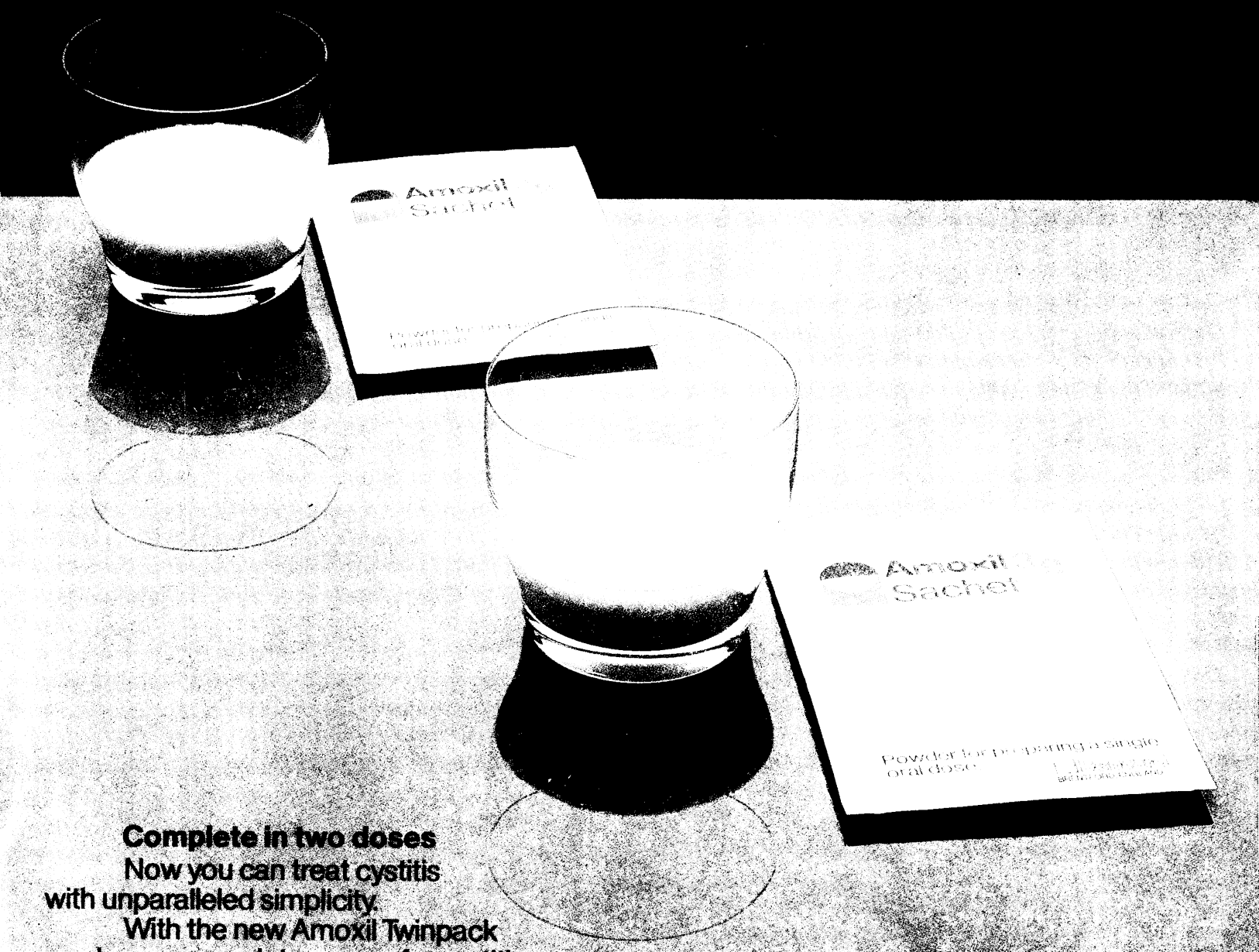
Introducing a unique 12-hour treatment course for cystitis.



Complete in two doses

Now you can treat cystitis with unparalleled simplicity.

With the new Amoxil Twinpack you have a complete course for cystitis – in only 2 x 3g sachets. The two doses are taken 10 to 12 hours apart.

Proven to be just as effective as a conventional 10 day treatment course, Amoxil Twinpack provides rapid and complete symptomatic relief. With a promise of patient compliance that's simply unique.

Amoxil 3g x 2
amoxycillin
TwinPack

Prescribing Information
Indications Amoxil Twinpack (3g x 2) is indicated for the treatment of simple, acute urinary tract infections such as cystitis in adults.
Dosage Adults: Two 3g doses, 10-12 hours apart.
Presentation Carton containing 2 sachets. Each sachet provides 3g amoxycillin (as trihydrate) for reconstitution to approximately 50ml with water. Prescribed as an original pack. Amoxil Twinpack includes full instructions for dosage and administration. Basic NHS cost per complete course £2.85. PL 0038/0238.
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. Should any rash suggest penicillin hypersensitivity, such as 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 is available from the Medical Information Department, Beecham Pharmaceuticals, Great Burgh, Yew Tree Bottom Road, Epsom, Surrey KT18 5XQ.

Beecham

1/84/24

A New Children's Classic

Talpen Syrup

talampicillin

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

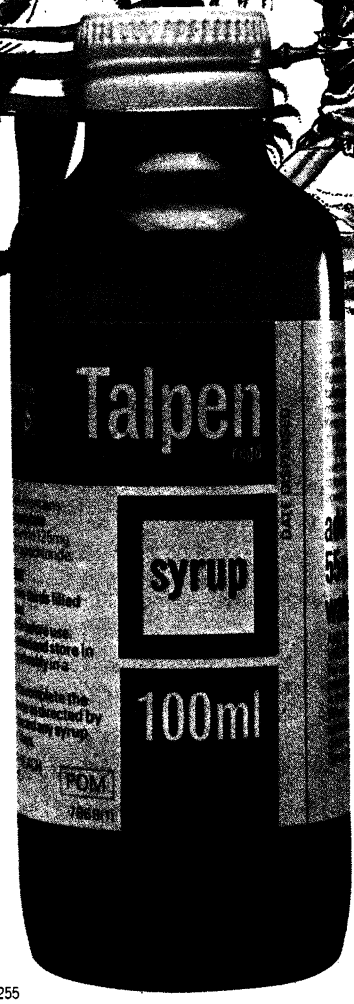
Talpen syrup offers the benefits of Talpen for the treatment of bacterial infections in children:–

□ 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

NEW PRODUCT from MSD research

Ophthalmic Solution

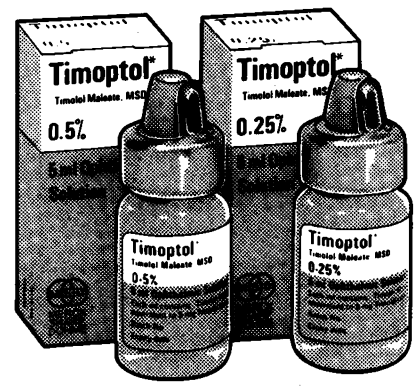
TIMOPTOL®

Timolol maleate, MSD

The most significant advance in the topical treatment of glaucoma since the introduction of pilocarpine

Merck Sharp & Dohme is pleased to introduce Ophthalmic Solution 'Timoptol' (timolol maleate, MSD), a beta-adrenergic blocking agent used topically to reduce intra-ocular pressure in patients with chronic open-angle glaucoma.

'Timoptol' has been shown in clinical studies to be generally effective in more patients than pilocarpine or adrenaline. It has the additional advantages of not affecting pupil size nor visual acuity due to increased accommodation and has very few adverse side effects. Also 'Timoptol' maintains a reduced intra-ocular pressure in most patients, with only a twice-daily dosage.



MERCK SHARP DOHME **Merck Sharp & Dohme Limited,** Hoddesdon, Hertfordshire, EN11 9BU

PRESCRIBING INFORMATION ▼

Indications Ophthalmic Solution TIMOPTOL® (timolol maleate, MSD) is a beta-adrenergic receptor blocking agent used topically in the reduction of elevated intra-ocular pressure in various conditions including the following: patients with ocular hypertension; patients with chronic open-angle glaucoma including aphakic patients.

Dosage and administration Recommended therapy is one drop 0.25% solution in the affected eye twice a day.

If clinical response is not adequate, dosage may be changed to one drop 0.5% solution in each affected eye twice a day.

If the intra-ocular pressure is maintained at satisfactory levels many patients can then be placed on once-a-day therapy. Because of naturally occurring diurnal variations in intra-ocular pressure, satisfactory response is best determined by measuring the intra-ocular pressure at different times during the day.

Clinical trials have shown the addition of TIMOPTOL to be useful in patients who respond inadequately to maximum antiglaucoma drug therapy.

In the event that further control of intra-ocular pressure is needed, concomitant therapy with miotics, adrenaline, and systemically administered carbonic anhydrase inhibitors may be instituted.

When patients are being transferred from other antiglaucoma agents, on the first day continue with the agent(s) already being used and add one drop of 0.25% TIMOPTOL in the eye twice a day. On the following day, discontinue the previously used antiglaucoma agent(s) completely and continue with TIMOPTOL. If a higher dosage of TIMOPTOL is required, substitute one drop of 0.5% solution in the eye twice a day.

When TIMOPTOL is to be added to other antiglaucoma therapy, administer one drop of 0.25% TIMOPTOL in the eye twice a day. If a higher dosage of TIMOPTOL is required substitute one drop of 0.5% solution in the eye twice a day.

Contra-indication Hypersensitivity to Ophthalmic Solution TIMOPTOL.

Precautions Ophthalmic Solution TIMOPTOL should be used with caution in patients with known contra-indications to systemic use of beta-adrenergic receptor blocking agents such as patients with bronchospastic disease and congestive heart failure.

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

Although TIMOPTOL has been used in a small number of patients wearing contact lenses made of polymethylmethacrylate (PMMA), and there have been no reports of adverse effects, at present, experience is too limited to enable a conclusion on safety to be made.

Use in pregnancy TIMOPTOL has not been studied in human pregnancy. The use of Ophthalmic Solution TIMOPTOL requires that the anticipated benefit be weighed against possible hazards.

Use in children Since clinical studies in children have not been conducted, TIMOPTOL is not currently recommended for use in children.

Side effects Ophthalmic Solution TIMOPTOL is usually well tolerated. Occasionally signs and symptoms of mild ocular irritation have been reported. Slight reduction of the resting heart rate (mean reduction 2.9 beats/minute, standard deviation 10.2) has been observed in some patients. Local hypersensitivity reactions have occurred rarely.

Presentation Clear, colourless to light yellow, sterile eye drops, available as a 0.25% and 0.5% w/v solution of timolol maleate. Each is presented in a special metered-dose Ocumeter® dispenser containing 5 ml Ophthalmic Solution TIMOPTOL.

The United Kingdom NHS basic cost is:
£4.71 for 5 ml 0.25% Ophthalmic Solution TIMOPTOL
£5.29 for 5 ml 0.5% Ophthalmic Solution TIMOPTOL

Product licence numbers:
0.25% Ophthalmic Solution, 0025/0134
0.5% Ophthalmic Solution, 0025/0135

Product authorisation numbers:
0.25% Ophthalmic Solution, 35/53/2
0.5% Ophthalmic Solution, 35/53/3

Additional information is available to the medical profession on request.

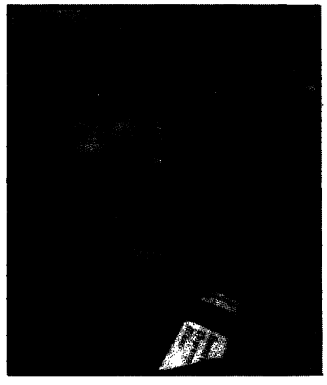
® denotes registered trademark.

79-6556

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

IT'S FAST ACTING

IT'S RELIABLE

IT'S EFFECTIVE

IT'S PROVEN

IT'S SYNALAR

Fluocinolone acetonide

The economical range of topical steroids.

Full prescribing information is available on request.

ICI Pharmaceuticals Division
Macclesfield
Cheshire SK10 4TF.

The third in a series of Hibernating animals: the Brown Bear (Ursus arctos arctos) hibernates from mid November

For safe, natural, undisturbed sleep...

REMNOS

Nitrazepam/DDSA

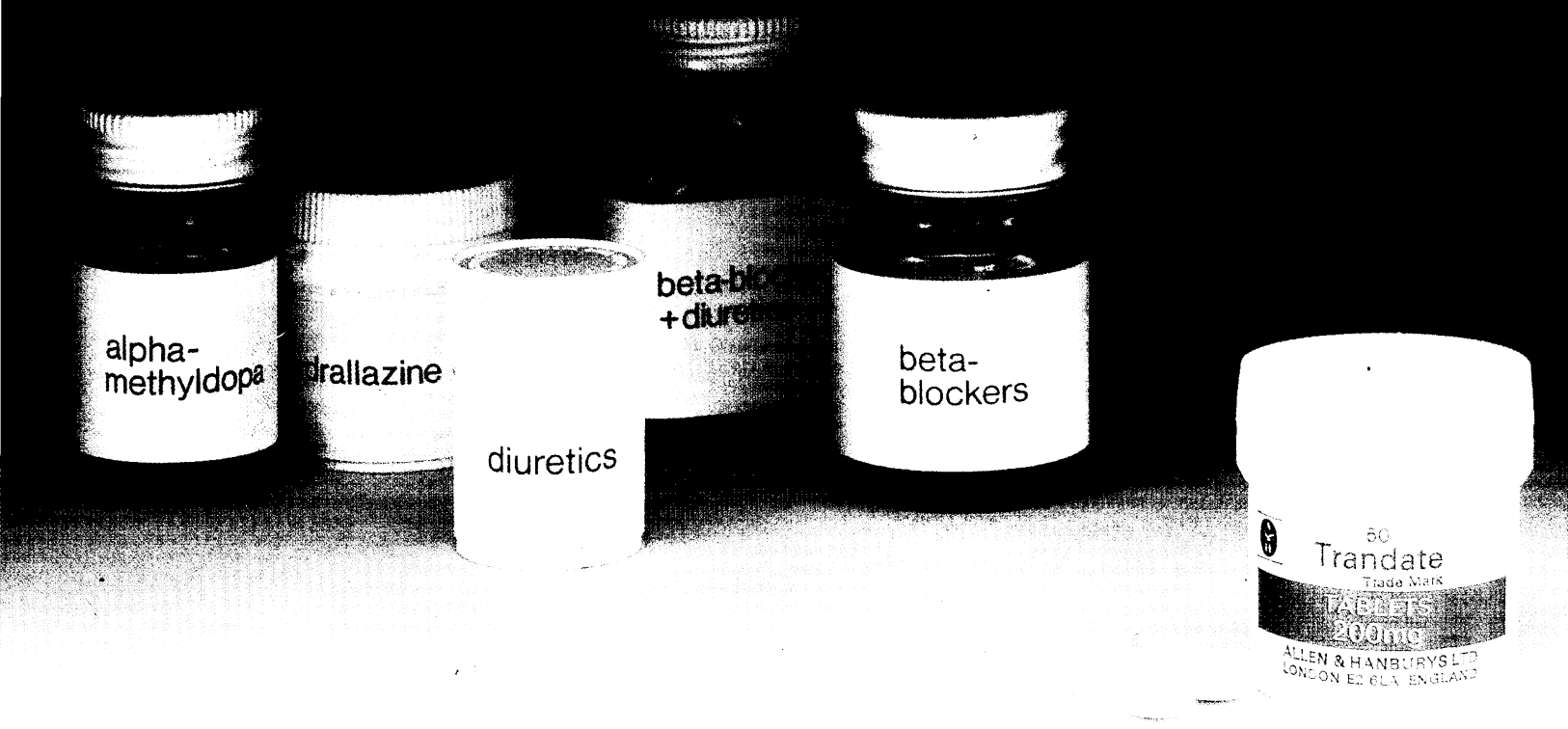
- Rapidly induces natural sleep
- Increases the duration of sleep and reduces the number of nocturnal awakenings
- No hangover or confusion on waking
- Minimum changes in REM pattern
- Small dependence risk
- High comparative safety in overdosage
- Well tolerated and producing no unwanted systemic effects
- Uniquely available in two strengths (5mg & 10mg)

Presentation circular biplanar 12mm tablets marked DDSA on obverse with single break line on reverse, containing Nitrazepam BP, white 5mg, yellow 10mg. *Uses* an effective hypnotic agent recommended when a rapid onset of sleep is required. Remnos increases total sleep time lasting 6-8 hours, with a reduced number of nocturnal awakenings. Remnos does not act by depression of brain structures, but promotes sleep with minimal changes in the rapid eye movement pattern (REM). Sleep disturbances due to organic conditions, tension, stress, anxiety and depression. The treatment of insomnia in the chronically ill requiring long or short term hypnotics. Pre-operative sleep. *Dosage and administration*, adults – the recommended dose is 5mg before retiring. This may be increased to 10mg. Hospital in-patients may receive up to 20mg. Debilitated and elderly patients – 2.5 to 5mg. Treatment should be commenced with the smaller 2.5mg dose in the elderly. Remnos is not recommended for administration to children. *Contra-indications, warnings, etc.* It is not advisable that Remnos be used in pregnancy and lactation. Patients receiving treatment with Remnos should be warned against the dangers of taking alcohol, barbiturates and other CNS depressants, and to exercise great care in handling mechanical equipment and driving motorised vehicles. Care should be taken in patients with respiratory depression. Side effects such as ataxia and drowsiness may occur, although hangover effect is minimal. *Overdosage*, evidenced by ataxia, slurred speech and drowsiness, gastric lavage and symptomatic treatment. *Pharmaceutical precautions*, protect from light and store in a well-closed container in a dry cool place. *Legal category*, S4b. *Basic NHS price* 5mg £1.40 per 100 and 10mg £2.50 per 100, also packs of 500 (both strengths). *Further information*, Remnos may be given to patients receiving anti-coagulant therapy and cardio-vascular, antihypertensive and antidepressant drugs. *Product licence numbers* 0225/0022; 0225/0031. DDSA Pharmaceuticals 310 Old Brompton Road London SW5 9JQ.

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

Trandate

(labetalol hydrochloride)



"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 six (10%) patients were controlled by labetalol alone."

(*Current Medical Research and Opinion*, 1978, **5**, 618)

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

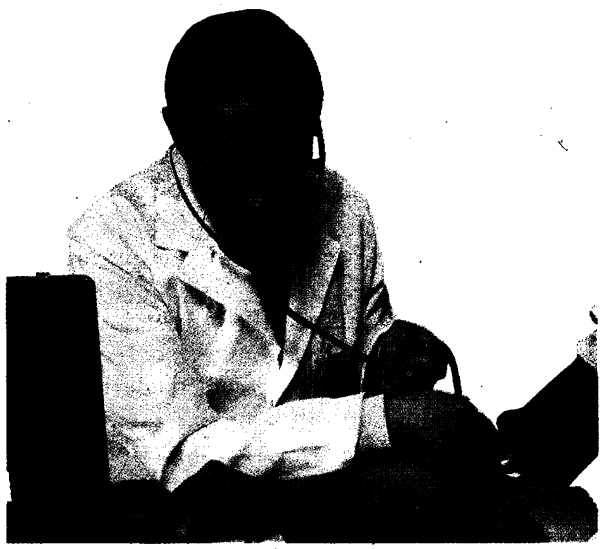
Trandate should not be given to patients with uncompensated or digitalis-resistant heart failure or with atrioventricular block.

The presence of severe liver disease may necessitate reduced doses of Trandate. Care should be taken in asthmatic patients and

simplifies the management of hypertension

for the doctor

- Trandate provides effective control of the hypertension
- Trandate is suitable for a wide range of patients
- Trandate obviates the need for multi-drug regimens or fixed combination products
- Trandate needs few incremental changes in dosage for control of most patients.



and for the patient

- The overall incidence of side effects is low
- Trandate avoids unwanted effects such as sedation and lack of energy
- The dosage regimen is simple – just one tablet two or three times a day
- **Patients feel better on Trandate and the treatment does not restrict activity**

"It is therefore particularly encouraging that 74% of patients in this study reported that they were much less tired, more energetic, more active physically and more mentally relaxed than when on their previous antihypertensive therapy."

(*Practitioner*, 1979, **222**, 131)

TRANDATE

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.

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)

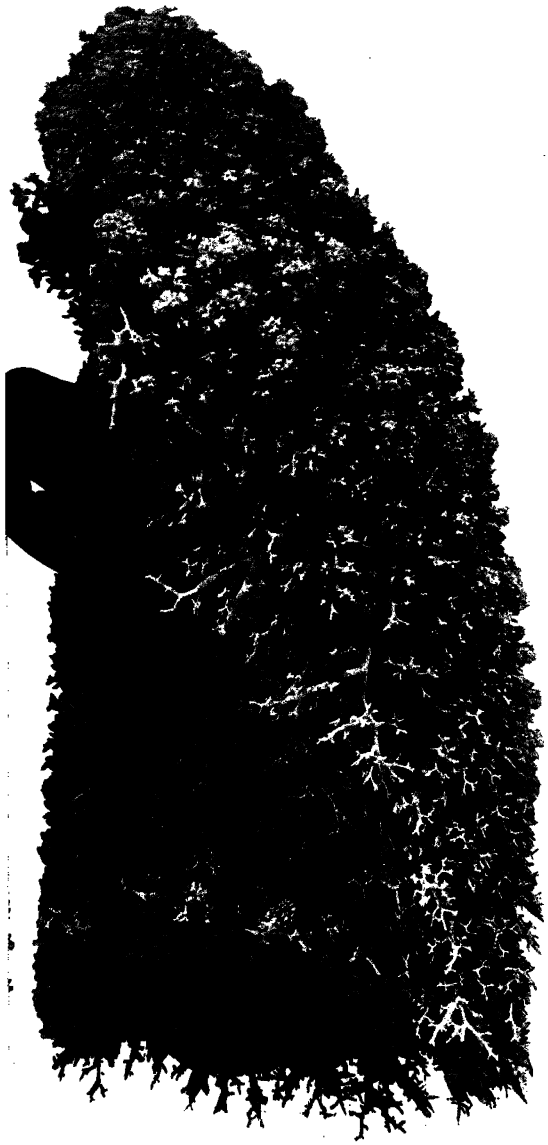
SUITABLE CANDIDATES

- **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.

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.

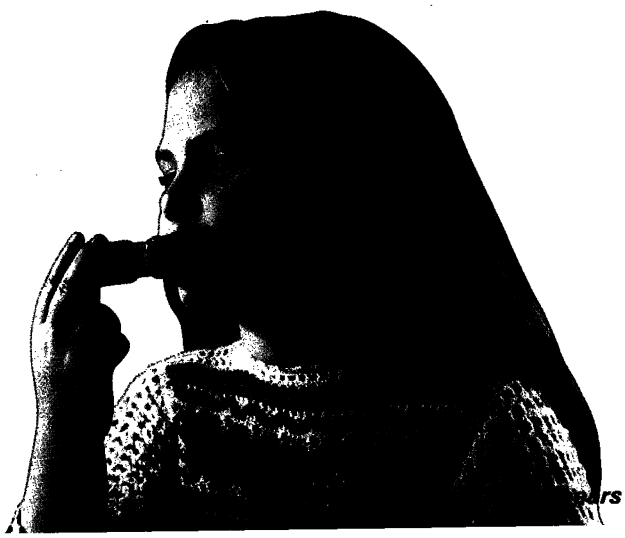
BECOTIDE ROTACAPS are now available as a dry powder breath-actuated alternative to Becotide Inhaler. Used in conjunction with the Becotide Rotahaler they extend the benefits of inhaled steroid therapy to a wider range of patients with chronic asthma.

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.



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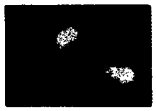
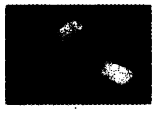
VENTOLIN ROTACAPS 200mcg & 400mcg
PRESCRIBING INFORMATION





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.

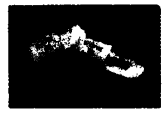
CONTRA-INDICATIONS
Ventolin Preparations should not be used for the prevention of threatened abortion.

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.

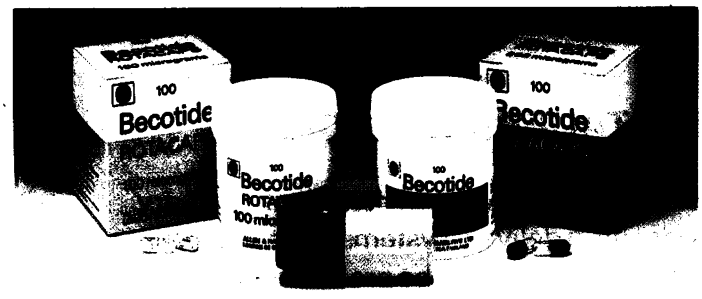
SIDE EFFECTS
Occasional candidiasis of the mouth and throat (thrush) occurs in some patients, particularly those with high blood levels of Candida precipitins. Topical therapy with antifungal agents usually clears the condition without withdrawal of Becotide.

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.

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 British Postgraduate Medical Federation
has now published its programme of
courses for general practitioners
for the period September to December 1979.
These programmes will be distributed automatically to general practitioners in the National Health Service in the four Thames Regional Health Authorities through their local Family Practitioner Committees.
Any other general practitioner wishing to receive a copy of this programme, should forward a stamped addressed foolscap envelope to:
The General Practitioner Department, British Postgraduate Medical Federation, Regional Postgraduate Medical Dean's Office, 14 Ulster Place, London NW1 5HD.

No applications will be accepted by telephone.

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or telephone: 01-303 9389.

THE RUDOLF FRIEDLAENDER MEMORIAL FUND

The Trustees of the Rudolf Friedlaender Memorial Fund are able to provide annual grants of up to £500 (a) to enable general practitioners to travel within the UK or abroad to study new medical treatments or clinical techniques; (b) to enable general practitioners to prepare for publication information concerning medical treatments acquired in the course of their practices, by paying for necessary secretarial or other services and expenses incidental to such publication.

Application forms are available from: **The Trustees, The Rudolf Friedlaender Memorial Fund, 8 Regent Street, Eccles, Manchester M30 0AP.**

KENSINGTON

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British Columbia,
Canada V8G 1S6.

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This course is suitable for established practitioners although Trainees and Assistants may apply. The subject matter and format of the course makes it especially relevant to principals wishing to apply for recognition as trainers under the Trainee Practitioner Scheme, as well as partners of recognized trainers.

Residential accommodation is available and the course is approved under Section 63.

Further details may be obtained from: the Dean of Postgraduate Medicine, The University of Glasgow, Glasgow G12 8QQ. Telephone 041-339 8855, ext. 7274.

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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**
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- **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 PRODUCT INFORMATION

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

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first line therapy in hay fever

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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.
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