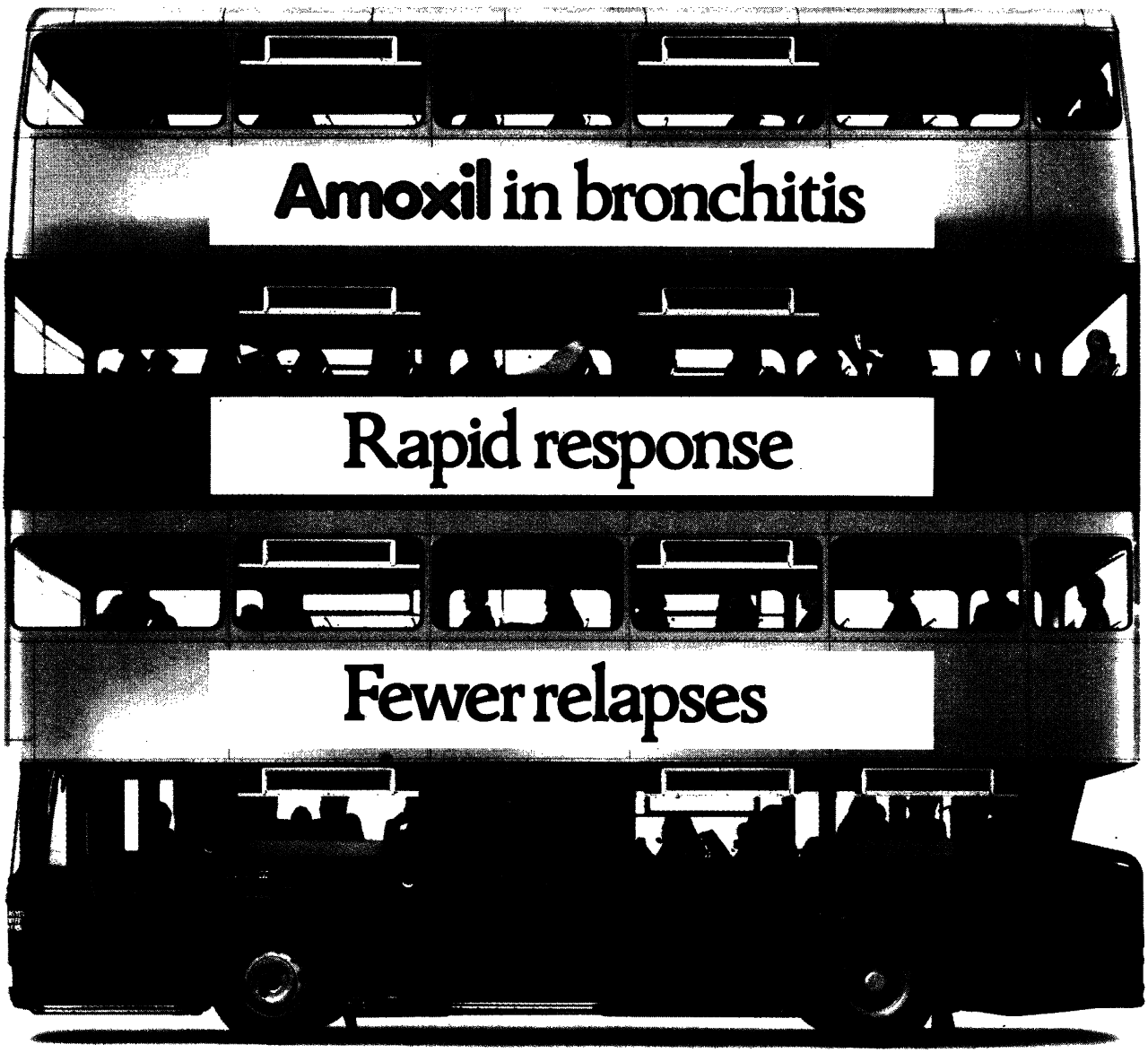


Amoxil

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

A New Children's Classic

Talpen Syrup

talampicillin

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[1] to resolve infection quickly and thus reduce pain and fever.

□ Talpen is very well tolerated.[2] Its excellent absorption means that the incidence of diarrhoea is very low.[2]

□ Talpen is acceptable to your patients.

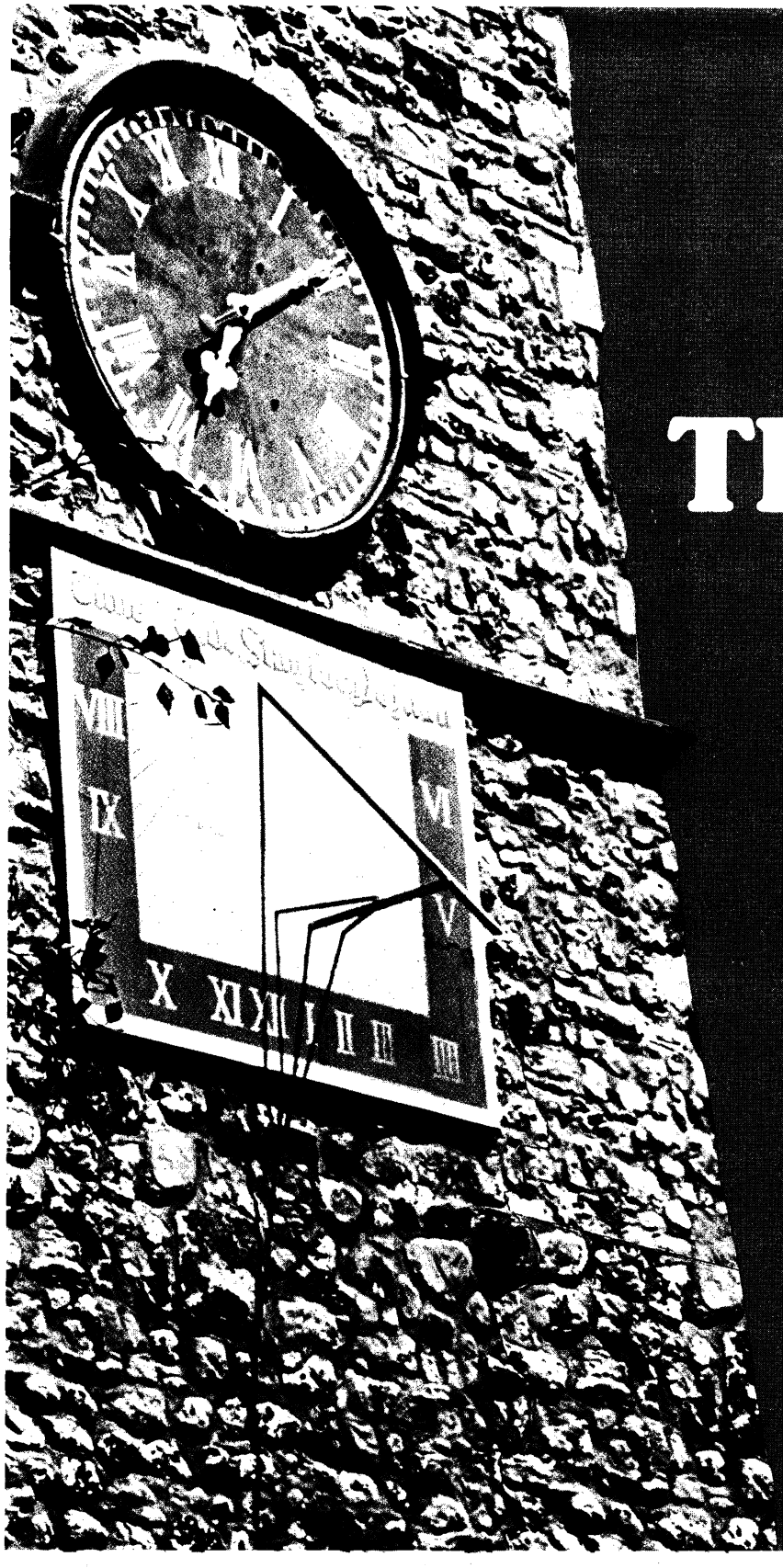
A very pleasant fruit flavour coupled with a simple t.i.d. dosage ensure that Talpen syrup will be liked by children – and appreciated by their mothers as well. 1. Chemotherapy, (1978) **24** 217 2. Brit. J. Clin. Pract., (1975) **29** 255

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 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-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 [ex 100 pack]. Prices correct at January 1979.

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.

PL0038/0209,0243 BRL 1048



Once-daily SLOW-TRASICOR® for angina

SLOW-TRASICOR® 24

Prescribing notes
Presentation
Slow-Trasicor tablets each contain 160mg oxprenolol hydrochloride in a special sustained-release formulation; available in cartons of 28 containing two daily reminder foils of 14 tablets.
Dosage in angina
Initially one or two tablets in the morning. An evening dose may be beneficial in nocturnal angina. As with other beta-blocking drugs, sudden withdrawal of treatment may induce severe and continuous angina. Patients should, therefore, be advised to avoid interruption of established therapy and if withdrawal becomes necessary it should be done gradually.
Side effects
Dizziness, drowsiness, headache, insomnia, excitement and gastro-intestinal disturbance may occur and, rarely, isolated cases of excessive bradycardia. Beta-blockers are occasionally associated with skin rashes and/or dry eyes. If any such reaction is suspected, treatment should be withdrawn gradually.
Precautions
If there is evidence of cardiac failure this must be controlled by digitalis and/or diuretics before and during Slow-Trasicor therapy. Should the pulse rate fall below 50 per minute, then treatment should be restarted at a lower dose. Caution should be observed when treating asthmatics, chronic bronchitics or other individuals where bronchospasm may be provoked. Slow-Trasicor should be given cautiously to patients with alcoholism, metabolic acidosis, during pregnancy or anaesthesia with ether or chloroform. Beta-blockers can mask symptoms of hypoglycaemia and also affect carbohydrate metabolism. It may therefore be necessary to readjust the insulin requirements in diabetic patients. Occasionally hypotension may occur with higher dose levels.
Contra-indications
Patients with atrio-ventricular block, marked bradycardia and cardiogenic shock.
Packs
Cartons of 28 Slow-Trasicor tablets consisting of two reminder calendar foils of 14.
Basic NHS price £6.66.
PL0008/0130 PA 28/7/1
® denotes registered trademark.
Full prescribing information is available on request from
CIBA Laboratories, Horsham, West Sussex.

C I B A

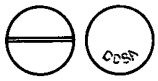
ST12

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

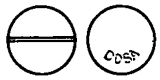
For safe, natural, undisturbed sleep...

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

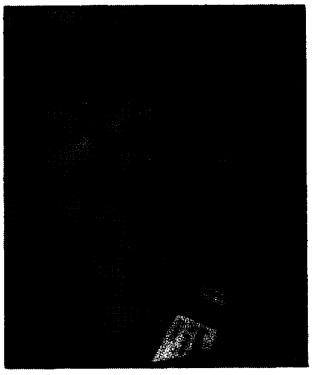
Prescribing convenience
The distinctive yellow colour of tablets Remnos 10mg clearly distinguishes this dosage form from tablets Remnos 5mg thus avoiding the likelihood of confusion

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

A delicate skin problem but one that must be solved

When prescribing a topical steroid to treat a delicate area, a major consideration is to avoid the risk of untoward effects.

Eumovate fulfils the need for a topical steroid with a wide margin of safety, providing significant anti-inflammatory activity without a corresponding increase in the risk of side effects.



Clinical evidence[1,2] has shown that the minimal effect on HPA function observed with Eumovate was in definite contrast to that seen with other preparations.

1. Munro, D.D., Wilson L.C., *British Medical Journal* (1975) **3**, 626
2. Munro, D.D., *Journal of Dermatology* (1976) **94** (Suppl.) 12 67

Eumovate

(clobetasone butyrate)

An investment in safety and efficacy

Prescribing information

Uses
Eumovate is suitable for treating the milder forms of eczema, seborrhoeic dermatitis and other steroid responsive skin conditions.

Dosage and administration
Apply up to four times a day until improvement occurs, when the frequency may be reduced.

Side effects
With all topical corticosteroids local atrophic changes may possibly occur following prolonged and intensive treatment. Also prolonged use of large amounts or treatment of extensive areas may produce the features of hypercorticism. This is more likely to occur in infants and children, and with occlusion. In infants, the napkin may act as an occlusive dressing.
In the unlikely event of signs of hypersensitivity appearing, application should stop immediately.

Precautions
Long-term continuous therapy should be avoided, particularly in infants and children in whom adrenal suppression can occur even without occlusion.
Appropriate chemotherapy should be used whenever infection of the skin is present. Any spread of infection requires withdrawal of topical corticosteroid therapy.
With all corticosteroids, prolonged application to the face is undesirable.
Topical steroids should not be used extensively in pregnancy, i.e., in large amounts or for prolonged periods.

Contra-indications
Bacterial, fungal or viral diseases of the skin.

Basic NHS cost (exclusive of VAT)
Eumovate Cream or Ointment 25 gram tube £1·23 (also available in 100 gram tubes)

Product Licence number

cream	ointment
4/0233	4/0254

Glaxo
Leaders in topical steroid therapy

Glaxo Laboratories Ltd
Greenford, Middlesex UB6 0HE
Eumovate is a trade mark

Trandate alone...

(labetalol hydrochloride)

Trandate is suitable for the whole spectrum of hypertension. For the recently diagnosed hypertensive to the most [illegible] those previously inadequately controlled by other antihypertensives. Control can frequently be achieved simply by increasing the dose of Trandate without the need to add other drugs.

The early onset of the hypotensive effect of Trandate means that the required maintenance dosage is usually established within four weeks. Side effects are minimal if dosage increments are made gradually. Once the patient is stabilised, the initial t.d.s. dosage can often be changed to administration of Trandate twice a day after meals.

Because hypertension can usually be controlled with Trandate alone, the uncomplicated regimen results in better patient compliance.

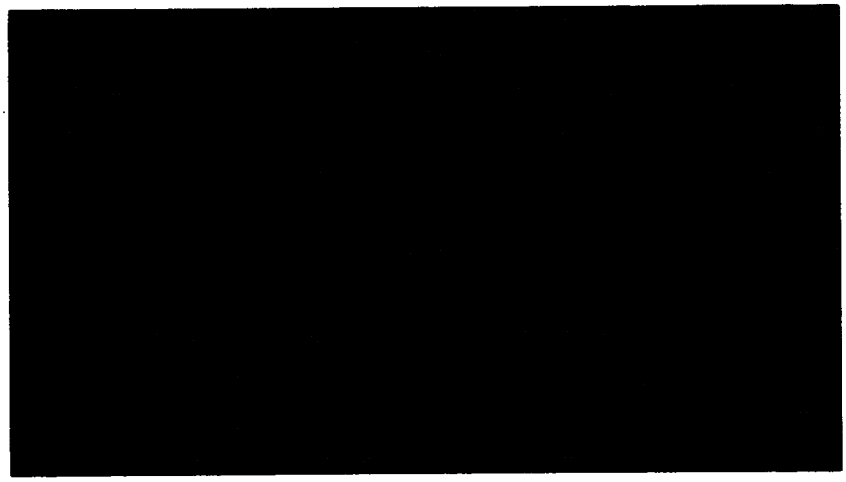
- **For the newly-diagnosed hypertensive**
- **When control is inadequate on existing therapy**
- **When side effects are causing problems**
- **To replace complicated multi-drug regimens**

for all grades of hypertension

The mode of action of Trandate is different from that of any other antihypertensive agent currently available. The balance of alpha- and beta-blocking activities in Trandate is thought to be important for its unique effectiveness and lack of side effects. Adequate vasodilatation is achieved with incomplete blockade of the alpha-adrenoceptors in the arterioles, and the barostatic reflexes remain sufficiently active to avoid side effects associated with postural hypotension in most patients.

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

Scattergram of individual values for standing diastolic blood pressure, before and after 3 months treatment: 49 patients in serial order.



"Good blood pressure control was obtained easily and the treatment regimen was simpler than that with previous therapy received by the patients. Few incremental changes in dosage were required and all but 6 (10%) patients were controlled by labetalol alone."

(Harris C., *Curr. med. Res. Opin.*, 1978, **5**, 618)

Trandate

THE FIRST ALPHA- BETA-BLOCKER

RIGHT IN PRINCIPLE-WORKING IN PRACTICE

PRODUCT INFORMATION

PRESENTATION AND BASIC NHS COST
Trandate Tablets 100mg, Trandate Tablets 200mg and Trandate Tablets 400mg each contain 100mg, 200mg and 400mg labetalol hydrochloride, respectively. In containers of 50 and 250 tablets. Basic NHS cost of 50 tablets of each strength is £3.44, £4.88 and £7.76.

INDICATIONS
Treatment of all grades of hypertension when oral antihypertensive therapy is indicated.

DOSAGE AND ADMINISTRATION
The recommended starting dose is 100mg three times daily. If necessary, this may be increased gradually at intervals of one or two weeks. A daily dosage of 600mg is usually adequate but severe cases may require up to 2,400mg daily.
Once the optimum dosage is established a twice-daily dosage regimen can be used.
Trandate Tablets should preferably be taken after food.
For transfer of patients from other antihypertensive therapy see Data Sheet.
Trandate therapy is not applicable to children.

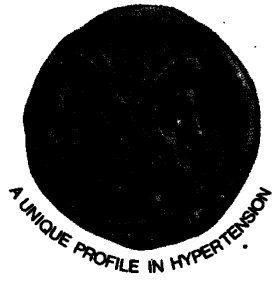
CONTRA-INDICATIONS
There are no known absolute contra-indications.

WARNING
There have been reports of skin rashes and/or dry eyes associated with the use of beta-adrenoceptor blocking drugs. The reported incidence is small and in most cases the symptoms have cleared when the treatment was withdrawn. Discontinuation of the drug should be considered if any such reaction is not otherwise explicable. Cessation of therapy with a beta-adrenoceptor blocking drug should be gradual.

PRECAUTIONS
Trandate should not be given to patients with uncompensated or digitalis-resistant heart failure or with atrioventricular block. The presence of severe liver disease may necessitate reduced doses of Trandate. Care should be taken in asthmatic patients and others prone to bronchospasm. Unnecessary administration of drugs during the first trimester of pregnancy is undesirable.

SIDE EFFECTS
If the recommended dosage instructions are followed side effects are infrequent and usually transient. Those that have been reported include: headache, tiredness, dizziness, depressed mood and lethargy, difficulty in micturition, epigastric pain, nausea and vomiting, a tingling sensation in the scalp, and, in a very few patients, a lichenoid rash.

Trandate Tablets 100mg PL 0045/0106,
Trandate Tablets 200mg PL 0045/0107,
Trandate Tablets 400mg PL 0045/0109.



Full prescribing information is available on request.

Beta-Cardone

SOTALOL HYDROCHLORIDE

for the invisibly vulnerable hypertensive.

For people too active to bother, your symptom-free hypertensives.

Hypertensive patients often don't look it – or feel it.

They want to lead full, active lives, doing all the things they've always done.

If their treatment causes unwanted side-effects, or has too complicated a dosage regimen, they'll just forget it. And you've got a patient who could develop problems.

Once-a-day Beta-Cardone offers more than just lowered blood pressure.

The beta blockade provided by Beta-Cardone lasts continuously through 24 hours after a single dose – and even if your patient forgets a dose, he will have a good measure of heart protection for a further 24 hours.

Beta-Cardone looks after your patients even when they don't look after themselves.

'Tagamet'
The long and the short of it

'Tagamet', now available in over 80 countries throughout the world, has been prescribed in the treatment of over 3,500,000 patients. By its unique mode of action in reducing gastric acid secretion, 'Tagamet' has been shown to be unequalled in the short-term treatment of reflux oesophagitis and peptic ulceration; particularly for providing rapid symptomatic relief and complete healing in most patients with duodenal ulceration.[1–3]

Unfortunately, duodenal ulceration is a naturally relapsing disease, irrespective of the agent which initially induced remission. Thus considerable interest has been aroused by the possibility of using longer-term 'Tagamet' treatment at a maintenance dose in order to minimise the risk of relapse.

Long-term treatment

In fact, 'Tagamet' is the only drug which has been proved to reduce the frequency of relapse in duodenal ulceration.[4–6] Overall results from on-going clinical trials have shown that in treatment periods of up to a year (mean treatment period 6.3 months) only 9.5% of 'Tagamet'-treated patients relapsed compared with 49.9% in the placebo group.

In patients who have healed their ulcers and who may benefit from maintenance therapy, treatment should be continued for at least 6 months at a reduced dosage of 400mg nocte.

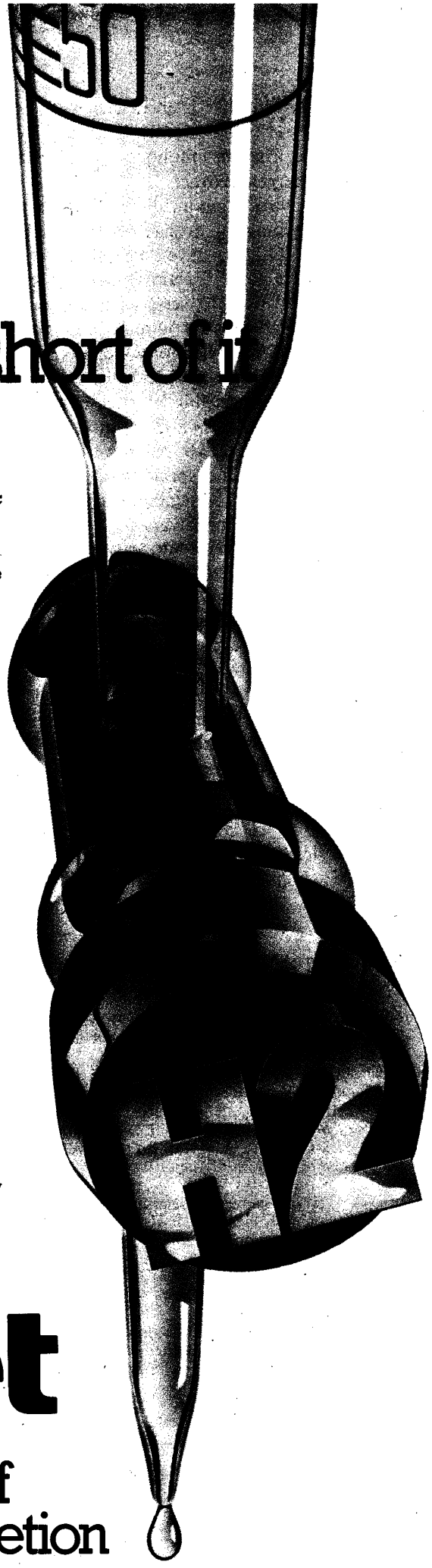
The nature and incidence of untoward symptoms found in long-term trials has not differed greatly from that observed in short-term trials.

Short-term treatment

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 should be continued for at least 6 months at a reduced dosage.



Tagamet
cimetidine

H2

Unique control of gastric acid secretion

DUODENAL ULCERATION. WHAT COMES NATURALLY?

'Tagamet' has been shown to be unequalled in the short-term treatment of duodenal ulceration, inducing early and dramatic symptomatic relief, rapid healing and subsequent remission.[1,2]

In addition, 'Tagamet' has been shown to prevent relapse during longer-term maintenance therapy;[3-5] the only drug so far proven to have this property.

However, experience to date tends to suggest that for many patients the natural history of the disease remains unaltered despite medical intervention[6] and the question inevitably arises – will patients with a severe condition require medical treatment for the rest of their lives?

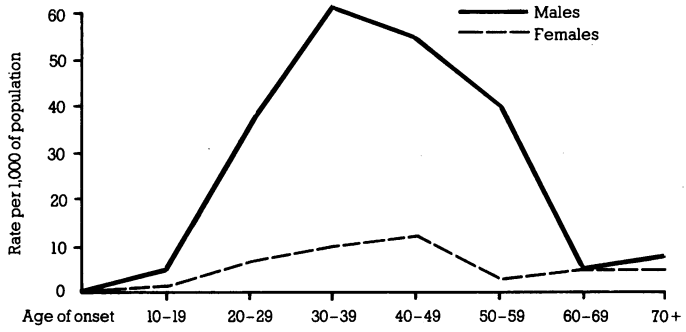
This can only be answered when the natural history of duodenal ulcer disease is fully understood. Some aspects of the natural history of the disease, however, have been well recognised for some years.

It is a naturally relapsing condition; in fact, it has been estimated that 75-80% of patients have at least one recurrence within 5 years of the initial episode,[7] some relapsing several times in one year.

The onset of duodenal ulceration is related to age, as shown in Figure 1. The initial episode is most likely in the 30-39 age group for males and slightly later in life for females.

Of greater interest is the natural development of the disease following its onset. Figure 2 demonstrates how the disease tends to 'burn itself out' after a certain period of time.[8] In a group of duodenal ulcer patients who were followed for 15 years, the symptoms tended to peak in severity after 5 years and then progressively remit until at 10 years no more than 5% of patients had severe symptoms.

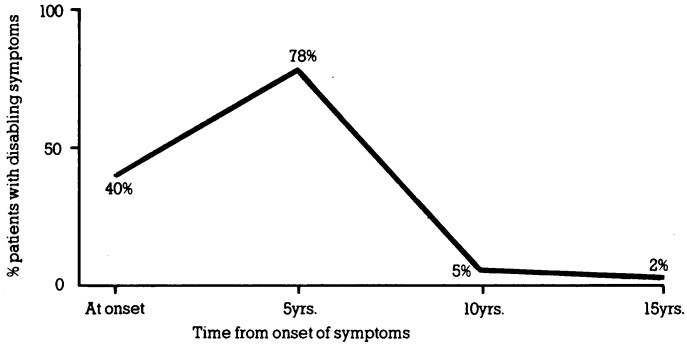
Figure 1 The Onset of Duodenal Ulceration[8]



This finding has been recently substantiated by workers in Denmark who found in a retrospective study that the disease is present for a finite time.[9]

The workers concluded '... most patients with duodenal ulceration will need only intermittent or continuous cimetidine treatment for a limited period.'

Figure 2 Proportion of duodenal ulcer patients with disabling symptoms[8]



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.

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).
Potentiation of oral anticoagulants (see Data Sheet).
Prolonged treatment: observe patients periodically.
Avoid during pregnancy and lactation.

Adverse reactions
Diarrhoea, dizziness, rash, tiredness. Rarely, mild gynaecomastia, reversible liver damage, confusional states (usually in the elderly or very ill), interstitial nephritis.

References

1. Oral cimetidine in severe duodenal ulceration. (1977) Lancet, **i**, 4.
2. Cimetidine in the treatment of active duodenal and prepyloric ulcers. (1976) Lancet, **ii**, 161.
3. Maintenance treatment of recurrent peptic ulcer by cimetidine. (1978) Lancet, **ii**, 403.
4. Prophylactic effect of cimetidine in duodenal ulcer disease. (1978) Brit.med.J., **1**, 1095.
5. Cimetidine treatment in the management of chronic duodenal ulcer disease. (1978) Topics in Gastroenterology. (In Press).
6. Cimetidine for duodenal ulcer. (1978) Lancet, **ii**, 1237.
7. The natural history of duodenal ulcer disease. (1976) Surg. Clin. N. Amer., **56**, 1235.
8. Peptic ulcer: a profile. (1964) Brit. med. J., **2**, 809.
9. Long-term prognosis of duodenal ulcer: follow-up study and survey of doctors' estimates. (1977) Brit. med. J., **2**, 1572.

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:AD49

AN INSPIRED CHOICE....

ROTACAPS

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

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.

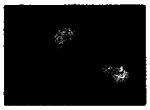
"It was concluded that this new way of administering the drug (beclomethasone dipropionate) was effective in chronic asthma, and should allow most patients who cannot use conventional pressurised aerosols efficiently to benefit from inhaled corticosteroid treatment."
(Carmichael, J. et al, *Brit. med.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

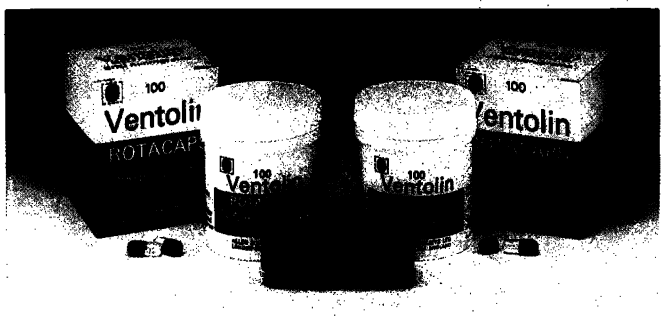
SIDE EFFECTS
Occasional candidiasis of the mouth and throat (thrush) occurs in some patients, particularly those with high blood levels of Candida precipitins. Topical therapy with antifungal agents usually clears the condition without withdrawal of Becotide.

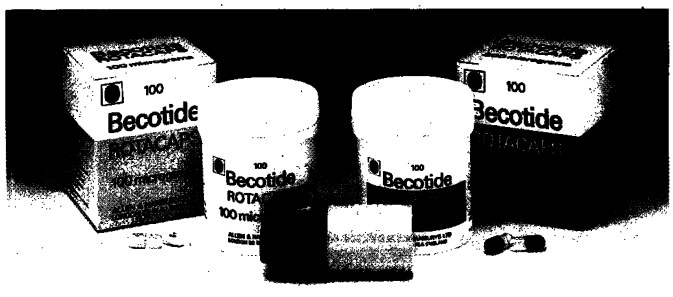
PRODUCT LICENCE NUMBERS
Becotide Inhaler 0045/0089; Becotide Rotacaps 100mcg 0045/0119; Becotide Rotacaps 200mcg 0045/0120.

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

PONDERAX

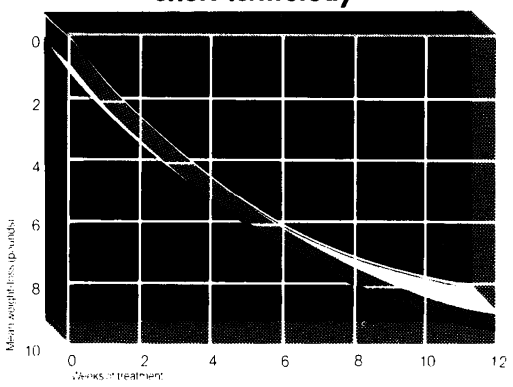
FENFLURAMINE HYDROCHLORIDE B.P.

FOR THE LONG-TERM MANAGEMENT OF OVERWEIGHT PATIENTS

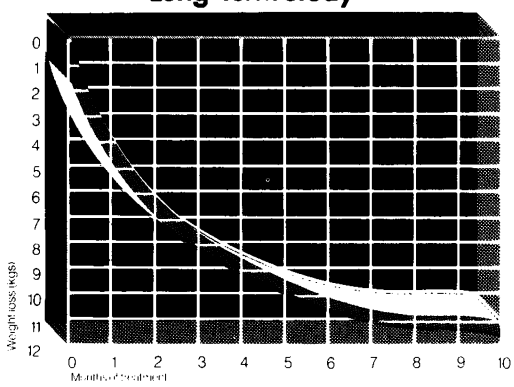
- Effective short and long-term weight loss.
- Only non-stimulating anti-obesity drug available.
- Additional clinical benefit in maturity onset diabetes.
- Flexible dosage regimen.

THE PONDERAX PROFILE HELPS BOTH MIND AND BODY ADAPT TO DIET

Short-Term Study [1]



Long-Term Study [2]



Prescribing information

Presentation

PONDERAX PACAPS: Prolonged action formulation in hard gelatine capsule, size 3 with clear body and opaque blue cap, printed in black with PX PA 60 containing small yellow pellets. Each prolonged action capsule contains 60mg Fenfluramine Hydrochloride B.P.
PONDERAX 20mg: Blue-grey, sugar-coated tablet, containing 20mg Fenfluramine Hydrochloride B.P.
PONDERAX 40mg: White sugar-coated tablet, containing 40mg Fenfluramine Hydrochloride B.P.

Uses

1. Obesity
2. Maturity onset diabetes

For the control of post-prandial hyperglycaemia in maturity onset diabetics who achieve marginal control either with diet alone or diet plus sulphonylureas.

Dosage and administration

Dosage: (1) Obesity: *Adults*: 1-2mg per kg of desirable body weight according to the severity of obesity.
PONDERAX PACAPS: The recommended adult daily dose of 60mg capsules is 1 or 2 capsules taken at the same time, once daily, according to the severity of obesity. When a dosage of 2 capsules is prescribed the dosage for the first and last week of treatment should be 1 capsule daily.
PONDERAX 20mg and PONDERAX 40mg: The recommended adult dose of PONDERAX tablets is as follows:
Severe obesity: (1st week) 20mg twice a day: (2nd week) 40mg twice a day: (maintenance) 40mg three times a day.
Moderate obesity: (1st week) 20mg twice a day: (maintenance) 40mg twice a day.
Mild obesity (1st week) 20mg twice a day: (maintenance) 20mg three times a day.
On stopping treatment the dosage should be gradually reduced.
Children: Recommended children's daily dose of PONDERAX tablets.
6-10 years: 20mg.
10-12 years: 40mg (in divided doses). This may be increased to 60mg if the child is grossly obese.
A gradual build-up and reduction of dosage is advised.
PONDERAX PACAPS: The capsule form is not suitable for children's dosage.

Dosage: (2) Maturity Onset Diabetes: *Adults*: The dosage must be adjusted to the needs of the individual patient and may vary between 80-120mg daily, taken either as tablets or PONDERAX PACAPS. PONDERAX may be given together with sulphonylureas.
Children: Not applicable.
Administration: PONDERAX tablets and PACAPS should be taken orally. PONDERAX tablets should be taken in divided daily doses and PONDERAX PACAPS, because of the slow release of the active constituent, need to be taken only once daily; preferably before breakfast. If possible the tablets or capsules should be taken half-an-hour before food.

Contra-indications, warnings etc. Should not be used concomitantly with MAOI's. There should be an interval of three weeks between stopping MAOI's and starting PONDERAX. Care should be exercised when giving PONDERAX to depressed patients or those receiving antidepressant therapy.
Following sudden withdrawal of high therapeutic doses of PONDERAX occasional reports of depression, lasting a few days, have been received. The effect may be avoided by a gradual reduction of dosage.
PONDERAX may potentiate the action of antihypertensive, antidiabetic and sedative drugs. The dosage of these drugs should be reassessed when PONDERAX is prescribed.
In those patients who experience sedation with PONDERAX care should be taken when driving, working machinery or taking alcohol.
It is recommended that PONDERAX is not given concomitantly with other appetite suppressants. There should be an interval of two weeks between stopping any other appetite suppressant and starting PONDERAX to allow for any possible withdrawal symptoms to subside.
Although both human and animal studies have demonstrated that there are no harmful effects on the foetus, it is not recommended that PONDERAX be administered during the first trimester of pregnancy unless the physician considers that the benefits outweigh any possible risk.

Side-effects: In some patients looseness of the bowels, mild sedation and giddiness may occur. Nausea and headache have been reported. Side-effects may be avoided by using a gradual build-up of dosage; in other patients the effects are often transient and a temporary reduction of dosage will usually eliminate them. Side-effects only rarely necessitate any interruption of therapy.

Overdosage: The following symptoms have been reported: dilated pupils, tachycardia, facial flushing, hypertension, agitation, fine tremor, which can progress to vomiting, convulsions, unconsciousness, hyperpyrexia. Depression of respiration, cardiac arrhythmias, ventricular fibrillation and death may occur following very high overdosage.

Action to be taken in the event of an overdose: i) continuously monitor E.C.G. ii) use diazepam to control convulsions. iii) reduce hyperthermia. iv) use anti-arrhythmic drugs (e.g. beta-blockers) to control cardiac tachyarrhythmias.

Pharmaceutical precautions: Storage:
PONDERAX PACAPS should be stored in a cool, dry place.

Legal Category: POM.

Package quantities: *PONDERAX PACAPS*: Push-through blister strips of 10 capsules.
Carton of 60 capsules (6 strips).
PONDERAX 20mg and PONDERAX 40mg: Push-through blister strips of 20 tablets.
Carton of 100 tablets (5 strips).

Further information: Although fenfluramine is chemically allied to amphetamine the introduction of a CF_3 group into the molecule alters the pharmacological characteristics of the compound which are evident from its lack of central nervous system stimulation and its lack of abuse or dependence potential.
PONDERAX is not a controlled drug under the Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations 1973.

Product licence numbers:

PONDERAX PACAPS	0093/0013
PONDERAX 20mg	0093/5004
PONDERAX 40mg	0093/0026

Basic NHS Cost:

PONDERAX PACAPS	60 - £7.18
PONDERAX 20mg	100 - £3.65
PONDERAX 40mg	100 - £7.30

1. Munro, JF (1973). Brit. Jnl. Hosp. Med. **10**, 1.8-14
2. Hudson, KD (1977). Jnl. Royal Coll. GP. **27**, 497

Further information available on request.

Servier Laboratories Limited,
Servier House, Horsenden Lane South, Greenford, Middlesex, UB6 7PW.

JOURNAL PUBLICATIONS

The following have been published by the *Journal of the Royal College of General Practitioners* and can be obtained, while still in print, from the Royal College of General Practitioners.

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Please send your orders to:

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

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	£30
Flat 3	£20	£35

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/Dining room	£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.

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.

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'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

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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.

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'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

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UPDATE BOOKS

Order form opposite

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 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 10 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.

TRAINEE VACANCY

Trainee vacancy from May or June 1979 in a group practice of six. Health centre, full attached staff—district nurse, midwife, health visitor, practice nurse. Access to maternity and general medical beds. Accommodation may be available. Excellent educational facilities. Day release course (Wessex Scheme).

Dr T. O. Hughes and Partners, Gillies Health Centre, Sullivan Road, Basingstoke, Hants.

THE BALINT SOCIETY

RESIDENTIAL WEEKEND AT THE UNIVERSITY OF READING

19.00 hours Friday 14 September to 12.00 hours Sunday 16 September 1979.

General practitioners, both principals and trainees, are invited to sample the experience of being in a Balint group. There will be opportunities to discuss the experience, and also the problems and techniques of leadership of small groups. The cost for the whole weekend will be £30, which should be fully reclaimable under Section 63. Further details will be available shortly on application to the Secretary of the Society:

Dr Cyril Gill
11 Briardale Gardens
London NW3.

EPIDEMIOLOGY IN COUNTRY PRACTICE

Wanted—one copy, please state price.

Dr C. K. Elliott, MRCGP
West Walton
Wisbech
Cambridgeshire PE14 7EU.

BARKING AND HAVERING AREA HEALTH AUTHORITY
Barking Health District
ROMFORD GENERAL PRACTICE VOCATIONAL TRAINING SCHEME

Applications are invited for posts in a three-year general practice vocational training scheme in the Barking and Havering Area commencing on 1 August 1979.

There are two years in hospital posts followed by one year in general practice with an option of one month in a practice before commencing the three-year period.

There is a fully structured half-day release course covering the full three-year period.

Oldchurch Hospital is 20 minutes from London by main line train and is adjacent to pleasant Essex countryside.

Trainees are given ample opportunities to meet their colleagues from other vocational training schemes and there is a Regional Trainee Organization.

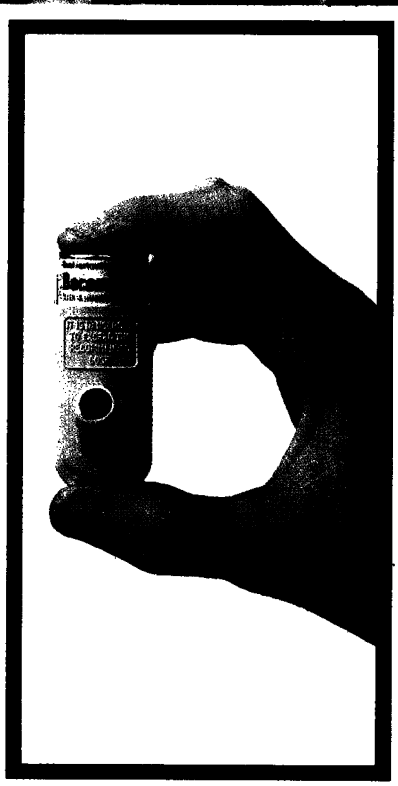
Trainees will be appointed to the Senior House Officer grade in Accident and Emergency, Obstetrics and Gynaecology, and Paediatrics and Psychiatry. The jobs are recognized for DCH, DRCOG, and MRCGP.

Applications, giving full names, age, and marital status, with curriculum vitae, to the District Personnel Administrator, Oldchurch Hospital, Romford, Essex.

The closing date is 14 May 1979.

INDEX TO ADVERTISERS

Beconase is for everyone with Hay Fever



Five years of extensive clinical experience have shown that Beconase used routinely throughout the season provides:

- **Effective control of the nasal symptoms of hay fever**
- **Freedom from antihistamine induced drowsiness or rebound congestion from decongestants**
- **Convenient topical therapy delivered from an easy-to-use actuator**

Ideally Beconase should be started before exposure to the allergen but it may also be used to relieve established nasal symptoms.

Beconase NASAL SPRAY

(Beclomethasone dipropionate BP)

first line therapy in hay fever

BECONASE PRODUCT INFORMATION

PRESENTATION AND BASIC NHS COST
A metered-dose aerosol delivering 50mcg beclomethasone dipropionate BP per actuation. Each canister provides 200 doses. Basic NHS cost £2.90. (PL 0045/0093)

INDICATIONS
Prophylaxis and treatment of perennial and seasonal allergic rhinitis, including hay fever and vasomotor rhinitis.

DOSAGE AND ADMINISTRATION
One application into each nostril 4 times daily. Not for children under 6 years of age.

CONTRA-INDICATIONS, WARNINGS ETC.
Nasal and sinus infections should be treated appropriately. Care is necessary when transferring patients from systemic steroid therapy. Unnecessary administration of drugs during the first trimester of pregnancy is undesirable. No major side effects have been reported, but occasionally sneezing attacks have followed immediately after use.

Full prescribing information is available on request.

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 Cavijet... and of course

fucidin* ointment

Full prescribing information available from

Leo Laboratories Limited,
Hayes Gate House, Hayes, Middx.

LEO

*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.