

MULTI-CENTRE INTERNATIONAL STUDY SHOWS THAT

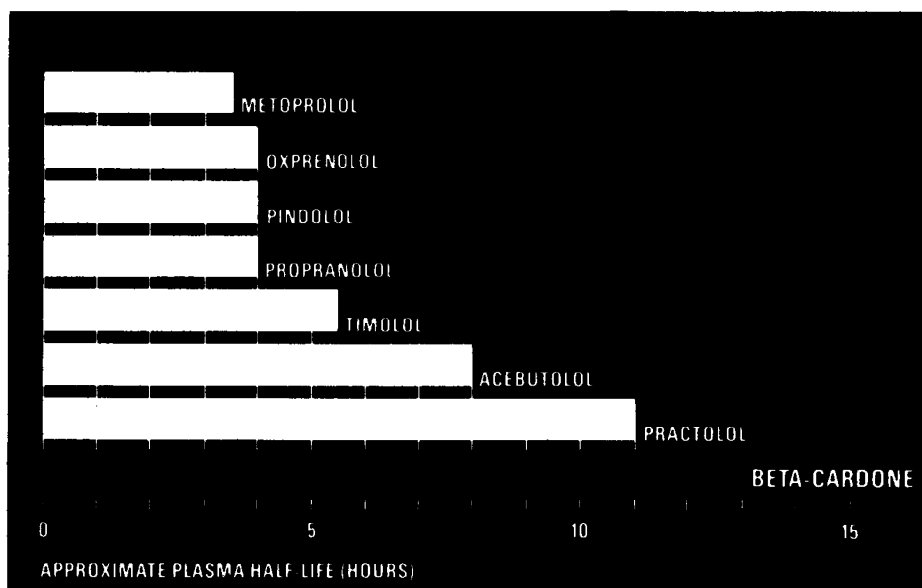
Beta-blockade reduces cardiac mortality

An important multi-centre international study[†] has referred to the experience already obtained with propranolol, practolol and sotalol (Beta-Cardone).

It demonstrates an improved prognosis for patients with recent anterior myocardial infarction who were on long-term practolol therapy and concludes that *these findings are likely to be applicable to other beta-adrenoreceptor antagonists.*

It recommends that because of severe side effects in the long-term use of practolol an alternative beta-blocking agent should be used. Such an agent is **Beta-Cardone, the beta-blocker with comparable length of action to practolol.**

†Br. med. J. (1978) 3, 735.



Beta-Cardone, the pure beta-blocker, has been widely researched and clinically investigated since 1962. It is especially prolonged in its duration of action as evidenced by the above table.

Protection for the heart day and night

Beta-Cardone

the longer acting beta-blocker



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Full information is available on request.

DF75/98/HN

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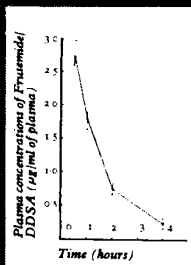
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the proven, rapid
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After oral administration of Frusemide/DDSA tablets to fasting human subjects, peak plasma concentrations of the drug were reached within 30 minutes of dosing . . . Plasma concentration 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'Etude 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
the Medical Information Department, DDSA Pharmaceuticals, 310 Old Brompton Road London SW5

At risk

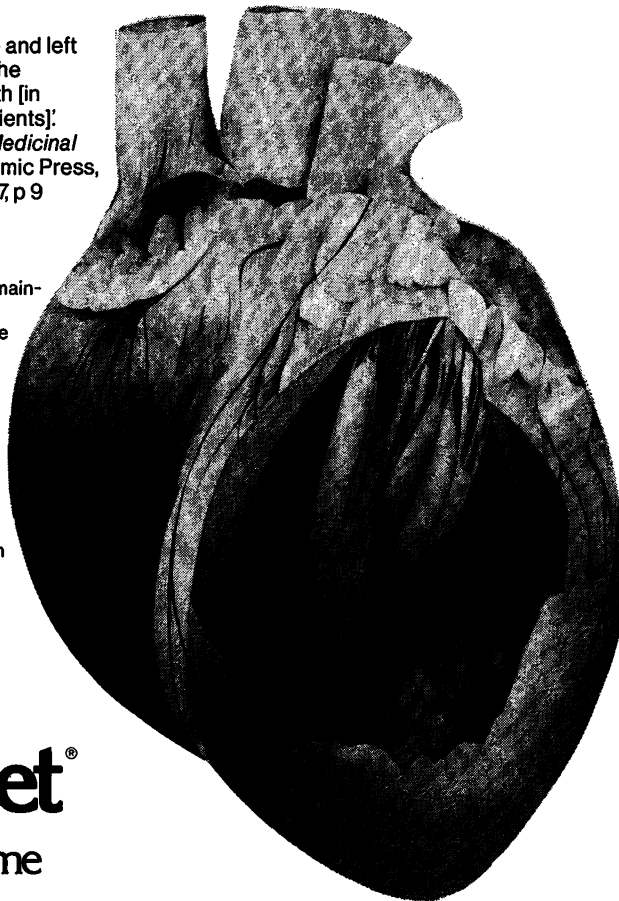
'... deaths from heart failure and left ventricular failure ... were the commonest causes of death [in untreated hypertensive patients]'. Antihypertensive Agents, *Medicinal Chemistry*, Volume 7, Academic Press, New York and London, 1967, p 9

The challenge

To lower blood pressure while maintaining cardiac function.

'Aldomet' lowers blood pressure more physiologically by decreasing peripheral vascular resistance. Cardiac output is usually maintained without cardiac acceleration. This differs from antihypertensives which may jeopardise cardiac function by an excessive lowering of cardiac output.

'Aldomet' can also help maintain renal integrity.



Aldomet®

Methyldopa, MSD

prescribe by name

'Aldomet' is available as 125 mg, 250 mg, and 500 mg tablets – and an injection for emergency use.

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Detailed information is available to physicians on request.

Merck Sharp & Dohme Limited, Hoddesdon, Hertfordshire, EN11 9BU



Amoxil making all the difference in the Black Country...

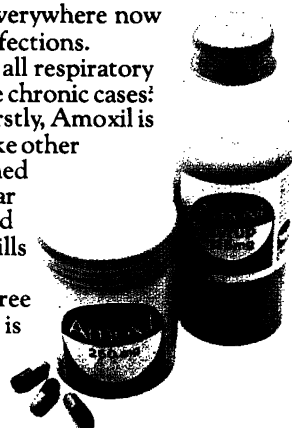


And throughout Britain. Because doctors everywhere now recognise the advantages of Amoxil in respiratory infections.

Amoxil ensures faster relief of symptoms¹ for all respiratory patients and longer periods free from infection for the chronic cases².

Three main factors are responsible for this. Firstly, Amoxil is more completely absorbed into serum³. Secondly, unlike other antibiotics it penetrates equally well through inflamed and uninfamed bronchial membrane barriers⁴ to clear even the most entrenched pockets of infection⁵. And thirdly, extensive studies have shown that Amoxil kills bacteria more rapidly than other antibiotics^{6,7}.

These three factors, together with a trouble-free dosage, contribute to the Amoxil difference which is appreciated by doctors and patients everywhere.



1. Practitioner (1974), 212, 123.
2. Chemotherapy (1973), 18, (Suppl.) (19), 1.
3. Br. Med. J., (1972), 3, 13.
4. Excerpta Med. L.C.S. (1974) No. 326, 130.
5. S.A. Med. J., (1973), 47, 719.
6. Antimicrob. Ag. Chem. (1975), 7, (2), 179.
7. Antibiotics under the Microscope: A film freely available to the medical profession.

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

 **Bencard**

**makes all the difference
in respiratory infections everywhere.**

Talpen

talampicillin

**makes
ordinary ampicillin
...ordinary**

Talpen is particularly well absorbed in comparison to ordinary ampicillin

**Peak blood levels are twice as high
and are usually achieved in half the time¹**

The incidence of diarrhoea is greatly reduced²

The t.i.d dosage is more convenient.



Following oral administration, Talpen is particularly well absorbed and rapidly hydrolysed to give high blood levels of ampicillin. Talpen makes more ampicillin available more quickly.

Talpen has proven its reliability over a wide range of infections, including respiratory infections where it has achieved a 95% success rate.² It has also been shown² that with Talpen there is a significant reduction in the incidence of diarrhoea, a common and sometimes troublesome occurrence with oral ampicillin.

Talpen, at a dosage of one tablet tid, offers distinct advantages over ordinary ampicillin which recommend it as the new standard therapy for routine infections.

Indications: Typical indications include: Acute and Chronic Bronchitis, Pneumonia, and ENT infections.

Usual Adult Dosage: One tablet three times a day.

Each tablet contains 250mg of the ampicillin ester, talampicillin hydrochloride.

Contra-indication: Penicillin hypersensitivity.

Precaution: Talpen is not recommended for patients with severe renal or hepatic impairment.

Side-effects: As with other penicillins. An erythematous rash may occasionally occur, the incidence is particularly high in patients with infectious mononucleosis.

Each 250mg of talampicillin hydrochloride is chemically equivalent to 169mg of ampicillin. Further information is available on request:

1. Jones, K.H., et al., 1975, to be published. 2. Br. J. Clin. Pract., 1975, 29, 255.



Talpen* is a product of British research at
Beecham Research Laboratories Brentford England
A branch of Beecham Group Limited PL 0038/0209 *regd.

Talpen

talampicillin a major advance on ampicillin

MINOCIN

in bronchitis

highly effective sometimes vital

A ball . . . a dog . . . brake lights.

Your seat belt grips preventing a minor cut or bruise—this time.
But in more serious circumstances that seat belt could save your life.

The same could be true of Minocin.*

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 endangering infective hazard in bronchitis.¹

So whenever you treat bronchitis be sure from the start and put safety first with Minocin.

Presentation: Blister packs of 10 and 45 tablets
each containing 100mg minocycline as hydrochloride.

Full prescribing information is available.



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Research for British Medicine

A Division of Cyanamid of Great Britain Ltd.

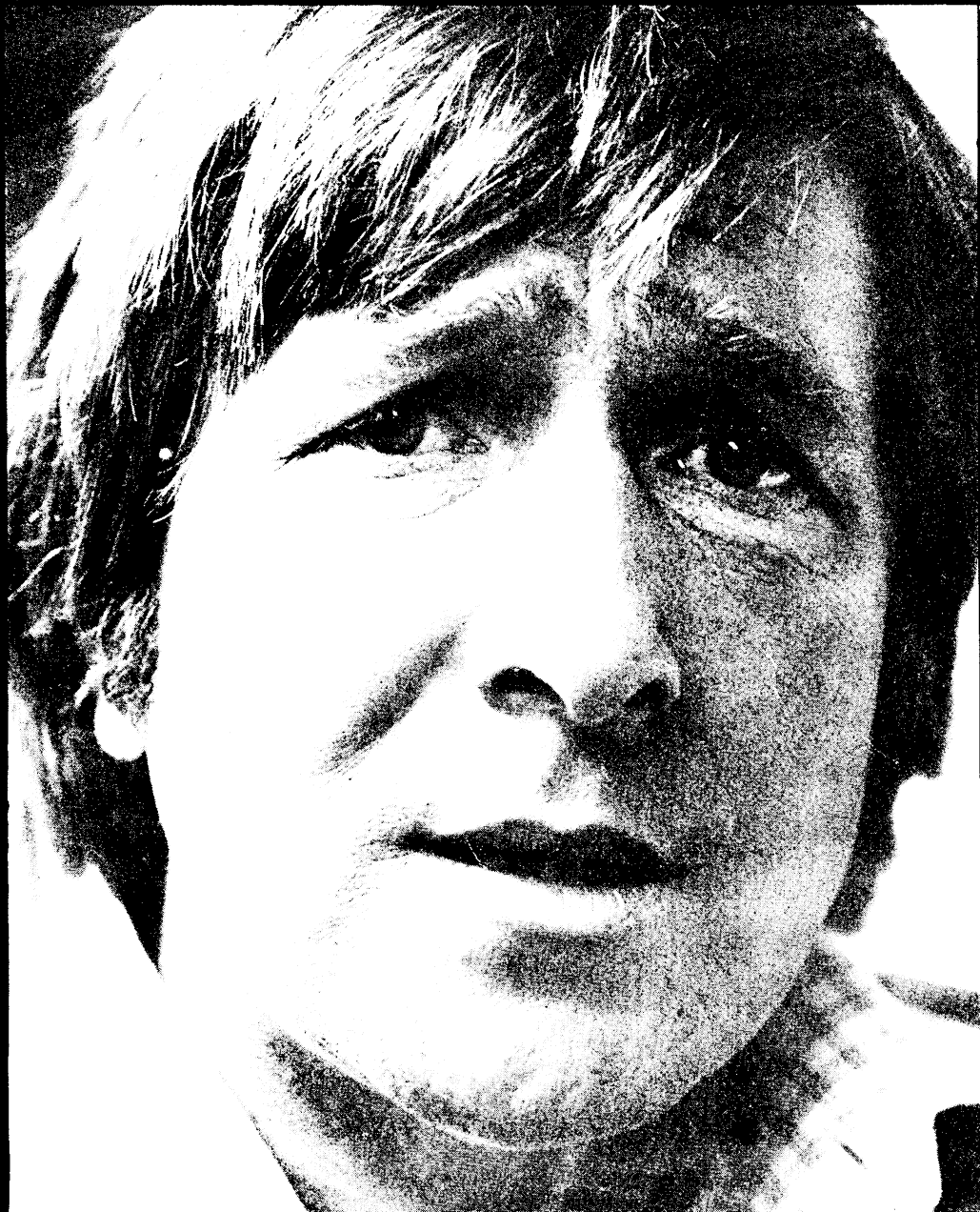
Parham Road, Guildford, Surrey, GU1 2 0AS

Brit. Med. J., (1970), Leading Article, 1, (268), 125-126

* For example



**Is there a chance
of his bronchitis
becoming chronic?**



In bronchitis Septrin b.d. leaves nothing to chance

Septrin has a powerful action against the pathogens likely to cause acute episodes of bronchitis; *H. influenzae*, the most troublesome organism, is highly sensitive.

Septrin has been shown to give better results than ampicillin¹ and tetracycline² with regard to:

- * Rapidity of resolution of symptoms.**
- * Eradication of pathogens from sputum.**
- * Conversion of purulent to mucoid sputum.**



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TRADE MARK

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IS AVAILABLE ON REQUEST**

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

1. *J. infect. Dis.* (1973) Suppl., 128, 710.

2. *Brit. J. clin. Pract.* (1974), 28, 2, 63.

Septrin contains trimethoprim and sulphamethoxazole.

Journal of the Royal College of Physicians of London

This Journal is concerned with the integration of scientific disciplines in the practice of medicine and, by providing a wide ranging commentary on the growing points of medicine, is an essential complement to the specialised journals.

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Giardiasis: a cause of Intestinal Malabsorption.
Tropical Diseases in Europe.

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P. J. Zuidema

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NORTH OF ENGLAND FACULTY OF THE ROYAL COLLEGE OF GENERAL PRACTITIONERS

IN ASSOCIATION WITH THE REGIONAL POSTGRADUATE INSTITUTE FOR MEDICINE AND DENTISTRY

Two Residential Advanced Courses in General Practice COLLINGWOOD COLLEGE, DURHAM UNIVERSITY

5th-9th April 1976 inclusive

The courses are for established general practitioners intending to take the M.R.C.G.P. examination. They may also be helpful to College Tutors, trainers and other G.P.s. wishing to become familiar with the educational assessment methods used in connection with doctors completing vocational training for general practice.

Places will be limited to a combined total of 24 and applications are invited to:

Miss M. L. Burt
Department of Family and Community Medicine
The Medical School
Newcastle upon Tyne NE1 7RU

Approval under Section 63 is being sought.

ANNUAL SPRING MEETING

The Annual Spring Meeting of the College will be held at Sheffield
on 23-25th April 1976

Those interested should apply to Dr M. E. Rawlin, Honorary Secretary,
North Midlands Faculty, 87 Rackford Road, North Anston,
Sheffield.

Full details will be published in the *Journal* later.

GENERAL-PRACTITIONER TEACHERS

NUFFIELD COURSE

Training for Course Organisers and Tutors

This is the third course for doctors who are responsible for training general-practitioner teachers or for conducting courses for trainees. The courses have been initiated by The Royal College of General Practitioners with the support of the Nuffield Provincial Hospitals Trust. Subjects covered include organisation of educational programmes, teaching methods, the core content of general practice and small-group leadership.

The course will have six separate five-day modules. The first module will be held at Brunel University, Hillingdon, from 5 to 9 July 1976. Further modules will take place as follows:

Module 2	25-29 October 1976	14 Princes Gate, London
Module 3	29 November-3 December 1976	" " "
Module 4	21-25 February 1977	" " "
Module 5	28 March-1 April 1977	" " "
Module 6	4-8 July 1977	Brunel University

Members conduct educational exercises between modules. Help with these exercises will be available from the Nuffield Tutor, Dr Paul Freeling, who is responsible for the course.

Those who attend all six modules will be funded by the Department of Health and Social Security under the 'extended leave' provisions for general practitioners which includes payment of locums. Those who attend for fewer modules will attend under Section 63.

For further details please apply as soon as possible to The Royal College of General Practitioners, 14 Princes Gate, London, S.W.7.

TRAINEE POST

Traineeship available in health centre with full ancillary facilities. Vocational attachments at teaching hospital and university training course incorporated.

Applications to: Dr R. Million, Eccles Health Centre, Corporation Road, Eccles, Manchester M30 0EQ

FAMILY PHYSICIANS WANTED

To join the faculty of the University of Wisconsin, Center for Health Sciences, Department of Family Medicine and Practice. Several opportunities exist. Full-time or part-time faculty with part-time clinical practice in Madison. Directorships available of affiliated Family Practice Residency Programs planned for LaCrosse, Appleton and Green Bay. Assistant Directors needed in Madison, Eau Claire, Waukesha, Wausau and Milwaukee. Must have experience in Family Practice. Excellent living conditions, challenging positions in rapidly growing Department. Enjoy the practice of medicine again without the hassle of Government intervention. Salary dependent on experience and position—many fringe benefits. Send resume of training and experience to: JOHN H. RENNER, M.D. or LYNN A. PHELPS, M.D., Department of Family Medicine and Practice, 777 South Mills Street, Madison, WI 53715. Telephone: (608) 263-4550.

An Equal Opportunity Employer
We welcome applications from minorities and females.

Trainee Vacancy. Two-man practice seven miles south of Edinburgh. Semi-rural well organised and happy. All mod. cons. Drs Donaldson & Pope, 6 Main Street, Roslin EH25 9LE
Tel. 031 440 2043

Liverpool Graduate, aged 29, married, MRCP, D.Obst RCOG, leaving Army late July 1976 seeks congenial market town group practice in attractive area of Northern England. BOX 208, Longman Group Ltd., Journals Division, Longman House, Burnt Mill, Harlow, Essex.

General practice or internal medicine clinical practice. Permanent position with established proprietary hospital in Charleston, West Virginia. E.C.F.M.G. Complete pension and hospitalisation benefits. 15,000 pounds. Contact Dr David F. Harris, Staats Hospital, Charleston, West Virginia 25302. U.S.A.

Would exchange busy well organised Family Physician Practice—one weekend in eight on duty etc—ten miles from centre Auckland on North Shore for similar practice in South-west England, preferably Cornwall, for two to three months, preferably May, June and July 1976. Large house including pool, boat and garden, 100 yards from safe beach Dr W. B. Rogers, MNZCGP, "Tara", 31 Rothesay Bay Road, Auckland 1C. Telephone Auckland 478 5020.

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, 1976.

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. During the Obstetric training the doctor would be expected to live in, and would also be required to live in during on-call periods in Casualty, Paediatrics 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, 1976 should complete and return by 31 January, 1976 an Application Form which is obtainable from the Specialist in Community Medicine, 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 additional 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.

VOCATIONAL TRAINING FOR GENERAL PRACTICE

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

Applications are now invited for four places starting on 1 August 1976 for the vocational training scheme of the Department of General Practice in the Postgraduate Medical Institute of Exeter University. The course is designed and recognised for the MRCGP examination.

All four programmes start with two months introductory course in an university-approved teaching practice and will then consist of four rotating three-month appointments in: gynaecology, accident/emergency, ENT, and ophthalmology. There are two fixed six-month options for the second hospital year of either (a) paediatrics (DCH) and psychiatry, or (b) medicine/acute geriatrics and obstetrics (D.Obst). The remaining ten months are spent in another university approved teaching practice.

Throughout the three years a half-day release course is held; trainees participate actively in the planning of the course and there is emphasis on small-group work. Additional courses are available for trainees and include: an introductory day-release course for each intake, evening group meetings, and an intensive day-release MRCGP course.

The Exeter Department is the only university department of general practice in the country outside a medical school.

Applications should be made by 10 January 1976 to:

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

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.

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