Introducing a unique 12-hour treatment course for cystitis.



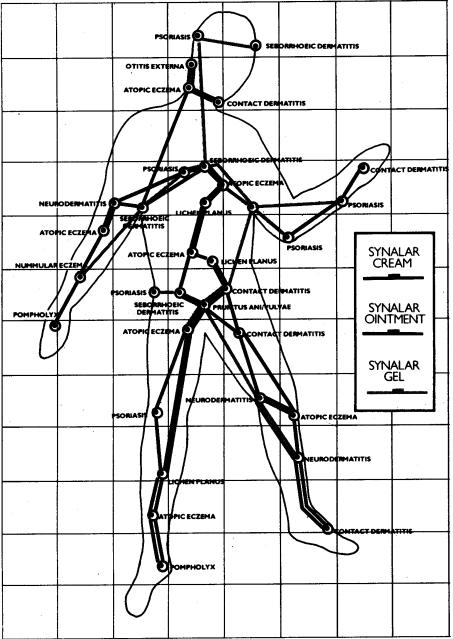
with unparalleled simplicity.

With the new Amoxil Twinback vou have a complete course for cystilisin 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, Amoul Twinpack provides rapid and complete: symptomatic relief. With a promise of patient compliance that's simply unique:

Amoxil 3gx2 TwinFack

AKE THE TUB



The 'Synalar' Lines



Economical Reliable Fast acting



Your first line topical steroid

Additional Information

PRESENTATION. 'Synalar' preparations contain fluocinolone acetonide B.P. 0.025%. The steroid is dissolved in a small quantity of propylene glycol and incorporated in either a water-miscible cream, greasy ointment or clear,

water-miscible gel.

ADMINISTRATION. A small quantity of the preparation should be applied lightly to the affected area two or three times a day, and massaged gently and thoroughly into the skin. 'Synalar' Gel should be massaged into the scalp, or other affected area, morning and night. For maintenance therapy, treatment should be repeated once or twice a wee

CONTRAINDICATIONS. As with all topical steroids, 'Synalar' is contraindicated in tuberculous, syphilitic and most viral infections of the skin, and in acne rosacea. 'Synalar' preparations should not be used on associated bacterial or fungal infections unless adequate anti-bacterial cover is also given.

PRECAUTIONS. In pregnant animals topical administration of corticosteroids can cause abnormalities of fetal development. Although the relevance of this finding to human beings has not been established, when topical steroid treatment is considered necessary during pregnancy both the amount applied and the length of treatment should be minimised. Long-term continuous topical steroid therapy should be avoided since adrenal suppression can occur, particularly when infants are being

treated or where occlusive dressings are applied.

SIDE EFFECTS.In normal usage side effects are extremely rare but, as with all drugs, the occasional patient may react unfavourably. In such a case treatment should be stopped. A few instances of atrophic striae after extensive treatment with 'Synalar' have been

NHS PRICE: Synalar Cream, Ointment, Gel (30g tube)

P/L No.: Synalar Cream 0029/5037; Synalar Ointment 0029/5041; Synalar Gel 0029/5039.

'Synalar' is a trade mark.













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 antiinflammatory 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

movat (clobetasone butyrate)

An investment in safety and efficacy

Prescribing information

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

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

Basic NHS cos

(exclusive of VAT)
Eumovate Cream or Ointment 25 gram tube £ $1\cdot23$ (also available in 100 gram tubes)

Product Licence

number

ointment 4/0233 4/0254

Glaxo Leaders in topical steroid therapy

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



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.

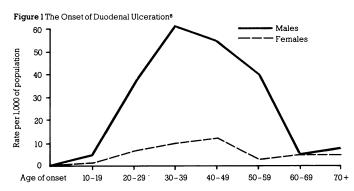
However, experience to date tends to suggest that for many patients the natural history of the disease remains unaltered despite medical intervention⁶ and the question inevitably arises – will patients with a severe condition require medical treatment for the rest of their lives?

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

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, 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

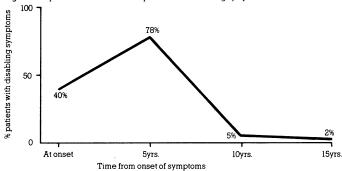


after 5 years and then progressively remit until at 10 years no more than 5% of patients had severe symptoms.

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 6... most patients with duodenal ulceration will need only intermittent or continuous cimetidine treatment for a limited period.9

Figure 2 Proportion of duodenal ulcer patients with disabling symptoms



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.

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.

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

- 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.
- 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.

Full prescribing information is available from



Smith Kline & French Laboratories Limited Welwyn Garden City, Hertfordshire AL7 1EY Telephone: Welwyn Garden 25111 Tagamet' is a trade mark. © Smith Kline & French Laboratories Limited 1979



'Tagamet'
The long and the short of

"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 longterm 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.)

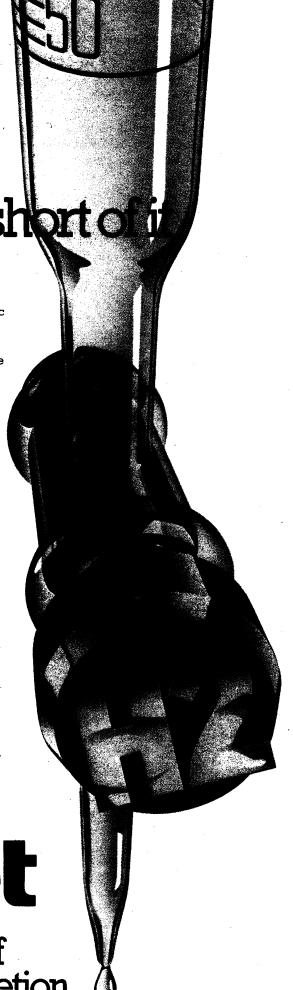
Duodenal Ulcer-a review of 1055 patients

"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.







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 yellow encountering 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. Deblitated and elderly patients – 2.5 to 5mg. Treatment should be commenced with the smaller 2.5mg dose in the elderly. Remnos be used in pregnancy and lactation. Patients receiving treatment with Remnos should be warround 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 a taxia 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 cardiovascular, antihypertensive and antidepressant drugs. Product licence numbers 0225/0022; 0225/0031. DDSA Pharmaceuticals 310 Old Brompton Road London SW5 9JO.



"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)

ALLEN & HANBURYS LTD LONDON E2 6LA ENGLAND

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.

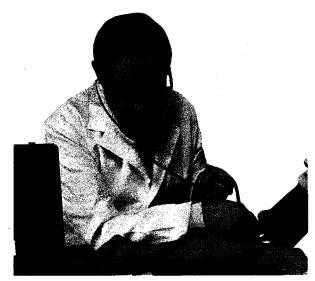
PRECAUTIONS

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.

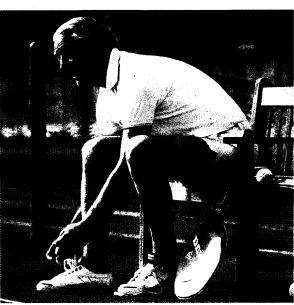


and for the patient

- 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)







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 submannes, 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.

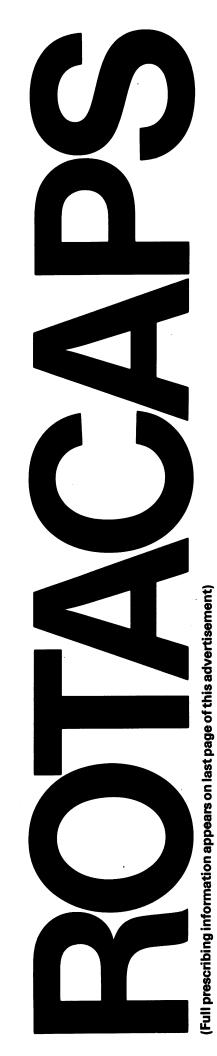
You can, however, join at any age up to 39 when your professional experience is taken into account and you could join as a Surgeon Lieutenant Commander earning £9,183 a year.

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 (406MO3), Medical Directorate General (Naval), Ministry of Defence, First Avenue House, High Holborn, London WC1V 6HE.



AN INSPIRED CHOICE....

VENTOLIN ROTACAPS

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

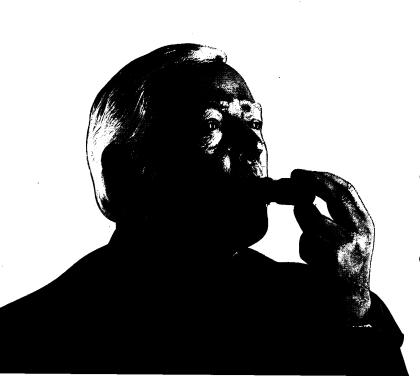
Improved control of asthma

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.

44 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.
97
(Hetzel, M.R. and Clark, T.J.H., Clin. Allergy, 1977, 7, 563)





- 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.

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.



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.





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 Inhalater—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

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.

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.

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

PRODUCT LICENÇE 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 adoles the tweether than the contract of the co

a day is the usual maintenance dose

Children: One 100mcg Becotide Rotacap, two, three or four times a day according to the

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 Img. 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

Unnecessary administration of drugs during the first trimester of pregnancy is undesirable When transferring patients to Becotide from systemic steroid therapy the possibility of adrencortical 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.

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.

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 Rotabaler should be prescribed at approximately six-month intervals.





Who are the candidates for Rotacaps in your practice?



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 0906141060, 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 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 £5.75 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.

PARTNERSHIP WANTED

Edinburgh graduate aged 32, wife SCM, three children, ex-Services spring 1980, seeks partnership. Vocationally trained, DRCOG, MRCGP, FPA cert.

Apply Box No. 12

LIVERPOOL

Cosmopolitan Inner City Area

Third doctor required for modern health centre practice. Attached nurses, health visitors, social worker and supporting services from physiotherapists, clinical psychologists, dietician and consultant geriatrician. Access to general practitioner beds and opportunity for developing any special interests.

Involvement in undergraduate education and vocational trainee schemes.

Parity with Senior Partner after short introduction.

Apply Box No. 11

INDEX TO ADVERTISERS

	page	9		page
Allen & Hani	oury Ltd	10	CI Ltd	
Trandate	526/7	7 S	ynalar	514
Bound in inse	ert 544/5	5 1.	eo Labs	
Bencard Ltd		_	ucidin Topical	
Amoxil	Inside front cove	r	Outs	ide Back Cover
Dales Pharm	aceuticals	R	ona Labs	
Pardale	529	e s	lophyllin	533
DDSA		R	oyal Navy	
Remnos	529	5 <i>R</i>	ecruitment	537
Duncan Floc	khart	s	mith, Kline & F	rench
DF1 18	521	ı <i>7</i>	agamet	514 & 522/3
Fluvirin	Inside Back Cove	r u	pdate Publicati	ons
Glaxo Labs		_	orporate	553
Eumovate	516	3 0	rder Form	552

BARNET GENERAL HOSPITAL Barnet, Herts

CLINICAL ASSISTANT

for Accident Department. One session per week, Thursday morning. Applications with curriculum vitae, naming two references to District Personnel Department, Barnet/Findley Health District, 1 Wellhouse Lane, Barnet, Herts.

OF THE ROYAL COLLEGE OF GENERAL PRACTITIONERS

Prescribing in general practice

The cost of the drugs prescribed by British general practitioners now exceeds the cost of the doctors' own income and expenses combined. The number of prescriptions for psychotropic drugs has doubled between 1964 and 1974 and the applications of prescribing in general practice are bedevilled by factors quite unrelated to clinical pharmacology, such as the symbolic use of drugs, patient and doctor expectations and attitudes, and pressures from advertising.

Who are the high cost prescribers? What, if any, is the influence on a doctor's prescribing of being trained overseas? What are the facts and what are the trends?

Prescribing in General Practice is one of the most comprehensive booklets ever issued on prescribing in British general practice; it was published as a Supplement to this Journal and sponsored by the Department of Health and Social Security.

Prescribing in General Practice is available now from 14 Princes Gate, Hyde Park, London SW7 1PU, price £3.00, post free.



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. Children aged 12 years and over, when accompanied by their parents, can always be accommodated; for those between the ages of six and 12 years, two rooms are being made available on a trial basis. Children under the age of six cannot be accommodated 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	n £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.

Opinions expressed in *The Journal of the Royal College* of General Practitioners and the supplements should not be taken to represent the policy of the Royal College of General Practitioners unless this is specifically stated.

THE DOCTOR THE PATIENT AND SEX

COMMUNICATION AND CONTRACEPTION

A Joint Meeting between

The Royal College of General Practitioners
Scottish Division

and

The Society for the Study of Human Sexual Behaviour will be held at Ninewells Hospital, Dundee on Saturday, 6 October, 1979

Enquiries to:
Miss D. MacAngus,
Thomas Clouston Clinic,
153 Morningside Drive,
Edinburgh EH10
(Tel: 031 447 2011 Ext 217)

Members changing their address are asked to let the Registrar of the Royal College of General Practitioners know as soon as possible, with the effective date, so that the *Journal* can continue to be sent to them without delay.

Please write to: The Registrar, Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU.

Old add	ess	:																							
	• •		٠.			•	 •	•	•			•	•	 •	•	•	•	•	•		•	•	•	•	
	• •			•	 •	•	 •	•	•		•	•	•	 •	•	•	•	•	•	•	•	•	•	•	
	• •					•		•							•	•	•	•	•	•	•	•	•	•	
																			•				•		•
New add	ress	s:																							
New add	ress	s: 							•			•	•									•			
New add	ress	s: 	•••							. .															
New add	ress	s: 	• •		 		 																		

'The ultimate in purified antigens...'

Fluvirin contains only the protective haemagglutinin and neuraminidase antigens of the virus, adsorbed on to aluminium hydroxide and virtually none of the other viral components.

For this reason it has been described as 'the ultimate in purified antigens' and an October'78 issue of BMJ endorses the use of surface antigen vaccines like

FLUVIRIN against influenza: 'Surface antigen vaccines seem to cause fewer minor side effects, such as sore arms and febrile reactions, than zonally purified whole virus vaccines, and in the view of many they are preferable, especially for children and when two doses have to be given.'2

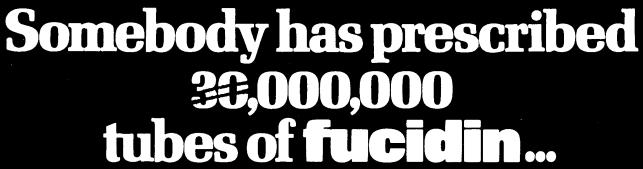
1. British Medical Journal, (1975), 1, 508. 2. British Medical Journal, (1978), 2, 1177. It makes sense to prescribe FLUVIRIN.

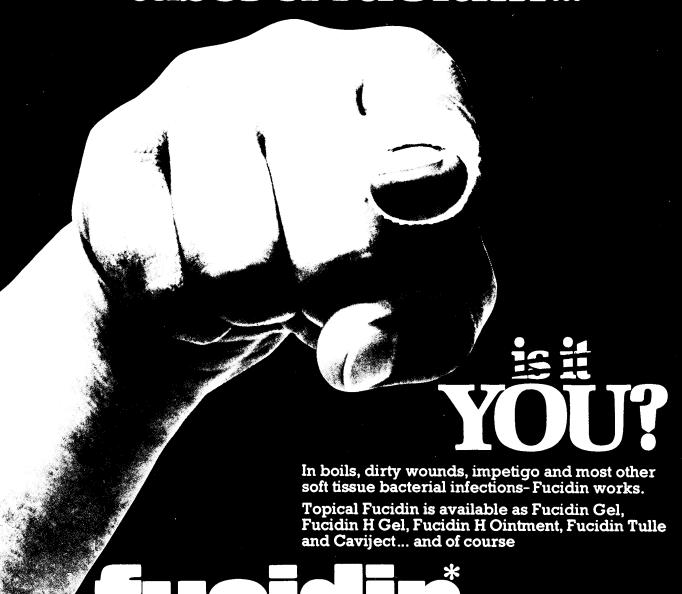
FLUVIRIN

The advanced British influenza vaccine

PRESCRIBING INFORMATION. Presentation: Fluvirin, adsorbed surface antigen influenza vaccine, contains in 0.5ml dose, the strains of influenza virus currently recommended. Each 0.5ml dose contains the haemagglutinin and neuraminidase antigens prepared from: 200 Units of A/USSR/92/77 (H_1N_1) 200 Units of A/England/321/77 (H_3N_2) 200 Units of B/Hong Kong/8/73 adsorbed on to aluminium hydroxide. **Uses:** Protection against influenza. **Dosage:** Adults aged over 24 years: Single dose of 0.5ml by deep subcutaneous or intramuscular injection; it must NOT be given intradermally. Children aged 4 to 9 years: 2 doses of 0.5ml, one month apart. Children and adults aged 9 to 24 years: 2 doses of 0.5ml, one month apart (if previously primed with H_1N_1 sub-type one dose of 0.5ml is sufficient). If the vaccine has been stored in a refrigerator it must be allowed to reach room temperature before use; the container should be well shaken immediately before making the injection. Unused contents of multidose vials should be discarded at the end of the day's session. **Warnings:** Contra-indicated in persons sensitive to egg protein. The potential risk of adverse reaction to vaccines should be taken into account in patients with a personal or family history of allergy. Spirit should not be allowed to come in contact with the vaccine. **Side effects:** Redness and soreness at the site of injection, headache, pyrexia and a feeling of malaise may occur. **Package quantities:** Single dose ampoules of 0.5ml, disposable syringe pack of 0.5ml at a basic NHS cost of £1.70 and multidose vials of 5ml.







fucidin* ointment

Sodium Fusidate B.P.

Full prescribing information available from

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

*Fucidin is a trade mark for sodium fusidate.

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

Product Licence No: 0043/5005 Basic NHS Price: 10g 95p