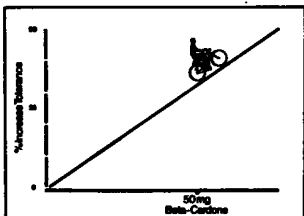


Beta-Cardone

Increased exercise tolerance.

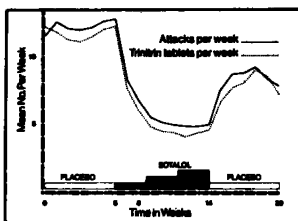
Beta-Cardone significantly prolongs the duration of exercise effort in patients with angina pectoris. The illustration below, based on six case studies, demonstrates this effect in patients exercised on a bicycle ergometer.

In this test the protective effect of Beta-Cardone was shown by a marked reduction in S-T segment depression throughout: at rest, at the point of pain, and after exercise.



Adapted from *Postgrad. med. J.* (1970) (Nov. Suppl.) 77

Fewer anginal attacks, reduced trinitrin dependence.



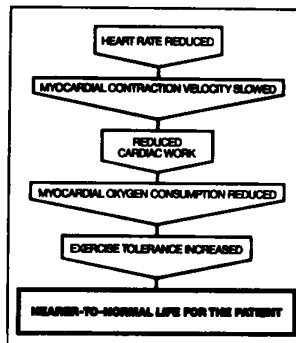
The increased exercise tolerance induced by sotalol results in fewer anginal attacks and decreased need for trinitrin. The graph summarises the results of a double-blind, crossover, multi-centre study involving 146 patients.

92% were given a dose of between 240mg and 480mg per day; 93% reported fewer attacks during sotalol therapy and 71% had a reduction of 50% or more. Compared with the baseline period, the lowered attack rate was confirmed by the parallel reduction in the usage of trinitrin tablets.

Multicentre Study in Angina. Unpublished.

Beta-Cardone helps the anginal patient to live with his condition.

The anginal patient lives under the constant threat of painful attack. Beta-Cardone, with its pure beta-blocking activity, takes him step by logical step toward the enjoyment of a less troubled, more normal life.



BETA-CARDONE preparations of sotalol hydrochloride are available as TABLETS 40 mg (basic NHS cost £2.93 per 100 tablet pack), TABLETS 80 mg (£4.35 per 100), and INJECTION 10 mg in 5 ml (£4.41 per 10 ampoules)

	β-BLOCKADE	I.S.A.	L.A.
OXYPRENOLOL	+	●	●
PROPRANOLOL	+	●	●
PRACTOLOL	+	●	●
SOTALOL	+	●	●

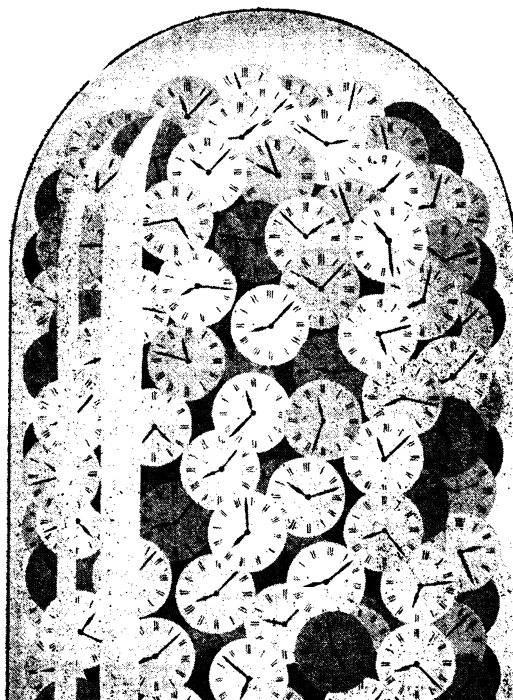
Adapted from the classification in *Clin. Pharmac. Ther.* 10, 282

Beta-Cardone

Beta blockade, pure and simple



Beta-Cardone is a trade mark of DUNCAN, FLOCKHART & CO. LTD. LONDON E2 6LA. Full information is available on request.



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provides better absorption

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CAPSULES

for the treatment of
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Full information is available upon request

'Feospan' contains ferrous sulphate

'Fefol' contains ferrous sulphate and folic acid.

SF/SFQ; PA 13E



Free on request to doctors
and students -
**DIVERTICULAR
DISEASE OF THE COLON***
by Mr. N. S. Painter MS FRCS FACS.

**'For those patients who cannot
or will not tolerate bran...**



...the best alternative is Normacol.*

A high residue diet with added fibre in the form of unprocessed bran is rapidly being recognised as the most effective treatment for diverticular disease. However, there are patients who cannot tolerate bran or who find it unpalatable. And of course there are always those who will not take something unless it's 'medicine'. For them, the best alternative to bran is Normacol.

Normacol provides the bulk which is necessary to prevent segmentation of the sigmoid colon and effect a lowering of the intracolonic pressure. Symptoms can thus be rapidly relieved and bowel habits restored to normal.

* Painter NS, Paper read at the Annual Meeting of the Association of Surgeons of Great Britain and Ireland, Aberdeen 4th February 1973.

Normacol

Normacol Standard brown coated granules containing Sterculia BPC 62% and Frangula BPC 1949 8%

Normacol Special white coated granules containing Sterculia BPC 62% alone

Normacol Antispasmodic orange coated granules containing Sterculia BPC 62% and Alverine Citrate 0.5%

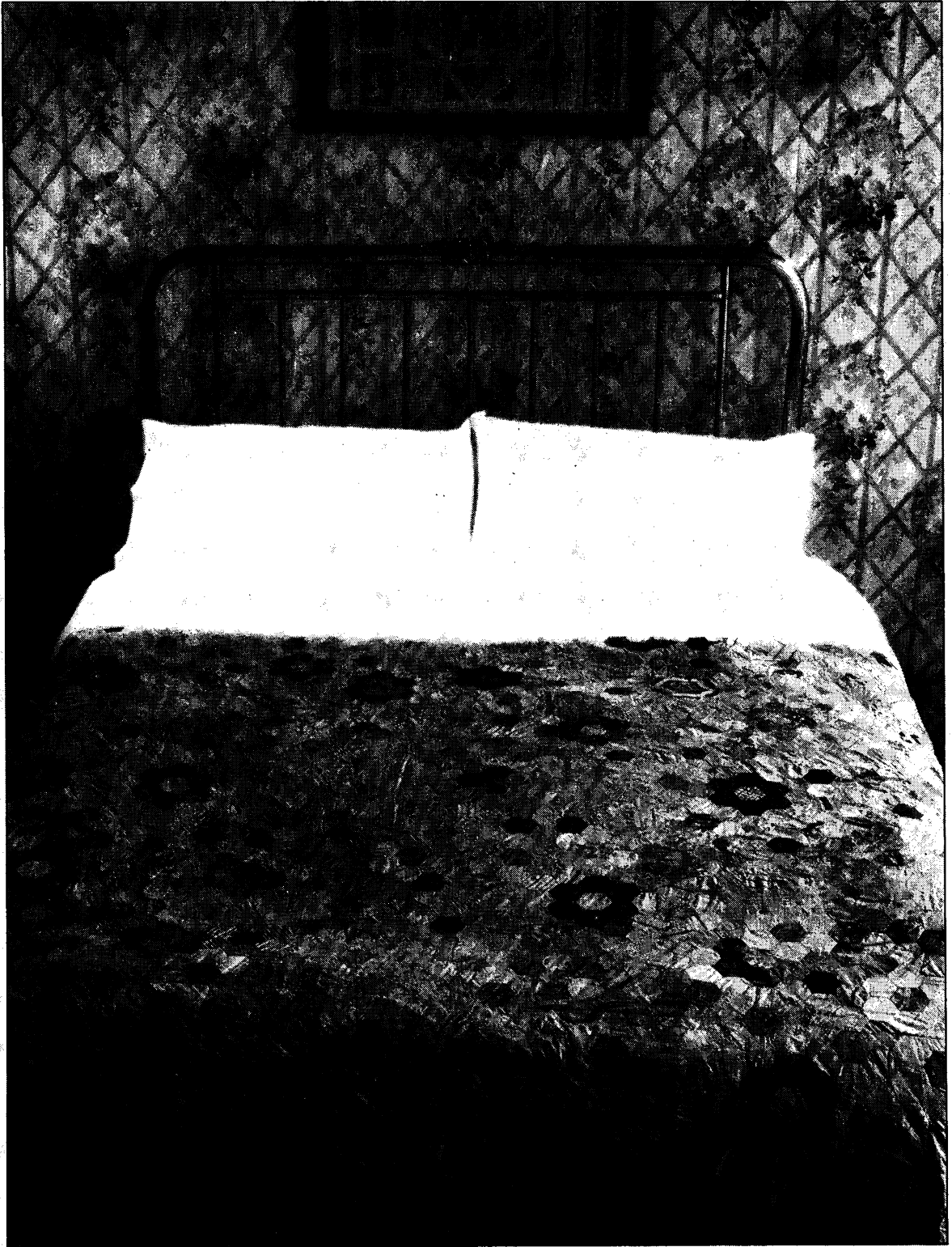
Normacol Diabetic brown coated granules is identical with Normacol Standard except for the absence of sugar
Further information and samples on request



NORGINE LIMITED 26-28 Bedford Row London WC1B 4RC

804UX

This bed contains over

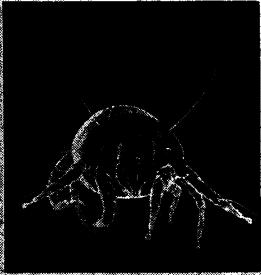


Migen
asthma immunisation made easy.

10,000 causes of asthma.

This bed is alive. Crawling with *Dermatophagoides pteronyssinus*, the common house dust mite.

The mite is found "... almost everywhere that human beings live, but particularly where they sleep". *Brit. med. J.*, (1969), 2, 723. It has also been identified as "... the most common cause of allergic asthma in this country, particularly in children". *Brit. med. J.*, (1970), 2, 501.



The house dust 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.

The mite population lives on human skin scales. Each of us sheds about 5 g. of dander a week and 0.5 g.-1 g. of this accumulates in beds and bedding, an amount which can support up to 10,000 mites. For most people, this thriving subculture means little. But to the allergic asthmatic it could mean the difference between a dream and a nightmare.

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 tiny insect called the house dust mite.

The Asthma Research Council

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

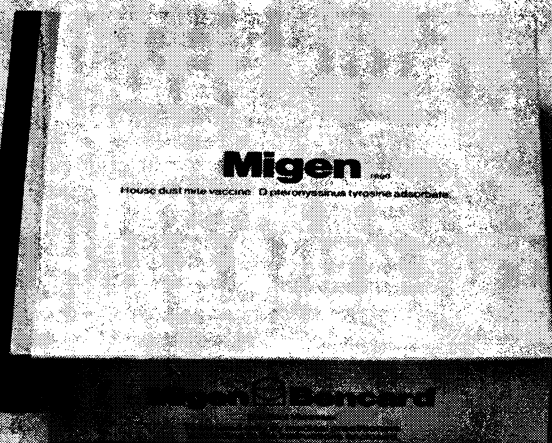
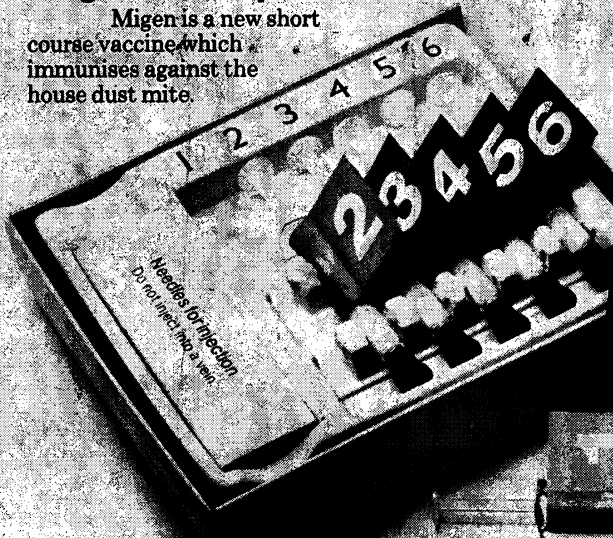
In Migen the active material is adsorbed on to tyrosine - a naturally occurring amino acid which is metabolised in the human body. The active material is therefore released slowly but completely for maximum effectiveness and minimum risk of adverse effects.

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.



Some patients stay on barbiturates until the day they die

Every day in Britain three patients die after deliberately taking overdoses of barbiturates – a total of over 1,000 every year¹

Virtually all of these patients could have been transferred to Mogadon, which is much safer² but just as effective against insomnia³

The patients may still have tried to kill themselves. But with Mogadon few, if any, would have succeeded

Mogadon: far safer, far better

ROCHE

Mogadon is the trade mark for pharmaceutical preparations containing nitrazepam

1. Pharm. J., 1974, 2/2, 92. 2. Lancet, 1974, 1, 224. 3. Brit. med. J., 1969, 3, 23

Further information is available on request Roche Products Limited, 15 Manchester Square, London W1M 6AP



A seasonal reminder from Bencard

A reminder, that is, that the hayfever season is closer than you think. Make it a Pollinex season.

Recent clinical trial work¹ showed that a single three-dose course of Pollinex is effective in the large majority of hayfever patients. It is considered that further benefits may ensue with each year's pre-seasonal Pollinex course.

Combining safety and efficacy, Pollinex contains twelve grass pollens chemically modified and adsorbed on a tyrosine base to allow slow and complete release of

active material, ensuring maximum effectiveness and minimum risk of side effects.

Pollinex consists of only three injections presented in disposable syringes pre-filled for accuracy of dosage and ease of administration.

Give your hayfever patients a trouble-free year. Remind them about Pollinex treatment now. Ask for a supply of Patient Recall Cards from Bencard, and give your patients the best New Year gift they could receive. ¹In press.

Pollinex

Positive action in hayfever prevention

Further information is available from Bencard, Freepost, Brentford, England

The kind of power you need in arthritis.



NAPROSYN

Each tablet contains naproxen 250mg
Take one tablet morning and night
as directed by the physician
Keep out of direct sunlight

Syntex Pharmaceuticals Limited, Maidenhead, England

The power to relieve pain and inflammation. The power to improve grip strength and morning stiffness. The power to be kind. All part of the special needs of the arthritic. And all part of the special power of NAPROSYN.

NAPROSYN has been shown to be as powerful as high doses of aspirin¹, indomethacin² and phenylbutazone³. But just as importantly, in comparative clinical trials, it was demonstrated to have significantly fewer side-effects.

In all, it's the kind of power you need in arthritis.
NAPROSYN power.

NAPROSYN. Powerful in arthritis. Kind to patients.

Further information on NAPROSYN (naproxen) is available on request.

SYNTEX Syntex Pharmaceuticals Ltd,
St. Ives House, Maidenhead, Berkshire, England

References

1. Hill H.F.H. et al (1974) Ann. rheum. Dis. 33,12.
2. Cochrane G.M. (1973) Scand J. Rheumatology Suppl. 2:89.
3. Rodriguez H.M. (1972) Proceedings of NAPROSYN Symposium Mexico p. 90

twice daily NAPROSYN



Prescribing Information

Presentation: NAPROSYN (naproxen) is a non-steroidal anti-inflammatory agent, developed by Syntex Research. It is unrelated to salicylates or the corticosteroid hormones. It is presented as a yellow half-scored tablet containing 250 mg of naproxen, inscribed NAPROSYN on one side, and SYNTEX on the other.

Indications: NAPROSYN is indicated for the treatment of rheumatoid arthritis, osteoarthritis (degenerative arthritis) and ankylosing spondylitis.

NAPROSYN has been shown to have striking anti-inflammatory properties when tested in classical animal test systems. In addition, it has marked analgesic and anti-pyretic actions. It exhibits its anti-inflammatory effect even in adrenalectomised animals, indicating that its action is not mediated through the pituitary-adrenal axis. It inhibits prostaglandin synthetase, as do other non-steroidal anti-inflammatory agents. As with other agents, however, the exact mechanism of its anti-inflammatory action is not known.

Dosage and Administration: The recommended starting dose (and usual maintenance dose) of NAPROSYN is 250 mg twice daily, usually given with the morning meal and about 12 hours later. Dosage adjustment within the range of 375 mg to 750 mg daily, maintaining twice daily administration may be required for long-term maintenance.

As safety and efficacy studies in children are not yet complete, the product is currently not recommended for use in children under 16 years of age.

Contra-indications: There are no known absolute contra-indications.

Special Precautions and Warnings: NAPROSYN has been found to be well tolerated by patients exhibiting dyspepsia with other similar agents. Nonetheless, episodes of gastro-intestinal bleeding have been reported in patients with NAPROSYN therapy. NAPROSYN should be given under close supervision to patients with a history of gastro-intestinal disease.

Due to the high plasma protein binding of NAPROSYN, patients simultaneously receiving hyalantoin, anti-coagulants or a highly protein-bound sulphonamide should be observed for signs of overdosage.

Occasional skin rashes and angio-oedema have been reported. Patients who have exhibited aspirin hypersensitivity in the past (usually as the angio-oedema/asthma syndrome) may exhibit the same phenomenon on NAPROSYN. The following additional occurrences have been reported with NAPROSYN but a causal relationship to

NAPROSYN has not been established: abdominal discomfort, epigastric distress, headache, inability to concentrate, insomnia, thrombocytopenia, tinnitus, vertigo.

Sporadic abnormalities in laboratory tests (e.g. liver function tests) have occurred in patients on NAPROSYN therapy but no definite trend was seen in any test indicating toxicity.

Mild peripheral oedema has been observed in a few patients receiving NAPROSYN. Although sodium retention has not been reported in metabolic studies, it is possible that patients with questionable or compromised cardiac function may be at greater risk when taking NAPROSYN.

Teratology studies in rats and rabbits, at dose levels equivalent on a human multiple basis to those which have produced foetal abnormality with certain other non-steroidal anti-inflammatory agents, e.g. aspirin, have not produced evidence of foetal damage with NAPROSYN. As with other drugs of this type, NAPROSYN produces delay in parturition in animals. The relevance of this finding to human patients is unknown. However, good medical practice indicates minimal drug usage in pregnancy, and use of this class of therapeutic agents requires cautious balancing of possible benefits against potential risks to the mother and foetus.

Overdosage: Should a patient ingest a large number of NAPROSYN tablets accidentally or purposefully, the stomach may be emptied and usual supportive measures employed. Animal studies indicate that the prompt administration of activated charcoal in adequate amounts would tend to reduce markedly the absorption of the drug.

Pharmaceutical Precautions: Protect from light.

Legal Category: To be supplied on prescription only.

Package Quantities: NAPROSYN is supplied in canisters of 250 tablets. (N.H.S. cost - 14p per day).

Further Information: In addition to the excellent therapeutic efficacy demonstrated by NAPROSYN in comparative clinical trials, good tolerance has been demonstrated, even in patients exhibiting multiple intolerance to other commonly used non-steroidal anti-inflammatory agents.

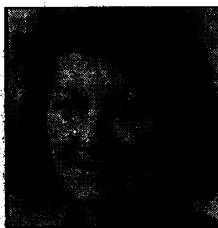
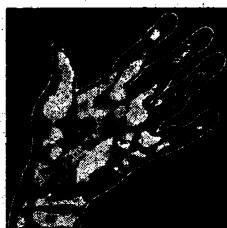
Product Licence Number PL/0286/0031B

NAPROSYN (naproxen) is a registered trade mark.

Further information is available on request.

PRODUCT LICENCE HOLDER.

SYNTEX Syntex Pharmaceuticals Ltd,
St Ives House, Maidenhead, Berks.



Powerful in arthritis. Kind to patients.

When the North Wind doth blow... Deteclo

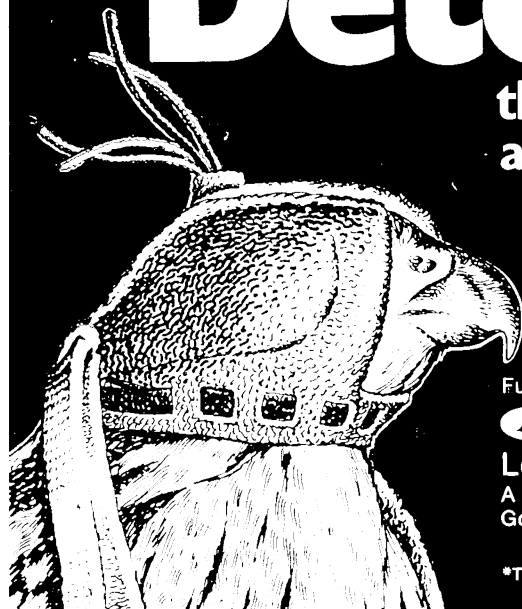
Deteclo, the broad spectrum antibiotic for the routine treatment of respiratory tract infections.

Deteclo combines the high power efficacy of three proven tetracyclines with low dose safety.

Deteclo*, the economic treatment for winter infections, costs less than 6p a day.

Deteclo

the routine
antibiotic



Each tablet contains tetracycline 115.4mg,
chlortetracycline 115.4mg,
demethylchlortetracycline 69.2mg

Full information is available on request

Lederle

Lederle Laboratories

A division of Cyanamid of Great Britain Ltd.
Gosport Hampshire

*Trade Mark

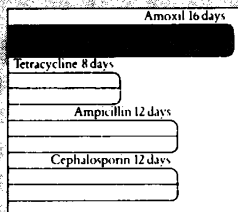
MINOCIN

in bronchitis

highly effective
sometimes vital



Listen to the difference between Amoxil and other antibiotics



The difference which has given significantly longer periods of relief from acute exacerbations of chronic bronchitis than tetracyclines, ampicillin, and cephalosporin (fig. 1).¹ The difference that makes Amoxil more effective than ampicillin in the treatment of chest infections.^{2,3,4}

The difference which takes over where the tetracyclines have done all you can expect of them in bronchitis—so that significantly greater relief of all clinical symptoms can be demonstrated.⁵

The difference that allows Amoxil

to penetrate bronchial membrane barriers regardless

of the degree of inflammation.⁴ (fig. 2)

The difference in absorption

that means Amoxil can be taken t.d.s. with or without food⁶—which means it is simpler for patients to take properly. To these differences must be added Amoxil's safety and the fact that it is one of the least expensive therapies for respiratory infections.

No wonder doctors

everywhere are recognising

that Amoxil makes all the difference.



References

1. Chemotherapy, (1973), 18, (Suppl.) 19.
 2. Brit. J. Dis. Chest, (1972), 66, 185.
 3. S.A. Med. J., (1973), 47, 717.
 4. Excerpta Medica I.C.S. (1974), No. 326, 130.
 5. Practitioner, (1974), 212, 123.
 6. Excerpta Medica I.C.S. (1974), No. 326, 25.
- Full prescribing information on Amoxil (regd), amoxycillin, is available from Bencard, Brentford, Middlesex.

Fig. 1 Comparative relapse rates in severe cases.¹
Fig. 2 Moderate bronchitic lung with emphysema.

Bencard

Makes all the difference in respiratory infections.



Is the problem in the Nystaform-HC zone?



NYSTAFORM-HC effectively controls dermatoses where bacterial and fungal (particularly monilial) infections occur, whilst promptly relieving the associated pruritus.

NYSTAFORM-HC

Nystatin+iodochlorhydroxyquin+hydrocortisone



"...bronchitics

are at risk of developing lower respiratory illness and secondary bacterial infection following viral invasion"

Update Postgraduate Centre Series, Chronic Bronchitis (1973), 14.

Influenza immunisation helps everyone

Amongst the "at risk" patients, bronchitics are especially vulnerable. An immunisation programme can alleviate the additional strain on a practice during an influenza outbreak.¹ It can significantly reduce the chance of hospital admissions among older people.²

Protecting your bronchitics now with Admune influenza virus vaccine will almost certainly reduce the number of their winter exacerbations.

1. *Practitioner* (1969), 202, 424
2. *Modern Geriatrics* (1971), 1, 156



**Remember, the bronchitic is at risk
every winter—not merely during an epidemic**

Has your practice arranged an Admune immunisation programme this Autumn? To help you, surgery posters, patients' appointment and record cards (and full product information) are available on request.

**Protect your bronchitics
against flu with ADMUNE**
The purely British flu vaccine



Admune is a Trade Mark of DUNCAN, FLOCKHART & CO. LTD. LONDON E2 6LA Full information is available on request.

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Edited by W. R. Greig

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*SEE DAILY TELEGRAPH ARTICAL 5.9.1974 &
THE ROYAL COLLEGE OF GENERAL PRACTITIONERS OCT. 1974

UNIVERSITY OF MANCHESTER

Research Officer in the
Department of General Practice

Applications invited from medically qualified candidates for this post, to make a comparative study of two groups of entrants to General Practice. One group will have received formal vocational training: the other will not have had such training. Appointment will be for three years. Opportunity exists to work for a higher qualification. Salary range p.a. £4,437 to £4,812 F.S.S.U. Further particulars and application form (returnable by December 9th) from the Registrar, The University, Manchester, M13 9PL. Quote ref. 235/74/RGP.

Am I too old at 36? After B.Sc. and diverse experience at home and abroad including industry, I qualified Leed 1970. Now completing vocational training scheme, I seek a partnership in 3-4 man practice, with a high standard of personal care. Training practice with general-practitioner hospital an added advantage. Eclectic leisure interests. Married. D.Obst. and M.R.C.G.P. Wynne, 5, Birchwood Drive, Rushmere, Ipswich.

**GRAMPIAN HEALTH BOARD
SOUTH DISTRICT
University of Aberdeen**

**VOCATIONAL TRAINING FOR
GENERAL PRACTICE**

Applications for twelve places in this approved three-year scheme are invited from medical graduates who wish to train for a career in general practice and who are fully registered on 1 August 1975.

Trainees will spend the first two years in Hospital Service Posts at Senior House Officer grade. These posts include experience in Casualty, Dermatology, E.N.T., Ophthalmology, Paediatrics, Obstetrics and Gynaecology. In the second year an elective period of three months is available for each trainee to spend in a hospital department of his or her own choice.

The third year will be spent mainly as an assistant in a local training practice from which two half-days per week release will be arranged for courses in psychological medicine and practice organisation, and for visits to other practices and to the social services relevant to the work of the family doctor.

Those wishing to be considered for the intake on 1 August 1975, should complete and return by 30 November 1974 an application form obtainable from:

The District Medical Officer,
Grampian Health Board—South District,
Foresterhill House,
Ashgrove Road West,
Aberdeen, AB9 8AQ.

Details of the training schedule will be sent out with the application form, but any enquiries about the scheme may be addressed to:

Dr Denis Durno,
Regional Adviser in General Practice,
c/o Department of General Practice,
University Medical Buildings,
Foresterhill,
Aberdeen, AB9 2ZD.

Experienced English G.P., age 35, married, seeks partnership in congenial, semi-rural group practice in southern England. Modest income and workload preferred. Interim part-time considered. Box 108, Longman Group Ltd., Journals Division, Longman House, Burnt Mill, Harlow, Essex.

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**Vocational
Training Scheme
For General Practice**

BARNET GENERAL HOSPITAL

Applications are invited from Registered Medical Practitioners for up to four posts in this scheme, beginning December 1974. After an initial month in a selected general practice two years will be spent on a rotation of hospital posts at S.H.O. level. There will then be a further eleven months in general practice.

The hospital S.H.O. posts are: Accident and Emergency, Obstetrics, Geriatrics, Psychiatry.

There will also be opportunity to attend other hospital specialist departments, such as Dermatology, E.N.T. etc.

During the whole three years there will be regular meetings of the Trainee/Trainer group. The posts are recognised for the D.Obst.R.C.O.G. and the M.R.C.G.P. examinations. Married accommodation will probably be available.

Further details and application form obtainable from the Hospital Secretary, Barnet General Hospital, Wellhouse Lane, Barnet, Herts., to whom applications should be returned as soon as possible.

Readers are asked to mention *The Journal of the Royal College of General Practitioners* when replying to all advertisements.

Trainee vacancy in well organised group practice in Central London; all the usual accoutrements, domiciliary midwifery, family planning, developmental paediatrics, etc. Attached health visitor, appointments system. Planned training programme. Special interests encouraged—plenty of free time to attend half-day release courses, clinics, lectures and also for leisure. Two of the principals—M.R.C.G.P. by exam—have special training in teaching, and hold clinical assistantships at nearby teaching hospitals. Post available 1 January 1975. Previous trainees available for reference. Usual N.H.S. terms.

Dr K. E. Schöpfli,
198 Cable Street,
London, E.1
Tel. No: 01-790-2962

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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.

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Double room	6.00	9.00
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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.

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by

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