

Prescribing Information
Uses: Sensitive bacterial infections of the lower respiratory, urinary and genital tracts, sinusitis, otitis media, skin infections, septicaemia, typhoid and paratyphoid fevers, and other infections caused by sensitive organisms.

Dosage: Septini Fort. Tablets: Septin Dispersible Tablets: over 12 years, one twice daily. Septin Tablets: Septin Dispersible Tablets: over 12 years, two twice daily; children 6 to 12 years, 10ml Paediatric twice daily; 6 months to 6 years, 5ml Paediatric twice daily; 6 weeks to 6 months, 2.5ml Paediatric twice daily; 6 months to 6 years, 5ml Paediatric twice daily; 6 weeks to 6 months, 2.5ml Paediatric twice daily; 6 weeks to 6 months, 2.5ml Paediatric twice daily; 6 weeks to 6 months, 2.5ml Paediatric twice daily; 6 weeks to 6 months, 2.5ml Paediatric twice daily; 6 weeks to 6 months, 2.5ml Paediatric twice daily; 6 weeks to 6 months, 2.5ml Paediatric twice daily; 6 weeks to 6 months, 2.5ml Paediatric twice daily; 6 weeks to 6 months, 2.5ml Paediatric twice daily; 6 weeks to 6 months, 2.5ml Paediatric twice daily; 6 months to 6 years, 5ml Paediatric twice daily; 6 weeks to 6 months, 2.5ml Paediatric twice daily; 6 months to 6 years, 5ml Paediatric twice daily; 6 months to 6 years, 5ml Paediatric twice daily; 6 months to 6 years, 5ml Paediatric twice daily; 6 months to 6 years, 5ml Paediatric twice daily; 6 months to 6 years, 5ml Paediatric twice daily; 6 months to 6 years, 5ml Paediatric twice daily; 6 months to 6 years, 5ml Paediatric twice daily; 6 months to 6 years, 5ml Paediatric twice daily; 6 months to 6 years, 5ml Paediatric twice daily; 6 months to 6 years, 5ml Paediatric twice daily; 6 months to 6 years, 5ml Paediatric twice daily; 6 months to 6 years, 5ml Paediatric twice daily; 6 months to 6 years, 5ml Paediatric twice daily; 6 months to 6 years, 5ml Paediatric twice daily; 6 months to 6 years, 5ml Paediatric twice daily; 6 months to 6 years, 5ml Paediatric twice daily; 6 months to 6 years, 5ml Paediatric twice daily; 6 months to 6 years, 5ml Paedi

in otitis media co-trimoxazole

Regular blood counts are necessary when ever long-term therapy is used. Caution is advised in patients with folate deficiency. Care should be taken when giving Septrin to patients receiving oral anti-coagulants of the counarin group, pyrimethamine, sulphonylureas, or phenytoin.

Warnings and Adverse Effects: Occasionally nausea, vomiting, diarrhoea, glossitis and skin rashes may occur with normal doses and, very rarely, haematological reactions.

Further information is available on request.

Wellcome Medical Division
The Wellcome Foundation Ltd, Crewe, Cheshire.



1. Willner, M.W., Dull, T.A., MacDonald, H. (1977), Curr. Chemother. J. (25. 65 children with acute otitis media involving Strep, peramental received Septrin therapy for an average of 9.3 days. 64 (98.5%) enjoyed complete clearance of clinical symptoms with no evidence of antimicrobial failure.

iresentations:			
	Product Licence	Formulation	Basic NHS Cost
Septrin Forte Tablets	PI.3/0121	160mg Trimethopnm Bl ² 800mg Sulphamethoxazole Bl ²	£1.90 for 10
Septrin Tablets	PL3/0109	80mg TMP 400mg SMX	£2.27 for 20
Septrin Dispersible Tablets	PL3/0099	80mg TMP-100mg SMX	£2.42 for 20
Septein Adult Suspension	PI.3/5223	80mg TMP 400mg SMX in 5ml	£3.22 for 100ml
Septrin Paediatric Suspension	PI.3/5222	40mg TMP 200mg SMX in 5ml	£2 00 for 100ml
Septrin Paediatric Tablets	PL3/0108	20mg TMP 100mg SMX	£'0 69 for 20

Antepsin[®] Antepsin[®] Sucralfate Mucoprotective ulcer healer

Mucoprotective --- et nealer Mucoprole-er healer Mucoprotective ulcer he Protective ulcer he Orotogy Paler Mucoprotective ulce Protective ulcer healer Mucoprotective ulcer he protective ulcer healer Mucoprotective ulcer healer healer Mucoprotective ulcer healer oprotective ulcer healer Mucoprotective ulcer healer healer Mucoprotective ulcer healer healer Mucoprotective ulcer healer Mucoprotective ulcer healer healer Mucoprotective ulcer healer healer Mucoprotective ulcer healer healer Mucoprotective ulcer healer heale dective ulcer healer Mucoprotective ulcer healer Mucoprote ctive ulcer healer Mucoprotective ulcer healer healer Mucoprotective ulcer healer healer Mucoprotective ulcer healer healer Mucoprotective ulc rucer healer Mucoprotective ulcer healer Mucoprotective ul ulcer healer Mucoprotective ulcer healer Mucoprotective ulcer healer much healer Mucoprotective ulcer healer Mucop Oprotecti Ulective ulcer healer Mucoprotective ulcer healer Mucoprotective ulcer healer Mucoprotective ulcer healer Mucoprotective ...qcopr Vive ulcer healer Mucoprotective ulcer healer Mucoprotecti

Non-systemic action

Fast pain relief Excellent healing rates

Prolonged remission Low incidence of side effects

Prescribing Information

Presentation Antepsin Tablets 1 gram are white, oblong, biconvex, uncoated tablets scored and embossed 1239 on one side and Ayerst on the other. Each tablet contains 1 gram sucralfate. Uses For the treatment of duodenal ulcer, gastric ulcer and chronic gastritis. Dosage and Administration For oral administration. Adults – Usual dose 1 gram 4 times a day. Maximum daily dose 8 grams. Four to six weeks treatment is usually needed for ulcer healing but up to twelve weeks may be necessary

in resistant cases. Antacids may be used as required for relief of pain. Contra-indications, Precautions, Warnings, etc. Contra-Indications There are no known contra-indications. Precautions 1. Concomitant administration with some oral anti-infectives such as tetracyclines may interfere with absorption of the latter. 2. The product should only be used with caution in patients with renal dysfunction. 3. As with all medicines, Antepsin should not be used in early pregnancy unless considered essential. Side Effects A low incidence of

mild side effects, e.g. constipation, has been reported.

Legal Category POM. Package Quantities Antepsin 1 gram – Securitainers of 100. Pharmaceutical Precautions No special requirements for storage are necessary. Product Licence Numbers PL No. 0607/0045 PA No. 149/4/2. Basic N.H.S. Price Average daily cost 50p.

Averst
International
Ayerst Laboratories Ltd.,
South Way, Andover, Hampshire SP10 5LT.
Telephone: 0264 58711.
Distributors in Ireland: Ayerst Laboratories Ltd.,
765 South Circular Road, Islandbridge, Dublin 8.

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Further information is available on request to the Company.



CLASSIFIED ADVERTISEMENTS AND NOTICES

Classified advertisements are welcomed and should be sent to: Advertising Department, *The Journal of the Royal College of General Practitioners*, Update Publications Ltd., 33/34 Alfred Place, London WC1E 7DP. Copy must be received six weeks before the 1st of 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 £6.35 per single column centimetre, plus 30p if a box number is required. Fellows, members and associates of the Royal College of General Practitioners may claim a 10 per cent reduction. Replies to box numbers should be sent to the Advertising Department, Update Publications Ltd., with the box number on the envelope.

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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Applications are invited for the Chair of General Practice in the newly established Department of General Practice.

The salary will be within the range approved for clinical professorial salaries and initially will depend on the qualifications and experience of the successful candidate.

Applications (16 copies), together with the names of three referees, should be received not later than 30 April 1984 by the Registrar, The University, P.O. Box 147, Liverpool, L69 3BX, from whom further particulars may be obtained. (Candidates overseas who wish to do so may send one copy by airmail). Quote Ref: RV/221/JRCGP.

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Approved Section 63

- 1. Two-day Theoretical Course in Family Planning, 13 and 14 March 1984.
- 2. Recent Advances in Occupational Medicine, 17 to 21 September 1984.
- 3. Ninewells DRCOG Course, 26 to 30 March 1984.
- 4. Refresher Course in Medicine for General Medical Practitioners, 2 to 6 July 1984.
- 5. Residential Attachments in Obstetrics: two-week attachments throughout the year by arrangement.

Further particulars may be obtained from the Postgraduate Dean, Ninewells Hospital and Medical School, Dundee DD1 9SY.

DOCTORS TALKING TO PATIENTS

Doctors talking to patients, by Professor P. S. Byrne, a distinguished past-President of the Royal College of General Practitioners, and Dr B. E. L. Long, an expert educationalist, was first published by HMSO in 1976.

This well known book has made a major contribution to the understanding of the consultation in general practice and illustrates the potential for using modern methods of recording for analysing the problems of doctor-patient communication.

With permission of HMSO, the Royal College of General Practitioners has now reprinted *Doctors talking to patients* and so made available this classic work to a new generation of trainees and general practitioner principals.

Doctors talking to patients can be obtained from the Publications Sales Office, Royal College of General Practitioners, 8 Queen Street, Edinburgh EH2 1JE, price £10.50, including postage. Payment should be made with order.

A HISTORY OF THE ROYAL COLLEGE OF GENERAL PRACTITIONERS The First 25 Years

This book records early attempts to form a College, the birth of the College itself, and the story of its growth through childhood to maturity. Edited by three distinguished founder members, John Fry, Lord Hunt of Fawley and R.J.F.H. Pinsent, it is a fascinating tribute to the enthusiasm, persistence and dedication of the men who made the College.

Written by those who were actually involved in its development, the chapters describe not only the story of the structure and organization of the College as a whole but of each of its component parts. Thus its involvement with medical education, standards, research and literature is described as well as relationships with other bodies at home and abroad—and a glimpse into the future.

Undoubtedly a success story, this account of the first 25 years of the College is recommended to those interested not only in the College but in the evolvement of general practice itself. Copies can be obtained from the Publications Sales Department, Royal College of General Practitioners, 8 Queen Street, Edinburgh EH2 1JE, price £10 to members, £12 to non-members, including postage. Payment should be made with order.

MRCGP CANDIDATES

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JERSEY, CI

Replacement Partner required for six-man partnership; preferably vocationally trained.

Enquiries (with curriculum vitae) to Dr A. D. Williams, 56 David Place, St Helier, Jersey.

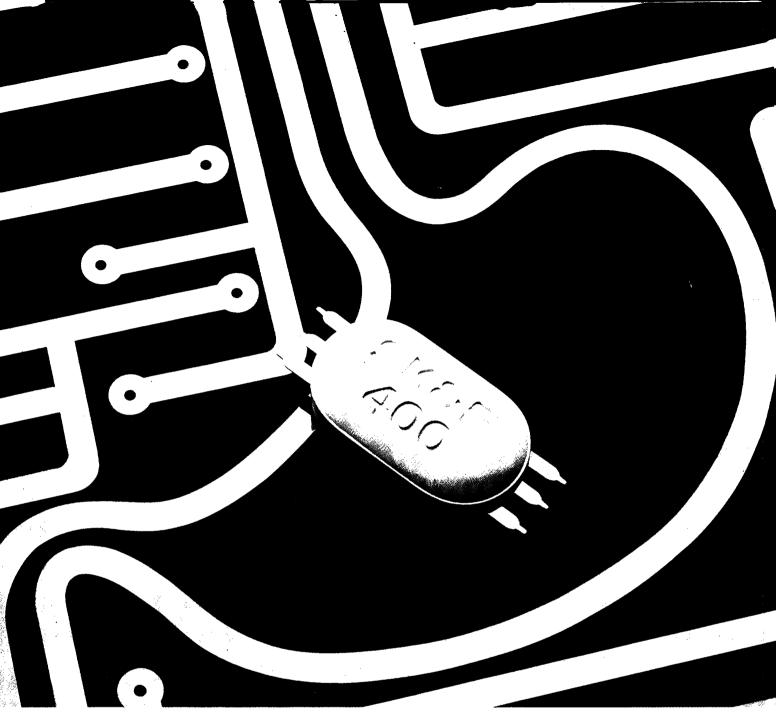
UNIVERSITY OF HONG KONG READERSHIP/SENIOR LECTURESHIP IN GENERAL PRACTICE

Applications are invited for a new post of Reader/Senior Lecturer in General Practice to be located initially in the Department of Medicine. Applicants must have medical qualifications registrable in Hong Kong, plus a Membership or Fellowship of a Royal College of Physicians and/or General Practitioners of the United Kingdom or Australasia. Teaching and research experience is essential and a knowledge of spoken Cantonese is desirable.

Annual salaries (superannuable) are: Reader (fixed) HK\$383,560 (£34,778 approx.), Senior Lecturer (6-point scale) HK\$321,600-362,400 (£29,236-32,945 approx.) (Sterling equivalent as at 16 February 1984). Starting salary will depend on qualifications and experience.

At current rates, salaries tax will not exceed 15 per cent of gross income. Housing at a rental of 7.5 per cent of salary, children's education allowances, leave and medical benefits are provided.

Further particulars and application forms may be obtained from the Secretary General, Association of Commonwealth Universities (Appts), 36 Gordon Square, London WC1H 0PF, or from the Appointments Unit, Secretary's Office, University of Hong Kong, Hong Kong. Closing date: 30 April 1984.



Gastro-technology

Tagamet acid controlled

Prescribing Information. Presentations 'Tagamet' Tablets, PL 0002/0062, each containing 400 mg cimetidine. 56, £16.61. 'Tagamet' Tablets, PL 0002/0063, each containing 200 mg cimetidine. 500, £74.15. 'Tagamet' Syrup, PL 0002/0073, containing 200 mg cimetidine per 5 ml. 500 ml, £20.43. Indications Duodenal ulcer, benign gastric ulcer, recurrent and stomal ulceration, oesophageal reflux disease. Other conditions where reduction of gastric acid is beneficial: prophylaxis of stress-induced gastrointestinal haemorrhage and of acid aspiration (Mendelson's) syndrome; malabsorption and fluid loss in short bowel syndrome. Zollinger-Ellison syndrome. Dosage Usual dosage: Adults. Duodenal ulcer, 400 mg b.d. with breakfast and at bedtime, or 200 mg t.d.s. with meals and 400 mg at bedtime (1.0 g/day) for at least 4 weeks. To prevent relapse, 400 mg at bedtime or 400 mg morning and at bedtime (1.0 g/day) for at least 6 weeks. Oesophageal reflux disease, 400 mg t.d.s. with meals and 400 mg at bedtime (1.0 g/day) for at least 6 weeks. Oesophageal reflux disease, 400 mg t.d.s. with meals and 400 mg at bedtime (1.0 g/day) for at least 6 weeks. Oesophageal reflux disease, 400 mg t.d.s. with meals and 400 mg at bedtime (1.0 g/day) for at least 6 weeks. Oesophageal reflux disease, 400 mg t.d.s. with meals and 400 mg at bedtime (1.0 g/day) for at least 6 weeks. Oesophageal reflux disease, 400 mg t.d.s. with meals and 400 mg at bedtime (1.0 g/day) for at least 6 weeks. Oesophageal reflux disease, 400 mg t.d.s. with meals and 400 mg at bedtime (1.0 g/day) for at least 6 weeks. Oesophageal reflux disease, 400 mg t.d.s. with meals and 400 mg at bedtime (1.0 g/day) for at least 6 weeks. Oesophageal reflux disease, 400 mg t.d.s. with meals and 400 mg at bedtime (1.0 g/day) for at least 6 weeks. Oesophageal reflux disease, 400 mg t.d.s. with meals and 400 mg at bedtime (1.0 g/day) for at least 6 weeks. Oesophageal reflux disease, 400 mg t.d.s. with meals and 400 mg at bedtime (1.0 g/day) for at least 6 weeks. Oesophageal reflux disease, 40

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