

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
Twin Pack

Prescribing Information

Indications: Amoxil Twinpack 3g x 2 is indicated
for the treatment of urinary tract infections,
infections of the respiratory tract, and
infections of the skin and soft tissues.
Dosage: Amoxil Twinpack 3g x 2 should be taken
as a single dose, twice daily, for 10 days.
Precautions: Caution should be exercised in
patients with a history of allergic reactions to
penicillins or cephalosporins. Amoxil Twinpack
should not be taken if the patient is allergic to
penicillins or cephalosporins.

Administration: Amoxil Twinpack 3g x 2 should be
taken with food, twice daily, for 10 days.
Contraindications: Amoxil Twinpack 3g x 2
should not be taken if the patient is allergic to
penicillins or cephalosporins. Amoxil Twinpack
should not be taken if the patient is taking
methotrexate or if the patient is taking
other drugs which may interact with
amoxycillin.



A New Children's Classic Talpen Syrup

talampicillin

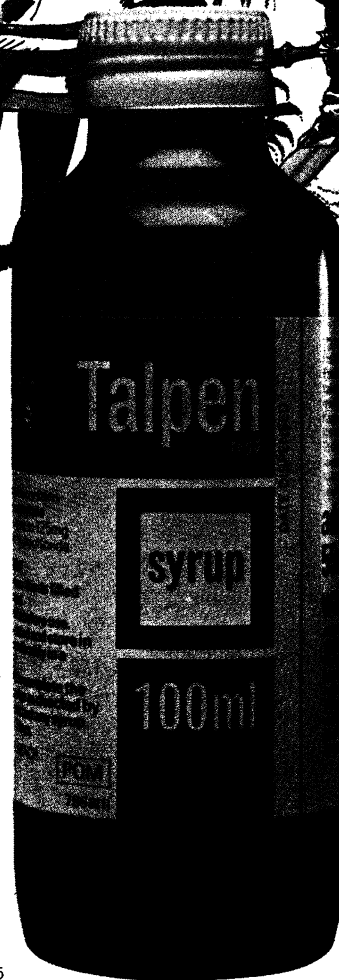
Talpen syrup is one therapeutic agent which might claim to be a classic from the start.

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

- Talpen offers ampicillin's rapid bactericidal action¹ 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

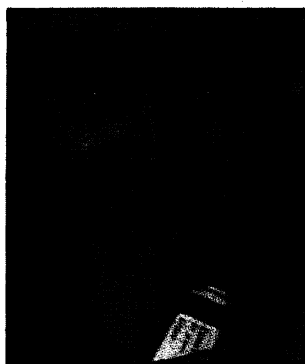
Talpen, BRL and the Company logo are registered trade marks.



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

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

(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.

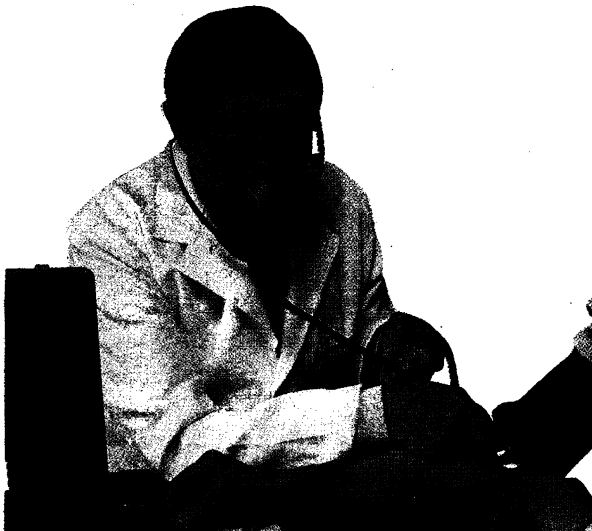
PRECAUTIONS

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.

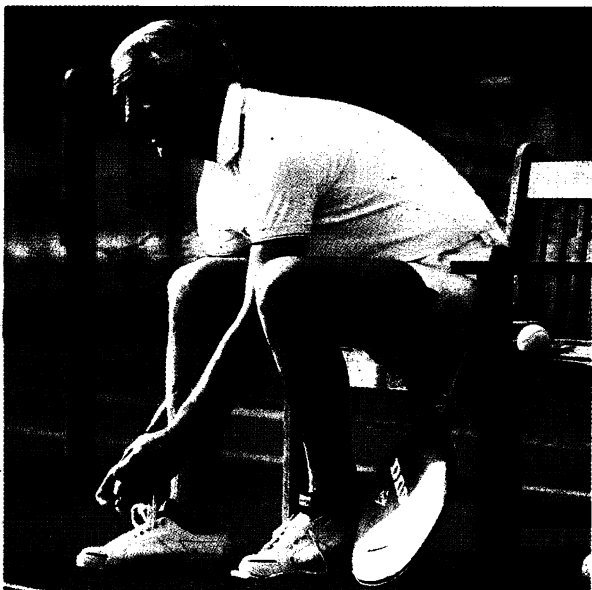


and for the patient

- 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)





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

For safe, natural, undisturbed sleep...

REM NOS

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 cardiovascular, 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

PONDERAX

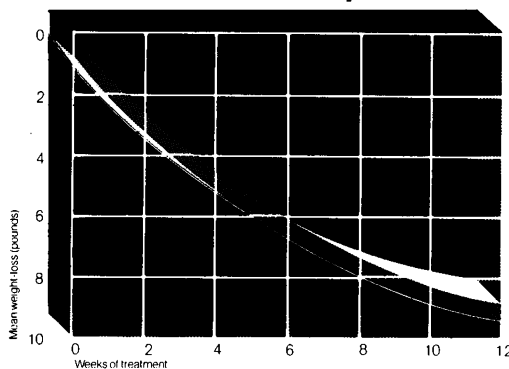
FENFLURAMINE HYDROCHLORIDE B.P.

FOR THE LONG-TERM MANAGEMENT OF OVERWEIGHT PATIENTS

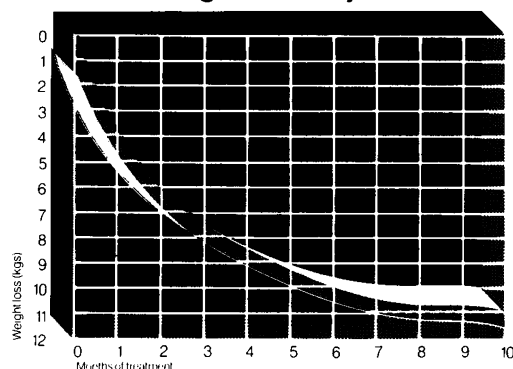
- Effective short and long-term weight loss.
- Only non-stimulating anti-obesity drug available.
- Additional clinical benefit in maturity onset diabetes.
- Flexible dosage regimen.

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 antihyper-

tensive, 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 ECG; 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 CF₃ 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.

'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

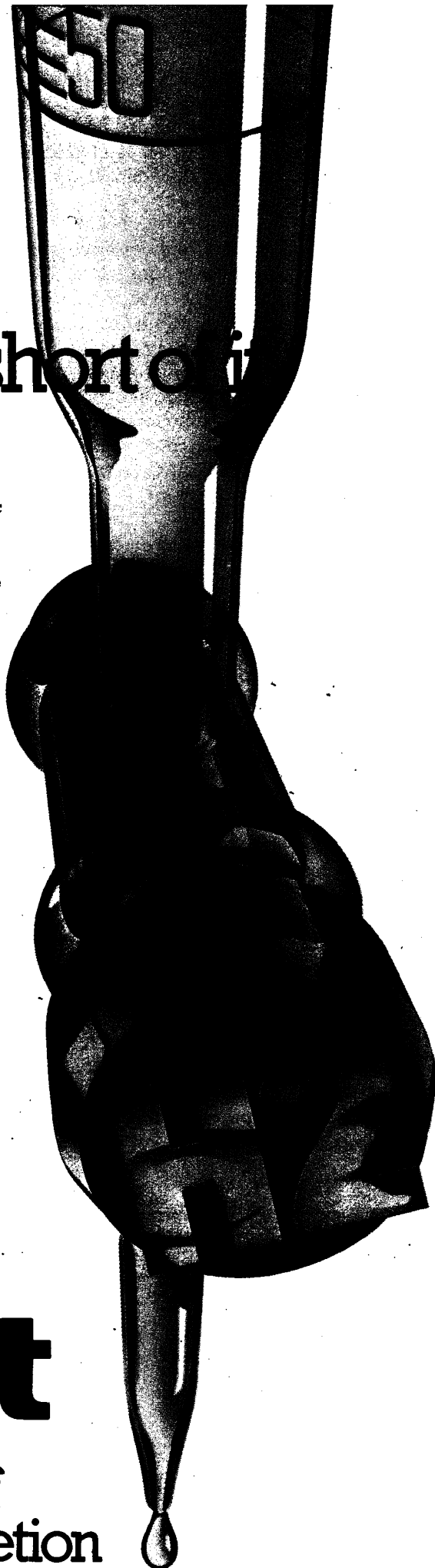
For those patients who may benefit from longer-term treatment, therapy should be continued for at least 6 months at a reduced dosage.

Tagamet

cimetidine



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 intervention⁶ and the question inevitably arises – will patients with a severe condition require medical treatment for the rest of their lives?

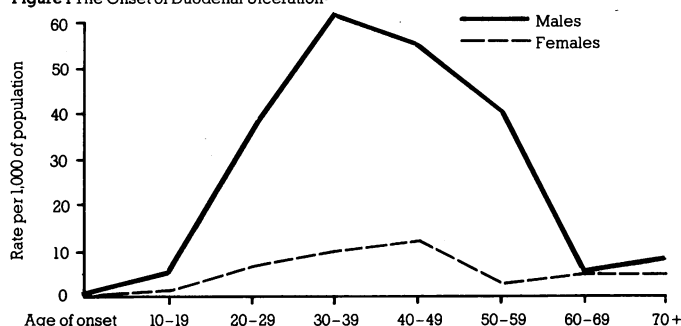
This can only be answered when the natural history of duodenal ulcer disease is fully understood. Some aspects of the natural history of the disease, however, have been well recognised for some years.

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

Figure 1 The Onset of Duodenal Ulceration*

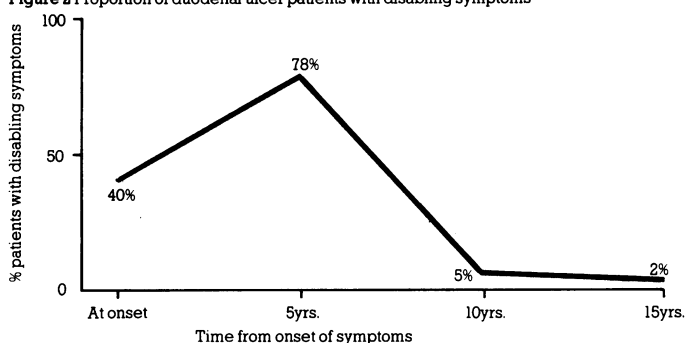


after 5 years and then progressively remit until at 10 years no more than 5% of patients had severe symptoms.

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 '...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*



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.*, i, 1095.
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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.

Full prescribing information is available from

SK&F
a SmithKline company

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

'Tagamet' is a trade mark.

© Smith Kline & French Laboratories Limited 1979

TG:AD49

Tagamet

cimetidine

H₂ Unique control of gastric acid secretion

Medical Aid at Accidents

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

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

Rehabilitation Today

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

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

Dermatology

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

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

Neonatal Medicine

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

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

Oral Disease

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

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

Immunisation

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

Preventive Dentistry

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

Interpreting the Electrocardiogram

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

UPDATE BOOKS

Order form opposite

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Classified advertisements are welcomed and should be sent to: Mr Mike Fulton, Advertisement Director, *The Journal of the Royal College of General Practitioners*, Update Publications Ltd., 33/34 Alfred Place, London WC1E 7DP. Copy must be received by the first of the month preceding the month of issue to ensure inclusion. Every effort will be made to include advertisements received after this date but publication cannot be guaranteed and the advertisement may have to be held over to the following issue.

The charge for space in this section is £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.

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.

POSTGRADUATE MEDICAL INSTITUTE UNIVERSITY OF EXETER

Applications are invited for a full-time course on the Management of the Elderly. This is being held at the Exeter Postgraduate Medical Centre from 5 to 9 November 1979.

This course is recognized under Section 63 and will include a wide variety of subjects and visits to a Rehabilitation unit and a multidisciplinary centre.

Applications should be sent to:
Mrs M. Wood,
Postgraduate Medical Institute,
Exeter Postgraduate Centre,
Barrack Road,
EXETER EX2 5DW.

GENERAL PRACTITIONER COURSE ORGANIZERS

Applications are now invited for the posts of General Practitioner Course Organizer in Plymouth and Exeter.

Applicants should be general practitioners in active practice, with interest and experience of postgraduate training. Previous experience of a vocational training course, attendance at a one-week course for general practitioner teachers, and membership of the Royal College of General Practitioners will be advantages.

Applications should be made to:
Dr D. J. Pereira Gray, FRCGP,
Regional Adviser in General Practice,
Postgraduate Medical Centre,
Barrack Road,
Exeter,
Devon.

HEALTH PROMOTION IN GENERAL PRACTICE

A one-day workshop is to be held on Wednesday, 7 November 1979, in Exeter, to consider the role of Health Education in General Practice. Section 63 approval. Organized by the Health Education Council in conjunction with the Department of General Practice, University of Exeter.

Further details from:

Sally Jeffery,
The Health Education Council,
78 New Oxford Street,
London WC1.
Telephone: 01-637 1881

THE EAST LONDON GENERAL PRACTITIONER VOCATIONAL TRAINING SCHEME

IN CONJUNCTION WITH THE LONDON HOSPITAL

Applications are invited for the four posts in this scheme, starting on 1 February 1980. Each trainee will be invited to spend one month in general practice, two years rotating in posts at The London Hospital and finally one year in general practice. The hospital posts include Obstetrics and Gynaecology, Geriatrics, General Medicine, Paediatrics, Psychiatry and the Emergency and Accident Department. A half-day release course is held at the East London Postgraduate Centre, Bethnal Green. Applicants will be welcome to visit the training practices.

Further details may be obtained from the **Course Organizer, Dr R. M. Griffiths, 35 High Street South, East Ham, London E6**, or from the **Medical Staffing Office, The London Hospital**.

Applications (no forms provided), giving names and addresses of two referees, should be received by 3 November 1979 and addressed to: **The Medical Staffing Office, The London Hospital, Whitechapel E1 1BB**.

VOCATIONAL TRAINING FOR GENERAL PRACTICE

Devon Area Health Authority/Exeter University/ Exeter Health Care District

Applications are now invited for four places starting on 1 August 1980 for the vocational training scheme of the Department of General Practice in the Postgraduate Medical Institute of the University of Exeter. The course is designed and recognised for the MRCGP examination.

The four fixed programmes available are:

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>A. General practice (two months)
Accident and emergency (three months)
ENT (three months)
Gynaecology (three months)
Ophthalmology (three months)
Paediatrics (six months)
Psychiatry (six months)
General practice (ten months)</p> <p>C. General practice (two months)
Gynaecology (three months)
Ophthalmology (three months)
Accident and emergency (three months)
ENT (three months)
Geriatrics (six months)
Obstetrics (six months)
General practice (ten months)</p> | <p>B. General practice (two months)
ENT (three months)
Gynaecology (three months)
Ophthalmology (three months)
Accident and emergency (three months)
Psychiatry (six months)
Paediatrics (six months)
General practice (ten months)</p> <p>D. General practice (two months)
Ophthalmology (three months)
Accident and emergency (three months)
ENT (three months)
Gynaecology (three months)
Obstetrics (six months)
Geriatrics (six months)
General practice (ten months)</p> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Throughout the three years a half-day release course is held: trainees participate actively in the planning of the course and there is emphasis on small-group work. Additional courses are available for trainees and include an introductory course for each intake, an intensive MRCGP course, and a course on management in general practice. Trainees are encouraged to carry out research work during their course and six articles have already been published by Exeter trainees.

The Marwood prize and the Syntex award are open to Exeter trainees annually.

The Department's prospectus is available on request and the principles underlying the teaching have been published as *Occasional Paper 4 - A System of Training for General Practice* (available from RCGP, 14 Princes Gate, Hyde Park, London SW7 1PU). The Department's practice management course has been expanded into a book, *Running a Practice*, published by Croom Helm, London.

This is the only University Department of General Practice outside a medical school in the British Isles.

Applications and enquiries should be made by 13 November 1979.

**Dr D. J. Pereira Gray, FRCGP,
Department of General Practice,
Postgraduate Medical Centre,
Barrack Road,
Exeter, Devon EX2 5DW.
Tel: (0392) 31159**



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	£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.

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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

PATIENT PARTICIPATION IN PRIMARY HEALTH CARE STUDY DAY

at the
**ROYAL COLLEGE OF
GENERAL PRACTITIONERS
14 PRINCES GATE, HYDE PARK,
LONDON SW7 1PU
on WEDNESDAY, 16 JANUARY 1980**

Any general practitioners interested in attending may apply for further details to:

Miss Elizabeth Monk, Courses Secretary, at the above address.

Approval under Section 63 is being sought.

FACULTY OF HOMEOPATHY MIDLANDS BRANCH

Fifth Annual Symposium on Homeopathic Medicine: Saturday, 10 November 1979, 10.00 to 17.00 hours, at Selly Oak Hospital, Birmingham.

A basic course, designed to introduce the principles and practice of homeopathic medicine, with special emphasis on its everyday use in general practice.

Applications, enclosing registration fee of £6 to:

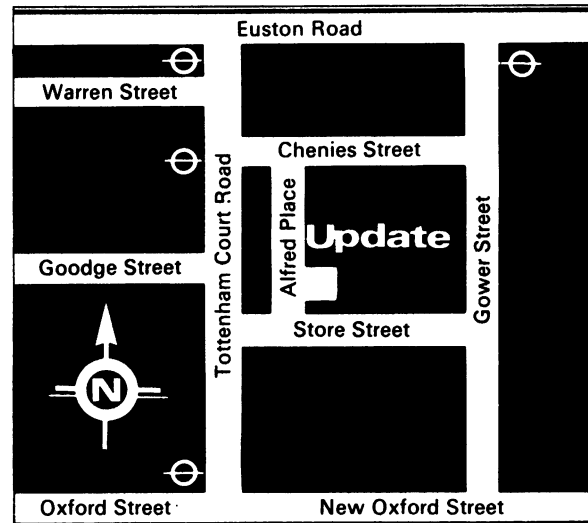
**Dr R. A. F. Jack, The Limes, Lydiate Ash,
Bromsgrove, Worcs. B61 0QL.**

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Update Books are now on display and for sale at the Update offices in central London. You can call into the 2nd floor reception, Update Publications, 33-34 Alfred Place, London WC1E 7DP, to inspect or purchase Update books any time between 9.30 a.m. and 5.30 p.m., Monday to Friday. This map shows how to find Alfred Place. The Update building is clearly recognisable by the display of books in the front window at street level.

SUPPLEMENT TO THE JOURNAL
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.

Notification of change of address

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 address:

.....

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FLUVIRIN

'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'¹ 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 (H₁N₁) 200 Units of A/England/321/77 (H₃N₂) 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 H₁N₁ 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.



Further information is available on request.

Fluvirin is a trade mark of Duncan, Flockhart & Co. Limited, London E2 6LA

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Burinex K solves this problem because Burinex the 'most effective natriuretic agent'² 'coats' the potassium core - to make it truly unforgettable.

In addition - because of the shape and size - it's easier to swallow than the most commonly used potassium supplement alone.³

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right from the start

1. Brit. Med. J., 618, 2, 1977

2. Acta med. scand., 119, 193, 1973

3. J. Int. Res., 104, 3, 1975

