Increased exercise tolerance.

Beta-Cardone significantly prolongs the duration of exercise effort in patients with angina pectoris. The illustration below, based on six case studies, demonstrates this effect in patients exercised on a bicycle ergometer.

In this test the protective effect of Beta-Cardone was shown by a marked reduction in ST segment depression throughout: at rest, at the point of pain, and after exercise.

Fewer anginal attacks, reduced trinitrin dependence.

The increased exercise tolerance induced by sotalol results in fewer anginal attacks and decreased need for trinitrin. The graph summarises the results of a double-blind, crossover, multi-centre study involving 146 patients. 92% were given a dose of between 240mg and 480mg per day: 93% reported fewer attacks during sotalol therapy and 71% had a reduction of 50% or more. Compared with the baseline period, the lowered attack rate was confirmed by the parallel reduction in the usage of trinitrin tablets.

Beta-Cardone helps the anginal patient to live with his condition.

The anginal patient lives under the constant threat of painful attack. Beta-Cardone, with its pure beta-blocking activity, takes him step by step toward the enjoyment of a less troubled, more normal life.

Beta-Cardone preparations of sotalol hydrochloride are available as TABLETS 40mg (basic NHS cost £2.93 per 100 tablet pack), TABLETS 80mg (€4.35 per 100), and INJECTION 10mg in 5ml (€4.41 per 10 ampoules)

Adapted from the classification in Clin. Pharmac. Ther. 10, 292

DF Beta-Cardone is a trade mark of DUNCAN, FLOCKHART & CO. LTD. LONDON E2 8LA. Full information is available on request.
“...bronchitics are at risk of developing lower respiratory illness and secondary bacterial infection following viral invasion”

Influenza immunisation helps everyone

Amongst the “at risk” patients, bronchitics are especially vulnerable. An immunisation programme can alleviate the additional strain on a practice during an influenza outbreak.\(^1\) It can significantly reduce the chance of hospital admissions among older people.\(^2\) Protecting your bronchitics now with Admune influenza virus vaccine will almost certainly reduce the number of their winter exacerbations.

2. *Modern Geriatrics* (1971), 1, 156

Remember, the bronchitic is at risk every winter—not merely during an epidemic

Has your practice arranged an Admune immunisation programme this Autumn? To help you, surgery posters, patients’ appointment cards and record cards (and full product information) are available on request.

Protect your bronchitics against flu with ADMUNE

The purely British flu vaccine

Admune is a Trade Mark of DUNCAN, FLOCKHART & CO. LTD. LONDON E2 6LA. Full information is available on request.
Some
patients stay on
barbiturates until
the day they die

Every day in Britain three patients die after deliberately taking
overdoses of barbiturates—a total of over 1,000 every year!

Virtually all of these patients could have been transferred to Mogadon,
which is much safer but just as effective against insomnia.

The patients may still have tried to kill themselves. But with Mogadon
few, if any, would have succeeded.

Mogadon: far safer, far better

Mogadon is the trade mark for pharmaceutical preparations containing nitrazepam
Further information is available on request. Roche Products Limited, 15 Manchester Square, London W1M 6AP
This bed contains over

Migen

asthma immunisation made easy.
10,000 causes of asthma.

This bed is alive. Crawling with Dermatophagoides pteronyssinus, the common house dust mite.

The mite is found “... almost everywhere that human beings live, but particularly where they sleep”. Brit. med. J., (1969), 2, 723. It has also been identified as “…the most common cause of allergic asthma in this country, particularly in children”. Brit. med. J., (1970), 2, 501.

The house dust mite is an extremely potent allergen. In fact it has been calculated that the inhalation ofmite material in an amount weighing less than one whole live mite would be capable of precipitating an allergic reaction.

The mite population lives on human skin scales. Each of us sheds about 0.5 g. of dander a week and 0.5 g. of this accumulates in beds and bedding; an amount which can support up to 10,000 mites. For most people, this thriving subculture means little. But to the allergic asthmatic it could mean the difference between a dream and a nightmare.

Avoidance is Impossible

In the home, it is virtually impossible to remove every trace of the mite. The ubiquitous creature exists in beds, carpets, curtains, cushions—anywhere that human beings and domestic dust come together. Even immaculate dwellings produce dust samples rich in live mites, their excreta and dead remains—all potent allergens. This is why the most effective way of controlling house dust mite sensitivity is immunisation.

Migen— for the prevention of Asthma

Migen is a new short course vaccine which immunises against the house dust mite.

So it does not simply treat the symptoms of asthma—it prevents them. Immunisation against the powerful house dust mite allergen can raise the patient's overall level of tolerance. If he is multi-sensitive he may well find that he no longer reacts to contact with other allergens which have previously provoked attacks. And the stress caused by the fear of attack is reduced.

Migen is the first treatment that gives you, the family doctor, real control over asthma.

Migen and Simplicity

There was a time when immunisation was both a complicated and lengthy business. Not so with Migen. Just six injections form a course of treatment for asthma and perennial rhinitis. With each syringe pre-filled to ensure easy administration and accurate dosage.

Migen and Safety

In Migen the active material is adsorbed on to tyrosine—a naturally occurring amino acid which is metabolised in the human body. The active material is therefore released slowly but completely for maximum effectiveness and minimum risk of adverse effects.

Diagnosis

Migen may usually be prescribed on the basis of a careful case history alone. A Diagnostic Aid has been devised to help identify, by case history, those patients who are most suitable for Migen treatment. If the diagnosis is still in doubt after the case study then the Migen Skin Test Kit may be used for confirmation. Both the Diagnostic Aid (which also includes notes for the guidance of patients) and the Skin Test Kit are available on request from Bencard.

Migen

Migen is a tyrosine adsorbed vaccine prepared from pure extract of Dermatophagoides pteronyssinus. Full information on Migen (regd.) is available on request from Bencard, Freepost, Brentford, TW8 9BE.
timed-release iron provides better absorption

FEOSPAN 'SPANSULE' CAPSULES for the treatment of iron deficiency

Fefol 'SPANSULE' CAPSULES for prevention of anaemia in pregnancy

Smith Kline & French Laboratories Limited
Welwyn Garden City, Hertfordshire

"Feospan", "Fefol" and "Spansule" are trade marks
Full information is available upon request
"Feospan" contains ferrous sulphate
"Fefol" contains ferrous sulphate and folic acid.
Deteclo takes the 'itis' out of cystitis

Deteclo's triple tetracycline formulation combines high power efficacy against Gram negative organisms with low-dose confidence, to eradicate infection and reduce the likelihood of recurrence. And for less than 6p a day.

Deteclo

the routine antibiotic

Each tablet contains tetracycline 115.4mg, chlortetracycline 115.4mg, demethylchlortetracycline 69.2mg

Full information is available on request Lederle Laboratories Division Cyanamid of Great Britain Ltd. Gosport Hampshire

Deteclo is a Trade Mark.
‘For those patients who cannot or will not tolerate bran...

...the best alternative is Normacol’*

A high residue diet with added fibre in the form of unprocessed bran is rapidly being recognised as the most effective treatment for diverticular disease. However, there are patients who cannot tolerate bran or who find it unpalatable. And of course there are always those who will not take something unless it’s ‘medicine’. For them, the best alternative to bran is Normacol.

Normacol provides the bulk which is necessary to prevent segmentation of the sigmoid colon and effect a lowering of the intracolonic pressure. Symptoms can thus be rapidly relieved and bowel habits restored to normal.


Normacol

Normacol Standard brown coated granules containing Sterculia BPC 62% and Frangula BPC 1949 8%
Normacol Special white coated granules containing Sterculia BPC 62% alone
Normacol Antispasmodic orange coated granules containing Sterculia BPC 62% and Alverine Citrate 0.5%
Normacol Diabetic brown coated granules is identical with Normacol Standard except for the absence of sugar

Further information and samples on request

NORGINE LIMITED 26-28 Bedford Row London WC1B 4RC
Sounds right for Septrin

...in chest infections

Why run the risk of a bacterial chest infection becoming chronic?
Experience increasingly indicates the need for prompt, vigorous treatment. Whenever chest sounds indicate infection, rely on SEPTRIN:

- more effective than ampicillin or tetracycline
- over 30 million treatment courses prescribed worldwide.

SEPTRIN

SEPTRIN contains trimethoprim and sulphamethoxazole. Full prescribing information is available on request.

References

Wellcome Medical Division, The Wellcome Foundation Ltd., Berkhamsted, Herts.
A major breakthrough in influenza immunisation

One dose produces antibody levels that are longer-lasting and higher than those produced by two doses of standard aqueous vaccine.

ADJU-FLUAX®

Oil Adjuvant Influenza Virus Vaccine (Inactivated), MSD Bivalent, Types A & B, with Adjuvant 85

'Adju-Fluax' is available in prefilled disposable syringes.
Detailed information is available to physicians on request.
® denotes registered trademark.

Merck Sharp & Dohme Limited, Hoddesdon Hertfordshire
Amoxil compared with ampicillin

When Amoxil was first introduced to the Medical Profession in May 1972 it was hailed as the successor to ampicillin. Since then research teams and clinical trial workers all over the world have reported that Amoxil is superior to ampicillin. Some of their reports have been in areas which were anticipated, but others have confirmed important superiorities which could not be predicted. These reports are obviously of considerable interest to the discerning clinician, and inevitably there have been many requests for a compendium of the available work. This is now available and will be sent upon request to interested clinicians. Brief summaries of the main areas considered in the compendium are given below.

More effective than ampicillin

There is evidence that Amoxil is more effective than ampicillin and this is particularly well illustrated in respiratory infections. Indeed, some reports have confirmed that Amoxil can succeed where ampicillin has failed.

Absorption unaffected by food

Early reports confirmed that Amoxil is twice as well absorbed as ampicillin, giving a peak serum concentration of 5.3 μg/ml as opposed to ampicillin’s 2.3 μg/ml. Further work has shown that if both drugs are taken in the non-fasting state the overall absorption of Amoxil over the following 6 hour period is not significantly reduced, whereas that of ampicillin is reduced by nearly a third.

Amoxil’s absorption characteristics mean that it is taken t.d.s. as opposed to ampicillin’s q.d.s., and that the patient need not remember to take every dose in the fasting state.

Superior penetration

Studies at the Brompton Hospital have shown that whereas ampicillin penetrates well into purulent sputum it penetrates very poorly into mucoid sputum. These workers have shown that Amoxil penetrates equally well into both purulent and mucoid sputum, and suggest that this may have far-reaching consequences in the treatment of respiratory infections.

Better tolerated

Although ampicillin is generally well tolerated, rashes and diarrhoea can be an irritating nuisance. A review of published literature indicates that Amoxil produces substantially less rash and diarrhoea than ampicillin.

Greater potency

An ingenious series of experimental infections in mice has demonstrated that Amoxil exerts “...a more rapid bactericidal effect than ampicillin and this could be correlated with the difference in therapeutic effect.”

Further studies comparing Amoxil in depth with other leading antibiotics are in preparation. If you would like to receive a copy of the booklet “Amoxil – a significant advance on ampicillin” please write to the Freepost address given below. No stamp is required.


AMOXIL
Better than ampicillin in practice.

Full information on Amoxil (reg’d.), amoxicillin, is available from: Bencard
Freepost, Brentford, Middlesex.
The kind of power you need in arthritis.

The power to relieve pain and inflammation. The power to improve grip strength and morning stiffness. The power to be kind.

All part of the special needs of the arthritic. And all part of the special power of NAPROSYN.

NAPROSYN has been shown to be as powerful as high doses of aspirin\(^1\), indomethacin\(^2\) and phenylbutazone\(^3\). But just as importantly, in comparative clinical trials, it was demonstrated to have significantly fewer side-effects.

In all, it's the kind of power you need in arthritis.

NAPROSYN power.

NAPROSYN. Powerful in arthritis. Kind to patients.

Further information on NAPROSYN (naproxen) is available on request.

SYNTEX
Syntex Pharmaceuticals Ltd.,
St. Ives House, Maidenhead, Berkshire.
MINOCIN

in bronchitis
highly effective
sometimes vital


Presentation: blister packs of 10 and 45 tablets, each containing 100mg minocycline.

Ledarco Laboratories Research for British Medicine

1, New Road, London SW2 1DA, England
twice daily

NAPROSYN

Prescribing Information

Presentation: NAPROSYN (naproxen) is a non-steroidal
anti-inflammatory agent, developed by Syntex Research. It is unrelated
to salicylates or the corticosteroid hormones. It is presented as a yellow
half-scored tablet containing 250 mg of naproxen, inscribed NAPROSYN
on one side, and SYNTAX on the other.

indications: NAPROSYN is indicated for the treatment of
rheumatoid arthritis, osteoarthritis (degenerative arthritis) and
ankylosing spondylitis.

NAPROSYN has been shown to have striking anti-inflammatory
properties when tested in classical animal test systems. In addition, it has
marked analgesic and anti-pyretic actions. It exhibits its anti-inflammatory
effect even in adrenalectomised animals, indicating that its action is not
mediated through the pituitary-adrenal axis. It inhibits prostaglandin
synthetase, as do other non-steroidal anti-inflammatory agents. As with
other agents, however, the exact mechanism of its anti-inflammatory
action is not known.

dosage and Administration: The recommended starting dose
(and usual maintenance dose) of NAPROSYN is 250 mg twice daily,
usually given with the morning meal and about 12 hours later. Dosage
adjustment within the range of 375 mg to 750 mg daily, maintaining
twice daily administration may be required for long-term maintenance.

As safety and efficacy studies in children are not yet complete, the
product is currently not recommended for use in children under 16
years of age.

Contra-indications: There are no known absolute contra-
indications.

Special Precautions and Warnings: NAPROSYN has been found
to be well tolerated by patients exhibiting dyspepsia with other
similar agents. Nonetheless, episodes of gastrointestinal bleeding have
been reported in patients with NAPROSYN therapy. NAPROSYN should
be given under close supervision to patients with a history of gastro-
intestinal disease.

Due to the high plasma protein binding of NAPROSYN, patients
simultaneously receiving hydantoins, anti-coagulants or a highly
protein-bound sulphonamide should be observed for signs of
overdose.

Occasional skin rashes and angio-oedema have been reported.
Patients who have exhibited aspirin hypersensitivity in the past (usually
as the angio-oedema/anaemia syndrome) may exhibit the same
phenomenon on NAPROSYN. The following additional occurrences
have been reported with NAPROSYN but a casual relationship to

NAPROSYN has not been established: abdominal discomfort, epigastric
distress, headache, inability to concentrate, insomnia, thrombocytopenia,
trinitis, vertigo.

Spontaneous abnormalities in laboratory tests (e.g. liver function tests)
have occurred in patients on NAPROSYN therapy but no definite trend
was seen in any test indicating toxicity.

Mild peripheral oedema has been observed in a few patients
receiving NAPROSYN. Although sodium retention has not been
reported in metabolic studies, it is possible that patients with
questionable or compromised cardiac function may be at greater risk
when taking NAPROSYN.

Teratology studies in rats and rabbits, at dose levels equivalent on
a human multiple basis to those which have produced foetal abnormality
with certain other non-steroidal anti-inflammatory agents, e.g. aspirin,
have not produced evidence of foetal damage with NAPROSYN. As with
other drugs of this type, NAPROSYN produces delay in parturition in
animals. The relevance of this finding to human patients is unknown.
However, good medical practice indicates minimal drug usage in
pregnancy, and use of this class of therapeutic agents requires cautious
balancing of possible benefits against potential risks to the mother and
fetus.

overdose: Should a patient ingest a large number of NAPROSYN
tablets accidentally or purposefully, the stomach may be emptied and
usual supportive measures employed. Animal studies indicate that the
prompt administration of activated charcoal in adequate amounts would
 tend to reduce markedly the absorption of the drug.

Pharmacological Precautions: Protect from light.

Legal Category: To be supplied on prescription only.

Package Quantities: NAPROSYN is supplied in containers of
250 tablets. (N.H.S. cost = £1.40 per day).

Further Information: In addition to the excellent therapeutic
efficacy demonstrated by NAPROSYN in comparative clinical trials,
good tolerance has been demonstrated, even in patients exhibiting
multiple intolerance to other commonly used non-steroidal
anti-inflammatory agents.

Product Licence Number PL/0296/0031B

NAPROSYN (naproxen) is a registered trade mark.

Further information is available on request.

PRODUCT LICENCE HOLDER:

Syntex Pharmaceuticals Ltd.,
St. Ives House, Maidenhead, Berks.
Give for those who Gave

Thousands of men and women who served in the Royal Air Forces have given their health or even their lives in the defence of Freedom and many of them or their dependants are now in need of help.

Please assist by giving all you can for an emblem during WINGS WEEK or please send us a donation.

WEAR THIS EMBLEM ON SATURDAY

Wings Appeal
9th to 14th Sept. 1974

Royal Air Forces Association, 43, Grove Park Road, London, W4 3RU.
(Incorporated by Royal Charter and registered under the War Charities Act 1940 and Charities Act 1960).

Space donated by:

Journal of the Royal College of General Practitioners and Longman Group Ltd Journals Division
JUST PUBLISHED

The Second Edition of

Psychiatric Illness

Diagnosis, Management and Treatment for General Practitioners and Students

H. MERSKEY, MA, DM, FRCPSYCH
Physician in Psychological Medicine, The National Hospitals for Nervous Diseases, London

and W. LAWTON TONGE, MD, FRCPSYCH
Consultant Psychiatrist, United Sheffield Hospitals, Honorary Lecturer in Clinical Psychiatry, University of Sheffield

When a patient presents with 'depression' or 'anxiety', how should the practitioner without specific training in the field of psychiatry proceed? The special purpose of this book is to provide practical guidance on this similar problems for practitioners and students. The authors examine the symptoms which the patient presents as well as incorporating sufficient detail to cover the major types of psychological illness adequately for the general practitioner. While their views on the role and use of psychotherapy have developed since the first edition, they continue to show how psychotherapy operates in day-to-day consultations.

In the second edition, the sections on psychosomatic illness, subnormality, deviant behaviour and senile diseases have been revised or enlarged. The sections on hypnosis, psychotherapy, behaviour therapy, marital problems, children and drug treatment have been rewritten and brought up to date. The chapter on Child Psychiatry is written by Dr. R. A. Bugler, Consultant in Child and Adolescent Psychiatry, North Derbyshire.

From reviews of the first edition:
‘They speak from much personal experience of the problems which general practitioners face; for this reason the book can be recommended to any general practitioner or student who wishes to be able to cope with such psychological situations as effectively as he can.’ The Lancet

‘The book covers all the main (psychological) problems likely to be encountered in general practice . . . a text specifically for general practitioners which should fill a special need.’ The Practitioner

1947. 2nd edition. 304pp. £2.80

All prices are subject to change without notice

BAILLIÈRE TINDALL

7/8 Henrietta Street London WCZE 8QE
UNIVERSITY OF BRISTOL
Saturday October 5th, 1974, Frenchay Hospital, Bristol.
South West Faculty of the Royal College of General Practitioners.
Annual Symposium
“GENERAL PRACTICE IN THE COMMON MARKET”
Senior General Practice speakers from Denmark, France, Germany, Holland and the D.H.S.S.
Numbers will be limited.
Please apply to:-
Medical Postgraduate Department,
21 Woodland Road,
Bristol,
BS8 1TE.

THE ROYAL COLLEGE OF GENERAL PRACTITIONERS
A course for teachers in general practice will be held at the Royal College of General Practitioners from Monday 30 September until Friday 4 October 1974 inclusive. Approval under Section 63 is being applied for.
The aims of this course are to enable participants to discover how best to use the practice consultation for teaching purposes. To devise techniques for the ongoing study of this problem, which are appropriate to the conditions and resources available in the participants’ own areas.
No texts are available for this course, but participants will be expected to be thoroughly familiar with the ideas incorporated in the College publication The Future General Practitioner—Learning and Teaching.
Doctors wishing to attend this course should apply in writing to the Courses Secretary at the College for an application form; this should be done as soon as possible, as the number of participants will be strictly limited.


Readers are asked to mention The Journal of the Royal College of General Practitioners when replying to all advertisements.

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.
Early years in general practice

A course entitled *Early years in general practice* will be held at the Royal College of General Practitioners, 14 Princes Gate, London SW7 1PU, from Monday 21 October until Friday 25 October 1974.

This course gives the opportunity for young doctors from all over the country to get together to discuss problems amongst one another during the week.

Application for Section 63 has been made. For further details please apply to the Courses Secretary at the College.

---

CLASSIFIED ADVERTISEMENTS

Classified advertisements are welcomed and should be sent to: The Journal of the Royal College of General Practitioners, Longman Group, Burnt Mill, Harlow, Essex.

Fellows, members and associates of the College. The charge for this service is 50p per line, plus 25p if a box number is required. 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 of the Journal of the Royal College of General Practitioners reserves the right to refuse or stop the insertion of any advertisement.

---

St. Mary's Hospital Medical School
(University of London) Paddington,
London W2 1PG

Director, General Practice Teaching and Research Unit

Applications are invited for the above appointment for this new Unit. Salary on the upper part of the Senior Lecturer (Clinical) scale £7,386/£7,947 p.a. Applications should be sent by 30th September to The Secretary, from whom application forms and further details should first be obtained.

---

UNIVERSITY OF BRISTOL
Medical Postgraduate Department,
21, Woodland Road, Bristol, BS8 1TE
Tel. Bristol 24161 ext. 189

TRAINERS' COURSE
A course for general-practitioner trainers will be held on 18, 19 and 20 October 1974 at Exeter Postgraduate Medical Centre. The course has been approved under Section 63 and will count as four sessions. Lecturers on the course will include Dr Donald Irvine (author of *Teaching Practices* and Hon. Secretary of the College Council), Dr John Wright, Senior Lecturer in charge of the Department of General Practice at Leeds University, and Dr. Jack Norrell, Dean of Studies of the College. Numbers will be limited and application should be made immediately to the above address.

---

Experienced New Zealand


DR L. B. QUENNEL, M.B., ch.B., P.O. Box 44
Winton, New Zealand.
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 Value Added Tax; a service charge of 12½ per cent is added. Members are reminded that children under the age of 12 years cannot be admitted and dogs are not allowed.

<table>
<thead>
<tr>
<th>Charges are:</th>
<th>Members</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Single room</td>
<td>3.50</td>
<td>4.50</td>
</tr>
<tr>
<td>Double room</td>
<td>6.00</td>
<td>9.00</td>
</tr>
<tr>
<td>Flat 1</td>
<td>8.00 or 50.00 per week</td>
<td>10.00 or 60.00 per week</td>
</tr>
<tr>
<td>Flat 3</td>
<td>9.00 or 55.00 per week</td>
<td>12.00 or 70.00 per week</td>
</tr>
</tbody>
</table>

Charges are also reduced for members hiring reception rooms compared with outside organisations which apply to hold meetings at the College. Allhirings are subject to approval and VAT is added.

<table>
<thead>
<tr>
<th>Charges are:</th>
<th>Members</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Long room</td>
<td>30.00</td>
<td>40.00</td>
</tr>
<tr>
<td>Damask room</td>
<td>20.00</td>
<td>30.00</td>
</tr>
<tr>
<td>Common room and terrace</td>
<td>20.00</td>
<td>30.00</td>
</tr>
<tr>
<td>Kitchen</td>
<td>–</td>
<td>10.00</td>
</tr>
<tr>
<td>Dining room</td>
<td>10.00</td>
<td>10.00</td>
</tr>
</tbody>
</table>

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.

---

Epidemiology in country practice

by

W. N. Pickles

This classic book from general practice has not been available for many years.

A special facsimile of the 1939 edition has now been published by the Royal College of General Practitioners in a limited edition of 1,000 copies. Any profits will go to the college appeal.

Copies are available from the address below and orders will be dealt with in turn while stocks last.

Cheques should be made payable to the Royal College of General Practitioners and orders sent to: Bookpack Department, The Royal College of General Practitioners, Kitts Croft, Writtle, Chelmsford CM1 3EH. Price: £3 post free (£4 overseas), cash with order.
Burinex* K

the only short-acting diuretic with built-in potassium supplementation

Burinex K is positively indicated as a diuretic
★ in patients undergoing concurrent treatment with digitalis
★ in the treatment of chronic congestive heart failure
★ for maintenance therapy

The time of administration can be suited to the daily routine of the ambulant patient. An early evening dosage allows the patient to retire to bed in a state of therapeutic dehydration—minimising nocturia and nocturnal dyspnoea.

The short period of diuretic activity allows for natural compensatory absorption of dietary potassium during the prolonged diuretic-free phase (some 21 hours per day).

Burinex K reduces the number of tablets the cardiac patient has to take, thus avoiding confusion and medication errors.

Burinex K is buometanide (0.5 mg) with slow-release potassium chloride (572 mg)

Leo Laboratories Limited,
Hayes Gate House, Hayes, Middlesex.

Further information available on request.