Complete in two doses
Now you can treat cystitis
with unparalleled simplicity.

With the new Amoxil Twinpack
you have a complete course for cystitis —
in only 2 x 3g sachets. The two doses are
taken 10 to 12 hours apart.

Proven to be just as effective as a
conventional 10 day treatment course, Amoxil
Twinpack provides rapid and complete
symptomatic relief. With a promise of patient
compliance that's simply unique.

Prescribing Information
Indications Amoxil Twinpack (3g x 2) is indicated
for the treatment of simple, acute urinary tract
infections such as cystitis in adults.
Dosage Adults: Two 3g doses, 10-12 hours apart.
Presentation Carton containing 2 sachets. Each
sachet provides 3g amoxycillin (as trihydrate) for
reconstitution to approximately 50ml in water.
Prescribed as an original pack, Amoxil Twinpack
includes full instructions for dosage and
administration. Basic NHS cost per complete
course £2.85, PL 0036/0238.
Contra-indications Amoxil is a penicillin and
should not be given to penicillin-hypersensitive
patients.
Side-effects Side-effects, as with other penicillins,
are usually of a mild and transitory nature: they may
include diarrhoea, indigestion, or occasionally rash,
either urticarial or erythematous. An urticarial rash
suggests penicillin hypersensitivity, and the
erythematous type rash may arise if Amoxil is
administered to patients with glandular fever.
In either case treatment should be discontinued.
Since Amoxil is a penicillin, problems of overdosage
are unlikely to be encountered.

Full prescribing information on Amoxil (3g) amoxycillin is
available from: Bencard, Great Western Road, Brentford, Middx.Tel 2564.

Amoxil 3g x 2
TwinPack

Bencard
A New Children's Classic

Talpen Syrup
talampicillin

Talpen syrup is one therapeutic agent which might claim to be a classic from the start.

Talpen syrup offers the benefits of Talpen for the treatment of bacterial infections in children:-

☐ Talpen offers ampicillin's rapid bactericidal action to resolve infection quickly and thus reduce pain and fever.

☐ Talpen is very well tolerated. Its excellent absorption means that the incidence of diarrhoea is very low.

☐ Talpen is acceptable to your patients.

A very pleasant fruit flavour coupled with a simple t.i.d. dosage ensure that Talpen syrup will be liked by children—and appreciated by their mothers as well.


Talpen Prescribing Information

Following oral administration, Talpen is particularly well absorbed and rapidly hydrolysed to give high blood levels of ampicillin. Typical indications include: Upper Respiratory Tract Infections; Bronchitis; Otitis Media; Urinary Tract Infections. Presentation: Talpen syrup: Each 5 ml contains talampicillin (657 mg) equivalent to 125 mg talampicillin hydrochloride. Available in bottles of 100 ml. Talpen tablets: Each tablet contains 250 mg of the ampicillin ester, talampicillin hydrochloride. Usual Oral Dosage: Children 2 to 3 years. 5 ml syrup three times a day; under 2 years, the equivalent of 3-7 mg talampicillin hydrochloride per kg bodyweight three times a day. Adults: 1 tablet or 2 ml syrup three times a day. Contra-indication: Pencillin hypersensitivity. Precaution: Talpen is not recommended for patients with severe renal or hepatic impairment. Side-effects: As with other penicillins. An erythematous rash may occasionally occur; the incidence is particularly high in patients with infectious mononucleosis. The incidence of diarrhoea as a side effect is significantly lower following the administration of Talpen than following oral ampicillin. Daily Cost: (Basic NHS). Talpen syrup: 5 ml t.i.d. 26 p. Talpen tablets: one t.i.d. 26 p (ex 100 pack). Prices correct at January 1979.

Further information is available on request to the Company.

Talpen (talampicillin) is a product of British research from Beecham Research Laboratories, Brentford, England. A branch of Beecham Group Limited.

PL 0339/102012943

Talpen, BRL, and the Company logo are registered trade marks.
More valuable together

TRASIDREX®
oxprenolol hydrochloride BP plus cyclopenthiazide BP

Once daily in hypertension

Prescribing Notes

Presentation: Trasidrex tablets each contain 160mg exprenolol hydrochloride BP in a sustained-release formulation and 0.25mg cyclopenthiazide BP in the sugar coat.

Indications: In the treatment of mild and moderate hypertension. The combination product may be suitable for use when satisfactory control of arterial blood pressure cannot be obtained with either a diuretic or a beta-blocking drug used alone.

Dosage: Adults: One or two tablets once daily. Trasidrex can be combined with other antihypertensive drugs having a different pharmacological effect. In particular, a free combination with a vasodilator (e.g. Apresoline®) will often be beneficial.

Side effects: Though mild gastrointestinal upsets and dizziness may occur especially at the start of treatment, they are rarely sufficiently severe to justify withdrawal of therapy. Drowsiness and insomnia occur infrequently. As with all beta-blockers bronchospasm, cold extremities, excess bradycardia and heart failure could be precipitated in susceptible patients. Beta-blockers are occasionally associated with skin rashes and or dry eyes. If any such reaction is suspected, treatment should be withdrawn gradually. In common with other thiazides there have been reports of thrombocytopenia but these are rare. Thiazides can produce allergic skin reactions, mild anorexia and nausea and cause latent gout or latent diabetes to become manifest.

Precautions: Cardiac failure must be controlled by digitalis before and during Trasidrex therapy. Caution should be observed when treating asthmatics, chronic bronchitics or other individuals where bronchospasm may be precipitated. Trasidrex should be given cautiously to patients with metabolic acidosis, renal impairment and during anaesthesia. Beta-blockers may mask the symptoms of hypoglycaemia and affect carbohydrate metabolism. Thiazides may also decrease glucose tolerance. Therefore, in patients with diabetes it may be necessary to adjust the dosage of anti-diabetic medication. Sudden withdrawal of any beta-blocking drug may induce or worsen angina pectoris.

Pregnancy: Beta-blockers may cause bradycardia in the fetus, which can also persist after birth. During late phases of pregnancy and in the course of labour, beta-blockers should only be employed after the needs of the mother have been weighed against the possible risks to the fetus.

Contra-indications: Patients with atrio-ventricular block, marked bradycardia, uncontrolled heart failure, cardiogenic shock, renal insufficiency and during concomitant lithium treatment.

Packs: Cartons of 28 tablets consisting of Basic 28 reminder calendar foils of 14 tablets NHS price PL 009B-0138 PA 28-77 1 @ denotes registered trademark

Full prescribing information is available on request from CIBA Laboratories, Horsham, West Sussex.

TRASIDREX

CIBA

Combines SLOW-TRASICOR® and NAVIDREX®
oxprenolol hydrochloride BP cyclopenthiazide BP
Trandate alone...
(labetalol hydrochloride)

Trandate is suitable for use in the whole spectrum of essential hypertension. It has been recently shown to be as effective to the most refractory hypertensives as those previously inadequately controlled. It can be used in hypertensives, control can often be achieved simply by increasing the dose of Trandate without the need to add other drugs.

The early onset of the hypotensive effect of Trandate means that the required maintenance dosage is usually established within four weeks. Side effects are minimal if dosage increments are made gradually. Once the patient is stabilised, the initial maintenance dosage can often be changed to administration of Trandate twice a day after meals.

Because hypertension can usually be controlled with Trandate alone, the uncomplicated regimen results in better patient compliance.

- For the newly-diagnosed hypertensive
- When control is inadequate on existing therapy
- When side effects are causing problems
- To replace complicated multi-drug regimens
for all grades of hypertension

The mode of action of Trandate is different from that of any other antihypertensive agent currently available. The balance of alpha- and beta-blocking activities in Trandate is thought to be important for its unique effectiveness and lack of side effects. Adequate vasodilatation is achieved with incomplete blockade of the alpha-adrenoceptors in the arterioles, and the barostatic reflexes remain sufficiently active to avoid side effects associated with postural hypotension in most patients.

Trandate has now been generally available for the treatment of hypertension for two years and clinical experience to date reveals a clear picture of high efficacy and relative lack of side effects.

Scattergram of individual values for standing diastolic blood pressure, before and after 3 months treatment: 49 patients in serial order.

"Good blood pressure control was obtained easily and the treatment regimen was simpler than that with previous therapy received by the patients. Few incremental changes in dosage were required and all but 6 (10%) patients were controlled by labetalol alone."

(Harris C., Curr. med. Res. Opin., 1978, 5, 618)

PRODUCT INFORMATION

PRESENTATION AND BASIC NHS COST
Trandate Tablets 100mg, Trandate Tablets 200mg and Trandate Tablets 400mg each contain 100mg, 200mg and 400mg labetalol hydrochloride, respectively, in containers of 50 and 120 tablets. Basic NHS cost of 50 tablets of each strength is £3.44, £4.88 and £7.78.

INDICATIONS
Treatment of all grades of hypertension when oral antihypertensive therapy is indicated.

DOSE AND ADMINISTRATION
The recommended starting dose is 100mg three times daily. If necessary, this may be increased gradually at intervals of one or two weeks. A daily dosage of 600mg is usually adequate but severe cases may require up to 2,400mg daily.

Once the optimum dosage is established a twice-daily dosage regimen can be used.
Trandate Tablets should preferably be taken after food.
For transfer of patients from other antihypertensive therapy see Data Sheet.
Trandate therapy is not applicable to children.

CONTRA-INDICATIONS
There are no known absolute contra-indications.

WARNING
There have been reports of skin rashes and/or dry eyes associated with the use of beta-adrenoceptor blocking drugs. The reported incidence is small and in most cases the symptoms have cleared when the treatment was withdrawn.
Discontinuation of the drug should be considered if any such reaction is not otherwise explicable. Cessation of therapy with a beta-adrenoceptor blocking drug should be gradual.

PRECAUTIONS
Trandate should not be given to patients with uncompensated or digitalis-resistant heart failure or with atrioventricular block. The presence of severe liver disease may necessitate reduced doses of Trandate. Care should be taken in asthmatic patients and others prone to bronchoospasm. Unnecessary administration of drugs during the first trimester of pregnancy is undesirable.

SIDE EFFECTS
If the recommended dosage instructions are followed side effects are infrequent and usually transient. Those that have been reported include: headache, tiredness, dizziness, depressed mood and lethargy, difficulty in micturition, epigastric pain, nausea and vomiting, a tingling sensation in the scalp, and, in a very few patients, a lichenoid rash.
Trandate Tablets 100mg PL 0045/0106,
Trandate Tablets 200mg PL 0048/0107,
Trandate Tablets 400mg PL 0048/0109.

Trandate is the trade mark of
ALLEN & HANBURY LTD LONDON E2 6LA
A delicate skin problem but one that must be solved

When prescribing a topical steroid to treat a delicate area, a major consideration is to avoid the risk of untoward effects.

Eumovate fulfills the need for a topical steroid with a wide margin of safety, providing significant anti-inflammatory activity without a corresponding increase in the risk of side effects.

Clinical evidence has shown that the minimal effect on HPA function observed with Eumovate was in definite contrast to that seen with other preparations.


Prescribing information
Uses
Eumovate is suitable for treating the milder forms of eczema, seborrhoeic dermatitis and other steroid responsive skin conditions.
Dosage and administration
Apply up to four times a day until improvement occurs, when the frequency may be reduced.
Side effects
With all topical corticosteroids local atrophic changes may possibly occur following prolonged and intensive treatment. Also prolonged use of large amounts of treatment or at extensive areas may produce the features of hypercorticism. This is more likely to occur in infants and children, and with occlusion. In infants, the napkin may act as an occlusive dressing.
In the unlikely event of signs of hypersensitivity appearing, application should stop immediately.
Precautions
Long-term continuous therapy should be avoided, particularly in infants and children in whom adrenal suppression can occur even without occlusion.
Apparent dermal atrophy should be used whenever infection of the skin is present. Any spread of infection requires withdrawal of topical corticosteroid therapy.
With all corticosteroids, prolonged application to the face is undesirable.
Topical steroid should not be used extensively in pregnancy, i.e., in large amounts for prolonged periods.

Basic NHS cost
(exclusive of VAT)
Eumovate Cream or Ointment
25 gram tube £1.23 (also available in 100 gram tubes)
Product Licence number
cream ointment
4/0233 4/0254

Glaxo
Leaders in topical steroid therapy
Glaxo Laboratories Ltd
Greenford, Middlesex UB6 0HE
Eumovate is a trade mark
Once-daily
SLOW-TRASICOR®
for angina

SLOW-TRASICOR®
24

Prescribing notes
Presentation
Slow-Trasicor tablets each contain 160mg
troprolol hydrochloride in a special sus-
tained-release formulation; available in
cartons of 28 containing two daily reminder
capsules of 4 tablets.
Dosage in angina
Initially one or two tablets in the morning. An
evening dose may be beneficial in nocturnal
angina. As with other beta-blocking drugs, sud-
den withdrawal of treatment may induce severe
and continuous angina. Patients should there-
fore, be advised to avoid interruption of estab-
lished therapy and if withdrawal becomes
necessary it should be done gradually.
Side effects
Dizziness, drowsiness, headache, insomnia,
excitement and gastrointestinal disturbance
may occur and, rarely, isolated cases of excessive
bradycardia. Beta-blockers are occasionally
associated with skin rashes and/or dry eyes. If
any such reaction is suspected, treatment should
be withdrawn gradually.
Precautions
If there is evidence of cardiac failure this must be
controlled by diuretics before and during Slow-Trasicor therapy. Should the
pulse rate fall below 50 per minute, then treat-
ment should be restarted at a lower dose. Caution
should be observed when treating asthmatics,
chronic bronchitics or other individuals where
bronchospasm may be provoked. Slow-Trasicor
should be given cautiously to patients with
alcoholism, metabolic acidosis, during preg-
nancy or anaesthesia with ether or chloroform.

Beta-blockers can mask symptoms of hypo-
glycaemia and also affect carbohydrate metab-
olism. It may therefore be necessary to readjust
the insulin requirements in diabetic patients.
Occasionally hypotension may occur with higher
dose levels.
Contra-Indications
Patients with atrio-ventricular block, marked
bradycardia and cardiogenic shock.
Packs
Cartons of 28 Slow-Trasicor tablets consisting of
two reminder calendar foils of 14.
Basic NHS price £6.66
PL0008/0133 PA 28/7/1
@ denotes registered trademark.
Full prescribing information is available on re-
quest from
CIBA Laboratories, Horsham, West Sussex.
IT'S FAST ACTING
IT'S RELIABLE
IT'S EFFECTIVE
IT'S PROVEN

IT'S SYNALAR
Fluocinolone acetonide
The economical range of topical steroids.

Full prescribing information is available on request.
Pharmaceuticals Division
Macclesfield
Cheshire SK10 4TF.
As a qualified doctor you can join the Royal Navy on a 5-year Short Career Commission.

You will have the opportunity of serving in ships, in submarines, or with the Royal Marines Commandos, and in a wide variety of Naval Establishments.

Career counselling will help you plan your future.

There are opportunities for approved General and Higher Professional Training in preparation for careers in general practice and the hospital disciplines. Similar opportunities also exist for training in Naval Occupational and Community Medicine which includes aviation, underwater, submarine, nuclear, preventive and industrial medicine.

If you join immediately after registration your salary will be £7,153 as a Surgeon Lieutenant.

You can, however, join at any age up to 39 when your professional experience is taken into account and you could join as a Surgeon Lieutenant Commander earning £9,183 a year.

There is extra pay for certain recognised post-graduate qualifications and for Specialist and Consultant status.

There is a generous Boarding School Allowance for your children.

If you leave at the end of your 5-year Commission you will receive a tax-free gratuity. You may prefer to apply for extension to eight years or transfer to a pensionable Medium or Full Career Commission.

For more information write to: Surgeon Commander D.J. McKay, LM, LS, MRCGP, RN (406MO2), Medical Directorate General (Naval), Ministry of Defence, First Avenue House, High Holborn, London WC1V 6HE.
Tagamet, now available in over 80 countries throughout the world, has been prescribed in the treatment of over 3,500,000 patients. By its unique mode of action in reducing gastric acid secretion, Tagamet has been shown to be unequalled in the short-term treatment of reflux oesophagitis and peptic ulceration, particularly for providing rapid symptomatic relief and complete healing in most patients with duodenal ulceration. ¹–³

Unfortunately, duodenal ulceration is a naturally relapsing disease, irrespective of the agent which initially induced remission. Thus considerable interest has been aroused by the possibility of using longer-term ‘Tagamet’ treatment at a maintenance dose in order to minimise the risk of relapse.

Long-term treatment

In fact, ‘Tagamet’ is the only drug which has been proved to reduce the frequency of relapse in duodenal ulceration. ⁴–⁶ Overall results from on-going clinical trials have shown that in treatment periods of up to a year (mean treatment period 6.3 months) only 9.5% of ‘Tagamet’-treated patients relapsed compared with 49.9% in the placebo group.

In patients who have healed their ulcers and who may benefit from maintenance therapy, treatment should be continued for at least 6 months at a reduced dosage of 400mg nocte.

The nature and incidence of untoward symptoms found in long-term trials has not differed greatly from that observed in short-term trials.

Short-term treatment

Reflux Oesophagitis—a review of 120 patients
‘Tagamet’ 67% complete healing/marked improvement
Placebo 14% complete healing/marked improvement
This group of patients included patients with serious oesophagitis having ulcers and erosions diagnosed at endoscopy.

Benign Gastric Ulcer—a review of 409 patients
‘Tagamet’ 75% completely healed
Placebo 41% completely healed
An analysis of treatment periods showed that significantly more patients had complete healing after 6 weeks (76%) compared with those treated for 4 weeks (62%). (N.B. Malignant gastric ulcer should be excluded.)

Duodenal Ulcer—a review of 1065 patients
‘Tagamet’ 77% completely healed
Placebo 41% completely healed
For those patients who may benefit from longer-term treatment, therapy should be continued for at least 6 months at a reduced dosage.

Tagamet

Unique control of gastric acid secretion

H₂ cimetidine
DUODENAL ULCERATION. WHAT COMES NATURALLY?

'Tagamet' has been shown to be unequalled in the short-term treatment of duodenal ulceration, inducing early and dramatic symptomatic relief, rapid healing and subsequent remission. In addition, 'Tagamet' has been shown to prevent relapse during longer-term maintenance therapy, the only drug so far proven to have this property.

However, experience to date tends to suggest that for many patients the natural history of the disease remains unaltered despite medical intervention and the question inevitably arises: will patients with a severe condition require medical treatment for the rest of their lives?

This can only be answered when the natural history of duodenal ulcer disease is fully understood. Some aspects of the natural history of the disease, however, have been well recognised for some years.

It is a naturally relapsing condition; in fact, it has been estimated that 75-80% of patients have at least one recurrence within 5 years of the initial episode, some relapsing several times in one year.

The onset of duodenal ulceration is related to age, as shown in Figure 1. The initial episode is most likely in the 30-39 age group for males and slightly later in life for females.

Of greater interest is the natural development of the disease following its onset. Figure 2 demonstrates how the disease tends to 'burn itself out' after a certain period of time. In a group of duodenal ulcer patients who were followed for 15 years, the symptoms tended to peak in severity after 5 years and then progressively remit until at 10 years no more than 5% of patients had severe symptoms.

This finding has been recently substantiated by workers in Denmark who found in a retrospective study that the disease is present for a finite time.

The workers concluded that most patients with duodenal ulceration will need only intermittent or continuous cimetidine treatment for a limited period.

Prescribing Information

Dose

To prevent relapse, 400mg at bedtime or 400mg morning and evening for at least 6 months.

Cautions

Impaired renal function: reduce dosage (see Data Sheet). Potentiation of oral anticoagulants (see Data Sheet). Prolonged treatment: observe patients periodically. Avoid during pregnancy and lactation. Adverse reactions: Diarrhoea, dizziness, rash, tiredness. Rarely, mild gynaecomastia, reversible liver damage, confusional states (usually in the elderly or very ill), interstitial nephritis.

References


Full prescribing information is available from Smith Kline & French Laboratories Limited Welwyn Garden City, Hertfordshire AL7 1EY Telephone: Welwyn Garden 2911 "Tagamet" is a trade mark © Smith Kline & French Laboratories Limited 1979

Tagamet

cimetidine

Unique control of gastric acid secretion

Gastro Energy Drink

H2
Medical Aid at Accidents

'This book covers the basic knowledge required for most aspects of emergency care and rescue organisation by a series of short, relevant, and beautifully illustrated chapters... This is a significant contribution to the discipline of emergency care and can be recommended for use internationally.' The Lancet


Rehabilitation Today

'Every medical practitioner, every medical student (and every dean) should... have access to a copy of this book... Its use as a source of reference should become second nature.' British Medical Journal


Dermatology

'The first edition of this book was a landmark in medical publishing. The second edition contains 506 new colour illustrations, together with a comprehensive text. It will have immediate practical value to general practitioners, physicians, dermatologists, students and all others with an interest in this field.'


Neonatal Medicine

'The text is factual, concise and easy to read. It correlates theory with clinical practice, and progresses smoothly from the assessment of the unborn child to care of the newborn, unborn or abnormal... This hardback book gives excellent value for money.' Nursing Times


Oral Disease

'Oral Disease would make a very valuable addition to the book collection of the dental student... The book will also serve as a valuable revision text for the general dental practitioner and the general medical practitioner, whose training in oral disease has usually been minimal.' British Dental Students' Association Newsletter


Immunisation


Preventive Dentistry

Leon Silverstone, 1978, 74 figures, 176 pp, hardback, ISBN 0 906141 06 0, price £5.95, post and packing free.

Interpreting the Electrocardiogram

James S. Fleming, 1979, 245 figures, 144 pp, hardback, ISBN 0 906141 05 2, price £6.75 post and packing free.
VENTOLIN ROTACAPS
(salbutamol sulphate BP inhalation cartridges for use with the Ventolin Rotahaler)

Improved control of asthma

VENTOLIN INHALER is widely accepted as primary therapy in the treatment of reversible airways obstruction in asthma and chronic bronchitis.

Inhaled Ventolin provides rapid and effective relief of bronchospasm and has high beta₂-adrenoceptor selectivity which avoids cardiovascular side effects, an important consideration in patients with co-existing heart disease or hypertension. Inhaled Ventolin is long-acting and suitable for routine maintenance therapy. Prophylactic doses may be taken prior to exertion to prevent exercise-induced asthma.

However, until the advent of VENTOLIN ROTACAPS a number of patients have been denied, for one reason or another, the benefits of inhaled Ventolin.

The Rotacaps/Rotahaler system was developed with these patients in mind. The dry powder contents of Ventolin Rotacaps are inhaled from the Ventolin Rotahaler which cuts the capsules into halves which rotate and release the drug when the patient inhales. This breath actuation is very sensitive and the drug is fully available even at the lowest inspiratory flow rates thus providing a more reliable drug delivery system for many patients although a larger unit dose relative to Ventolin Inhaler is necessary for the same therapeutic effect.

"This device (Ventolin Rotacaps and Rotahaler) should increase the value of the sympathomimetic drugs to the minority of asthma patients who cannot use conventional aerosols correctly."

SUITABLE CANDIDATES

- Poor co-ordinators — those patients who despite adequate instruction in the correct technique, cannot co-ordinate the action of breathing in with the actuation of a pressurised aerosol.

- Elderly and arthritic patients — who have difficulty in handling pressurised aerosols. For these patients the Rotahaler may be kept loaded ready for the next required dose.
**BECOTIDE ROTACAPS**

(bleomethasone dipropionate BP inhalation cartridges for use with the Becotide Rotahaler)

**for a wider range of patients**

BECOTIDE INHALER has revolutionised the treatment of chronic asthma where inflammatory changes within the lungs reduce the response to bronchodilators.

Inhaled steroid in microgram doses avoids or greatly reduces the need for oral corticosteroids thus eliminating or minimising the risks of systemic side effects. Becotide Inhaler has made a particularly important contribution to the treatment of severe asthma in young children who would otherwise be at risk from systemic steroid side effects such as stunting of growth. Many previously steroid-dependent patients have been well controlled by Becotide with disappearance of distorted physical features and adrenal suppression.

However, there are a number of patients who have failed to obtain maximum effectiveness from Becotide Inhaler or have been considered unsuitable for inhaled steroid therapy.

BECOTIDE ROTACAPS are now available as a dry powder breath-actuated alternative to Becotide Inhaler. Used in conjunction with the Becotide Rotahaler they extend the benefits of inhaled steroid therapy to a wider range of patients with chronic asthma.

As with Ventolin Rotacaps a larger unit dose of drug relative to Becotide Inhaler is necessary to obtain the same therapeutic effect. Two strengths of Rotacaps are again available combining flexibility of dosage with a convenient regimen facilitating patient compliance.

"It was concluded that this new way of administering the drug (bleomethasone dipropionate) was effective in chronic asthma, and should allow most patients who cannot use conventional pressurised aerosols efficiently to benefit from inhaled corticosteroid treatment."


**FOR ROTACAPS INCLUDE:**

- **Young children** — where breath-actuated dry powder drug delivery systems appear to be more reliable. Rotacaps may be pre-loaded into the Rotahaler by the parent.

- **Patients currently receiving oral therapy** — because of concern over possible irresponsible use of pressurised aerosols. Rotacaps are also more appropriate for routine prophylaxis for those patients who might misunderstand the role of inhalers.

*Full prescribing information appears overleaf.*
VENTOLIN ROTACAPS 200mcg & 400mcg
PRESCRIBING INFORMATION

PRESENTATION AND BASIC NHS COST
Ventolin Inhaler is a metered-dose aerosol delivering 100mcg salbutamol BP per actuation. Each canister contains 200 inhalations. Basic NHS cost £1.92. Ventolin Rotacaps 200mcg & 400mcg each contain a mixture of the stated amount of microfine salbutamol BP (as sulphate), and larger particle lactose in light blue/colourless or dark blue/colourless hard gelatine capsules, respectively. Containers of 100. Basic NHS cost £2.98 and £4.00, respectively. Ventolin Rotahaler for use in conjunction with Ventolin Rotacaps. Basic NHS cost 65p.

INDICATIONS
Routine control of bronchospasm in bronchial asthma, bronchitis and emphysema, or as required to relieve attacks of acute bronchospasm. Doses may also be taken before exercise to prevent exercise induced asthma or before exposure to a known unavoidable challenge.

DOSE AND ADMINISTRATION
As single doses for the relief of acute bronchospasm, for managing intermittent episodes of asthma and to prevent exercise-induced bronchospasm.
Using Ventolin Inhaler – Adults: one or two inhalations.
Children: one inhalation increasing to two if necessary.
Using Ventolin Rotahaler – Adults: one Ventolin Rotacap 200mcg or 400mcg.
Children: one Ventolin Rotacap 200mcg.
For chronic maintenance or prophylactic therapy.
Using Ventolin Inhaler – Adults: one or two inhalations three or four times a day.
Children: one inhalation three or four times a day increasing to two inhalations if necessary.
Using Ventolin Rotahaler – Adults: one Ventolin Rotacap 400mcg three or four times a day.
Children: one Ventolin Rotacap 200mcg three or four times a day.
For optimum results in most patients inhaled Ventolin should be administered regularly.

CONTRA-INDICATIONS
Ventolin Preparations should not be used for the prevention of threatened abortion.

PRECAUTIONS
If a previously effective dose of inhaled Ventolin fails to give relief lasting at least 3 hours, the patient should be advised to seek medical advice. Ventolin should be administered cautiously to patients suffering from thyrotoxicosis. Unnecessary administration of drugs during the first trimester of pregnancy is undesirable.

SIDE EFFECTS
No important side effects have been reported following treatment with inhaled Ventolin.

PRODUCT LICENCE NUMBERS
Ventolin Inhaler 0045/0022; Ventolin Rotacaps 200mcg 0045/0116; Ventolin Rotacaps 400mcg 0045/0117.

BECOTIDE ROTACAPS 100mcg & 200mcg
PRESCRIBING INFORMATION

PRESENTATION AND BASIC NHS COST
Becotide Inhaler is a metered-dose aerosol delivering 50mcg beclomethasone dipropionate per actuation. Each canister contains 200 inhalations. Basic NHS cost £2.90. Becotide Rotacaps 100mcg & 200mcg each contain a mixture of the stated amount of microfine beclomethasone dipropionate BP and larger particle lactose in buff or chocolate-brown/colourless hard gelatine capsules, respectively. Containers of 100. Basic NHS cost £4.41 and £5.88, respectively. Becotide Rotahaler, for use in conjunction with Becotide Rotacaps. Basic NHS cost 65p.

INDICATIONS
Bronchial asthma especially in patients whose asthma is not adequately controlled by bronchodilators and patients with severe asthma who would otherwise be dependent on systemic corticosteroids or adenocorticotropic hormone (ACTH) or its synthetic equivalent.

DOSE AND ADMINISTRATION
Using Becotide Inhalers – Adults: Two inhalations three or four times a day is the usual maintenance dose. In severe cases dosage may be started at twelve to sixteen inhalations per day and subsequently reduced when the patient begins to respond.
Children: One or two inhalations, two, three or four times a day according to the response.
Using Becotide Rotacaps – Adults: One 200mcg Becotide Rotacap three or four times a day is the usual maintenance dose.
Children: One 100mcg Becotide Rotacap, two, three or four times a day according to the response.
For optimum results inhaled Becotide should be administered regularly.

CONTRA-INDICATIONS
No specific contra-indications to inhaled Becotide are known but special care is necessary in patients with reactive or quiescent pulmonary tuberculosis.

PRECAUTIONS
The maximum daily intake of beclomethasone dipropionate should not exceed 1mg. Inadequate response after the first week of inhaled Becotide therapy suggests that excessive mucus is preventing penetration of inhaled drug to the target area. A short course of systemic steroid in relatively high dosage should be given and therapy with inhaled Becotide continued. Unnecessary administration of drugs during the first trimester of pregnancy is undesirable.

SIDE EFFECTS
Occasional candidiasis of the mouth and throat (thrush) occurs in some patients, particularly those with high blood levels of Candida precipitans. Topical therapy with antifungal agents usually clears the condition without withdrawal of Becotide.

PRODUCT LICENCE NUMBERS
Becotide Inhaler 0045/0089; Becotide Rotacaps 100mcg 0045/0116; Becotide Rotacaps 200mcg 0045/0120.

PATIENT INSTRUCTION
It is important to ensure that patients receiving inhalation therapy are correctly instructed in the use of the device being prescribed. For this purpose demonstration units are available on request from Allen & Hanbury’s Ltd. The patient’s acquired technique should be monitored by re-checking at suitable intervals. Generally speaking, patients unable to use pressurised aerosols efficiently can be satisfactorily treated using the alternative Rotacap/Rotahaler system which, for them, provides a greater degree of certainty and a better guarantee of effectiveness. Any initial problems with the manipulation of the Rotahaler are usually overcome as the patient becomes more familiar with its use.

In the case of young children and patients with arthritis of the hands it may be preferable for the device to be loaded by the parent or other person. When Ventolin Rotacaps are being used for the relief of acute bronchospasm it may be convenient to load a Rotacap into the device so that the dose is readily available. Ventolin and Becotide Rotahalers are supplied in plastic boxes for carrying in the pocket or handbag. The daily requirement of Rotacaps may be inserted into the spaces provided in the box to encourage compliance. A replacement Ventolin or Becotide Rotahaler should be prescribed at approximately six-month intervals.

Who are the candidates for Rotacaps in your practice?

Full prescribing information is available on request. Ventolin, Becotide, Rotacap, Rotahaler, are trade marks of ALLEN & HANBURY’S LTD., London E2 8LA.
Second in a series of hibernating animals: the Badger (Meles vulgaris) hibernates in extreme cold.

For safe, natural, undisturbed sleep...

REMNOs
Nitrazepam/DDS

Now available in 2 strengths from DDSA only
Remnos brand of Nitrazepam 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 9JO
PONDORAX FENFLURAMINE HYDROCHLORIDE B.P.

FOR THE LONG-TERM MANAGEMENT OF OVERWEIGHT PATIENTS

- Effective short and long-term weight loss.
- Only non-stimulating anti-obesity drug available.
- Additional clinical benefit in maturity onset diabetes.
- Flexible dosage regimen.

THE PONDORAX PROFILE HELPS BOTH MIND AND BODY ADAPT TO DIET

Prescribing information

Presentation: PONDORAX PACAPS. Precipitated action formulation in hard gelatin capsule. Size 3 with clear body and opaque blue cap, printed with P 448 60 containing small yellow pellets. Each mini-pellet action capsule contains 60mg Fenfluramine Hydrochloride B.P.

PONDORAX 20mg: Blue-grey sugar-coated tablet, containing 20mg Fenfluramine Hydrochloride B.P.
PONDORAX 40mg: White sugar-coated tablet containing 40mg Fenfluramine Hydrochloride B.P.

Uses:
1. Obesity
2. Maturity onset diabetes

For the control of post-prandial hyperglycaemia in maturity onset diabetes who achieve marginal control either with diet alone or diet plus sulphonylureas.

Dosage and administration

Dosage: (1) Obesity: Adults: 1-2mg per kg of desirable body weight according to the severity of obesity.

PONDORAX PACAPS: The recommended adult daily dose of 60mg capsules is 1 or 2 capsules taken at the same time, once daily, according to the severity of obesity. When a dosage of 2 capsules is prescribed the dosage for the first and second week of treatment should be 1 capsule daily.

PONDORAX 20mg and PONDORAX 40mg: The recommended adult dose of PONDORAX tablets is as follows:
- Severely obese (1st week) 20mg twice a day (2nd week) 20mg twice a day (maintenance) 40mg three times a day.
- Moderately obese (1st week) 20mg twice a day (maintenance) 40mg twice a day.
- Mild obesity (1st week) 20mg twice a day (maintenance) 20mg three times a day.

Children: Recommended children's daily dose of PONDORAX tablets: 6-10 years: 20mg 10-12 years: 40mg (in divided doses). This may be increased to 60mg if the child is grossly obese. A gradual build up and reduction of dosage is advised.

PONDORAX PACAPS: The capsule form is not suitable for children's dosage.

Dosage: (2) Maturity Onset Diabetes: Adults: The dosage must be adjusted to the needs of the individual patient and may vary between 60-120mg daily taken either as tablets or PONDORAX PACAPS. PONDORAX may be given together with sulphonylureas.

Children: Not applicable.

Administration: PONDORAX tablets and PACAPS should be taken orally. PONDORAX tablets should be taken in divided daily doses and PONDORAX PACAPS, because of the slow release of the active ingredient, need to be taken only once daily, preferably before breakfast. If it is considered necessary to prescribe the tablets or capsules should be taken half an hour before food.

Contra-indications, warnings etc.: Should not be used concomitantly with MAOIs. There should be an interval of 3 weeks between stopping MAOIs and starting PONDORAX. Care should be exercised when giving PONDORAX to depressed patients or those receiving antidepressant therapy. Following sudden withdrawal of high therapeutic doses of PONDORAX occasional reports of depression lasting a few days have been received. The effect may be avoided by a gradual reduction of dosage.

PONDORAX may potentiate the action of antihypertensive, anti-diabetic, and sedative drugs. The dosage of these drugs should be gradually reduced when PONDORAX is prescribed.

In those patients who experience sedation with PONDORAX care should be taken when driving, working machinery, or taking alcohol.

PONDORAX is not given concomitantly with other appetite suppressants.

Side-effects: In some patients, loss of consciousness, malaise, dizziness, and headache may occur. These effects are transient and do not usually require interruption of therapy.

Overdose: The following symptoms have been reported: disturbed sleep, tachycardia, facial flushing, hypertension, agitation, tremor, hyperventilation. Depression of respiratory function, cardiac arrhythmias, ventricular fibrillation and death may follow. Iso-volumetric hypertension may occur, with marked rise in blood pressure, tachycardia, hyperglycaemia, and fever.

Action to be taken in the event of an overdose: Cardiovascular support, including intravenous opening of the airway and ventilation if required. Treatment with charcoal may be effective. Vasopressors, if necessary, should be infused slowly to maintain arterial pressure. Supportive measures should be given to maintain body temperature. Early intubation and mechanical ventilation may be necessary. Intravenous fluid replacement should be given promptly.

Further information available on request.

Servier Laboratories Limited,
Server House, Horsenden Lane, South Greenford, Middlesex, UB6 8PW

Pharmaceutical precautions:
Storage: PONDORAX PACAPS should be stored in a cool, dry place.

Legal Category: POM.

Package quantities: PONDORAX PACAPS. Push-through blister packs of 10 capsules.

Parenteral: 60 capsules in 6 blisters.

PONDORAX 20mg: Push-through blister packs of 20 tablets.

Cost: 80 capsules (1 blister).

Further information: Although fenfluramine is chemically related to amphetamine, the introduction of a CF3 group into the molecule alters the pharmacological characteristics of the compound which are evident from its lack of central nervous system stimulation and its lack of abuse or dependence potential.


Product licence numbers:
- PONDORAX PACAPS: 00039/0013
- PONDORAX 20mg: 00039/0014
- PONDORAX 40mg: 00039/0026

Effective short and long-term weight loss.
Only non-stimulating anti-obesity drug available.
Additional clinical benefit in maturity onset diabetes.
Flexible dosage regimen.

Beta-Cardone
for the
invisibly vulnerable
hypertensive.

For people too active to bother, your symptom-free hypertensives.
Hypertensive patients often don’t look it – or feel it.
They want to lead full, active lives, doing all the things they’ve always done.
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Once-a-day Beta-Cardone offers more than just lowered blood pressure.
The beta blockade provided by Beta-Cardone lasts continuously through 24 hours after a single dose – and even if your patient forgets a dose, he will have a good measure of heart protection for a further 24 hours.
Beta-Cardone looks after your patients even when they don’t look after themselves.

Beta-Cardone is a trade mark of Duncan, Flockhart & Co. Limited, London E2 6LA.
SOLIHULL
A new partner will shortly be required in our well established, progressive group practice of seven doctors. We are fortunate to work in our own modern purpose built premises, fully staffed, equipped to a high standard, and situated in a pleasant suburban area with excellent schools and local amenities. We are well organized and enjoy several outside appointments. We also enjoy our responsibilities as a Teaching Practice and endeavour to provide a high standard of patient care.

We anticipate that our new partner will be aged under 35 years, preferably vocationally trained with obstetric experience, and to have both a congenial personality and the stamina for hard work.

A full practice profile will be forwarded to interested doctors who should apply in writing to:

Practice Manager
The Surgery
8 Union Road
Shirley
Solihull B90 3DT
West Midlands.

Opinions expressed in The Journal of the Royal College of General Practitioners and the occasional papers should not be taken to represent the policy of the Royal College of General Practitioners unless this is specifically stated.

MEDICAL RESEARCH COUNCIL
RESEARCH REGISTRAR
IN GENERAL PRACTICE

Applications are invited for this post involving roughly equal commitments to service and research at Glyncorrwg Health Centre, West Glamorgan. Main research interests are whole population control of hypertension and arterial pressure and asymptomatic bacteriuria in childhood. Previous experience in general practice is essential.

The appointment is renewable annually for three years, graded honorary registrar in community medicine to West Glamorgan Area Health Authority, and is salaried on hospital scales. Enquiries and applications with curriculum vitae and two referees should be sent to:

Dr Julian Tudor Hart
Glyncorrwg Health Centre
West Glamorgan SA13 3BL
(Tel: 063983 407/487)
or to
Dr T. W. Meade
MRC Epidemiology
Clinical Research Centre
Northwick Park Hospital
Harrow
Middx HA1 3UJ

Cheap rented accommodation probably available.
BRITISH POSTGRADUATE MEDICAL FEDERATION

A COURSE FOR GENERAL PRACTITIONER CONTINUING EDUCATION COURSE ORGANISERS

A residential two-part course for general practitioners wishing to arrange continuing education courses will be held at:

Cumberland Lodge
The Great Park
Windsor
Berkshire.

Part 1 will be held from 14 to 16 November 1979
Part 2 from 27 to 28 February 1980.

Participants will have opportunities to acquire skills of effective facilitation, and will be able to produce plans for courses in which there is maximum participation by those attending.

Graduates of this course will be able to run advanced courses in general practice. Such courses have been run over the past several years. The aim has been to help general practitioners to discover their own learning needs; and to meet those needs by appropriate methods.

This course is approved under Section 63. The course facilitators are Mr John Heron and Dr Douglas Price.

Application forms are available from: Mrs M. A. Williams, General Practitioner Department, British Postgraduate Medical Federation, 14 Ulster Place, London NW1 5HD.

The closing date for applications is 28 September 1979.

WINCHESTER GROUP PRACTICE

Winchester group practice requires vocationally trained ninth partner to commence August 1979, for succession to existing list in August 1980. For full details apply to: the Practice Manager, St Clements Surgery, Tanner Street, Winchester, SO23 8AD.

UNIVERSITY OF SOUTHAMPTON

PROFESSOR OF PRIMARY MEDICAL CARE

Applications are invited from registered medical practitioners for appointment to a newly established Chair of Primary Medical Care. Salary not less than £10,806. Further particulars may be obtained from the Secretary and Registrar, The University, Southampton SO9 5NH, to whom applications (11 copies from applicants in the UK) should be sent before 9 July 1979.

UNIVERSITY OF EDINBURGH

FACULTY OF MEDICINE

JAMES MACKENZIE
CHAIR OF GENERAL PRACTICE

The University Court invites applications for the James Mackenzie Chair of General Practice which falls vacant on 30 September 1979 on the retirement of Professor Richard Scott.

Enquiries regarding the appointment may be addressed to the Executive Dean, The University of Edinburgh Medical School, Teviot Place, Edinburgh EH8 9AT.

Further particulars may be obtained from the Secretary to the University, The University of Edinburgh, Old College, South Bridge, Edinburgh EH8 9YL, with whom applications should be lodged not later than 1 August 1979, quoting reference 8/79.
BURY ST EDMUNDS HEALTH DISTRICT
(Suffolk Area Health Authority)

WEST SUFFOLK

VOCATIONAL TRAINING

SCHEME FOR

GENERAL PRACTICE

Applications are invited for the next intake of this three year scheme commencing on 1 October 1979. The scheme is recognized by the Royal College of General Practitioners. The first three months and final nine months general practice attachment are split by four specially created hospital in-service Senior House Officer appointments:

6 months Obstetrics and Gynaecology (recognized for DRCOG)

6 months Paediatrics (recognized for DCH)

6 months General Medicine with Geriatrics

6 months Psychiatry

The scheme is centred on a new District General Hospital and operates in an urban and rural area in which there is a good general practitioner/consultant liaison.

Throughout the scheme there are weekly half-day elective periods which provide a comprehensive course on all aspects of general practice.

The Suffolk Area Health Authority will be responsible for all salary payments and the Bury St Edmunds Health District will provide accommodation for the three year period.

Applicants should be fully registered.

Further information and application forms are available from the Unit Administrator, West Suffolk Hospital, Bury St Edmunds, Suffolk IP33 2GZ. (Tel: Bury St Edmunds 63131 Ext. 511).

The closing date is 15 June 1979.

There will also be four vacancies in local teaching practices associated with the West Suffolk hospital for doctors wishing to carry out a one-year training period. For further details, please contact Dr S. F. Oliver at the West Suffolk Hospital.

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Buy Update Books from our Central London Office

Update Books are now on display and for sale at the Update offices in central London. You can call into the 2nd floor reception. Update Publications, 35–34 Alfred Place, London WC1E 7DQ, to inspect or purchase Update books any time between 9.30 a.m. and 5.30 p.m., Monday to Friday. This map shows how to find Alfred Place. The Update building is clearly recognisable by the display of books in the front window at street level.

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*Journal of the Royal College of General Practitioners, June 1979* 383
Five years of extensive clinical experience have shown that Beconase used routinely throughout the season provides:

- Effective control of the nasal symptoms of hay fever
- Freedom from antihistamine induced drowsiness or rebound congestion from decongestants
- Convenient topical therapy delivered from an easy-to-use actuator

Ideally Beconase should be started before exposure to the allergen but it may also be used to relieve established nasal symptoms.

**Beconase NASAL SPRAY**

(Beclohexasone dipropionate BP)

first line therapy in hay fever
As a fast acting diuretic

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is unbeatable...

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Your patients rarely forget to take their 'water pill' but all too frequently fail to take their potassium supplement if you prescribe it separately. Burinex K solves this problem because Burinex the 'most effective natriuretic agent' coats the potassium core - to make it truly unforgettable.

In addition – because of the shape and size – it's easier to swallow than the most commonly used potassium supplement alone.

**Burinex** K in CCF right from the start

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