

"I've had a bit of an accident, Doctor..."



## A MINOR INCIDENT PERHAPS, BUT JUST TWO EXTRA MINUTES OF YOUR TIME COULD ADD YEARS TO HER LIFE

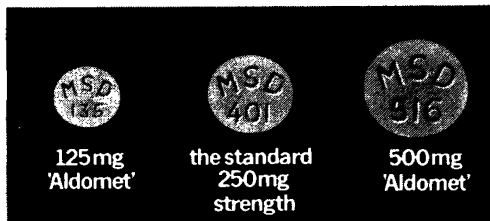
'...no doctor should miss an opportunity to record the blood pressure of a young or middle-aged patient who is a rare visitor to the surgery.'

Prognosis in hypertension.

*Brit. med. J.*, 1970, 4, 697 (19 Dec)

The general practitioner probably has 250 (10 per cent) undiagnosed hypertensives in his practice.\*

\*See *Present state and future needs of general practice*, 2nd Edition, The Royal College of General Practitioners, Report XIII, 1970, p 20



**When hypertension is revealed and treatment  
is indicated, consider 'Aldomet'**

**Rx Aldomet**  
**prescribe by name**

'Aldomet' is available as 125 mg, 250 mg (the standard strength), and 500 mg tablets – and an Injection for emergency use. Detailed information is available to physicians on request.

'Aldomet' (registered trademark) contains methyldopa/MSD



Merck Sharp & Dohme Limited, Hoddesdon, Hertfordshire. Telephone Hoddesdon 67123

3-2205 A



## Business as usual during Esbatal

Hypertensive patients who want to lead normal, active lives prefer ESBATAL\* because it does not commonly produce tiredness, depression or diarrhoea.<sup>1,2</sup>

1. *Brit med J*, (1973), 3, 485.  
2. *Brit J hosp Med*, (1973), 8, 45.

# ESBATAL

## Successful in hypertension

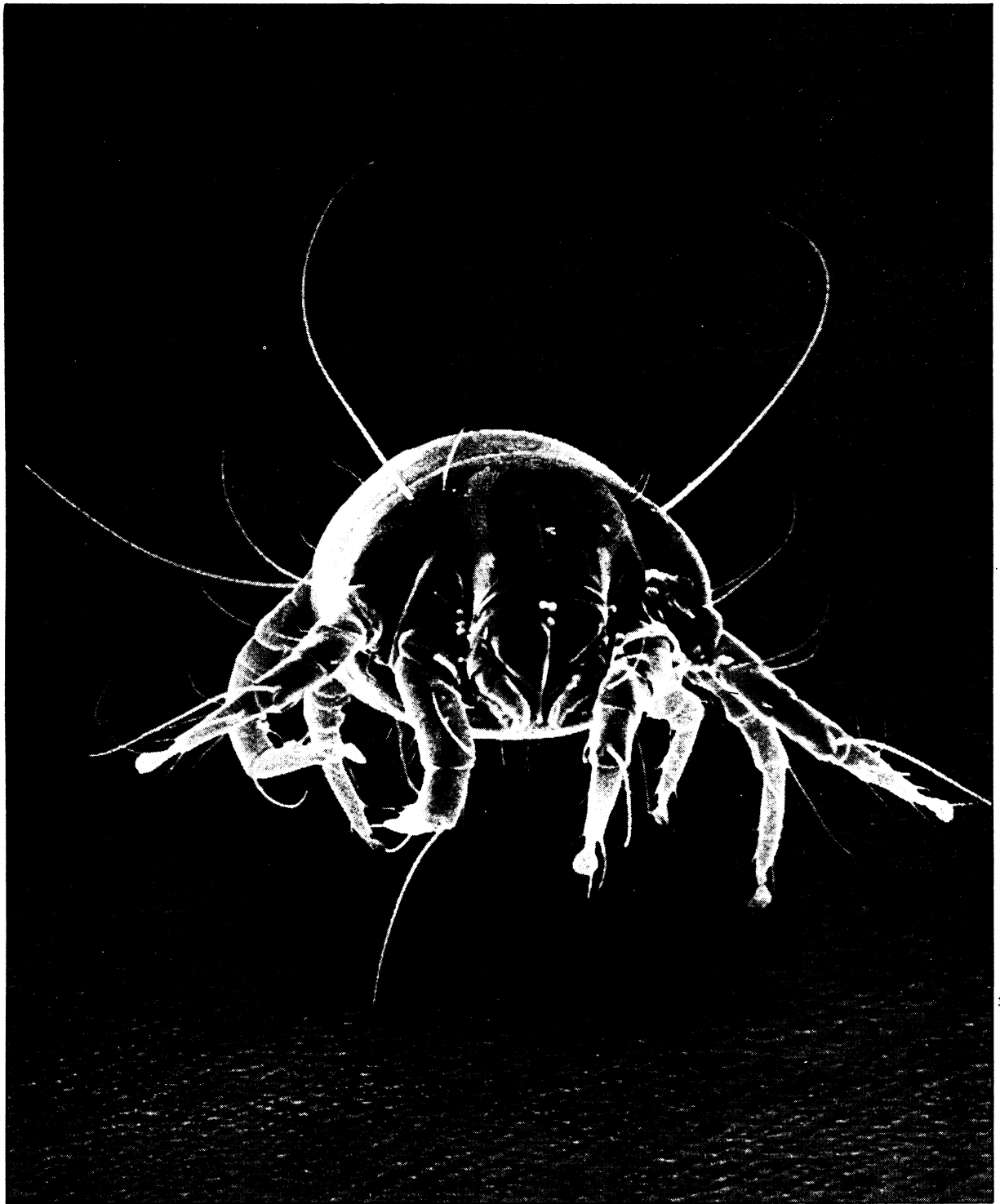
Full prescribing information about ESBATAL (bethanidine sulphate) is available on request.



Calmic Medical Division,  
The Wellcome Foundation Ltd.,  
Berkhamsted, Herts.

\*Trade Mark

# One thing you shouldn't



*Dermatophagoides pteronyssinus* scanning electron micrograph

# **Migen**

**asthma immunisation made easy.**

# sweep under the carpet.

Because, no matter what you do, you can't get rid of *Dermatophagoides pteronyssinus*, the house dust mite, "... the most common cause of allergic asthma in this country". Brit. med. J., (1970), 2, 501.

The mite is an extremely potent allergen. In fact, it has been calculated that the inhalation of mite material in an amount weighing less than one whole live mite would be capable of precipitating an allergic reaction.

In 1698 Floyer in his "Treatise on Asthma" stated that, "all asthmatics are offended by the least dust made by the sweeping of a room, or making of a bed". But it wasn't until 1964 that the significance of this tiny, semi-transparent creature was first appreciated.

Today, although only 0.3 mm. in length, the common house dust mite has been proved to be a major cause of a disease that disables over 300,000 Britons.

"... it is now firmly established that house dust is one of the most important allergic causes of asthma and that the most important allergen of house dust is a minute insect called the house dust mite"

The Asthma Research Council.

## A Thriving Subculture

Although the mites will live and breed in any house dust they are most often found on the mattresses and pillows of our beds, close to their staple diet - human skin scales. For most people this thriving subculture means little. But for the allergic asthmatic it could mean the difference between a dream and a nightmare.

## Avoidance is Impossible

In the home, it is virtually impossible to remove every trace of the mite. The ubiquitous creature exists in beds, carpets, curtains, cushions - anywhere that human beings and domestic dust come together. Even immaculate dwellings produce dust samples rich in live mites, their excreta and dead remains - all potent allergens. This is why the most effective way of controlling house dust mite sensitivity is immunisation.

## Migen - for the prevention of Asthma

Migen is a new short course vaccine which immunises against the house dust mite.

So it does not simply treat the symptoms of asthma - it prevents them. Immunisation against the powerful house dust mite allergen can raise the patient's overall level of tolerance. If he is multi-sensitive he may well find that he no longer reacts to contact with other allergens which have previously provoked attacks. And the stress caused by the fear of attack is reduced.

Migen is the first treatment that gives you, the family doctor, real control over asthma.

## Migen and Simplicity

There was a time when immunisation was both a complicated and lengthy business. Not so with Migen. Just six injections form a course of treatment for asthma and perennial rhinitis. With each syringe pre-filled to ensure easy administration and accurate dosage.

## Migen and Safety

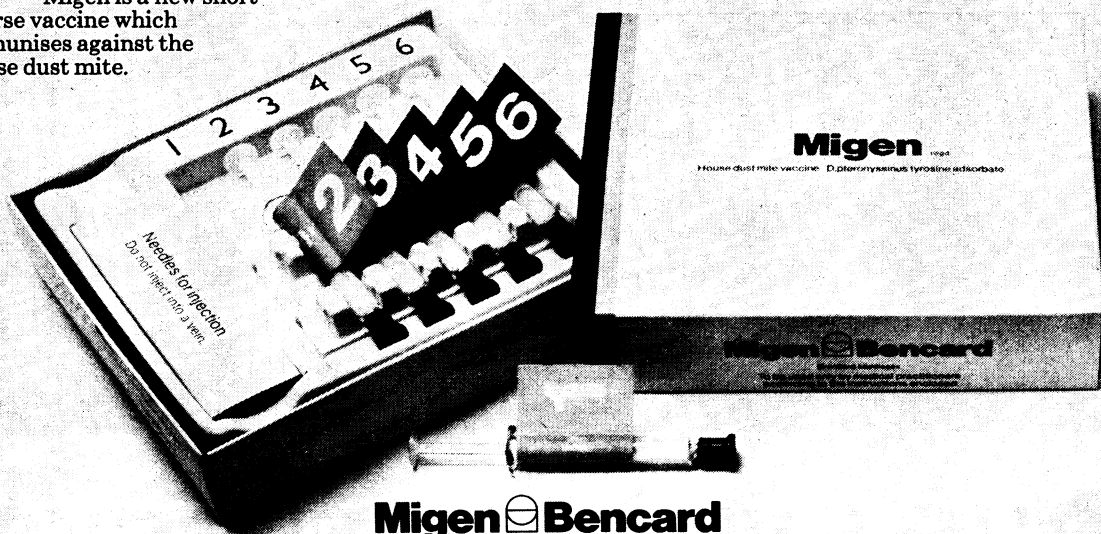
In Migen the active material is adsorbed on to tyrosine - a naturally occurring amino acid which is metabolised in the human body. The active material is therefore released slowly but completely for maximum effectiveness and minimum risk of adverse effects.

## Diagnosis

Migen may usually be prescribed on the basis of a careful case history alone. A Diagnostic Aid has been devised to help identify, by case history, those patients who are most suitable for Migen treatment. If the diagnosis is still in doubt after the case study then the Migen Skin Test Kit may be used for confirmation. Both the Diagnostic Aid (which also includes notes for the guidance of patients) and the Skin Test Kit are available on request from Bencard.

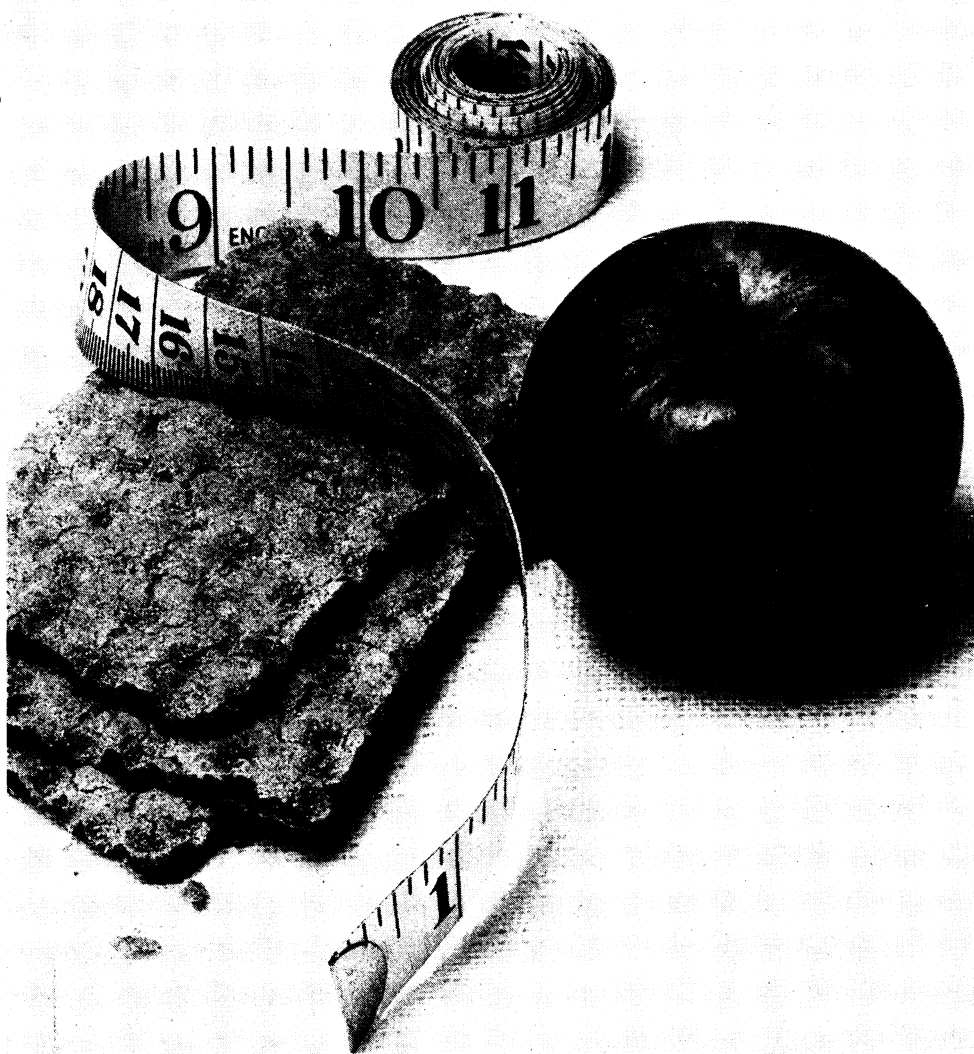
## Migen

Many products have been advocated for use in the treatment of asthma. Most have drawbacks that you and your patients suffer for the sake of some relief. Now Migen offers you an opportunity to treat the most common form of allergic asthma. From your surgery.



**Migen**  **Bencard**

Migen is a tyrosine adsorbed vaccine prepared from pure extract of *Dermatophagoides pteronyssinus*. Full information on Migen (regd.) is available on request from Bencard, Freeport, Brentford, TW8 9BE.



## *timely release from 'calorie conscious' anaemia*

'Fesovit' timed-release capsules replace iron stores depleted by poor eating habits, and help to meet the daily requirements for essential vitamins B and C.

The unique 'Spansule' Capsule is formulated to release the majority of the iron not in the stomach where it can cause gastric irritation but in the duodenum and jejunum where the absorption of iron is optimal.

\*This is not a clinical diagnosis. It is merely a convenient and familiar way of describing these anaemias often caused by the poor eating habits of females attempting to slim.

*When the next 'calorie conscious' anaemia walks in, remember 'Fesovit'; it makes prescribing simpler.*

# FesoVit

'SPANSULE' CAPSULES



Smith Kline & French Laboratories Limited  
Welwyn Garden City,  
Hertfordshire AL7 1EY

'Fesovit' and 'Spansule' are trade marks  
Full information is available upon request  
'Fesovit' contains ferrous sulphate, vitamin B complex and vitamin C.  
SFT: PA 113

# Studies in depth

## Amoxil compared with ampicillin

When Amoxil was first introduced to the Medical Profession in May 1972 it was hailed as the successor to ampicillin. Since then research teams and clinical trial workers all over the world have reported that Amoxil is superior to ampicillin. Some of their reports have been in areas which were anticipated, but others have confirmed important superiorities which could not be predicted. These reports are obviously of considerable interest to the discerning clinician, and inevitably there have been many requests for a compendium of the available work. This is now available and will be sent upon request to interested clinicians. Brief summaries of the main areas considered in the compendium are given below.

## More effective than ampicillin

There is evidence that Amoxil is more effective than ampicillin and this is particularly well illustrated in respiratory infections. Indeed, some reports have confirmed that Amoxil can succeed where ampicillin has failed<sup>1,2,3</sup>

## Absorption unaffected by food

Early reports confirmed that Amoxil is twice as well absorbed as ampicillin, giving a peak serum concentration of 5.3 µg/ml<sup>4</sup> as opposed to ampicillin's 2.3 µg/ml<sup>5</sup>. Further work has shown that if both drugs are taken in the non-fasting state the overall absorption

of Amoxil over the following 6 hour period is not significantly reduced, whereas that of ampicillin is reduced by nearly a third.

Amoxil's absorption characteristics mean that it is taken t.d.s. as opposed to ampicillin's q.d.s., and that the patient need not remember to take every dose in the fasting state.

## Superior penetration

Studies at the Brompton Hospital<sup>6</sup> have shown that whereas ampicillin penetrates well into purulent sputum it penetrates very poorly into mucoid sputum. These workers have shown that Amoxil penetrates equally well into both purulent and mucoid sputum, and suggest that this may have far-reaching consequences in the treatment of respiratory infections.

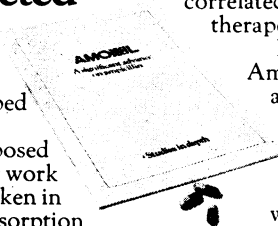
## Better tolerated

Although ampicillin is generally well tolerated, rashes and diarrhoea can be an irritating nuisance. A review of published literature indicates that Amoxil produces substantially less rash and diarrhoea than ampicillin.

## Greater potency

An ingenious series of experimental infections in mice has demonstrated that Amoxil exerts "... a more rapid bactericidal effect than ampicillin and this could be correlated with the difference in therapeutic effect."<sup>7</sup>

Further studies comparing Amoxil in depth with other leading antibiotics are in preparation. If you would like to receive a copy of the booklet "Amoxil - a significant advance on ampicillin" please write to the Freepost address given below. No stamp is required.



# AMOXIL

## Better than ampicillin in practice.

References: (1) Brit. J. Dis. Chest., (1972), 66, 185. (2) S.A. med. J., (1973), 47, 717. (3) Chemotherapy, (1973), 18, (Suppl.), 19. (4) Brit. med. J., (1972), 3, 13. (5) Antimicrobial Agents and Chemotherapy (1970), 438. (6) To be published (7) Antimicrobial Agents and Chemotherapy, (1970), 416.

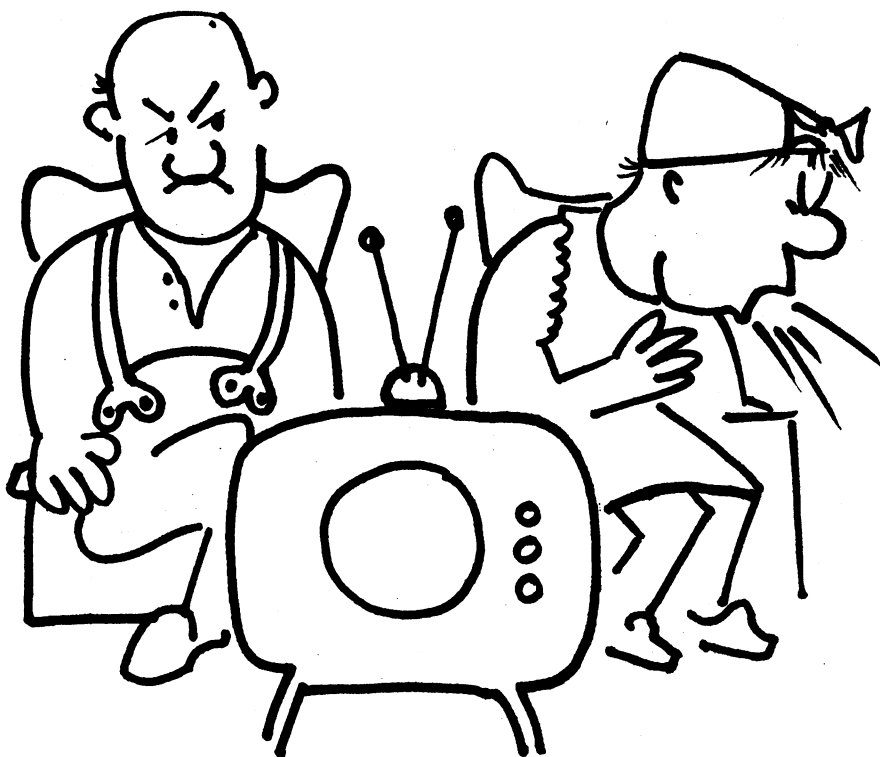
Full information on Amoxil (regd.), amoxycillin, is available from:

 **Bencard**  
Freepost, Brentford, Middlesex.

# **ACTIFED COMPOUND LINCTUS**

## **KIND AND EFFECTIVE COUGH CONTROL**

Codeine to suppress cough reflex.  
Triprolidine and pseudoephedrine  
to clear congestion and dry up  
cough triggering post-nasal drip.  
A flavour that is as acceptable to  
adults as it is to children.



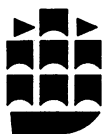
## **stops cruelty to adults**



**Wellcome**

Full prescribing information about ACTIFED\* COMPOUND LINCTUS is available on request.  
Wellcome Medical Division, The Wellcome Foundation Ltd., Berkhamsted, Herts.

\*Trade Mark \*



# CHURCHILL LIVINGSTONE

## **Bedside Diagnosis**

Charles Seward

**1974** Tenth Edition 508 pages illustrated £4.00

This present edition marks the twenty-fifth year since the original publication of the text. It has proved a valuable aid to all doctors in the field of medicine and in particular, the newly qualified doctor will find no better for learning the art and science of diagnosis. Each of the chapters is devoted to an important presenting symptom, and after a brief description of the physiological background, the symptom is analysed as it would be by the clinician at the bedside.

## **Textbook of Medical Treatment**

Edited by Stanley Alstead and Ronald H. Girdwood

**1973** Thirteenth Edition 800 pages illustrated £5.25

This new edition of a standard textbook has been completely revised and much of it has been rewritten. Account has been taken of the entry of the United Kingdom and Eire into the European Economic Community and of the fact that the book may be used by doctors on the Continent. There are new chapters on blood and blood products, oxygen therapy and the care of the individual patient. The chapters 'Diseases of the Heart and Circulation,' 'Infectious Diseases,' 'Nutritional Disorders' and 'Analgesics and Hypnotics' include much new material. This book is intended for the use of all medical graduates in active practice, whether hospital or family doctor, and is also suitable for undergraduates.

## **The Eye in General Practice**

C. R. S. Jackson

**1972** Sixth Edition 188 pages 48 illustrations £2.00

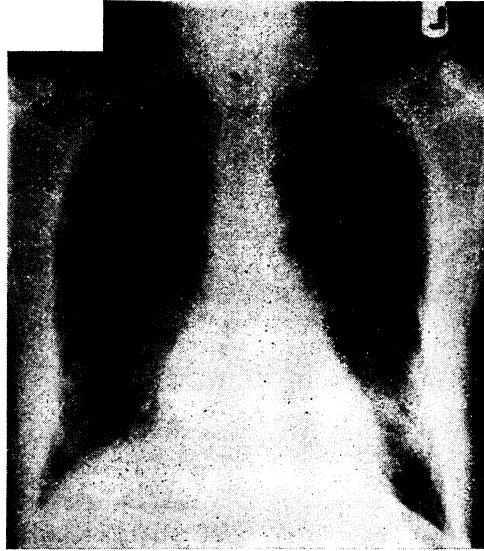
'Mr Jackson's excellent little book will go a long way towards helping general practitioners in the diagnosis and treatment of ophthalmic cases, in deciding which cases can be referred to hospitals and in understanding the specialists' reports which they may receive about patients who have been thus referred.'

—*British Journal of Clinical Practice*

# CHURCHILL LIVINGSTONE

23 Ravelston Terrace      Edinburgh EH4 3TL

# WE WOULD LIKE TO MAKE IT PERFECTLY CLEAR



When mucous congestion spoils the picture and the quality of life for the bronchitic—LINCTIFED\* EXPECTORANT really assists and maintains free mucous flow. LINCTIFED EXPECTORANT loosens thick, sticky, tenacious sputum and helps the bronchitic to breathe more easily.

LINCTIFED EXPECTORANT and LINCTIFED EXPECTORANT PAEDIATRIC contain guaiphenesin, pseudoephedrine, triprolidine and codeine in a balanced formulation. Full prescribing information is available on request.

\*Trade Mark.



**Wellcome**

Wellcome Medical Division,  
The Wellcome Foundation Ltd.  
Berkhamsted, Herts.

## LINCTIFED EXPECTORANT

**effective expectoration in bronchitis**

# THE MOST SIGNIFICANT ADVANCE IN THE TREATMENT OF PARKINSONISM SINCE LEVODOPA



now available

# **SINEMET<sup>®</sup>**

Carbidopa and Levodopa

*'... the combination of levodopa with alpha-methyldopa  
hydrazine [carbidopa] is an effective, rapid, and efficient means  
of reversing the parkinsonian state.'*

*Trans. Amer. neurol. Ass., 1971, 96, 55*

## ● HIGHLY EFFECTIVE

'Sinemet' is highly effective at doses approximately one-quarter of those needed with plain levodopa.

## ● RAPID RESPONSE

'Sinemet' offers prompt relief of many of the major symptoms of Parkinson's disease - fully effective doses are usually reached within seven days.

## ● FEWER SIDE EFFECTS

'Sinemet' usually reduces and in some patients completely avoids certain distressing side effects caused by plain levodopa.

# **SINEMET<sup>®</sup>**

Carbidopa and Levodopa

## IN THE TREATMENT OF PARKINSON'S DISEASE

'Sinemet' is available as dapple-blue, half-scored, oval tablets, marked 'MSD 654', containing 25 mg carbidopa and 250 mg levodopa, in bottles of 100. Detailed information is available to physicians on request. R denotes registered trademark.



Merck Sharp & Dohme Limited  
Hoddesdon, Hertfordshire

# **Vocational Training for General Practice**

**Devon Area Health Authority  
Exeter University/  
Exeter and Mid-Devon Hospitals**

Applications are now invited for three places starting on 1st August 1974 on the new vocational training scheme for general practice being started by the Department of General Practice at the Postgraduate Institute of Exeter University.

Trainees will begin with an introductory period in a University approved teaching general practice and will then rotate at senior house officer level through posts at the Royal Devon and Exeter Hospitals in paediatrics (six months, recognised for the DCH) medicine/acute geriatrics (six months) gynaecology (three months) accident and emergency department (three months). Options will be available for some trainees in acute medicine, obstetrics, geriatrics and acute psychiatry. The final ten months will be spent in a teaching general practice.

Throughout the three years in University term time a half-day release course will be held and the teaching will be designed to meet the requirements of the MRCGP examination.

*Applications and enquiries should be made  
as soon as possible to:*

**Dr D. J. Pereira Gray, Senior Lecturer,  
Department of General Practice,  
Postgraduate Medical Centre,  
Barrack Road, Exeter EX2 5DW.**

**NORFOLK AREA HEALTH AUTHORITY  
GREAT YARMOUTH AND LOWESTOFT  
VOCATIONAL TRAINING SCHEME FOR  
GENERAL PRACTICE**

Applications are invited for a three year traineeship for General Practice, consisting of two years in hospital posts and a year as a trainee in General Practice.

The hospital posts will be in Great Yarmouth, and will consist of six months appointments in General Medicine, Obstetrics (Recognised for D.Obst. R.C.O.G.) and Gynaecology, Paediatrics (Recognised for D.C.H.) and an optional period of the candidate's choice. The General Practice traineeship will be in an approved practice in the coastal area. A weekly study half-day programme, and a course of evening meetings, both on General Practice topics, is held in collaboration with the Norwich Vocational Training Scheme, at both centres. The scheme is approved by the Department of Health and Social Security as qualifying for the Vocational Training Allowance, and by the Royal College of General Practitioners for the M.R.C.G.P. Married accommodation will be available throughout the hospital period.

Hospital posts will commence on 1st February, 1975, and the year in General Practice can be divided to give an initial period as a trainee, starting on 1st November, 1974.

Applications and requests for further information should be sent to the Secretary of the Vocational Training Scheme, Northgate Hospital, Northgate St., Great Yarmouth, Norfolk, by 8th July. The provisional interview date is 25th July, 1974.

**ASSISTANTSHIP WITH VIEW**

Male, married, U.K. graduate, required as fourth partner in old established semi-rural Northumberland coastal practice, starting July, 1974. Early parity. Usual ancillary services, appointments system, attached nurses and health visitor. Full laboratory and X-ray access. Opportunities for research. Recommencing as training practice. Vocational trainee preferred.—Box 104.

**OXFORD**

TRAINEE vacancy in central Oxford 'town and gown' group practice. Present trainee finishes in August. Applications to Dr Godfrey Fowler, 27 Beaumont Street, Oxford.

**IPSWICH HEALTH DISTRICT  
IPSWICH  
VOCATIONAL TRAINING SCHEME**

During the year beginning 1st August, 1974, the teaching practices in the Ipswich Scheme will be offering places to doctors who have completed their hospital posts and are wishing to complete their postgraduate training for General Practice by doing a traineeship.

It is hoped to appoint a group of eight doctors so that it will be possible to run a day-release training programme, which has been a very successful feature of the Ipswich Scheme in the past.

Applications or request for further information should be addressed to:

Dr R. Webb, 14 Burlington Road, Ipswich,  
Mr S. Patient, Clinical Tutor, Ipswich  
Hospital,

at the Postgraduate Medical Centre, Ipswich  
Hospital, Anglesea Road Wing.

Visits to the training practices can be arranged on request.

Early application is advised.

Members of the College interested in full-time appointments with service, teaching and research aspects are invited to communicate with Dr W. J. A. HALL-TURNER, University of Liverpool Family Practice Unit, Palacefields Health Centre, Runcorn, Cheshire.

**Devon Area Health Authority  
EXETER AND MID DEVON  
HOSPITALS**

Royal Devon and Exeter Hospital  
(Wonford) Exeter

Post of Senior House Officer in acute medicine and dermatology, offered starting 1st July for six months at the Royal Devon and Exeter Hospital, Wonford. The post will be incorporated in the vocational training scheme being started in 1974 by the new Department of General Practice at the Postgraduate Medical Institute of Exeter University. The course will consist of rotating senior house officer appointments and 12 months in approved teaching practices. A half-day release course will be held in University terms throughout the three years. Applications should be sent as soon as possible to: Hospital Secretary, Royal Devon and Exeter Hospital, Southernhay East, Exeter.

Enquiries about the vocational training scheme should be sent to Dr D. J. Pereira Gray, The Department of General Practice, Exeter Postgraduate Medical Centre, Barrack Road, Exeter EX2 5DW. Tel: 31159.

**University of Manchester**  
**Department of General Practice**

## **General Practitioner Teachers Course**

A residential course for General Practitioner Teachers on "Person to Person Teaching" will be held at Langdale Hall, Victoria Park, Manchester, 14, from 16th to 20th September 1974. The course is limited to 25 participants and is recognised under Section 63.

Further particulars from The Dean of Post Graduate Medical Studies,  
Gateway House, Piccadilly South,  
Manchester, M60 7LP.

### **RE-ORGANISATION PROBLEMS**

*New concepts of management in the NHS* includes important and helpful papers on management as it affects general practitioners, the process of decision-making etc. Contributions include such experts as T. S. Eimerl, R. F. A. Shegog, and Professor W. W. Holland. Published by the Merseyside and North Wales Faculty of the Royal College of General Practitioners and available from Dr R. A. Yorke, 3 Wicks Lane, Formby, Merseyside L37 3JF, price 50p, post free.

Opinions expressed in *The Journal of the Royal College of General Practitioners* 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 Value Added Tax; 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.

Charges are:	<i>Members</i>	<i>Others</i>
	£	£
Single room	3.50	4.50
Double room	6.00	9.00
Flat 1	8.00 or 50.00 per week	10.00 or 60.00 per week
Flat 3	9.00 or 55.00 per week	12.00 or 70.00 per week

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.

Charges are:	<i>Members</i>	<i>Others</i>
	£	£
Long room	30.00	40.00
Damask room	20.00	30.00
Common room and terrace	20.00	30.00
Kitchen	-	10.00
Dining room	10.00	10.00

Enquiries should be addressed to the Accommodation Secretary, 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.

# Burinex<sup>\*</sup> K

the only  
short-acting diuretic  
with built-in  
potassium supplementation

Burinex K is positively indicated as a diuretic  
★ in patients undergoing concurrent treatment  
with digitalis

★ in the treatment of chronic congestive  
heart failure

★ for maintenance therapy

The time of administration can be  
suited to the daily routine of the  
ambulant patient. An early evening  
dosage allows the patient to retire to  
bed in a state of therapeutic  
dehydration—minimising nocturia and  
nocturnal dyspnoea.

The short period of diuretic activity

allows for natural compensatory  
absorption of dietary potassium during  
the prolonged diuretic-free phase  
(some 21 hours per day).

Burinex K reduces the number of  
tablets the cardiac patient has to take,  
thus avoiding confusion and  
medication errors.



Burinex K is bumetanide (0.5 mg) with slow-release potassium chloride (573 mg)



Leo Laboratories Limited,  
Hayes Gate House, Hayes, Middlesex.

<sup>\*</sup>Burinex is a registered trade mark

Further information available on request.

P.O. No 0044 0001B