to our monthly magazine—Hearing—at £1.00 p.a.

Literature and advice are freely available to you. And the more you know about the RNID, the more you can do for your deaf patients.

The Royal National Institute for the Deaf
(Patron: HRH The Duke of Edinburgh, KG)

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Telephone: 01–387 8033

Change your lifestyle—join the effort to produce top family physicians

The University of Massachusetts Medical School, Department of Family Practice seeks six to eight additional Family Physician/Educators to practice and teach in the Family Medicine Residency Program. The Department is developing model family practice units to serve as the bases of the Residency Program in rural, urban and small city settings. Four model units are now operating, staffed by a group of family physicians of various ages. There are presently 12 residents in training in a system with a planned capacity of 48 residents. All of the units are part of an evolving state-wide network of affiliated programs in conjunction with community hospitals and the University of Massachusetts Medical School.

Please send curriculum vitae with letter of inquiry and/or call Richard F. Walton, M.D., Department of Family Medicine, University of Massachusetts Medical School, 55 Lake Avenue, No., Worcester, Massachusetts 01605; telephone (617) 856–2246.
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
Somebody's talking about Otosporin

Whenever you're unsure whether or not your ear is infected, don't be afraid to use a little Otosporin. Applied in the workplace, it's free of side-effects.


Wellcome Medical Division, The Wellcome Foundation Ltd., Brenchley Heath, Kent.
**TRAINEE VACANCY**

Five partners: privately-owned purpose-built premises: exceptional diagnostic facilities: large ancillary and nursing staff with good team spirit. Special feature: care of one public school, two prep. schools. Planned teaching programme, experienced Trainer; all trainees normally attend the R.C.G.P. Thames Valley day release course throughout their year's appointment. Maximum salary. Dr W. J. H. Lord, The Surgery, New Wokingham Road, Crowthorne, Berkshire.

**GENERAL PRACTITIONER EXCHANGE**

An Adelaide, South Australian, General Practitioner, wishing to exchange duties, home, and share equally the incomes from the English and Australian practices for a year, January 76–77. I belong to a five man group practice, well situated in this delightful and small city. 
Dr D. N. Thornton, 6 College Street, College Park, South Australia 5069.

Fifth Partner required for Group Practice North West Kent. Graduate of British University, Obstetrics essential. Box No. 109, Advertisement Department, Longman Group Ltd., Journals Division, Longman House, Burnt Mill, Harlow, Essex.


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**WATFORD GENERAL HOSPITAL**

**Vocational Training Scheme for General Practitioners**

Applications are invited from Medical Practitioners who have completed pre-registration training for appointment of TRAINEE GENERAL PRACTITIONERS at the Watford General Hospital and in local General Practice.

There are TWO PARALLEL schemes which both start with two months in General Practice and end with ten months in General Practice.

ONE POST IS AVAILABLE in the FIRST Scheme, which is in its third year and starts on FEBRUARY 1st, 1975, with two months in General Practice, followed by six-month posts at S.H.O. grade in General Medicine/Geriatrics, Obstetrics and Gynaecology, Paediatrics, Psychiatry and Family Psychiatry and end with ten months General Practice.

The SECOND Scheme starts on MARCH 1st, TWO POSTS available, with two months General Practice followed by six-month posts at S.H.O. grade in General Medicine/Geriatrics, Obstetrics and Gynaecology, Casualty and Orthopaedics, Psychiatry and Family Psychiatry and ends with ten months in General Practice.

There is a half-day release during the three year course for a teaching seminar organised by the General Practitioner Course Tutor. During the hospital post training period all trainees are sponsored by G.P. Trainers (with whom they have continuing contact). There is an active Postgraduate Centre in the hospital.

The appointments are recognised for the D.R.C.O.G. and M.R.C.G.P., D.C.H. and D.P.M. Upon completion the doctor will be entitled to receive the Vocational Training Allowance.

Married accommodation available.

Applicants to the THREE POSTS available, please apply to: The Hospital Secretary, Watford General Hospital, Shrodells Wing, Vicarage Road, Watford, WD1 8HB, from whom further particulars may be obtained.
UNIVERSITY OF BRISTOL
VOCATIONAL TRAINING FOR
GENERAL PRACTICE

Applications are invited for a three-year TRAINEESHIP in Vocational Training for General Practice, consisting of two years' hospital and elective training and a one-year traineeship in an approved practice.

After a short period of orientation of not more than three months in the training practice, trainees will start hospital appointments at S.H.O. level in a Bristol hospital. The posts offered are six months in medicine, six months in obstetrics and gynaecology, three months in paediatrics and three months in geriatrics; the remaining six-month period in hospital will be partly or wholly elective, when opportunities will be given to gain experience in special hospital, and other, departments. The trainee will complete the year in practice before or after this elective period. A half-day release course is run during University term-time throughout the three years and contains a special extended course in psychiatry.

The orientation period in practice should start in June 1975, the first hospital appointments to commence on 1st August 1975.

Applicants who are suitably qualified should write giving details of previous experience, the names and addresses of two referees and quote a date when they would anticipate being able to start the preliminary orientation period in practice. Applications should be received by 31st December, 1974.

It may also be possible to assist practitioners who have already partly fulfilled the necessary criteria and who wish to complete the requirements for vocational training. The course is recognised for the Vocational Training Vallowance by the D.H.S.S. and also for the M.R.C.G.P.

Applications and requests for further information should be sent to:
The Adviser in General Practice,
Medical Postgraduate Department,
University of Bristol,
21, Woodland Road,
Bristol, BS8 1TE.

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

Staffordshire Area Health Authority
Mid-Staffordshire Health District

Mid-Staffordshire Postgraduate Medical Centre
IN CONJUNCTION WITH THE UNIVERSITY OF KEELE

A COURSE IN TEACHING METHODS AND PRACTICE FOR DOCTORS INVOLVED IN TEACHING

A course on modern teaching methods for doctors will be held at Keele University from Friday evening 3 January to Sunday afternoon 5 January 1975. The course will be resident or non-resident and is recognised under Section 63, but numbers will be restricted.

Details of the programme and application form may be obtained from Mr J. E. Bridger, Postgraduate Clinical Tutor, Postgraduate Medical Centre, Staffordshire General Infirmary, Foregate Street, Stafford.

Tel: Stafford 58251 Ext. 114.

Fourth partner required in early summer 1975 as retirement replacement in busy urban teaching practice. Well equipped group practice premises with full ancillary attachment. Male practitioner under thirty-two with obstetric experience preferred. Partnership offered to right applicant after short assistantship. Applications including names of two referees to Drs Daniels, Freeman and Copestake, 16 Clarendon Street, Leamington Spa.

TEACHING AND LEARNING IN GENERAL PRACTICE
A COURSE SPONSORED BY THE UNIVERSITY OF LIVERPOOL
AND THE MERSEYSIDE AND NORTH WALES FACULTY OF THE ROYAL COLLEGE OF GENERAL PRACTITIONERS

An intensive residential Course for Trainers and Trainees will be held in the University Halls of Residence, Liverpool, from:

6th — 11th APRIL, 1975, inclusive

The Course includes: Educational Theory; Supervised one-to-one Teaching and Learning; Group Project Work; TV used for Teaching/Learning.

The Course is designed to help both Trainers and Trainees to learn how to teach and how to learn. The Course is approved under Section 63. The full fee (including residence) is £37.80. The closing date for applicants (the number is strictly limited) is 1st MARCH, 1975. Application form and full details may be obtained from: Doctor J. F. Lowe, Regional Adviser in General Practice, Postgraduate Office, Faculty of Medicine, The University, P.O. Box 147, LIVERPOOL L69 3BX.
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: 

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<tr>
<td>Single room</td>
<td>£3.50</td>
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<td>Double room</td>
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<td>Flat 1</td>
<td>£8.00 or £50.00 per week</td>
<td>£10.00 or £60.00 per week</td>
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<td>Flat 3</td>
<td>£9.00 or £55.00 per week</td>
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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: 

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<td>Long room</td>
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<td>Damask room</td>
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<td>Common room and terrace</td>
<td>£20.00</td>
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<td>Kitchen</td>
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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.
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the fast diuretic

*in the treatment of acute and chronic congestive heart failure

recommended dosage: 1 tablet of 1 mg daily

FURTHER INFORMATION AVAILABLE ON REQUEST

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with other trade marks and patents in various countries

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

*for patients undergoing concurrent treatment with digitalis
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recommended dosage: 2 tablets daily as a single dose