

No more wide-awake dawns with
REM NOS

First choice Nitrazepam for safer, natural sleep



Remnos is the DDSA trade mark for pharmaceutical preparations containing Nitrazepam BP 5mg Further information is available on request from: DDSA Pharmaceuticals, 310 Old Brompton Road, London SW5 9JQ

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 Naval hospitals 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.

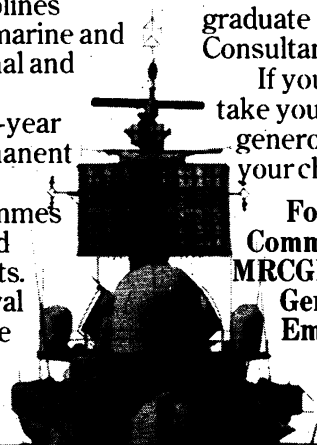
If you leave at the end of your 3 year Commission, you'll receive a tax-free gratuity of £1,500, or, after 5 years, £3,000.

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.

For more information, write to Surgeon Commander H.B. Blackstone, MRCS, LRCP, MRCP, RN, (811GP1), Medical Directorate General (Navy), Ministry of Defence, Empress State Building, London SW6 1TR.



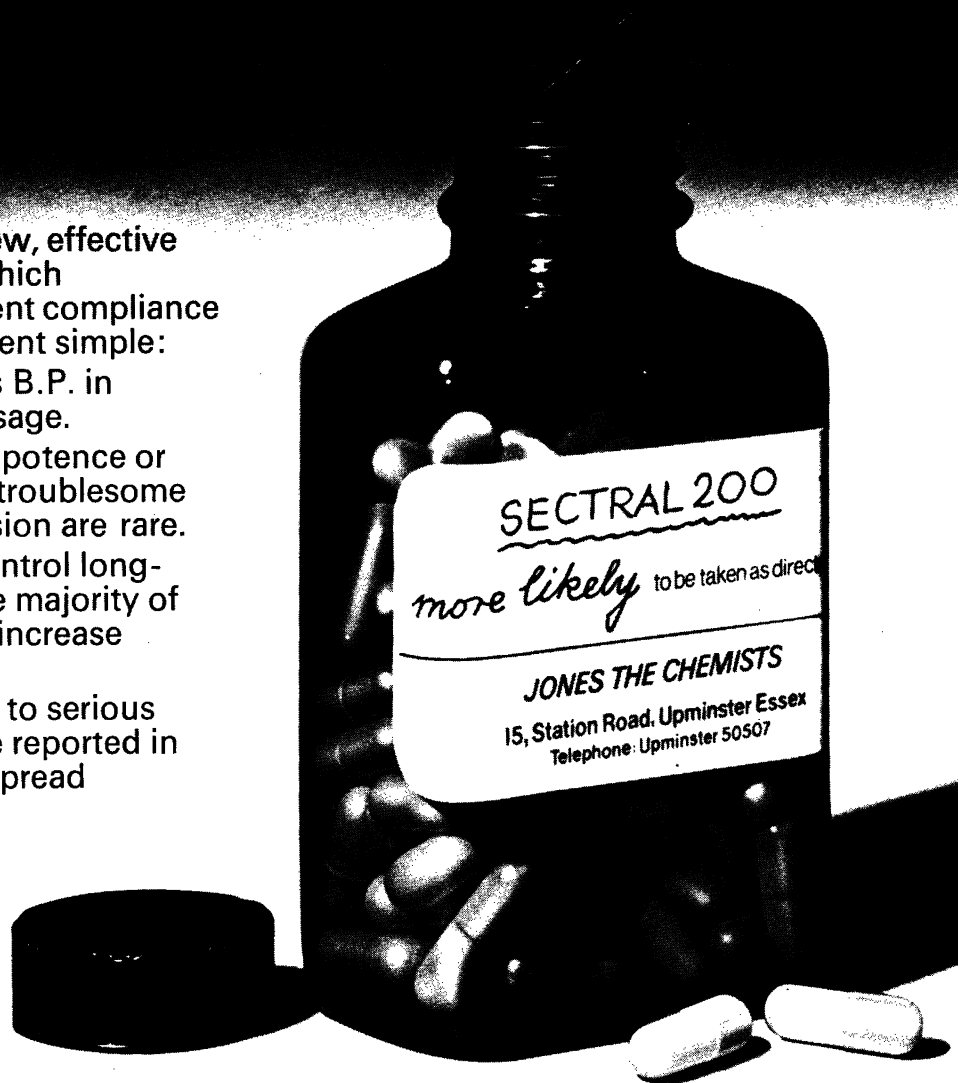
**ROYAL NAVY
OFFICER**

Sectral...established in the treatment of angina...

Now-treat hypertension with

'Sectral 200' is a new, effective antihypertensive which positively aids patient compliance – by making treatment simple:

- smoothly reduces B.P. in convenient b.d. dosage.
- seldom causes impotence or postural dizziness; troublesome sedation or depression are rare.
- maintains B.P. control long-term without, in the majority of cases, any need to increase dosage.
- does not give rise to serious toxic effects – none reported in over 5 years' widespread clinical use.



For free patient's booklet, *Your Blood Pressure*, write to Medical Information Department, May & Baker Ltd Dagenham Essex RM10 1BR, or ask your M&B medical representative

Supplied as capsules each containing the equivalent of 200 mg acebutolol (as hydrochloride). Full prescribing information on request 'Sectral' and 'Sectral 200' are trade marks



M&B May & Baker



A member of
the Rhône-Poulenc
Group of Companies

MA 3546

encourages patient compliance

96%
SEPTRIN



86%
AMPICILLIN



52%
TETRACYCLINE



39%
PENICILLIN V



Septin in chest infections

the antibacterial cover that makes sure

The chart above shows *in-vitro* sensitivities of a variety of chest organisms, in particular *Strep.* and *H. influenzae*, to four frequently used antibacterials; 96% were shown to be sensitive to Septin.

Septin* has a bactericidal action against all likely chest pathogens. Add to this the speed of clinical response and convenient dosage of Septin and you have an antibacterial you can rely on for both acute and chronic chest infections.

1 *Modern Geriatrics* (1975) 5, 11, 21.

Septin contains trimethoprim and sulphamethoxazole.
Full prescribing information is available on request.
Wellcome Medical Division
The Wellcome Foundation Ltd., Berkhamsted, Herts.



Wellcome

IN ASTHMA AND CHRONIC BRONCHITIS

Ventolin is the most extensively prescribed bronchodilator



VENTOLIN INHALER

provides selective, metered-dose aerosol bronchodilator therapy and being long acting, is suitable for routine maintenance therapy. The rapid action is useful for relieving attacks of acute dyspnoea and doses may be taken prophylactically before exertion or to prevent exercise-induced asthma.

VENTOLIN TABLETS 2mg & 4mg are available whenever oral bronchodilator therapy is preferred and offer convenient flexibility of dosage.

VENTOLIN SPANDETS

offer sustained duration of action orally and are particularly valuable when nocturnal bronchospasm is a problem.

VENTOLIN SYRUP

the oral bronchodilator of choice whenever liquid medicine is preferred.

VENTOLIN INJECTION

0.5mg in 1ml (500 microgram/ml)

VENTOLIN INJECTION

0.25mg in 5ml (50 microgram/ml)

for subcutaneous, intramuscular or intravenous injection in the rapid relief of severe bronchospasm or status asthmaticus.

Ventolin Inhaler contains salbutamol BP. The oral and parenteral preparations of Ventolin contain salbutamol sulphate BP.

VENTOLIN

PRIMARY THERAPY IN REVERSIBLE AIRWAYS OBSTRUCTION



**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,¹ 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.

¹ 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

BRL005 *regd.





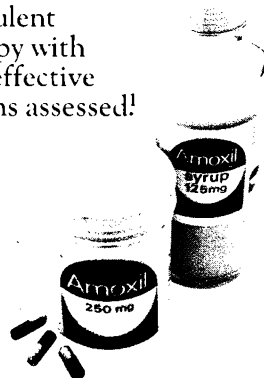
Faster recovery in Bronchitis.

In ambulant patients with purulent sputum and dyspnoea, 5 days' therapy with Amoxil proved significantly more effective than oxytetracycline in all symptoms assessed!

Simple trouble free dosage.

Low incidence of side effects?

Amoxil
makes all the difference everywhere.



2, Drugs, 1977, 3, 81.
Full prescribing information on Amoxil (regd.) amoxycillin, is available from

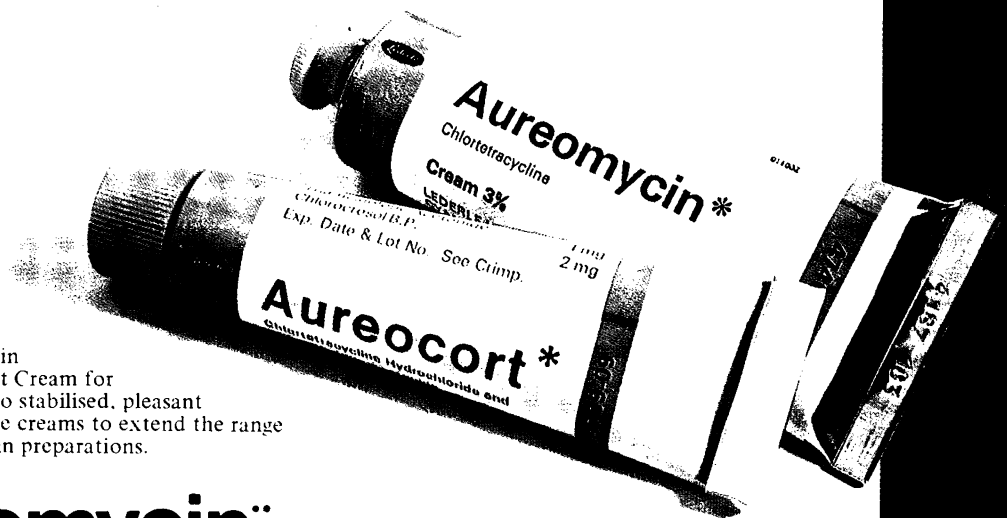
Bencard

Great West Road, Brentford, Middlesex.

*After 25 years
sterling service,
Aureomycin has
something new to offer.*



from Lederle



Aureomycin
Cream for impetigo
and other weeping skin
infections; Aureocort Cream for
weeping eczema. Two stabilised, pleasant
to use, water-miscible creams to extend the range
of topical Aureomycin preparations.

Aureomycin

*Chlortetracycline equivalent to
chlortetracycline HCl 3%*

Aureocort

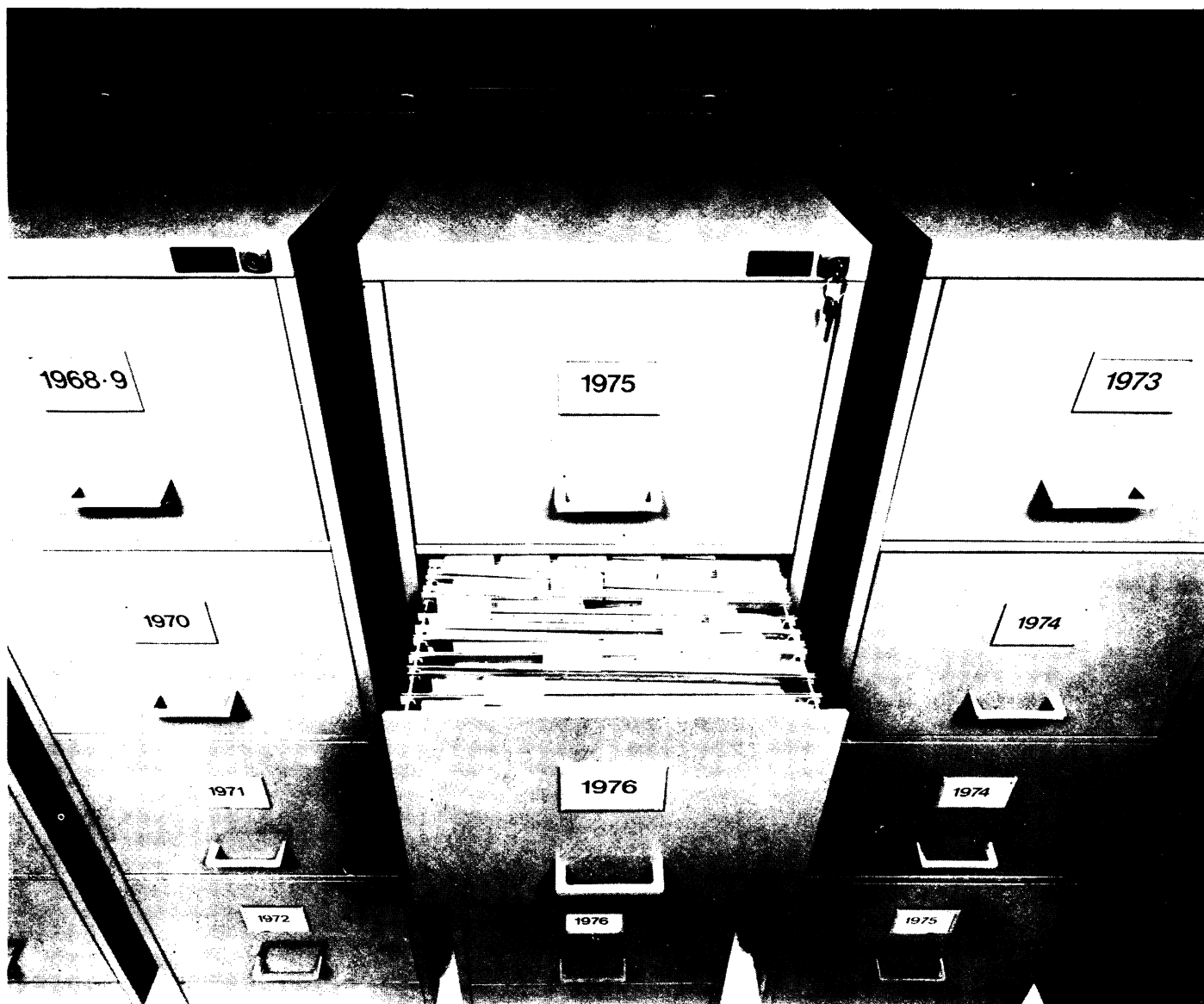
*Chlortetracycline equivalent to chlortetracycline HCl 3%
and Triamcinolone Acetonide 0.1% Full prescribing information is available*

•• Trademark
• Registered Trademark.



Lederle Laboratories

Cyanamid of Great Britain Limited, Fareham Road, Gosport, Hants. PO13 0AS



**Years ahead
with clinical experience
and controlled research studies**

Modecate

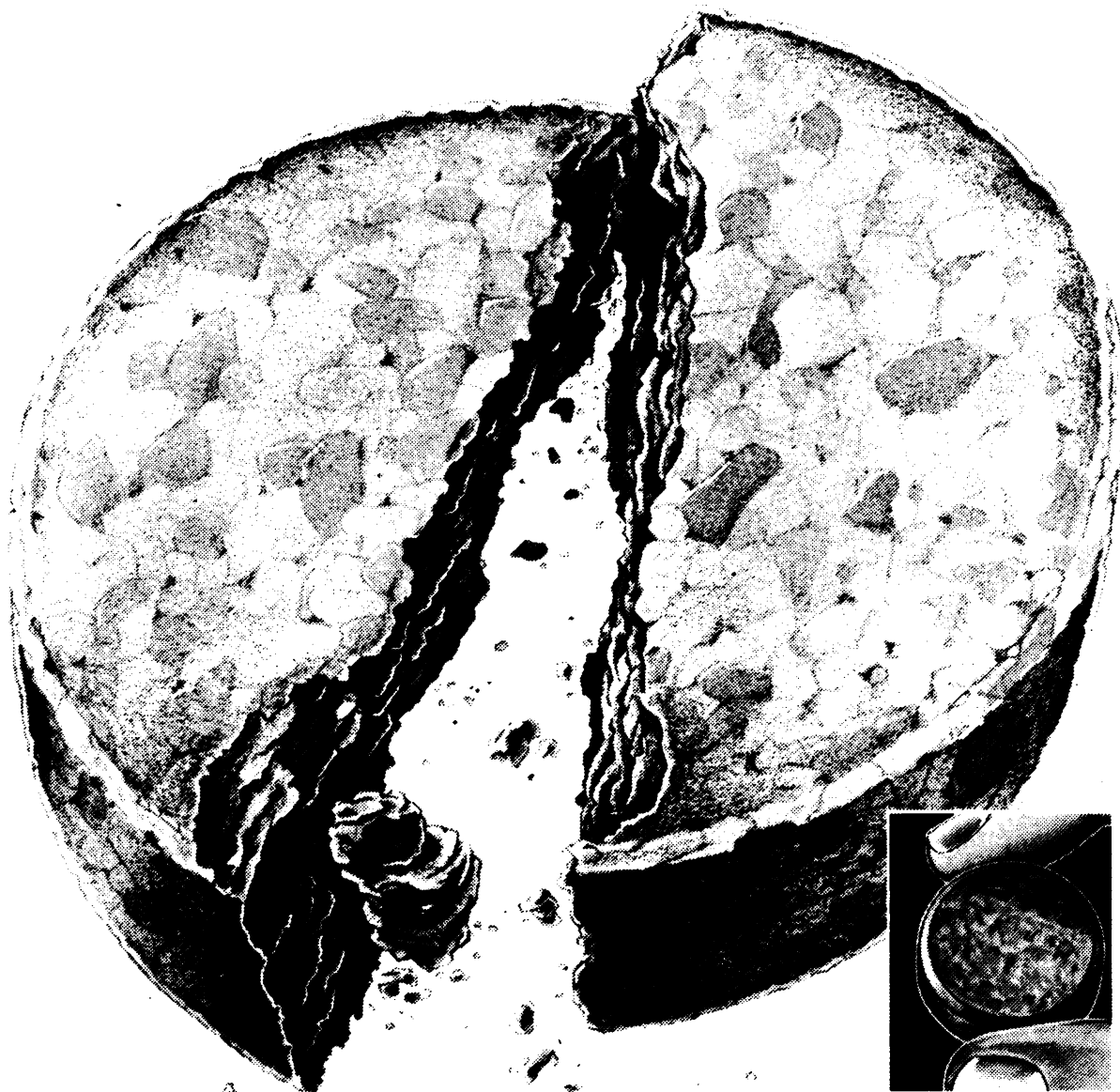
(fluphenazine decanoate)

internationally accepted as the standard depot treatment for schizophrenia

Full prescribing information is available from:

Technical Department, E.R. Squibb & Sons Ltd., Regal House, Twickenham, TW1 3QT.





Fybranta in diverticular disease

In a recent clinical trial published in the British Medical Journal,* a comparison was made between three forms of treatment for patients with symptomatic diverticular disease. The authors concluded from this study that Fybranta Tablets are more effective than a high-residue diet or a bulking agent.

Fybranta did not merely improve the symptoms, the paper states that Fybranta also normalized the pathophysiological changes which diverticular disease brings about.

60% of the patients were entirely symptom free after only one month on the Fybranta regime. In addition, in all patients stool weight increased significantly; transit time was reduced by nearly a half and intracolonic pressure was reduced to within normal limits.

Fybranta tablets are easily carried when the patient cannot eat at home. Chewed with a drink, they supply a day's cereal fibre in a highly acceptable form. Each tablet contains: Bran 2g.

*Brit med J (1976) 1, 989-990.

Fybranta

Convenient, chewable, prescribable bran tablets

Full prescribing information on request from: Norgine Limited, 59-62 High Holborn, London WC1V 6EB



**Soothe the discomfort
of infected nappy rash rapidly with**

NYSTAFORM-HC

nystatin + iodochlorhydroxyquin + hydrocortisone

Full prescribing information is available on request

Dome Laboratories



Division of Miles Laboratories Ltd
Stoke Court Stoke Poges Slough SL2 4LY Tel Farnham Common 2151

NYSTAFORM is a trade mark

DM 703

Upjohn travelling fellowships 1977

As in previous years Upjohn is pleased to announce that Travelling Fellowship Awards are available in 1977.

These Awards are made to general practitioners wishing to further their postgraduate training (outside Section 63 of the National Health Act 1958) by taking a course of study at a hospital or centre of their choosing in the British Isles.

Applications for Awards are considered by the Royal College of General Practitioners within the terms of the Fellowship Rules.

Upjohn will be mailing application forms and brochures to doctors on their mailing list and applications *must* be in the hands of The Secretary, Education Department, the Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU, by 31st May 1977.

Upjohn

Upjohn Limited,
Fleming Way, Crawley, West Sussex

CLASSIFIED ADVERTISEMENTS AND NOTICES

Classified advertisements are welcomed and should be sent to: Mr Robert Clarke, Advertisement Manager, *The Journal of the Royal College of General Practitioners*, Update Publications Ltd., 33/34 Alfred Place, London WC1E 7DP. Copy must be received by 1st of the month preceding the month of issue to ensure inclusion. Every effort will be made to include advertisements received after this date but publication cannot be guaranteed and the advertisement may have to be held over to the following issue.

The charge for space in this section is £5 per single column centimetre, 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 reserves the right to refuse or stop the insertion of any advertisement.

Readers are asked to mention *The Journal of the Royal College of General Practitioners* when replying to all advertisements. All recruitment advertisements in this section are open to both male and female applicants.

TRAINEE required for Group Practice in Newport, Isle of Wight, for one year beginning end of January. The practice works from a Health Centre with five doctors. The trainer and three of the partners have hospital jobs and the trainer is also involved in running a day-release course for trainees in the Wessex area, at Portsmouth. This would be available to the trainee. Arrangements could be made for Family Planning help and there is open access to all X-ray and Pathology facilities. The practice has attached District Nurses, Midwives, Health Visitors and Social Workers and possesses an ECG machine and sigmoidoscope.

Applications should be made in the first place to Dr. J. A. C. Terry, 27 Pyle Street, Newport, I.O.W., PO30 1JR.

Ryde, Isle of Wight: Progressive young partnership of four require young British graduate to commence February, or soon after, as Partner. Modern premises, six nurses, secretary, and two health visitors. ECG, hospital appointments etc. Interest in paediatrics useful. This is a congenial area in which to practise and there is good time off, good remuneration, and some work to do.

Apply: Drs. Duncan, Rees, Sim, 19c The Esplanade, Ryde G5225/6.

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.

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

UNIVERSITY OF DUNDEE POSTGRADUATE MEDICAL EDUCATION

Courses and Attachments for General Practitioners 1977

1. Course in Family Planning, 21st and 22nd March, 1977.
2. Residential course for trainee general practitioners, 3rd-8th April, 1977. (confined to trainees in Scotland and Northern Ireland).
3. Residential attachments in obstetrics, mid-June to mid-July, 1977.
4. Refresher course in medicine for general medical practitioners, 4th-8th July, 1977.
5. Refresher course in medicine for general practitioners, 5th-9th September, 1977.
6. Recent advances in occupational medicine for industrial medical officers and general practitioners, 19th-23rd September, 1977.
7. Course in geriatric medicine for general practitioners, 26th-30th September, 1977.

These courses and the residential attachments in obstetrics have been recognised by the Scottish Home and Health Department as approved postgraduate medical training for general practitioners.

Further particulars for the courses and attachments may be obtained from the Postgraduate Dean, Faculty of Medicine and Dentistry, Ninewells Hospital and Medical School, Dundee DD2 1UD.

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 1st August 1977 for the vocational training scheme of the Department of General Practice in the Postgraduate Medical Institute of the University of Exeter. The course is designed and recognized for the MRCGP examination.

All four programmes start with a two-month introductory course in a university-approved teaching practice and will then consist of four rotating three-month appointments in: accident/emergency, ENT, gynaecology, 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 (DRCOG). 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 an undergraduate medical school.

Applications should be made by 31 January 1977 to:

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

THE BRITISH POSTGRADUATE MEDICAL FEDERATION

has now published its programme of Courses for General Practitioners for the period January to August 1977. 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
Regional Postgraduate Medical Dean's Office
14 Ulster Place
London NW1 5HD.**

No applications will be accepted by telephone.

ANNUAL SPRING MEETING 1977

The Annual Spring Meeting of
the Royal College of General Practitioners
will be held on

15-17 APRIL 1977

at the

UNIVERSITY OF EXETER

Applications should be made to:

**Dr M. S. Hall, MRCP
Senior Lecturer
The Department of General Practice
Exeter Postgraduate Medical Institute
Barrack Road
Exeter EX2 5DW.**

Pitman Medical



THE GP AND THE PRIMARY HEALTH CARE TEAM

NEIL MACKICHAN

A modification and enlargement of a book first published under the title of *Assisting the General Practitioner*. The many changes in the NHS since then have necessitated a completely new approach, and the book is now directed at the entire Primary Health Care Team. Much new material is presented, concerned with the work of Nurses, Health Visitors, Midwives and Social Workers. The book is based on the experience of the author—who is himself a GP—in drawing up the original correspondence course on which the current local authority College of Further Education courses are based, and on the requirements of the Diploma of the Association of Medical Secretaries.

Ready shortly

384 pages

Illustrated

Cased

£6.00 net approx

A PRACTICE OF OBSTETRICS AND GYNAECOLOGY

GEOFFREY CHAMBERLAIN and C. J. DEWHURST

Written by two authors with a large experience of referrals from general practitioners. Specifically written to cover the new syllabus of the DRCOG examination.

Ready shortly

250 pages

Illustrated

Cased

£6.00 net approx

What the papers say

Shortest Acting

"With doses up to 1 mg, the natriuresis was largely complete within 3 hrs."³
 "It (Burinex) has a short duration of action, being virtually complete in 3 hrs."⁴

Fast Acting

"The rapid absorption from the gastrointestinal tract is reflected in the brisk diuresis established within the hour."¹
 "Its (Burinex Injection) onset of action is within 10 min."²
 "Bumetanide is rapidly absorbed from the gut."³

Clinically Effective

"Fourteen patients showed a good diuretic response on bumetanide where previous treatment with frusemide had proved either unsatisfactory or too slow."⁵
 "An impressive diminution of the signs of pulmonary oedema was seen in most patients and in some the clearance of alveolar oedema was dramatic."⁶

"Based upon our experience with the use of bumetanide in several hundreds of patients and the detailed studies reported above, it may be concluded that this new diuretic agent is a very useful drug in the treatment of congestive cardiac failure."⁷

"Our study... confirms that bumetanide is a potent diuretic effective over a wide dose range and in a variety of clinical conditions."¹

Well tolerated

"Burinex was extremely well tolerated."¹²
 "Bumetanide was well tolerated by patients."¹
 "Overall, bumetanide showed itself to be a safe and effective diuretic when administered to severely ill patients in a busy hospital milieu."⁵

The correct amount of K

"It is known from short-term studies that 1 mg. of bumetanide increases the excretion of potassium by 10-15 mmol daily (Asbury et al, 1972; Olesen et al, 1973; Davies et al, 1974). Two tablets of the combined preparation Burinex K contain 1 mg. of bumetanide and 16 mmol of potassium."⁸

At the correct time

"35% of the potassium chloride is released by one hour, the rest being released over a period of six hours."⁴

The Morning OR Evening diuretic

"The rapid onset and short duration of action of loop diuretics are clearly desirable when a rapid diuresis is indicated, and when given in the evening to patients with chronic heart failure, the short duration of action can ensure a good nights sleep undisturbed by nocturia or breathlessness."⁹

"The use of potent and short-acting diuretics such as bumetanide allow the Physician and patient scope to decide upon the most appropriate time for administration and so reduce major disruptions in the patient's daily routine."¹⁰

"Patients who go out to work may find Burinex K given in the evening more socially acceptable."¹¹

Patients prefer Burinex K

"These results indicate that when long-term diuretic/potassium supplement therapy is required, Burinex K is a more acceptable regimen to the patients than one in which diuretic + Slow K are given separately."¹³

"Patients showed a highly significant preference to take two tablets on one occasion (Burinex K) rather than two different types of tablet on three separate occasions (Lasix + K)."¹⁴

* Burinex is a trade mark

... But of course the decision is yours.

Burinex K

Tablets contain 0.5 mg bumetanide with a slow release core of 873 mg (16 mmol) of potassium chloride.

1. Postgrad. Med. J., 51, 10, (1975)
2. British Med. Bull., 31, 63, (1974)
3. Clin. Pharm. Ther., 18, 141, (1974)
4. J. Int. Med. Res., 2, 314, (1974)
5. Brit. J. Clin. Prac., 28, 311, (1974)
6. Brit. J. Clin. Prac., 28, 7, (1975)
7. Postgrad. Med. J., 51, Suppl. 6, 64, (1975)
8. Brit. J. Clin. Prac., 29, 11, 14, (1975)
9. Hospital Article, New York J., 2, 221, (1975)

10. J. Int. Med. Res., 3, 241, (1975)
11. Postgrad. Med. J., 51, Suppl. 6, 71, (1975)
12. Arch. Med. Res., 183, 119, (1973)
13. J. Int. Med. Res., 3, 104, (1975)
14. J. Int. Med. Res., 4, 42-41, (1976)

Full particulars of information available from



Leo Laboratories Limited,
 100, Long Street, London, E.C.1