Frusemide
now available as
FRUSID
the proven, rapid
onset diuretic with
the gentle action

Impeccable quality and
proven bio-availability

After oral administration of
Frusemide/DDSA tablets to
fasting human subjects, peak
plasma concentrations of the
drug were reached within
30 minutes of dosing.

Plasma concentration-time
relationship of Frusemide
DDSA after administration
of a 40mg tablet each point is
the mean ± S.E.M.

Independent
Laboratory Report

Fruisid is the trade mark applied
to formulations containing
Frusemide BP 40mg. Available in
packs of 50, 250, and 1000.
Basic NHS cost:
Tablets 100 £3.29
(ex 1000 pack)

This well known work of
art the fountain called
Manneken Pis stands on
the Rue de l'Etué in
Brussels and dates from
before 1619. Legend
tells us that the
statuette depicts the son
of a rich bourgeois who
when lost was found by
his parents at the corner
of the Rue de Champagne
while assuming the well
known posture.
Reproduced by
permission of the Belgian
Tourist Office.

DDSA

Further information and samples on request from
the Medical Information Department, DDSA Pharmaceuticals, 310 Old Brompton Road London SW5
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 £4,776, rising to £4,929 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 £5,780, rising to £6,375 after five years.

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., (26RTS) Department of the Medical Director General (Naval), Empress State Building, Fulham, London SW6.
Clearly a distressing infection...

In difficult situations, immediate therapy with Magnapen gives a greater certainty of first-time success even when there are no laboratory reports to guide you.

Magnapen destroys all the bacteria commonly met in general practice, so it can be used with confidence to treat distressing infections rapidly and with the safety of a penicillin.

...time to call on the greater certainty of Magnapen
For those patients who cannot or will not tolerate bran...

...the best alternative is Normacol.*

A high residue diet with added fibre in the form of unprocessed bran is rapidly being recognised as the most effective treatment for diverticular disease. However, there are patients who cannot tolerate bran or who find it unpalatable. And of course there are always those who will not take something unless it’s ‘medicine’. For them, the best alternative to bran is Normacol.

Normacol provides the bulk which is necessary to prevent segmentation of the sigmoid colon and effect a lowering of the intracoelic pressure. Symptoms can thus be rapidly relieved and bowel habits restored to normal.


Normacol Standard brown coated granules containing Sterculia BPC 62% and Frangula BPC 1949 8%
Normacol Special white coated granules containing Sterculia BPC 62% alone
Normacol Antispasmodic orange coated granules containing Sterculia BPC 62% and Alverine Citrate 0.5%
Normacol Diabetic brown coated granules is identical with Normacol Standard except for the absence of sugar

Further information and samples on request

NORGINE LIMITED 26-28 Bedford Row London WC1B 4RC
Physicians and patients agree on ‘Aldomet’

WIDELY ACCEPTED BY PATIENTS

* Most patients taking ‘Aldomet’ feel well and improve symptomatically.
* Symptomatic exercise or postural hypotension rarely occur—and patients report ‘dizziness’ only rarely.
* A sedating effect (beneficial for some anxious patients) usually disappears on continued treatment.
* Simple, convenient dosage.

For effective 24-hour control of hypertension

Aldomet®

prescribe by name

“Aldomet” is available as 125 mg, 250 mg (the standard strength), and 500 mg tablets—and an injection for emergency use. Detailed information is available to physicians on request. ® denotes registered trademark.

Merck Sharp & Dohme Limited
Hoddesdon, Hertfordshire
When Minocin was compared with co-trimoxazole it was found to be...

...faster
"There was a more rapid and complete resolution of symptoms with minocycline..."
The mean time taken for symptoms to resolve with minocycline was 4.2 days as against 5.4 days with co-trimoxazole.

...more effective
"...At both 5 and 10 days the results with minocycline were better than with co-trimoxazole..."
Complete resolution of symptoms without recurrence.

<table>
<thead>
<tr>
<th></th>
<th>5 days</th>
<th>10 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>minocycline</td>
<td>76%</td>
<td>100%</td>
</tr>
<tr>
<td>co-trimoxazole</td>
<td>62%</td>
<td>87%</td>
</tr>
</tbody>
</table>

...and particularly convenient
"The small dose of minocycline is particularly convenient for use by ambulant patients, especially those who are going to work."
Minocycline 100 mg: one twice daily.

Full information is available on request:
Ledert Laboratories
A division of Cyanamid of Gt Britain Ltd
Fareham Road Gosport Hants PO13 0AS
Presentation: blister packs of 9 and 45 tablets each containing 100 mg minocycline
*Trade Mark
*General Practitioner Research Group
Practitioner (1975) 214, 110

MINOCIN
Urinary Infections
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
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. 2,3,3

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. 4

The difference that allows Amoxil to penetrate bronchial membrane barriers regardless of the degree of inflammation. (fig.2)

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 (egph), amoxycillin, is available from Bencard, Bescotford, Middlesex.

Fig. 1 Comparative relapse rates in severe cases. 1
Fig. 2 Moderate bronchitic lung with emphysema.
Latest U.T.I. results: Septrin first again

<table>
<thead>
<tr>
<th>Antibacterial</th>
<th>All Gram-negatives</th>
<th>Strep. faecalis</th>
<th>All bacteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEPTRIN</td>
<td>99.4%</td>
<td>100%</td>
<td>99.1%</td>
</tr>
<tr>
<td>Nalidixic acid</td>
<td>98.9</td>
<td>0</td>
<td>89.8</td>
</tr>
<tr>
<td>Nitrofurantoin</td>
<td>88.2</td>
<td>100</td>
<td>88.0</td>
</tr>
<tr>
<td>Ampicillin</td>
<td>83.3</td>
<td>100</td>
<td>84.4</td>
</tr>
<tr>
<td>Tetracycline</td>
<td>79.3</td>
<td>55.0</td>
<td>76.9</td>
</tr>
<tr>
<td>Sulphonamide</td>
<td>81.3</td>
<td>0</td>
<td>73.8</td>
</tr>
</tbody>
</table>

Septrin b.d. right for urinary tract infections

In a study involving 173 general practitioners in Scotland, in-vitro sensitivities of isolates from acute urinary infections were tested against 6 oral and 5 parenteral antibacterials. Percentage sensitivities to the 6 oral antibacterials are tabulated above.


FULL PRESCRIBING INFORMATION IS AVAILABLE ON REQUEST.

Wellcome Medical Division
The Wellcome Foundation Ltd
Berkhamsted, Herts.

Septrin contains trimethoprim and sulphamethoxazole.
John died last week from ischaemic heart disease -
Now his immediate family is your concern

Ischaemic heart disease now causes more than 25% of all deaths in the United Kingdom.¹

Patients with familial hypercholesterolaemia (Type II) are particularly at risk. Moreover, the family and relatives of affected individuals are also prone to premature death from IHD.²

Prompt identification and treatment offer the only opportunity to prevent early onset of the condition.² The most significant therapeutic advance is QUESTRAN.³ ⁴ QUESTRAN restores the normal lipid balance, reducing plasma cholesterol by as much as 40%.⁵ In this respect QUESTRAN is superior to Clofibrate.⁶

QUESTRAN*

Restores lipid balance and protects your patients at risk from IHD

References:
1. On the State of the Public Health (1973) p.31. H.M.S.O.
5. Lindley & Heart Disease, (1980) p. 71

Further information available on request from:

BRISTOL LABORATORIES, Division of Bristol-Myers Company Ltd., Stamford House, Langley, Slough, SL3 6EB.

*QUESTRAN is the Bristol trade mark for the only palatable form of cholestyramine
PLO125/5009
CONYBEARE’S TEXTBOOK OF MEDICINE
Edited by W. N. MANN
1975 Sixteenth edition 932 pages illustrated £14.00

The new edition includes work by several new authors and the book as a whole has been very extensively revised. The general scope of the book has been widened to make it a comprehensive text, but efforts have been made also, in spite of many new subjects mentioned, to retain its general readability and to avoid an encyclopaedic style.

PROBLEM CENTRED LEARNING—
the Modified Essay Question in Medicine
KEITH HODGKIN and JAMES D. E. KNOX
1975 152 pages illustrated £2.00 approx.

This book describes a new approach to teaching, learning and assessment in medical education and training. Based upon case histories, the technique exercises decision-making and other skills in clinical medicine.

Twelve examples are provided, each with an appropriate response guide, which may be used for assessment. Each example is also analysed to indicate the nature of abilities which questions are intended to exercise.

A GUIDE TO COUNSELLING AND BASIC PSYCHOTHERAPY
RICHARD PARRY
1975 144 pages £1.75

This is an account of some of the guidelines used by one man in his psychotherapeutic work. The author recognises that management of psychological problems depends not only on the nature of the problem, but also on the therapist himself, on his own personality and the approach with which he feels most comfortable. In its concentration on the approach, it aims to encourage the reader to consider, dispute or test the suggestions that are made.
Upjohn
travelling fellowships
1975

As in previous years Upjohn is pleased
to announce that Travelling Fellowship
Awards are available in 1975.

These Awards are made to general
practitioners wishing to further their
postgraduate training (outside Section
63 of the National Health Act 1958) by
taking a course of study at a hospital or
centre of their choosing in the British
Isles.

Applications for Awards are consid-
ered by the Education Committee of the
Royal College of General Practitioners
within the terms of the Fellowship Rules.

Upjohn have mailed application forms
and brochures to doctors on their
mailing list and applications must be in
the hands of The Secretary, the Royal
College of General Practitioners,
14 Princes Gate, Hyde Park, London
SW7 IPU, by 31st May 1975.
VOCATIONAL TRAINING FOR GENERAL PRACTICE

Devon Area Health Authority, Exeter University and Exeter and Mid-Devon Hospitals

Applications are now invited for three places starting on 1 November 1975 on the vocational training scheme of the Department of General Practice in the Postgraduate Medical Institute of Exeter University. The course is designed and recognised for the MRCGP examination.

All three programmes will begin with two months introductory training in a teaching practice. The hospital posts start on 1 January 1976 and will include four of the following five six-month posts: acute medicine combined with dermatology, paediatrics (DCH), psychiatry, geriatrics, accident and emergency.

One year in all is spent in a university-approved teaching practice and throughout the three years a half-day release course is held. Trainees participate actively in the planning of the course and the emphasis is on small-group work.

The Exeter Department 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.
WHITSTABLE Kent Group Practice moving into new Health Centre October seeks eleventh partner. All ancillary attachments, and practice nurses. General practice hospital and maternity unit. Appointments system and duty rota. Opportunities for clinical assistantship at large general hospital with excellent postgraduate centre six miles distant. Six weeks holiday plus study leave.

No capital, three months assistantship, parity three years. Attractive salary and partnership profits.

Graduate of British University preferred. Full particulars including qualifications and experience to Dr D. O. Davies FRCGP, 26 Oxford Street, Whitstable, Kent.

---

M.R.C.G.P. COURSE

A course primarily for candidates for the Membership will be held at Warwickshire Postgraduate Centre, Coventry from 14–18 July 1975. Multiple choice questions, modified essay questions and traditional essays are featured in the course, which is recognised under Section 63. Married and single accommodation available. Further details from Dr R. E. Smith, Warwickshire Postgraduate Medical Centre, Stoney Stanton Road, Coventry CV1, 4FG.

---

INTERNATIONAL MEDICAL PERSONNEL DOCTORS' BUREAU

offer

- Locum and permanent placements . . .
- In general practice and hospitals . . .
- Throughout London and the British Isles . . .
- For all grades and specialties . . .
- With no charge to staff.

Write to us at:
Hinde House, 11 Hinde Street,
Manchester Square, London W1.
Or telephone 01-487 5213, 935 2466/6221.
(X2251)

---

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.
REGIONAL COUNCIL FOR POST-GRADUATE MEDICAL EDUCATION
AND LIVERPOOL UNIVERSITY
DEPARTMENT OF CHILD HEALTH
"CHILD DEVELOPMENT & HANDICAP IN CHILDHOOD"
A day-release course, supplemented by intensive periods, will start in October 1975 and continue over three University Terms. The course meets the requirements of the Department of Education and Science, providing appropriate training for School Medical Officers, and is also suitable for junior hospital staff and general practitioners.

Further details and application forms from:
Postgraduate Office,
Faculty of Medicine,
University of Liverpool,
PO Box 147,
LIVERPOOL L69 3BX.

WESTMINSTER MEDICAL SCHOOL
(University of London)
Senior Lecturer in General Practice
(Part-time)
Applications are invited for the above part-time post from registered medical practitioners in active general practice, preferably either in South District of the Kensington and Chelsea and Westminster Area, or Roehampton District of Merton, Sutton and Wandsworth Area. Appointment will be three sessions a week pro-rata salary scale £5,433–£7,947 p.a. plus superannuation.
Three copies of applications and curriculum vitae and name and address of two referees to Secretary, Westminster Medical School, 17 Horseferry Road, SW1P 2AR by 2 June. Further details from Dr R. Farmer, Tel. 01–828–9811, Ext. 2599.


Now ready
E V O L U T I O N A R Y
ORIGINS OF
DISEASE

by

R. M. J. Harper,
MA DM (OXON)

Available from the Publisher:

G. Msdell
Porcupines
19 Pitton Street
Barnstaple, N. Devon

Price £6.00 post free or from any Bookseller

ASSISTANT WITH A VIEW
Wanted a young doctor for a large, busy private group practice in Hong Kong. Paediatric experience essential. D.C.H., M.R.C.P. preferable. Experience in general practice necessary as must be prepared to undertake same. Minimum of two-year contract and offer of partnership to the right candidate. Please write to Box 452, G.P.O., Hong Kong with details of experience and qualifications.

Opinions expressed in The Journal of the Royal College of General Practitioners should not be taken to represent the policy of the Royal College of General Practitioners unless this is specifically stated.
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 are:</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 firings are subject to approval and VAT is added.

<table>
<thead>
<tr>
<th>Charges are:</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</td>
<td>£ 20.00</td>
<td>£ 30.00</td>
</tr>
<tr>
<td>and terrace</td>
<td></td>
<td></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.

PRESENT STATE AND FUTURE NEEDS OF GENERAL PRACTICE

Reports from General Practice Number 16

Wherever general practice or family medicine is studied the Present State and Future Needs of General Practice series is read. The latest edition was published in March 1973 and surveys the problems and position of general practice. It was produced by the Royal College of General Practitioners and is available now from The Longman Group, 43-45 Annandale Street, Edinburgh, EH7 4AT, Scotland. Price: £1.50 ($5).
# JOURNAL PUBLICATIONS

The following have been published by *The Journal of the Royal College of General Practitioners* and can be obtained, while still in print, from the Longman Group Ltd., 43 Annandale Street, Edinburgh EH7 4AT, Scotland.

## REPORTS FROM GENERAL PRACTICE

<table>
<thead>
<tr>
<th>No.</th>
<th>Title</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Special Vocational Training</td>
<td>25p</td>
</tr>
<tr>
<td>5</td>
<td>Evidence of the Royal College of General Practitioners to the Royal Commission on Medical Education</td>
<td>33p</td>
</tr>
<tr>
<td>6</td>
<td>Implementation of Vocational Training</td>
<td>20p</td>
</tr>
<tr>
<td>10</td>
<td>The Practice Nurse</td>
<td>50p</td>
</tr>
<tr>
<td>11</td>
<td>General Practice Teaching of Undergraduates in British Medical Schools</td>
<td>52p</td>
</tr>
<tr>
<td>13</td>
<td>Present State and Future Needs of General Practice (second edition)</td>
<td>60p</td>
</tr>
<tr>
<td>15</td>
<td>Teaching Practices</td>
<td>£1.00</td>
</tr>
<tr>
<td>16</td>
<td>Present State and Future Needs of General Practice (third edition)</td>
<td>£1.50</td>
</tr>
</tbody>
</table>

## SUPPLEMENTS TO THE JOURNAL OF THE ROYAL COLLEGE OF GENERAL PRACTITIONERS

<table>
<thead>
<tr>
<th>Title</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health and the Family Doctor</td>
<td>25p</td>
</tr>
<tr>
<td>Accident Management</td>
<td>30p</td>
</tr>
<tr>
<td>Training for General Practice (first edition)</td>
<td>22p</td>
</tr>
<tr>
<td>Arthritis in General Practice</td>
<td>25p</td>
</tr>
<tr>
<td>The Hazards of Middle Age</td>
<td>25p</td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>25p</td>
</tr>
<tr>
<td>The Aetiology of Congenital Abnormalities</td>
<td>38p</td>
</tr>
<tr>
<td>The Art and the Science of General Practice</td>
<td>36p</td>
</tr>
<tr>
<td>Preventive Medicine and General Practice</td>
<td>52p</td>
</tr>
<tr>
<td>The Clinical Problems of Practice</td>
<td>43p</td>
</tr>
<tr>
<td>Training for General Practice (second edition)</td>
<td>22p</td>
</tr>
<tr>
<td>Anaemia in General Practice</td>
<td>30p</td>
</tr>
<tr>
<td>The Age of Discretion 20-40</td>
<td>38p</td>
</tr>
<tr>
<td>The Early Detection of Imported and Endemic Disease</td>
<td>38p</td>
</tr>
<tr>
<td>Rheumatology in General Practice</td>
<td>52p</td>
</tr>
<tr>
<td>The Management of Staff in General Practice</td>
<td>52p</td>
</tr>
<tr>
<td>Man, Milieu and Malady</td>
<td>52p</td>
</tr>
<tr>
<td>A Future in General Practice</td>
<td>52p</td>
</tr>
<tr>
<td>Transport Services in General Practice</td>
<td>75p</td>
</tr>
<tr>
<td>General Practitioners and Abortion</td>
<td>75p</td>
</tr>
<tr>
<td>General Practitioners and Contraception</td>
<td>75p</td>
</tr>
<tr>
<td>General Practice in the London Borough of Camden</td>
<td>75p</td>
</tr>
<tr>
<td>The Renaissance of General Practice</td>
<td>75p</td>
</tr>
<tr>
<td>University Departments of General Practice</td>
<td>75p</td>
</tr>
<tr>
<td>The Medical Use of Psychotropic Drugs</td>
<td>£1.75</td>
</tr>
<tr>
<td>A General-Practice Glossary</td>
<td>£1.00</td>
</tr>
<tr>
<td>Hostile Environment of Man</td>
<td>£1.25</td>
</tr>
<tr>
<td>A Visit to Australia and the Far East</td>
<td>£1.00</td>
</tr>
</tbody>
</table>