



Amoxil success everyday

Otitis media

Amoxil is quoted as 'the treatment of choice' in otitis media in children under five in a recent expert review in the Practitioner.¹

Bronchitis

"In my opinion, the most straightforward treatment of this condition, in patients not allergic to penicillin, is amoxycillin... taken at the first sign of increasing sputum purulence."¹

Other respiratory infections

In various upper and lower respiratory infections, Amoxil has been shown to achieve 84% response within three days of the commencement of treatment in 243 children studied.²

References 1. Practitioner (1977) **219**, 449-455. 2. Brit. J. Clin. Pract. (1975), **29**, (8), 203.

Further information on Amoxil (regd.) amoxycillin is available on request to the company.
Bencard, Great West Road, Brentford, Middx.

 **Bencard**

Talpen the routine antibiotic that won't upset your patients' routine


Effective Your main consideration is to help your patient to get better quickly. Talpen is highly effective across a wide range of indications. For example, a published clinical trial produced a 93.0% success in bronchitis; a 94.3% success in UTI; and a 95.6% success in ENT.¹

Easy To Take Just one Talpen tablet three times a day. And Talpen's reliable absorption means it can be taken with or without food.² So your patients find it easy to remember and are more likely to take the full prescribed course of treatment. Furthermore, Talpen is very well tolerated.^{1,3} (The incidence of diarrhoea, for example, is only 4%.¹) So your patients can carry on their normal daily routine.

Economical Talpen is effective, reliable, easy to take – and it's economical at an average daily cost of 26p.⁴

Talpen

Everything your routine antibiotic should be



Prescribing Information. Typical indications include: Acute and Chronic Bronchitis, Pneumonia, ENT infections, UTI. Usual Oral Dosage: Adults: 1 tablet three times a day. Each tablet contains 250 mg of the ampicillin ester, talampicillin hydrochloride equivalent to 169 mg of ampicillin. Contra-indication: Penicillin hypersensitivity. Precaution: Talpen is not recommended for patients with severe renal or hepatic impairment. Side-effects: As with other penicillins. An erythematous rash may occasionally occur. The incidence is particularly high in patients with infectious mononucleosis. Further information is available on request to the company. 1. Br. J. Clin. Pract., (1975), 29, 255. 2. Brit. med. J., (1977), 2, 232. 3. Practitioner, (1976), 216, 455. 4. £1.30 for 15 tablets. (Basic NHS). Price correct at time of going to press. April 1978.

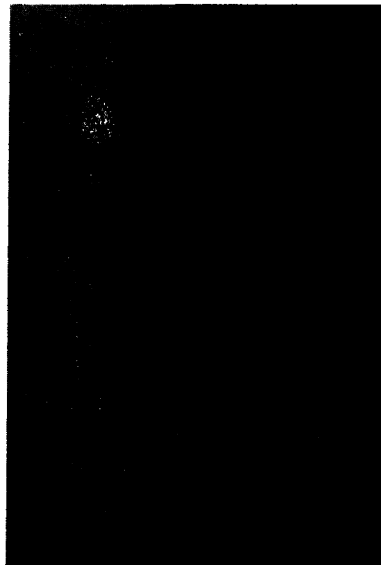
Talpen* (talampicillin) is a product of British research from



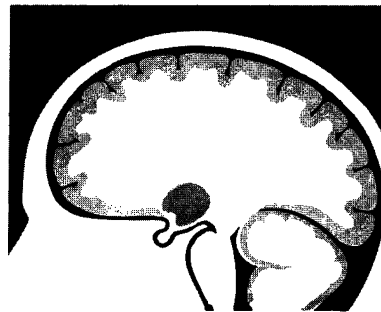
Beecham Research Laboratories,
Brentford, England. A branch of
Beecham Group Limited. *Regd.

PL 0038-0209

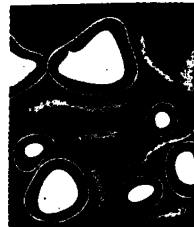
BRL1020



Hot flushes, sweating

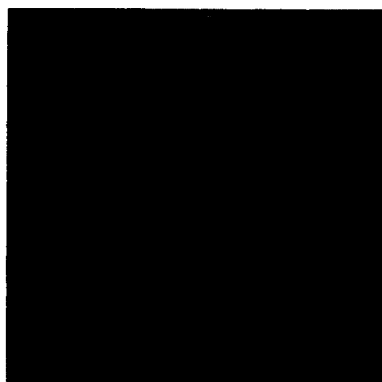


Irritability, anxiety, depression



Endometrial hyperplasia

Below the surface of the climacteric



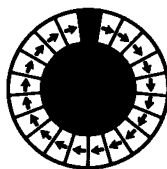
Dry vagina



Osteoporosis
(affects one
patient
in three!)



Irregular periods



Cyclo-Progynova

The all-round treatment for menopausal problems

1. *Modern Medicine* 45, 10, 1977 Presentation Circular memo-pack holding 11 white tablets each containing 2mg oestradiol valerate and 10 orange tablets each containing 2mg oestradiol valerate and 0.5mg norgestrel. All tablets are sugar-coated with 'B' in a regular hexagon printed on each side. Uses i) The alleviation of symptoms characteristic of the menopause. Cyclo-Progynova may be used both before and after the menopause. ii) The correction of irregularities of the menstrual cycle caused by abnormal oestrogen production and diminishing corpus luteum function as the menopause approaches. N.B. Cyclo-Progynova should not be used as an oral contraceptive. Dosages and administration Patients still having periods may start tablet-taking on the fifth day of the cycle, counting the first day of bleeding as day one. Patients whose periods are very irregular or non-existent may start taking the tablets at any time. The memo-pack sticker should be attached so that the starting day is correctly indicated in the red section. One white tablet is taken daily for eleven days, followed by one orange tablet daily for ten days. An interval of seven days follows each pack, during which bleeding will normally occur. Contra-indications Severe disturbances of liver function, jaundice or persistent itching during a previous pregnancy. Dubin-Johnson syndrome. Rotors syndrome, existing or previous thromboembolic processes (including strokes), sickle-cell anaemia, existing or treated cancer of the breast or endometrium, endometriosis, mastopathy, myomatous uterus, congenital disturbances of lipid metabolism, a history of herpes of pregnancy, otosclerosis with deterioration in previous pregnancies. Warnings/Side effects Use with caution in patients who have a history of congenital abnormalities of lipid metabolism. Some women are predisposed to cholestasis during steroid therapy. Uterine fibroids may be affected by oestrogens and should be checked frequently. Note: Treatment should be stopped at once if jaundice or pregnancy occurs or if advised for patients receiving long-term treatment with Cyclo-Progynova. In patients with chronic liver disease, liver function with an oral contraceptive is not recommended. Overdosage Toxic effects of overdosage have not been reported, but, if desired, gastric lavage can safely be used. There are no special antidotes, and further treatment should be symptomatic. Legal category POM. Schering Chemicals Limited, Pharmaceutical Division, Burgess Hill, West Sussex RH15 9NE. Basic NHS price £2.24. Product licence number 0053/0053. Further information on Cyclo-Progynova is available on request.

Beconase

IS FOR EVERYONE WITH HAY FEVER

Hay fever, often regarded as a trivial disorder, can be a major social inconvenience. And so can the sedative side effects of antihistamines – Or rebound congestion from topical decongestants.

Steroid therapy has up until recently been reserved for the more severe cases only. But Beconase Nasal Spray is changing all that. Now in its fourth season "at grass", Beconase has proved highly effective for both the prophylaxis and the relief of nasal symptoms in hay fever. With no evidence of adrenal suppression or adverse changes in the nasal mucosa. And without causing sedation or rebound congestion.

Beconase makes sense even in mild cases of seasonal allergic rhinitis. If preferred, it can be added to the patient's usual prescription for antihistamines with the instructions to use the Beconase regularly and the antihistamines p.r.n. Ideally, Beconase should be started before exposure to the allergen, but it can also be prescribed to *relieve* nasal symptoms.



**Whatever else you
prescribe for Hay Fever
make sure they get
Beconase routinely**

Beconase Nasal Spray is a metered-dose aerosol delivering 50mcg beclomethasone dipropionate BP per actuation into a specially designed nasal applicator.



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

Number 2
in a series

Gastric ulcer

reduce acid...improve healing



(Artist's impression of H₂ receptor antagonist acting on receptor site in the parietal cell in gastric mucosa.)

Healing

'Tagamet', by its unique action in selectively reducing gastric acid secretion, achieves remarkable results in the treatment of duodenal ulcer.¹⁻⁵ Overall experience in clinical trials has shown that 77% of over 800 'Tagamet'-treated patients completely healed their ulcers, usually in 4-6 weeks, compared with only 41% of 252 patients in the placebo group.⁵

Symptomatic Relief

In duodenal ulcer, experience has shown that early and dramatic symptomatic relief is obtained, usually within one week of starting treatment; after 4 weeks the majority of patients are completely free from ulcer symptoms.¹⁻⁵

Maintenance Treatment - New Data

In patients with duodenal ulcer disease who have healed ulcers after an initial course of 'Tagamet', recurrence may be prevented by continued treatment at reduced dosage. Results from on-going studies have shown that in 790 patients treated for periods of up to one year, over 90% treated with 'Tagamet' remained in remission compared with only 50.1% on placebo.⁶

Tagamet



reduces gastric acid
secretion

References

1. Cimetidine in the treatment of active duodenal and prepyloric ulcers. (1976) *Lancet*, **ii**, 161.
2. The effect of cimetidine on duodenal ulceration. (1977) Proceedings of the Second International Symposium on Histamine H₂-Receptor Antagonists. *Excerpta Medica*, p. 260.

3. Oral cimetidine in severe duodenal ulceration. (1977) *Lancet*, **i**, 4.
4. Cimetidine in the treatment of duodenal ulcer. (1977) *Med. J. Aust.*, **1**, 317.
5. Data on file (March 1977) Smith Kline & French.
6. Cimetidine treatment in the management of chronic duodenal ulcer disease

(1978). *Topics in Gastroenterology*. (In press).

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

Full prescribing information is available from:-

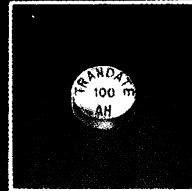
SK&F
a SmithKline company

Smith Kline & French Laboratories Limited
Welwyn Garden City
Hertfordshire AL7 1EY
Telephone: Welwyn Garden 25111

TG:AD38/1

Trandate alone...

(labetalol)



THE FIRST ALPHA-BETA-BLOCKER

Right in principle - working in practice

The mode of action of Trandate (labetalol) is different from that of any other antihypertensive agent currently available. Trandate works primarily by lowering peripheral resistance – the alpha-blocking effect – thereby correcting the basic pathophysiological defect. Unlike earlier alpha-blockers and direct acting vasodilators, reflexly moderated increases in heart rate are prevented by Trandate's beta-blocking action. But in contrast with simple beta-blocking drugs, the cardiac output is not reduced at rest and after moderate exercise¹. This means that the circulation is closer to normal and blood flow to the extremities and to vital organs, including the kidney, is satisfactorily maintained. Unlike diuretics, Trandate does not disturb fluid and mineral balance. And in contrast with the centrally-acting antihypertensives, sedation and lethargy are not features of Trandate therapy.

Trandate has now been generally available for the treatment of hypertension for well over a year and clinical experience to date reveals a clear picture of high efficacy and relative lack of side effects.

TRANDATE TABLETS PRODUCT INFORMATION

PRESENTATION AND BASIC NHS COST

Trandate Tablets 100mg or 200mg each contain 100 or 200mg labetalol hydrochloride. Basic NHS cost of 50 Tablets 100mg is £3.44 and of 50 Tablets 200mg is £4.88. Also available in containers of 250.

INDICATIONS

Trandate Tablets are indicated for the treatment of all grades of hypertension (mild, moderate and severe) when oral antihypertensive therapy is desirable.

DOSAGE AND ADMINISTRATION (ADULTS)

The recommended starting dose for all patients is 100mg three times a day after meals. A satisfactory reduction in blood pressure is achieved at this dose level in some patients, especially those already on diuretic therapy, but higher doses are often necessary. If the fall in blood pressure achieved is less than optimal, weekly or two-weekly dosage increases are advised, the first being to 200mg t.d.s.p.c. and then, if necessary, to 300mg t.d.s.p.c. The majority of patients will be controlled with dosages less than 1200mg per day but severe cases may require up to 2400mg daily and in exceptional cases doses greater than this have been used.

It is important to increase the dosage of Trandate gradually in order to avoid side effects. Trandate Tablets should be taken after food to avoid the possibility of gastric irritation. Once stabilised on an optimum dosage, where desirable, treatment can be changed to a twice daily regime.

Hypertension is usually controlled by Trandate alone. Diuretic therapy is not usually necessary in patients receiving Trandate Tablets, but may be introduced or continued if required. Diuretics usually increase the antihypertensive action of Trandate.

If Trandate Tablets are prescribed together with another antihypertensive drug, such as methyldopa or clonidine, an additive effect may be expected in patients who are responsive to both drugs. When transferring patients from other drugs Trandate Tablets should be introduced as recommended above and the dosage of the existing therapy progressively decreased.

PRECAUTIONS

There are no known contra-indications to the use of Trandate Tablets.

Heart failure should be controlled with digitalis and diuretic therapy before treatment is initiated. Trandate should not normally be given to patients with digitalis-resistant heart failure or atrio-ventricular block.

Caution must be observed if Trandate is used to treat asthmatic patients or individuals prone to bronchospasm. Any resultant bronchospasm may be controlled by an inhaled selectively-acting bronchodilator such as salbutamol; the required dose may be greater than the normal anti-asthmatic dose. If further treatment is required, intravenous atropine 1mg should be given.

It is not necessary to discontinue Trandate Tablets in patients requiring anaesthesia but they should be given intravenous atropine prior to induction; the effect of halothane on blood pressure may be enhanced by Trandate.

Unnecessary administration of drugs during the first trimester of pregnancy is undesirable.

mild, moderate and severe



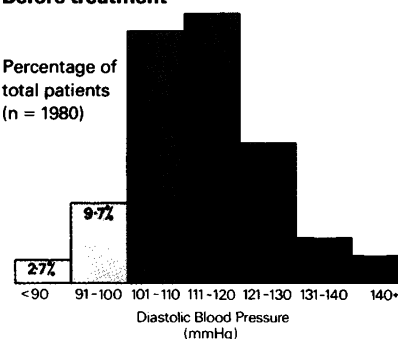
Trandate is a long-acting dihydropyridine which has been shown to be effective in the treatment of mild, moderate and severe hypertension. Because hypertension can usually be controlled with Trandate alone, the uncomplicated regimen results in better patient compliance.

- For the newly-diagnosed hypertensive
- When control is inadequate on existing therapy
- When side effects are causing problems
- To replace complicated multi-drug regimens

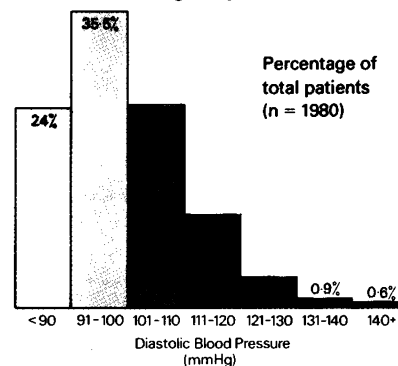
Effect of Trandate on mild, moderate and severe hypertension in General Practice³

Before treatment

Percentage of total patients (n = 1980)



After 4 weeks treatment with Trandate alone up to 600mg daily



References

1. Raftery, E.B., *Mod. Med.*, 1978, 23, 9.

2. Breckenridge, A.M. et al, 1977, *Brit. J. clin. Pharmac.*, 4, 388.

3. Material on file Allen & Hanburys Research Ltd.

SIDE EFFECTS

Trandate is usually well tolerated.

Symptoms of postural hypotension may occur if the initial dosage is too high or if the dose is increased too rapidly but are uncommon, except at very high doses, if the drug is used as recommended. Patients with difficulties at first, usually tolerate the drug well after a few weeks' treatment.

Nasal stuffiness, vivid dreams and failure of ejaculation have been reported in a few patients. Epigastric pain has occurred in some individuals on high doses of the drug. Headache, nausea, lethargy, tiredness and cramp have also been reported but are usually transient and disappear after a week or so. Seldom has it been necessary to discontinue treatment with Trandate.

PRODUCT LICENCE Nos.

Trandate Tablets 100mg 0045/0106

Trandate Tablets 200mg 0045/0107

Trandate is also available as Trandate Injection for intravenous use in hospitalised patients.

Further information is available on request.

Trandate is a trade mark of the product licence holder
ALLEN & HANBURYS LTD LONDON E2 6LA



TRANDATE
a unique
profile in
hypertension



Nystan-tpTM

(nystatin)

**for even the most recalcitrant of
vaginal candidal infections**

NYSTAN and NYSTAVESCENT are Trade Marks of E.R. Squibb and Sons Limited
Full prescribing information available: The Technical Services Department, E.R. Squibb and Sons Limited,
Regal House, Twickenham, Middlesex, TW1 3QT.





UPDATE BOOKS

Medical Aid at Accidents

'This book covers the basic knowledge required for most aspects of emergency care and rescue organisation by a series of short, relevant, and beautifully illustrated chapters. . . . This is a significant contribution to the discipline of emergency care and can be recommended for use internationally.' The Lancet

Roger Snook, 1974, 235 figures, 136 pp, hardback, price £5.75 + 70p p&p.

Rehabilitation Today

'Every medical practitioner, every medical student (and every dean) should . . . have access to a copy of this book. . . . Its use as a source of reference should become second nature.' British Medical Journal

Stephen Mattingly (Ed.), 1977, 216 figures, 189 pp, paperback, ISBN 0 906141 00 1, price £4.95 + 70p p&p.

Dermatology

'The first edition of this book was a landmark in medical publishing. The second edition contains 506 new colour illustrations, together with a comprehensive text. It will have immediate practical value to general practitioners, physicians, dermatologists, students and all others with an interest in this field.'

Lionel Fry, 2nd edition, 1978, 506 figures, 168 pp, hardback, ISBN 0 906141 02 8, price £6.50 + 75p p&p.

Neonatal Medicine

'An up-to-date, down-to-earth text which makes clear to the occasional neonatologist, whether he or she be a general practitioner, a paediatrician or obstetric resident, or a midwife, how common problems should be handled in the light of current knowledge.' Professor J. A. Davis, University of Manchester

Malcolm Chiswick, 1978, 113 figures, 112 pp, hardback, ISBN 0 906141 01 X, price £3.95 + 70p p&p.

Oral Disease

'A practical, profusely illustrated guide to diseases of the mouth, written specifically for a medical audience. It will contribute to the early recognition, prompt referral and treatment of such diseases and will be of great value to all doctors who look in the mouth, and to dentists and dental students.'

C. E. Renson (Ed.), 1978, 230 figures, 96 pp, hardback, ISBN 0 906141 04 4, price £3.95 + 70p p&p.

The following Update books are in preparation. Further details will be announced in this journal soon.

Immunisation

George Dick, July 1978, paperback, ISBN 0 906141 03 6, price £3.50 + 70p p&p.

Preventive Dentistry

Leon Silverstone, autumn 1978.

Interpreting the Electrocardiogram

James Fleming, autumn 1978.

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CO 678



DOCTOR AT SEA.

As a qualified doctor you can join the Royal Navy on a Short Career Commission.

You will have the opportunity of serving at sea, in submarines, or with the Royal Marines Commandos, and in a wide variety of Naval establishments.

Career counselling will help you plan your future. There are opportunities for approved General Professional Training in preparation for careers in general practice and the hospital specialities. Opportunities also exist in Naval Occupational Community Medicine which includes Aviation, Underwater, Submarine and Nuclear, Preventive, and Industrial Medicine.

The two largest Naval hospitals at Haslar, near Portsmouth, and at Plymouth, function as District General Hospitals and provide a wide range of specialist services for Service personnel, their dependants, and other NHS civilians. There is a smaller hospital in Gibraltar. If you join immediately after

registration your salary will be £6,517 as a Surgeon Lieutenant.

You can, however, join at any age up to 39 when your professional experience is taken into account and you could join as a Surgeon Lieutenant Commander earning £8,258 a year.

There is extra pay for recognised post-graduate qualifications and for Senior Specialist and Consultant status.

If you leave at the end of your 5-year Commission you will receive a tax-free gratuity. Or you can apply for a Full Career Commission or a 16-year pensionable Commission.

If you are posted overseas you can, of course, take your family with you. There are generous boarding allowances for your children.

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



ROYAL NAVY MEDICAL OFFICER

DNR LOG No. 119

food ...or thought

A sensible diet is an important factor in the management of gastro-intestinal complaints. Sensible medication is another. This is where Libraxin comes in.

Psychological factors are considered important in the management of many illnesses, but perhaps no more so than in gastro-intestinal complaints. In some, for example irritable colon, the emotions

are thought to have an aetiological role; in others, for example peptic ulcer, they may influence the clinical manifestations and the subsequent treatment of the patient.

Libraxin helps to improve the prognosis by altering the patient's outlook whilst at the same time relieving the physical symptoms by decreasing hypermotility and hypersecretion in the gut.

LIBRAXIN

For the treatment of a wide range of gastro-intestinal disorders with an emotional component, including nervous dyspepsia, peptic ulcer, cardiospasm, pylorospasm, nervous or irritable colon.

Libraxin is the trade mark for pharmaceutical preparations containing chlordiazepoxide and clidinium bromide.

References

Cromwell, H.A., *Med Tms* (NY), 1968, 96, 933
Head, H.B., and Hammond, J.B., *Amer. J. dig. Dis.*, 1968, 13, 540
McHardy, G., *et al.*, *Gastroenterology*, 1968, 54, 508

Full prescribing information is available



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

Complete diuretic

ALDACTIDE 50

New Aldactide 50 is today's answer for those patients with early hypertension. New Aldactide 50 is the once-a-day way gently to lower blood pressure without postural hypotension or loss of potassium.

On its own, or in combination with other antihypertensives, new Aldactide 50 offers tailor-made therapy for your patients with early hypertension.

NEW Aldactide 50 the diuretic for early hypertension

Prescribing Information

Presentation

Aldactide 50 is presented as scored, cream-coloured tablets stamped "SEARLE 180" on one side containing Spironolactone B.P. 50mg with Hydroflumethiazide B.P. 50mg.

Uses

Hypertension.

Dosage and Administration

Aldactide 50— one or two tablets with breakfast or the first main meal of the day.

Contra-indications, Warnings etc.

Aldactide should not be given in acute renal insufficiency, rapidly

progressing impairment of renal function, anuria, hyperkalaemia or in the presence of sensitivity to either component.

Administration not recommended if serum potassium is raised.

Thiazides have been reported to decrease glucose tolerance and to induce hyperuricaemia. Spironolactone has been reported to induce gastrointestinal upsets, drowsiness, headache and mental confusion. Potentiation of the action of other antihypertensive drugs occurs.

Thiazides as well as canrenone, a metabolite of spironolactone, appear in breast milk. Acute overdosage may be manifested by drowsiness, mental confusion, nausea, vomiting, dizziness or diarrhoea.

The use of any drug in women of childbearing potential requires that the benefits of therapy be weighed against its possible hazards to the mother and foetus.

Product Licence Holder and Number
G.D. Searle & Co. Ltd. 0020/0082

Basic N.H.S. Cost
40 tablets £6.38.

cover in hypertension

ALDACTONE 100

100

90

Aldactone 100 is the key to the management of advanced hypertension. By its unique action, Aldactone 100 provides highly effective control of blood pressure without postural hypotension or loss of potassium.

On its own, or in combination with other antihypertensives, Aldactone 100 provides reliable antihypertensive therapy for your patients with advanced hypertension.

Aldactone 100

the diuretic for advanced hypertension

Prescribing Information

Presentation

Aldactone 100 is presented as buff coloured tablets, stamped "SEARLE" on one side, containing Spironolactone B.P. 100mg.

Uses

Hypertension.

Dosage and Administration

The usual effective dose is 100mg daily. This may be increased to 400mg daily if necessary.

Contra-indications, Warnings etc.

Aldactone should not be given in acute renal insufficiency, rapidly progressing impairment of renal function, anuria or hyperkalaemia.

Administration is not recommended in the presence of a raised serum potassium. Canrenone, a metabolite of spironolactone, appears in breast milk.

Side effects are mild and infrequent. Drowsiness, mental confusion, gastrointestinal intolerance, gynaecomastia, mild androgenic effects and skin rashes have been reported. True toxic effects have not been reported in overdosage.

In the event of hyperkalaemia, discontinue the drug, reduce potassium intake and administer potassium-excreting diuretics and intravenous glucose with insulin or an oral exchange resin as appropriate.

The actions of other antihypertensive drugs may be potentiated and their dosage should first be reduced by at least 50% when Aldactone is added to the regimen, and then adjusted as necessary. The use of any drug in women of childbearing potential requires that the benefits of therapy be weighed against its possible hazards to the mother and foetus.

Product Licence Holder and Number
G.D. Searle & Co. Ltd. 0020/0048

Basic N.H.S. Cost
50 tablets £12.91.

SEARLE

Searle Laboratories, Division of G.D. Searle and Co. Ltd.,
P.O. Box 53, Lane End Road, High Wycombe, Bucks. HP12 4HL.
Telephone: High Wycombe 21124.

Full prescribing information is available on request. Aldactide, Aldactone and Searle are registered trade marks.

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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 of follow-ups until a repeat is necessary.

Transfer a chronic patient to DF 118 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 DF 118 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 37½p.



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. LIMITED, LONDON E2 6LA.

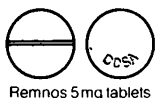


One of a series of Hibernating animals: the Dormouse (*Myoxus avellanarius*) hibernates September to April

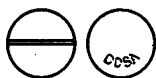
For safe, natural, undisturbed sleep...

REM NOS

Nitrazepam/DDSA



Remnos 5mg tablets



Remnos 10mg tablets

Now available in 2 strengths from DDSA only

Remnos brand of Nitrazepam is now available as tablets 5mg and 10mg

Patient convenience

Many patients require 2x5mg tablets at night. Now one tablet of Remnos 10mg fulfills this need

Prescribing convenience

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

Cost saving

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

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 £5.75 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.

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 January 1979. The scheme is arranged between the Cheltenham and Gloucester Health Districts and the Area General Practice Advisory Committee. The scheme provides an excellent grounding in all aspects of hospital and general practice and is approved for the membership examination of the RCGP.

The training programme is arranged as follows:

- i) A four-week attachment to a general practice commencing January 1979.
- ii) Four hospital attachments rotating at six monthly intervals:
 - a) SHO accident and Emergency with Orthopaedics—Cheltenham
 - b) SHO General Medicine—Gloucester
 - c) SHO Paediatrics—Gloucester
 - d) SHO Obstetrics and Gynaecology—GloucesterThese posts will involve compulsory residence in the hospital.
- iii) A final training period of 11 months in General Practice.

A half-day day-release is held in the Postgraduate Medical Centres at Cheltenham and Gloucester, which the trainees are expected to attend.

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

Telephone 0242 21344 ext 202

Closing Date for Applications—21 June 1978

UNIVERSITY OF NOTTINGHAM MEDICAL SCHOOL

DEPARTMENT OF COMMUNITY HEALTH

Senior Lecturer in Community Health
(Primary Care/General Practice)

Applications are invited from medical graduates for the post of SENIOR LECTURER in Community Health in the new Medical School at Nottingham. Applicants for the post (which results from the previous Senior Lecturer moving to a Chair of General Practice) should have special interests and skills in Primary Care/General Practice and also have a higher medical qualification together with, if possible, experience of teaching and research in some aspect of medicine in the community.

The successful applicant would be expected not only to work and teach in general practice but to play an active part in all aspects of the work of the department of Community Health. The primary care/general practice teaching, which is fully integrated with other parts of the curriculum in Community Health is a vital feature of Nottingham's programme. Graduate as well as undergraduate teaching is involved, as is membership of the department's Health Services Research Group.

The Department of Community Health is a clinical department and the successful applicant would be offered an honorary consultant contract in the NHS.

The salary will be on the consultant scale and the initial salary will be dependent upon qualifications, age, and experience.

Further particulars and forms of application may be obtained from the Senior Assistant Registrar, Medical School Faculty Office, Medical School, Queen's Medical Centre, Nottingham NG7 2UH, to whom completed applications should be returned by the 20 June 1978.

IPSWICH VOCATIONAL TRAINING SCHEME

The Ipswich Trainers invite applications for one-year traineeships in General Practice commencing August 1 1978. It is hoped to appoint 12 Doctors who will have completed their Post Registration year and a Day-release Course is planned. Accommodation can be arranged.

For details of the course and available training practices please contact the Course Organizer.

Dr F. A. F. Biddle
at
The Erica Centre,
The Ipswich Hospital,
Heath Road Wing,
Ipswich,
or
evenings by telephone,
Ipswich 58992.

Appointments will be made by mutual agreement between the applicant and the chosen Training Practice.

MEDICINE AND HEALING do not always seem to go hand in hand. If you believe that they should, and have an open mind, a good sense of humour, and no great desire to be rich, would you be interested in sharing and developing a small West Country practice? Jeremy Swayne, 21 Boxbush Road, Coleford, Glos.

EXCHANGE PRACTICE

Senior (aged 55 years) in seven-doctor Group Practice at Pukekohe, 32 miles south of Auckland, wishes to exchange in 1979/1980, with a member of a Group Practice preferably South England. Previous Exchange in UK 1976.

Complete Exchange, House, Cars envisaged.

Write to Dr A. Howes, BOX 314, Pukekohe, New Zealand.

UNIVERSITY OF CALIFORNIA, IRVINE,
DEPARTMENT OF FAMILY MEDICINE

is recruiting at assistant and associate professor level. Board certification/eligibility in Family Medicine or Internal Medicine, strong interest and experience in primary care required. Duties: teaching students and residents, supervision of outpatient and inpatient care, development of research in primary care or related area. Applications from qualified candidates welcome; minorities and women encouraged to apply. Send c.v. and three references to Raymond C. Anderson, MD, Chairman, Family Medicine, Univ. of California, Irvine, Calif. 92717.
Closing date 7 August 1978.

HAVE YOU READ ANY
GOOD ARTICLES LATELY?

IAN STOKOE COMPETITION

Applications are sought for the second Ian Stokoe Memorial Award of £100.

The aim of the Award is to commemorate the memory of Dr Ian Stokoe. The competition is to encourage high standards in the preparation of material for publication in written form by any Fellow, Member or Associate of the Royal College of General Practitioners. The Award will be made with particular reference to the quality and aptness of the use of illustrations in relation to the text.

You may enter yourself for the competition; alternatively you may bring to the notice of the adjudicators by submitting at least one copy of a reprint of an article from the Journal of the Royal College of General Practitioners or any other medical publication which has appeared during the last three years. The person whose name is submitted must be either an Associate, a Member or a Fellow of the College. He or she must be either the sole author or a joint author of the article. If a reprint is not available, then a *full* reference to the article may be sufficient.

Further details can be obtained from:

Professor Richard Scott
Department of General Practice
University of Edinburgh
Livingstone House
39 Cowgate
Edinburgh EH1 1JS.

The competition will close on 31 July 1978.

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.

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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 furosemide 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 (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

Each tablet contains 0.5 mg bumetanide with a slow release core of 8 mmol (16 mmol) of potassium chloride.

1. J. Am. Med. Assoc., 231, 10 (1973)
2. J. Am. Med. Assoc., 231, 10 (1973)
3. J. Am. Med. Assoc., 231, 10 (1973)
4. J. Am. Med. Assoc., 231, 10 (1973)
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 12. J. Am. Med. Assoc., 231, 10 (1973)
 13. J. Am. Med. Assoc., 231, 10 (1973)
 14. J. Am. Med. Assoc., 231, 10 (1973)
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