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.


---

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

Beta-Cardone (Sotalol hydrochloride) is a trade mark of DUNCAN, FLOCKHART & CO. LTD., LONDON E2 5LA. Full information is available on request.

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FRUSID
the proven, rapid
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After oral administration of
Frusemide/DDSA tablets to
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plasma concentrations of the
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Independent
Laboratory Report

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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.
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... deaths from heart failure and left ventricular failure ... were the commonest causes of death [in untreated hypertensive patients].

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

makes all the difference in respiratory infections everywhere.
Talpen 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 time\(^1\)

The incidence of diarrhoea is greatly reduced\(^2\)

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.

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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.

**Contre-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.


Talpen® is a product of British research at Beecham Research Laboratories Brentford England A branch of Beecham Group Limited n. 0038/0203 *regd.

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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.

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Minocin (minocycline) protects against the hazards of bronchitis,
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and put safety first with Minocin.
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\* Eradication of pathogens from sputum.
\* Conversion of purulent to mucoid sputum.

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first

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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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Report of a Joint Working Party of the Royal College of Physicians of London and the British Cardiac Society

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Les Leishmanioses Viscerales.
The Physician and the Confused Elderly Patient.
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Tropical Diseases in Europe.

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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

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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. Burtt
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.
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<td>University of Aberdeen</td>
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<td><strong>Applications</strong> 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.</td>
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| 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 La Crosse, 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. |
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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with built-in potassium.

Starting dose – 2 tablets o.d.†

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