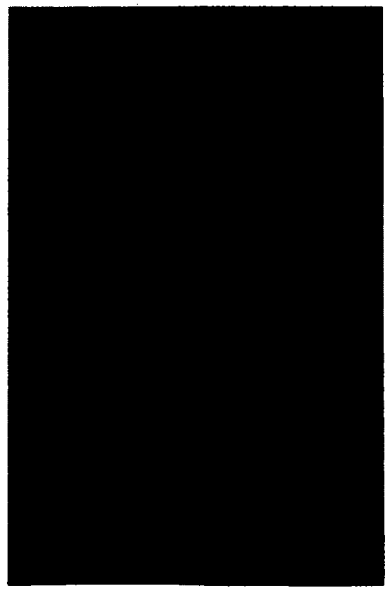
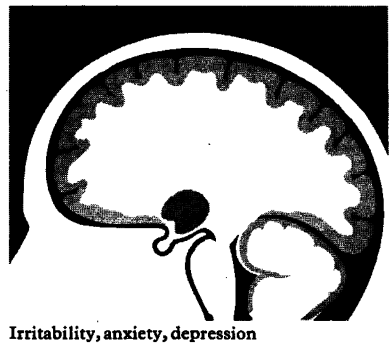
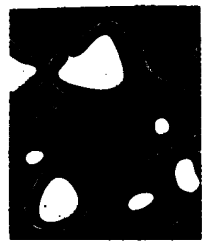


Hot flushes, sweating

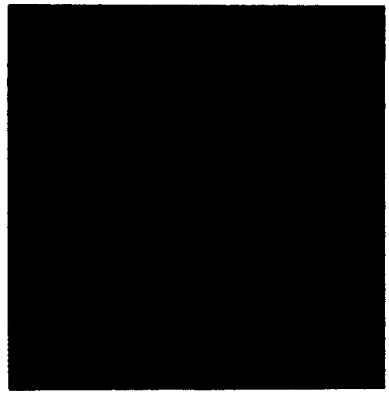


Irritability, anxiety, depression



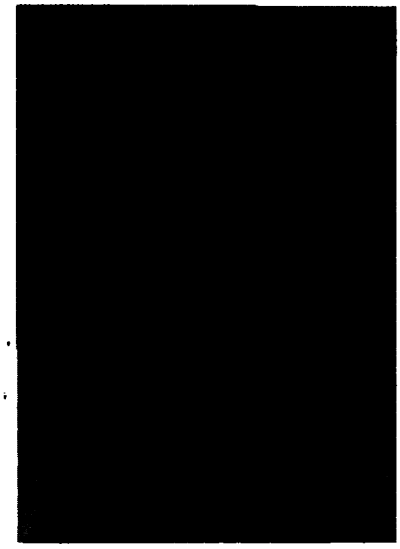
Endometrial hyperplasia

Below the surface of the climacteric



Dry vagina

Osteoporosis (affects one patient in three[1])



Irregular periods

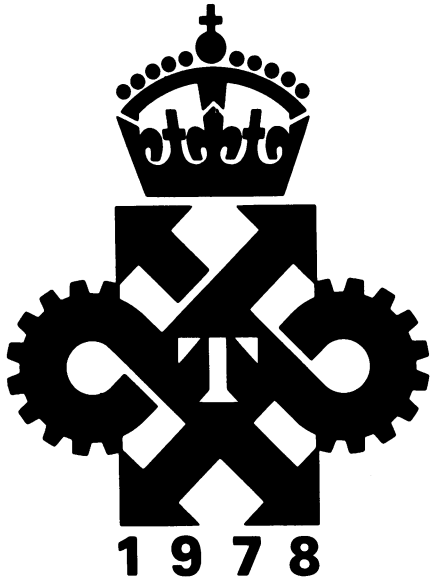
Cyclo-Progynova

The all-round treatment for menopausal problems

1. *Modern Medicine* 45, 10, 1977 **Presentation** Circular memo-pack holding 11 white tablets each containing 2 mg oestradiol valerate and 10 orange tablets each containing 2 mg oestradiol valerate and 0.5 mg 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. Rotor 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 there is a significant rise in blood pressure. **Precautions and special information** Periodical gynaecological examinations are advised for patients receiving long-term treatment with Cyclo-Progynova. In patients with chronic liver disease, liver function should be checked every 8–12 weeks. Irregular bleeding during tablet-taking should be investigated. The use of Cyclo-Progynova 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. **Basic NHS price** £2.24. **Product licence number** 0053/0053. Further information on Cyclo-Progynova is available on request

Schering

Schering Chemicals Limited, Pharmaceutical Division, Burgess Hill, West Sussex RH15 9NE.



THE RESEARCH INSTITUTE,
SMITH KLINE & FRENCH LABORATORIES LIMITED
is proud to announce the receipt of

THE QUEEN'S AWARD FOR TECHNOLOGICAL ACHIEVEMENT

This award has been granted for the discovery and development of histamine H_2-receptor antagonists.

The twelve-year research programme culminated in the introduction of 'Tagamet', which represents a major advance in the treatment of peptic ulcer and other conditions where reduction in gastric acid secretion is likely to be beneficial.

This advance has been confirmed in clinical use in 77 countries throughout the world. Within one year of its introduction over 1,000,000 patients world-wide were prescribed 'Tagamet' for its action in reducing gastric acid secretion.

'Tagamet' is the first medicine to have been shown to lower significantly the relapse rate in duodenal ulcer disease.

SK&F
a SmithKline company

SMITH KLINE &FRENCH LABORATORIES LIMITED Welwyn Garden City, Hertfordshire.

'Tagamet' is a trade mark Full prescribing information available on request TG AD548

A New Children's Classic

Talpen Syrup

Talpen syrup is one therapeutic agent which might claim to be a classic from the start.

Talpen syrup offers the benefits of Talpen for the treatment of bacterial infections in children:–.

□ Talpen offers ampicillin's rapid bactericidal action to resolve infection quickly and thus reduce pain and fever.

□ Talpen is very well tolerated. Its excellent absorption means that the incidence of gastro-intestinal upsets is very low.

□ Talpen is acceptable to your patients.

A very pleasant fruit flavour coupled with a simple t.i.d. dosage ensure that Talpen syrup will be liked by children – and appreciated by their mothers as well.

Talpen Prescribing Information Following oral administration Talpen is particularly well absorbed and rapidly hydrolysed to give high blood levels of ampicillin. Typical indications include: Upper Respiratory Tract Infections. Bronchitis. Otitis Media. Urinary Tract Infections. **Presentations:** Talpen syrup: Each 5 ml contains talampicillin napsylate (167 mg) equivalent to 125 mg talampicillin hydrochloride. Available in bottles of 100 ml. Talpen tabets: Each tablet contains 250 mg of the ampicillin ester, talampicillin hydrochloride. **Usual Oral Dosage:** Children 2-10 years. 5 ml syrup three times a day: under 2 years, the equivalent of 3-7 mg talampicillin hydrochloride per kg bodyweight three times a day. Adults: 1 tablet or 10 ml syrup three times a day. **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. The incidence of diarrhoea as a side-effect is significantly lower following the administration of Talpen than following oral ampicillin. **Daily Cost:** (Basic NHS). Talpen syrup: 5 ml t.i.d. 26p. Talpen tablets: one t.i.d. 26p.
Prices correct at time of printing.
Further information is available on request to the Company.

Talpen* (talampicillin) is a product of British research from **Beecham Research Laboratories,** Brentford, England
A branch of Beecham Group Limited. *Regd
PL0038/0209,0243 BRL 1041 7/1978

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

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

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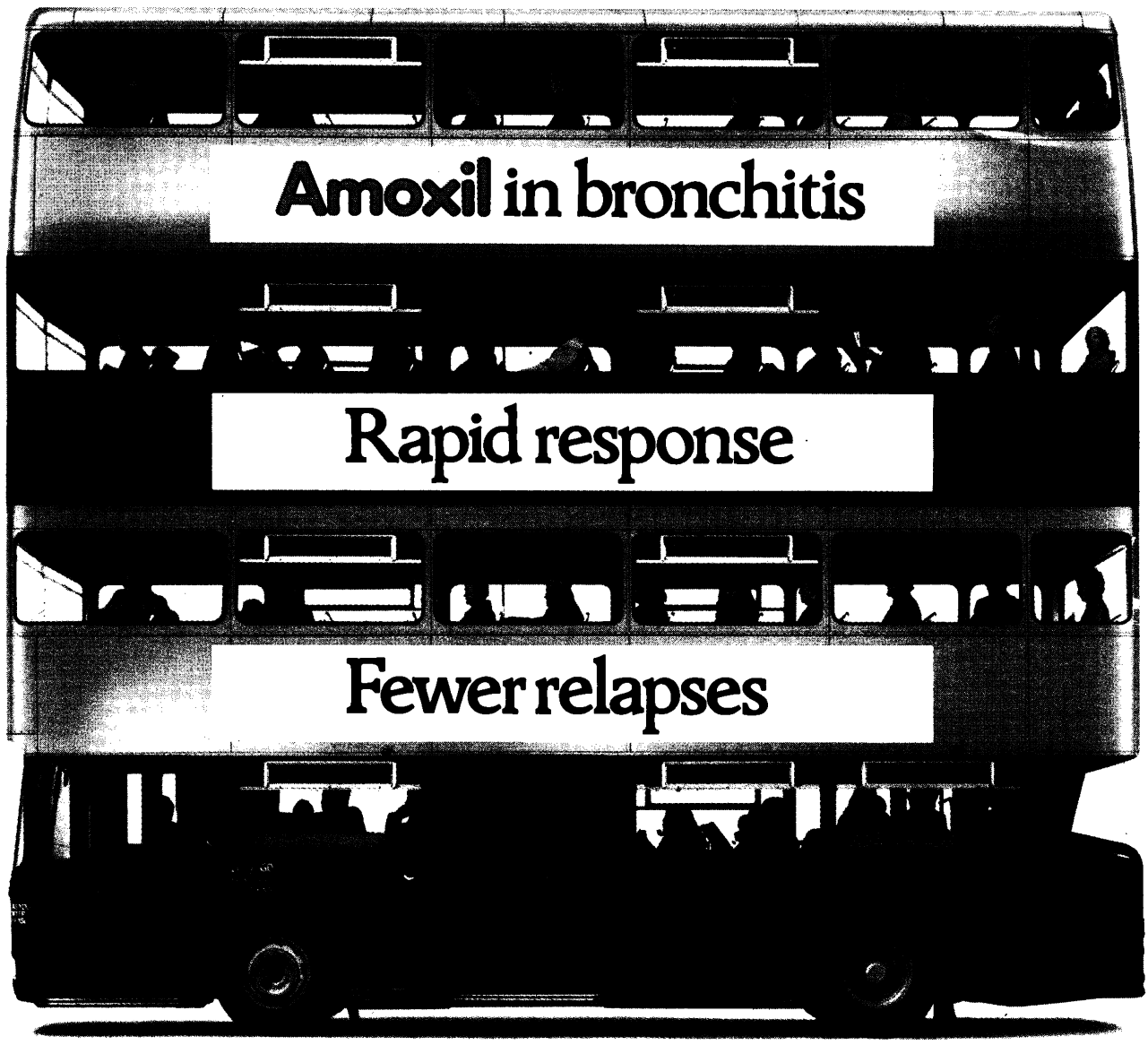


Amoxil stays on top

Because of its excellent penetration of mucoid and purulent sputum, the powerful bactericidal action of Amoxil achieves early symptomatic improvement and rapid clearance of the causative organisms in acute bronchitis. And for the chronic patient, Amoxil means the promise of fewer relapses.

"...the majority of cases responded rapidly."[1]

"...Clinical success with freedom from relapse clinically and bacteriologically during the 4-6 week follow up period was recorded in 92% of cases."[2]

With Amoxil you can stay on top of bronchitis.

References 1. S.A. Med. Jnl. (1973), **47**, 717. 2. Brit. J. Clin. Pract. (1975) **29**, (8), 203

Indications
Acute and Chronic Bronchitis
Upper Respiratory Tract Infections · Otitis Media
Pneumonia · Cystitis, Urethritis, Pyelonephritis
Bacteriuria in pregnancy · Gonorrhoea ·
Skin and Soft Tissue Infections.
Presentations
Amoxil capsules, 250mg and 500mg. PL 0038 0103/5
Amoxil syrup,
125 mg. and syrup forte 250 mg. per 5ml. PL 0038 0108/9
Amoxil paediatric suspension,
125 mg. per 1.25 ml PL 0038 0107
Amoxil vials for injection:
250 mg., 500 mg., and 1 g PL 0038 0221/2/5
The amoxycillin content per dose unit is present as the trihydrate in Amoxil oral presentations and as the sodium salt in Amoxil injections.
Average daily cost for adults (250 mg. capsules t.d.s.) is 33p and for children (125 mg. syrup t.d.s.) is 20p.
Dosage
Oral
Adults: 250 mg. three times a day.
Children up to 10 years: 125 mg. three times a day.
In severe infections the dosage should be doubled
Parenteral
Adults: 500 mg. IM 8 hourly in moderate infections
1 g. I.V. 6 hourly in severe infections.
Children: 50-100 mg. kg. bodyweight a day in divided doses.
Contra Indications
Amoxil is a penicillin and should not be given to penicillin hypersensitive patients.
Side Effects
Side effects as with other penicillins, are usually of a mild and transitory nature: they may include diarrhoea, indigestion, or occasionally rash, either urticarial which suggests penicillin hypersensitivity or erythematous. An erythematous rash may be caused in patients with glandular fever, in which case it is advisable to discontinue treatment. Since Amoxil is a penicillin, problems of overdosage are unlikely to be encountered.
Full prescribing information on Amoxil (regd.) amoxycillin, is available from
Bencard, Great West Road, Brentford, Middlesex.

Bencard

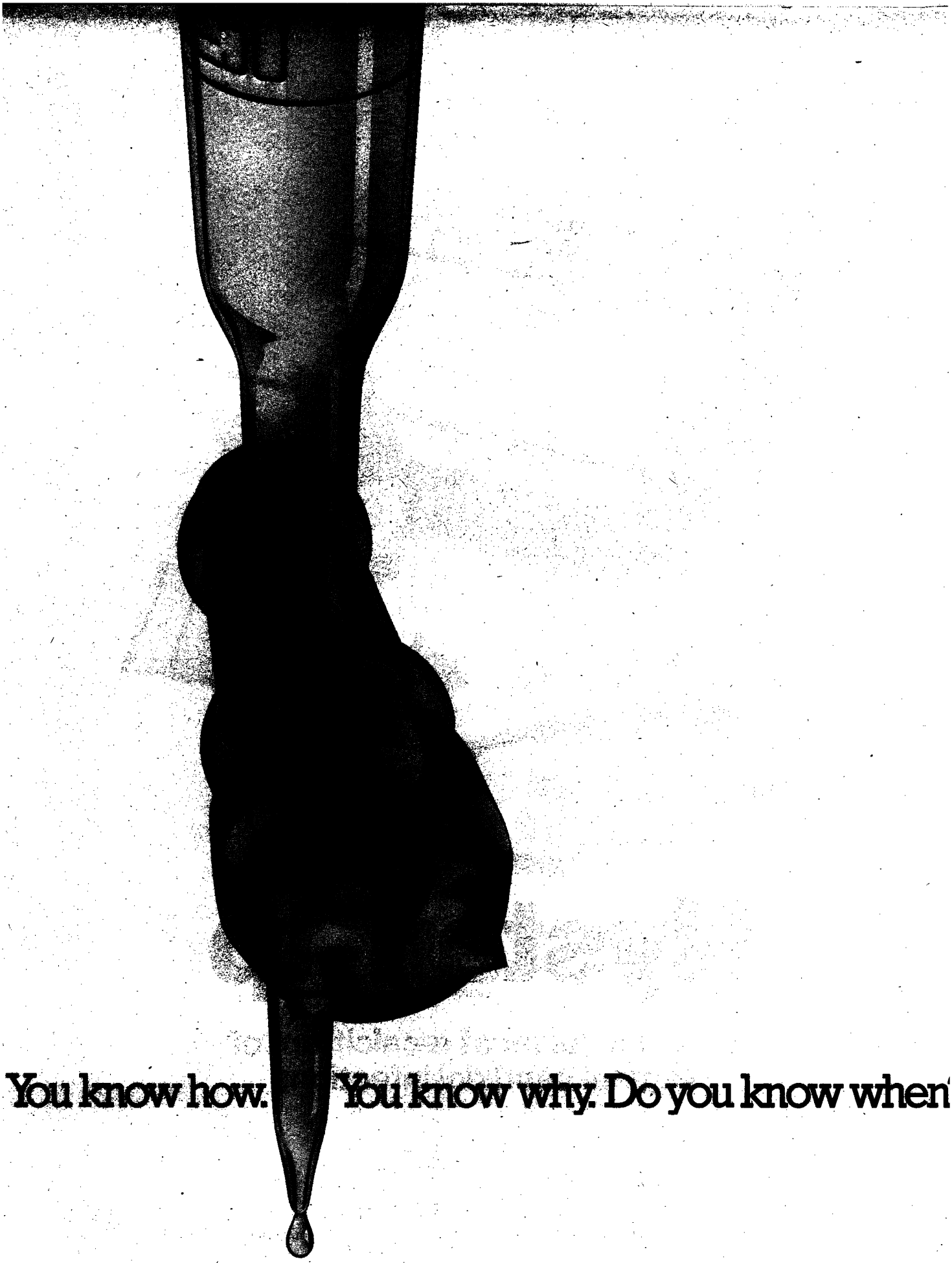
Nystan™-tp

(nystatin)

for even the most recalcitrant of vaginal candidal infections

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

SQUIBB™



You know how. You know why. Do you know when

'Tagamet' – long or short-term therapy

With over 2½ million patients treated, 'Tagamet's' unique mode of action selectively inhibiting the histamine H_2-receptor has been shown to be unequalled in the short-term treatment of reflux oesophagitis and peptic ulceration; particularly in the prompt relief of symptoms and healing of duodenal ulcers.[1-3] Considerable interest has been aroused by the possibilities of extended use of 'Tagamet' in order to minimise the recurrence of duodenal ulceration – inherently a naturally relapsing disease.

'Tagamet' – maintenance therapy

'Tagamet' is the only drug proven to reduce the frequency of relapse in duodenal ulceration.

Individual clinical trials have shown that continued treatment with 'Tagamet' at a reduced dosage after the duodenal ulcer has healed will significantly reduce the risk of relapse.[4-6] In on going trials[4] over 90% of 'Tagamet' patients remained in remission after periods of up to one year, compared with 50.1% of placebo patients.

Patients who have healed their ulcers and may benefit from continued treatment with 'Tagamet' should be maintained on a 400mg night-time dose for at least six months – a regimen shown to be effective in preventing relapse whilst producing reports of unwanted symptoms at a frequency similar to the overall incidence observed in short-term therapy; itself not greatly different from placebo.

'Tagamet' – short-term therapy

Reflux Oesophagitis – a review of 120 patients

'Tagamet' **67%** complete healing/marked improvement

Placebo **14%** complete healing/marked improvement

This group of patients included patients with serious oesophagitis having ulcers and erosions diagnosed at endoscopy.

Benign Gastric Ulcer – a review of 409 patients

'Tagamet' **75%** completely healed

Placebo **41%** completely healed

An analysis of treatment periods showed that significantly more patients had complete healing after 6 weeks (76%) compared with those treated for 4 weeks (62%).
(N.B. Malignant gastric ulcer should be excluded.)

Duodenal Ulcer – a review of 1055 patients

'Tagamet' **77%** completely healed

Placebo **41%** completely healed

For those patients who may benefit from longer term treatment, therapy may be continued for at least 6 months at a reduced dosage.

Prescribing Information

Presentations
'Tagamet' Tablets PL0002/0063 each containing 200mg cimetidine. 100, £14.29; 500, £70.00.
'Tagamet' Syrup PL0002/0073 containing 200mg cimetidine per 5ml syrup. 200ml, £6.29.

Indications
Duodenal ulcer, benign gastric ulcer, reflux oesophagitis.

Dosage
Duodenal ulcer: Adults, 200mg tds with meals and 400mg at bedtime (1.0g/day) for at least 4 weeks (for full instructions see Data Sheet). To prevent relapse, 400mg at bedtime or 400mg morning and evening for at least 6 months.
Benign gastric ulcer: Adults, 200mg tds with meals and 400mg at bedtime (1.0g/day) for at least 6 weeks (for full instructions see Data Sheet).
Reflux oesophagitis: Adults, 400mg tds with meals and 400mg at bedtime (1.6g/day) for 4 to 8 weeks.

Cautions
Impaired renal function: reduce dosage (see Data Sheet). Prolonged treatment: observe patients periodically. Malignant gastric ulcer may respond symptomatically. Avoid during pregnancy and lactation.

Adverse reactions
Diarrhoea, dizziness or rash, usually mild and transient tiredness. Rarely, mild gynaecomastia or evidence of reversible liver damage.

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 H_2-Receptor Antagonists. Excerpta Medica, p.260.
3. Oral cimetidine in severe duodenal ulceration. (1977) Lancet, **i**, 4.
4. Cimetidine Treatment in the Management of Chronic Duodenal Ulcer Disease. (1978) Topics in Gastroenterology. (In Press).
5. Maintenance Treatment of Recurrent Peptic Ulcer by Cimetidine. (1978) Lancet, **i**, 403.
6. Prophylactic Effect of Cimetidine in Duodenal Ulcer Disease. (1978) Brit. med. J., **i**, 1095.

Tagamet

cimetidine

H2

Unique control of gastric acid secretion

Full prescribing information is available from

SK&F
a SmithKline company

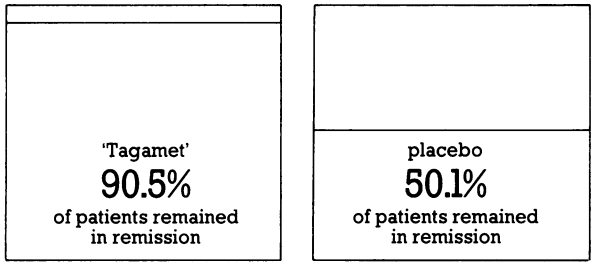
Smith Kline & French Laboratories Limited
Welwyn Garden City, Hertfordshire AL7 1EY
Telephone: Welwyn Garden 25111

TG: AD 568

'TAGAMET' A REPUTATION MAINTAINED

It is well recognised that duodenal ulceration is peculiarly susceptible to relapse and that such relapse occurs at a frequency irrespective of type, or use, of pharmacological agents that may have promoted initial remission. Generally speaking, it is more difficult to maintain remission than it is to induce it. In fact, it has been estimated that 75-80% of duodenal ulcer patients will have at least one relapse within five years of the initial episode[1] with some patients relapsing several times in one year.

Thus great interest has centred on the long-term usage of 'Tagamet' as a means of extending remission times. Trials have now been published[2-4] that emphasise how 'Tagamet' – the only drug proven to reduce the frequency of relapse – can be of use in such an application.



Overall results from clinical trials[2] have shown that over 90% of the 379 'Tagamet'-treated patients remained in remission compared with 50.1% of the 411 placebo-treated patients.

The mean duration of treatment in the 'Tagamet' group was approximately 6.3 months at a dosage of 400 mg nocte or 400 mg bd.

Symptomatic relief, reduction in gastric acid output, were maintained and ulcer recurrence significantly reduced.[2-4] Equally important, extensive monitoring for haematological, clinical and biochemical effects revealed no factors in these trials which are likely to limit the general use of 'Tagamet' for longer term treatment at the recommended dosage.[2] Furthermore, over 2½ million patients have now been treated with 'Tagamet'; reports of adverse reactions received by SK&F follow a generally similar pattern to that reported in clinical trials.

Thus the patient may be usefully maintained in remission with the concomitant advantages of general well-being and ability to conduct an active working life. In fact in one study[3] there was a significant difference in the number of working days lost between the 'Tagamet' and placebo groups.

'Tagamet'	placebo
2.8 days	**49.3 days**
per patient/year	**per patient/year**

A synopsis of how 'Tagamet' can be successfully applied to long-term ulcer management is available on request.

Prescribing Information
Presentations
'Tagamet' Tablets PL0002/0063 each containing 200mg cimetidine. 100, £14.29; 500, £70.00.
'Tagamet' Syrup PL0002/0063 containing 200mg cimetidine per 5ml syrup. 200ml, £6.29.
Indication
Duodenal ulcer.
Dosage
Adults: 200mg tds with meals and 400mg at bedtime (1.0g/day) for at least 4 weeks (for full instructions see Data Sheet).
To prevent relapse, 400mg at bedtime or 400mg morning and evening for at least 6 months.
Cautions
Impaired renal function: reduce dosage (see Data Sheet). Prolonged treatment: observe patients periodically. Avoid during pregnancy and lactation.
Adverse Reactions
Diarrhoea, dizziness or rash, usually mild and transient; tiredness.
Rarely mild gynaecomastia or evidence of reversible liver damage.

References
1. The Natural History of Duodenal Ulcer Disease. (1976) Surg. Clin. N. Amer., 56, 1235.
2. Cimetidine Treatment in the Management of Chronic Duodenal Ulcer Disease. (1978) Topics in Gastroenterology. (In Press).
3. Maintenance Treatment of Recurrent Peptic Ulcer by Cimetidine. (1978) Lancet, i, 403.
4. Prophylactic Effect of Cimetidine in Duodenal Ulcer Disease. (1978) Brit. med. J., i, 1095.

Tagamet
cimetidine
H2
Unique control of gastric acid secretion

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

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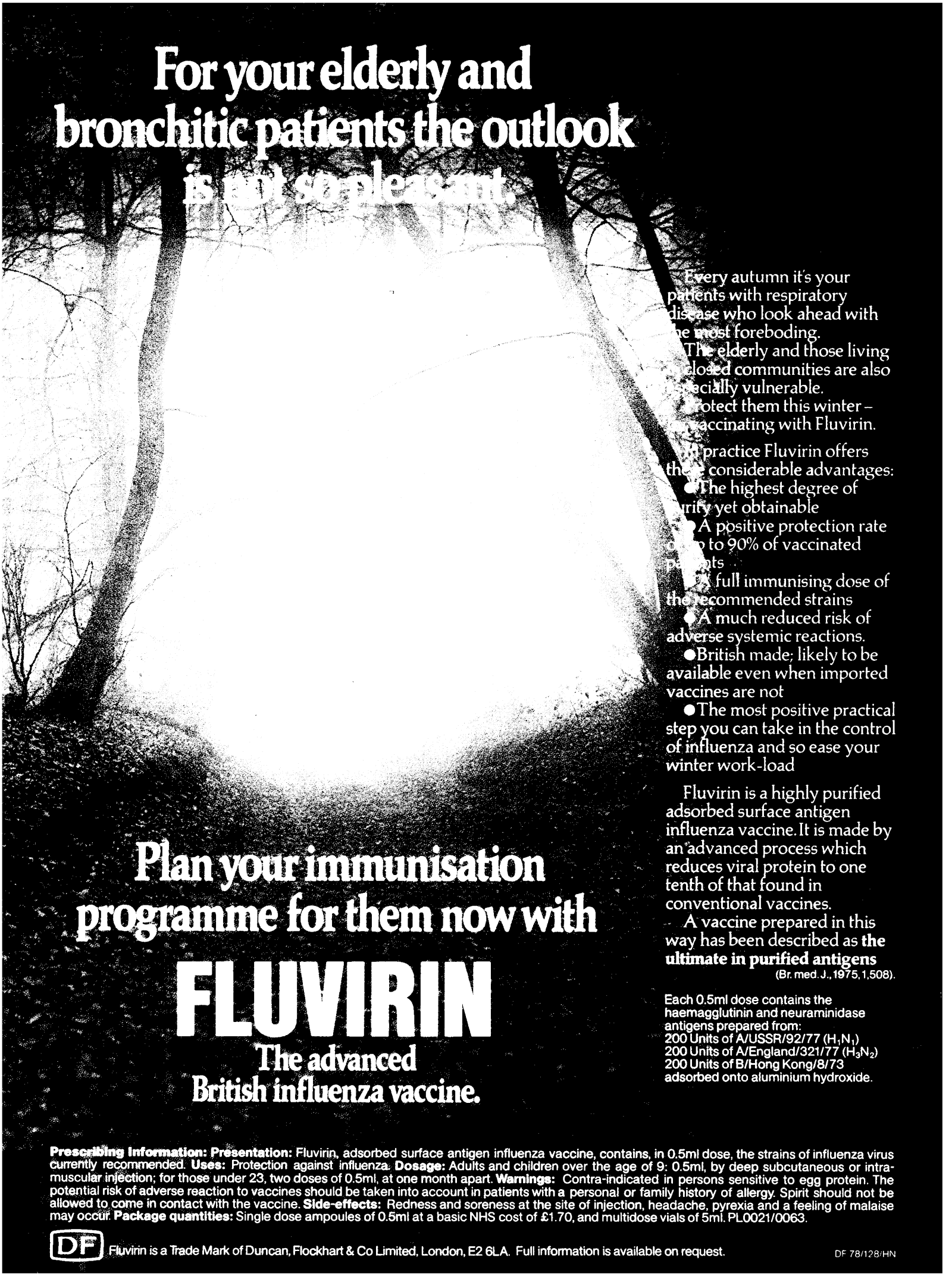


For your elderly and bronchitic patients the outlook is not so pleasant.

Every autumn it's your patients with respiratory disease who look ahead with the most foreboding.

The elderly and those living in closed communities are also especially vulnerable.

Protect them this winter – by vaccinating with Fluvirin.

In practice Fluvirin offers these considerable advantages:

- The highest degree of purity yet obtainable
- A positive protection rate of up to 90% of vaccinated patients
- A full immunising dose of the recommended strains
- A much reduced risk of adverse systemic reactions.
- British made; likely to be available even when imported vaccines are not
- The most positive practical step you can take in the control of influenza and so ease your winter work-load

Fluvirin is a highly purified adsorbed surface antigen influenza vaccine. It is made by an advanced process which reduces viral protein to one tenth of that found in conventional vaccines.

A vaccine prepared in this way has been described as **the ultimate in purified antigens** (Br. med. J., 1975, 1, 508).

Each 0.5ml dose contains the haemagglutinin and neuraminidase antigens prepared from:
200 Units of A/USSR/92/77 (H_1N_1)
200 Units of A/England/321/77 (H_3N_2)
200 Units of B/Hong Kong/8/73
adsorbed onto aluminium hydroxide.

Plan your immunisation programme for them now with

FLUVIRIN

The advanced British influenza vaccine.

Prescribing Information: Presentation: Fluvirin, adsorbed surface antigen influenza vaccine, contains, in 0.5ml dose, the strains of influenza virus currently recommended. **Uses:** Protection against influenza. **Dosage:** Adults and children over the age of 9: 0.5ml, by deep subcutaneous or intramuscular injection; for those under 23, two doses of 0.5ml, at one month apart. **Warnings:** Contra-indicated in persons sensitive to egg protein. The potential risk of adverse reaction to vaccines should be taken into account in patients with a personal or family history of allergy. Spirit should not be allowed to come in contact with the vaccine. **Side-effects:** Redness and soreness at the site of injection, headache, pyrexia and a feeling of malaise may occur. **Package quantities:** Single dose ampoules of 0.5ml at a basic NHS cost of £1.70, and multidose vials of 5ml. PL0021/0063.

DF Fluvirin is a Trade Mark of Duncan, Flockhart & Co Limited, London, E2 6LA. Full information is available on request.

DF 78/128/HN

Complete diuretic

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 presense 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 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.

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 exercise[1]. 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, 200mg or 400mg each contain 100, 200 or 400mg labetalol hydrochloride. Basic NHS cost of 50 Tablets 100mg is £3.44, of 50 Tablets 200mg £4.88 and of 50 Tablets 400mg £7.76. 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.

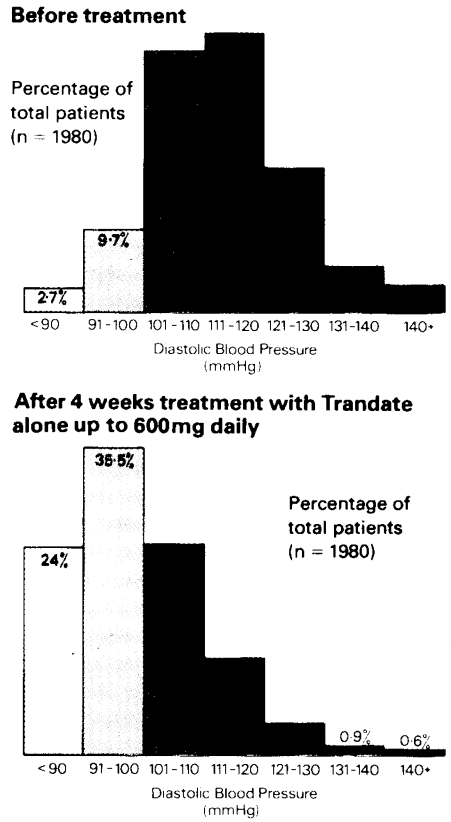
DOSAGE AND ADMINISTRATION (ADULTS)
The recommended starting dose for all patients is 100mg three times a day after meals. A satisfactory reduction in blood pressure is achieved at this dose level in some patients, especially those already on diuretic therapy, but higher doses are often necessary.
If 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

- 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 Practice[3]



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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 Tablets 400mg 0045/0109

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

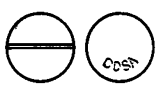
TRANDATE a unique profile in hypertension

Second in a series of Hibernating animals: the Badger (Meles vulgaris) hibernates in extreme cold.

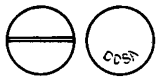
For safe, natural, undisturbed sleep...

REMNOS

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

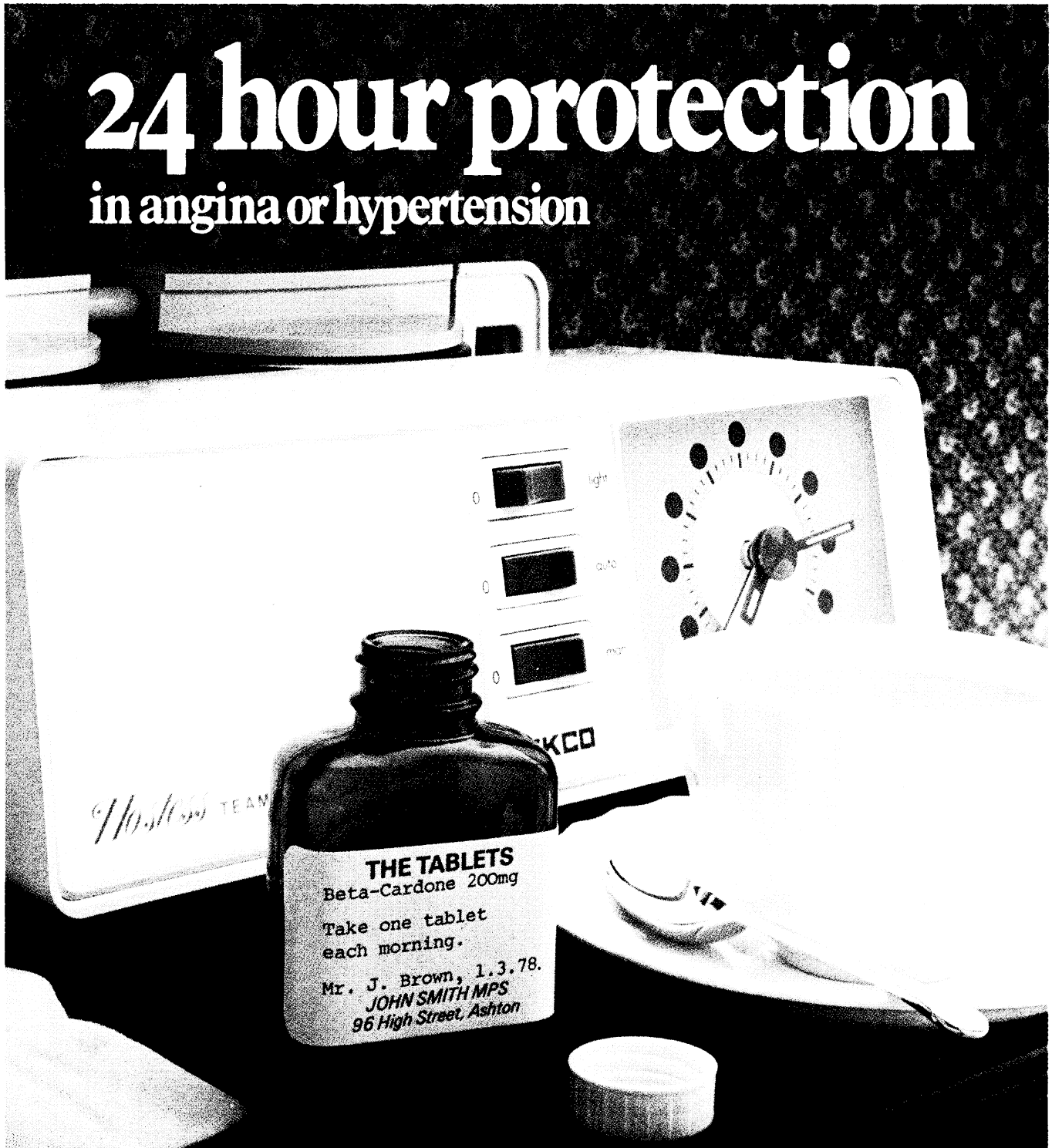
Prescribing convenience
The distinctive yellow colour of tablets Remnos 10mg clearly distinguishes this dosage form from tablets Remnos 5mg thus avoiding the likelihood of confusion

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

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

24 hour protection

in angina or hypertension



The long action of Beta-Cardone means that one dose in 24 hours is effective in angina or hypertension. This length of action is intrinsic, and does not depend on extrinsic devices such as special coatings or slow release mechanisms.

Beta-Cardone does not accumulate in the body, and does not give rise to impotence, postural hypotension, nasal congestion, or dry mouth. And, to the patient, the once-daily dosage regimen is as easy to remember as morning tea.

The L-O-N-G acting beta-blocker

Presentation and basic NHS cost
Tablets of sotalol.hydrochloride:

Beta Cardone 200mg	£10.48 per 100
Beta Cardone 80mg	£4.35 per 100
Beta Cardone 40mg	£2.93 per 100

DF PL 0021/0056-55-54 Beta-Cardone is a trade mark of DUNCAN, FLOCKHART & CO. LIMITED, LONDON E2 6LA.
Full information is available on request.

Protects the patient day and night.

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 first 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 £3.00 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.

FACULTY OF HOMEOPATHY
MIDLANDS BRANCH

Fourth Annual Symposium on Homeopathic medicine.
Saturday, 4 November 1978.
10.00—5.30 p.m.
Selly Oak Hospital, Birmingham.

A basic course, designed to introduce the principles and practice of Homoeopathic medicine, with special emphasis on its everyday use in general practice.

Regrettably, accommodation is limited to 100 doctors. Last year the Symposium was oversubscribed.

Applications, enclosing Registration fee of £5.00 to Dr R. A. F. Jack, The Limes, Lydiate Ash, Bromsgrove, Worcs., B61 0QL.

WILTSHIRE AREA HEALTH AUTHORITY
SWINDON HEALTH DISTRICT

VOCATIONAL TRAINING SCHEME FOR GENERAL PRACTICE

Swindon and Cirencester Hospitals

Applications are invited for two separate posts starting in February 1979. Both posts consist of two six month periods in Psychiatry and Paediatrics in Swindon, followed by a year at Cirencester Memorial Hospital, a Community Hospital, where experience is gained in Medicine, Surgery, Gynaecology and Accident Medicine and which is staffed by local GP's as well as Consultants. The final 12 months is in a training practice in Cirencester. During the period in general practice the trainee will attend the Wiltshire Day Release Course and throughout the three years will be expected to attend the trainees monthly group meetings. Further information and application forms available from:

Dr M. Ward, GP Tutor,
Postgraduate Centre,
Princess Margaret Hospital,
Okus Road,
Swindon SN1 4JU.

SALARIED PARTNERSHIP
(Part Time)
Northfield, Birmingham
1 January 1979

Teaching Practice: Good facilities, ECG, Maternity Beds, direct access pathology and X-ray department, four full time male partners, 10,500 patients.

Responsibilities: five notional half day sessions per week, plus one day on call per fortnight.

Salary: Geared to Hospital Practitioner Grade commencing at £4,200 per annum, plus car allowance.

Applications: Dr Davis & Partners, 021-475 5686 or letter, 1128 Bristol Road South, Birmingham B31 2RH.

SALARIED PARTNER

CHESTER. SALARIED PARTNER vacancy on 1 January 1979, in small teaching practice with close hospital and University connections. A personal and friendly practice with a highly organised foundation where academic excellence is fostered. Salary by arrangement for (about) 20 hour week.
Dr S. G. Jeffs, 10 Hoole Road, Chester.

Hemel Hempstead General Hospital

General Practice Vocational Training Scheme

Two Senior House Officer posts in three year training scheme for fully registered doctors available November 1978.

The rotation consists of 6 months each in four of the following subjects: Psychiatry, Paediatrics, Geriatrics with Acute Medicine, Accident and Emergency and a year in a carefully chosen teaching practice. All the usual features, plus an excellent link with Community Medical Services.

Full details and application forms obtainable from Dr J. A. Jamieson FRCGP, Course Organiser, Medical Library, Hemel Hempstead General Hospital, Hillfield Road, Hemel Hempstead, Herts.

VOCATIONAL TRAINING FOR GENERAL PRACTICE

Devon Area Health Authority
Exeter University
Exeter Health Care District

Applications are now invited for four places on 1 August 1979 for the vocational training scheme of the Department of General Practice in the Postgraduate Medical Institute of the University of Exeter. The course is designed and recognized for the MRCGP examination.

All four programmes start with a two-month introductory course in a university-approved teaching practice and will then consist of four rotating three-month appointments in: accident/emergency, gynaecology, ENT, and ophthalmology. There are two fixed six-month options for the second hospital year of either (a) paediatrics (DCH) and psychiatry, or (b) geriatrics and obstetrics. The remaining ten months are spent in another university-approved teaching practice.

Throughout the three years a half-day release course is held; trainees participate actively in the planning of the course and there is emphasis on small-group work. Additional courses are available for trainees and include an introductory course for each intake, an intensive MRCGP course, and a course on management in general practice. Trainees are encouraged to carry out research work during their course and six articles have been published by Exeter trainees.

The Marwood prize and the Syntex Award are presented to Exeter trainees annually.

The Department's brochure is available on request and the principles underlying the teaching have been published as Occasional Paper 4 *A System of Training for General Practice* (available from RCGP, 14 Princes Gate, Hyde Park, London SW7 1PU).

This is the only department of general practice outside a medical school in the British Isles.

Applications and enquiries should be made by 18 November 1978 to:

Dr. D. J. Pereira Gray.
Senior Lecturer-in-charge,
Department of General Practice,
Postgraduate Medical Institute,
Barrack Road, Exeter, Devon EX2 5DW.
Tel: Exeter (0392) 31159

UNIVERSITY OF BRISTOL

AVON VOCATIONAL TRAINING SCHEME FOR GENERAL PRACTICE

Applications are invited for a three-year traineeship in Vocational Training for General Practice, consisting of two years' hospital training and a one-year traineeship in an approved practice.

After a short period of orientation of not more than three months in the training practice, trainees will start hospital appointments at SHO 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, geriatrics, paediatrics 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 June 1979, the first hospital appointments to commence on 1 August 1979.

Applicants who are suitably qualified should write giving a full curriculum vitae, and 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 30 November 1978.

Candidates who are shortlisted will be interviewed on 10 January 1979.

It may 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 recognised for the Vocational Training Allowances by the DHSS and also for the MRCGP.

Applications and requests for further information should be sent to:

The Course Organisers,
Medical Postgraduate Department,
University of Bristol,
Canynge Hall,
Whiteladies Road,
Bristol BS8 2PR.

GRANTS FOR CONVALESCENCE

We have money available for your patient who is a woman (single or married) who has or has had in the past a job of a broadly professional nature to pay for or towards the cost of convalescence which you certify she needs.

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WHITECHAPEL, E1 1BB
(City & East London AHA (T))

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

Applications are invited for the four posts in this scheme, starting on 1 February 1979. 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 Post-graduate Centre, Bethnal Green. Applicants will be welcome to visit the training practices.

Further details may be obtained from the Course Organiser, 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 3 November 1978 and addressed to the Medical Staffing Officer, The London Hospital.

Royal College of General Practitioners
(East of Ireland Faculty)

THE ROBERT SLANEY PRIZE — £400

A Prize of £400 has been offered for a paper or lecture on a subject in General Practice to a Graduate of an Irish Medical School. The prize is to enable the recipient to travel to investigate General Practice elsewhere. Entries or for further information please apply to:

Dr John McManus,
1 Carlton Terrace,
Novara Road,
Bray, Co Wicklow, Ireland.
Tel: (01) 86 05 68

Closing date for entries: 1 February 1979.

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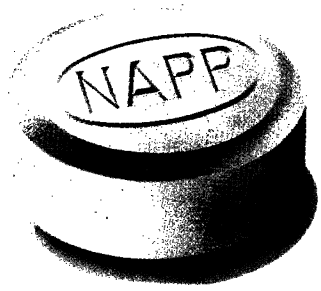

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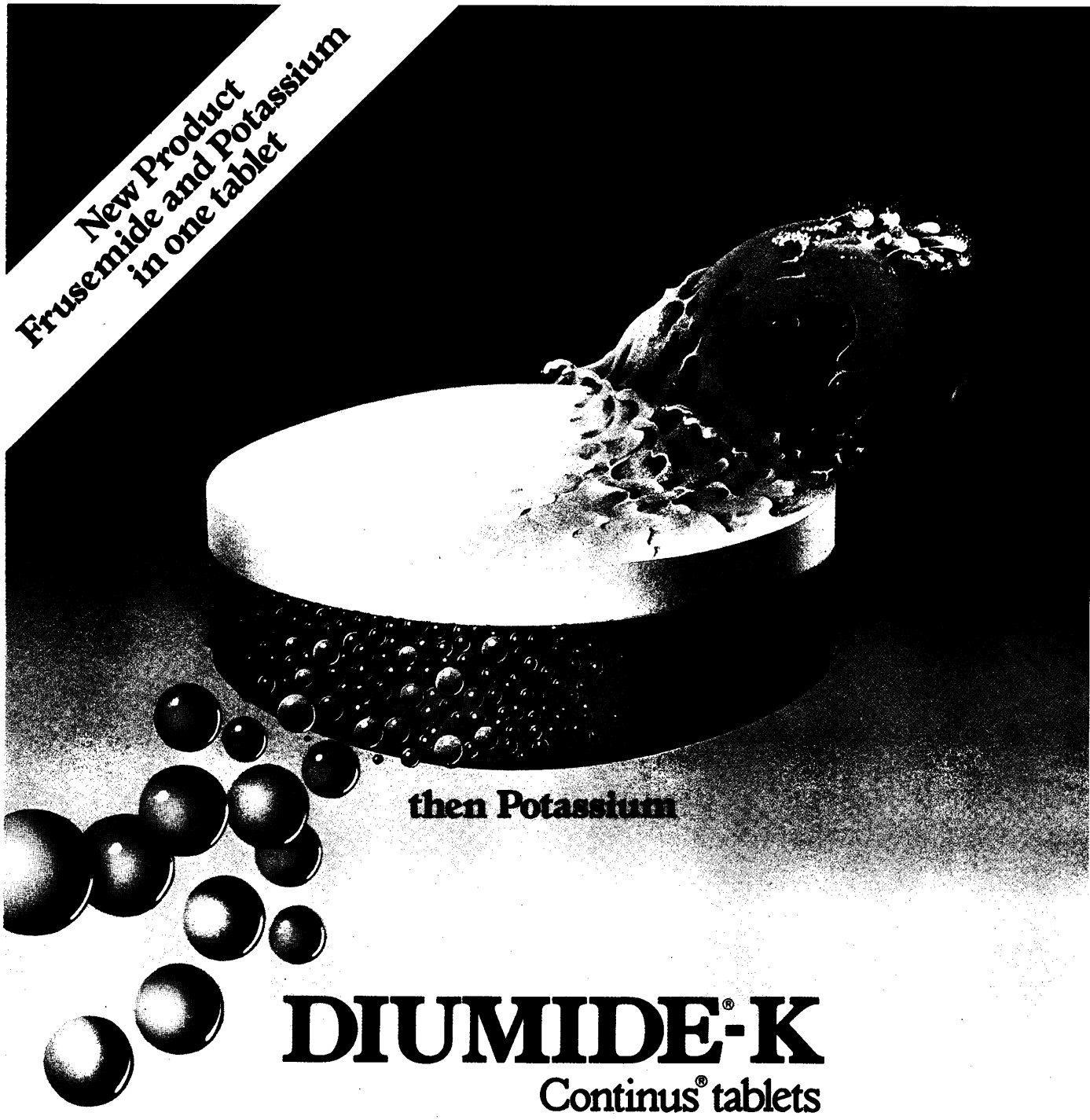

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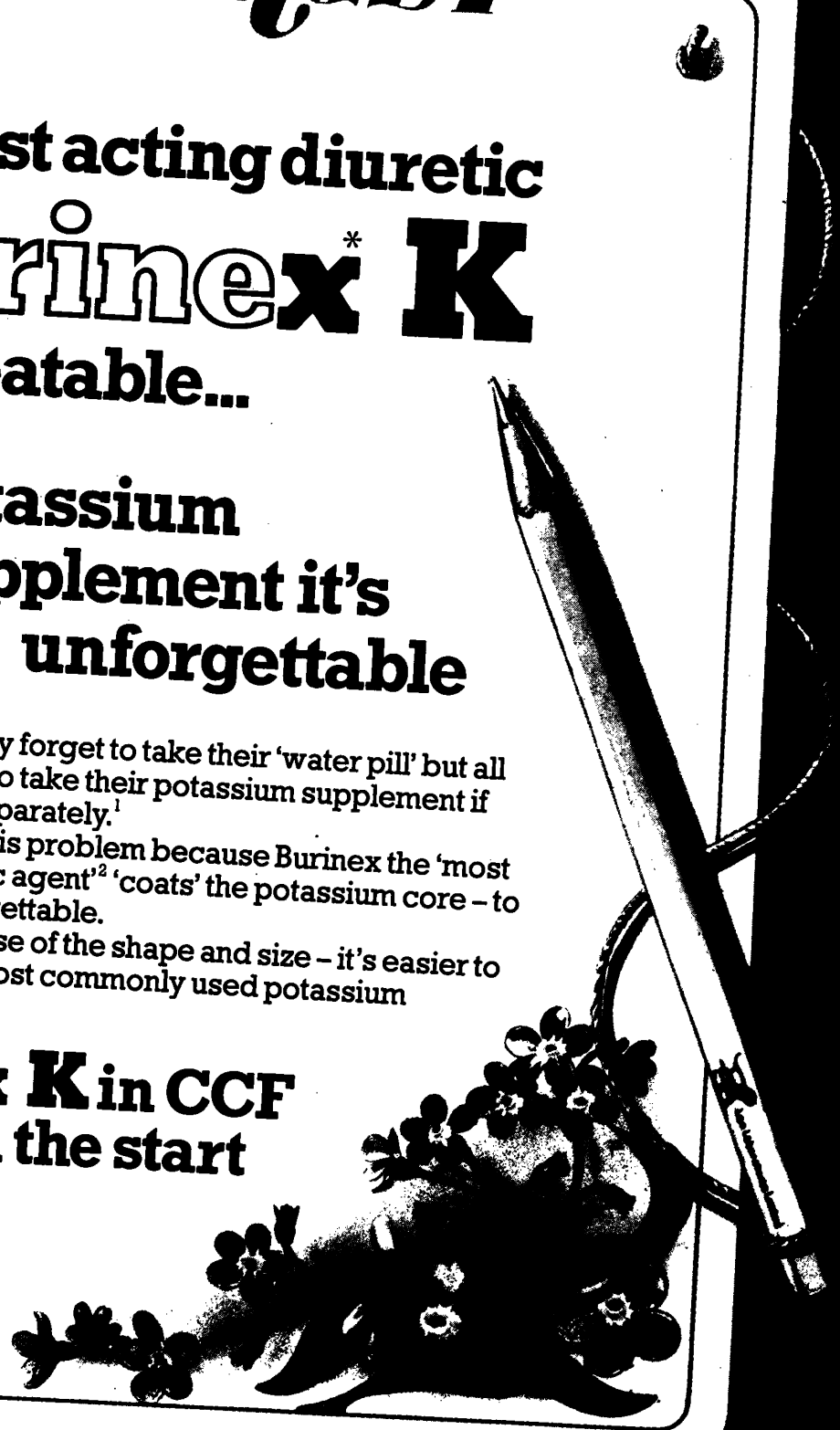

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