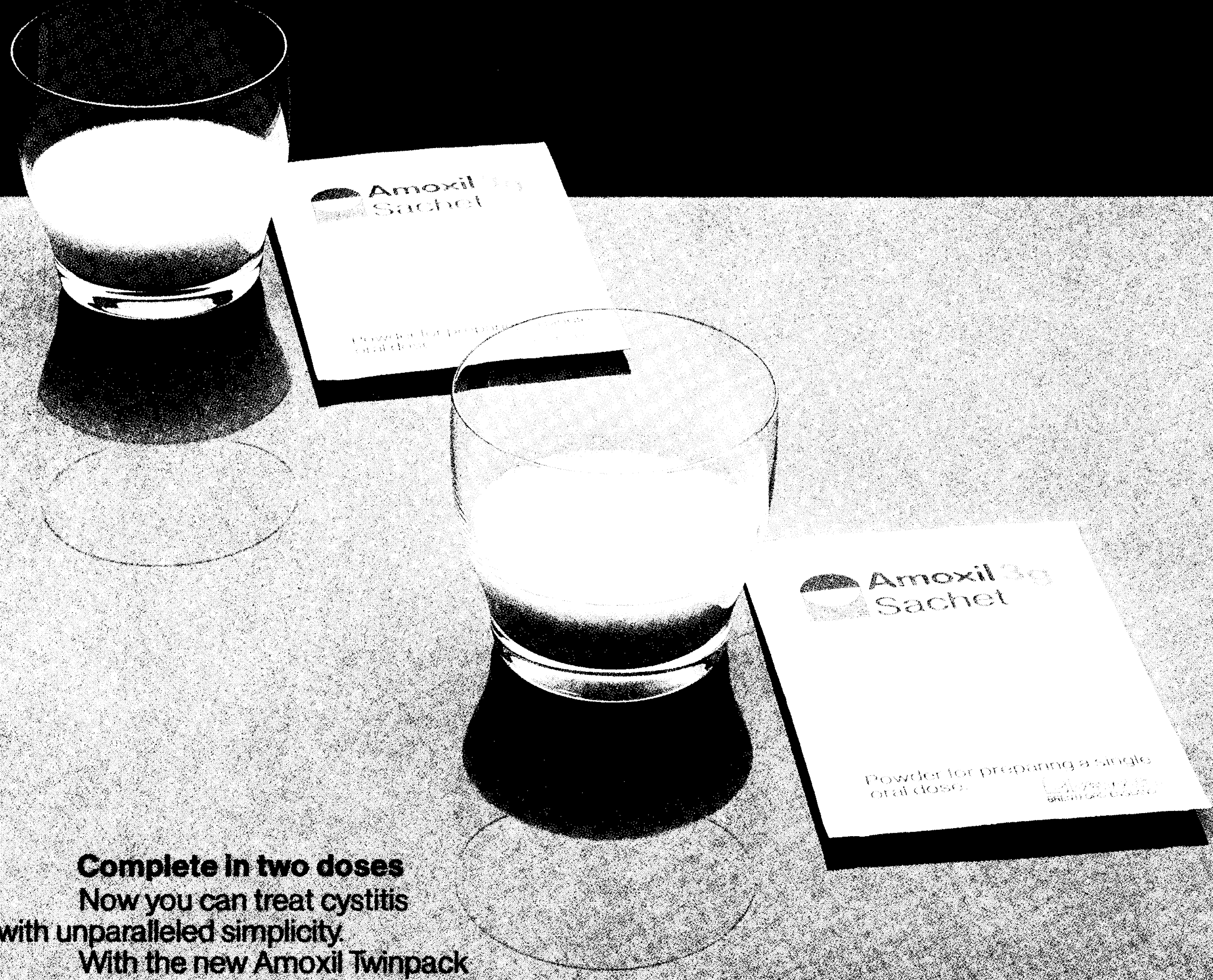
Introducing a unique 12-hour treatment course for cystitis.



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 in water. Prescribed as an original pack, Amoxil Twinpack includes full instructions for dosage and administration. Basic NHS cost per complete course £2.85. PL 0038/0224.
Contra-indications Amoxil is a penicillin and should not be given to penicillin-hypersensitive patients.
Side-effects Skin effects, as with other penicillins, are usually of a mild and transitory nature. [illegible] erythematous type rash may arise if Amoxil is administered to patients with glandular fever. [illegible] Since Amoxil is a penicillin [illegible]

[illegible]

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

INHALED
Ventolin
(salbutamol BP)

bronchodilator therapy
no asthmatic need be without

Primary therapy
in reversible airways obstruction

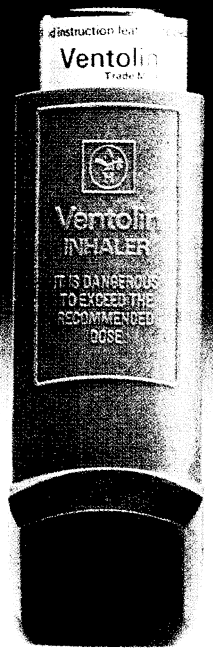
Proven efficacy and β_2-selectivity

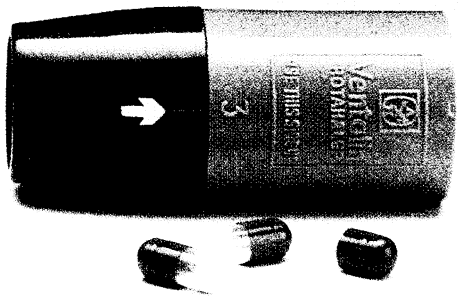
Long acting
yet with a rapid onset of action

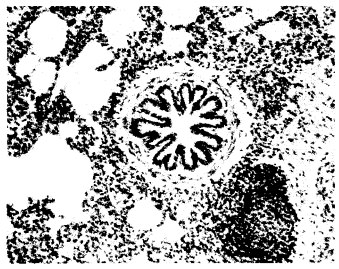
Protects against exercise induced asthma

Microgram dosage
avoids systemic side effects

Available as metered-dose aerosol
and Rotacaps with Rotahaler







Cross-section of bronchiole illustrating bronchospasm due to contraction of respiratory smooth muscle.

Why are so many asthma patients treated with oral drugs when their symptoms could be more effectively controlled, and with much less risk, by therapy administered by inhalation? ... All patients with asthma should be treated with a bronchodilator aerosol, and it is rational to use only the more selective sympathomimetic drugs...

(*Modern Medicine*, May, 1977, p. 57-58)

Product information appears overleaf

INHALED VENTOLIN

INHALED BECOTIDE

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-monthly intervals.

PRODUCT 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.

PRODUCT INFORMATION

PRESENTATION AND BASIC NHS COST
Becotide Inhaler is a metered-dose aerosol delivering 50mcg beclomethasone dipropionate BP per actuation. Each canister contains 200 inhalations. Basic NHS cost £3.84.
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 £5.84 & £7.78, 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 BP 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.

INHALED Ventolin and Becotide

A rational basis for prescribing in asthma

Full prescribing information is available on request.

INHALED
Becotide
(beclomethasone dipropionate BP)

for the asthmatic
who needs more than a bronchodilator

Controls the inflammatory processes in more severe asthma

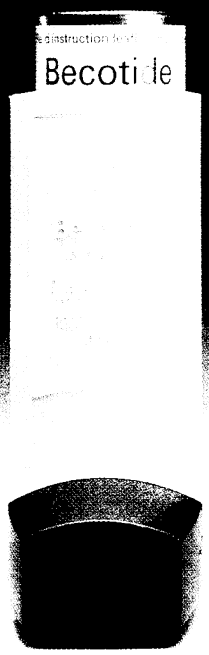
Restores the response to bronchodilators

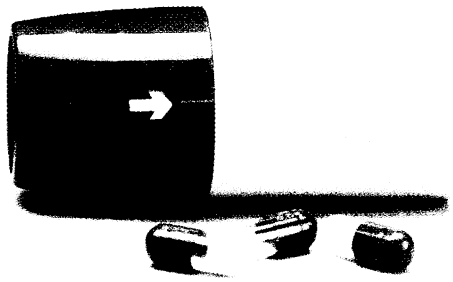
Avoids the side effects associated with systemic steroids

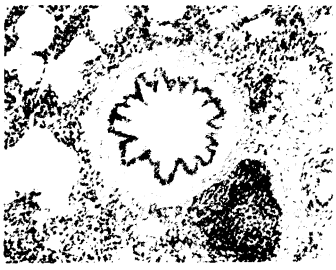
Eliminates or greatly reduces the need for systemic steroids in steroid-dependent patients

Obviates physical disfigurement and stunting of growth in children

Available as metered-dose aerosol and Rotacaps with Rotahaler







Cross-section of bronchiole illustrating bronchospasm complicated by bronchial mucosal oedema and hypersecretion of mucus.

To support this claim of extraordinary activity (of Becotide), there are not only statistically valid comparisons but also numerous validated individual experiences. These include the impressive therapeutic results in patients with severe asthma not controllable with high daily doses of systemic steroids; the beneficial responses of those refractory to adrenergic agonists and unable to tolerate even suboptimal doses of theophylline; the suppression of asthma unresponsive to mediator-release inhibitors, such as cromolyn sodium; and, importantly, the high level of acceptance and compliance among people who do not comply with other standard therapeutic routines.

(*Lancet*, 1979, **i**, 932-933)

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

'Tagamet'
The long and the short of it

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

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

Long-term treatment

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

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

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

Short-term treatment

Reflux Oesophagitis–a review of 120 patients
'Tagamet' 67% complete healing/marked improvement
Placebo 14% complete healing/marked improvement
This group of patients included patients with serious oesophagitis having ulcers and erosions diagnosed at endoscopy.

Benign Gastric Ulcer–a review of 409 patients
'Tagamet' 75% completely healed
Placebo 41% completely healed
An analysis of treatment periods showed that significantly more patients had complete healing after 6 weeks (76%) compared with those treated for 4 weeks (62%). (N.B. Malignant gastric ulcer should be excluded.)

Duodenal Ulcer–a review of 1055 patients
'Tagamet' 77% completely healed
Placebo 41% completely healed
For those patients who may benefit from longer-term treatment, therapy should be continued for at least 6 months at a reduced dosage.

Tagamet
cimetidine

H2

Unique control of gastric acid secretion

PONDERAX

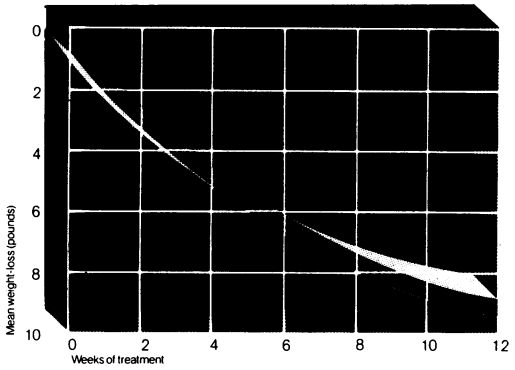
FENFLURAMINE HYDROCHLORIDE B.P.

FOR THE LONG-TERM MANAGEMENT OF OVERWEIGHT PATIENTS

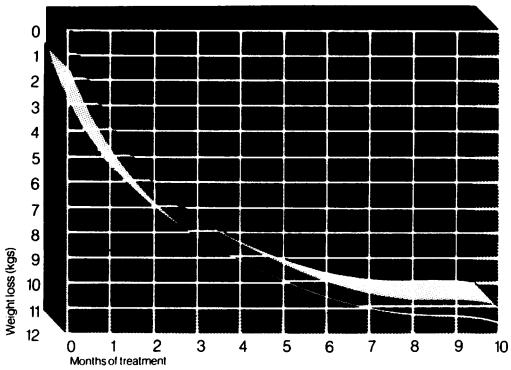
- Effective short and long-term weight loss.
- Only non-stimulating anti-obesity drug available.
- Additional clinical benefit in maturity onset diabetes.
- Flexible dosage regimen.

THE PONDERAX PROFILE HELPS BOTH MIND AND BODY ADAPT TO DIET

Short-Term Study [1]



Long-Term Study [2]



Prescribing information

Presentation

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

Uses

1. ☐Obesity
2. ☐Maturity onset diabetes

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

Dosage and administration

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

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

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

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

Overdosage: The following symptoms have been reported: dilated pupils, tachycardia, facial flushing, hypertension, agitation, fine tremor, which can progress to vomiting, convulsions, unconsciousness, hyperpyrexia. Depression of respiration, cardiac arrhythmias, ventricular fibrillation and death may occur following very high overdosage.
Action to be taken in the event of an overdose: i) continuously monitor 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 CF_3 group into the molecule alters the pharmacological characteristics of the compound which are evident from its lack of central nervous system stimulation and its lack of abuse or dependence potential.
PONDERAX is not a controlled drug under the Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations 1973.

Product licence numbers:

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

Basic NHS Cost:

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

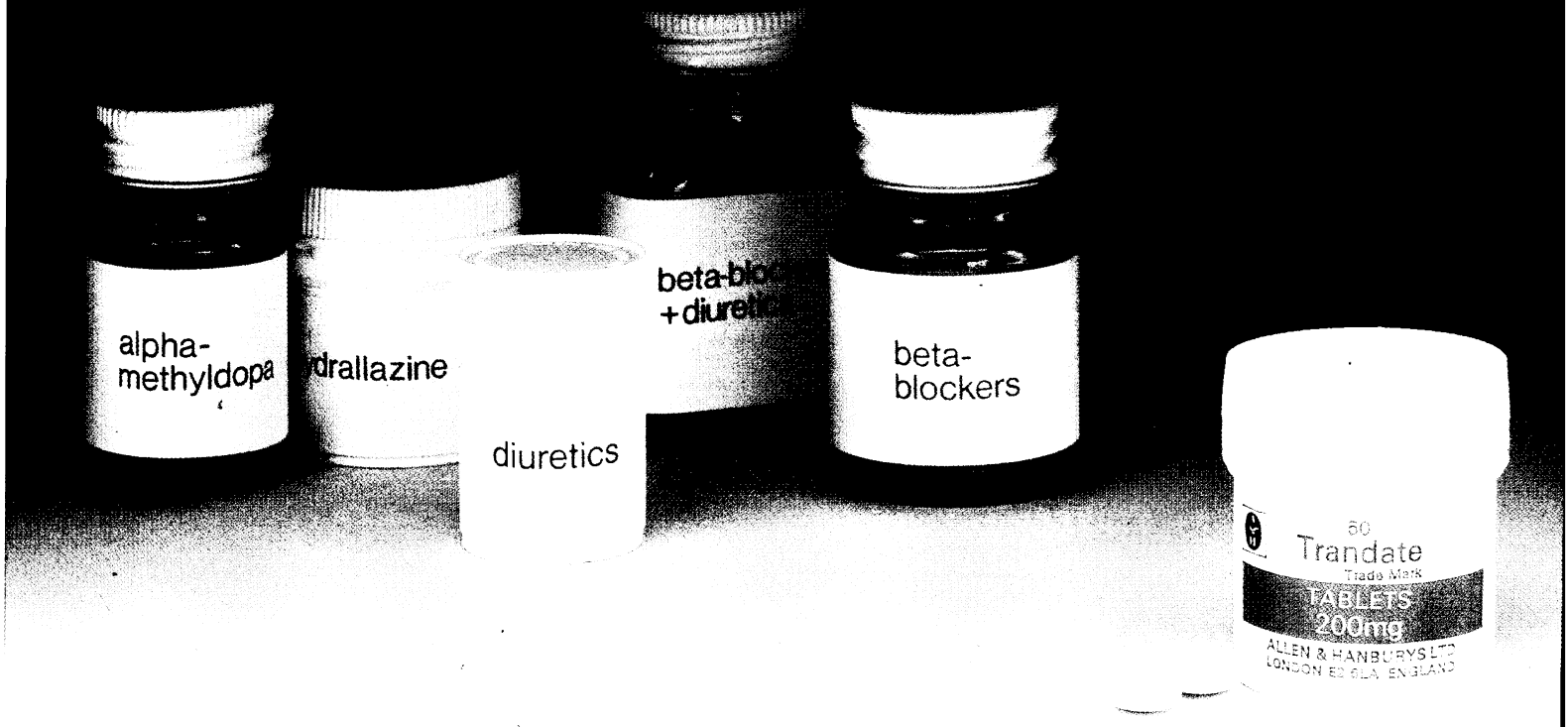
1. Munro, JF (1973), Brit. Jnl. Hosp. Med., **10**, 1, 8-14.
2. Hudson, KD (1977), Jnl. Royal Coll. GP., **27**, 497.

Further information available on request.

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

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.

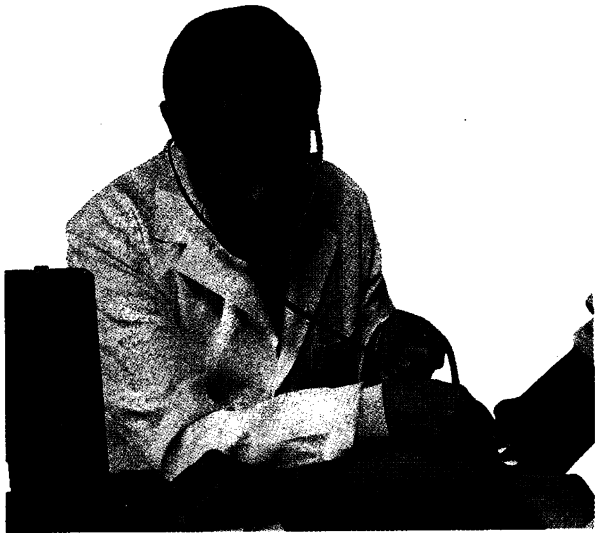
PRECAUTIONS

Trandate should not be given to patients with uncompensated or digitalis-resistant heart failure or with atrioventricular block. The presence of severe liver disease rnay 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.

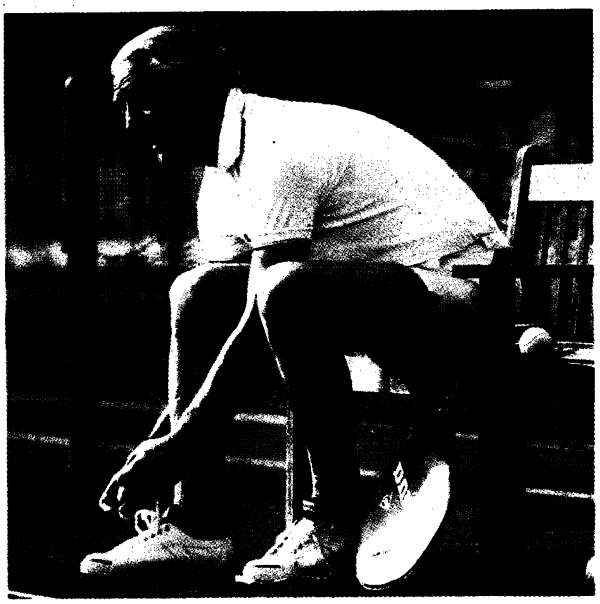


and for the patient

- 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)



ARE YOU A COLLEGE TUTOR?

If you are, or if you are interested in developing the educational activities of your local practices and postgraduate centre, then

The College Tutors of the East Anglia Faculty

invite you to join them for two days of informal discussion at
CORPUS CHRISTI COLLEGE, CAMBRIDGE

28-30 MARCH 1980

Discussion will be centred on five main areas

1. **ADULT EDUCATIONAL THEORY-TAKE IT OR LEAVE IT?**
2. **POSTGRADUATE CENTRE PROGRAMMES FOR GP's.**
3. **IMPROVING MEDICAL RECORDS: WHERE ARE WE NOW?**
4. **PRACTICE PROGRAMMES FOR LEARNING.**
5. **POSTGRADUATE MEDICAL EDUCATION FOR GP's — STRUCTURE AND FUNCTION.**

Numbers are limited to 50.
Residential accommodation is available.
Section 63 approval applied for.

Further details from:
DR S. OLIVER
17 Northgate Street,
Bury St Edmunds,
Suffolk IP33 1HP.

CLASSIFIED ADVERTISEMENTS AND NOTICES

Classified advertisements are welcomed and should be sent to: Sue Cain, Production Department, *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.

UNIVERSITY OF BRISTOL

AVON VOCATIONAL TRAINING SCHEME FOR GENERAL PRACTICE

Applications are invited for a three-year traineeship in Vocational Training for General Practice, consisting of two years' hospital training and a one year traineeship in an approved practice.

After a short period of orientation of not more than three months in the training practice, trainees will start hospital appointments at SHO level in a Bristol hospital as follows:

1st Rotation	Obstetrics—six months Medicine—six months Paediatrics—four months Geriatrics—four months Elective—four months
2nd Rotation	Obstetrics—six months Medicine—six months Geriatrics—four months Elective—four months Paediatrics—four months
3rd rotation	A & E—six months Psychiatry—six months ENT—three months Elective—one month Paediatrics—four months Geriatrics—four months
4th Rotation	(Commencing in November) Obstetrics—six months ENT—three months Ophthalmology-Medicine—six months Psychiatry—six months Elective—three months
5th Rotation	Geriatrics—six months Gynaecology—six months Obstetrics—six months A & E—six months

With the exception of Rotation 4, the orientation period in practice should start in June 1980, the first hospital appointments to commence on 1 August 1980. In the case of Rotation 4, the orientation period in practice should start in September 1980, the first hospital appointment to commence on 1 November 1980.

Candidates who are shortlisted will be interviewed on 9 January 1980.

It may be possible to assist practitioners who have already partly fulfilled the necessary criteria and who wish to complete the requirements for vocational training. The course is recognised for the Vocational Training Allowance by the DHSS and also for the MRCGP.

Application forms and further information available from:

The Course Organisers, Medical Postgraduate Department, University of Bristol, Canynge Hall, Whiteladies Road, Bristol BS8 2PR.

To be returned not later than 30 November 1979.

LADY DOCTOR

Graduated from University of Wales in 1970. Vocationally trained and holding MRCP(UK). Returning from Australia early 1980, seeks position in General Practice.

Dr D. M. Pearce,
85 Holtom Road,
Carlton,
Vic. 3054
Australia.

RIVERSDALE HOUSE, BRIDGEND

Additional Seventh Partner required in long established teaching practice. Must be Vocationally Trained, MRCGP preferred. To commence as soon as possible but will be prepared to wait until 1 February, 1980, for the right candidate. New partner would be expected to be committed to Vocational Training and be prepared to become a Trainee in due course.

Send curriculum vitae to: Dr D. F. Coulter and Partners, Riversdale House, Merthyrmawr Road, Bridgend, Mid Glamorgan.

GRANTS FOR CONVALESCENCE

Have you a patient who is broadly a professional woman (or retired) and needs convalescence which she cannot afford? Then apply to us for financial help.

Frederick Andrew Convalescent Trust
Andrew & Co, (Reference RA)
St Swithin's Square,
Lincoln.
Tel: 0522 32123

ROYAL COLLEGE OF GENERAL PRACTITIONERS

GENERAL PRACTICE HISTORY RESEARCH FELLOWSHIP

Applicants are sought for this Fellowship which is open to any general practitioner in the United Kingdom. The Fellowship is offered at a level of £2,000 per year for three years and the successful applicant will be expected to devote approximately two sessions a week to studying the historical aspects of general practice.

Apply: RCGP, 14 Princes Gate, SW7

ROYAL COLLEGE OF GENERAL PRACTITIONERS

SPRING MEETING

The Lakes School Windermere

25-27 APRIL, 1980

Programme

FRIDAY AFTERNOON

1. Clincial Standard Setting in Practice — Dr D. H. Irvine
2. Producing a Healthy Child — a report from Practice — Dr G. N. Marsh

Formal Sherry Reception (Cumbria County Council)

Dinner 7.00 p.m.

Chris Bonington "Ascent of the West Face of Everest in 1975".

SATURDAY MORNING

Our Children . . .

Chairman for the session — Professor S. D. M. Court

The Child in Camera — Dr Stewart Carne

Prevention — Our Task (The Preventive Care of Children) — Dr Graham Curtis Jenkins

The Quality of Child Care — Dr Roy Hart

SATURDAY AFTERNOON

. . . and their Grandparents

Chairman of the session — Dr John Whewell

The growing Clinical Challenge — Dr M. K. Thompson

Practical Prevention — Dr Graham Buckley

Perception and Performance — Professor E. Wilkes

SUNDAY

The Pickles Lecture — Dr M. P. Taylor, Regional Adviser, Trent R.H.A.

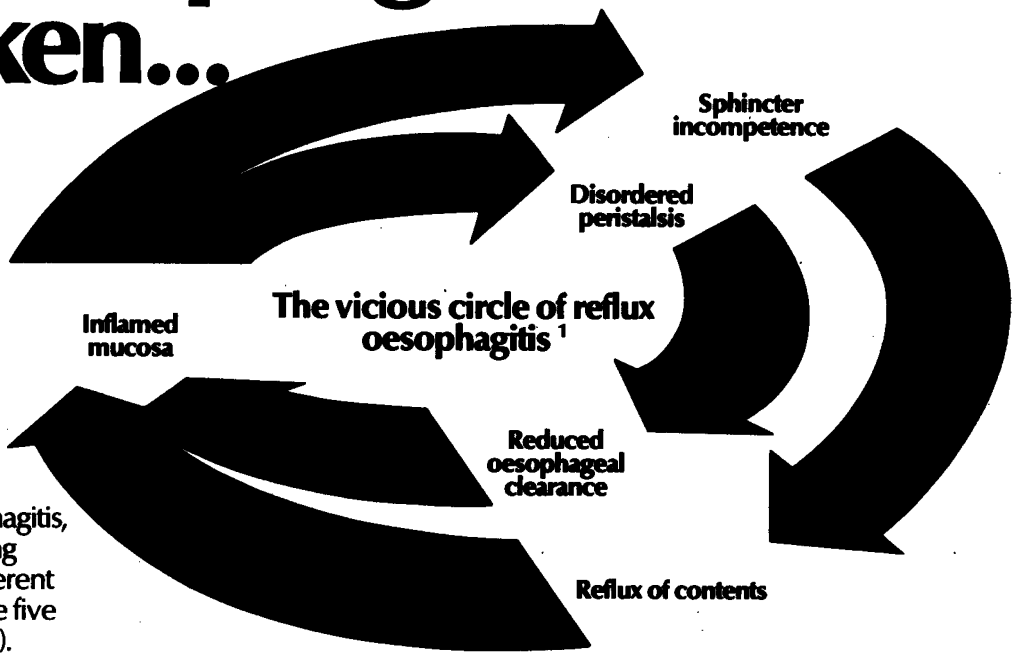
Further details from:

Dr John Veitch

"Cramond"

Woodend

When the vicious circle of reflux oesophagitis needs to be broken...



The vicious circle of reflux oesophagitis [1]

'Tagamet' by its unique action in controlling gastric acid secretion, can break the vicious circle of reflux oesophagitis, a condition which, with varying degrees of importance in different patients, is considered to have five causative factors (see diagram).

The interaction of these five factors can prove difficult to break, with the incompetent lower oesophageal sphincter allowing reflux of gastric contents into the oesophagus, thus leading to mucosal inflammation.

This may affect the muscle layers leading to reduced oesophageal clearing and the completion of the vicious circle, with further gastric contents refluxing into the oesophagus causing increased inflammation.

By its direct action on the parietal cell, 'Tagamet' is uniquely effective in inhibiting both the volume and concentration of gastric acid and the volume of pepsin secreted.

Furthermore, one study has shown that 'Tagamet' can improve oesophageal sensitivity to acid.[2]

'Tagamet' can thus have a potentially beneficial effect on 2, possibly 3, of the causative factors and hence break the vicious circle of reflux oesophagitis, which in one study brought improvement or complete healing to 50% of patients, compared with 0% on placebo.[3]

References
1. Medical management of gastro-oesophageal reflux. (1976) Clinics in Gastroenterology, **5**, 175.
2. Cimetidine in the treatment of symptomatic gastro-esophageal reflux. A double blind controlled trial. (1978) Gastroenterology, **74**, 441.
3. Oral cimetidine in reflux oesophagitis: a double blind controlled trial. (1978) Gastroenterology, **74**, 821.

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
Reflux oesophagitis.

Dosage
Adults: 400mg t.d.s. with meals and 400mg at bedtime (1.6g/day) for 4 to 8 weeks.

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), reversible interstitial nephritis.

Full prescribing information is available from

SK&F
Smith Kline & French Laboratories Limited
a SmithKline company
Welwyn Garden City, Hertfordshire AL7 1EY
Telephone: Welwyn Garden 25111

TG:AD689

Tagamet H2

cimetidine

unique control of gastric acid secretion

Somebody has prescribed 30,000,000 tubes of fucidin...

is it YOU?

In boils, dirty wounds, impetigo and most other soft tissue bacterial infections- Fucidin works.

Topical Fucidin is available as Fucidin Gel, Fucidin H Gel, Fucidin H Ointment, Fucidin Tulle and Cavieject... and of course

fucidin* ointment

Sodium Fusidate B.P.

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L E O

*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