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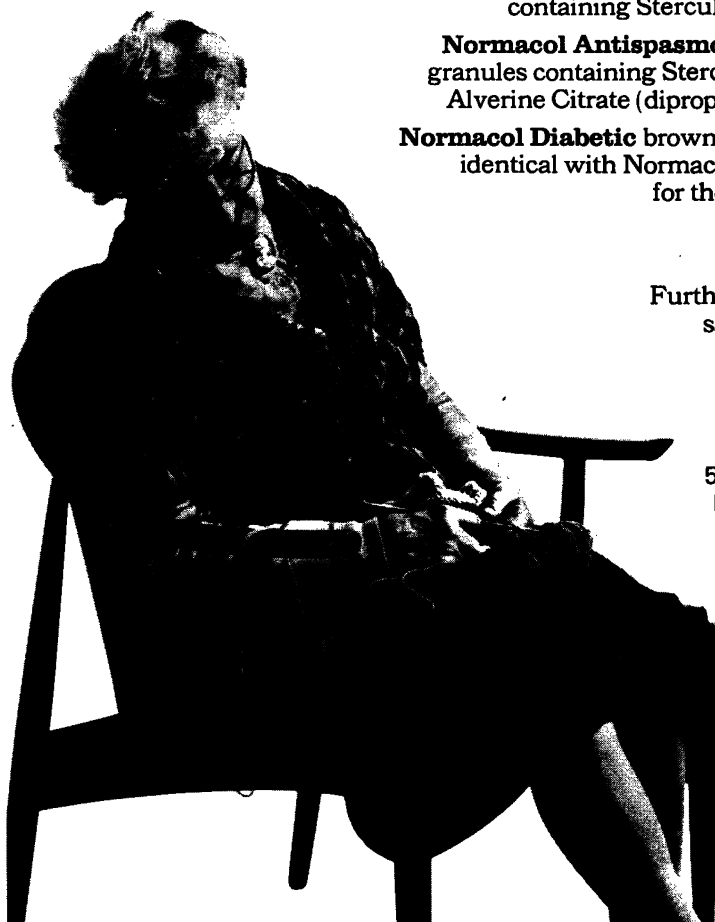
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1. *J. int. med. Res* (1974), 2, 400.

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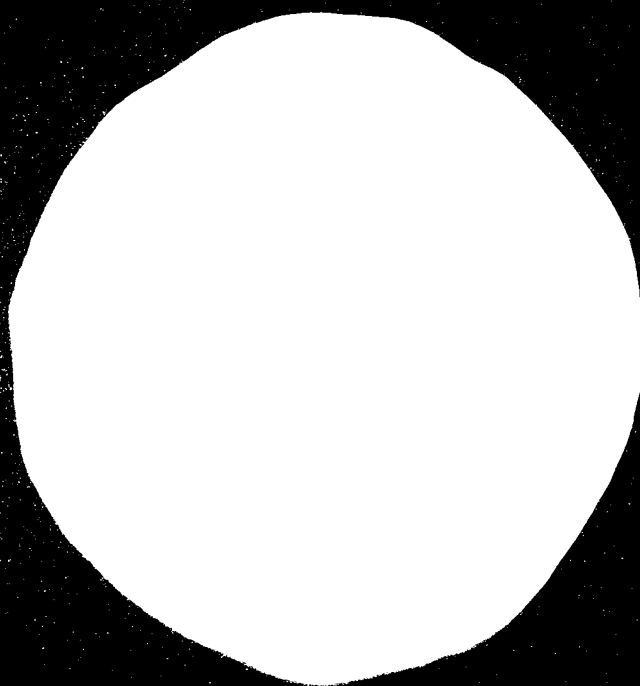


Wellcome

Trandate

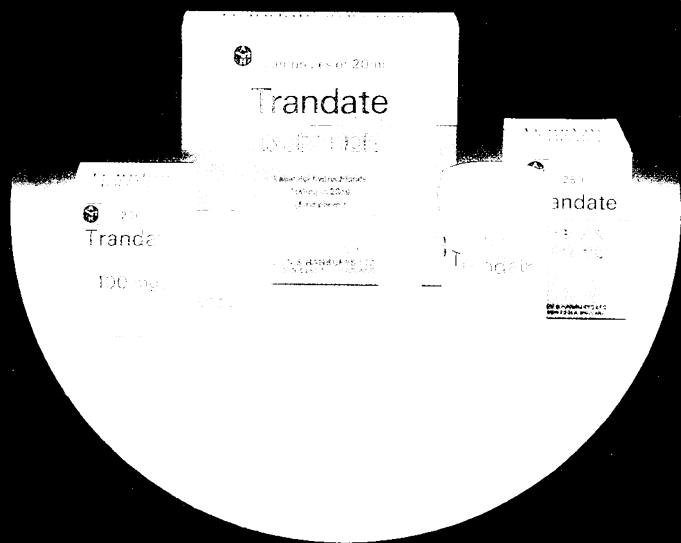
(labetalol)

A UNIQUE PROFILE IN HYPERTENSION



CONCURRENT ALPHA- AND BETA-
ADRENOCEPTOR BLOCKADE

THE USE OF TRANDATE IS BEING MONITORED IN THE UNITED KINGDOM



IN PRINCIPLE

In essential hypertension, the peripheral resistance is increased and the cardiac output normal. The most desirable way to lower blood pressure is, therefore, to decrease the peripheral resistance and not adversely affect cardiac function. Unfortunately, the available antihypertensive drugs which reduce peripheral resistance by impairing sympathetic nerve activity or by other means, cause side effects that are unpleasant to patients.

TRANDATE lowers the blood pressure primarily by blocking alpha-adrenoceptors in peripheral arterioles and thereby reducing the peripheral resistance. The drug differs from simple alpha-adrenoceptor blockers in that it concurrently blocks beta-adrenoceptors in the heart.

This beta-blockade protects the heart from the reflex sympathetic drive normally induced by peripheral vasodilatation and so the reduction in blood pressure is achieved without cardiac stimulation. Conversely increased reflex activity modulates the beta-blocking effect of the drug on the heart and the resting cardiac output is not significantly changed.

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Trandate

(labetalol)

A NEW KIND OF ANTIHYPERTENSIVE

Produces a more

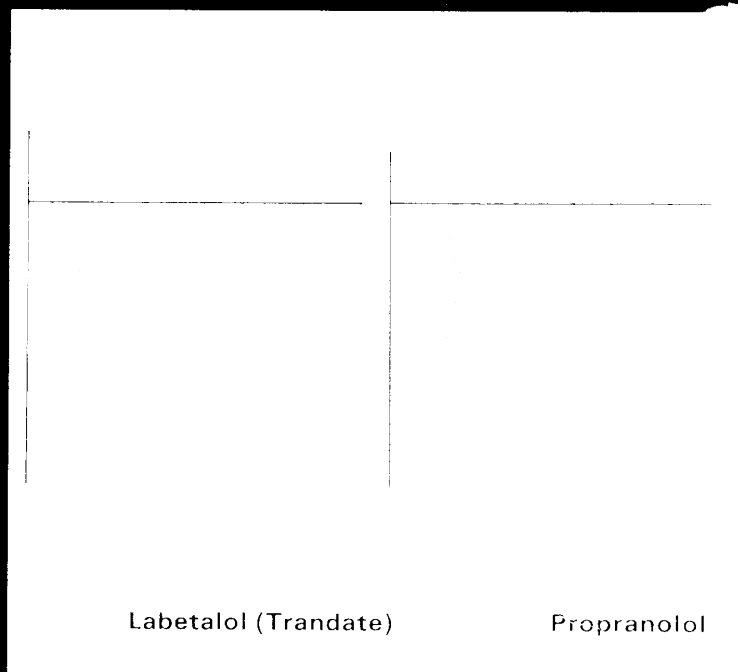


Diagram to illustrate the unique profile of Labetalol (Trandate)

"The major haemodynamic dysfunction in uncomplicated essential hypertension is an increased peripheral vascular resistance associated with unchanged cardiac output. The desirable treatment, therefore, is to use drug treatments aimed at reducing peripheral resistance. The ideal

Trandate

(labetalol)

ANTI-HYPERTENSIVE

Normal circulation



IN PRACTICE

Trandate, the first alpha- and beta-adrenoceptor blocker, was specifically developed to treat hypertension.

Trandate Tablets (100mg and 200mg) are indicated in all grades of hypertension when oral antihypertensive therapy is desirable.

Trandate Injection is for intravenous use in hospitalised patients when rapid reduction of blood pressure is essential.

Trandate offers important advantages in practice

- **High efficacy across the whole spectrum of hypertension**

From the recently diagnosed mild hypertensive to drug-resistant cases including patients in hypertensive crisis.

- **Low incidence of dose-limiting side effects**

The side effects usually associated with antihypertensive therapy are greatly reduced or absent.

- **Minimum physiological disturbance**

Cardiac output is maintained and renal function is not adversely affected.

- **Single drug therapy**

Hypertension is usually controlled with Trandate alone and complicated regimens involving other antihypertensives are unnecessary.

The use of Trandate Tablets in the United Kingdom is being monitored.

Full prescribing information and details of the procedure involved in monitoring patients on Trandate are available on request.

Methvidopa

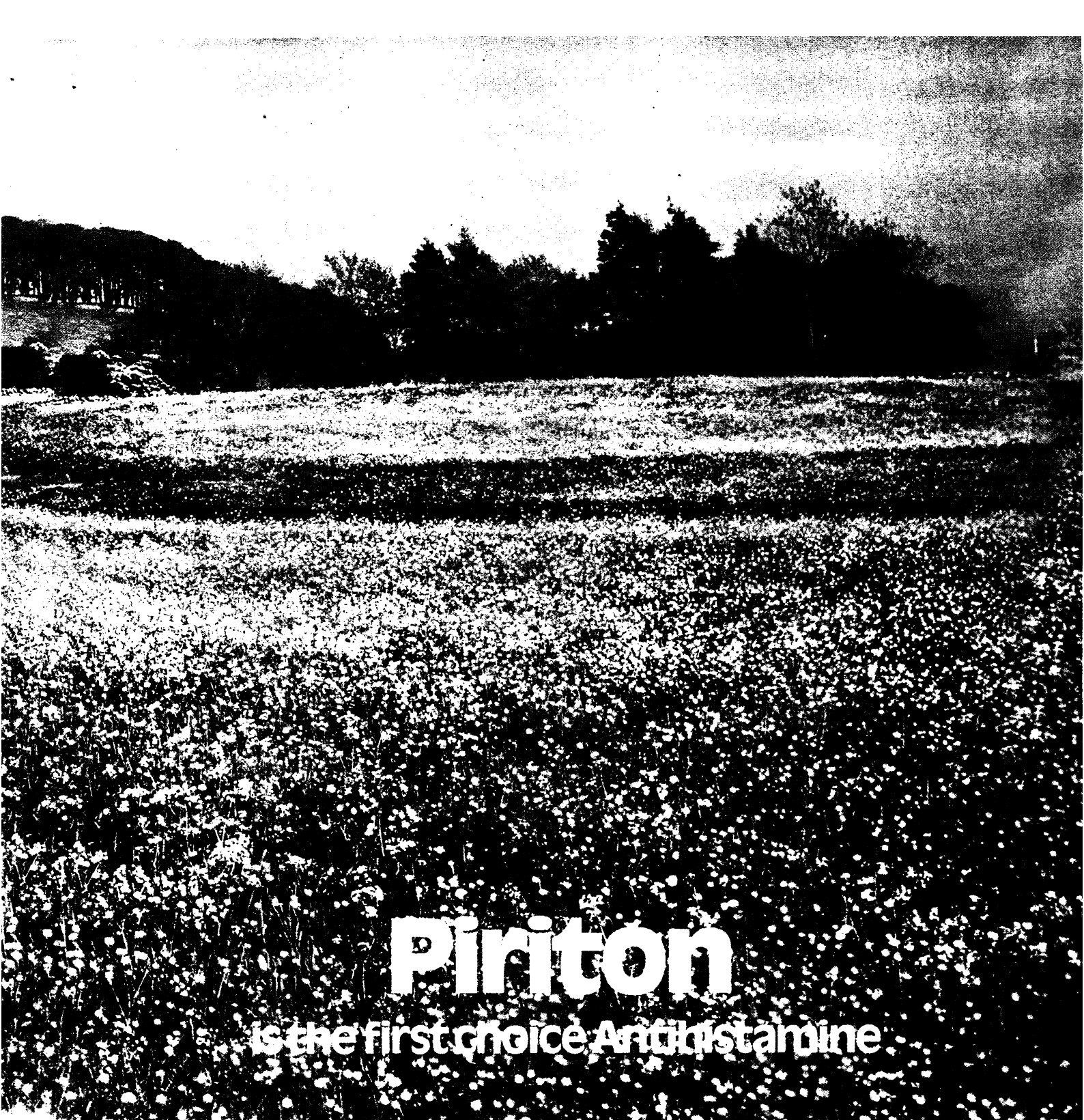
of action of Trandate in hypertension.

antihypertensive drug should therefore be a vasodilator with minimal cardiac effects. Preliminary reports indicate that labetalol provides such effects. Therefore, this compound must be considered a positive development on the older beta-adrenoceptor blockers."

Brit. J. clin. Pharmacol., 1976, 3 (Suppl.3), 757



Trandate is a trade mark of
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is the first choice Antihistamine

**IN HAY FEVER
INSECT BITES AND STINGS
FOOD ALLERGIES · URTICARIA
ALLERGIC DERMATOLOGICAL
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Amoxil patients recover faster
from bronchitis.

22

LONDON TRANSPORT

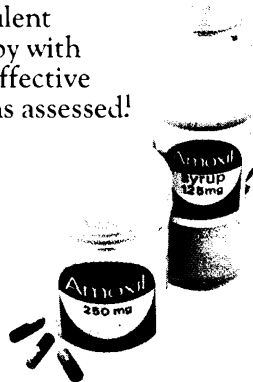
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Low incidence of
side effects.²

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Drugs, 1979, 9, 81.
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Ventolin is the most extensively prescribed bronchodilator



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0.5mg in 1ml (500 microgram/ml)

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Language and Communication in General Practice

Edited by **B. A. Tanner, MD, MRCP**

The aim of this volume is to emphasise the importance of communication and language skills in every day medical practice. This is not part of the mass of factual information taught in medical schools.

The material is derived from a symposium held at the Royal College of General Practitioners. The contributors are general practitioners concerned with the science and art of consultation, linguists interested in medicine, developmental psychologists and ethologists.

The book contains a comprehensive and important survey of child language acquisition and assessment, useful for both the general practitioner and paediatrician.

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Contents

Preface

Bernice A. Tanner, MD, MRCP
General Practitioner (editor)

Introduction

John Maddox, MA, Director, Nuffield Foundation

Linguistics at large

Robert H. Robins, MA, DLit, Professor of Linguistics

Ethology and the study of human communication

Nicholas Blurton Jones, DPhil Oxon., Senior Lecturer in Developmental Ethology

The diagnosis of sociolinguistic problems in doctor patient interaction

David Crystal, PhD Professor of Linguistics

Teaching and learning verbal behaviours

Patrick Byrne, OBE, PRCP, Professor of General Practice

The earliest forms of communication: crying and smiling

Anthony Ambrose, PhD, Developmental Psychologist

Language development in children

Natalie Waterson, BA, Lecturer in Linguistics

Assessment of language development

Joan Reynell, BSc, PhD, Senior Lecturer in Educational Psychology

Observation by the family doctor of language development in the pre-school child

Sam Vakil, MA (Cantab), MB, BS, General Practitioner

Non-verbal communication in the mentally ill

Ewan C. Grant, PhD, Senior Lecturer in Human Biology

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Doncaster Area Health Authority

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Applications are invited from medical graduates who wish to train for a career in general practice and who are fully registered on 1st August, 1977.

The programmes are based on Doncaster Royal Infirmary, a modern district general hospital of 807 beds with Postgraduate Teaching Centre and extensive medical library.

Basic 3-year programme

Involves six months in general practice, followed by four 6-month rotating hospital posts selected from General Medicine, Geriatrics, Obstetrics, Paediatrics, Psychiatry and a combined post consisting of 3 months ENT and 3 months Orthopaedics, with a final six months in general practice.

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Shorter programmes may be arranged for practitioners with previous Senior House Officer experience, or others who require a shorter period of vocational training. These programmes would involve 12 months in general practice plus a variable number of Senior House Officer posts, linked to the Educational Programme.

The Educational Programme consists of weekly meetings continuing throughout the length of the programme. Outside visits are arranged where appropriate e.g. to local industry.

.....

Doctors completing the Basic Programme will qualify for the Vocational Training Allowance. The Programme will also be acceptable for D. Obst., R.C.O.G., D.C.H. and the M.R.C.G.P. Housing may be made available to suit individual needs of doctors undertaking the basic 3-year programme.

Applications for the scheme commencing 1st August, 1977 with curriculum vitae and the names of two referees, or any enquiries, should be made in writing to The Secretary, Joint Planning Committee for Vocational Training, c/o Hospital Administrator, Royal Infirmary, Doncaster DN2 5LT. Closing date for applications is 30th April, 1977.

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After a short period of orientation of not more than three months in the training practice, trainees will start hospital appointments at S.H.O. level in a Bristol hospital. Two of the rotations offered are: six months in medicine, six months in obstetrics with gynaecology, three months in paediatrics and three months in geriatrics; the remaining six-month period in hospital will be partly or wholly elective, when opportunities will be given to gain experience in special hospital, and other, departments. The trainee will complete the year in practice before or after this elective period. The third rotation will consist of four six-month appointments in the following specialties: accident and emergency, paediatrics, geriatrics and psychiatry. A half-day release course is run during University term-time throughout the three years.

The orientation period in practice should start in December 1977, the first hospital appointments to commence on 1st February, 1978.

Applicants who are suitably qualified should write giving details of previous experience, the names and addresses of two referees and quote a date when they would anticipate being able to start the preliminary orientation period in practice. Applications should be received by 31st May, 1977.

It may also be possible to assist practitioners who have already partly fulfilled the necessary criteria and who wish to complete the requirements for vocational training. The course is recognized for the Vocational Training Allowance by the D.H.S.S. and also for the M.R.C.G.P.

Applications and requests for further information should be sent to: The Course Organiser, Medical Postgraduate Department, University of Bristol, 21 Woodland Road, Bristol, BS8 1TE.

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PARTNER wanted this summer for Norfolk seaside resort group practice. Partnership consists of four full time partners plus one part-time woman doctor caring for 11,000 patients with hospital and other appointments and a strong commitment to G.P. teaching. Preliminary assistantship or salaried partnership for six months, with parity in three years. We prefer a vocationally trained doctor who must be eligible for the obstetric list.

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Applicants who may wish to take up only part of the full three-year programme are also invited to apply. As far as possible the course will be tailored to the individual.

For further details and application forms please apply:

Dr P. J. Collis, M.R.C.G.P., Course Organiser, c/o Postgraduate Medical Centre, 34 Watson Road, Worksop, Notts, S80 2BN.

The closing date for applications is three weeks from the appearance of this advertisement.

Vocational Training for General Practice

Croydon Area Health Authority

A vacancy will occur 1st July 1977 for an appointment to a linked vocational training scheme for general practice. The scheme consists of posts in obstetrics and gynaecology, paediatrics, accident and emergency work and geriatrics (Psychiatry an alternative) with one year in general practice during the total training period of three years. All hospital posts are in the grade of Senior House Officer and non-resident. Posts are recognized for D/Obst/RCOG, DCH and MRCOG exams. Married accommodation available during tenure of hospital appointments. Application form and job description from: Area Personnel Officer, Croydon Area Health Authority, General Hospital, Croydon CR9 2RH, 01-688 7755 Ext 27. Closing date is 30th April 1977.

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INDEX TO ADVERTISERS

	page		page
Allen & Hanburys Ltd		Leo Laboratories Ltd	
Trandate	217-219	Burinex K	outside back cover
Piridon	220		
Ventolin	231	Merck Sharp & Dohme Ltd	
		Moduretic	194
Bencard Ltd			
Amoxil	226	Norgine Laboratories Ltd	
		Normacol	196
Dales Pharmaceuticals Ltd			
Inolaxine	225	E. R. Squibb & Sons Ltd.	
		Nystan	207
DDSA Pharmaceuticals Ltd			
Remnos	inside front cover	The Wellcome Foundation Ltd	
		Septin	212
Lederle Laboratories Ltd			
Aureocort	235		

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urine

1. *Postgrad. Med. J.*, 49, 15 (1973)
2. *Postgrad. Med. J.*, 49, 64 (1974)
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20. *J. Int. Med. Res.*, 2, 73 (1974)
21. *J. Int. Med. Res.*, 2, 74 (1974)
22. *J. Int. Med. Res.*, 2, 75 (1974)
23. *J. Int. Med. Res.*, 2, 76 (1974)
24. *J. Int. Med. Res.*, 2, 77 (1974)
25. *J. Int. Med. Res.*, 2, 78 (1974)
26. *J. Int. Med. Res.*, 2, 79 (1974)
27. *J. Int. Med. Res.*, 2, 80 (1974)
28. *J. Int. Med. Res.*, 2, 81 (1974)
29. *J. Int. Med. Res.*, 2, 82 (1974)
30. *J. Int. Med. Res.*, 2, 83 (1974)
31. *J. Int. Med. Res.*, 2, 84 (1974)
32. *J. Int. Med. Res.*, 2, 85 (1974)
33. *J. Int. Med. Res.*, 2, 86 (1974)
34. *J. Int. Med. Res.*, 2, 87 (1974)
35. *J. Int. Med. Res.*, 2, 88 (1974)
36. *J. Int. Med. Res.*, 2, 89 (1974)
37. *J. Int. Med. Res.*, 2, 90 (1974)
38. *J. Int. Med. Res.*, 2, 91 (1974)
39. *J. Int. Med. Res.*, 2, 92 (1974)
40. *J. Int. Med. Res.*, 2, 93 (1974)
41. *J. Int. Med. Res.*, 2, 94 (1974)
42. *J. Int. Med. Res.*, 2, 95 (1974)
43. *J. Int. Med. Res.*, 2, 96 (1974)
44. *J. Int. Med. Res.*, 2, 97 (1974)
45. *J. Int. Med. Res.*, 2, 98 (1974)
46. *J. Int. Med. Res.*, 2, 99 (1974)
47. *J. Int. Med. Res.*, 2, 100 (1974)
48. *J. Int. Med. Res.*, 2, 101 (1974)
49. *J. Int. Med. Res.*, 2, 102 (1974)
50. *J. Int. Med. Res.*, 2, 103 (1974)
51. *J. Int. Med. Res.*, 2, 104 (1974)
52. *J. Int. Med. Res.*, 2, 105 (1974)
53. *J. Int. Med. Res.*, 2, 106 (1974)
54. *J. Int. Med. Res.*, 2, 107 (1974)
55. *J. Int. Med. Res.*, 2, 108 (1974)
56. *J. Int. Med. Res.*, 2, 109 (1974)
57. *J. Int. Med. Res.*, 2, 110 (1974)
58. *J. Int. Med. Res.*, 2, 111 (1974)
59. *J. Int. Med. Res.*, 2, 112 (1974)
60. *J. Int. Med. Res.*, 2, 113 (1974)
61. *J. Int. Med. Res.*, 2, 114 (1974)
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