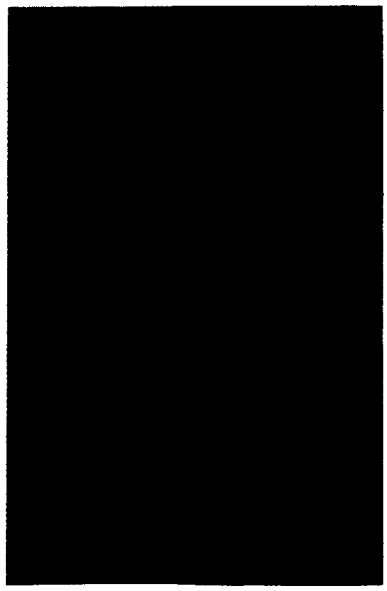
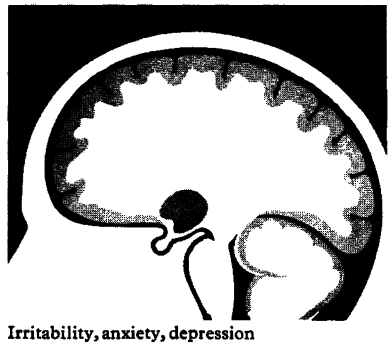


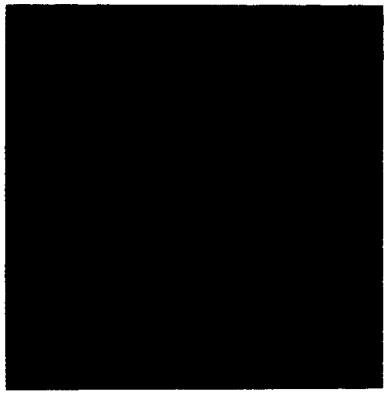
Hot flushes, sweating



Irritability, anxiety, depression

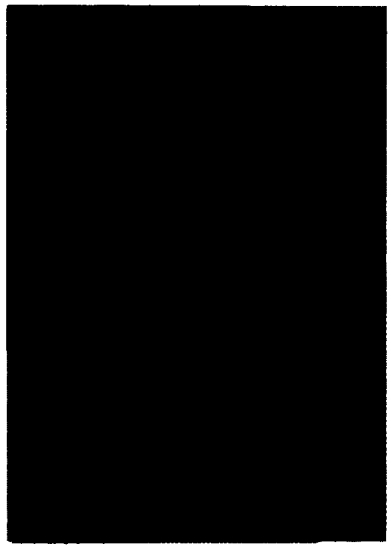
Endometrial hyperplasia

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

Oestrogen with progestogen to protect against endometrial hyperplasia

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. 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.

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.

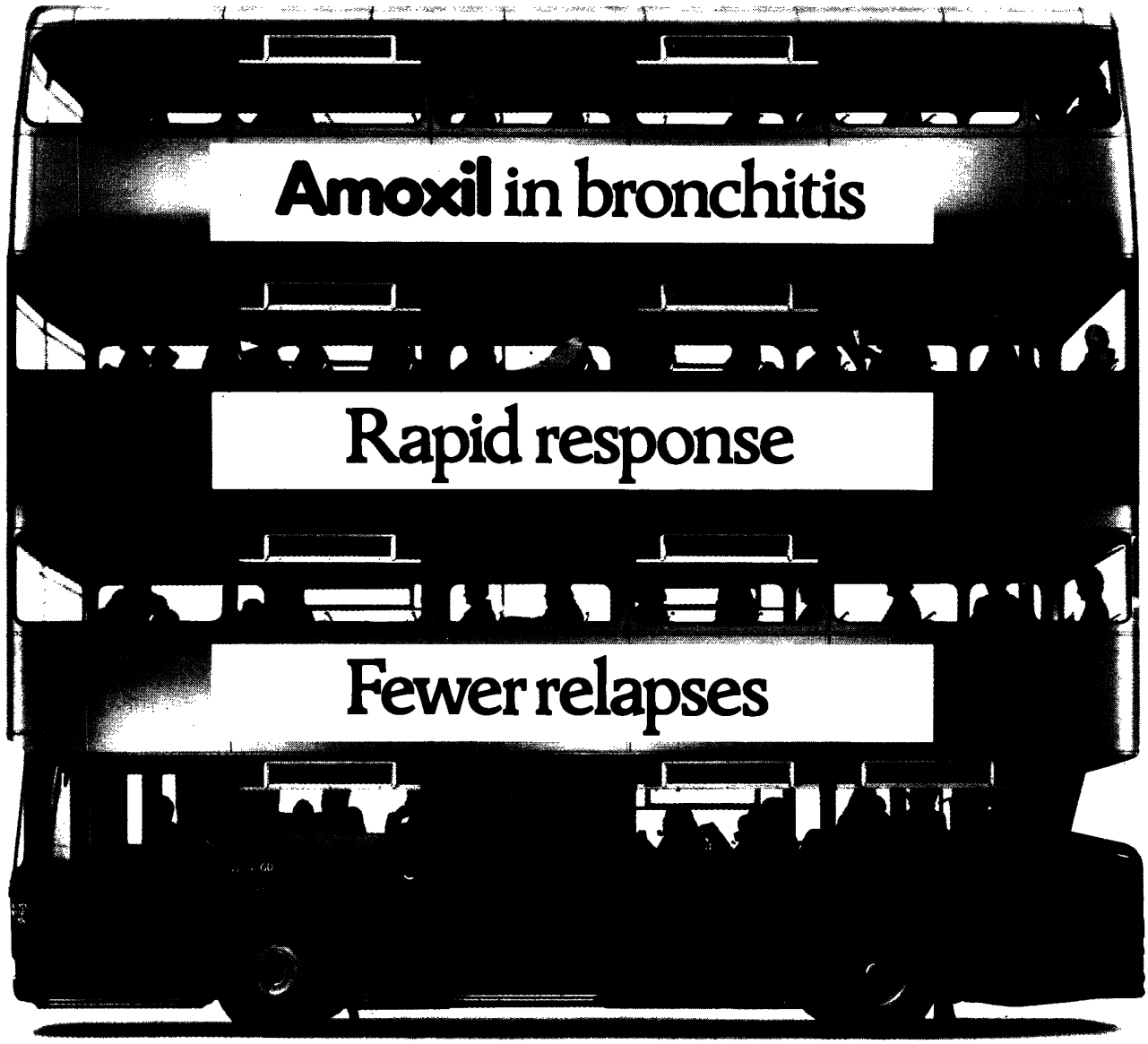
References
Cromwell,H.A.,Med.Tms(NY),1968,96,933
Head,H.B., and Hammond,J.B.,Amer.J.dig.Dis.,1968,13,540
McHardy,G.,*et al.*,Gastroenterology,1968,54,508

Full prescribing information is available

ROCHE

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

J486012/577



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: 250 mg and 500 mg. PL 0038 0103 5
Amoxil syrup;
125 mg and syrup forte 250 mg per 5 ml. 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

Why fewer and fewer doctors should recommend polyunsaturates

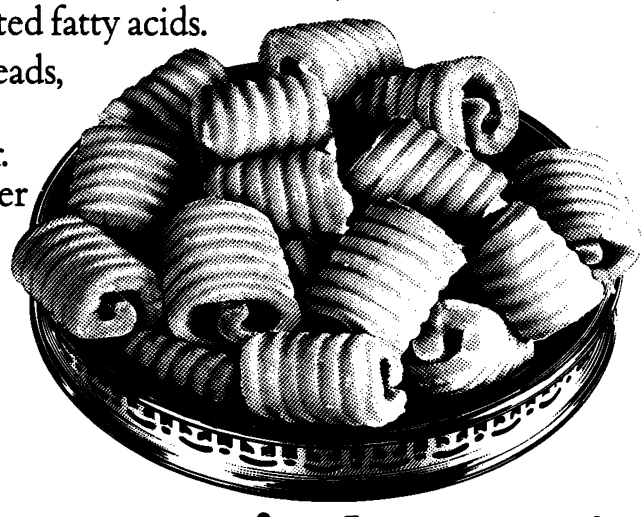
"The Panel are unanimous in remaining unconvinced by the available evidence that the incidence of ischaemic heart disease in the United Kingdom, or the death rate from it, would be reduced in consequence of a rise in the ratio of polyunsaturated to saturated fatty acids in the national diet.

"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."

The Advisory Panel of the Committee on Medical Aspects of Food Policy (Nutrition) on diet in relation to cardiovascular and cerebrovascular disease reporting to the Department of Health and Social Security. 1974 (Reconfirmed December 1977).

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.P1.
Butter Information Council,
Bank Street Suite,
158 High Street,
Tonbridge, Kent, TN9 1BJ.

Butter–we've been eating it for a thousand years

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

1978

'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, £13.22; 500, £64.75.
'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

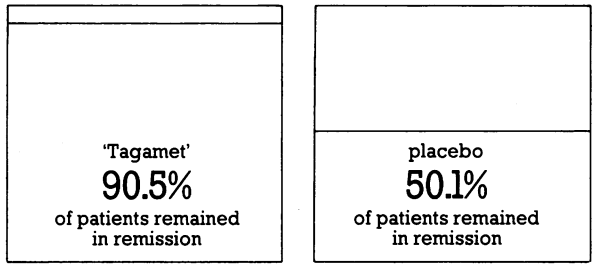
Smith Kline & French Laboratories Limited
Welwyn Garden City, Hertfordshire AL7 1EY
Telephone: Welwyn Garden 25111

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, £13.22; 500, £64.75.
'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

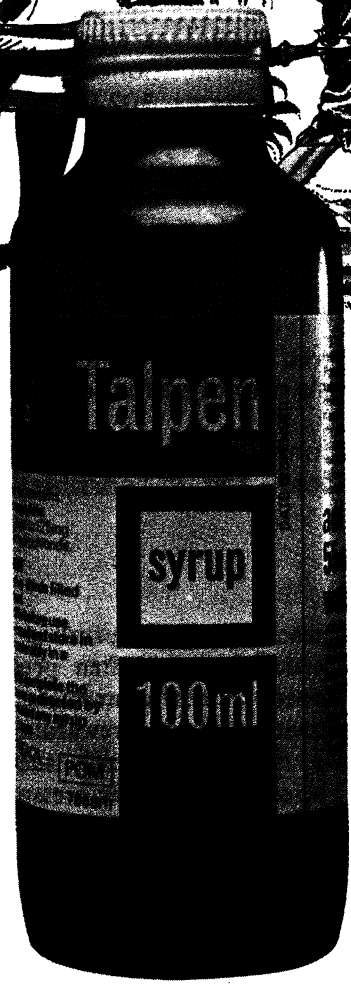
SK&F
a SmithKline company

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

TG:AD 578

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.

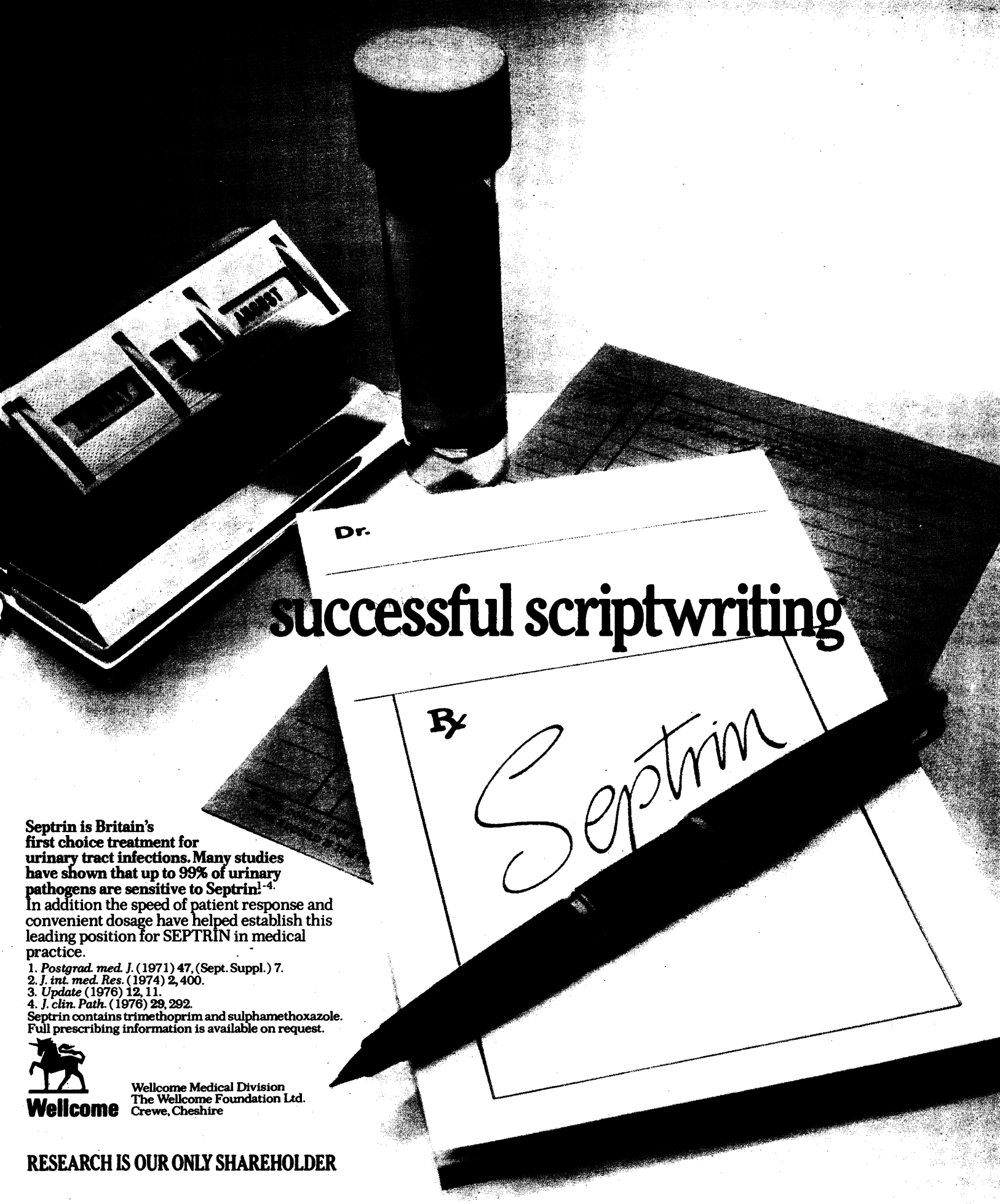
□ Talpen is acceptable to your patients.

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



Septrin is Britain's first choice treatment for urinary tract infections. Many studies have shown that up to 99% of urinary pathogens are sensitive to Septrin.[1-4] In addition the speed of patient response and convenient dosage have helped establish this leading position for SEPTRIN in medical practice.

1. *Postgrad. med. J.* (1971) **47**, (Sept. Suppl.) 7.
2. *J. int. med. Res.* (1974) **2**, 400.
3. *Update* (1976) **12**, 11.
4. *J. clin. Path.* (1976) **29**, 292.

Septrin contains trimethoprim and sulphamethoxazole.
Full prescribing information is available on request.

Wellcome

Wellcome Medical Division
The Wellcome Foundation Ltd.
Crewe, Cheshire

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SEPTRIN FIRST CHOICE IN U.T.I.

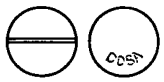
TRADE MARK

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

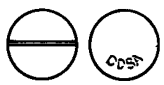
For safe, natural, undisturbed sleep...

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

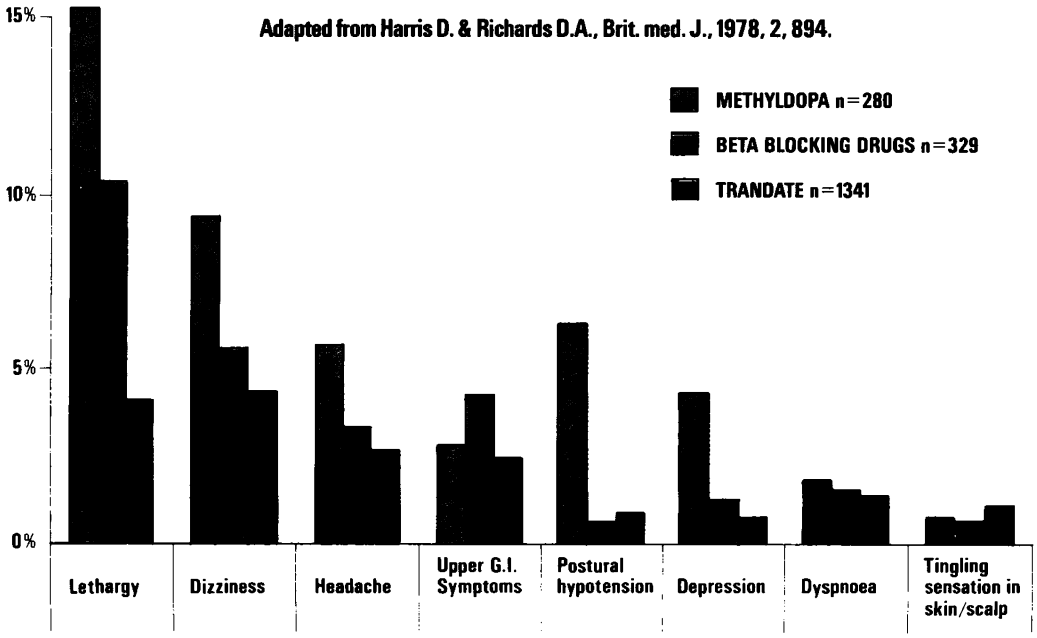
Further information available on request from DDSA Pharmaceuticals, 310 Old Brompton Road London SW5 9JQ

Trand

(labetalol)

...with a lower incid

Incidence of the most frequently observed side effects during treatment with Trandate for 3 months. Compared with side effects reported on previous therapy.



ate alone...

ence of side effects

Hypertension is frequently free of unpleasant symptoms and patients are therefore reluctant to continue taking drugs with side effects that cause them problems in everyday life. Because of its unique mode of action, Trandate, the first alpha-beta-blocker avoids many of the side effect problems associated with previous therapeutic approaches.
Additionally Trandate has a favourable effect on the haemodynamics of the circulation – lowering peripheral resistance without reducing cardiac output.
And most patients can be controlled by Trandate alone resulting in a simple treatment regimen with a high level of compliance.

Trandate

Right in principle - working in practice

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

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.

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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 the 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.

THE BRITISH MEDICAL FEDERATION
has now published its programme of

COURSES FOR GENERAL PRACTITIONERS

for the period January to August 1979. These programmes will be distributed automatically to General Practitioners in the National Health Service in the four Thames Regional Health Authorities through their local Family Practitioner Committees.

Any other General Practitioner wishing to receive a copy of this programme, should forward **a stamped addressed foolscap envelope to:**

The General Practitioner Department, British Postgraduate Medical Federation, Regional Postgraduate Medical Deans' Office, 14-18 Ulster Place, London NW1 5HD.

No applications will be accepted by telephone.

PARTNERSHIPS OFFERED

Progressive Teaching Practice in pleasant suburban area, North Merseyside, seeks experienced RCGP orientated, vocationally trained UK graduate as Third Partner from January 1979. Interest in paediatrics together with enthusiasm for teaching at both Undergraduate and Postgraduate levels expected. Well equipped central premises including full-time Practice Manager, Secs, DN, HVs, and Dietitian. Excellent diagnostic facilities include own ECG, Vitalograph etc. Close association with local hospitals and PG centres. Move to new HC planned for 1981. For further details write with CV, (and photo if possible) to:

Dr R. A. Yorke,
162 Liverpool Road South,
Maghull,
Merseyside

GRAMPIAN HEALTH BOARD
SOUTH DISTRICT

University of Aberdeen

VOCATIONAL TRAINING FOR GENERAL PRACTICE

Applications for twelve places in this approved three year scheme are invited for medical graduates who wish to train for a career in general practice and who are fully registered on 1 August 1979.

Trainees will spend the first two years in Hospital Service posts at Senior House Officer grade. These posts include experience in Casualty, Dermatology, E.N.T., Ophthalmology, Paediatrics, Obstetrics and Gynaecology. During the Obstetric training the doctor will be expected to live in and would also be required to live in during on-call periods in Casualty, Paediatrics and Gynaecology. In the second year an elective period of three months is available for each trainee to spend in a hospital department of his or her own choice.

The third year will be spent mainly as an assistant in a local training practice from which one day per week release will be arranged for Day Release Teaching.

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

Those wishing to be considered for the intake on 1 August 1979 should complete and return by 31 January 1979 an Application Form obtainable from the Specialist in Community Medicine, Grampian Health Board, South District, Foresthill House, Ashgrove Road, Aberdeen, AB9 8AQ.

Details of the training schedule will be sent out with the Application Form but any additional enquiries about the scheme may be addressed to Dr Denis Durno, Regional Adviser in General Practice, c/o Department of General Practice, University Medical Buildings, Foresterhill, Aberdeen, AB9 2ZD.

COLLEGE ACCOMMODATION

Charges for college accommodation are reduced for members (i.e. fellows, members and associates). Members of overseas colleges are welcome when rooms are available. All charges for accommodation include breakfast and are subject to VAT. A service charge of 12½ per cent is added. Members are reminded that children under the age of 12 years cannot be admitted and dogs are not allowed. Residents are asked to arrive before 18.30 hours to take up their reservations.

From 1 September 1978, charges are (per night):

	Members	Others
Single room	£5	£12
Double room	£10	£20
Flat 1	£15	£25
Flat 2	£18	£25
Flat 3	£20	£30

Charges are also reduced for members hiring reception rooms compared with outside organizations which apply to hold meetings at the College. All hirings are subject to approval and VAT is added.

	Members	Others
Long room	£40	£80
Damask room	£30	£50
Common room and terrace	£30	£50
Kitchen	£10	£20
Seminar room	£20	£30
Poc room	—	£20

Enquiries should be addressed to:

The Accommodation Secretary,
Royal College of General Practitioners,
14 Princes Gate, Hyde Park,
London SW7 1PU.

Tel: 01-584 6262

Whenever possible bookings should be made well in advance and in writing. Telephone bookings can be accepted only between 9.30 hours and 17.30 hours on Mondays to Fridays. Outside these hours, an Autophone service is available.

University of London
Royal Postgraduate Medical School

COURSE IN ADVANCED MEDICINE FOR GENERAL PRACTITIONERS

29 January-2 February 1979

Applications are invited from General Practitioners for the above course which will be held at the Royal Postgraduate Medical School, Hammersmith Hospital.

Topics include:

Ischaemic Heart Disease
Aspects of Urology
Dermatology
Paediatric Problems
Obstetrics and Gynaecology
Management of Medical Emergencies

Application forms may be obtained from:

The School Office (SSC), Royal Postgraduate Medical School, Hammersmith Hospital, Du Cane Road, London W12 0HS. Telephone: 01-743 2030 ext 351

A catering charge of £15 will be made.

INDEX TO ADVERTISERS

DON'T FORGET

As a fast acting diuretic

Burinex* K

is unbeatable...

as a potassium supplement it's unforgettable

Your patients rarely forget to take their 'water pill' but all too frequently fail to take their potassium supplement if you prescribe it separately.[1]
Burinex K solves this problem because Burinex the 'most effective natriuretic agent'[2] 'coats' the potassium core – to make it truly unforgettable.
In addition – because of the shape and size – it's easier to swallow than the most commonly used potassium supplement alone.[3]

Burinex K in CCF right from the start

1. Brit.Med.J., 618, 2, 1977
2. Acta med. scand., 119, 193, 1973
3. J.Int. Res., 104, 3, 1975