Below the surface of the climacteric

- Hot flushes, sweating
- Endometrial hyperplasia
- Dry vagina
- Osteoporosis (affects one patient in three)
- Irregular periods

Cyclo-Progynova
The all-round treatment for menopausal problems
A sensible diet is an important factor in the management of gastrointestinal complaints. Sensible medication is another. This is where Libraxin comes in.

Psychological factors are considered important in the management of many illnesses, but perhaps no more so than in gastrointestinal complaints. In some, for example irritable colon, the emotions are thought to have an aetiological role; in others, for example peptic ulcer, they may influence the clinical manifestations and the subsequent treatment of the patient.

Libraxin helps to improve the prognosis by altering the patient's outlook whilst at the same time relieving the physical symptoms by decreasing hypermotility and hypersecretion in the gut.

LIBRAXIN

For the treatment of a wide range of gastro-intestinal disorders with an emotional component, including nervous dyspepsia, peptic ulcer, cardiospasm, pylorospasm, nervous or irritable colon.

Libraxin is the trade mark for pharmaceutical preparations containing chlordiazepoxide and clidinium bromide.

References
Cromwell,H.A.,Med.Tns(NY)1968,96,933
McHardy,G.,et al.,Gastroenterology,1968,54,508

Full prescribing information is available

Roche Products Limited
PO Box 2LE, 15 Manchester Square, London W1A 2LE

J486012/577
Duodenal ulcer
reduce acid...improve healing

(Artist's impression of H₂ receptor antagonist acting on receptor site in the parietal cell in gastric mucosa.)

Healing
'Tagamet', by its unique action in selectively reducing gastric acid secretion, achieves remarkable results in the treatment of duodenal ulcer. Overall experience in clinical trials has shown that 77% of over 800 'Tagamet'-treated patients completely healed their ulcers, usually in 4-6 weeks, compared with only 41% of 252 patients in the placebo group.

Symptomatic Relief
In duodenal ulcer, experience has shown that early and dramatic symptomatic relief is obtained, usually within one week of starting treatment; after 4 weeks the majority of patients are completely free from ulcer symptoms.

Maintenance
377 chronic duodenal ulcer patients, who had healed their ulcers after 4-6 weeks treatment entered double-blind maintenance trials. They were maintained on 'Tagamet' or placebo for periods of up to 6 months. Results from these ongoing studies have shown that only 5.7% of the 'Tagamet' group relapsed compared with 42.1% who were maintained on placebo. This trend has also been observed in other studies.

Tagamet
H₂ reduces gastric acid secretion

References

'Tagamet' (cimetidine) is available as 200mg film-coated tablets, 200mg/5ml syrup and 200mg/2ml ampoules.

'Tagamet' is a trade mark.
The quiet revolution in ampicillin therapy

Ampicillin, the most widely used antibiotic in the U.K., was discovered 16 years ago by Beecham. Now, with Talpen, Beecham research has taken ampicillin therapy an important step forward.

Talpen (talampicillin) is much better absorbed and is changed rapidly in the body to deliver more ampicillin into the blood. So double the peak ampicillin serum levels are achieved twice as quickly! The incidence of diarrhoea is greatly reduced; which means less discomfort for your patients. And Talpen's easy-to-remember t.i.d. dosage is much more convenient, too. Prescribe Talpen now for routine infections – and both you and your patients will notice a definite change for the better.

That's what quiet revolutions are all about.

Talpen

Talpen is a product of British research at Beecham Research Laboratories Brentford, England. A branch of Beecham Group Limited. PL 0038/0209 *regd

Indications: Typical indications include: Acute and Chronic Bronchitis, Pneumonia, ENT infections, and U.T.I.
Usual Adult Dosage: One tablet three times a day. Each tablet contains 250mg of the ampicillin ester, talampicillin hydrochloride. Contra-indication: Pencillin hypersensitivity. Precaution: Talpen is not recommended for patients with severe renal or hepatic impairment. Side-effects: As with other pencillins. An erythematous rash may occasionally occur; the incidence is particularly high in patients with infective mononucleosis. Each 250mg of talampicillin hydrochloride is chemically equivalent to 169mg of ampicillin. Further information is available on request. 1. Jones, K.H. et al., to be published. 2. Br. J. Clin. Pract., 1975, 29, 255.
IN ASTHMA AND CHRONIC BRONCHITIS

Ventolin is the most extensively prescribed bronchodilator

VENTOLIN INHALER
provides selective, metered-dose aerosol bronchodilator therapy and being long acting, is suitable for routine maintenance therapy. The rapid action is useful for relieving attacks of acute dyspnoea and doses may be taken prophylactically before exertion or to prevent exercise-induced asthma.

VENTOLIN TABLETS 2mg & 4mg
are available whenever oral bronchodilator therapy is preferred and offer convenient flexibility of dosage.

VENTOLIN SPANDETS
offer sustained duration of action orally and are particularly valuable when nocturnal bronchospasm is a problem.

VENTOLIN SYRUP
the oral bronchodilator of choice whenever liquid medicine is preferred.

VENTOLIN INJECTION
0.5mg in 1ml (500 microgram/ml)
VENTOLIN INJECTION
0.25mg in 5ml (50 microgram/ml)
for subcutaneous, intramuscular or intravenous injection in the rapid relief of severe bronchospasm or status asthmaticus.

Ventolin Inhaler contains salbutamol BP
The oral and parenteral preparations of Ventolin contain salbutamol sulphate BP.

VENTOLIN
PRIMARY THERAPY IN REVERSIBLE AIRWAYS OBSTRUCTION

Full prescribing information is available on request. Ventolin and Spandet are trade marks of ALLEN & HANBURYS LTD LONDON E2 6LA.
Otitis media
Amoxil is quoted as 'the treatment of choice' in otitis media in children under five in a recent expert review in the Practitioner.1

Bronchitis
"In my opinion, the most straightforward treatment of this condition, in patients not allergic to penicillin, is amoxycillin...taken at the first sign of increasing sputum purulence."2

Other respiratory infections
In various upper and lower respiratory infections, Amoxil has been shown to achieve 84% response within three days of the commencement of treatment in 243 children studied.2

References
1928 Nitrites
1936 Thiocyanates
1949 Ganglion Blockers
1952 Reserpine
1954 Alpha-Blo-
1957 Oral Diuretics
1960 Neurontin
1963 Metoprolol
1969 Beta-Blockers

Trandate
(labetalol)
the first alpha-beta-blocker

A SIGNIFICANT

FURTHER INFORMATION APPEARS OVERLEAF
A MORE RATIONAL TREATMENT FOR HYPERTENSION

THE IMPORTANCE OF ALPHA-BLOCKADE

In uncomplicated essential hypertension, peripheral resistance is raised and cardiac output is normal. The most rational way to lower the blood pressure is, therefore, to decrease the peripheral resistance without adversely affecting cardiac function. Trandate lowers the blood pressure primarily by incomplete competitive blockade of the alpha-adrenoceptors in peripheral arterioles thereby reducing peripheral resistance. Sufficient sympathetic activity remains to avoid symptoms associated with postural hypotension in most patients.

BALANCED BY BETA-BLOCKADE

The resulting fall in peripheral resistance would, with simple alpha-blocking drugs and vasodilators, result in a reflex tachycardia which is unpleasant to patients and may be harmful. But the beta-blocking component of Trandate’s unique profile of activity counteracts this effect and reduction of blood pressure is achieved without cardiac stimulation. However, in contrast with simple beta-blocking drugs, the cardiac output is not reduced at rest and after moderate exercise because Trandate’s beta-blocking action is balanced by the increased reflex sympathetic drive resulting from the main alpha-blocking action.

Trandate (labetalol)

A UNIQUE PROFILE IN HYPERTENSION

- Produces a more normal circulation
- Is effective in all grades of hypertension
- Has a low incidence of use-limiting side effects
- Permits single-drug therapy improving patient compliance

Full prescribing information is available on request. Trandate is a trade mark of ALLEN & HANBURYS LTD LONDON E2 6LA.
Nitrazepam 10 mg tablets now available, prescribed as REMNOS 10 mg
In addition to the Remnos 5 mg strength

For Patient convenience
— many patients require 2 x 5 Nitrazepam tablets at night. Now one tablet Remnos 10 mg fulfills this need

Prescribing convenience
— the distinctive yellow colour of tablets Remnos 10 mg clearly distinguishes this dosage form from tablets Remnos 5 mg thus avoiding the likelihood of confusion

Cost saving*
1 x 100 Remnos 10 mg tablets costs 10% less than 2 x 100 Remnos 5 mg

Nitrazepam 10 mg only available as tablets Remnos 10 mg

Availability:
packs of 100 and 500 tablets each containing Nitrazepam BP 10 mg
*100 tablets Remnos 10 mg cost £2.50

Further information available on request from DDSA Pharmaceuticals, 310 Old Brompton Road, London SW5 81Q
Complete diuretic

New Aldactide 50 is today's answer for those patients with early hypertension. New Aldactide 50 is the once-a-day way gently to lower blood pressure without postural hypotension or loss of potassium.

On its own, or in combination with other antihypertensives, new Aldactide 50 offers tailor-made therapy for your patients with early hypertension.

NEW

Aldactide 50
the diuretic for early hypertension

Prescribing Information
Presentation
Aldactide 50 is presented as scored, cream-coloured tablets stamped "SEARLE 180" on one side containing Spironolactone B.P. 50mg with Hydroflumethiazide B.P. 50mg.
Uses
Hypertension
Dosage and Administration
Aldactide 50 - one or two tablets with breakfast or the first main meal of the day
Contra-indications, Warnings etc.
Aldactide should not be given in acute renal insufficiency, rapidly progressing impairment of renal function, anuria, hyperkalaemia or in the presence of sensitivity to either component.
Administration not recommended if serum potassium is raised. Thiazides have been reported to decrease glucose tolerance and to induce hyperuricaemia. Spironolactone has been reported to induce gastrointestinal upsets, drowsiness, headache and mental confusion. Potentiation of the action of other antihypertensive drugs occurs.
Thiazides as well as carbenoxone, a metabolite of spironolactone, appear in breast milk. Acute overdosage may be manifested by drowsiness, mental confusion, nausea, vomiting, dizziness or diarrhoea.

The use of any drug in women of childbearing potential requires that the benefits of therapy be weighed against its possible hazards to the mother and foetus.
Product Licence Holder and Number
C.D. Searle & Co. Ltd. 0020/0082
Basic N.M.S. Cost
40 tablets £6.38.
Aldactone 100 is the key to the management of advanced hypertension. By its unique action, Aldactone 100 provides highly effective control of blood pressure without postural hypotension or loss of potassium.

On its own, or in combination with other antihypertensives, Aldactone 100 provides reliable antihypertensive therapy for your patients with advanced hypertension.
Nystan-tp
(nystatin)

for even the most recalcitrant of vaginal candidal infections
CLASSIFIED ADVERTISEMENTS AND NOTICES

Classified advertisements are welcomed and should be sent to: Mr Mike Fulton, Advertisement Director, The Journal of the Royal College of General Practitioners, Update Publications Ltd., 33/34 Alfred Place, London WC1E 7DP. Copy must be received by 1st of the month preceding the month of issue to ensure inclusion. Every effort will be made to include advertisements received after this date but publication cannot be guaranteed and the advertisement may have to be held over to the following issue.

The charge for space in this section is £5.75 per single column centimetre, 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 reserves the right to refuse any advertisement. All recruitment advertisements in this section are open to both male and female applicants.

ISLE OF WIGHT AREA HEALTH AUTHORITY
THE WESSEX VOCATIONAL TRAINING SCHEME FOR GENERAL PRACTICE

An opportunity to train under the above Scheme arises with effect from 1 August 1978.

Trainees are appointed to the Senior House Officer Grade and spend two years in hospital posts with a final year in General Practice. They will qualify for the Vocational Training Grant when they complete the course.

The rotation of hospital posts is as follows:
- Chest and Geriatric Medicine: 6 months
- Obstetrics and Gynaecology: 6 months
- Paediatrics (with Ophthalmology and ENT): 6 months
- Psychiatry (with Dermatology): 6 months

The Training is recognized for the MRCGP, DCH, DRCOG and MRCOG. A Day Release Course directed to the MRCGP constitutes an integral part of the General Practice year. Married accommodation is available at a rental.

The population of the Isle of Wight is approximately 110,000. Frequent passenger services to the Island run from Portsmouth, Southampton and Lymington.

Candidates are welcome to visit the Island by appointment with the Clinical Tutor, Post Graduate Medical Centre, St Mary's Hospital, Newport, Isle of Wight. Telephone Newport 4081.

Application forms and further information are available from the Area Personnel Officer, Personnel Division, Area Headquarters, Whitecroft, Sandy Lane, Newport PO30 3ED.

Closing date 18 April 1978.

EAST SUSSEX AREA HEALTH AUTHORITY
HASTINGS HEALTH DISTRICT

VOCATIONAL TRAINING SCHEME FOR GENERAL PRACTICE

Applications are invited from Registered Medical Practitioners for two appointments to the Hastings Health District Vocational Training Scheme commencing on 1 September 1978.

Each successful applicant will receive a 3-year course of vocational training consisting of two separate six-month attachments to selected general practices in either Bexhill, Hastings or Rye, and four six-month SHO posts in Obstetrics, Paediatrics, Accident/Emergency and ENT/Dermatology.

Throughout the whole 3-year period, there will be weekly half-day release course meetings of trainers and trainees during which topics appropriate to general practice will be considered in some depth. There will also be opportunity to attend other courses and postgraduate meetings at the Hastings Postgraduate Medical Centre.

The course is recognized for the MRCGP, DCH and DRCOG.

Married accommodation will be available if required.

The scheme offers trainees an enjoyable and worthwhile three years in an extremely attractive part of the country with ample opportunity for leisure pursuits.

For further details apply to the Course Organizer, Hastings Postgraduate Medical and Dental Centre, 7 Holmesdale Gardens, Hastings TN34 1LY.

COURSES FOR GENERAL PRACTITIONERS
8-12 May, 1978

General Medicine, Guy's Hospital
Application to: Miss R. Cains, Postgraduate Secretary, Guy's Hospital Medical School, London SE1 9RT.

This course was omitted from the programme for General Practitioners, January to August, 1978, published by the British Postgraduate Medical Federation.
UNIVERSITY OF BRISTOL
AVON VOCATIONAL TRAINING SCHEME FOR GENERAL PRACTICE

Applications are invited for a three-year traineeship in Vocational Training for General Practice, consisting of two years' hospital 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 SHO level in a Bristol hospital. Two of the rotations offered are: six months in medicine, six months in obstetrics with 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. The third rotation will consist of four of six-month appointments in the following specialties: accident and emergency, paediatrics, geriatrics and psychiatry. A half-day release course is run during University term time throughout the three years.

The orientation period in practice should start in December 1978, the first hospital appointments to commence on 1 February 1979.

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 31 May 1978.

Candidates who are shortlisted will be interviewed on 5 July 1978.

It may 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 recognized for the Vocational Training Allowance by the DHSS and also for the MRCGP.

Applications and requests for further information should be sent to:

The Course Organizer,
Medical Postgraduate Department,
University of Bristol,
21 Woodland Road,
Bristol BS8 1TE.

DEVON AREA HEALTH AUTHORITY,
PLYMOUTH HEALTH DISTRICT
VOCATIONAL TRAINING FOR GENERAL PRACTICE

Applications are invited from fully registered doctors for five posts in this established three-year scheme commencing on 1 September 1978.

An introductory month in General Practice will precede two years to be spent in rotating hospital posts: Three rotations will be of four months' posts in Geriatrics, Accident and Emergency, and Psychiatry; and six months' posts in Obstetrics and Paediatrics.

A fourth rotation will be of six months' posts in Accident and Emergency, General Medicine, Paediatrics and Obstetrics.

A fifth rotation will be of six months' posts in General Medicine, Accident and Emergency, Psychiatry and Geriatrics.

A final 11 months will be spent in an approved training practice.

A half day release course will be held in academic term throughout the three years. A full programme of meetings is available at the Plymouth Postgraduate Medical Centre. Excellent library facilities are available.

The Scheme is recognized for MRCGP, DOBST, RCOG, and DCH examinations.

Single and married accommodation will be available during the hospital period.

Application forms and full details obtainable from Miss A. M. Ling, Senior Administrative Assistant, Plymouth General Hospital, North Friary House, Greenbank Terrace, Plymouth PL4 8QO.

Forms should be returned by 8 May; the short list will be drawn up on 10 May, and it is hoped to interview on 19 May 1978.

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JOURNAL OF THE ROYAL COLLEGE OF PHYSICIANS OF LONDON

This Journal is concerned with the integration of scientific disciplines in the practice of medicine and, by providing a wide ranging commentary on the growing points of medicine, is an essential complement to the specialized journals.

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UNIVERSITY OF EXETER
POSTGRADUATE MEDICAL INSTITUTE

FIVE-DAY REFRESHER COURSES FOR GENERAL PRACTITIONERS
(recognised under Section 63)

22-26 May 1978 General Medicine (topics include endocrinology, pathology, clinical pharmacology, and psychiatry)
5-9 June 1978 Child Health

Application forms from The Director, Postgraduate Medical Institute, Barrack Road, Exeter EX2 5DW.
What the papers say

**Shortest Acting**

"With doses up to 1 mg, the natriuresis was largely complete within 3h."

"Its (Burinex) has a short duration of action, being virtually complete in 3h."

**Fast Acting**

"The rapid absorption from the gastro-intestinal tract is reflected in the brisk diuresis established within the hour."

"Its (Burinex Injection) onset of action is within 10min."

"Bumetanide is rapidly absorbed from the gut."

**Clinically Effective**

"Fourteen patients showed a good diuretic response on bumetanide where previous treatment with frusemide had proved either unsatisfactory or too slow."

"An impressive diminution of the signs of pulmonary oedema was seen in most patients and in some the clearance of alveolar oedema was dramatic."

"Based upon our experience with the use of bumetanide in several hundreds of patients and the detailed studies reported above, it may be concluded that this new diuretic agent is a very useful drug in the treatment of congestive cardiac failure."

"Our study... confirms that bumetanide is a potent diuretic effective over a wide dose range and in a variety of clinical conditions."

**Well tolerated**

"Burinex was extremely well tolerated."

"Bumetanide was well tolerated by patients."

"Overall, bumetanide showed itself to be a safe and effective diuretic when administered to severely ill patients in a busy hospital milieu."

**The correct amount of K**

"It is known from short-term studies that 1 mg of bumetanide increases the excretion of potassium by 10-15 mmol daily (Asbury et al, 1972; Olsen et al, 1973; Davies et al, 1974). Two tablets of the combined preparation Burinex K contain 1 mg of bumetanide and 16 mmol of potassium."

**At the correct time**

"35% of the potassium chloride is released by one hour, the rest being released over a period of six hours."

---

**The Morning OR Evening diuretic**

"The rapid onset and short duration of action of loop diuretics are clearly desirable when a rapid diuresis is indicated, and when given in the evening to patients with chronic heart failure, the short duration of action can ensure a good night's sleep undisturbed by nocturia or breathlessness."

"The use of potent and short-acting diuretics such as bumetanide allow the physician and patient scope to decide upon the most appropriate time for administration and so reduce major disruptions in the patient's daily routine."

"Patients who go out to work may find Burinex K given in the evening more socially acceptable."

---

**Patients prefer Burinex K**

"These results indicate that when long-term diuretic/potassium supplement therapy is required, Burinex K is a more acceptable regimen to the patients than one in which diuretic + Slow K are given separately."

"Patients showed a highly significant preference to take two tablets on one occasion (Burinex K) rather than two different types of tablet on three separate occasions (Lasix + K)."

---

*Burinex is a trade mark

...But of course the decision is yours.

**Burinex K**

Tablets contain 0.5 mg bumetanide with a slow release core of 573 mg (7.7mEq) of potassium chloride.


Full prescribing information available from LEO Pharmaceutical Limited, Hayes Gate House, Hayes, Middx.