

THE PURELY BRITISH DEFENCE AGAINST PREVALENT STRAINS OF FLU

'Influenza remains probably the most important
uncontrolled infectious disease in Britain.'

Leading Article, *Br.med.J.*, 24th May 1975.

Yet a high measure of prevention can be achieved with
a single injection of ADMUNE GB1160, now reformulated
and containing a more effective dosage.

'Vaccines have to be changed periodically . . . to
accommodate the shifts and drifts in the antigens of the
natural virus . . . an injection of a modern killed influenza
vaccine will usually protect 70-80% of those vaccinated.' *ibid.*

ADMUNE GB1160 is such a vaccine, made by
the most advanced methods, and it offers
protection against both the new Scotland and the
Port Chalmers A Strains, as well as the Hong
Kong B Strain.

'An annual injection is justifiable for persons
in whom an attack of flu might be especially
hazardous—those with chest disease, for
example, and elderly persons in institutions . . .
a more rational policy for industry may prove
to be the vaccination of those key workers
among whom even a small increase in absence
may be critical.' *ibid.*

An ADMUNE GB1160 immunisation
programme can alleviate the additional strain
on a practice during an influenza outbreak, and it
can significantly reduce the chance of hospital
admissions among older people.

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New formula

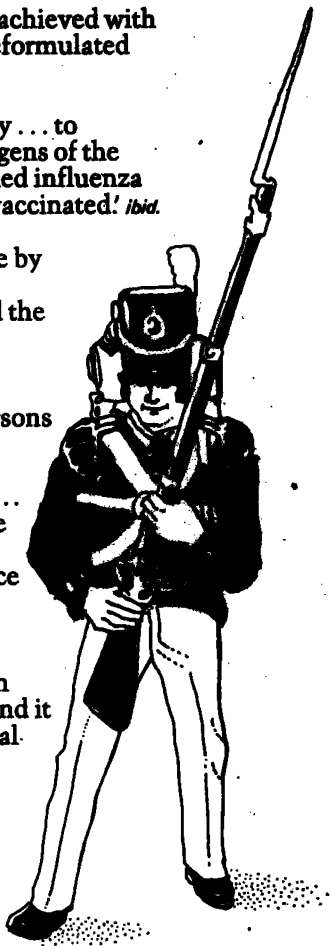
ADMUNE GB 1160

The purely British flu vaccine

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A/Scot/840/74 (H₃N₂) 400 I.U.
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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:

1. *On the State of the Public Health* (1973) p.31, H.M.S.O.
2. Slack, J. (1969) *The Lancet* 2: 1380
3. West, R. J. and Lloyd J. K. (1973) *Arch. Dis. Childhood* 48:370
4. Fredrickson, D. S. (1971) *Brit. Med. J.* 2: 187
5. *Lipids & Heart Disease*, (1968) p. 71
6. Levy, R. et al (1972) *Annals Int. Med.* 77: 267
7. Lloyd, J. K. et al (1973) *Lipid Metabolism and Atherosclerosis*, (*Excerpta Medica*) p. 71

Further information available on request from:



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

dyspepsia?
heartburn?
gastritis?



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Maxolon actually prevents unpleasant symptoms arising by co-ordinating motility throughout the upper gastric tract.

Oesophageal reflux, duodenal reflux and gastric stasis can all be prevented. This means that 4 out of 5 of your dyspeptic patients can enjoy complete freedom from symptoms – and forget all about their stomach worries!

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pre-empts peptic pain



Maxolon* (metoclopramide) is a product of
Beecham Research Laboratories,
Brentford, England.

*regd.





**boils
over**

There's no need to get hot under the collar over a boil.
Simmer down. There is a superb recipe for the relief
of soft tissue infections – so often painful
and embarrassing for your patient.

Minocin* has a specific action against staphylococci.

Minocin also reaches the target site in greater concentration
than many other antibiotics and remains active longer.

Absorption is rapid and side effects minimal.

This means that the eradication of any soft tissue infection
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when staph breaks cover...

MINOCIN
...puts an end to soft tissue infections

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

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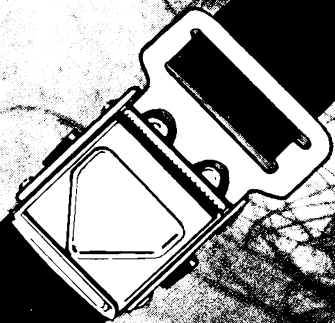


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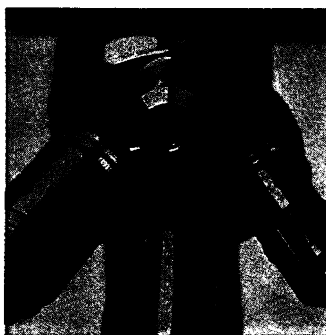
Research for
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*Trademark



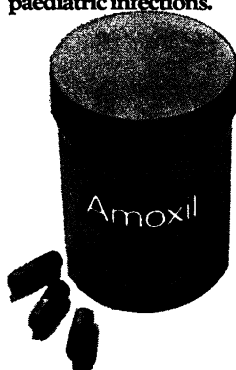
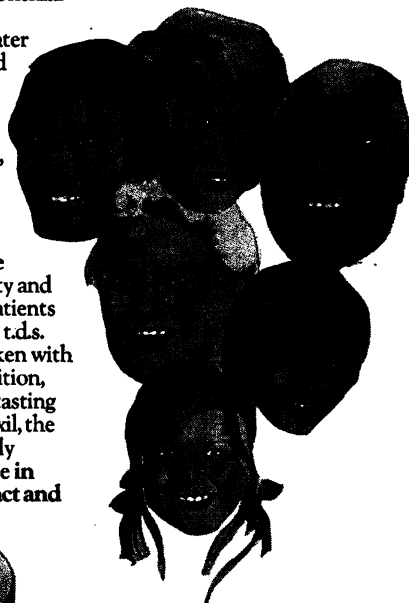
Have you seen the Amoxil difference?



Recent microscopic studies¹ have provided further explanation of the outstanding clinical success of Amoxil. They showed clearly that Amoxil produced more rapid bacterial cell death than other antibiotics.

Clinical features reported in numerous studies on Amoxil include faster absorption,² higher urinary concentrations,³ and better penetration through bronchial membrane barriers,⁴ all contributing to the greater clinical success achieved with this antibiotic. In fact, the Lancet concluded recently "Amoxycillin [Amoxil], seems to be a genuine improvement on ampicillin..."⁵

Experience in practice confirms Amoxil's safety and convenience. Amoxil patients benefit from the simple t.d.s. dosage which can be taken with or without food. In addition, there are very pleasant tasting paediatric syrups. Amoxil, the antibiotic that's currently making all the difference in respiratory, urinary tract and paediatric infections.



References

1. 'Antibiotics under the microscope.' A film freely available to the medical profession.
2. Brit. med. J., (1972), 3, 13.
3. Curr. Med. Res. & Opin., (1972), 1, 10.
4. Brit. J. Dis. Chest., (1972), 66, 185.
5. Lancet, (1975), 505.

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

 Bencard

makes all the difference.

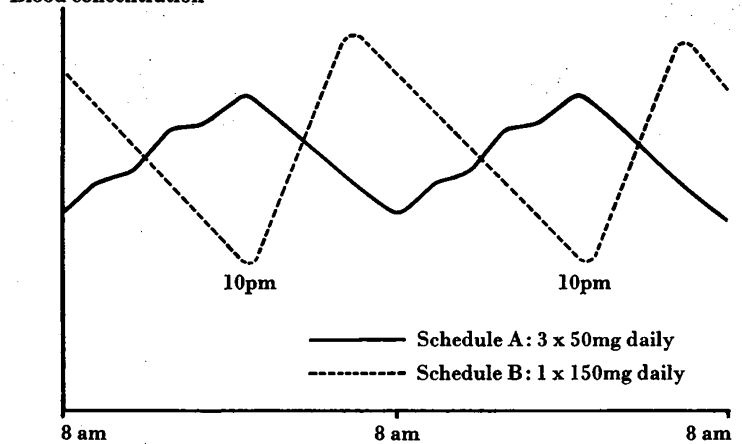
NEW PRODUCT FROM CIBA

Ludiomil is a new antidepressant with a unique pharmacological profile. In some respects its effects are similar to earlier antidepressants such as amitriptyline and imipramine. There are also significant differences which could prove advantageous.

Once-daily dosage at night

Pharmacokinetic studies have shown Ludiomil to have a long half-life of 27-58 hours,¹ so the concentration of the drug in the blood remains relatively constant whether it is given three, twice or once daily. This may be daily peaks and troughs resulting from a steady state. This does not affect its therapeutic value.

Blood concentration



Theoretically predicted blood-concentration patterns for Ludiomil in man resulting from two different dosage schedules.

Ludiomil is less sedative than amitriptyline but more so than imipramine, so given at night it helps the patient to sleep and may reduce the need for sleeping tablets.^{2,3}

Full dosage right from the start

Ludiomil can be given in full dosage from the majority of patients, particularly with a once-daily dosage.^{4,5} Even in 150mg daily dose at the outset for severe depression, several well-controlled studies have shown that Ludiomil did not produce more side effects than a 75mg daily dose of amitriptyline or imipramine.^{4, 6, 7}

*Where patients had a high degree of depression.

References

1. 6, 7, 8. Proc. Symp. Depressive Illness, Bonn, 1972; 2, 3, 4. Symp. Stanford, 1974;
4. Int. Pharmacopsychiat., 1973, 6, 386; 5. Int. de Pharmacol., 1974, 5, Suppl. 2, 190;
10. S. Ahmed J., 1974, Jan. 12, p. 47. (Symposium Proceedings available on request).

Simplifies the treatment of depression

Rapid onset of action

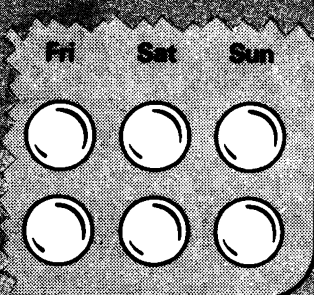
Ludiomil is a potent antidepressant which acts rapidly to relieve the symptoms of depression. In a clinical trial, Ludiomil was compared with amitriptyline. The results showed that Ludiomil was more effective in relieving the symptoms of depression, and that it was better tolerated than amitriptyline. The following table shows the cumulative frequency record of onset of effect (S.Afr.med.J., 1974, 48, 47).

Days of treatment	Ludiomil		amitriptyline	
	f	%	f	%
1	—	—	—	—
2	1	4.76	—	—
3	7	33.33	3	15.00
4	12	57.14	3	15.00
5	13	61.90	3	15.00
6	14	66.67	4	20.00
7	15	71.43	6	30.00
14	19	90.48	16	80.00
21	21	100	20	100
	2 cases not reported		2 cases not reported	

Cumulative frequency record of onset of effect (S.Afr.med.J., 1974, 48, 47)

Also relieves associated anxiety

Ludiomil rapidly relieves anxiety associated with depression,^{1,2} and therefore reduces the need to prescribe tranquilisers as an adjunct to antidepressant therapy.



R Ludiomil 75mg^{*}
mitte 28

for moderate depression

sig. q. d. nocte

for severe depression

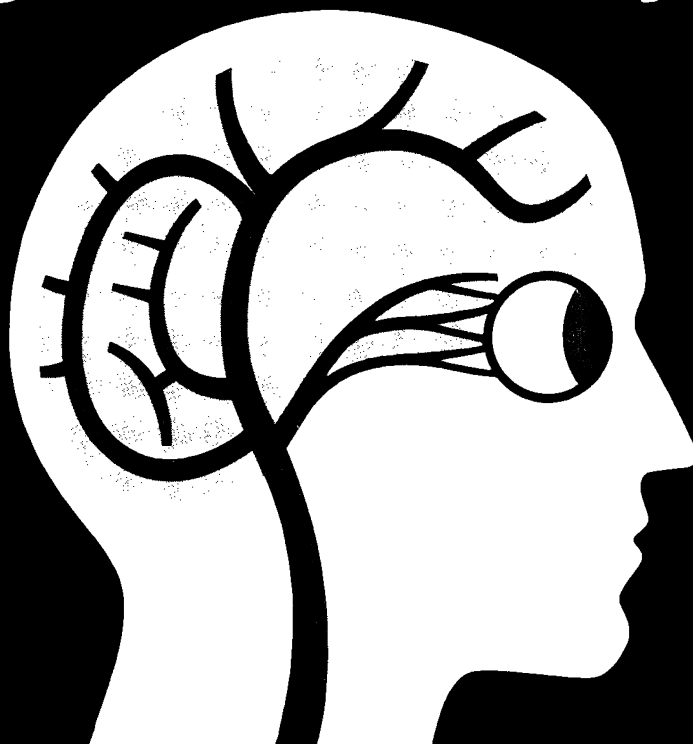
sig. ii nocte

^{*}Ludiomil is available as 75mg, 50mg and 10mg tablets in 100s, and unique 75mg tablets in daily reminder packs containing 28 tablets.

© deatex registered trademark
Full prescribing information available on request
CIBA Laboratories, Horsham, West Sussex

LD/2

Migril hits migraine right behind the eyes



Migraine attacks often begin with the eyes. MIGRIL, taken at the first warning, prevents the full-blown attack. MIGRIL combines a fast-acting vasoconstrictor with an effective anti-nauseant.

When carrying MIGRIL your patients have a comprehensive treatment for the migraine attack, and are thus spared the anxiety associated with an impending attack.

MIGRIL is the most widely used symptomatic anti-migraine preparation in Britain.

MIGRIL contains ergotamine, cyclizine and caffeine. Full prescribing information is available on request.

Wellcome Medical Division,
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Wellcome

Migril masters millions of migraines

TRADE MARK

SEPTRIN contains trimethoprim
and sulphamethoxazole.
Full prescribing information
is available on request.

References

1. *Med J Aust.* (1973),
Special Suppl., 1, 58.
2. *Practitioner* (1972), 209, 838.

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



Wellcome

Sounds right for Septrin



...d. in chest infections

Why run the risk of a bacterial chest
infection becoming chronic?

Experience increasingly indicates the
need for prompt, vigorous treatment.

Whenever chest sounds indicate infection,
rely on SEPTRIN:

- more effective than ampicillin or
tetracycline^{1,2}
- over 30 million treatment courses
prescribed worldwide.

SEPTRIN

TRADE MARK



Wellcome

ACTIFED COMPOUND LINCTUS TRADE MARK MAKES COUGHS DISAPPEAR

ACTIFED COMPOUND LINCTUS contains codeine, triprolidine and pseudoephedrine and has a pleasant blackcurrant flavour.

Full prescribing information is available on request.
Wellcome Medical Division,
The Wellcome Foundation Ltd., Berkhamsted, Herts.



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

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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

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 anaemias caused by poor eating habits, e.g. a diet made up almost exclusively of tea and toast.

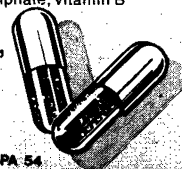
FesoVit



Smith Kline & French Laboratories Limited,
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'Fesovit' and 'Spansule' are trade marks
Full information is available upon request
'Fesovit' contains ferrous sulphate, vitamin B complex and vitamin C.

'SPANSULE'
CAPSULES



SFT/PA 54

FRUSEMIDE

now available as

FRUSID

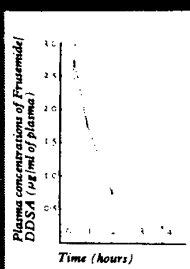
the proven, rapid
onset diuretic with
the gentle action

Impeccable quality and
proven bio-availability

After oral administration of Frusemide/DDSA tablets to fasting human subjects, peak plasma concentrations of the drug were reached within 30 minutes of dosing . . .

Plasma concentration time relationship of Frusemide/DDSA after administration of a 40mg tablet each point is the mean \pm S.E.M.

Independent
Laboratory Report



This well known work of art the fountain called Manneken Pis stands on the Rue de l'Erude in Brussels and dates from before 1619. Legend tells us that the statuette depicts the son of a rich bourgeois who when lost was found by his parents at the corner of the Rue de Chene while assuming the well known posture. Reproduced by permission of the Belgian Tourist Office.

Frusid is the trade mark applied to formulations containing Frusemide BP 40mg. Available in packs of 50, 250, and 1000.

Basic NHS cost:
Tablets 100 £2.29
(ex 1000 pack)

DDSA

Further information and samples on request from
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Give for those who Gave

Thousands of men and women who served in the Royal Air Forces have given their health or even their lives in the defence of Freedom and many of them or their dependants are now in need of help.

Please assist by giving all you can for an emblem during WINGS WEEK or please send us a donation.

WEAR THIS EMBLEM
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Wings Appeal

15th to 20th Sept. 1975



Royal Air Forces Association, 43, Grove Park Road,
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*Journal of the Royal College of General Practitioners and
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THE SMOKING PROBLEM

A Report of a Symposium held in the Royal College of Physicians of Edinburgh under the auspices of the Scottish Committee of Action on Smoking and Health and the Scottish Council of the Royal College of General Practitioners has been published by H.M.S.O.

This report is particularly relevant to family doctors. It is in compact form and likely to prove invaluable for reference. The reports of the discussions are stimulating and practical.

The report contains papers on *The Vulnerable Child, The Pregnant Woman, The Actual and Potential Coronary Heart Disease Victim, Some Behavioural Aspects of Smoking*, and *Group and Individual Techniques of giving anti-smoking advice*.

Copies can be obtained by returning the coupon below.

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Scottish Committee ASH,
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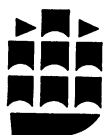
Please send a copy of *The Smoking Problem*. I enclose 50p to cover postage and packing.

Name

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CHURCHILL LIVINGSTONE

GENERAL PRACTICE MEDICINE

Edited by **J. H. Barber** and **F. A. Boddy**

1975 364 pages illustrated £4.75

The text of this book is concerned with the way in which illness is presented to the family doctor and the steps that are practical and necessary before a diagnosis can be established and the patient managed in the context of general practice. The book is primarily intended for the young doctor who is beginning a career in general practice although it will also be of interest and value to more experienced doctors. The authors have been selected for their special interest and experience in the subject about which they write, and the material reflects the needs of general practitioners.

SCREENING IN GENERAL PRACTICE

Edited by **Cyril R. Hart**

1975 320 pages illustrated £5.00

This is the first medical textbook to deal with screening in a general practice setting. With three exceptions, all the contributors to the 31 chapters are general practitioners in active general practice, with wide-ranging, first-hand experience in the topics of which they are writing. Established screening procedures such as cervical cytology and developmental assessment of young children are evaluated in the light of recent experience, and the possibilities of future computerisation are discussed.

A GUIDE TO COUNSELLING AND BASIC PSYCHOTHERAPY

Richard Parry

1975 144 pages £1.75

This book is really an account of some of the guidelines used by one man in his psychotherapeutic work. The author recognises that management of psychological problems depends not only on the nature of the problem, but also on the therapist himself, on his own personality and the approach with which he feels most comfortable. In its concentration on the approach, it aims to encourage the reader to consider, dispute or test the suggestions that are made. It seeks thereby to help him to develop an effective therapeutic attitude.

TRAVEL MEDICINE

A Handbook for Practitioners

Anthony C. Turner

1975 260 pages illustrated £4.25

Travel Medicine is aimed to bring to light the medical problems of modern travel, particularly to and from warm climates. The first half of the book consists of advice the doctors should give to his patients before they travel. The second half basically covers the differential diagnosis and treatment of the most likely diseases to be brought home by businessmen, holiday makers and immigrants. In addition there are chapters assessing the individual's fitness to travel by air and to reside in warm climates.

CHURCHILL LIVINGSTONE

23 Ravelston Terrace, Edinburgh EH4 3TL

Locum General Practitioner Zambia

A locum general practitioner is required for a ten month period from mid-January to mid-October 1976.

The practice which is in Lusaka, the Capital of Zambia, is organised by a consortium of companies and looks after the health of some 2,300 employees, both Zambian and Expatriate, of these companies.

There is one other doctor and two S.R.N. nurses to assist in the smooth running of the practice which is organised around U.K. lines and fully equipped.

There is access to G.P. beds in the local private nursing home which has full pathological and X-ray facilities and excellent liaison exists between the modern University Teaching Hospital with its post-graduate activities etc. There is minimal night work and no domiciliary obstetrics.

The applicant should either be vocationally trained or an experienced practitioner and a graduate of a U.K. or Zambian university.

An excellent, fully equipped company house with swimming pool and car will be provided free. Three weeks paid leave and recruitment and repatriation air passages for the applicant and his family will be provided by the company.

A very generous salary will be negotiated, dependent on experience and qualification and interviews will be in London in late September 1975. Currency regulations allow one third of gross taxable emoluments to be remitted. Income tax is similar to the U.K.

Apply airmail, with curriculum vitae and names of two referees to:

Dr. M. Bush, Minbank Clinic, P.O. box 209,
Lusaka, Zambia, Central Africa.

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If you can't do anything, don't just do nothing.

There often comes a time when all deaf patients can do is learn to live with it. One of the best things you can do then is introduce them to the RNID.

We run a welfare service, an information and library service that is one of the largest in the world to be devoted to deafness, and laboratories with sound measuring equipment.

In fact we can help your deaf patients in many ways. All you have to do is ask.

Perhaps you'd like to see our leaflet 'What is the RNID?' Or get some of our publications for your waiting room. They include 'Clinical Aspects of Hearing,' 'Special Aids to Hearing,' 'Conversation with the Deaf,' 'Highway Code for Children' and posters on protecting hearing. And you may wish to subscribe to our magazine—Hearing—at £1.00 p.a.

Literature and advice are freely available to you. And the more you know about the RNID, the more you can do for your deaf patients.

The Royal National Institute for the Deaf.

(Patron: HRH The Duke of Edinburgh, KG)

105 Gower Street, London WC1E 6AH

Telephone: 01-387 8033

BRITISH MIGRAINE ASSOCIATION

SYMPOSIUM

“Migraine in Childhood”

Royal College of General Practitioners, 14 Princes Gate, London S.W.7.

Saturday, 18th October, 1975

Chairman: Dr Ian Watson

The programme will include papers on the incidence, diagnosis, management and prognosis of migraine in childhood.

There is no registration fee for this Symposium. (Application made for Seniority Payment recognition); and lunch will be provided by the British Migraine Association.

Places are limited so if you would like to receive an invitation please write to Peter Wilson, Hon. Sec. British Migraine Association, Evergreen, Ottermead Lane, Ottershaw, Chertsey, Surrey KT16 OHJ.

WORCESTER

St. John's House, Worcester, has a vacancy on 1 January, 1976, which we hope will prove attractive to a vocationally trained medical graduate.

We are a six partner group, with two additional part-timers, requiring a seventh partner, and we work from a converted Georgian building in a pleasant expanding Cathedral city.

Premises are fully staffed, including practice administrator, nurses and health visitors. We run an appointment system, offer a comprehensive contraception service, have our own E.C.G. and are recognised trainers in general practice.

The partners enjoy an excellent liaison with the local hospitals, where full access to diagnostic facilities is available. There is a thriving postgraduate medical centre and a well run general practice maternity unit.

Accommodation, if required, comprises a spacious, rent-free, two-bedroomed flat, with all modern appointments.

Starting salary and parity to be discussed at interview.

For further details, please apply to Dr S. G. King, St. John's House, 28 Bromyard Road, Worcester.

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

The British Postgraduate Medical Federation has now published its programme of Course for General Practitioners for the period September to December 1975. These programmes will be distributed automatically to General Practitioners in the National Health Service in the Four Thames Regional Health Authorities through their local Family Practitioner Committees.

Any other General Practitioners wishing to receive a copy of this programme, should forward a *stamped addressed foolscap envelope* to:

The General Practitioner Department, British Postgraduate Medical Federation, 33 Millman Street, London WC1N 3EJ.

No applications will be accepted by telephone.

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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.

Young fifth partner required to replace partner now retiring from modern group practice South-west Cornwall. Graduate of British University. Local authority health centre, general-practitioner hospital, access to maternity home, geriatric hospital, x-ray and pathological facilities available. Health visitors and district nurse/midwife attachment. Full ancillary staff. Near postgraduate centre. Eligibility for obstetric list essential. D.R.C.O.G. preferred. Pleasant country area. Applications to the Practice Manager, Health Centre, Helston, Cornwall.

UNIVERSITY OF DUNDEE

Senior Lecturer in the Department of General Practice

Applications are invited for this new post from registered medical practitioners who have had considerable experience in general practice. Applicants should hold the Diploma of M.R.C.G.P.

Salary will be commensurate with the emoluments of Principals in General Practice, with superannuation provision.

Further particulars of the post may be obtained from the Secretary of the University of Dundee, Dundee, DD1 4HN, to whom applications including the names and addresses of two referees should be sent by 30 September 1975. Please quote Ref: EST/73/75.

Trainee Vacancy—1 October 1975 in fully staffed rural group practice working from health centre. Programme co-ordinated with vocational training scheme — excellent opportunities for further education and research—study for M.R.C.G.P. encouraged. Write to Dr C. J. H. Starey, The Stokenchurch Health Centre, Stokenchurch, Bucks.

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
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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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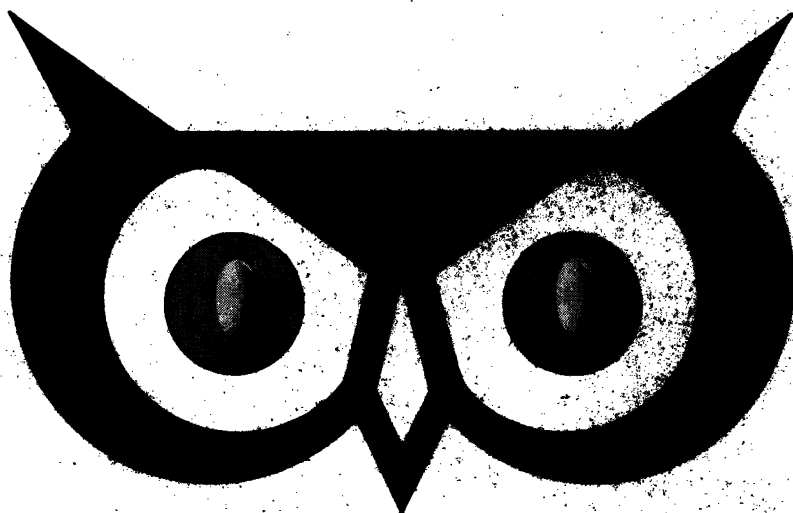
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