

The Beecham Penicillins

Beecham research has produced an outstanding range
of semi-synthetic penicillins including :

Penbritin* (ampicillin) **Floxapen*** (flucloxacillin)
Orbenin* (cloxacillin) **Pyopen*** (carbenicillin)
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(ampicillin and cloxacillin)

BRL also produce Maxolon*(metoclopramide) — a modifier of gastric motility.

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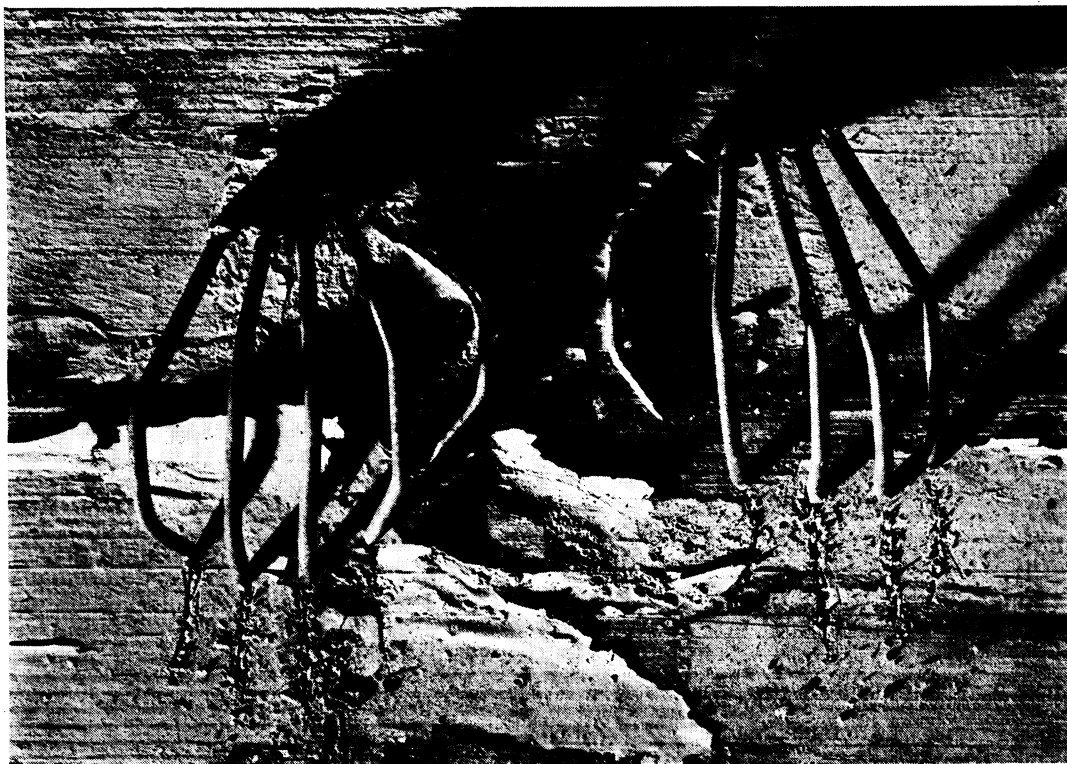


Beecham Research Laboratories Brentford England

*regd.



Instead of just scratching the surface of the irritation problem



Vallergan – orally

- Antipruritic 'Vallergan' reduces the itch in dermatitis and eczema.
- Antihistaminic 'Vallergan' reduces reaction and irritation in urticaria and other allergic skin conditions.
- Sedative 'Vallergan' reduces sleep loss by virtue of a potent sedative action, ideal for the restless patient.

Full information is available on request

'Vallergan' is a trade mark for preparations of trimeprazine tartrate manufactured by May & Baker Ltd Dagenham Essex RM10 7XS

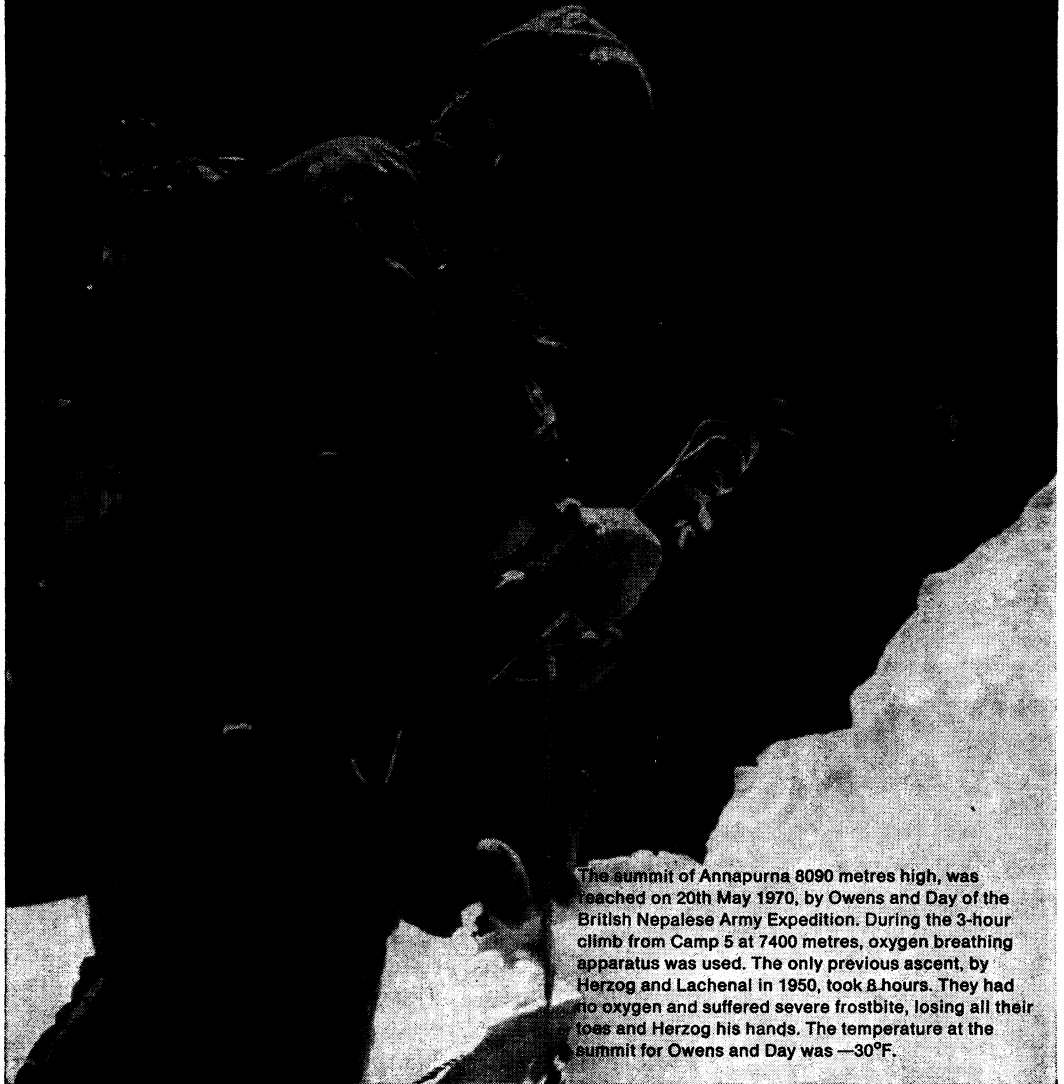


M&B May & Baker



MA 9185

Transvasin at the summit



The summit of Annapurna 8090 metres high, was reached on 20th May 1970, by Owens and Day of the British Nepalese Army Expedition. During the 3-hour climb from Camp 5 at 7400 metres, oxygen breathing apparatus was used. The only previous ascent, by Herzog and Lachenal in 1950, took 8 hours. They had no oxygen and suffered severe frostbite, losing all their toes and Herzog his hands. The temperature at the summit for Owens and Day was -30°F .

ON ANNAPURNA the members of the British Nepalese Army Expedition chose Transvasin to relieve muscular pain. Three British climbers used it:

"One suffered badly strained back and chest muscles following involvement in an avalanche. The second developed severe intercostal fibrositis, and the third had badly bruised himself after falling 30 feet and jamming in a crevasse. Transvasin gave considerable relief to all three climbers." Personal communication, 3rd September 1970.

Transvasin was also used with great success by many other members of the party who complained of various other aches and pains.

IN GENERAL PRACTICE too, Transvasin provides effective relief from muscular and rheumatic pains. It contains esters of nicotinic and salicylic acids which ensure a rapid hyperaemic and analgesic effect.

Available in 30 g. tubes.

Basic NHS price 12½p, plus P.T.

Full information is available on request.

Lloyd-Hamoll Ltd., London W.1

Transvasin – always in action
against muscular and rheumatic pain



This Angina patient has Trinitrin
in his pocket.

Eraldin will help keep it there.

“Twenty-four patients with angina pectoris entered a double-blind trial of the cardioselective beta-adrenergic blocking agent practolol.

Seventeen experienced less angina and consumed fewer glyceryl trinitrate tablets when on the active preparation [‘Eraldin’].

There was also a decrease in the mean number of attacks suffered by patients while on practolol and

a reduction in the number of glyceryl trinitrate tablets taken.”

Brit. med. J., (1970), 2, 402-404.

Detailed information, available on request, should be consulted before prescribing.

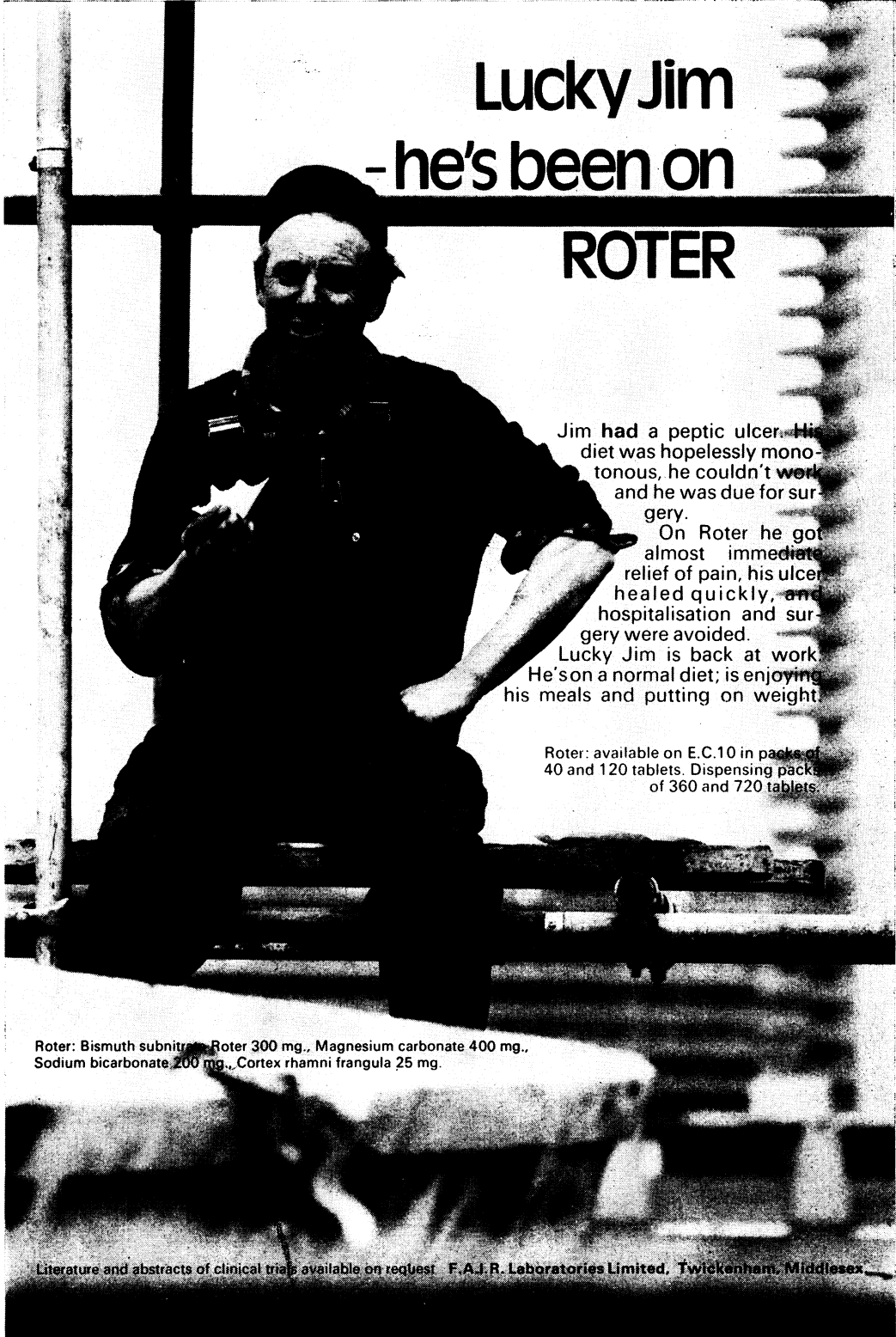
Imperial Chemical Industries Ltd.,
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Eraldin
PRACTOLOL TRADE MARK



PH 770/2



Lucky Jim - he's been on ROTER

Jim had a peptic ulcer. His diet was hopelessly monotonous, he couldn't work and he was due for surgery.

On Roter he got almost immediate relief of pain, his ulcer healed quickly, and hospitalisation and surgery were avoided.

Lucky Jim is back at work. He's on a normal diet; is enjoying his meals and putting on weight.

Roter: available on E.C.10 in packs of 40 and 120 tablets. Dispensing packs of 360 and 720 tablets.

Roter: Bismuth subnitrate 300 mg., Magnesium carbonate 400 mg., Sodium bicarbonate 200 mg., Cortex rhamni frangula 25 mg.

Literature and abstracts of clinical trials available on request. F.A.J.R. Laboratories Limited, Twickenham, Middlesex.

New assisted passage scheme

The formula which really assists and maintains free mucus flow in bronchial conditions—that is new **LINCTIFED* EXPECTORANT**.

LINCTIFED EXPECTORANT:
loosens thick tenacious sputum ;
decreases mucosal congestion ;
controls irritating, unproductive cough.

*Trade mark

Available in two forms —
LINCTIFED EXPECTORANT and
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containing guaiphenesin, pseudoephedrine,
triprolidine and codeine in a balanced
formulation. **LINCTIFED EXPECTORANT**
controls cough and clears the way for
easier breathing.

Full information available on request.

LINCTIFED EXPECTORANT **LINCTIFED EXPECTORANT PAEDIATRIC**



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is so often a
depressed patient.**

Is a tranquilliser the best therapy?



for depression with overlying anxiety

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Amitriptyline hydrochloride/MSD

Supplied as tablets containing 10 mg, 25 mg, and 50 mg amitriptyline hydrochloride/MSD, as a syrup, and as an injection.

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[®] denotes registered trademark.

Merck Sharp & Dohme Limited, Hoddesdon, Hertfordshire

Telephone Hoddesdon 67123

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Septtrin quickly reaches effective blood levels and produces an exceptionally rapid clinical response.

Septtrin was more effective compared with antibiotics (ampicillin and tetracycline) in reducing sputum purulence and sputum volume.^{1,2}

Septtrin first utilisation of antibacterial synergy between trimethoprim and a sulphonamide.

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References

1. *Brit med J*, (1969), **4**, 470.
2. *Postgrad med J*, (1969), **45**, Supplement, (November) 91.

For the whole family—SEPTRIN Tablets, SEPTRIN Adult Suspension, SEPTRIN Paediatric Tablets and SEPTRIN Paediatric Suspension containing trimethoprim and sulphamethoxazole.

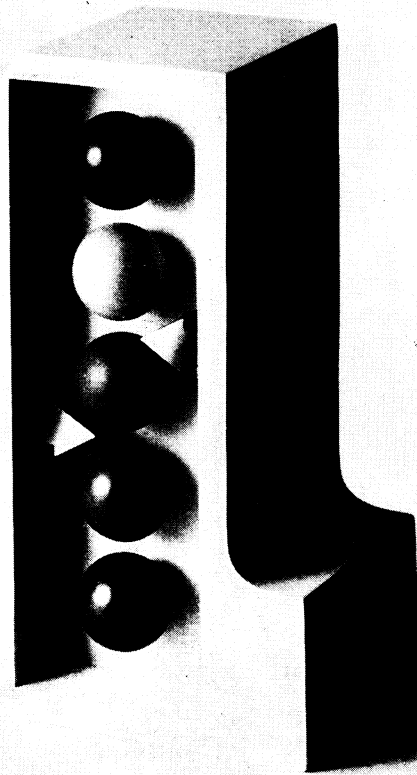
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Burroughs Wellcome & Co.
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Septtrin

an advance on
the antibiotics



SEPTRIN eradicates infection by a double blockade of bacterial metabolism.



Actifed and Space age Medicine

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Full information is available on request.

*Trade Mark
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For Coughs with Congestion

ACTIFED COMPOUND LINCTUS



'... elderly people select for themselves a diet relatively poor in potassium content even in circumstances where an adequate intake is available.'

Geront. clin. (Basel) 1971, 13, 119 (May/June)

'Digitalis overdose is very common especially in the elderly.'

'... [The most common causes] today are simple overdose, impaired renal function and depletion of the body potassium.'

Brit. J. Hosp. Med., 1971, 6, 93 (Jul)

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MODURETIC®
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a highly effective diuretic that entirely obviates the need for potassium supplements



'Moduretic' is a new diuretic from Merck Sharp & Dohme—highly effective, yet helps to conserve the body's natural balance of potassium



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'Moduretic' Tablets are small, distinctively diamond-shaped, and peach-coloured

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CHURCHILL LIVINGSTONE

EMERGENCIES IN MEDICAL PRACTICE

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844 pages 99 illustrations £6.00

'This book gives an excellent account of the management of all the possible emergencies that might occur in medical practice from simple poisoning to the more complex problems of respiratory failure, cardiac arrhythmias, shock and cerebral oedema. These are conveniently grouped in chapters orientated to emergencies in the various branches of medicine.

'At the end there is a valuable section entitled *Practical Procedures*. Here, various procedures from blood sampling and lumbar puncture to sternal puncture, pericardial aspiration and tracheostomy are adequately described with illustrated diagrams and reference to appropriate hazards'.—*The New Zealand Medical Journal*

TEXTBOOK OF MEDICAL TREATMENT

Edited by STANLEY ALSTEAD, ALASTAIR MACGREGOR and RONALD GIRDWOOD.
1971. Twelfth edition. 108 pages 36 illustrations £4.25

Contents—Antibiotics and Chemotherapy. Infectious Diseases. Tuberculosis. Diseases of the Heart and Circulation. Diseases of the Blood Vessels of the Limbs and the Effects of Cold. Disorders of the Blood. Anticoagulant Therapy. Diseases of the Respiratory System. Diseases of the Alimentary System. Disturbances in Water and Electrolyte Balance and in Acid-base Equilibrium. Renal Diseases. Hormone Therapy and Diseases of the Endocrine Glands. Metabolic Diseases—Diabetes Mellitus, Obesity. Nutritional Disorders. Diseases of the Nervous System. Psychiatry in General Practice. Analgesics and Hypnotics. Chronic Rheumatic Diseases. Some Common Disorders in Infancy and Early Childhood. The Care of Old People. Common Tropical Diseases and Helminthic Infections. Pesticides and Repellents. Acute Poisoning. Ill-health due to Drugs. Industrial Diseases. Common Diseases of the Skin. Venereal Diseases. Diseases of the Eye. Principles of Prescribing. Technical Procedures. Glossary of Official Equivalents of the Proprietary Drugs. Index.

'The reason for its popularity is not far to seek. It is written by clinicians and carefully edited so that the emphasis throughout is on what the man in practice requires. Its aim is to provide the clinician—whether consultant or general practitioner—with a sound, reliable and up-to-date account of methods of treatment which have proved of value'.—*Practitioner*

PHYSIOLOGY FOR PRACTITIONERS

Edited by IAN C. RODDIE. 1971. 208 pages
£1.50

This book consists of a series of twenty-four articles which Professor Ian C. Roddie and members of the staff of his Department of Physiology in the Queen's University, Belfast, contributed to *The Practitioner*. Its aim is to provide an up-to-date account of the essentials for the clinician. In other words, it is written for the clinician who has a basic knowledge of physiology but wishes to have this brought up to date. In this respect it fills a gap in current medical publications. It is not intended for professional physiologists, though they may well find it useful for teaching purposes. Its primary aim is to help the practising doctor by providing him with an authoritative, readable and compact account of current views on physiology.

CALLING THE LABORATORY

Edited by W. A. R. THOMSON, Editor of *The Practitioner*; Foreword by PROFESSOR ROBERT CRUICKSHANK. 1971. Third edition. 160 pages 6 illustrations £1.50

One of the major problems facing the general practitioner today is the discriminate use of the laboratory. There is such a large variety of tests nowadays that it is often difficult

to decide which are of real value in any one particular case. Even when the practitioner has decided that a given test would be of value, he has still to decide what material is required for it. Equally difficult may be the interpretation of the result produced by the laboratory. Further, if the practitioner is to retain an intelligent interest in his work, and not be a mere robot, it is essential that he should know the principles of the different tests, even though the technical details of how they are done may be beyond his understanding.

To help the practitioner in dealing with this problem, throughout 1960 and 1961 a series of articles was published in *The Practitioner*, under the title of *Calling the Laboratory*. These proved so popular that it was decided to publish them in book form.

'For a busy general practitioner wishing to avail himself of laboratory services it provides not only a quick study, but simple, explicit descriptions of essentials. It is also valuable to the trainee in laboratory medicine, providing a wide-ranging view of the hard, practical core of his discipline. There would be few of the medical profession who would not find something of value with its covers'.—*The Ulster Medical Journal*

THE PRACTICE OF FAMILY MEDICINE

D. F. COULTER and D. J. LLEWELLYN.
1971. 434 pages 14 illustrations £3.50

This book provides a comprehensive description of general practice, covering all aspects of the subject, from the pattern of diseases and their management to the administration of a comprehensive family doctor service. The twenty-two contributors, all of whom are members of the Royal College of General Practitioners, write about those subjects in which each has a special interest. The book is intended primarily for new entrants into general medical practice and those training for a career in family medicine, but doctors in charge of training practices will find it very useful as a basis for tutorials and group discussions.

Contents—Part 1: The practice. The range of general practice. The administration of the family doctor service. Managing the practice. Legal pitfalls. The art of prescribing. Research. Part 2: The patient, his doctor and the community. Communication between the doctor and his patient. Hospitals, consultants and nurses. Family planning. Preventive medicine. Occupational medicine. Health education. Part 3: The Clinical problem. Medicine. Paediatrics. Infectious diseases. Sexually transmitted diseases. Diseases of the skin. Psychiatry. Dealing with the psychoneurotic. Geriatrics. Surgery. Orthopaedic medicine. The ear, nose and throat problems of general practice. The eye. Obstetrics and gynaecology. Office pathology. Using the radiological services. Agencies available to assist the patient in the community. Equipment for family practice. Vocational training for general practice as a postgraduate discipline. Index.

BEDSIDE DIAGNOSIS

CHARLES SEWARD. 1971. Ninth edition.
552 pages £3.00

Contents—Introduction. Psychogenic Symptoms. Some General Considerations Regarding Pain. Head Pain. Thoracic Pain. Epigastric Pain. Umbilical Pain. Hypogastric Pain. Lateral Abdominal Pain. Dysphagia. Vomiting. Diarrhoea. Jaundice. Anaemia. Epistaxis. Haematemesis. Haemoptysis. Haematuria. Haemorrhagic Disease. Cough. Dyspnoea. Tachycardia. Debility and/or Loss of Weight. Pyrexia. Coma. Drugs Considered as Causes of Symptoms. Normal Values. Index.

'This book is in the clinical tradition for which British medicine is justly renowned. Each of the chapters is devoted to an important presenting symptom. After a brief description of the physiological background, the symptom is analysed as it would be by the clinician at the bedside. The conditions which can cause the symptoms are described, and last of all—in their proper place—come the pathological and radiological investigations.

Doctors in all fields of medicine will find much of value here; the newly qualified, in particular, will find no better book for learning the art and science of diagnosis'.—*Journal of the Royal College of General Practitioners*

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from pain...**

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“Its potency, its effectiveness and its wide range of application make it a superior analgesic.”

Med. Sci. (1967) 18:59

“... pain relief was excellent in 90% of the patients and side effects were minimal and not severe.”

J. Amer. Ger. Soc. (1965) 13:775

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Brit. J. Anaesth. (1970) 42:186

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- High degree of patient acceptability
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Clin. Trials J. (1969) 6:97

Fortral Capsules contain 50mg pentazocine hydrochloride.

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The usual adult dose is one capsule four hourly after meals, but up to two capsules 3-4 hourly may be given if required.

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1ml-2ml (30-60mg) dependent on the severity of the pain, repeated every 3 to 4 hours as required. For children the *maximum* single dose is based on 1mg/kg body weight i.m. or s.c. and on 0.5mg/kg body weight i.v.

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Dizziness, nausea, vomiting and headache sometimes occur, but these side effects tend to decrease after a few doses.

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Caution in severe renal, hepatic and respiratory impairment, in patients receiving MAO inhibitors, and in those previously on large doses of narcotics. Ambulatory patients should not drive or operate machinery. As with all recently introduced drugs, Fortral should be given with caution in the first trimester of pregnancy.

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Established respiratory depression. Raised intracranial pressure. Severe head injury or pathological brain conditions Convulsive disorders.

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RAF MEDICAL SPECIALIST, BARTS., MRCP, aged 30, seeks opening into small town/semi-rural group practice with clinical attachments or cottage hospital, preferably in north west. Available July 1972. Box No. 129, J.R.C.G.P., 5 Bentinck Street, London W1M 5RN.

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