Below the surface of the climacteric

Hot flushes, sweating
Endometrial hyperplasia
Irritability, anxiety, depression
Dry vagina
Osteoporosis
(Affects one patient in three)
Irregular periods

Cyclo-Progynova
The all-round treatment for menopausal problems

1. Abdom. Medicine 43(10), 1977. Presentation: Circular mono-pack containing 21 white tablets each containing 2mg medroxy progesterone and 11 orange tablets each containing 2mg medroxy progesterone and 5 mg oestradiol. All tablets are sugar-coated with 'P' in a regular arrangement printed on each side. Dosage: (a) The alleviation of symptoms characteristically of menopausal Cyclo-Progynova may be used both before and after the menopause. (b) The correction of irregularities of the menstrual cycle caused by abnormal oestrogen production and disturbing corpus luteum function as in the menopause. (c) N.B. Cyclo-Progynova should not be used as an oral contraceptive. Dosage and administration: Patients with regular or irregular cycle may stop taking the tablets at any time. The mono-pack should be readjusted so that the starting day is correctly indicated in the end section. One tablet is taken daily for eleven days, followed by one sugar-coated daily for two days. An interval of seven days follows each pack, during which bleeding will usually occur. Continuation of the dosage of 0.05 mg oestradiol and 0.5 mg medroxy progesterone (5% of the corresponding estrogen dosage) is sufficient for the correction and control of natural hormone levels. The daily dosage of cyclical endometrial stimulation is 2 mg medroxy progesterone. It is recommended that the treatment of any condition be discontinued when symptoms have disappeared. Re-treatment should be under medical supervision. (d) N.B. Use cyclical endometrial stimulation should be discontinued when symptoms have disappeared. Re-treatment should be under medical supervision.

2. Schering. Schering Chemische GmbH, Pharmaceuticals Division, Kenilworth, N.J., 07033, U.S.A. (Cyclo-Progynova is manufactured by Schering-Plough Corporation, Rahway, New Jersey, 07065.)
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; Otis Media; Urinary Tract Infections.

Presentations: Talpen syrup: Each 5 ml contains talampicillin napsylate (187 mg) equivalent to 125 mg talampicillin hydrochloride. Available in bottles of 100 ml. Talpen tablets: 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-indications: Pencillin hypersensitivity. Precaution: Talpen is not recommended for patients with severe renal or hepatic impairment. Side-effects: As with other pencillins, an anaphylactic rash may occasionally occur, the incidence is particularly high in patients with infective mononucleosis. The incidence of diarrhoea as a side-effect is significantly lower following the administration of Talpen than following oral ampicillin.


Prices correct at time of printing. Further information is available on request to the Company.
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."

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

With Amoxil you can stay on top of bronchitis.

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 H₂-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 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, £13.22; 500, £64.75.
‘Tagamet’ Syrup PL0002/0073 containing 200mg cimetidine per 5ml syrup 200ml, £8.29.
Indications
Duodenal ulcer, benign gastric ulcer, reflux oesophagitis.
Dosage
Duodenal ulcer: Adults, 200mg tds with meals and 400mg at bedtime (10g/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 (10g/day) for at least 6 weeks (for full instructions see Data Sheet).
Reflux oesophagitis: Adults, 400mg tds with meals and 400mg at bedtime (16g/day) for 4 to 6 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. Rarely, mild gynaecomastia or evidence of reversible liver damage.
References

Tagamet
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
Tagamet is a trade mark
© Smith Kline & French Laboratories Limited 1978

TG AD 568
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 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 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 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 bid.

Symptomatic relief, reduction in gastric acid output, were maintained and ulcer recurrence significantly reduced. 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. Furthermore, over 2.4 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 there was a significant difference in the number of working days lost between the 'Tagamet' and placebo groups.

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

References

Full prescribing information is available from

Smith Kline & French Laboratories Limited
Welwyn Garden City, Hertfordshire AL7 1EY
Telephone: Welwyn Garden 2511
'Tagamet' is a trade mark
© Smith Kline & French Laboratories Limited 1978

TG:AD 578
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 chlormium bromide.

References
Cromwell J.H., Med Times (NY), 1968, 86, 933
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
For your elderly and bronchitic patients the outlook is not gloomy.

Every autumn it’s your task to protect 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 — vaccinating with Fluvinir.

The practice Fluvinir offers these considerable advantages:
- The highest degree of purity yet obtainable
- A positive protection rate 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

Each 0.5ml dose contains the haemagglutinin and neuraminidase antigens prepared from:
- 200 Units of A/USSR/92/77 (H2N3)
- 200 Units of A/England/321/77 (H3N2)
- 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:* Fluvinir, 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 3; 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. P.L.0000/0003.

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

References
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 9LA
For safe, natural, undisturbed sleep...

REMNOs

Nirazepam/DOSA

Now available in 2 strengths from DDSA only
Remnos brand of Nirazepam 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 tablets
Beta-Cardone 200mg
Take one tablet each morning.
Mr. J. Brown, 1.3.78.
JOHN SMITH MPS
96 High Street, Ashton

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

Protects the patient day and night.
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.

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 NSS. Cost 40 tablets £6.38.
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

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

Side effects are mild and infrequent. Drowsiness, mental confusion, gastrointestinal intolerance, gynecomastia, 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 and Co. Ltd, 0020/0148
Basic N.H.S. Cost
50 tablets £12.91.

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. Aldactone, Aldactone and Searle are registered trade marks.
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


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


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 test. It will have immediate practical value to general practitioners, physicians, dermatologists, students and all others with an interest in this field.'


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


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.'


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

Immunisation


Preventive Dentistry

Leon Silverstone, autumn 1978.

Interpreting the Electrocardiogram


ALL UPDATE BOOKS ARE AVAILABLE TO PERSONAL CALLERS AT OUR LONDON OFFICE OR BY POST. TO ORDER BY POST, COMPLETE THE ATTACHED FORM AND POST WITH YOUR REMITTANCE TO: UPDATE PUBLICATIONS LIMITED 33/34 ALFRED PLACE LONDON WC1E 7DP

These prices apply only until 31 December 1978.

ORDER FORM

<table>
<thead>
<tr>
<th>Number of copies required</th>
<th>Remittance enclosed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Aid at Accidents</td>
<td></td>
</tr>
<tr>
<td>Rehabilitation Today</td>
<td></td>
</tr>
<tr>
<td>Dermatology</td>
<td></td>
</tr>
<tr>
<td>Oral Disease</td>
<td></td>
</tr>
<tr>
<td>Neonatal Medicine</td>
<td></td>
</tr>
<tr>
<td>Immunisation</td>
<td></td>
</tr>
</tbody>
</table>

Please type or print your name and address clearly in block capitals. Cheques or postal orders should be made payable to Update Publications Ltd and sent to the address given above. These books are only available by direct sale, cash with order.

NAME

ADDRESS

Money back guarantee. If you are dissatisfied with your book and return it to us in perfect condition within 28 days, your money will be refunded in full.

CO/11/78
Why fewer and fewer doctors should recommend polyunsaturates

"The Panel are unanimous in remaining unconvinced by the available evidence that the incidence of ischaemic heart disease in the United Kingdom, or the death rate from it, would be reduced in consequence of a rise in the ratio of polyunsaturated to saturated fatty acids in the national diet.

"In the present state of knowledge any suggestion or claim to that effect, with respect to the nation or to an individual, would be unjustified."


---

Butter is natural milk fat. It contains saturated; mono-unsaturated and polyunsaturated fatty acids.

Unlike many other spreads, it contains no unnaturally created fatty acids whatsoever. The cream which makes butter is not neutralised; bleached; hydrogenated; emulsified or artificially flavoured.

Issued in the interest of balance by the Butter Information Council.

To receive occasional material on Fats and Health write to:
Department J.R.C.G.P.I.
Butter Information Council,
Bank Street Suite,
158 High Street,
Tonbridge, Kent, TN9 1BJ.

Butter—we've been eating it for a thousand years
THE UNIVERSITY OF MANCHESTER
LECTURER IN GENERAL PRACTICE
Applications are invited for this post. Applicants should have completed or be about to complete Vocational Training or be a Principal in General Practice, and hold the MTCGP. The appointee will do clinical work as a Principal in the Darbishire House Health Centre (under contract to the Manchester Family Practitioners Committee), take part in undergraduate teaching and carry out research. It is expected that he/she will proceed to a higher degree by research. Salary range per annum (under review): £7,768—£8,080 (on clinical Lecturer scale) plus car allowance of £876. In addition, any vocational training allowance or seniority award to which the appointee is entitled will continue to be paid.
Particulars and application forms (returnable by 24 November) from the Registrar, The University, Manchester, M13 9PL. Quote ref: 240/78/JRCGP.

EAST SUSSEX AREA HEALTH AUTHORITY
HASTINGS HEALTH DISTRICT
VOCATIONAL TRAINING SCHEME FOR GENERAL PRACTICE
Applications are invited from Registered Medical Practitioners for three appointments to the Hastings Health District Vocational Training Scheme commencing on the 1 March 1979.
Each successful applicant will receive a three year course of vocational training consisting of two separate six month attachments to selected general practices in either Bexhill, Hastings or Rye and four six month SHO posts selected from the following disciplines; Accident/Emergency, General Medicine/Geriatrics/Rheumatology, Obstetrics, Paediatrics, Psychiatry and ENT/Dermatology.
Throughout the whole three-year period there will be weekly half-day release course meetings of trainers and trainees during which topics appropriate to general practice will be considered in some depth. There will also be opportunity to attend other courses and postgraduate meetings at the Hastings Postgraduate Medical Centre.
The course is recognised for the MRCGP, DCH and DRCOG.
Married accommodation will be available if required.
The scheme offers trainees an enjoyable and worthwhile three years in an extremely attractive part of the country with ample opportunity for leisure pursuits.
For further details apply to the Course Organiser, Hastings Postgraduate Medical and Dental Centre, 7 Holmesdale Gardens, Hastings TN34 1LY.

GLYCINORRGW HEALTH CENTRE
offers traineeship starting February 2,100 patients, one Principal plus Research Registrar and attachment to MRC. Full primary care team and diagnostic equipment, access to pathology and x-rays. Half-day release to Swansea or Bridgend. Ample study time, opportunities for research experience. Cheap accommodation available. Apply with curriculum vitae and two referees as soon as possible to Dr Julian Tudor Hart, Glyncorrgw Health Centre, West Glamorgan SA13 3BL (Tel: 063983 407/487). Present trainee can be contacted at 063983 407/599 (Dr Delahunty).

MRC/DHSS EPIDEMIOLOGY & MEDICAL CARE UNIT
Northwick Park
RESEARCH REGISTRAR IN EPIDEMIOLOGY FOR GENERAL PRACTICE, GLYCINORRGW, SOUTH WALES
Applications are invited for this post, which was created in 1974 to assist in research integrated with clinical care. Current interests are the management of adult hypertension, arterial pressures and bacteriuria in infancy and early childhood, incontinence, and the epidemiology of bowel cancer. The post is tenable in South Wales from one to three years, and is paid on hospital scales according to experience. Cheap accommodation is available, and the post requires transfer to Northwick Park, Watford, about once a month. Previous research experience is not important, but experience in general practice is essential, preferably with traineeship and MRCGP. The post will be vacated from 1 December, but a later starting date can be considered. Apply as soon as possible, with curriculum vitae and two referees, to Dr Julian Tudor Hart, Glyncorrgw Health Centre, West Glamorgan SA13 3BL (Tel: 063983 407/487).
The present holder of this post, Dr Bob Williams, can be contacted at 063983 407/599.

PARTNERSHIP SOUGHT
EDINBURGH GRADUATE, 28, married Englishman with family, educated in East Anglia, Hons BSc (1st), DCH, will be free from March 1979 on completion of 3 year self-organized vocational training rotation including General Practice in Crieff, and obstetrics. I am looking for a semi-rural practice of stimulating partners which offers a high standard of care from its own premises, with CP beds, but without large lists or DDS; in the southern half of Scotland, or the eastern half of England, north of the Thames. Interests include sailing and photography. Dr Roger Simmons, 16 Roseneath Place, Edinburgh 031-229 3409.

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.

NORWICH AND NORWICH
INSTITUTE FOR MEDICAL EDUCATION
POSTGRADUATE COURSES FOR GENERAL PRACTITIONERS AT NORWICH
A residential Postgraduate Course for General Practitioners in General Medicine will be held from 1 to 6 April 1979, at the Norwich Hospitals. Approval under Section 63 will be sought for this Course, and the programme and application forms will be available by the end of 1978. If you wish to attend this Course, please contact Mrs Jill Taylor, NAINME, Norwich and Norwich Hospital, Norwich NR1 3SR.
Somebody has prescribed 30,000,000 tubes of fucidin...

is it YOU?

In boils, dirty wounds, impetigo and most other soft tissue bacterial infections—Fucidin works.

Topical Fucidin is available as Fucidin Gel, Fucidin H Gel, Fucidin H Ointment, Fucidin Tulle and Caviject... and of course

fucidin* ointment

Full prescribing information available from
Leo Laboratories Limited,
Hayes Gate House, Hayes, Middx.

*Fucidin is a trade mark for sodium fusidate.

Topical Fucidin 2% Fucidin, also available with 1% hydrocortisone. Indications Gram-positive skin infections. Hydrocortisone preparations for inflammatory dermatoses. Contra Indications/Precautions Infections due to non-susceptible organisms. Fucidin hypersensitivity. Avoid extensive use of hydrocortisone in pregnancy and infants. Do not use in or near eyes. Adverse Reactions Occasional hypersensitivity reactions.