



## ***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 37 1/2p.



Each DF 118 tablet contains Dihydrocodeine tartrate BP 30mg.

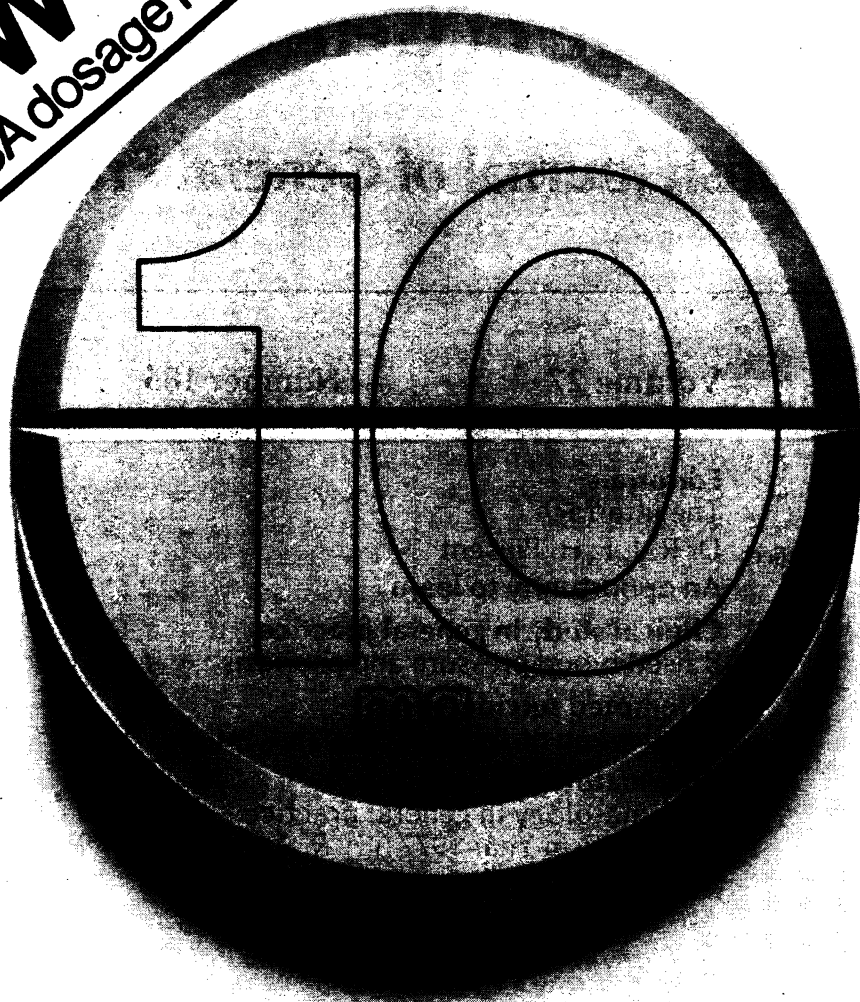
Each 5 ml Elixir DF 118 contains Dihydrocodeine tartrate BP 10mg.

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



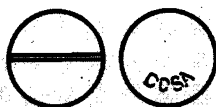
Full information is available from **DUNCAN, FLOCKHART & CO. LTD., LONDON E2 6LA.**

**NEW**  
unique DDSA dosage form



Nitrazepam 10 mg tablets  
now available, prescribed as  
**REMNOS 10 mg**

In addition to the Remnos 5 mg strength



Remnos 5 mg tablets



Remnos 10 mg tablets

**For Patient convenience**

— many patients require 2x5 Nitrazepam tablets at night. Now one tablet Remnos 10 mg 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\***

1x100 Remnos 10 mg tablets costs 10% less than 2x100 Remnos 5 mg

**Nitrazepam 10 mg only available as tablets Remnos 10 mg**

**Availability:**

packs of 100 and 500 tablets each containing Nitrazepam BP 10 mg

\*100 tablets Remnos 10 mg cost £2.50

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

1928 Nitrites  
1936 Thiocyanates  
1949 Ganglion Blockers  
1952 Reserpine  
1954 Alpha-Blockers  
1957 Oral Beta-Blockers  
1960 Neuroleptics  
1963 Monoamine Oxidase Inhibitors  
1969 Beta-Blockers

# Trandate

(labetalol)

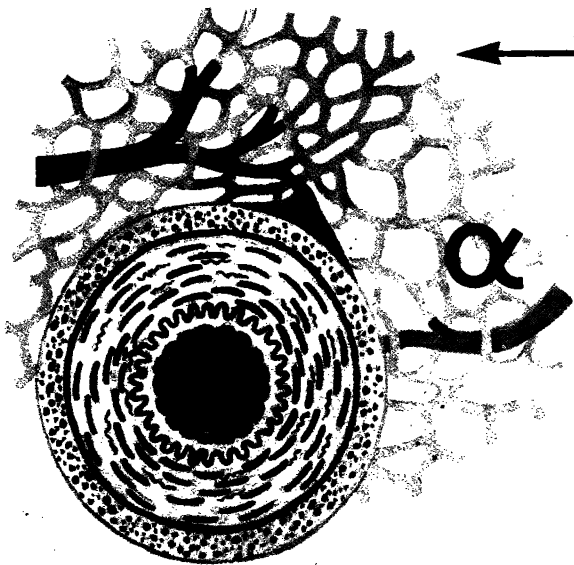
the first alpha-beta-blocker

**A SIGNIFICANT**

**I**

FURTHER INFORMATION APPEARS OVERLEAF

# A MORE RATIONAL TREATMENT FOR HYPERTENSION



## ← THE IMPORTANCE OF ALPHA-BLOCKADE

In uncomplicated essential hypertension, peripheral resistance is raised and cardiac output is normal. The most rational way to lower the blood pressure is, therefore, to decrease the peripheral resistance without adversely affecting cardiac function.

Trandate lowers the blood pressure primarily by incomplete competitive blockade of the alpha-adrenoceptors in peripheral arterioles thereby reducing peripheral resistance. Sufficient sympathetic activity remains to avoid symptoms associated with postural hypotension in most patients.

## BALANCED BY BETA-BLOCKADE →

The resulting fall in peripheral resistance would, with simple alpha-blocking drugs and vasodilators, result in a reflex tachycardia which is unpleasant to patients and may be harmful. But the beta-blocking component of Trandate's unique profile of activity counteracts this effect and reduction of blood pressure is achieved without cardiac stimulation.

However, in contrast with simple beta-blocking drugs, the cardiac output is not *reduced* at rest and after moderate exercise because Trandate's beta-blocking action is balanced by the increased reflex sympathetic drive resulting from the main alpha-blocking action.



# Trandate

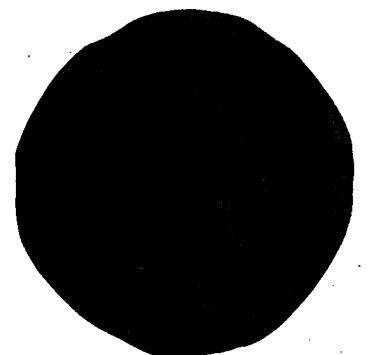
(labetalol)

## A UNIQUE PROFILE IN HYPERTENSION

- Produces a more normal circulation
- Is effective in all grades of hypertension
- Has a low incidence of use-limiting side effects
- Permits single-drug therapy improving patient compliance



Full prescribing information is available on request.  
Trandate is a trade mark of  
ALLEN & HANBURY LTD LONDON E2 6LA.





**Amoxil** patients recover faster  
from bronchitis.

22

LONDON TRANSPORT

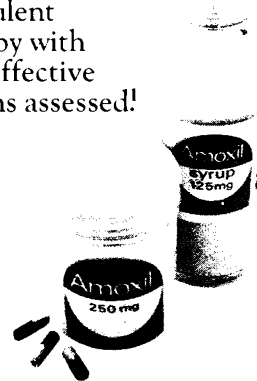
### Faster recovery in Bronchitis.

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.<sup>2</sup>

**Amoxil**  
makes all the difference everywhere.

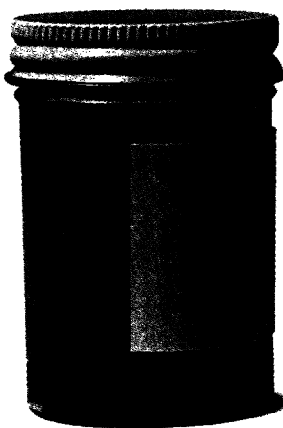


References  
1. Practitioner, (1974), 212, 123.  
2. Drugs, (1975), 9, 81.  
Full prescribing information on Amoxil  
(regd.) amoxycillin, is available from

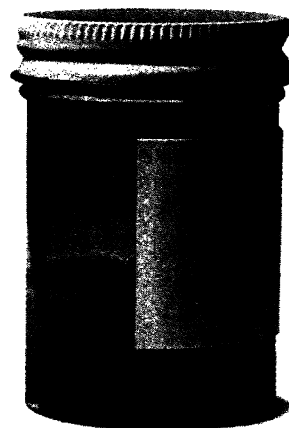
 **Bencard**  
Great West Road, Brentford, Middlesex.



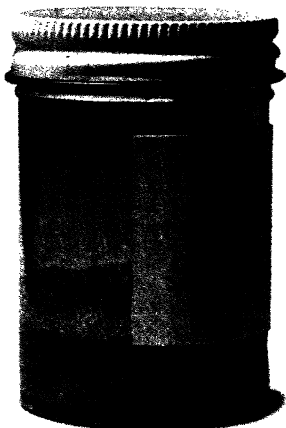
**Magnapen :**



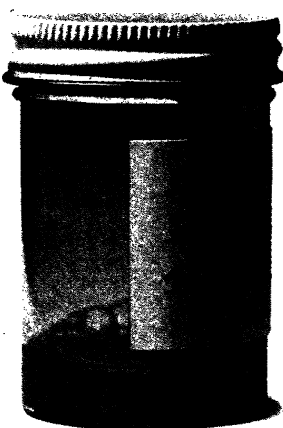
**rapid ...**



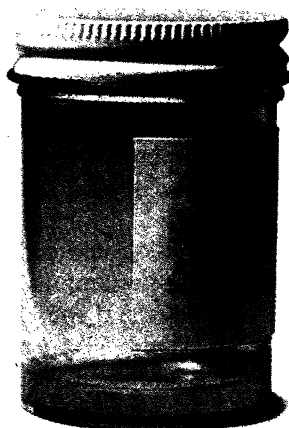
**reliable ...**



**resolution ...**



**of infection ...**



**in bronchitics**

**Rapid:** Magnapen's powerful bactericidal action resolves infective episodes quickly, and helps to minimise lung damage. Magnapen works to get the patient back to normal life as fast as possible.

**Reliable:** Magnapen provides the broad spectrum activity of ampicillin *plus* reliable anti-staphylococcal activity. Magnapen deals with all the pathogens likely to cause problems, including the staphylococci frequently implicated in post-influenzal infection.

**Magnapen:** Magnapen (ampicillin and flucloxacillin in equal parts) is available as capsules, vials for injection, and fruit flavoured syrup.

Full prescribing information on the use of Magnapen\* in severe infections is available on request.

# Magnapen



**Beecham Research Laboratories** Brentford, England. A branch of Beecham Group Limited

PL 0038/0089, 0090, 0120 \*regd.

BRL 207



# Reduces gastric acid secretion

## New data now available

### 1 Healing

Further experience in clinical trials confirms that 4-8 weeks 'Tagamet' treatment achieves remarkable results in duodenal ulcer,<sup>1,2,3</sup> gastric ulcer,<sup>2,4,6</sup> and reflux oesophagitis.<sup>2,5</sup>

Overall Experience	TAGAMET % healed	PLACEBO % healed
Duodenal Ulcer	77% of 803 patients	41% of 252 patients
Gastric Ulcer	79% of 130 patients	45% of 64 patients
Reflux Oesophagitis*	62% of 39 patients	9% of 23 patients

\*includes oesophageal ulcers and erosions: complete healing or marked improvement.

In addition to complete healing (proven endoscopically), early and dramatic symptomatic relief is achieved in most patients. With its convenient dosage and low incidence of side effects, 'Tagamet' is well suited to everyday treatment.

### 2 Recurrence

A group of duodenal ulcer patients was followed for periods of up to 6 months after completing 4-6 weeks 'Tagamet' treatment. Preliminary results show that the incidence of relapse was no greater than in a similar group who had healed their ulcers on placebo.<sup>2,7</sup>



Artist's impression of H<sub>2</sub> receptor antagonist acting at receptor site in gastric mucosa.

### 3 Maintenance

377 chronic duodenal ulcer patients, who had healed their ulcers after 4-6 weeks treatment were entered into controlled, double-blind maintenance trials. They were maintained on 'Tagamet' or placebo therapy, at a reduced dosage, for periods of up to 6 months. Results from these ongoing studies have shown that only 5.7% of the 'Tagamet' group relapsed<sup>7</sup> compared with 42.1% of the group who were maintained on placebo.



#### References

1. Oral cimetidine in severe duodenal ulceration, (1977) *Lancet*, i, 4.
2. Data on file (March 1977), Smith Kline & French.
3. The effect of cimetidine on duodenal ulceration. (1977). The Second International Symposium on Histamine H<sub>2</sub> Receptor Antagonists. Excerpta Medica, p.260.
4. Treatment of gastric ulcer by cimetidine. (1977) *ibid.* p.287.
5. Cimetidine in the treatment of oesophagitis. (1977) *ibid.* p.297.
6. Healing of gastric ulcer during treatment with cimetidine. (1976) *Lancet*, i, 337.
7. Long-term treatment with cimetidine in duodenal ulceration (1977) *Lancet*, i, 900.

'Tagamet' (cimetidine) is available as 200mg film-coated tablets, 200mg/5ml syrup and 200mg/2ml ampoules.

Full prescribing information is available from Smith Kline & French Laboratories Limited, a SmithKline company, Welwyn Garden City, Hertfordshire, AL7 1EY. 'Tagamet' is a trade mark.

SK&F

# Tagamet

(cimetidine, SK&F)



The H<sub>2</sub> receptor antagonist  
Reduces gastric acid secretion

# Mogadon

The mark of sound sleep 

Mogadon has established a consistent record of effectiveness in treating people who have difficulty in getting to sleep, or in staying asleep. It also has an enviable record of comparative safety in overdose.<sup>1</sup>

One should think twice before prescribing any hypnotic other than Mogadon.<sup>2</sup>

References 1. Brit.med.J., 1977, i, 1128; 2. Brit.med.J., 1976, i, 1424

Mogadon and the device showing the word Roche below two semi-circles are the trade marks for Roche pharmaceutical preparations containing nitrazepam. Full prescribing information is available.

Roche Products Limited, PO Box 2LE, 15 Manchester Square, London W1A 2LE







*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

# CLASSIFIED ADVERTISEMENTS AND NOTICES

Classified advertisements are welcomed and should be sent to: Mr Mike Fulton, Advertisement Director, *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.

## GRAMPIAN HEALTH BOARD

South District  
University of Aberdeen

### VOCATIONAL TRAINING FOR GENERAL PRACTICE

Applications 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 1978

Trainees will spend the first two years in Hospital Service posts at Senior House Officer grade. These posts include experience in Casualty, Dermatology, ENT, 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 one day per week release will be arranged for Day Release Teaching, and for visits to other practices and to the social services relevant to the work of the family doctor.

Doctors completing the three-year training programme in Aberdeen will be eligible to sit the examination of the Royal College of General Practitioners.

Those wishing to be considered for the intake on 1 August 1978 should complete and return by 31 January 1978 an Application Form 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.

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.

## GLOUCESTERSHIRE GENERAL-PRACTITIONER TRAINING SCHEME

Applications are invited for four traineeships from doctors wishing to commence vocational training for General Practice in June/July 1978. This scheme is arranged as a joint venture between the Cheltenham and Gloucester Health Districts and the Area General-Practitioner Advisory Committee. It will give the trainee an excellent grounding in all aspects of hospital and General Practice and is approved for the membership examination of the Royal College of General Practitioners.

The Schedule of training is as follows:

- (i) A four to eight week attachment to a General Practice commencing June/July 1978.
- (ii) Four hospital attachments rotating at six monthly intervals viz:
  - (a) SHO Accident and Emergency—Gloucester (1 Class A UMT per week).
  - (b) SHO Dermatology (with some duties in General Medicine)—Gloucester (10 Class A 2 Class B UMTs per week).
  - (c) SHO Paediatrics—Cheltenham (15 Class A UMTs per week).
  - (d) SHO Obstetrics—Cheltenham (15 Class A UMTs per week).

These posts will involve compulsory residence in the hospitals when 'on-call'.

A final training in General Practice of one year less the original period in June/July 1978.

The trainees will be expected to attend a half day release course held alternately at Cheltenham and Gloucester.

Application forms and further information available from: Mrs M. Pearson, Acting Senior Personnel Assistant, Cheltenham General Hospital, Sandford Road, Cheltenham.

Closing date for applications: 31 December 1977.

**Montreal General Hospital/McGill University  
KELLOGG CENTRE FOR ADVANCED  
STUDIES IN PRIMARY CARE FELLOWSHIPS  
FOR FAMILY PHYSICIANS**

The Kellogg Centre for Advanced Studies in Primary Care is now accepting applications for Fellowships for 1978. A limited number are available to physicians wishing to pursue a career in academic primary care and family medicine. Fellowships will be awarded to three categories of physician: those who have recently completed an approved training programme; those in practice for 5 to 15 years; and university faculty physicians wishing to spend a sabbatical in an academic milieu. Each Fellowship programme is tailored to individual needs but the emphasis is on development of investigative and teaching skills.

The duration of a Fellowship is two years, except for a sabbatical Fellowship, which lasts one year.

**Stipend (per annum)**

For graduates of approved training programmes with MRCGP qualifications (Career Development Fellows): to \$21,000.

For physicians with MRCGP who have been in practice for 5 to 15 years (Mid-Career Fellows): to \$25,000.

For physicians on sabbatical: to \$10,000, matching home university funds.

Each candidate must give evidence of a bilateral teaching agreement with his or her institution after completion of the Fellowship programme. Preference will be given to candidates who obtain some financial support from their institutions to match support from Fellowship sources.

For further information and details of application write: Dr David A. E. Shephard, Admissions Committee, Kellogg Centre for Advanced Studies in Primary Care, Livingston Hall, The Montreal General Hospital, 1650 Cedar Avenue, Montreal, Quebec H3G 1A4, Canada.

The British Postgraduate Medical Federation has now published its programme of Courses for General Practitioners for the period January to August 1978. 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 Practitioner 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 Deans' Office, 14-18, Ulster Place, London NW1 5HD.

No applications will be accepted by telephone.

**THE UNIVERSITY OF SHEFFIELD  
FACULTY OF MEDICINE**

**Intensive G.P. Refresher Course  
17—21 April, 1978 (inclusive)**

**DERMATOLOGY**

This course will have special reference to common skin ailments encountered in General Practice and will be a practical course in which a large number of patients will be demonstrated.

Accommodation will be available in a University Hall of Residence.

The course is organised under Section 63 of the Public Health Act 1968. The fee for those not eligible under Section 63 will be £25.00.

Enquiries and applications (stating whether or not accommodation will be required) should be sent to:

The Associate Postgraduate Dean  
University of Sheffield Medical School  
Faculty of Medicine  
Beech Hill Road  
Sheffield S10 2RX

**THE UNIVERSITY OF BIRMINGHAM  
FACULTY OF MEDICINE AND DENTISTRY  
BOARD OF GRADUATE CLINICAL STUDIES**

Teaching and Learning in General Practice—a 5 day residential course for General-Practitioner Trainers and intending Trainers—2-7 April, 1978 at the Coventry College of Education.

The third annual conference will start on Sunday evening and finish at noon on Friday. It will involve the members in some lectures and a lot of group activities with opportunities to share experiences and to try out new ideas.

The course is approved under Section 63 and expenses are reclaimable. Early application is advised through Mrs C. A. Hunt, WMRHA, Arthur Thomson House, 146 Hagley Road, Birmingham B16 9PA (Tel: 021-454 4828 Ext. 23).

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# What the papers say

## Shortest Acting

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

## Fast Acting

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

## Clinically Effective

"Fourteen patients showed a good diuretic response on bumetanide where previous treatment with frusemide had proved either unsatisfactory or too slow."<sup>5</sup>  
 "An impressive diminution of the signs of pulmonary oedema was seen in most patients and in some the clearance of alveolar oedema was dramatic."<sup>6</sup>  
 "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."<sup>7</sup>  
 "Our study... confirms that bumetanide is a potent diuretic effective over a wide dose range and in a variety of clinical conditions."<sup>1</sup>

## Well tolerated

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

## 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."<sup>8</sup>

## At the correct time

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

## 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."<sup>9</sup>  
 "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."<sup>10</sup>  
 "Patients who go out to work may find Burinex K given in the evening more socially acceptable."<sup>11</sup>

## 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."<sup>13</sup>  
 "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)."<sup>14</sup>

\* 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 573 mg (7.7mEq) of potassium chloride.

1. Postgrad. Med. J., 51, 10, (1975)
2. Danish Med. Bull., 21, 63, (1974)
3. Clin. Pharm. Ther., 15, 141, (1974)
4. J. Int. Med. Res., 2, 314, (1974)
5. Brit. J. Clin. Prac., 28, 311, (1974)
6. Brit. J. Clin. Prac., 29, 7, (1975)
7. Postgrad. Med. J., 51, (Suppl. 6), 54, (1975)
8. Brit. J. Clin. Prac., 30, 11-14 (1975)
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10. J. Int. Med. Res., 3, 241, (1975)
  11. Postgrad. Med. J., 51, (Suppl. 6), 71, (1975)
  12. Acta. Med. Scand., 193, 119, (1973)
  13. J. Int. Med. Res., 3, 104, (1975)
  14. J. Int. Med. Res., 4, 37-41 (1976)
- Full prescribing information available from



Leo Laboratories Limited,  
 Hayes Gate House, Hayes, Middx.