Full prescribing information overleaf.

When other analgesics have stopped...

Dolobid® can go on working.

Diflunisal

...ts intrinsic ... of prolonged
...Dolobid ... patients
...d ni... occurrence
...rea... pain.
U... ...esics which
...have ... ...s. Dolobid's
...adv... ...ly. This long
...act... ...s that ... usually be
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...la... ...voided ... doses. This is
...p... ...for the patient who
...e night.
...ntrolled clinical
...strated the efficacy of
...iety of acute and chronic
...dition, special studies
...hat 'Dolobid', a non-
...analgesic, has a relatively wide
...gen of safety.

Dolobid® twice-a-day

offers prolonged relief of pain.

Prescribing Information on page 100

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.

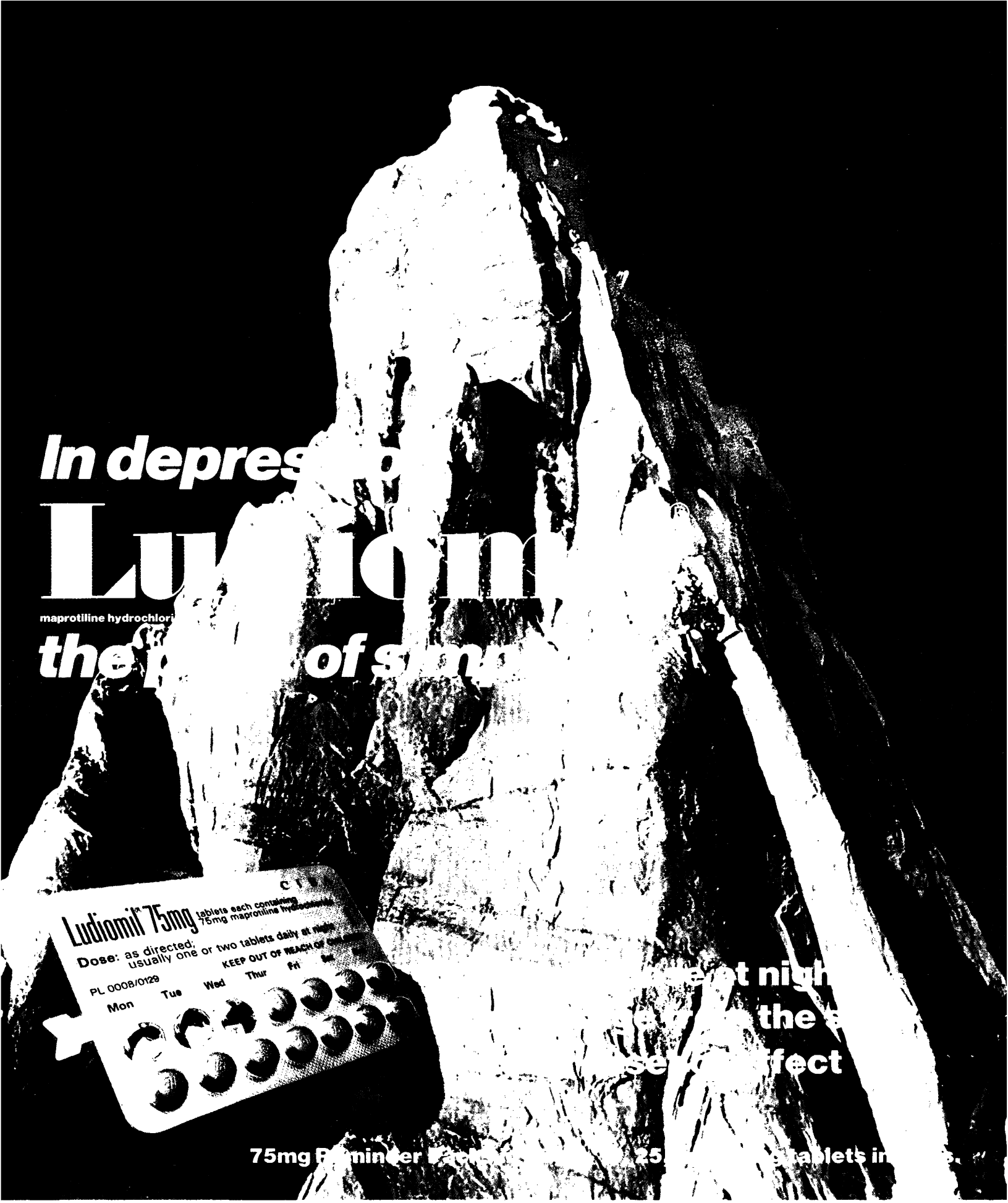
Talpen Prescribing Information Following oral administration Talpen is particularly well absorbed and rapidly hydrolysed to give high blood levels of ampicillin. Typical indications include: Upper Respiratory Tract Infections. Bronchitis. Otitis Media. Urinary Tract Infections. **Presentations:** Talpen 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



Prescribing Information
Dosage: 25-150mg daily in single or divided dosage. Usually one dose daily at night is well tolerated and effective. Initially for elderly or sensitive patients 30mg nocte or 10mg t.i.d.

Side Effects: Drowsiness, dizziness, dry mouth, tremor, tachycardia, skin-reactions and constipation have been reported. The incidence and severity of side effects does not prejudice treatment in the majority of patients.

Contra-indicated in cardiac failure, recent myocardial infarction and patients on MAOIs or within 14 days of the latter.
Precautions: Use with caution in pregnancy, epilepsy, cardiovascular disease, severe hepatic or renal impairment or when an anticholinergic is contra-indicated. Ludiomil may modify the action of adrenergic blocking antihypertensives or sympathomimetic agents. Patients' reactions may be impaired (driving, operating machinery). The effects of alcohol may be potentiated by Ludiomil.

Ludiomil 75mg PL0008/0129. Basic NHS price 28: £3.96

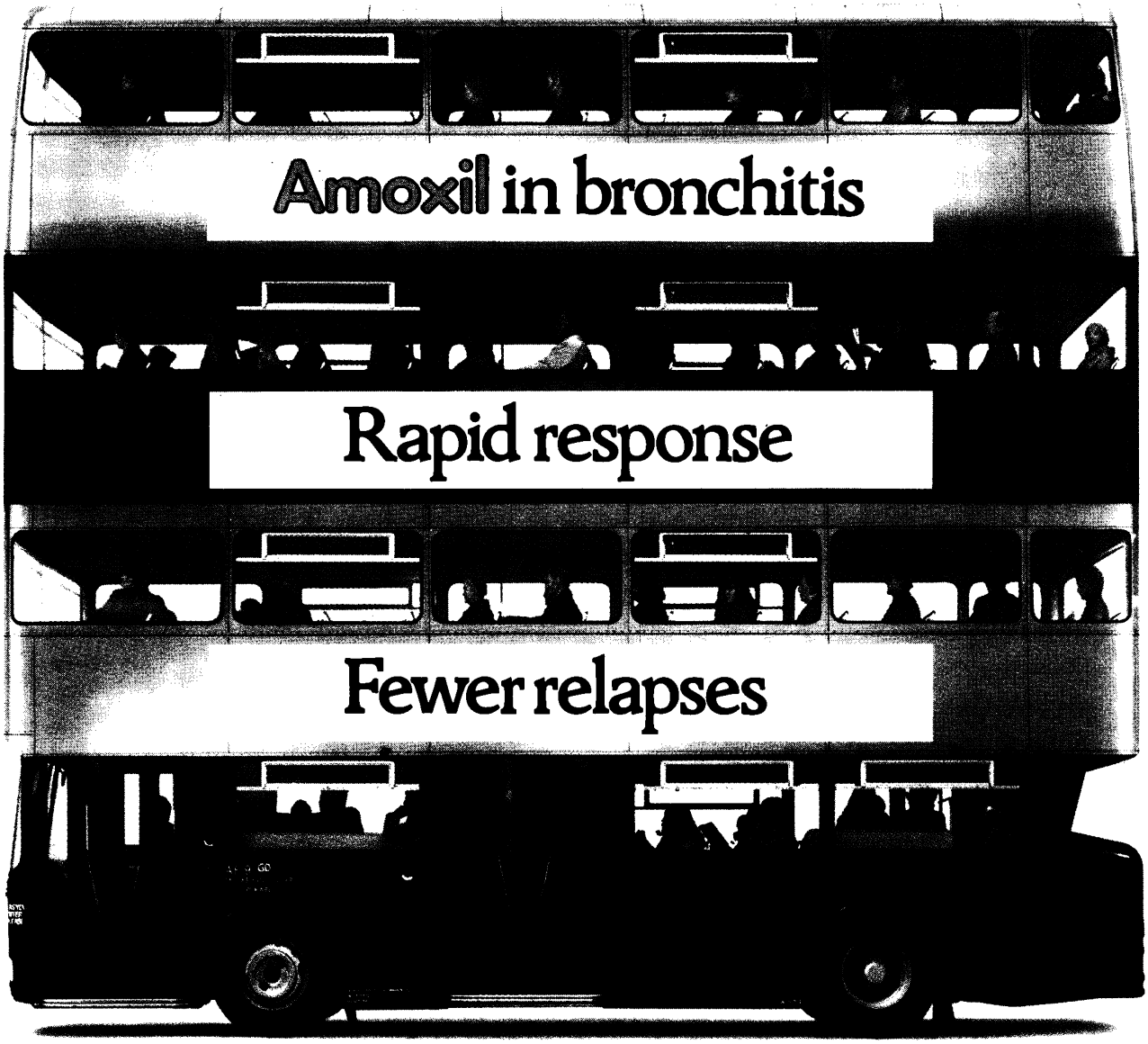
New 150mg tablet available in Reminder Packs of 28's.

Full prescribing information is available on request from: CIBA Laboratories, Horsham, West Sussex.

CIBA

® denotes registered trademark

LD18



Amoxil

amoxycillin

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 35p and for children (125 mg. syrup t.d.s.) is 24p.
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 per 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 or erythematous. An urticarial rash suggests penicillin hypersensitivity, and the erythematous type rash may arise if Amoxil is administered to patients with glandular fever. In either case treatment should be discontinued.
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

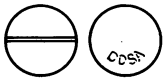
13230

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

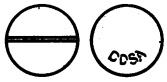
For safe, natural, undisturbed sleep...

REMNOS

Nitrazepam/DDSA



Remnos 5mg tablets



Remnos 10mg tablets

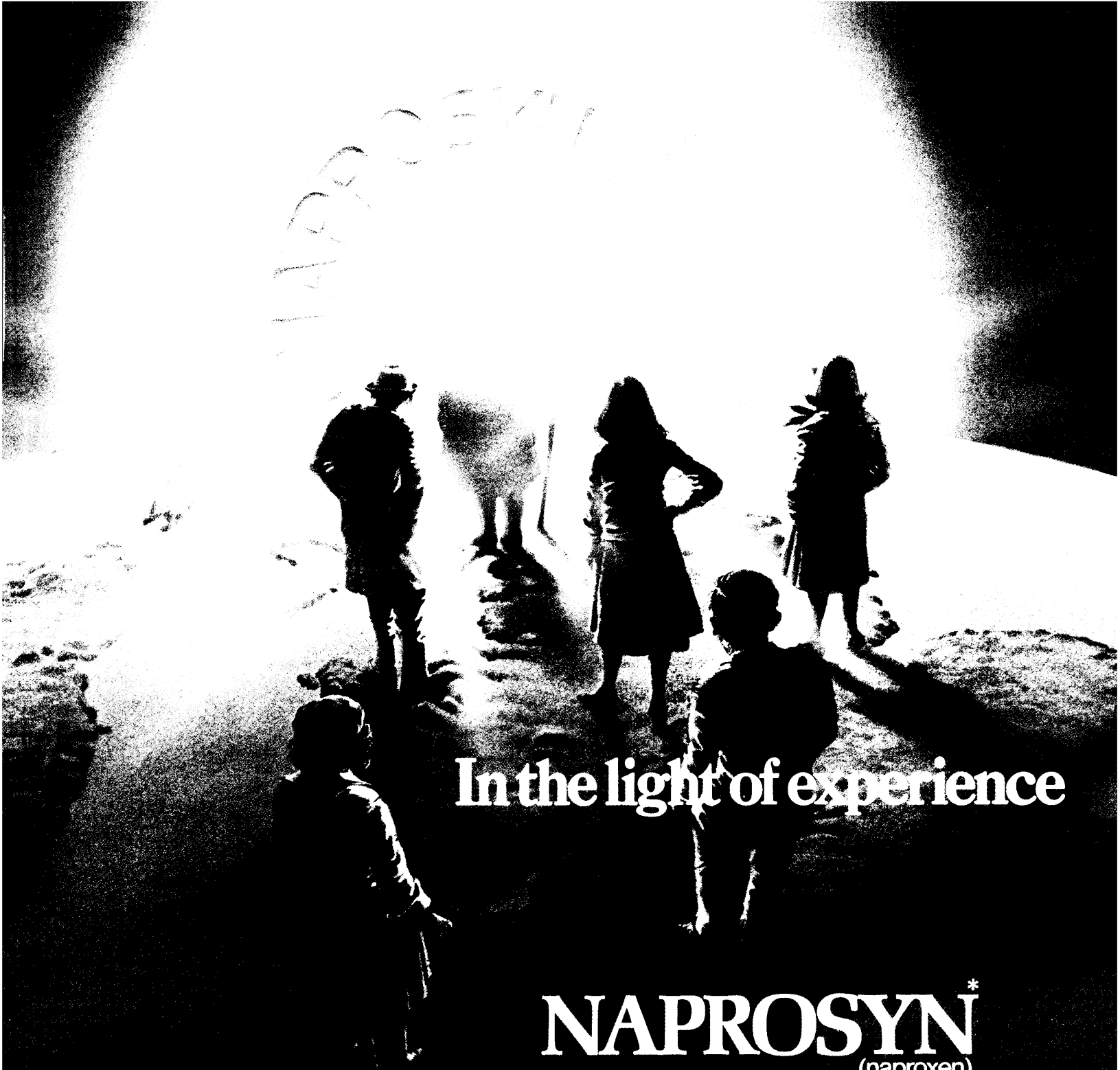
Now available in 2 strengths from DDSA only
Remnos brand of Nitrazepam is now available as tablets 5mg and 10mg

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



In the light of experience

NAPROSYN*
(naproxen)

at 750mg daily. Power against the pain and stiffness of arthritis.

INDICATIONS: Rheumatoid arthritis, osteoarthrosis (degenerative arthritis), ankylosing spondylitis and acute gout.
CONTRA-INDICATIONS: No known absolute contra-indications.
SPECIAL PRECAUTIONS AND WARNINGS: Episodes of G.I. bleeding have been reported. Use under close supervision in patients with a history of G.I. disease. Observe patients simultaneously receiving hydantoins, anti-coagulants or highly protein-bound sulphonamides for signs of overdosage. Occasional rashes, angio-oedema have been reported. Patients exhibiting aspirin hypersensitivity may exhibit same on NAPROSYN. Also reported abdominal discomfort, epigastric distress, headache, inability to concentrate, insomnia, thrombocytopenia, agranulocytosis, tinnitus, vertigo, jaundice, sporadic abnormalities in lab. tests, decreased platelet aggregation, prolonged bleeding time (this should be kept in mind when determining bleeding times). Discontinuance of NAPROSYN 48 hours prior to adrenal function tests is suggested as NAPROSYN may artifactually interfere with some tests for 17 ketogenic steroids. Also observed mild peripheral oedema (patients with questionable or compromised cardiac function may be at a greater risk on NAPROSYN). Although NAPROSYN produces a delay in parturition in animals, its relevance to patients is unknown. However, minimal drug usage in pregnancy is indicated and a cautious balance of possible benefits against potential risks to mother and foetus should be made.

*A data sheet, full prescribing information on NAPROSYN (naproxen) and samples are available on request from: SYNTEX Syntex Pharmaceuticals Ltd., St. Ives House, Maidenhead, Berks.

*NAPROSYN is a trade-mark

Medical Aid at Accidents

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

Roger Snook, 1974, 235 figures, 136 pp, hardback, price £7.65, post and packing free.

Rehabilitation Today

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

Stephen Mattingly (Ed.), 1977, 216 figures, 189 pp, paperback, ISBN 0 906141 00 1, price £6.20, post and packing free.

Dermatology

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

Lionel Fry, 2nd edition, 1978, 506 figures, 168 pp, hardback, ISBN 0 906141 02 8, price £8.25, post and packing free.

Neonatal Medicine

'The text is factual, concise and easy to read. It correlates theory with clinical practice, and progresses smoothly from the assessment of the unborn child to care of the newborn, unborn or abnormal.... This hardback book gives excellent value for money.' Nursing Times

Malcolm Chiswick, 1978, 113 figures, 112 pp, hardback, ISBN 0 906141 01 X, price £6.20, post and packing free.

Oral Disease

'Oral Disease *would make a very valuable addition to the book collection of the dental student.... The book will also serve as a valuable revision text for the general dental practitioner and the general medical practitioner, whose training in oral disease has usually been minimal.'* British Dental Students' Association Newsletter.

C. E. Renson (Ed.), 1978, 230 figures, 96 pp, hardback, ISBN 0 906141 04 4, price £6.20, post and packing free.

Immunisation

George Dick, 1978, 24 figures, 160 pp, paperback, ISBN 0 906141 03 6, price £4.20, post and packing free.

Preventive Dentistry

Leon Silverstone, 1978, 74 figures, 176pp, hardback, ISBN 0 906141 06 0, price £5.95, post and packing free.

Interpreting the Electrocardiogram

James S. Fleming, 1979, 245 figures, 144pp, hardback, ISBN 0 906141 05 2, price £6.75 post and packing free.

UPDATE BOOKS

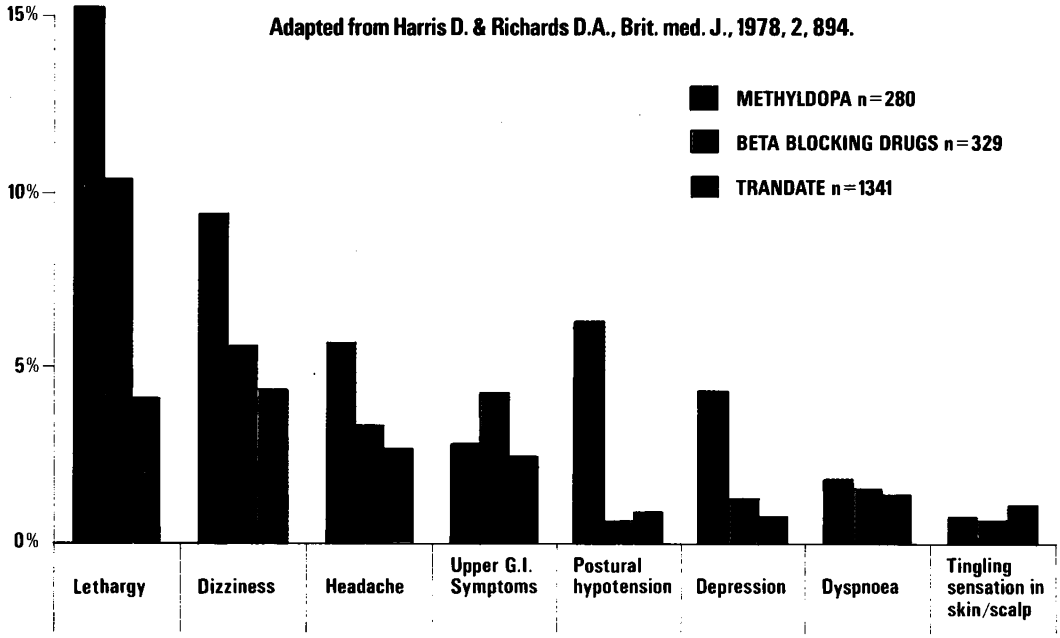
Order form on page 99

Trand

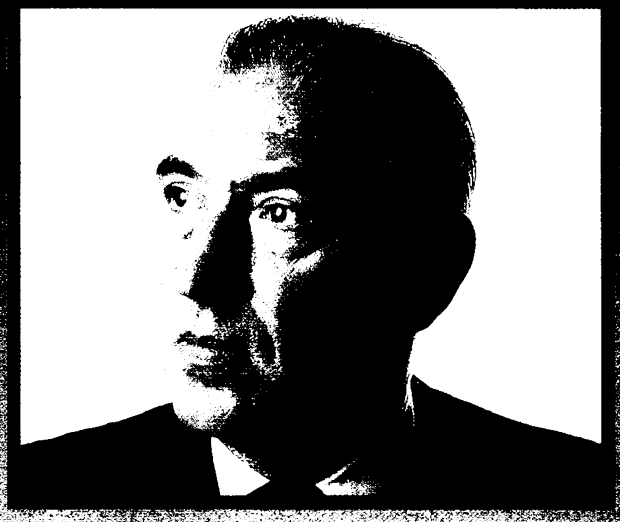
(labetalol)

...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...



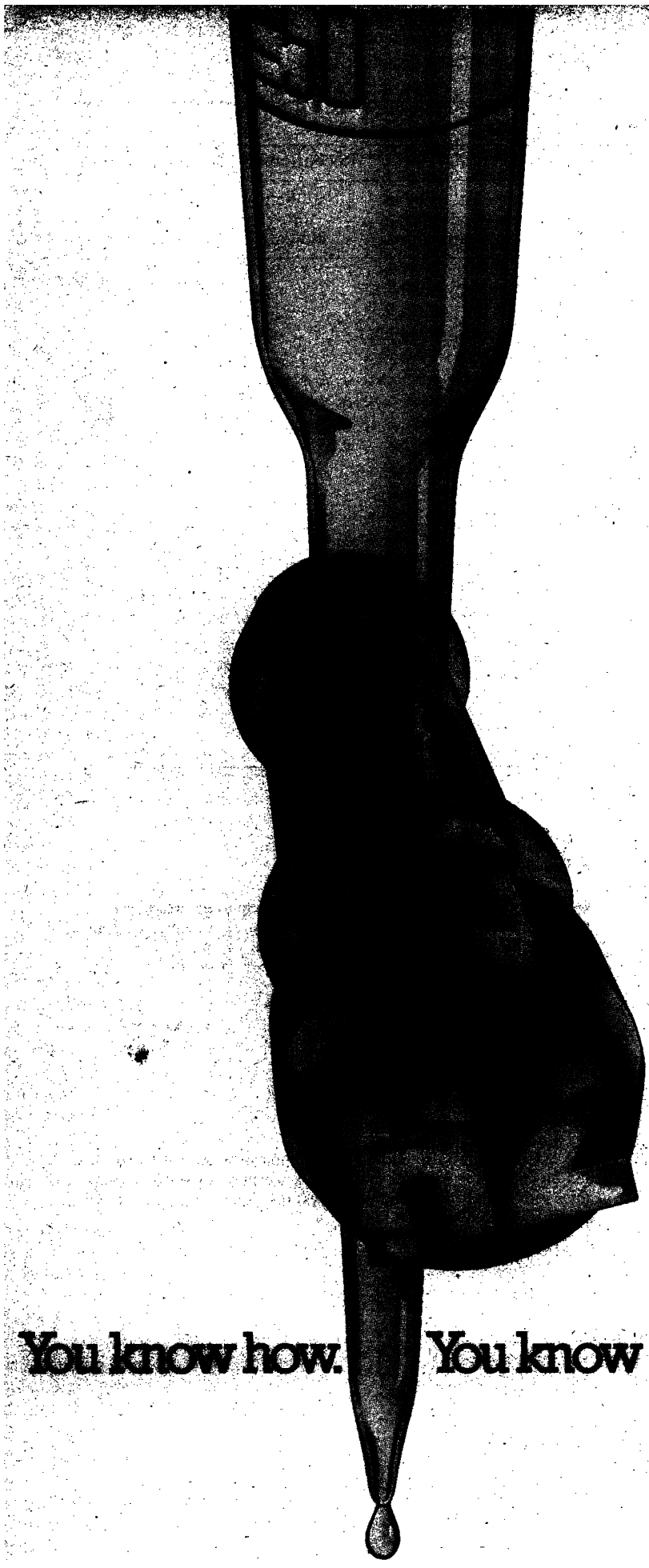
ence of side effects

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



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

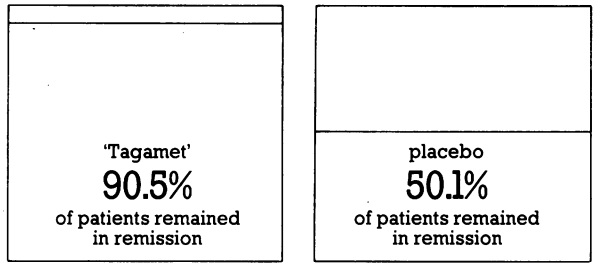
'Tagamet' is a trade mark

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
'Tagamet' is a trade mark

TG:AD 578

ROTACAPS

(Full prescribing information appears on last page of this advertisement)

AN INSPIRED CHOICE....

VENTOLIN ROTACAPS

(salbutamol sulphate BP inhalation cartridges for use with the Ventolin Rotahaler)

Improved control of asthma

VENTOLIN INHALER is widely accepted as primary therapy in the treatment of reversible airways obstruction in asthma and chronic bronchitis.

Inhaled Ventolin provides rapid and effective relief of bronchospasm and has high beta$_2$-adrenoceptor selectivity which avoids cardiovascular side effects, an important consideration in patients with co-existing heart disease or hypertension. Inhaled Ventolin is long-acting and suitable for routine maintenance therapy. Prophylactic doses may be taken prior to exertion to prevent exercise-induced asthma.

However, until the advent of VENTOLIN ROTACAPS a number of patients have been denied, for one reason or another, the benefits of inhaled Ventolin.

The Rotacaps/Rotahaler system was developed with these patients in mind. The dry powder contents of Ventolin Rotacaps are inhaled from the Ventolin Rotahaler which cuts the capsules into halves which rotate and release the drug when the patient inhales. This breath actuation is very sensitive and the drug is fully available even at the lowest inspiratory flow rates thus providing a more reliable drug delivery system for many patients although a larger unit dose relative to Ventolin Inhaler is necessary for the same therapeutic effect.

"This device (Ventolin Rotacaps and Rotahaler) should increase the value of the sympathomimetic drugs to the minority of asthma patients who cannot use conventional aerosols correctly."
(Hetzel, M.R. and Clark, T.J.H., *Clin. Allergy*, 1977, **7**, 563)

SUITABLE CANDIDATES

- **Poor co-ordinators** – those patients who despite adequate instruction in the correct technique, cannot co-ordinate the action of breathing in with the actuation of a pressurised aerosol.
- **Elderly and arthritic patients** – who have difficulty in handling pressurised aerosols. For these patients the Rotahaler may be kept loaded ready for the next required dose.

BECOTIDE ROTACAPS

(beclomethasone dipropionate BP inhalation cartridges for use with the Becotide Rotahaler)

for a wider range of patients

BECOTIDE INHALER has revolutionised the treatment of chronic asthma where inflammatory changes within the lungs reduce the response to bronchodilators.

Inhaled steroid in microgram doses avoids or greatly reduces the need for oral corticosteroids thus eliminating or minimising the risks of systemic side effects. Becotide Inhaler has made a particularly important contribution to the treatment of severe asthma in young children who would otherwise be at risk from systemic steroid side effects such as stunting of growth. Many previously steroid-dependent patients have been well controlled by Becotide with disappearance of distorted physical features and adrenal suppression.

However, there are a number of patients who have failed to obtain maximum effectiveness from Becotide Inhaler or have been considered unsuitable for inhaled steroid therapy.

BECOTIDE ROTACAPS are now available as a dry powder breath-actuated alternative to Becotide Inhaler. Used in conjunction with the Becotide Rotahaler they extend the benefits of inhaled steroid therapy to a wider range of patients with chronic asthma.

As with Ventolin Rotacaps a larger unit dose of drug relative to Becotide Inhaler is necessary to obtain the same therapeutic effect. Two strengths of Rotacaps are again available combining flexibility of dosage with a convenient regimen facilitating patient compliance.

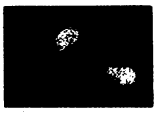
"It was concluded that this new way of administering the drug (beclomethasone dipropionate) was effective in chronic asthma, and should allow most patients who cannot use conventional pressurised aerosols efficiently to benefit from inhaled corticosteroid treatment."
(Carmichael, J. et al, *Brit. med. J.*, 1978, **2**, 657)

FOR ROTACAPS INCLUDE:

- **Young children** – where breath-actuated dry powder drug delivery systems appear to be more reliable. Rotacaps may be pre-loaded into the Rotahaler by the parent.
- **Patients currently receiving oral therapy** – because of concern over possible irresponsible use of pressurised aerosols. Rotacaps are also more appropriate for routine prophylaxis for those patients who might misunderstand the role of inhalers.

Full prescribing information appears overleaf.

VENTOLIN ROTACAPS 200mcg & 400mcg
PRESCRIBING INFORMATION



PRESENTATION AND BASIC NHS COST
Ventolin Inhaler is a metered-dose aerosol delivering 100mcg salbutamol BP per actuation. Each canister contains 200 inhalations. Basic NHS cost £1.96.
Ventolin Rotacaps 200mcg & 400mcg each contain a mixture of the stated amount of microfine salbutamol BP (as sulphate), and larger particle lactose in light blue/colourless or dark blue/colourless hard gelatine cartridges, respectively. Containers of 100. Basic NHS cost £2.96 and £4.00, respectively.
Ventolin Rotahaler for use in conjunction with Ventolin Rotacaps. Basic NHS cost 65p.

INDICATIONS
Routine control of bronchospasm in bronchial asthma, bronchitis and emphysema, or as required to relieve attacks of acute bronchospasm. Doses may also be taken before exertion to prevent exercise induced asthma or before exposure to a known unavoidable challenge.

DOSAGE AND ADMINISTRATION
As single doses for the relief of acute bronchospasm, for managing intermittent episodes of asthma and to prevent exercise-induced bronchospasm.
Using Ventolin Inhaler – *Adults:* one or two inhalations.
Children: one inhalation increasing to two if necessary.
Using Ventolin Rotahaler – *Adults:* one Ventolin Rotacap 200mcg or 400mcg.
Children: one Ventolin Rotacap 200mcg.
For chronic maintenance or prophylactic therapy.
Using Ventolin Inhaler – *Adults:* one or two inhalations three or four times a day.
Children: one inhalation three or four times a day increasing to two inhalations if necessary.
Using Ventolin Rotahaler – *Adults:* one Ventolin Rotacap 400mcg three or four times a day.
Children: one Ventolin Rotacap 200mcg three or four times a day.
For optimum results in most patients inhaled Ventolin should be administered regularly.

CONTRA-INDICATIONS
Ventolin Preparations should not be used for the prevention of threatened abortion.

PRECAUTIONS
If a previously effective dose of inhaled Ventolin fails to give relief lasting at least 3 hours, the patient should be advised to seek medical advice. Ventolin should be administered cautiously to patients suffering from thyrotoxicosis. Unnecessary administration of drugs during the first trimester of pregnancy is undesirable.

SIDE EFFECTS
No important side effects have been reported following treatment with inhaled Ventolin.

PRODUCT LICENCE NUMBERS
Ventolin Inhaler 0045/5022; Ventolin Rotacaps 200mcg 0045/0116; Ventolin Rotacaps 400mcg 0045/0117.

BECOTIDE ROTACAPS 100mcg & 200mcg
PRESCRIBING INFORMATION

PRESENTATION AND BASIC NHS COST
Becotide Inhaler is a metered-dose aerosol delivering 50mcg beclomethasone dipropionate per actuation. Each canister contains 200 inhalations. Basic NHS cost £2.90.
Becotide Rotacaps 100mcg & 200mcg each contain a mixture of the stated amount of microfine beclomethasone dipropionate BP and larger particle lactose in buff or chocolate-brown/colourless hard gelatine cartridges, respectively. Containers of 100. Basic NHS cost £4.41 & £5.88, respectively.
Becotide Rotahaler, for use in conjunction with Becotide Rotacaps. Basic NHS cost 65p.

INDICATIONS
Bronchial asthma especially in patients whose asthma is not adequately controlled by bronchodilators and patients with severe asthma who would otherwise be dependent on systemic corticosteroids or adreno-corticotrophic hormone (ACTH) or its synthetic equivalent.

DOSAGE AND ADMINISTRATION
Using Becotide Inhaler – *Adults:* Two inhalations three or four times a day is the usual maintenance dose. In severe cases dosage may be started at twelve to sixteen inhalations per day and subsequently reduced when the patient begins to respond.
Children: One or two inhalations, two, three or four times a day according to the response.
Using Becotide Rotahaler – *Adults:* One 200mcg Becotide Rotacap three or four times a day is the usual maintenance dose.
Children: One 100mcg Becotide Rotacap, two, three or four times a day according to the response.
For optimum results inhaled Becotide should be administered regularly.

CONTRA-INDICATIONS
No specific contra-indications to inhaled Becotide are known but special care is necessary in patients with active or quiescent pulmonary tuberculosis.

PRECAUTIONS
The maximum daily intake of beclomethasone dipropionate should not exceed 1mg. Inadequate response after the first week of inhaled Becotide therapy suggests that excessive mucus is preventing penetration of inhaled drug to the target area. A short course of systemic steroid in relatively high dosage should be given and therapy with inhaled Becotide continued.
Unnecessary administration of drugs during the first trimester of pregnancy is undesirable
When transferring patients to Becotide from systemic steroid therapy the possibility of adrenocortical suppression should be considered and patients given a supply of oral steroids for use during periods of stress. Please refer to the detailed procedure described in the data sheets for Becotide Inhaler and Becotide Rotacaps.

SIDE EFFECTS
Occasional candidiasis of the mouth and throat (thrush) occurs in some patients, particularly those with high blood levels of Candida precipitins. Topical therapy with antifungal agents usually clears the condition without withdrawal of Becotide.

PRODUCT LICENCE NUMBERS
Becotide Inhaler 0045/0089; Becotide Rotacaps 100mcg 0045/0119; Becotide Rotacaps 200mcg 0045/0120.

PATIENT INSTRUCTION

It is important to ensure that patients receiving inhalation therapy are correctly instructed in the use of the device being prescribed. For this purpose demonstration units are available on request from Allen & Hanburys Ltd. The patient's acquired technique should be monitored by re-checking at suitable intervals. Generally speaking, patients unable to use pressurised aerosols efficiently can be satisfactorily treated using the alternative Rotacap/Rotahaler system which, for them, provides a greater degree of certainty and a better guarantee of effectiveness. Any initial problems with the manipulation of the Rotahaler are usually overcome as the patient becomes more familiar with its use.

In the case of young children and patients with arthritis of the hands it may be preferable for the device to be loaded by the parent or other person. When Ventolin Rotacaps are being used for the relief of acute bronchospasm it may be convenient to load a Rotacap into the device so that the dose is readily available. Ventolin and Becotide Rotahalers are supplied in plastic boxes for carrying in the pocket or handbag. The daily requirement of Rotacaps may be inserted into the spaces provided in the box to encourage compliance. A replacement Ventolin or Becotide Rotahaler should be prescribed at approximately six-month intervals.

Who are the candidates for Rotacaps in your practice?

Full prescribing information is available on request.
Ventolin, Becotide, Rotacap, Rotahaler, are trade marks of ALLEN & HANBURYS LTD., London E2 6LA.

78/473/HN

DOCTOR AT SEA.

As a qualified doctor you can join the Royal Navy on a 5-year Short Career Commission.

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

Career counselling will help you plan your future.

There are opportunities for approved General and Higher Professional Training in preparation for careers in general practice and the hospital disciplines. Similar opportunities also exist for training in Naval Occupational and Community Medicine which includes aviation, underwater, submarine, nuclear, preventive and industrial medicine.

If you join immediately after registration your salary will be £7,153 as a Surgeon Lieutenant.

You can, however, join at any age up to 39 when your professional experience is taken into account and you could join as a Surgeon Lieutenant Commander earning £9,183 a year.

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

There is a generous Boarding School Allowance for your children.

If you leave at the end of your 5-year Commission you will receive a tax-free gratuity. You may prefer to apply for extension to eight years or transfer to a pensionable Medium or Full Career Commission.

For more information write to: Surgeon Commander D.J. McKay, LM, LS, MRCGP, RN (406MO1), Medical Directorate General (Naval), Ministry of Defence, First Avenue House, High Holborn, London WC1V 6HE.

ROYAL NAVY MEDICAL OFFICER

If you were convinced that the population is not eating any more animal fat than it was in 1909 - would it make you stop and think?

It is sometimes said that the incidence of CHD is linked with an increasing consumption of animal fats.

Statistics and estimates have been used to substantiate this. But are they correct?

Supposing we are not, in fact, eating any more fat now than we were seventy years ago?

Viscount Trenchard has challenged the validity of the estimates. He has shown them to be wrong.

In a recent article[1] he said that fat consumption is no higher to-day than it was in 1909. Statisticians, he said, had not, until 1974, allowed for the trend towards much leaner animals. Also, they excluded UK lard and dripping production from consumption estimates for the years before 1934.

In other words, ten per cent of carcase weight was rendered and eaten as lard, but were not added to consumption estimates.

	Quoted Statistics	The Trenchard Formula
	grams/per day	
1909/13*	98	128
1924/28*	109	133
1934/38	130	135
1954	136	135
1963	143	135
1974	133	133
1975	130	130

*Estimates

1. Meat Trades Journal 29.9.77

This means that there has been no significant rise in fat consumption during the last 70 years.

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

To receive occasional material on Fats and Health write to:–
Department J.R.C.G.P. 2.
Butter Information Council,
Bank Street Suite,
158 High Street,
Tonbridge, Kent TN9 1BJ.

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

VOCATIONAL TRAINING FOR GENERAL PRACTICE

Devon Area Health Authority
Exeter University
Exeter Health Care District

Applications are now invited for three places on 1 October 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 recognised for the MRCGP examination.

The three programmes available are:

A. General practice (three months)
Geriatrics
Psychiatry
Medicine in the Community
Obstetrics
General practice (nine months)

B. General practice (three months)
Psychiatry
Medicine in the Community
Accident and emergency
Medicine/dermatology
General practice (nine months)

C. General practice (three months)
Medicine in the Community
Medicine/dermatology
Obstetrics
Psychiatry
General practice (nine months)

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 already been published by Exeter trainees.

The Marwood prize and the Syntex Award are presented to Exeter trainees annually. The Department's prospectus 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). The Department's practice management course has been expanded into a book (*Running a Practice* Croom Helm).

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

Applications and enquiries should be made by 20 February 1979 to:

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

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.

UNIVERSITY OF EXETER POSTGRADUATE MEDICAL INSTITUTE

11 to 15 June 1979. Full-time Refresher Course in Paediatrics for general practitioners. Recognized under Section 63. Programme includes lectures, seminars, discussion groups, and visits to various paediatric units concerned with a broad range of child care. Applications to Dr R. L. E. Orme, Senior Lecturer in Child Health, Postgraduate Medical Institute, Barrack Road, Exeter EX2 5DW.

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HALF-TIME PARTNER

required in central Oxford teaching practice to start 1 July 1979.

Apply with *curriculum vitae* to:
Mrs M. Redknap, 27 Beaumont Street, Oxford.

ANNUAL SPRING MEETING 1979

The Annual Spring Meeting of
the Royal College of General Practitioners
will be held on

20-22 APRIL 1979

in

CARDIFF

Applications should be made to:

Dr T. A. A. Reilly, MRCGP
Riversdale House
Merthyrmawr Road
Bridgend
Mid Glamorgan CF31 3HN.

DON'T FORGET

As a fast acting diuretic

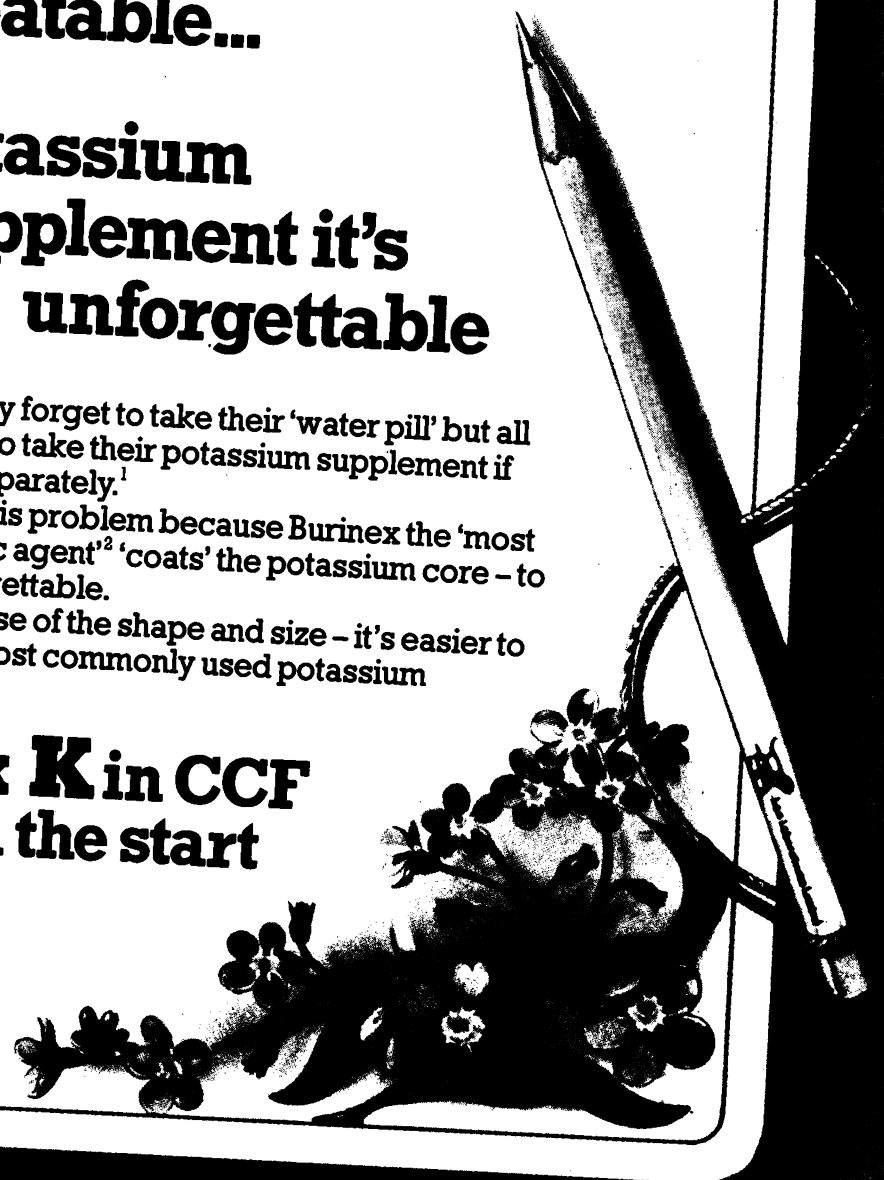
Burinex* K

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