When the North Wind doth blow... Detecllo

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

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

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

Detecllo

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
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.

And though you could spend as long as the first eighteen months of your five year Short Service Commission on board different ships, you need have no fear of losing contact with mainstream medicine. For no matter where you are, you will be kept informed of current medical opinion.

After this, the choice is yours. Post graduate medical training and a career in the clinical disciplines at one of our naval district general hospitals. Haslar or Plymouth, for instance, with their wide spectrum of clinical material drawn from naval personnel, their dependants and the local civilian population as well. There are also naval hospitals in Malta, Gibraltar and Mauritius, with opportunities for exchange appointments elsewhere.

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 worldwide 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.

Then, at the end of your five year Short Service Commission you could leave with a tax free gratuity of £3,000.

But if it is mutually agreeable, you could apply for a Full Career Commission or a 16 year pensionable commission. The choice is yours.

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
*Simplified dosage—rapid response
*Reduced peripheral side effects
*Ease of transfer from plain levodopa

SINEMET®
Fulfils the levodopa promise for more patients

Available as tablets containing 25 mg carbidopa and 250 mg levodopa. Detailed information is available to physicians on request. ® denotes registered trademark.

Merck Sharp & Dohme Limited
Hoddesdon, Hertfordshire
One thing you shouldn't

Dermatophagoides pteronyssinus scanning electron micrograph

Migen
asthma immunisation made easy.
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 1696 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.

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 onto 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.
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.³ 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:
1. On the Size of the Public Health (1973) p.31. H.M.S.O.
5. Lipids & Heart Disease (1969) p 71

Further information available on request from:
BRISTOL LABORATORIES,
Division of Bristol-Myers Company Ltd.,
Stamford House, Langley, Slough, SL3 6EB.

*QUETRAN is the Bristol trade mark for the only palatable form of cholestyramine
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 cephalosporins. (Fig. 1)

The difference that makes Amoxil more effective than ampicillin in the treatment of chest infections.

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.

The difference that allows Amoxil to penetrate bronchial membrane barriers regardless of the degree of inflammation. (Fig. 2)

The difference in absorption that means Amoxil can be taken twice a day, with or without food—whichever means it's easier 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

Full prescribing information on Amoxil (regd.), amoxicillin, is available from Bencard, Brentford, Middlesex.

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

Bencard
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.
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

DDSA

DDSA Pharmaceuticals 310 Old Brompton Road London SW5
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 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 those anaemics caused by poor eating habits, e.g. a diet made up almost exclusively of tea and toast.

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

Fesovit

Smith Kline & French Laboratories Limited, Welwyn Garden City, Hertfordshire AL7 1YE
EIGHTH EDITION
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.
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.
MINOCIN

in bronchitis
highly effective
sometimes vital

Your last attack may have been a fluke
or the beginning of an emergency.
You're not expecting a return, of course,
but you're not wrong.
You never knew you had bronchitis either.
Minocin® (minocycline) protects against the
hazards of bronchitis. But unlike traditional
tetracyclines and some semi-synthetic penicillins, its
newly highly effective against resistant staphylococci.
The organisms which could threaten your patient's life.
Staphylococcal pneumonia is the only really life-endangering
disease hazard in bronchitis. So whenever you treat bronchitis
be sure from the start with Minocin — just in case.


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

Lederle Laboratories Research for British Medicine
A division of Cyanamid of Great Britain Ltd., Fareham Road, Gosport, Hants.
Further information is available on request — Trademark.
‘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.


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
NORTHERN REGION

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.
   B. successive 6-month appointments in 4 hospital posts of relevance to general practice.
   C. a final 6-month appointment in the same or a different teaching practice.
   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.

   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.
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.

CLASSIFIED ADVERTISEMENTS

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.
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.

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).

---

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:

<table>
<thead>
<tr>
<th></th>
<th>Members</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single room</td>
<td>£3.50</td>
<td>£4.50</td>
</tr>
<tr>
<td>Double room</td>
<td>£6.00</td>
<td>£9.00</td>
</tr>
<tr>
<td>Flat 1</td>
<td>£8.00 or £50.00 per week</td>
<td>£10.00 or £60.00 per week</td>
</tr>
<tr>
<td>Flat 3</td>
<td>£9.00 or £55.00 per week</td>
<td>£12.00 or £70.00 per week</td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th></th>
<th>Members</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long room</td>
<td>£30.00</td>
<td>£40.00</td>
</tr>
<tr>
<td>Damask room</td>
<td>£20.00</td>
<td>£30.00</td>
</tr>
<tr>
<td>Common room</td>
<td></td>
<td></td>
</tr>
<tr>
<td>and terrace</td>
<td>£20.00</td>
<td>£30.00</td>
</tr>
<tr>
<td>Kitchen</td>
<td>–</td>
<td>£10.00</td>
</tr>
<tr>
<td>Dining room</td>
<td>£10.00</td>
<td>£10.00</td>
</tr>
</tbody>
</table>

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.
# JOURNAL PUBLICATIONS

The following have been published by *The Journal of the Royal College of General Practitioners* and can be obtained, while still in print, from the Longman Group Ltd., 43 Annandale Street, Edinburgh EH7 4AT, Scotland.

## REPORTS FROM GENERAL PRACTICE

<table>
<thead>
<tr>
<th>No.</th>
<th>Title</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Special Vocational Training</td>
<td>25p</td>
</tr>
<tr>
<td>5</td>
<td>Evidence of the Royal College of General Practitioners to the Royal Commission on Medical Education</td>
<td>33p</td>
</tr>
<tr>
<td>6</td>
<td>Implementation of Vocational Training</td>
<td>20p</td>
</tr>
<tr>
<td>10</td>
<td>The Practice Nurse</td>
<td>50p</td>
</tr>
<tr>
<td>11</td>
<td>General Practice Teaching of Undergraduates in British Medical Schools</td>
<td>52p</td>
</tr>
<tr>
<td>13</td>
<td>Present State and Future Needs of General Practice (second edition)</td>
<td>60p</td>
</tr>
<tr>
<td>15</td>
<td>Teaching Practices</td>
<td>£1.00</td>
</tr>
<tr>
<td>16</td>
<td>Present State and Future Needs of General Practice (third edition)</td>
<td>£1.50</td>
</tr>
</tbody>
</table>

## SUPPLEMENTS TO THE JOURNAL OF THE ROYAL COLLEGE OF GENERAL PRACTITIONERS

<table>
<thead>
<tr>
<th>Title</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health and the Family Doctor</td>
<td>25p</td>
</tr>
<tr>
<td>Accident Management</td>
<td>30p</td>
</tr>
<tr>
<td>Training for General Practice (first edition)</td>
<td>22p</td>
</tr>
<tr>
<td>Arthritis in General Practice</td>
<td>25p</td>
</tr>
<tr>
<td>The Hazards of Middle Age</td>
<td>25p</td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>25p</td>
</tr>
<tr>
<td>The Aetiology of Congenital Abnormalities</td>
<td>38p</td>
</tr>
<tr>
<td>The Art and the Science of General Practice</td>
<td>38p</td>
</tr>
<tr>
<td>Preventive Medicine and General Practice</td>
<td>52p</td>
</tr>
<tr>
<td>The Clinical Problems of Practice</td>
<td>45p</td>
</tr>
<tr>
<td>Training for General Practice (second edition)</td>
<td>22p</td>
</tr>
<tr>
<td>Anaemia in General Practice</td>
<td>30p</td>
</tr>
<tr>
<td>The Age of Discretion 20–40</td>
<td>38p</td>
</tr>
<tr>
<td>The Early Detection of Imported and Endemic Disease</td>
<td>36p</td>
</tr>
<tr>
<td>Rheumatology in General Practice</td>
<td>52p</td>
</tr>
<tr>
<td>The Management of Staff in General Practice</td>
<td>52p</td>
</tr>
<tr>
<td>Man, Milieu and Malady</td>
<td>52p</td>
</tr>
<tr>
<td>A Future in General Practice</td>
<td>52p</td>
</tr>
<tr>
<td>Transport Services in General Practice</td>
<td>75p</td>
</tr>
<tr>
<td>General Practitioners and Abortion</td>
<td>75p</td>
</tr>
<tr>
<td>General Practitioners and Contraception</td>
<td>75p</td>
</tr>
<tr>
<td>General Practice in the London Borough of Camden</td>
<td>75p</td>
</tr>
<tr>
<td>The Renaissance of General Practice</td>
<td>75p</td>
</tr>
<tr>
<td>University Departments of General Practice</td>
<td>75p</td>
</tr>
<tr>
<td>The Medical Use of Psychotropic Drugs</td>
<td>£1.75</td>
</tr>
<tr>
<td>A General-Practice Glossary</td>
<td>£1.00</td>
</tr>
<tr>
<td>Hostile Environment of Man</td>
<td>£1.25</td>
</tr>
<tr>
<td>A Visit to Australia and the Far East</td>
<td>£1.00</td>
</tr>
</tbody>
</table>
**Burinex**

the fast diuretic

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

recommended dosage: 1 tablet of 1mg daily

---

**Burinex K**

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

*for patients undergoing concurrent treatment with digitalis*

*for maintenance therapy*

recommended dosage: 2 tablets daily as a single dose