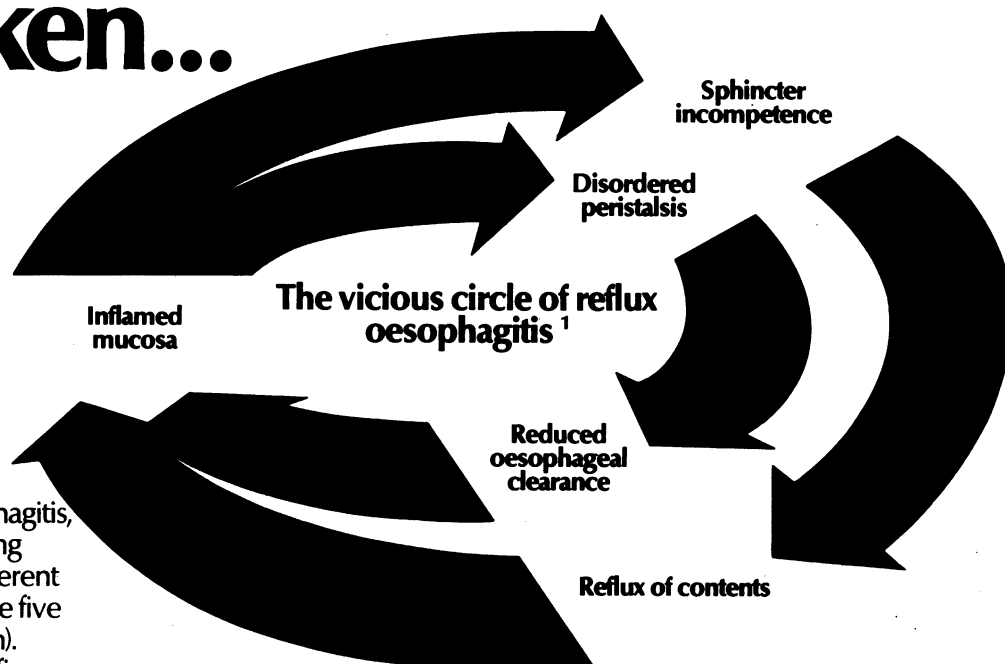


When the vicious circle of reflux oesophagitis needs to be broken...



'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-oesophageal 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

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TG:AD689

Tagamet

cimetidine 

unique control of gastric acid secretion

Becotide

(beclomethasone dipropionate BP)

**Controls the inflammatory processes
in more severe asthma**

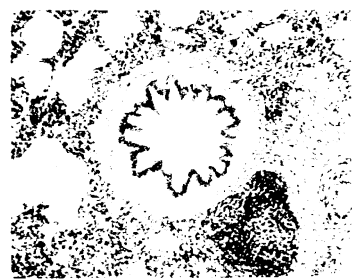
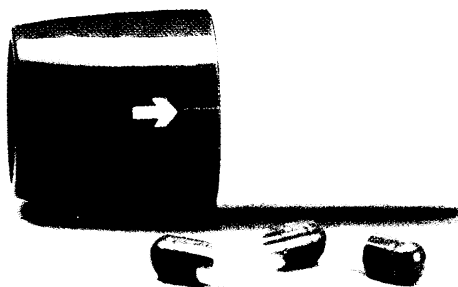
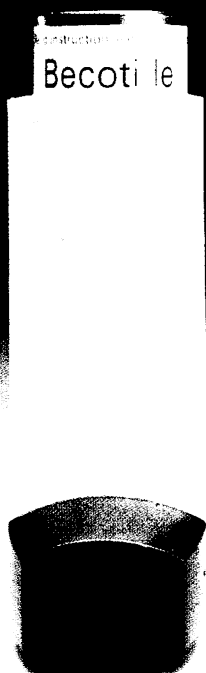
Restores the response to bronchodilators

**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.^{3,5}

(Lancet, 1979, i, 932-933)

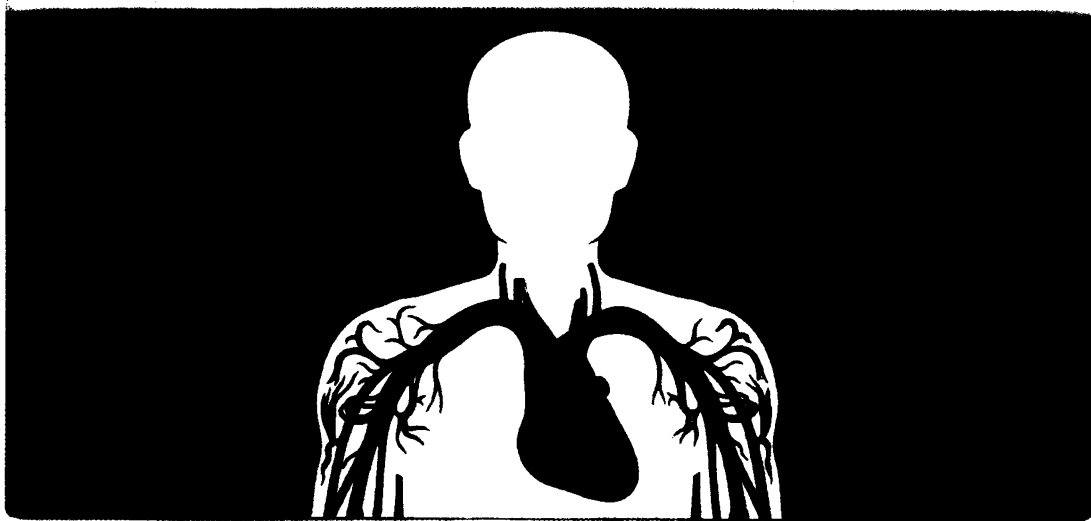
Peripheral
Vasodilatation



B-Blockade



Uncomplicating hypertension



Trandate offers a unique means of controlling hypertension by combining the benefits of both beta-blockade and peripheral vasodilatation in just one drug.

Suitable for all grades of hypertension, control can usually be achieved with Trandate alone simply by increasing the dose.

With a low incidence of side effects, Trandate provides simple and logical therapy avoiding the complexities of multi-drug regimens or fixed-dose combination products.

Trandate uncomplicates hypertension for both doctor and patient.

Trandate

labetalol hydrochloride

Dual action, singular efficacy.

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.

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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 men and women.

NORTH WALES

TRAINING FOR GENERAL PRACTICE

Four places in three-year training scheme for general practice starting 1 August 1980.

Two years in variety of hospital departments; one year in general practice.

SHO grade. Full description of scheme and application form available from District Administrator, Clwyd Health Authority (North District), Rhianfa, Russell Road, Rhyl, Clwyd, returnable by 29 February.

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.

LEICESTERSHIRE AREA HEALTH AUTHORITY (T)

VOCATIONAL TRAINING FOR GENERAL PRACTICE

Applications are now invited for twelve places on the Leicester Vocational Training Scheme which has a close liaison with the Department of Community Health at the University of Leicester Medical School.

The course commences on 1 October, 1980 for the complete three year programme which includes an introductory three months appointment in a training practice, successive six month appointments as Senior House Officers in four hospital posts, and a final nine months appointment in the original training practice.

A wide variety of hospital posts relevant to general practice are available from which candidates will be offered a selection, including general medicine, paediatrics, geriatrics, obstetrics, psychiatry, accident and emergency, dermatology and ENT. A half-day release course is held throughout the three years, with an emphasis on small group work. The course is recognised for the MRCCGP.

There are also vacancies for one year vocational trainees for doctors with relevant SHO experience.

Further details, a copy of the booklet 'The Leicester Vocational Training Scheme' and an application form can be obtained from the Scheme Supervisor, Dr. Judith Millac, c/o Mrs. Jean Emberson, Department of Community Health, Clinical Sciences Building, Leicester Royal Infirmary, Infirmary Square, Leicester, LE1 5WW. Closing date for applications is 1 April, 1980.

GENERAL PRACTITIONER

required

for a three-doctor clinic in Northern British Columbia, Canada.

Must meet requirements of a minimum of eight weeks each in Medicine, Surgery, Paediatrics, Obstetrics and Gynaecology — postgraduate training, plus either obtained a score of 80% in the ECFMG or passed the LMCCC (Canadian exams).

Looking for a general practitioner interested in permanent position, initially to work as a locum with view to full partnership. Very good remuneration.

Send resumé to:
Lazelle Medical Centre,
c/o Dr R. Brooks,
4612 Greig Avenue,
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British Columbia,
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