

# FRUSEMIDE

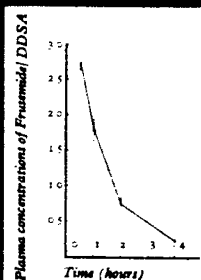
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## FRUSID

the proven, rapid  
onset diuretic

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 . . .



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)

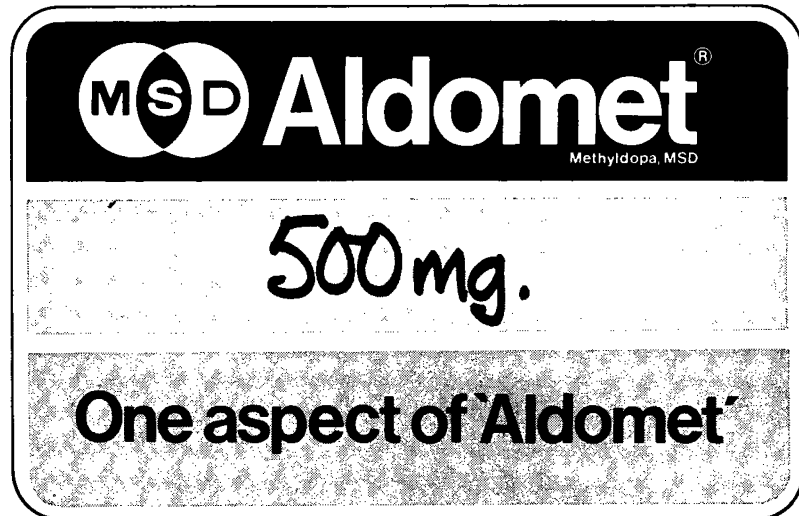
Manneken Pis.  
By permission  
of the Belgian  
Tourist Office.

### **DDSA**

Further information including data sheet is available on request from  
DDSA Pharmaceuticals, 310 Old Brompton Road, London SW5 9JQ

'Aldomet' is the most widely prescribed single antihypertensive in current use, and 'Aldomet' 250 mg is prescribed more than any other presentation.

But there are many patients who could benefit from a different approach – 500 mg tablets.



#### **FOR CONVENIENCE**

Using the 500 mg tablet, the total number of tablets taken daily can be greatly reduced, while maintaining the established efficacy of 'Aldomet'.

#### **FOR COMPLIANCE**

Fewer tablets to take means that the hypertensive is more likely to persevere with therapy, and the simple dosage encourages patient compliance.

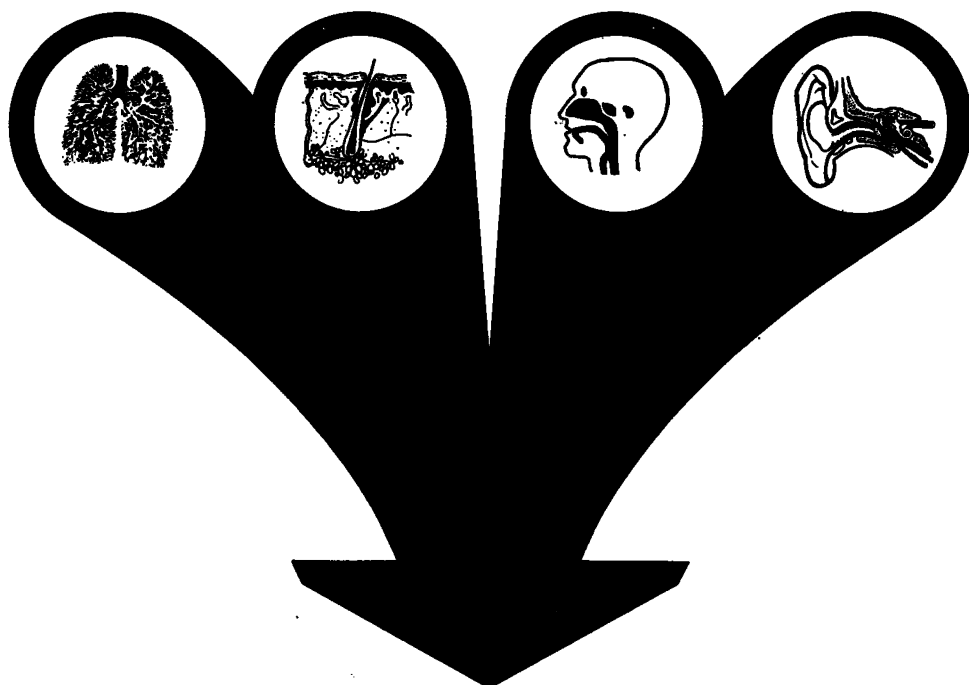
The balance is in favour of  
**Aldomet<sup>®</sup>**  
prescribe by name

'Aldomet' is available as 125 mg, 250 mg, and 500 mg tablets – and an injection for emergency use. © denotes registered trademark. Detailed information is available to physicians on request.

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



# As broad



# as it's strong!

# MAGNAPEN

## the infection fighter

When treating severe infections you look for decisive therapy.

Magnapen provides it—with first-time confidence. Magnapen's broad spectrum activity covers virtually all the bacteria commonly met with in clinical practice. And Magnapen's bactericidal strength adds a greater certainty of rapid success in difficult cases. All this with penicillin-safety.

Prescribe Magnapen first—whenever there is cause for concern.

Full prescribing information on Magnapen\* (250mg of both flucloxacillin and ampicillin) for the treatment of severe chest, ENT and skin and soft tissue infections is available on request from:



**Beecham Research Laboratories**, Brentford, England.

A branch of Beecham Group Limited. \*regd PL 0038/0089, 0090, 0120



# A doctor can gain a lot from 5 years in the Royal Navy.

As a qualified doctor, you can join the Royal Navy for 3 or 5 years on a Short Service Commission.

In that time, you'll spend up to a year practising medicine in a Naval ship.

You could have the chance of working and living overseas for a time.

And you'll be able to do your General Professional Training in one of the clinical and medical scientific disciplines at a Naval hospital or an RN establishment.

## At sea.

After a short Officers course at the Royal Naval College, Dartmouth, and a basic course in maritime medicine at the Institute of Naval Medicine, Alverstoke, you'll normally go to sea for about 12 months.

You'll be responsible for the medical care of some 250 to 500 men in your ship (and advise the Captain on health and environmental problems).

You won't lose touch with modern medicine, as you can visit local hospitals in ports of call and use the teaching aids provided by your Naval tutor.

## Postgraduate training and specialisation.

After your sea-time, career counselling will determine your postgraduate training programme.

There are opportunities for General Professional Training in preparation for a clinical career in general practice, the hospital specialities, or the medical scientific disciplines such as Aviation, Underwater, Submarine and Nuclear Medicine; or in Occupational and Community Medicine.

If you decide to transfer to a 16-year pensionable Commission, or a permanent Commission, you could move on to recognised higher training programmes which include research training and higher training posts in civilian units.

At Alverstoke, the Dean of Naval Medicine co-ordinates postgraduate medical training and research.

## Naval hospitals.

The two largest are at Haslar (near Portsmouth) and Plymouth.

They undertake the care of Naval personnel, their families and NHS civilians, providing a broad spectrum of clinical material. Both hospitals are recognised for higher training in the major specialities.

There is a full range of modern, technical equipment, and the nursing and paramedical staff are highly skilled.

There are smaller hospitals in Malta and Gibraltar.

## Salary.

If you join us immediately after registration, your salary will be £5,997 as a Surgeon Lieutenant.

You can, however, join at any age up to 39. In that case, your postgraduate experience is taken into account, and you could join as a Surgeon Lieutenant Commander earning £8,015 a year.

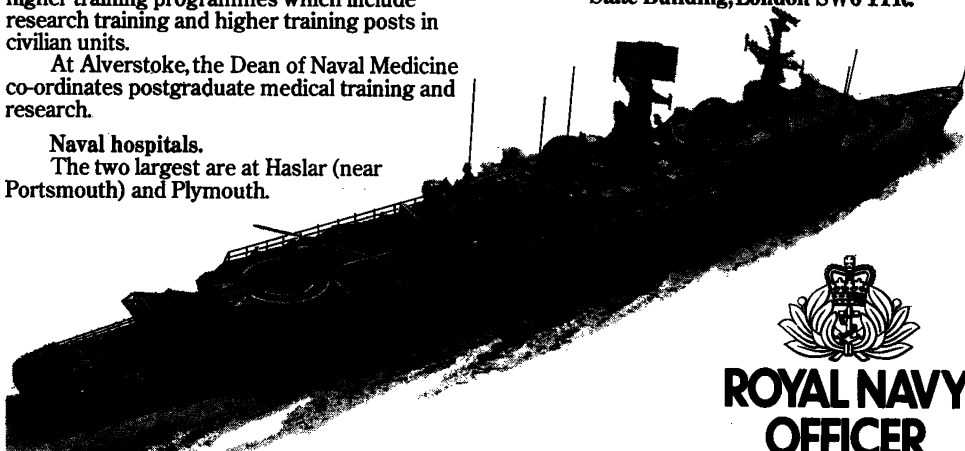
If you leave at the end of your 3 year Commission, you'll receive a tax-free gratuity of £1,500, or, after 5 years, £3,000.

If you decide to stay on, you can apply for a 16-year pensionable Commission or a permanent Commission.

The salary structure is based on an analogue computed from the average earnings of general practitioners in the NHS, with an additional X factor. There is extra pay for recognised postgraduate qualifications and Senior Specialist or Consultant status.

If you're posted overseas, you can, of course, take your family with you. There are, too, generous boarding school allowances for your children, starting at £807 for your first child.

For more information, write to Surgeon Commander H. B. Blackstone, MRCS, LRCP, MRCGP, RN, ( ), Medical Directorate General (Navy), Ministry of Defence, Empress State Building, London SW6 1TR.





**How to live  
with dyspepsia.**



**How to live  
without dyspepsia!**

At best, antacids provide only temporary relief. Maxolon not only relieves the symptoms effectively, it also prevents them arising – something antacids cannot achieve.

A month's treatment with Maxolon offers freedom from symptoms in 4 out of 5 dyspepsia patients;<sup>1</sup> and it is much more convenient to take.

So next time a patient presents with dyspepsia, prescribe Maxolon. That way he can stop worrying about his symptoms, and so can you.

<sup>1</sup> Based on published reports in over 1,100 patients.

# Maxolon

Full prescribing information is available on request.



Maxolon\* (metoclopramide) is a product of  
**Beecham Research Laboratories**,  
Brentford, England.  
PL 0038/0095, 0098, 5040, 5041

\*regd.



# A 99.1% chance of success in U.T.I.



The chart above shows the percentage sensitivities of isolates from acute urinary infections against five commonly-used antibacterials. (From an *in-vitro* study involving 173 general practitioners). SEPTRIN was superior to all other oral antibacterials tested, with 99.1% of urinary pathogens sensitive.

*J int med Res* (1974), 2, 400



**Wellcome**

Seprin contains trimethoprim and sulphamethoxazole. FULL PRESCRIBING INFORMATION IS AVAILABLE ON REQUEST. Wellcome Medical Division The Wellcome Foundation Ltd Berkhamsted, Herts

## SEPTRIN first in urinary tract infection

TRADE MARK

# Amoxil making all the difference

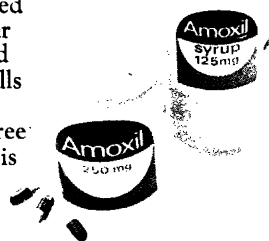


**And throughout Britain.** Because doctors everywhere now recognise the advantages of Amoxil in respiratory infections.

Amoxil ensures faster relief of symptoms<sup>1</sup> for all respiratory patients and longer periods free from infection for the chronic cases<sup>2</sup>.

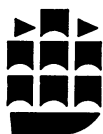
Three main factors are responsible for this. Firstly, Amoxil is more completely absorbed into serum<sup>3</sup>. Secondly, unlike other antibiotics it penetrates equally well through inflamed and uninfamed bronchial membrane barriers<sup>4</sup> to clear even the most entrenched pockets of infection<sup>5</sup>. And thirdly, extensive studies have shown that Amoxil kills bacteria more rapidly than other antibiotics<sup>6,7</sup>.

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. I.C.S. (1974) No. 326, 132.  
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.

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



# **CHURCHILL LIVINGSTONE**

## **SCREENING IN GENERAL PRACTICE**

Edited by C. R. Hart

1975 320 pages illustrated £5.00

This book comes at a time when great progress in screening techniques, together with a radical reorganisation of the administrative structure of the National Health Service, make it desirable to consider the scope and management of screening programmes within a general practice setting. 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 computerization are discussed.

## **EPIDEMIOLOGY IN MEDICAL PRACTICE**

D. J. P. Barker and G. Rose

1976 152 pages illustrated £2.95

Epidemiology has always been an integral part of medical practice and the authors deal with this subject in three sections. The first section introduces data and methods which are used to describe disease in the community and which thereby allow medicine to be practised against a background knowledge of national and regional health problems of groups of people at special risk of disease and of changing disease patterns in the community. The second section describes the application of epidemiology in the discovery of causes of disease. The authors conclude with an account in the third section giving four aspects of patient care which require an understanding of epidemiology: screening, prognosis, epidemics and the evaluation of health services. While this book is intended primarily for medical students, it has also been designed to meet the needs of practising clinicians and postgraduate students in both hospital medicine and general practice.

## **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.

# **CHURCHILL LIVINGSTONE**

**23 Ravelston Terrace**

**Edinburgh EH4 3TL**



# MINOCIN

eradicates infection *FAST*<sup>1,2</sup>

In  
chronic  
bronchitis

1. Proc. Minocycline Symp., 1971 54-59 2. J. Int. Med. Res. 1975 3 304-308 Minocin is a trademark for minocycline hydrochloride  
Full prescribing information is available from  Lederle Laboratories A division of Cyanamid of Great Britain Ltd Gosport Hants PO13 0AS

Family Physician to join faculty, University of Louisville School of Medicine. Apply to William P. VonderHaar, M.D. University of Louisville, Department of Family Practice and Community Health, 801 Barret Avenue, Louisville, Kentucky, 40204. Phone 502 589-6158.

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**We welcome applications from minorities and females.**

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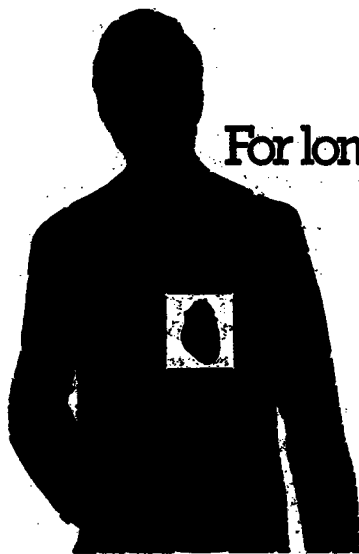
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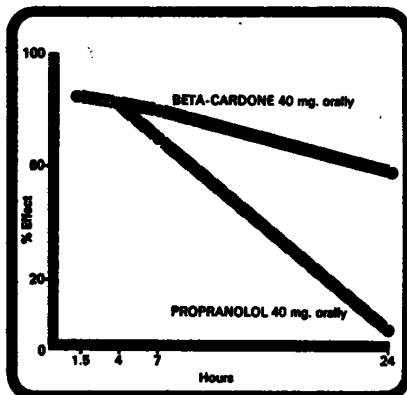
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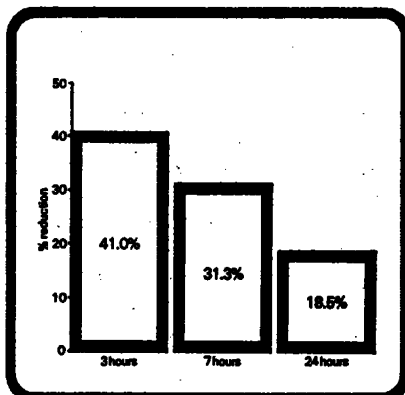
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**Isoprenaline tachycardia inhibition**  
Beta-Cardone exerts its beta-blocking effects over a long period after administration. The chart above shows that, in comparison with propranolol (the beta-blocking action of which had fallen to below 10%), Beta-Cardone was still 60% effective after 24 hours. "7 and 24 hours after administration, sotalol (Beta-Cardone) had a more potent blocking action than propranolol, which at 24 hours was ineffective."

*Exc. J. Pharmac. (1969), 6, 75.*



**Exercise tachycardia inhibition**  
The exceptionally long action of Beta-Cardone in exercise tachycardia is clearly illustrated in this chart. As long as 24 hours after a 400 mg dose, there is still an 18.5% reduction in exercise heart rate.

*Exc. J. clin. Pharmac. (1978) in press*

The longer-acting beta-blocker

# Beta-Cardone

Protection for the heart day and night

BETA-CARDONE preparations of sotalol hydrochloride are available as  
TABLETS 40mg (basic NPS cost £2.93 per 100 tablet pack)  
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**DF** Beta-Cardone (Sotalol hydrochloride) is a trade mark of DUNCAN, FLOCKHART & CO. LTD., LONDON E2 6LA. Full information is available on request.

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