**Amoxil success everyday**

**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**

Further information on Amoxil (reg'd) amoxycillin is available on request to the company Bencard, Great West Road, Brentford, Middx.
Reflux oesophagitis
the role of gastric acid

Healing
By its fundamental action in reducing both acidity and volume of gastric juice, 'Tagamet' has been shown to achieve complete healing or marked improvement in the majority of patients with reflux oesophagitis. Overall experience in clinical trials has shown that, at the recommended dosage, 62% of 39 patients had complete healing or marked improvement compared with only 9% of 23 patients on placebo. Complete resolution of stricture, ulcers and erosions was also demonstrated in individual patients.

Symptomatic Relief
In one study most patients obtained rapid symptomatic improvement during 'Tagamet' treatment and within 4 weeks many were free from symptoms. A considerable reduction in the incidence of heartburn, reflux, dysphagia and odynophagia was also observed during therapy.

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

References

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

SK&F
a SmithKline company

Full prescribing information is available from Smith Kline & French Laboratories Limited Welwyn Garden City Hertfordshire AL7 1EY Telephone: Welwyn Garden 2511 'Tagamet' is a trade mark.
Below the surface of the climacteric

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

Cyclo-Progynova

The all-round treatment for menopausal problems
Beconase
IS FOR EVERYONE WITH HAY FEVER

Hay fever, often regarded as a trivial disorder, can be a major social inconvenience. And so can the sedative side effects of antihistamines – Or rebound congestion from topical decongestants.

Steroid therapy has up until recently been reserved for the more severe cases only. But Beconase Nasal Spray is changing all that. Now in its fourth season “at grass”, Beconase has proved highly effective for both the prophylaxis and the relief of nasal symptoms in hay fever. With no evidence of adrenal suppression or adverse changes in the nasal mucosa. And without causing sedation or rebound congestion.

Beconase makes sense even in mild cases of seasonal allergic rhinitis. If preferred, it can be added to the patient’s usual prescription for antihistamines with the instructions to use the Beconase regularly and the antihistamines p.r.n. Ideally, Beconase should be started before exposure to the allergen, but it can also be prescribed to relieve nasal symptoms.

Whatever else you prescribe for Hay Fever make sure they get Beconase routinely

Beconase Nasal Spray is a metered-dose aerosol delivering 50mcg beclomethasone dipropionate BP per actuation into a specially designed nasal applicator.

Full prescribing information is available on request. Beconase is a trade mark of ALLEN & HANBURYS LTD LONDON E2 8LA
1928 Nitrites
1936 Thiocyanates
1949 Ganglion Blockers
1952 Reserpine
1954 Alpha-Blocker
1957 Oral Dilatation
1960 Neuroleptics
1963 Methyldopa
1969 Beta-Blocker

Trandate
(labetalol)
the first alpha-beta-blocker

A SIGNIFICANT
ADVANCE

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.
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.

**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 Hydrochlorothiazide 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 carbenoxide, 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**
G.D. Searle & Co. Ltd, 0020/0082

**Basic N.H.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.

Aldactone 100
the diuretic for advanced hypertension

Administration is not recommended in the presence of a raised serum potassium. Careenone, a metabolite of spironolactone, appears in breast milk. Side effects are mild and infrequent. Drowsiness, mental confusion, gastrointestinal intolerance, gynaecomastia, mild androgenic effects and skin rashes have been reported. True toxic effects have not been reported in overdosage. In the event of hyperkalaemia, discontinue the drug, reduce potassium intake and administer potassium-excreting diuretics and intravenous glucose with insulin or an oral exchange resin as appropriate.

The actions of other antihypertensive drugs may be potentiated and their dosage should first be reduced by at least 50% when Aldactone is added to the regimen, and then adjusted as necessary. 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.

Full prescribing information is available on request: Aldactone and Searle are registered trade marks.

Searle Laboratories, Division of G.D. Searle and Co. Ltd.
PO. Box 53, Lane End Road, High Wycombe, Bucks. HP12 4HL
Telephone: High Wycombe 21124.
For safe, natural, undisturbed sleep...

REMNOSES
Nirazepam/DOSA

Now available in 2 strengths from DDSA only
Remnos brand of Nirazepam is now available as tablets 5mg and 10mg

Patient convenience
Many patients require 2x5mg tablets at night. Now one tablet of Remnos 10mg fulfills this need

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

Cost saving
1x100 Remnos 10mg tablets costs 10% less than 2x100 Remnos 5mg

Further information available on request from DDSA Pharmaceuticals, 310 Old Brompton Road London SW5 9UQ
A FIRST CHOICE IN CHEST INFECTIONS

successful clp nwriting
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 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 infectious 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.
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 gastrointestinal 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 chloridiazepoxide and chlindium bromide.

References
Cromwell H A, Med Tms(NY) 1968,96,933
Head H B and Hammond J B, Amer J Dig Dis 1968,13,540
McHardy G et al, Gastroenterology 1969,54,508

Full prescribing information is available.
Many General Practitioners are paying more than they need for their motor insurance.

Many Companies add 30% to a General Practitioners premium. This extra is normally paid by business men. We have obtained rates from a reputable insurer without the normal extra.

Why it pays to shop around for your motor insurance.

* Recent legislation gives you complete protection against any insurance company failure.
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* You do not benefit by staying with a single company for many years. You are evaluated on the basis of your claims record not on the length of time that you have been a policyholder.
* Few people need reminding about the effects of inflation on their insurance premiums in recent years. However, inflation has also created a situation where the value offered by different major insurance companies to a policyholder can vary considerably year by year.

The enormous range of quotations available make the services of a specialised broker more vital.

* We normally use a computer which stores details of the rates charged by all the reputable insurers and which we programme to find the best quotation for your particular circumstances. This also enables us to send you the information within seven days.
* If you are insured through us we will give you a complete service, advise you concerning any claims, arrange foreign travel insurance and so on.
* When you have to renew again next year we will check your premium again automatically and send you a reminder.

It may well pay you to take advantage of our free service.

* Even if you are not due to renew your policy in the next four weeks but would like to take advantage of our service, fill in the coupon completely and send it to us. We will automatically contact you before your next renewal.
* If you are due to renew your policy in the next four weeks fill in the form below and send it off to us.

Or just telephone 01-398 6334

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QUESTIONNAIRE

Please complete fully and return to Motorplan (Insurance Consultants) Limited, 42/45 New Broad Street, London EC2 M1QY.

If your insurance is due for renewal within the next 10 days please telephone 01-398.6334 and let us have the information required below.

Name ........................................... Age .... Country of Birth ............................................

Address ........................................... Telephone No. ........... (Day) ............... (Night)

Occupation ................................. Current No claims bonus 30%, 33%, 40%, 50%, 55%, 60% or 65%.

Name of present insurance company (not agent) .................... Expiry date of present insurance ....................

Drivers (1) Insured only driving (2) Insured and Spouse/Any driver. Type of licence .................... Number of years held ....................

Make and model of car .................... Cubic capacity .................... Estimated value .................... Age of Car ....................

Have any of the drivers ever had any accidents Yes/No: Any convictions Yes/No: Any disabilities Yes/No.

If any answer YES give details on a separate note.

On receipt of this questionnaire we will send you, where possible, a quotation which is subject to a proposal form.

Completion and return of this questionnaire does not bind you to complete the insurance offered and does not form the basis of any contract.

Signature ................................. Date ..........................
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.

### WEST BERKS.


### HAVE YOU READ ANY GOOD ARTICLES LATELY?

**IAN STOKOE COMPETITION**

Applications are sought for the second Ian Stokoe Memorial Award of £100. The aim of the Award is to commemorate the memory of Dr Ian Stokoe. The competition is to encourage high standards in the preparation of material for publication in written form by any Fellow, Member or Associate of the Royal College of General Practitioners. The Award will be made with particular reference to the quality and aptness of the use of illustrations in relation to the text.

You may enter yourself for the competition; alternatively you may bring to the notice of the adjudicators by submitting at least one copy of a reprint of an article from the Journal of the Royal College of General Practitioners or any other medical publication which has appeared during the last three years. The person whose name is submitted must be either an Associate, a Member or a Fellow of the College. He or she must be either the sole author or a joint author of the article. If a reprint is not available, then a full reference to the article may be sufficient.

Further details can be obtained from:
- Professor Richard Scott
- Department of General Practice
- University of Edinburgh
- Livingstone House
- 39 Cowgate
- Edinburgh EH1 1JS.

The competition will close on 31 July 1978.

Opinions expressed in The Journal of the Royal College of General Practitioners and the supplements should not be taken to represent the policy of the Royal College of General Practitioners unless this is specifically stated.
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 VAT. 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. Residents are asked to arrive before 18.30 hours to take up their reservations. From 1 January 1977, charges are:

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<th>Members</th>
<th>Others</th>
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<tbody>
<tr>
<td>Single room</td>
<td>£5</td>
<td>£9</td>
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<tr>
<td>Double room</td>
<td>£9</td>
<td>£14</td>
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<tr>
<td>Flat 1</td>
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<td>(70 per week)</td>
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<td>Flat 3</td>
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<td>(75 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.

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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>
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<td>Kitchen</td>
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<td>Dining room</td>
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Enquiries should be addressed to:

The Accommodation Secretary,
The 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 and in writing. Telephone bookings can be accepted only between 9.30 hours and 17.30 hours on Mondays to Fridays. Outside these hours, an Autophone service is available.

TRAINING IN GENERAL PRACTICE AND COMMUNITY MEDICINE

The Ipswich trainers are inviting applications for one-year traineeships in General Practice, from doctors who will have completed their pre-registration year; three places will be earmarked for candidates who are considering a career in Community Medicine. A day-release course, which will include some epidemiology, statistics, and other relevant subjects, has been planned in collaboration with the Department of Community Medicine, University of Cambridge.

For details of the course and the available training practices, please contact the Course Organizer:
Dr F. A. F. Biddle
The Erica Centre
The Ipswich Hospital
Heath Road Wing
Ipswich,
or telephone (evenings) Ipswich 58992.

Information about instruction in community medicine can be obtained from Professor R. M. Acheson, Department of Community Medicine, University of Cambridge, Addenbrooke's Hospital, Hills Road, Cambridge. Telephone Cambridge 45171 ext. 395. Appointments will be made by mutual agreement between the applicant, the chosen Training Practice and a representative community physician.

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soft tissue bacterial infections-Fucidin works.
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fucidin* ointment

Full prescribing information available from
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*Fucidin is a trade mark for sodium fusidate.