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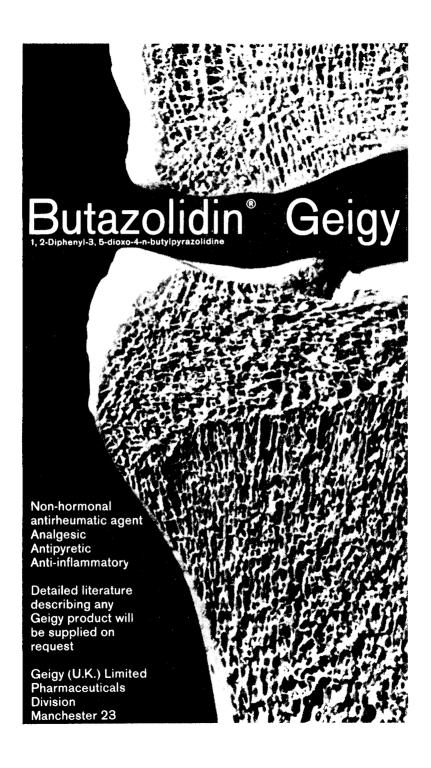
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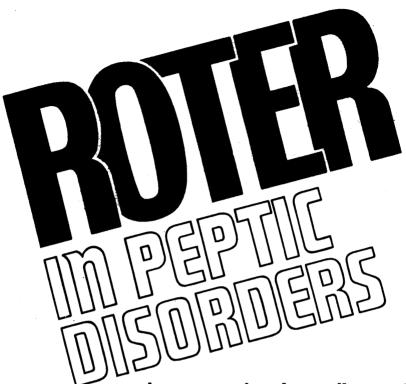
For instance, bonuses declared every three years increase the pension. You are not committed to pay a fixed annual premium. You pay as you like in accordance with your earnings. And should you die before pension age all payments are returned to your estate plus compound interest at 4%. Finally, you may take the pension at any age between 60 and 70.



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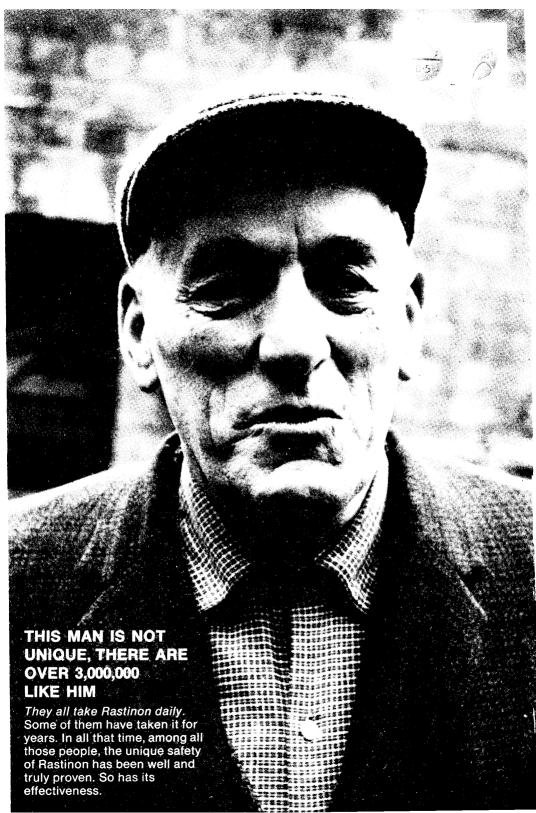
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More than 2,000 clinical studies, and 3,000,000 successfully treated diabetics throughout the world, have proved the safety and effectiveness of Rastinon. That is why, when an oral hypoglycaemic agent is indicated, the vast majority of physicians throughout the world choose Rastinon first.

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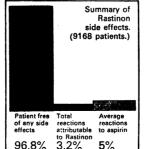
Rastinon is presented in uncoated scored white tablets containing 0.5 G. tolbutamide, having a diameter of 13 mm.

The identification marks on the tablets are as follows:



Rastinon injection is available in ampoules of 20 ml. containing a 5% solution for the diagnosis of diabetes mellitus.

- 1. Today's Drugs. B.M.J., 1963, 1, 521.
- 2. Faians, S.S. and Conn., J. W., Diabetes, 1962, 11, (Supp.), 123,
- Modell, W., Drugs of Choice, 1964-1965, 567.
- 4. Faludi, G., Journal of the Medical Women's Association, 1963, 18, 733.





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From the moment the asthmatic patient begins to fight for breath, only seconds need elapse before the onset of relief—with Medihaler-iso Forte.

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Simple to operate, compact to carry, giving profound relief from a minute dose, Medihaleriso Forte opens airways in seconds when the fight for breath is on.

1. Brit. Med. J. (1966) 1: 1014 2. Rev. Inst. Hyg. Mines (Belgium) 1965 20 (3): 170. 3. Brit. J. Dis. Chest

Medihaler-iso Forte: suspension of Isoprenaline Sulphate B.P. 20 mg./ml., delivers 0.4 mg. per dose. Dosage: Medihaler-iso Forte delivers a full strength dose which should be sufficient to provide relief

Caution: Isoprenaline is well tolerated by most patients. However, it should be used with caution in the presence of impaired cardiac function, hyperthyroidism and severe hypertension. Isoprenaline is a potent agent. The smallest dosage of it which provides relief should not be exceeded.

Basic NHS price: 400-dose complete unit 17/-. Additional Information is available on request.

Medihaler, Medihaler-iso: registered trade marks.

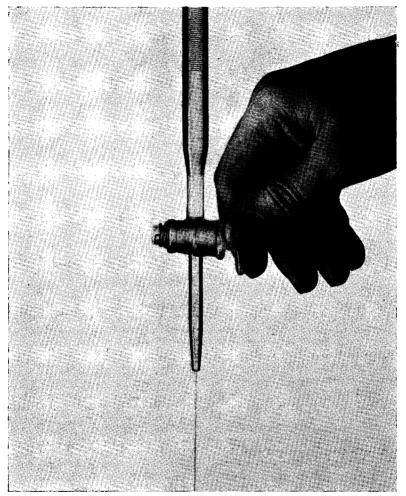
Medihaler-iso Forte opens airways in seconds





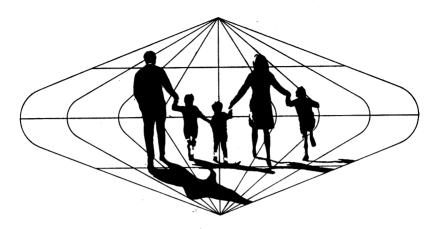
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today's most advanced conception regulator, satisfies these demanding criteria:

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More than four thousand women have completed more than 40,000 valid treatment cycles without a single pregnancy!. A valid treatment cycle is one in which intercourse takes place, NORINYL-1 is used as directed and no other contraceptive is employed.

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The very low steroid content of NORINYL-1 is accompanied by the disappearance of some dose-dependent effects². Bromsulphthalein excretion rates in women taking NORINYL-1 could not be distinguished from those in an untreated control group³.

Simplicity

The tiny tablet is easy to swallow, the pack convenient to use and the 21-day routine virtually eliminates patient error⁴.

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In 40,000 cycles the incidence of head-ache, depression and breast symptoms did not differ in any cycle, even the first, from that in the untreated control group. After the second cycle, the reported incidence of nausea approached pretreatment control levels. Among dysmenorrhoea cases. 89.5% had no further symptoms after starting NORINYL-1. Premenstrual tension was totally relieved in 79.3% of cases¹.

Bibliography 1. Data available to the U.S. Federal Food and Drug Administration, 1966.
 Syntex Symposium on Low Dosage Oral Contraception, Palo Alto, July 15, 1965.
 Syntex Symposium on Low Dosage Oral Contraception, Palo Alto, July 15, 1965.
 Todays Drugs—new oral contraceptives Brit.med.J, ii 357. 1964.



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1, CANAD. MED. ASS. J., 1961, 85, 1352 2, MED. J. AUST., 1982, 1, 429 3, MED. J. AUST., 1983, 7, 149 4, J. MED. (LISBON), 1983, 7044, 189 5, CANAD. MED. ASS. J., 1983, 99, 248 6, AMER. J. MED. SCI., 1984, 247, 158 7, ZSCHR. F. THER. 1985, 2, 82-86 8, DTSCH. MED. WSCHR., 1980, 85 (32), MOI MED. WELT. 1980, 1573, 158, MED. J. AUST. 1983, 1, 487

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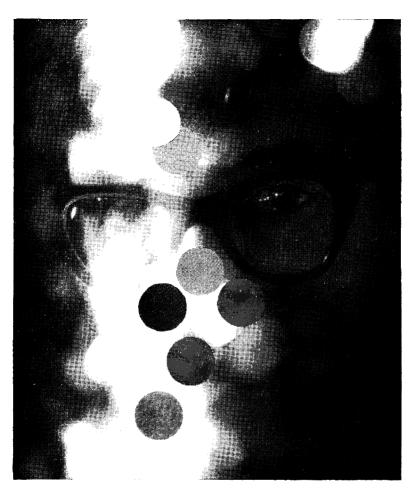
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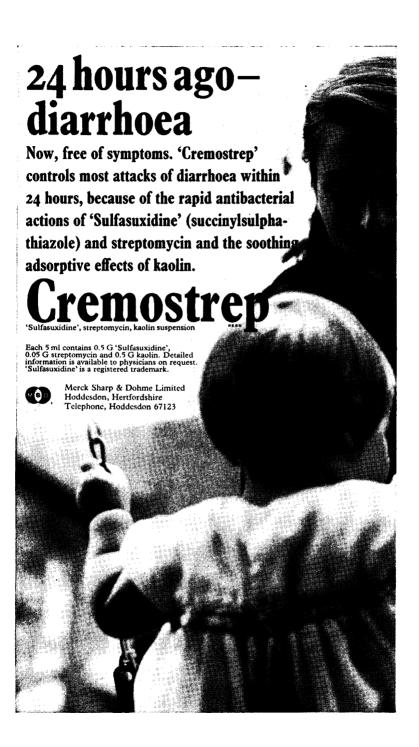
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Contributors are asked to submit copy to the editor six weeks before the first day of the month of publication.

Copy should be submitted in double-spaced typescript, and any alterations clearly marked in ink.

Articles must be original and should not have been published, or be in process of publication, in any other journal.

Graphs and other line drawings must be in Indian ink and drawn to size, or capable of reduction to 4 inches in width by $3\frac{1}{4}$ inches approximately in depth.

All communications to the editor should be addressed to *The Journal of the Royal College of General Practitioners*, Prospect House, Dartmouth, Devon.

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