

## Nitrazepam 10 mg tablets now available, prescribed as

# **REMNOS** 10 mg

In addition to the Remnos 5 mg strength





#### For Patient convenience

tablets at night. Nowone tablet Remnos 10mg fulfills this need

#### Prescribing convenience

 the distinctive yellow colour of tablets Remnos 10 mg clearly distinguishes this dosage form from tablets Remnos 5 mg thus avoiding the likelihood of confusion

#### Cost saving\*

-many patients require 2x5 Nitrazepam 1x100 Remnos 10 mg tablets costs 10% less than 2x100 Remnos 5 mg

## Nitrazopam 10 mg only available tablets Remnos 10 mg

packs of 100 and 500 tablets each containing Nitrazepam BP10mg

₱100 tablets Remnos 10mg cost £2,50

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

# **ANEWADVANCED INFLUENZA VACCINE**

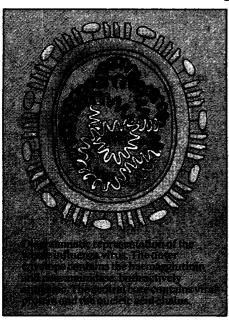
Duncan Flockhart announce the introduction, in parallel with Admune, of an entirely new highly purified adsorbed surface antigen influenza vaccine.

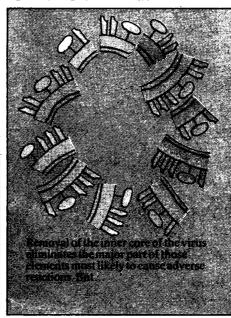
Fluvirin is made by an advanced process, which reduces the viral protein content to only one tenth of that found in standard whole virus vaccines. A vaccine prepared in this way has been described (Br. med. J., 1975, 1 508) as "the ultimate in purified antigens."

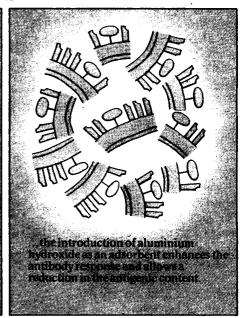
Fluvirin offers:-

- An even higher degree of purity
- A much lower content of viral protein
- A positive protection rate of up to 90% of vaccinated patients
- A much reduced risk of adverse reactions

#### **HOW FLUVIRIN IS PREPARED**







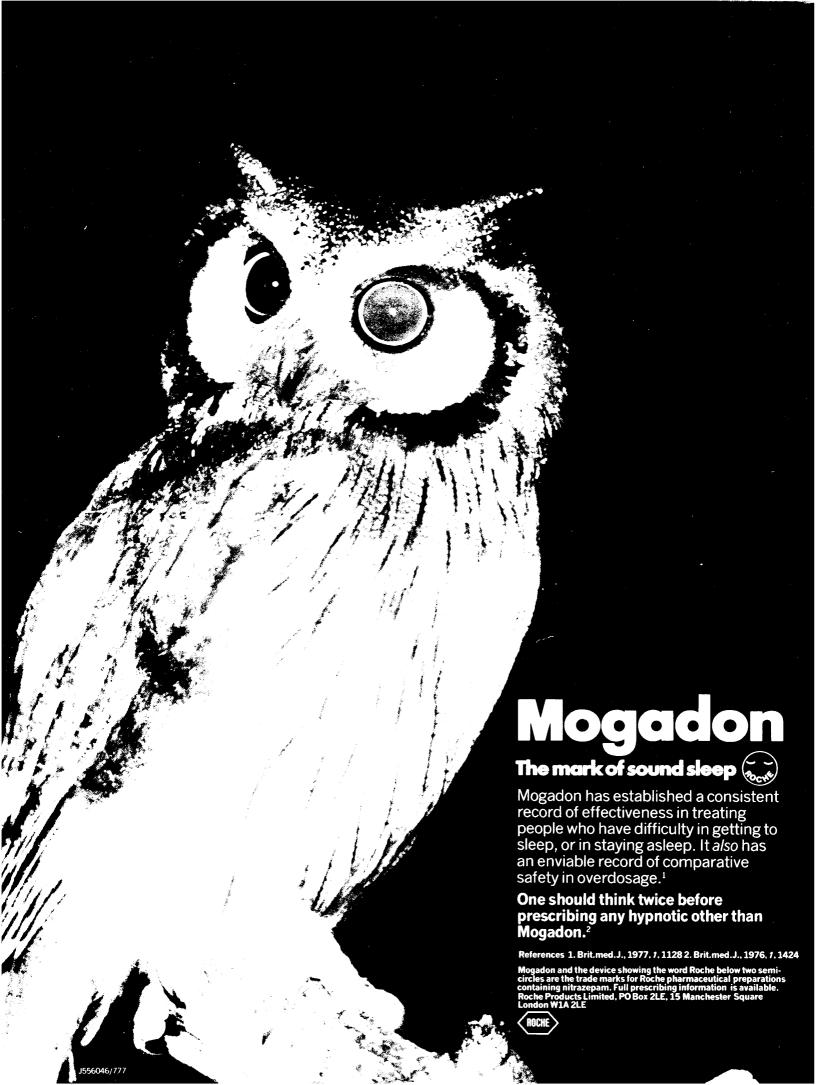
These qualities make Fluvirin especially suitable for the elderly and for the protection of patients at high risk through chronic pulmonary, cardiac, or renal disease – indeed in all patients where it is particularly important to reduce reactions to the absolute minimum.

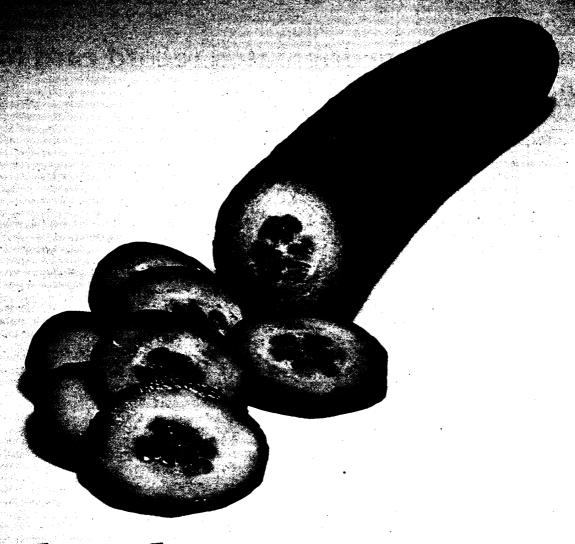
## For your patients at special risk



Formula and NHS price Each 0 5ml is prepared from 200 IU A/Vic/3/75 (H<sub>3</sub>N<sub>2</sub>) 200 IU B/HK/8/73 Ampoules of 0 5ml £1.60 Vials of 5ml £14.70

The advanced British influenza vaccine





# When dyspepsia repeats. Maxolon

Unlike the traditional antacid therapies. Maxolon protects the gastric mucosa from over-long exposure to gastric acid<sup>1</sup> by promoting normal peristalsis and gastric emptying<sup>2,3</sup> By restoring the stomach's normal control, symptoms described by the patient as fullness, pain, heartburn and discomfort can be effectively treated and their recurrence prevented.4 To the patient, Maxolon is the simple and convenient therapy to replace his repetitive antacid prescriptions. 1. Gut, (1969), 10, 678-680. 2. Postgrad. med. J., (1973), 49, (Suppl), 29. 3. Gut, (1974), 15, 462-467. 4. Brit. med. J., (1971), 2, 25.



Full prescribing information is available on request. Maxolon\* (metoclopramide) is a product of



# Aureocort\*

(Chlortetracycline / Triamcinolone Acetonide)

Cream-Ointment-Spray

## The Classical answer to infected dermatoses

LEDERLE LABORATORIES Cyanamid of Great Britain Limited Fareham Road Gosport Hants PO13 0AS Tel Fareham (03292) 6131



\*Aureocort is a Registered Trademark



# The powerful one

Because DF 118 is a powerful analgesic it works well in small doses, leaves your patient alert and allows him to go about his everyday tasks normally, without the need for follow-ups until a repeat is necessary.

Transfer a chronic patient to DF118 and notice how dramatically you reduce his analgesic intake. The effective dose, once established, will remain steady and any concomitant therapy is simpler for him to control.

Acute patients, too, benefit from DF118 since

the fully active oral route lessens the need for injections. For patients who cannot swallow tablets Elixir DF 118 offers an alternative form with greater flexibility of dosage.

Low dosage leads to low cost and the basic cost of 28 tablets (an average week's supply) is only 371/2p.



Each DF 118 tablet contains Dihydrocodeine tartrate BP 30mg.

Each 5 ml Elixir DF 118 contains Dihydrocodeine tartrate BP 10mg.

#### DF 118 subdues the pain, but not the patient.



[DF] Full information is available from DUNCAN, FLOCKHART & CO. LTD., LONDON E2 6LA.





#### 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.

The resultant effects of TRANDATE are that the blood pressure is decreased, the cardiac output is maintained at rest and after moderate exercise, and the barostatic reflexes remain sufficiently active to avoid side effects associated with postural hypotension in most patients.

A further advantage of TRANDATE is that it does not cause the sedation or lethargy often associated with centrally-acting antihypertensive agents.

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# A UNIQUE PROFILE Concurrent alpha- and be

Produces a more

Labetalol (Trandate)

Proprano of

Diagram to illustrate the unique profil

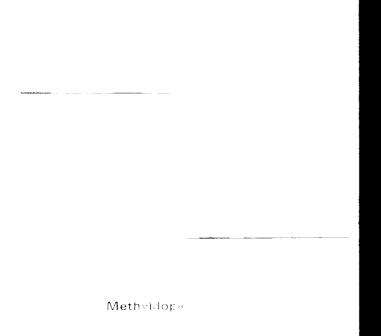
"The major haemodynamic dysfunction in uncomplicated essential hypertension is an increased peripheral vascular resistance associated with unchanged cardiac output. The desirable treatment, therefore, is to use drug treatments aimed at reducing peripheral resistance. The ideal

# talol)

### IN HYPERTENSION

a- adrenoceptor blockade

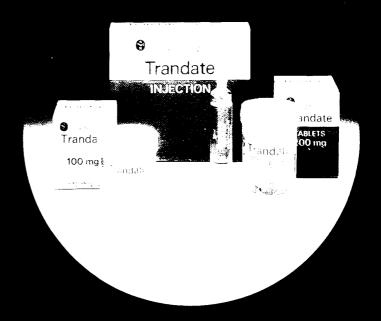
normal circulation



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



#### 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.



Trandate is a trade mark of ALLEN & HANBURYS LTD LONDON E2 6LA



A FIRST CHOICE IN CHEST INFECTIONS

#### 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 any advertisement. All recruitment advertisements in this section are open to both male and female applicants.

#### THE LONDON HOSPITAL WHITECHAPEL E1 1BB

Tower Hamlets Health District (City and East London AHA(T)

THE EAST LONDON GENERAL PRACTITIONER
VOCATIONAL TRAINING SCHEME IN
CONJUNCTION WITH THE LONDON
HOSPITAL

Applications are invited for the second four posts in this scheme, starting on 1 February 1978. Each trainee will be invited to spend one month in general practice, two years rotating in posts at The London Hospital and, finally, one year in general practice. The hospital posts include Obstetrics and Gynaecology, Geriatrics, General Medicine, Paediatrics, Psychiatry, and the Emergency and Accident Department. A half day release course is held at the East London Postgraduate Medical Centre, Bethnal Green. Applicants will be welcome to visit the training practices.

Further details may be obtained from the Course Organizer, Dr R. M. Griffiths, 35 High Street South, East Ham, London, E6 or from the Medical Staffing Officer, The London Hospital.

Applications (no forms provided), giving the names and addresses of two referees, should be received by 4 November 1977 and addressed to The Medical Staffing Officer, The London Hospital, Whitechapel E1 1BB.

#### SYMPOSIUM ON BACK PAIN

Friday, 28 October Royal Free Hospital

A one-day course for general practitioners sponsored by the Back Pain Association.

Topics include: scientific basis, management in general practice and in hospital, recent advances in therapy.

Chairman: Dr E. D. R. Campbell.

Details from Mrs P. Sykes, Postgraduate Secretary, Royal Free Hospital, Pond Street, London NW3 2QG (01-794 0500, ext. 3078).

# University of London ROYAL POSTGRADUATE MEDICAL SCHOOL COURSE IN ADVANCED MEDICINE

FOR GENERAL PRACTITIONERS 27 February—3 March 1978

Applications are invited from General Practitioners for the above course which will include:

lectures demonstrations case presentations discussion groups

Topics include:

Present day diagnosis and management of hypertension Diabetes

Peptic ulceration

Remnos

Muscular, skeletal and haematological disorders

Problems in paediatrics

Selected topics in obstetrics and gynaecology

Course organizer: Dr J. L. Reid Course fee: £40 (including catering)

Application forms may be obtained from:

The Deputy Secretary's Office (SSC), Royal Postgraduate Medical School,

Hammersmith Hospital.

Du Cane Road, London W12 0HS

Telephone: 01-743 2030 ext 351

Recognition is being sought under Section 63 of the Health and Public Health Act 1968.

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## 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. "Its (Burinex Injection) onset of action is

"Bumetanide is rapidly absorbed from within 10 min."2 the gut."3

Clinically Effective "Fourteen patients showed a good diuretic response on bumetanide where previous restment with frusemide had proved either unsatisfactory or too slow."5

"An impressive diminution of the signs of pulmonary oederna was seen in most patients and in some the clearance of alveolar oedema was dramatic."6

"Based upon our experience with the use of burnetanide 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."? "Our study...confirms that burnetanide is a potent diuretic effective over a wide dose range and in a variety of clinical conditions."

#### Well tolerated

"Burinex was extremely well tolerated." 12

"Bumetanide was well tolerated by patients."

"Overall, burnetanide showed itself to be a safe and effective diuretic when administered to severely ill patients in a a busy hospital milieu."5

## The correct amount of K

"It is known from short-term studies that I 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 longterm 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

"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

## Course les de

e of 573 mg (7.7mliq) of po

, **3, 241, (1975)** ppl. 6), 71, (1975) 193, 119, (1973) 104, (1975)