‘Tagamet’ is the most frequently used H₂ antagonist in the UK and in the world. Indeed, most British GP’s use ‘Tagamet’ as their usual choice in duodenal ulceration. And they do so with good reason.

‘Tagamet’ is an outstandingly effective drug. The accelerated healing and rapid symptomatic relief offered by ‘Tagamet’ have become a touchstone of ulcer therapy. Others compare themselves with ‘Tagamet’.

But ‘Tagamet’ has been under the clinical microscope for nine long years. Few drugs can claim to have undergone such scrutiny, and certainly none in the ulcer field. ‘Tagamet’ is known.

‘Tagamet’ has become a reference standard of efficacy and safety following 7 years’ widespread experience, 25 million patients and an unmatched programme of post-marketing surveillance and long-term study.

Efficacy.
The assurance of an unparalleled surveillance programme.
And a simple dosage.
The gastro-technology of the eighties.

Tagamet
acid controlled

Prescribing Information. Presentations: “Tagamet” Tablets, PL 0002/00092, each containing 400 mg cimetidine. 56. £16.61. “Tagamet” Tablets, PL 0002/0063, each containing 200 mg cimetidine. 56. £7.15. “Tagamet” Syrup, PL 0002/0075, containing 200 mg cimetidine per 5 ml. 500 ml. £20.43. Indications: Duodenal ulcer, benign gastric ulcer, recurrent and stomal ulceration, oesophageal reflux disease. Other conditions where reduction of gastric acid is beneficial: prophylaxis of stress-induced gastrointestinal haemorrhage and of acid aspiration (Mendelson’s syndrome; malabsorption and fluid loss in short bowel syndrome. Zollinger-Ellison syndrome. Dosage: Adults. Oral. Usual dosage, 400 mg b.d. with breakfast and at bedtime. Alternatively 200 mg i.d.s. with meals and 400 mg at bedtime (1.0 g/day) or, if inadequate, 400 mg q.d.s. with meals and at bedtime (1.6 g/day). Treat for at least 4 weeks (6 weeks in benign gastric ulcer). To prevent relapse of peptic ulcer, 400 mg at bedtime or 400 mg morning and at bedtime. Oesophageal reflux disease. 400 mg i.d.s. with meals and 400 mg at bedtime (1.6 g/day) for 4 to 8 weeks. Prophylaxis of stress induced gastrointestinal haemorrhage, up to 2.4 g a day, divided, to maintain intragastric pH above 4. Prophylaxis of acid aspiration syndrome. 400 mg 90-120 mins before induction of general anaesthesia; up to this dose repeated (preferentially if appropriate) as required if operation is prolonged. 400 mg at start of labour then 200 mg 2-hourly as necessary, suggested maximum 1.6 g. Do not use ‘Tagamet’ syrup. Zollinger-Ellison syndrome. 1.5 g or more a day, divided. N.D. Usual maximum 5.4 g/day. For full dosage instructions see Data Sheet. Cautions: Impaired renal function: reduce dosage (see Data Sheet). Potentiation of oral anticoagulants, phenytoin and theophylline (see Data Sheet). Prolonged treatment: observe patients periodically. Exclude malignancy in gastric ulcer. Care in patients with compromised bone marrow (see Data Sheet). Avoid during pregnancy and lactation. Adverse reactions: Diarrhoea, diarrhea, rash, tiredness. Rarely, mild gynaecostasia, reversible liver damage, confusion states usually in the elderly or very ill, interstitial nephritis, acute pancreatitis. Legal category: POM. 19.4.84.

Smith Kline & French Laboratories Limited, Welwyn Garden City, Hertfordshire AL7 1EY
© 1984 Smith Kline & French Laboratories Limited ‘Tagamet’ is a trade mark
TG-AD784
"Why have you changed my tablets, Doctor?"

*Inderal* is a trademark for Propranolol Hydrochloride BP. Full prescribing information is available from Imperial Chemical Industries PLC, Pharmaceuticals Division, Alderley Park, Alderley Park, Macclesfield, Cheshire SK10 4TF.
Classified advertisements are welcomed and should be sent to: Advertising Department, The Journal of the Royal College of General Practitioners, Update Publications Ltd., 33/34 Alfred Place, London WC1E 7DP. Copy must be received six weeks before the 1st of 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 £6.35 per single column centimetre, plus 30p if a box number is required. Fellows, members and associates of the Royal College of General Practitioners may claim a 10 per cent reduction. Replies to box numbers should be sent to the Advertising Department, Update Publications Ltd., with the box number on the envelope.

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 men and women.

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.

THE BALINT SOCIETY
RESIDENTIAL WEEKEND AT PEMBROKE COLLEGE, OXFORD
Friday 14 – Sunday 16 September 1984
Open to all general practitioners who are interested in a live experience of Balint work. Section 63 applied for. Application forms from: The Hon. Sec. Dr Peter Graham, 149 Altmore Ave, London E6 2BT.

MRCGP CANDIDATES
New practice exams now available. Two MCQ papers (120 questions) covering the new subject areas as required by the Royal College. (This includes social and legal aspects, epidemiology, statistics and practice organization.) Answers and detailed teaching explanations provided together with computer sheets and free marking service. MEQ and TEQ papers have sample answers, explanations, marking schedules references and practical examination advice. Also hints on log diary, oral and reading suggestions. Send cheque now for £17.50 plus 65p p & p.

SURGERY MORTGAGES FOR THE MEDICAL PROFESSION
Up to 100 per cent with very attractive fixed rates of interest.
Up to 20 years Repayment Term.
Please Telephone 0935 77471 or write to Medical Insurance Consultants, Freepost, 9 Princes Street, Yeovil BA20 1YR.

SCHOOL FEE PLANNING SERVICE
Individually designed plans to meet your requirements. Using capital or income or a combination of both.
Immediate Fee Plan now available.
Please telephone 0935 77471 or write to Medical Insurance Consultants, Freepost, 9 Princes Street, Yeovil, BA20 1YR.
... Teddy's better too, Grandma. Can we come tomorrow?

Prescribing Information

Indications:
Commonly occurring bacterial infections of the upper and lower respiratory tract, urinary tract, skin and soft tissue.

Presentations:
Amoxil syrup: 125mg and syrup forte 250mg per 5ml. PL0038/1008/9
Amoxil paediatric suspension: 125mg per 12.5ml. PL0038/1007
Amoxil capsules: 250mg and 500mg PL0038/1003/5
Amoxil dispersible tablets: 500mg PL0038/1007
Amoxil 3g sachet: PL0038/0238
Amoxil vials for injection: 250mg, 500mg and 1g. PL0038/0221/2/5

The amoxicillin content per dose unit is present as the trihydrate in Amoxil oral preparations and as the sodium salt in Amoxil injections.

Average treatment course: children 20mg/kg/day (125mg syrup) or adults 400mg/day (250mg capsules). Dispersible tablet: 250mg per tablet (30 pack), 3g sachet €1.98 per sachet.

Dosage

Children's Dosage (up to 10 years) Oral: 125mg three times a day. In severe infections doses should be doubled.

Adult Dosage

Oral: 250mg three times a day. In severe infections doses should be doubled.

Injectable: 50-100mg/kg body weight per day in divided doses.

Contra Indications

Amoxil is a penicillin and should not be given to penicillin hypersensitive patients. Side-effects, as with other penicillins, are usually of a mild and transitory nature. They may include diarrhoea or indigestion. Occasionally a rash may occur, in which case treatment should be discontinued.

Since Amoxil is a penicillin, problems of overdosage are unlikely to be encountered.

Further information on Amoxil (amoxicillin) is available from:

Bencard

Bencard, Great West Road, Brentford. Telephone: 01-560 5531

Amoxil and the Bencard logo are trademarks.

December 1983

14269