

Becotide

(beclomethasone dipropionate BP)

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

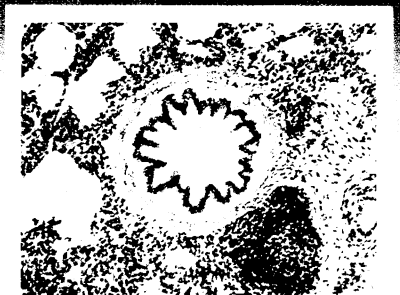
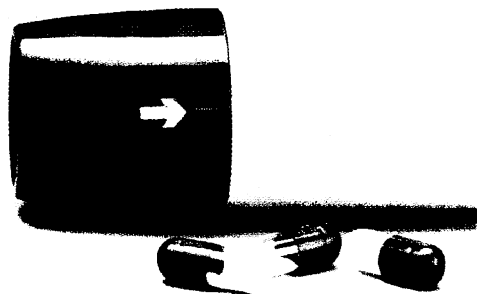
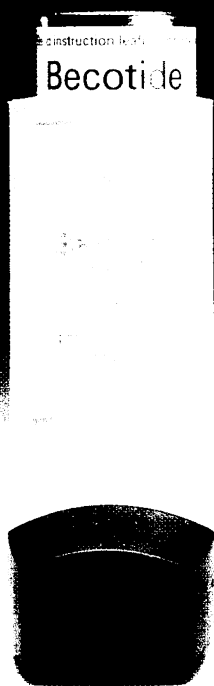
Restores the response to bronchodilators

**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.”

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

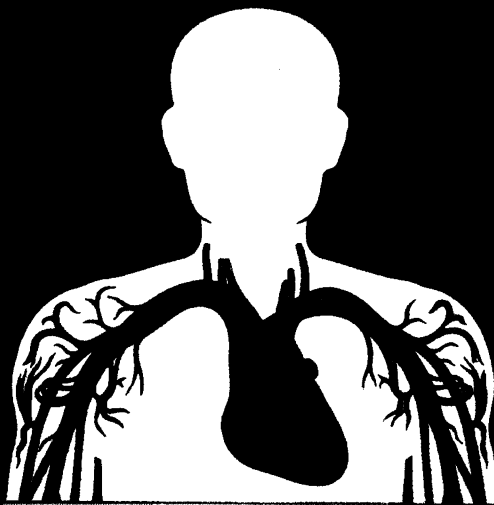
Peripheral
Vasodilatation



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.

Prescribing Information appears overleaf.

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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 men and women.

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.

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and printed with your own practice details.
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THE UNIVERSITY OF MANCHESTER CHAIR OF GENERAL PRACTICE

Applications are invited for a further Chair in the Department of General Practice. The existing Chair is held by Professor D. H. H. Metcalfe. The new Chair will be located in the Ordsall Health Centre, Salford. The person appointed will have a contract as a Principal in General Practice with the Salford Family Practitioner Committee and will be expected to participate in the development of the Department's teaching and research programmes. Salary will be within the clinical professorial range.

Applications (suitable for photocopying) giving full details of qualifications and experience and the names of three persons to whom reference may be made should be sent by 26 August, 1980, to the

Registrar
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Manchester M13 9PL
from whom further particulars may be obtained.
Quote ref: 156/80/JRCGP

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University of Bath
20/24 September 1980

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