

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 safety.

Deteclo, the economic treatment for winter infections, costs only a few pence a day.

Deteclo

**the routine
antibiotic**

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

Full information is available on request



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This is what we call practising medicine.

A career in Naval medicine can be a rewarding experience. Opportunities to specialise abound. And perhaps above all else, there is an immense satisfaction to be gained from the wide variety of work you will be involved in.

At sea, for instance, you could be anywhere from the Mediterranean to the Pacific Ocean. Looking after the health and well being of the company of a modern warship.

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Or you might prefer occupational medicine in our research orientated naval dockyards. Aviation medicine with its accent on rotary wing support of the Fleet. And for those with an administrative turn of mind, community medicine.

Royal Naval expertise in maritime medicine is recognised world wide and research into underwater medicine, nuclear medicine and the closed submarine environment is centred

at the Institute of Naval Medicine at Alverstoke.

Naval general practice in well staffed and equipped medical centres extend as far afield as Hong Kong and Singapore. And new training schemes are now under way in the United Kingdom.

Should you be moved or sent abroad at any time, all expenses will be paid by us. We will help you with accommodation (at very reasonable rents) and provide allowances for the education of your children, if you have a family.

If you enter the Royal Navy immediately after registration you will be given the rank of Surgeon Lieutenant and a salary of £4,776, rising to £4,929 after four years.

On the other hand, if you are older (up to the age of forty) and more experienced, we can offer you a number of opportunities in general practice and the specialities. And, depending on your post-registration experience, you could enter as a Surgeon Lieutenant Commander at a salary of £5,780, rising to £6,375 after five years.

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In the meantime if you would like further information, write giving details of your age and qualifications to Surgeon Commander L.C. Banks, R.N., (26BU4) Department of the Medical Director General (Naval), Empress State Building, Fulham, London SW6.



In the treatment of parkinsonism

SINEMET®

Carbidopa/MSD and levodopa/MSD

puts levodopa in its place—in the brain

Levodopa therapy is aimed at replenishing dopamine, which is deficient in the corpus striatum of patients suffering from parkinsonism. But extensive metabolism of levodopa takes place in extracerebral tissues, often producing troublesome side effects.

By inhibiting this metabolism of levodopa only outside the brain, carbidopa, discovered by MSD, allows more levodopa to reach the brain, for conversion into dopamine.

'Sinemet' is a combination of levodopa and carbidopa. With a *lower* dose of levodopa in 'Sinemet', *higher* brain dopamine levels can be achieved. By reducing certain of the dose-limiting adverse reactions usually experienced with plain levodopa, 'Sinemet' permits more patients to obtain adequate relief.

- *Highly effective
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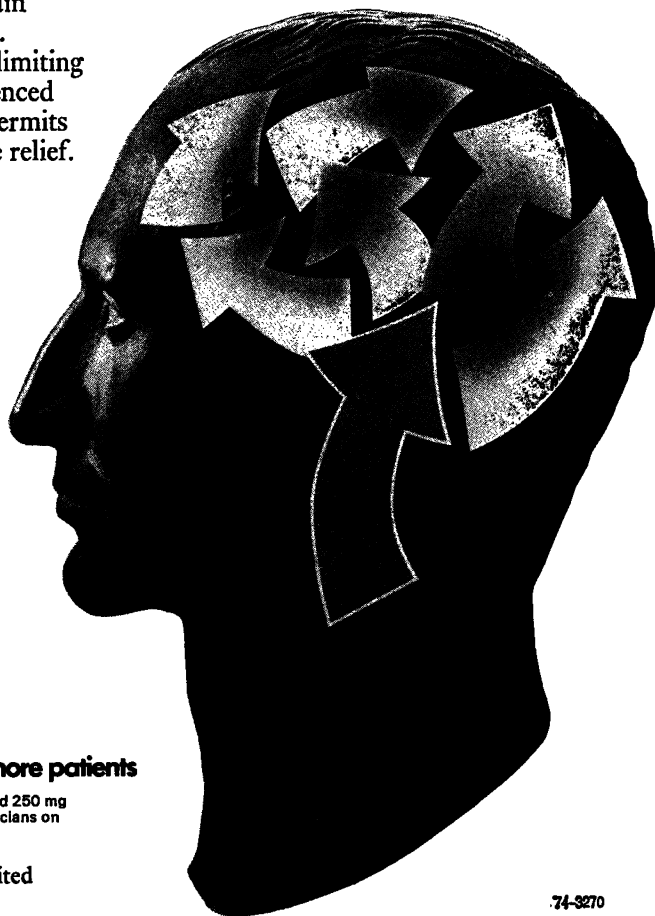
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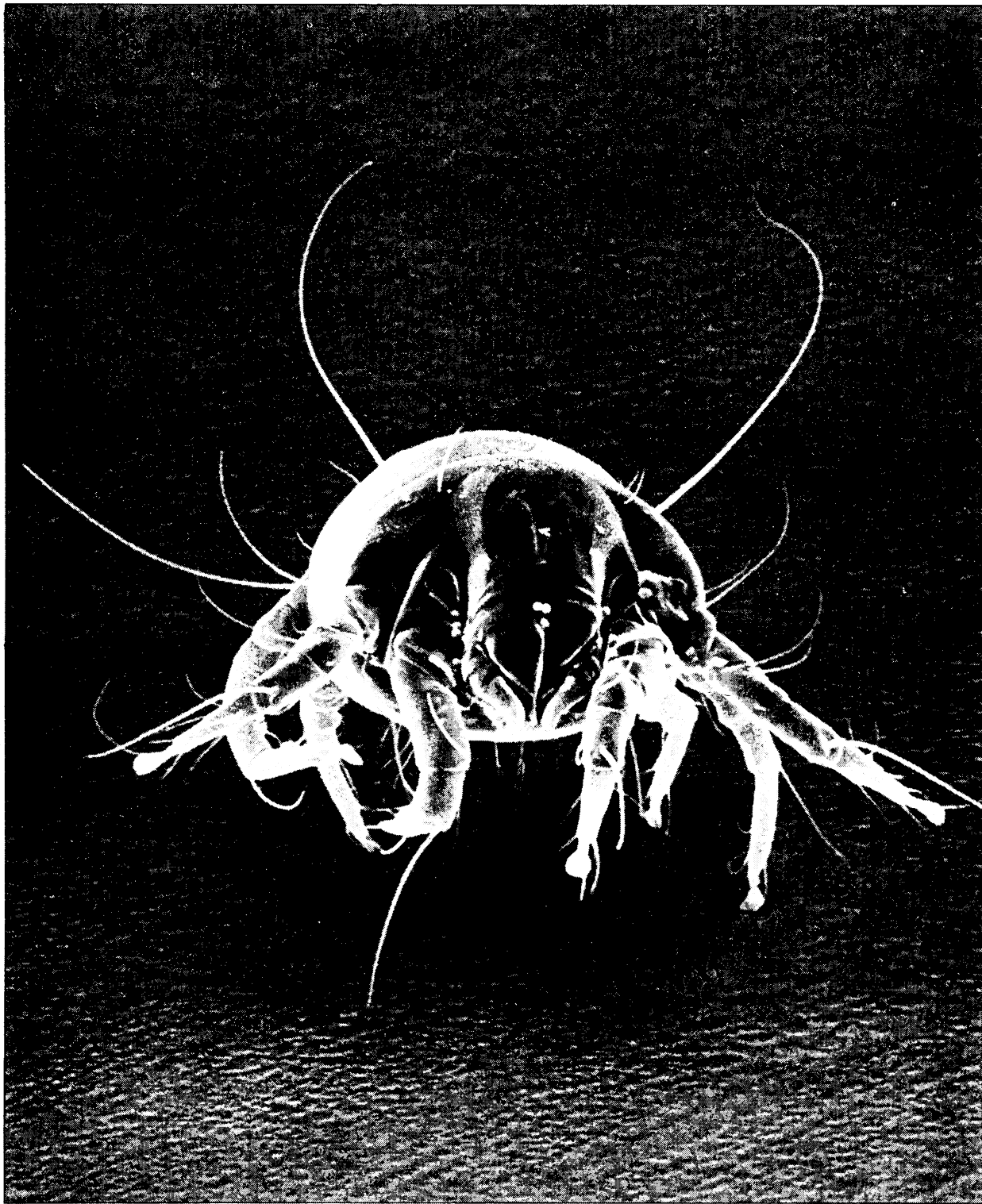


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74-3270

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 has been established that house dust is one of the most important causes of asthma and that the most important allergen in 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

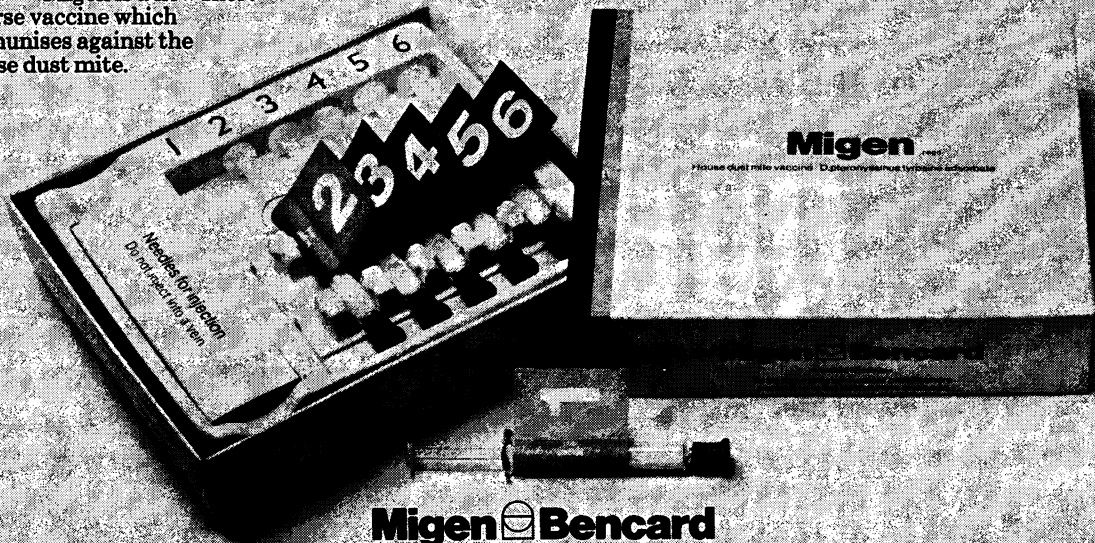
In Migen the active material is adsorbed on to tyrosine - a naturally occurring amino acid which is metabolised in the human body. The active material is therefore released slowly but completely for maximum effectiveness and minimum risk of adverse effects.

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 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.



John died last week from ischaemic heart disease – Now his immediate family is your concern

Ischaemic heart disease now causes more than 25% of all deaths in the United Kingdom.¹

Patients with familial hypercholesterolaemia (Type II) are particularly at risk. Moreover, the family and relatives of affected individuals are also prone to premature death from IHD.²

Prompt identification and treatment offer the only opportunity to prevent early onset of the condition.² The most significant therapeutic advance is QUESTRAN.^{3,4} QUESTRAN restores the normal lipid balance, reducing plasma cholesterol by as much as 40%.⁵ In this respect QUESTRAN is superior to Clofibrate.^{6,7}

QUESTRAN*

Restores lipid balance and protects your patients at risk from IHD

References:

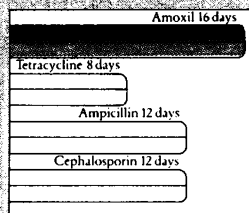
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Further information available on request from:

BRISTOL LABORATORIES,
Division of Bristol-Myers Company Ltd.,
Stamford House, Langley, Slough, SL3 6EB.

Listen to the difference between Amoxil and other antibiotics



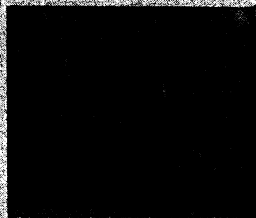
The difference which has given significantly longer periods of relief from acute exacerbations of chronic bronchitis than tetracyclines, ampicillin, and cephalosporin (fig. 1). The difference that makes Amoxil more effective than ampicillin in the treatment of chest infections.^{2,3,4}

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.i.d. 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

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 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.

Don't let the grass grow under your feet



This year, don't let hayfever start for your patients. Prescribe Pollinex now and give them a carefree summer.

Pollinex is the latest breakthrough in hayfever prevention.

In Pollinex, twelve chemically modified grass pollens are adsorbed on a tyrosine base to allow slow and complete release of active material, ensuring unimpaired effectiveness and minimum risk of side effects.

A course of Pollinex consists of three injections which may be given at weekly

intervals. The pre-seasonal treatment can therefore be completed in only fifteen days, to give your hayfever patient protection right through

the summer.

In a recent clinical trial¹ a single three-dose course of Pollinex produced substantial improvement in some 77% of patients.

Don't let the grass grow into hayfever problems. Prescribe one course Pollinex and give your patients a summer they can enjoy.

1. In press.

Prescribe Pollinex now

Positive action in hayfever prevention



CARDIAC CARE...



HYPERTENSIVE PATIENTS...



PEPTIC ULCER

If your counselling controls their anxiety ...they don't need Tropium

But what about your hypertensive, cardiac and peptic ulcer patients who remain excessively tense and anxious despite your efforts?

The kind of patients you decide *must* be kept calm.

Tropium can be important for these patients – they will experience prompt relief from their psychic tension symptoms.

Tropium (Chlordiazepoxide HCl BP) 2mg, 5mg, 10mg tablets

Also available as 5mg, 10mg capsules

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timely release from 'tea & toast' 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

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* This is not a clinical diagnosis. It is merely a convenient and familiar way of describing those anaemias caused by poor eating habits, e.g. a diet made up almost exclusively of tea and toast.

FesoVit



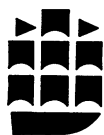
Smith Kline & French Laboratories Limited,
Welwyn Garden City, Hertfordshire AL7 1EY

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

'SPANSULE'
CAPSULES



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MYLES

Textbook for Midwives

Thoroughly revised and updated

Available October 1975

848 pages illustrated £4.50

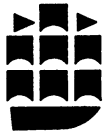
The rapid expansion of special and intensive care involving sophisticated diagnostic techniques, therapeutic procedures and electronic equipment has considerably widened the midwife's horizon.

Consequently, this new edition of *Myles Textbook for Midwives* has been thoroughly revised and updated, to ensure adequate presentation of modern thought and practice. Among topics which have been amplified are sections on planned induction and acceleration of labour, the high risk mother and fetus, the use of prostaglandins and the battered baby. In addition, five new chapters have been introduced :

- * orientation to the British midwife, her role and development
- * management of obstetric emergencies for midwives in remote areas of underdeveloped countries
- * neonatal metabolic disorders
- * social aspects of obstetrics
- * administrative reorganisation of the National Health Service, 1974.

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Exercises in Neurological Diagnosis

John H. Tyrer and John M. Sutherland

1975 Second Edition 324 pages illustrated £6.00

This new edition will aid and encourage undergraduate medical students to practise neurological diagnosis. After reading selected case histories the student is advised to ponder on the provisional and differential diagnoses, committing himself to a written statement on each patient before studying the authors' provisional and differential diagnoses set out at the end of each 'clinic'. Brief notes on treatment have been added, and at the conclusion of each 'clinic' multiple choice questions have been inserted to allow the reader to test further his knowledge of the disorders encountered.

Functional Neuroanatomy of Man

Edited by **Peter L. Williams and Roger Warwick**

1975 448 pages illustrated £7.50

This is the complete Neurology section of the Thirty-fifth Edition of Gray's Anatomy published as a separate volume for the first time. Since the rigid disciplines of Neuroanatomy and Neurophysiology are merging, it is a suitable time for such a Neurobiological title to appear.

A new index has been compiled for this book and a list of publications which appeared subsequently to the preparation of this book has been appended for the interest of those readers who wish to follow up the latest research.

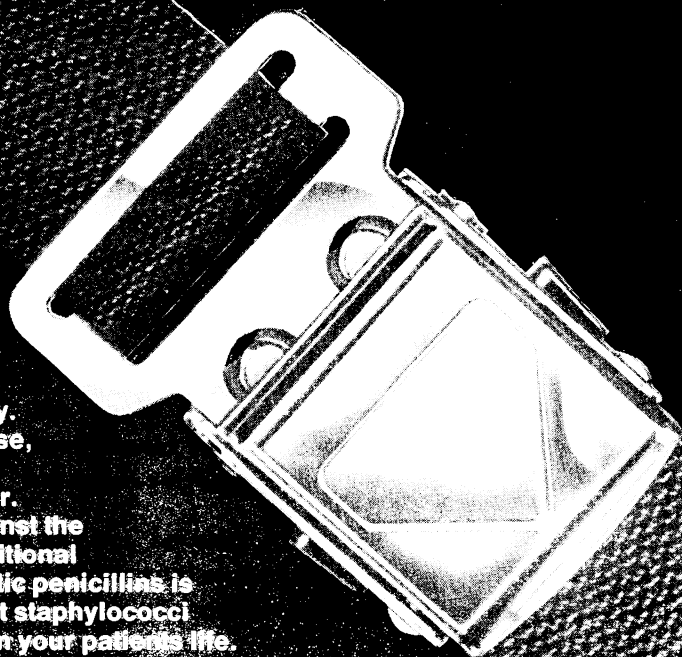
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MINOCIN

in bronchitis

highly effective
sometimes vital



You fastened your seat belt this morning just in case of an emergency. You're not expecting trouble, of course, but you never know.

You never know when bronchitis either.

Minocin® (minocycline) protects against the hazards of bronchitis, but unlike traditional tetracyclines and some semi-synthetic penicillins is also highly effective against resistant staphylococci — the pathogens which could threaten your patient's life.

Staphylococcal pneumonia is the only really life-threatening infective hazard in bronchitis.¹ So whenever you treat bronchitis be sure from the start with Minocin — just in case.

(1) Brit. Med. J., (1970), Leading Article, 1, (5689) 125-126

Presentation: Blister packs of 9 and 45 tablets, each containing 100mg minocycline.



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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.

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Normacol Standard brown coated granules containing Sterculia BPC 62% and Frangula BPC 1949 8%
Normacol Special white coated granules containing Sterculia BPC 62% alone
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Normacol Diabetic brown coated granules is identical with Normacol Standard except for the absence of sugar
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Postgraduate Institute for Medicine and Dentistry
Vocational Training for General Practice

Applications are invited from medical graduates for the following programmes of training in July 1975:

1. Complete 3-year programmes which include
 - A. a 6-month appointment in a carefully chosen teaching practice.
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 - D. an on-going academic course comprising 90 half-day release sessions.
2. Partial – less than 3-year – programmes for doctors who have already had relevant experience and for women doctors.

There are three schemes, with 105 trainees currently in post:

CLEVELAND – 10 places available
Scheme Organiser: Dr Aubrey Colling, 25 Bridge Road, Stockton-on-Tees

CUMBRIA – 6 places available
Scheme Organiser: Dr Hugh Barr, Birbeck House, Duke Street, Penrith

NEWCASTLE – 25 places available
Scheme Organiser: Dr Michael McKendrick, Department of Family and Community Medicine, 23 St. Thomas Street, Newcastle upon Tyne 1.

All Schemes are recognised by the Royal College of General Practitioners for its Membership examination in which trainees from this Region have a consistently successful record. The appropriate hospital posts are approved for the D.C.H. and D.R.C.O.G.

Salaries are at an appropriate point on the combined Trainee Assistant and Senior House Officer Scale (£2,917.50 – £3,283.50).

Further details and application forms may be obtained from the Scheme Organisers.

EPIDEMIOLOGY IN COUNTRY PRACTICE

by

W. N. Pickles

This classic book from general practice has not been available for many years.

A special facsimile of the 1939 edition has now been published by the Royal College of General Practitioners in a *limited edition* of 1,000 copies. Any profits will go to the college appeal.

Copies are available from the address below and orders will be dealt with in turn while stocks last.

Cheques should be made payable to the Royal College of General Practitioners and orders sent to: Bookpack Department, The Royal College of General Practitioners, Kitts Croft, Writtle, Chelmsford CM1 3EH. Price: £3 post free (£4 overseas), cash with order.

KENSINGTON, CHELSEA AND WESTMINSTER AHA(T)

St. Charles' Hospital, Exmoor Street, W10 6DZ

3 Year Vocational Training Scheme for General Practice

Applications are invited for the first two vacancies on this scheme, which starts 1 June 1975

The first year consists of senior house officer appointments in PAEDIATRICS and GENERAL MEDICINE, followed by a second year in GERIATRICS and ACCIDENT AND EMERGENCY. The third year will be spent in a selected general practice in the North or West London area.

Throughout the three years there will be a WEEKLY HALF-DAY RELEASE

COURSE in GENERAL PRACTICE SUBJECTS and in the third year an additional full day in PSYCHIATRY.

THE SCHEME HAS BEEN APPROVED BY THE DEPARTMENT OF HEALTH AND SOCIAL SECURITY AND THE ROYAL COLLEGE OF GENERAL PRACTITIONERS.

Application forms and further details may be obtained from the Hospital Secretary (telephone 01-969 2488 extension 343), to whom the applications should be returned by 11 April 1975.

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

Rural non-dispensing practice in South Shropshire requires young graduate of British University to replace second partner. Vocational training an advantage. Purpose built medical centre, access to maternity beds, and attached ancillary staff. For further details apply to Dr A. H. E. Williams, M.R.C.G.P., Medical Centre, Cleobury Mortimer, Near Kidderminster.

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Classified advertisements are welcomed and should be sent to: *The Journal of the Royal College of General Practitioners*, Longman Group, Burnt Mill, Harlow, Essex.

The charge for this service is 50p per line, plus 25p if a box number is required. Fellows, members and associates of the Royal College of General Practitioners may claim a ten per cent reduction.

The inclusion of an advertisement in this *Journal* does not imply any recommendation and the editor of the *Journal of the Royal College of General Practitioners* reserves the right to refuse or stop the insertion of any advertisement.

**WATFORD GENERAL HOSPITAL
VOCATIONAL TRAINING SCHEME
FOR GENERAL PRACTITIONERS**

Applications are invited from Medical Practitioners who have completed pre-registration training for appointment of **TRAINEE GENERAL PRACTITIONERS** at the Watford General Hospital and in local General Practice. Scheme started in 1972.

TWO POSTS ARE AVAILABLE on 1 **SEPTEMBER, 1975**, with two months General Practice followed by six-month posts at S.H.O. grade in General Medicine/ Geriatrics, Obstetrics and Gynaecology, Casualty and Orthopaedics, Psychiatry and Family Psychiatry and ends with ten months in General Practice.

There is a half-day release during the three-year course for a teaching seminar organised by the General Practitioner Course Tutor. During the hospital post-training period all trainees are sponsored by G.P. Trainers (with whom they have continuing contact). There is an active Postgraduate Centre in the hospital.

The appointments are recognised for the D.R.C.O.G. and M.R.C.G.P., D.C.H. and D.P.M. Upon completion the doctor will be entitled to receive the Vocational Training Allowance

Married accommodation available.

Applicants to the **TWO POSTS** available, please apply to: The Hospital Secretary, Watford General Hospital, Shrodells Wing, Vicarage Road, **WATFORD, WD1 8HB**, from whom further particulars may be obtained. Closing date is 11 April 1975.

**VOCATIONAL TRAINING
FOR
GENERAL PRACTICE
CAMBRIDGE SCHEME**

Applications are invited for two posts in this three-year training scheme which provides rotation through general practice and hospital appointments at Senior House Officer level in the United Cambridge Hospitals. The scheme is approved by the DHSS and the Royal College of General Practitioners.

Starting date is 1 July 1975.

Further details and application forms may be obtained from: Dr B. B. Reiss,

Regional Adviser in General Practice,
East Anglian Regional Health Authority,
Union Lane, Cambridge,
CB4 1RF.

Applications should be returned by Thursday, 3 April 1975.

University of Bristol
Departments of Mental Health and
Extra-Mural Studies

PSYCHOTHERAPY WORKSHOP
May 18-23, 1975

This workshop is intended for those mental health professionals and general practitioners who have a few years experience, and now seek further training and insight into the processes of psychotherapy. £45.00 resident membership.

Further particulars and application forms from: The Assistant Director, Department of Extra-Mural Studies, University of Bristol, 32 Tyndall's Park Road, Bristol BS8 1HR.

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.

TEACHING PRACTICES

by

Donald Irvine, M.D., F.R.C.G.P.

Reports from General Practice Number 15

One of the most important developments in medical education in recent years has been the introduction of three-year training programmes for general practice. *Teaching Practices* outlines many of the characteristics of the teachers, and, particularly, the practices where this work is being done.

This is the most detailed and authoritative report on this subject so far published and introduces a new system of scoring teaching practices.

Copies are available now from the Longman Group Ltd., 43-45 Annandale Street, Edinburgh EH7 4AT, Scotland. Price: £1.00 (\$3.50).

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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.

Charges are:	<i>Members</i>	<i>Others</i>
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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
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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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Published for the College by E. & S. Livingstone, Longman Group Ltd., Longman
House, Burnt Mill, Harlow, Essex
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Printed by The Devonshire Press Limited, Torquay

Burinex

the fast diuretic

***in the treatment of acute and
chronic congestive heart failure**

recommended dosage: 1 tablet of 1mg daily

FURTHER INFORMATION AVAILABLE ON REQUEST

Burinex is a registered trade mark
Burinex is bumetanide
Burinex K is bumetanide (0.5mg)
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with built-in
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***for patients undergoing
concurrent treatment with digitalis
*for maintenance therapy**

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