Otitis media
Amoxil is quoted as ‘the treatment of choice’ in otitis media in children under five in a recent expert review in the Practitioner.¹

Bronchitis
“In my opinion, the most straightforward treatment of this condition, in patients not allergic to penicillin, is amoxycillin… taken at the first sign of increasing sputum purulence.”²

Other respiratory infections
In various upper and lower respiratory infections, Amoxil has been shown to achieve 84% response within three days of the commencement of treatment in 243 children studied.²

References
Talpen: the routine antibiotic that won't upset your patients' routine

Effective: Your main consideration is to help your patient to get better quickly. Talpen is highly effective across a wide range of indications. For example, a published clinical trial produced a 93.0% success in bronchitis; a 94.3% success in UTI; and a 95.6% success in ENT.¹

Easy To Take: Just one Talpen tablet three times a day. And Talpen's reliable absorption means it can be taken with or without food.² So your patients find it easy to remember and are more likely to take the full prescribed course of treatment.

Furthermore, Talpen is very well tolerated.¹³ (The incidence of diarrhoea, for example, is only 4%.)³ So your patients can carry on their normal daily routine.

Economical: Talpen is effective, reliable, easy to take – and it's economical at an average daily cost of 26p.⁴

Talpen: Everything your routine antibiotic should be


Talpen* (talampicillin) is a product of British research from Beecham Research Laboratories, Brentford, England. A branch of Beecham Group Limited. Regd. PL 0038 0209 BRL 1020
Below the surface of the climacteric

Hot flushes, sweating
Endometrial hyperplasia

Dry vagina

Osteoporosis
(affects one patient in three)

Irregular periods

Cyclo-Progynova
The all-round treatment for menopausal problems

1. Medication: Tablets should be taken daily for 5 days followed by 2 days without treatment. Continue daily treatment throughout the cycle.
2. Dosage: One tablet daily for 5 days followed by 2 days without treatment. Continue daily treatment throughout the cycle.
3. Side effects: Occasionally, there may be a temporary increase in vaginal discharge or an increase in the amount of discharge. If these symptoms persist, the treatment should be discontinued.
4. Contraindications: This product is contraindicated in patients with a history of endocrine disorders or in women with a history of breast cancer.
5. Instructions for use: This product is intended for use by women who are experiencing menopausal symptoms. It is not recommended for use by women with a history of breast cancer or endocrine disorders.

N.B. There is a significant risk of thrombosis in patients with a history of endocrine disorders or in women with a history of breast cancer. It is recommended that patients with a history of endocrine disorders or in women with a history of breast cancer should not use this product.

Product licence number: 0034463.4. Further information on Cyclo-Progynova is available on request.
Beconase

IS FOR EVERYONE WITH HAY FEVER

Hay fever, often regarded as a trivial disorder, can be a major social inconvenience. And so can the sedative side effects of antihista-
mines – Or rebound congestion from topical decongestants.

Steroid therapy has up until recently been reserved for the more severe cases only. But Beconase Nasal Spray is changing all that.
Now in its fourth season “at grass”, Beconase has proved highly effective for both the prophylaxis and the relief of nasal symptoms
in hay fever. With no evidence of adrenal suppression or adverse changes in the nasal mucosa. And without causing sedation or
rebound congestion.

Beconase makes sense even in mild cases of seasonal allergic rhinitis. If preferred, it can be added to the patient’s usual prescrip-
tion for antihistamines with the instructions to use the Beconase regularly and the antihistamines p.r.n. Ideally, Beconase should be
started before exposure to the allergen, but it can also be prescribed to relieve nasal symptoms.

Whatever else you prescribe for Hay Fever make sure they get
Beconase routinely

Beconase Nasal Spray is a metered-dose aerosol delivering 50mcg beclomethasone dipropionate BP per actuation into a specially
designed nasal applicator.
Gastric ulcer
reduce acid...improve healing

Healing
'Tagamet', by its unique action in selectively reducing gastric acid secretion, achieves remarkable results in the treatment of duodenal ulcer.1-5 Overall experience in clinical trials has shown that 77% of over 800 'Tagamet'-treated patients completely healed their ulcers, usually in 4-6 weeks, compared with only 41% of 252 patients in the placebo group.5

Symptomatic Relief
In duodenal ulcer, experience has shown that early and dramatic symptomatic relief is obtained, usually within one week of starting treatment; after 4 weeks the majority of patients are completely free from ulcer symptoms.1-5

Maintenance Treatment—New Data
In patients with duodenal ulcer disease who have healed ulcers after an initial course of 'Tagamet', recurrence may be prevented by continued treatment at reduced dosage. Results from on-going studies have shown that in 790 patients treated for periods of up to one year, over 90% treated with 'Tagamet' remained in remission compared with only 50.1% on placebo.6

Tagamet
reduces gastric acid secretion

References

'Tagamet' (cimetidine) is available as 200mg film-coated tablets, 200mg/5ml syrup and 200mg/2ml ampoules.
'Tagamet' is a trade mark.

Number 2
in a series

(Artist's impression of H2 receptor antagonist acting on receptor site in the parietal cell in gastric mucosa.)

Full prescribing information is available from—

SK&F
Smith Kline & French Laboratories Limited
Welwyn Garden City
Hertfordshire AL7 1EY
Telephone: Welwyn Garden 25111
The mode of action of Trandate (labetalol) is different from that of any other antihypertensive agent currently available. Trandate works primarily by lowering peripheral resistance — the alpha-blocking effect — thereby correcting the basic pathophysiological defect. Unlike earlier alpha-blockers and direct acting vasodilators, reflexly moderated increases in heart rate are prevented by Trandate's beta-blocking action. But in contrast with simple beta-blocking drugs, the cardiac output is not reduced at rest and after moderate exercise. This means that the circulation is closer to normal and blood flow to the extremities and to vital organs, including the kidney, is satisfactorily maintained. Unlike diuretics, Trandate does not disturb fluid and mineral balance. And in contrast with the centrally-acting antihypertensives, sedation and lethargy are not features of Trandate therapy.

Trandate has now been generally available for the treatment of hypertension for well over a year and clinical experience to date reveals a clear picture of high efficacy and relative lack of side effects.
mild, moderate and severe

Effect of Tranlate on mild, moderate and severe hypertension in General Practice

Before treatment

Percentage of total patients (n = 1980)

After 4 weeks treatment with Tranlate alone up to 600mg daily

For the newly-diagnosed hypertensive
When control is inadequate on existing therapy
When side effects are causing problems
To replace complicated multi-drug regimens

References
3. Material on file Allen & Hanburys Research Ltd.

SIDE EFFECTS
Tranlate is usually well tolerated.
Symptoms of postural hypotension may occur if the initial dosage is too high or if the dose is increased too rapidly but are uncommon, except at very high doses, if the drug is used as recommended. Patients with difficulties at first, usually tolerate the drug well after a few weeks' treatment.
Nasal stuffiness, vivid dreams and failure of ejaculation have been reported in a few patients. Epigastric pain has occurred in some individuals on high doses of the drug.
Headache, nausea, lethargy, tiredness and cramp have also been reported but are usually transient and disappear after a week or so. Seldom has it been necessary to discontinue treatment with Tranlate.

PRODUCT LICENCE Nos.
Tranlate Tablets 100mg 0045/0106
Tranlate Tablets 200mg 0045/0107

Tranlate is also available as Tranlate Injection for intravenous use in hospitalised patients.

Further information is available on request.

Tranlate is a trade mark of the product licence holder
ALLEN & HANBURYS LTD LONDON E2 6LA

TRANDATE
a unique profile in hypertension
Nystan-tp™
(nystatin)

for even the most recalcitrant of vaginal candidial infections
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'The first edition of this book was a landmark in medical publishing. The second edition contains 506 new colour illustrations, together with a comprehensive text. It will have immediate practical value to general practitioners, physicians, dermatologists, students and all others with an interest in this field.'

Neonatal Medicine
'An up-to-date, down-to-earth text which makes clear to the occasional neonatologist, whether he or she be a general practitioner, a paediatrician or obstetric resident, or a midwife, how common problems should be handled in the light of current knowledge.' Professor J. A. Davis, University of Manchester

Oral Disease
'A practical, profusely illustrated guide to diseases of the mouth, written specifically for a medical audience. It will contribute to the early recognition, prompt referral and treatment of such diseases and will be of great value to all doctors who look in the mouth, and to dentists and dental students.'

The following Update books are in preparation. Further details will be announced in this journal soon.

Immunisation

Preventive Dentistry
Leon Silverstone, autumn 1978.

Interpreting the Electrocardiogram

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<table>
<thead>
<tr>
<th>Number of copies required</th>
<th>Remittance enclosed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Aid at Accidents</td>
<td></td>
</tr>
<tr>
<td>Rehabilitation Today</td>
<td></td>
</tr>
<tr>
<td>Dermatology</td>
<td></td>
</tr>
<tr>
<td>Oral Disease</td>
<td></td>
</tr>
<tr>
<td>Neonatal Medicine</td>
<td></td>
</tr>
<tr>
<td>Immunisation</td>
<td></td>
</tr>
</tbody>
</table>

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Career counselling will help you plan your future. There are opportunities for approved General Professional Training in preparation for careers in general practice and the hospital specialities. Opportunities also exist in Naval Occupational Community Medicine which includes Aviation, Underwater, Submarine and Nuclear, Preventive, and Industrial Medicine.

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For more information write to: Surgeon Commander H. B. Blackstone, MRCS, LRCP, MRCGP, RN (PFT), Medical Directorate General (Navy), Ministry of Defence, Empress State Building, London SW6 1TR.
A sensible diet is an important factor in the management of gastrointestinal complaints. Sensible medication is another. This is where Libraxin comes in.

Psychological factors are considered important in the management of many illnesses, but perhaps no more so than in gastrointestinal complaints. In some, for example irritable colon, the emotions are thought to have an aetiological role; in others, for example peptic ulcer, they may influence the clinical manifestations and the subsequent treatment of the patient.

Libraxin helps to improve the prognosis by altering the patient's outlook whilst at the same time relieving the physical symptoms by decreasing hypermotility and hypersecretion in the gut.

LIBRAXIN

For the treatment of a wide range of gastro-intestinal disorders with an emotional component, including nervous dyspepsia, peptic ulcer, cardiospasm, pylorospasm, nervous or irritable colon.

Libraxin is the trade mark for pharmaceutical preparations containing chlordiazepoxide and clidinium bromide.

References:
Cromwell H.A. Med. Times (NY), 1968, 96:933
Full prescribing information is available

Roche Products Limited
PO Box 2LE, 15 Manchester Square, London W1A 2LE

J486012/577
Complete diuretic

New Aldactide 50 is today's answer for those patients with early hypertension. New Aldactide 50 is the once-a-day way gently to lower blood pressure without postural hypotension or loss of potassium.

On its own, or in combination with other antihypertensives, new Aldactide 50 offers tailor-made therapy for your patients with early hypertension.

New Aldactide 50
the diuretic for early hypertension

Prescribing Information
Presentation
Aldactide 50 is presented as scored, flame-coloured tablets stamped "SEARLE 180" on one side containing Spironolactone B.P. 50mg with Hydrochlorothiazide B.P. 50mg

Uses
Hypertension
Dosage and Administration
Aldactide 50: one or two tablets with breakfast or the first main meal of the day

Contra-indications, Warnings, etc.
Aldactide should not be given in acute renal insufficiency, rapidly progressing impairment of renal function, anuria, hyperkalaemia or in the presence of sensitivity to either component.

Administration is not recommended if serum potassium is raised.

This side has been reported to decrease glucose tolerance and to induce hyperkalaemia. Spironolactone has been reported to induce gastrointestinal upset, drowsiness, headache and mental confusion. Potentiation of the action of other antihypertensive drugs occurs.

Thiazides as well as lanrenoine, a metabolite of spironolactone, appear in breast milk. Acute overdosage may be manifested by drowsiness, mental confusion, nausea, vomiting, dizziness or diarrhoea.

The use of any drug in women of childbearing potential requires that the benefits of therapy be weighed against the possible hazards to the mother and foetus.

Product Licence Holder and Number
G.D. Searle & Co. Ltd. 0020/0082
Basic N.H.S. Cost
40 tablets £6.38
Aldactone 100 is the key to the management of advanced hypertension. By its unique action, Aldactone 100 provides highly effective control of blood pressure without postural hypotension or loss of potassium.

On its own, or in combination with other antihypertensives, Aldactone 100 provides reliable antihypertensive therapy for your patients with advanced hypertension.

Aldactone 100
the diuretic for advanced hypertension
The powerful one

Because DF 118 is a powerful analgesic it works well in small doses, leaves your patient alert and allows him to go about his everyday tasks normally, without the need of follow-ups until a repeat is necessary.

Transfer a chronic patient to DF 118 and notice how dramatically you reduce his analgesic intake. The effective dose, once established, will remain steady and any concomitant therapy is simpler for him to control.

Acute patients, too, benefit from DF 118 since the fully active oral route lessens the need for injections. For patients who cannot swallow tablets Elixir DF 118 offers an alternative form with greater flexibility of dosage.

Low dosage leads to low cost and the basic cost of 28 tablets (an average week’s supply) is only 37p.

Each DF 118 tablet contains Dihydrocodeine tartrate BP 30mg.
Each 5 ml Elixir DF 118 contains Dihydrocodeine tartrate BP 10mg.

DF118 subdues the pain, but not the patient.

Full information is available from DUNCAN, FLOCKHART & CO. LIMITED, LONDON E2 6LA.
One of a series of hibernating animals: the Dormouse (Myoxus avellanarius) hibernates September to April.

For safe, natural, undisturbed sleep...

REM’NOS
Nitrazepam/DDSA

Now available in 2 strengths from DDSA only
Remnos brand of Nitrazepam is now available as tablets 5mg and 10mg

Patient convenience
Many patients require 2x5mg tablets at night. Now one tablet of Remnos 10mg fulfills this need

Prescribing convenience
The distinctive yellow colour of tablets Remnos 10mg clearly distinguishes this dosage form from tablets Remnos 5mg thus avoiding the likelihood of confusion

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1x100 Remnos 10mg tablets costs 10% less than 2x100 Remnos 5mg

Further information available on request from DDSA Pharmaceuticals, 310 Old Brompton Road London SW5 9JQ
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Classified advertisements are welcomed and should be sent to: Mr Mike Fulton, Advertisement Director, The Journal of the Royal College of General Practitioners, Update Publications Ltd., 33/34 Alfred Place, London WC1E 7DP. Copy must be received by 1st 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.

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

GLOUCESTERSHIRE GENERAL PRACTITIONER TRAINING SCHEME

Applications are invited for four traineeships from doctors wishing to commence vocational training for General Practice in January 1979. The scheme is arranged between the Cheltenham and Gloucester Health Districts and the Area General Practice Advisory Committee. The scheme provides an excellent grounding in all aspects of hospital and general practice and is approved for the membership examination of the RCGP.

The training programme is arranged as follows:

i) A four-week attachment to a general practice commencing January 1979.

ii) Four hospital attachments rotating at six-monthly intervals:
   a) SHO accident and Emergency with Orthopaedics — Cheltenham
   b) SHO General Medicine — Gloucester
   c) SHO Paediatrics — Gloucester
   d) SHO Obstetrics and Gynaecology — Gloucester

   These posts will involve compulsory residence in the hospital.

iii) A final training period of 11 months in General Practice.

A half-day day-release is held in the Postgraduate Medical Centres at Cheltenham and Gloucester, which the trainees are expected to attend.

Application forms and further details available from:

Mrs M. Pearson
Acting Senior Personnel Assistant
Cheltenham Health District
Cheltenham General Hospital
Sandford Road
Cheltenham.

Telephone 0242 21344 ext 202

Closing Date for Applications — 21 June 1978

UNIVERSITY OF NOTTINGHAM MEDICAL SCHOOL

DEPARTMENT OF COMMUNITY HEALTH

Senior Lecturer in Community Health
(Primary Care/General Practice)

Applications are invited from medical graduates for the post of SENIOR LECTURER in Community Health in the new Medical School at Nottingham. Applicants for the post (which results from the previous Senior Lecturer moving to a Chair of General Practice) should have special interests and skills in Primary Care/General Practice and also have a higher medical qualification together with, if possible, experience of teaching and research in some aspect of medicine in the community.

The successful applicant would be expected not only to work and teach in general practice but to play an active part in all aspects of the work of the department of Community Health. The primary care/general practice teaching, which is fully integrated with other parts of the curriculum in Community Health, is a vital feature of Nottingham’s programme. Graduate as well as undergraduate teaching is involved, as is membership of the department’s Health Services Research Group.

The Department of Community Health is a clinical department and the successful applicant would be offered an honorary consultant contract in the NHS.

The salary will be on the consultant scale and the initial salary will be dependent upon qualifications, age, and experience.

Further particulars and forms of application may be obtained from the Senior Assistant Registrar, Medical School Faculty Office, Medical School, Queen’s Medical Centre, Nottingham NG7 2UH, to whom completed applications should be returned by the 20 June 1978.
IPSWICH VOCATIONAL TRAINING SCHEME
The Ipswich Trainers invite applications for one-year traineeships in General Practice commencing August 1 1978. It is hoped to appoint 12 Doctors who will have completed their Post Registration year and a Day-release Course is planned. Accommodation can be arranged.
For details of the course and available training practices please contact the Course Organizer.
Dr F. A. F. Biddle
at
The Erica Centre,
The Ipswich Hospital,
Heath Road Wing,
Ipswich,
or
evenings by telephone,
Ipswich 58992.
Appointments will be made by mutual agreement between the applicant and the chosen Training Practice.

MEDICINE AND HEALING do not always seem to go hand in hand. If you believe that they should, and have an open mind, a good sense of humour, and no great desire to be rich, would you be interested in sharing and developing a small West Country practice? Jeremy Swayne, 21 Boxbush Road, Coleford, Glos.

EXCHANGE PRACTICE

UNIVERSITY OF CALIFORNIA, IRVINE, DEPARTMENT OF FAMILY MEDICINE
is recruiting at assistant and associate professor level. Board certification/eligibility in Family Medicine or Internal Medicine, strong interest and experience in primary care required. Duties: teaching students and residents, supervision of outpatient and inpatient care, development of research in primary care or related area. Applications from qualified candidates welcome; minorities and women encouraged to apply. Send c.v. and three references to Raymond C. Anderson, MD, Chairman, Family Medicine, Univ. of California, Irvine, Calif. 92717.
Closing date 7 August 1978.

HAVE YOU READ ANY GOOD ARTICLES LATELY?
IAN STOKOE COMPETITION
Applications are sought for the second Ian Stokoe Memorial Award of £100. The aim of the Award is to commemorate the memory of Dr Ian Stokoe. The competition is to encourage high standards in the preparation of material for publication in written form by any Fellow, Member or Associate of the Royal College of General Practitioners. The Award will be made with particular reference to the quality and aptness of the use of illustrations in relation to the text.
You may enter yourself for the competition; alternatively you may bring to the notice of the adjudicators by submitting at least one copy of a reprint of an article from the Journal of the Royal College of General Practitioners or any other medical publication which has appeared during the last three years. The person whose name is submitted must be either an Associate, a Member or a Fellow of the College. He or she must be either the sole author or a joint author of the article. If a reprint is not available, then a full reference to the article may be sufficient.
Further details can be obtained from:
Professor Richard Scott
Department of General Practice
University of Edinburgh
Livingstone House
39 Cowgate
Edinburgh EH1 1JS.
The competition will close on 31 July 1978.

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.

INDEX TO ADVERTISERS

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allen and Hanburys Ltd</td>
<td>332/333</td>
</tr>
<tr>
<td>Trandate</td>
<td>327</td>
</tr>
<tr>
<td>Beconase</td>
<td>326</td>
</tr>
<tr>
<td>Associated Book Publishers Ltd</td>
<td>321</td>
</tr>
<tr>
<td>Beecham Research Laboratories</td>
<td>365</td>
</tr>
<tr>
<td>Tapten</td>
<td>347</td>
</tr>
<tr>
<td>Bencard Ltd</td>
<td>351</td>
</tr>
<tr>
<td>Amoxicil inside front cover</td>
<td>378</td>
</tr>
<tr>
<td>Churchill Livingstone</td>
<td>370/371</td>
</tr>
<tr>
<td>Central Office of Information</td>
<td>378</td>
</tr>
<tr>
<td>Dales Pharmaceuticals Ltd</td>
<td>378</td>
</tr>
<tr>
<td>Pardele</td>
<td>378</td>
</tr>
<tr>
<td>DDSA Pharmaceuticals Ltd</td>
<td>378</td>
</tr>
<tr>
<td>Remnos</td>
<td>378</td>
</tr>
</tbody>
</table>

Duncan Flockhart and Co Ltd          | 374  |
Leo Laboratories Ltd Burinex K outside back cover | 348  |
Roche Products Ltd Libraxin           | 324  |
Schering Chemicals Ltd Cyclo-Progynova | 328  |
Searle Laboratories Aldactide/Aldactone | 341  |
Smith Kline and French Tagamet        | 342  |
E. R. Squibb & Sons Ltd Nystan        | 341  |
Update Publications Ltd               | 342  |
**Shortest Acting**

"With doses up to 1 mg, the natriuresis was largely complete within 3 hrs.*"  
"It (Burinex) has a short duration of action, being virtually complete in 3 hrs.*"  

**Fast Acting**

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"Its (Burinex Injection) onset of action is within 10 min."  
"Bumetanide is rapidly absorbed from the gut.*"  

**Clinically Effective**

"Fourteen patients showed a good diuretic response on bumetanide where previous treatment with frusemide had proved either unsatisfactory or too slow."  
"An impressive diminution of the signs of pulmonary oedema was seen in most patients and in some the clearance of alveolar oedema was dramatic."  
"Based upon our experience with the use of bumetanide in several hundreds of patients and the detailed studies reported above, it may be concluded that this new diuretic agent is a very useful drug in the treatment of congestive cardiac failure."  
"Our study...confirms that bumetanide is a potent diuretic effective over a wide dose range and in a variety of clinical conditions."*  

**Well tolerated**

"Burinex was extremely well tolerated."  
"Bumetanide was well tolerated by patients."  
"Overall, bumetanide showed itself to be a safe and effective diuretic when administered to severely ill patients in a busy hospital milieu."  

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"It is known from short-term studies that 1 mg of bumetanide increases the excretion of potassium by 10-15 mmol daily (Ashby et al., 1972; Olsen et al., 1973; Davies et al., 1974). Two tablets of the combined preparation Burinex K contain 1 mg of bumetanide and 16 mmol of potassium."  

**At the correct time**

"35% of the potassium chloride is released by one hour, the rest being released over a period of six hours."  

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* Burinex is a trade mark

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**The Morning OR Evening diuretic**

"The rapid onset and short duration of action of loop diuretics are clearly desirable when a rapid diuresis is indicated, and when given in the evening to patients with chronic heart failure, the short duration of action can ensure a good nights sleep undisturbed by nocturia or breathlessness."  
"The use of potent and short-acting diuretics such as bumetanide allow the physician and patient scope to decide upon the most appropriate time for administration and so reduce major disruptions in the patient’s daily routine."  
"Patients who go out to work may find Burinex K given in the evening more socially acceptable."††

**Patients prefer Burinex K**

"These results indicate that when long-term diuretic/potassium supplement therapy is required, Burinex K is a more acceptable regimen to the patient than one in which diuretic + Slow K are given separately."††  
"Patients showed a highly significant preference to take two tablets on one occasion (Burinex K) rather than two different types of tablet on three separate occasions (Lasix + K)†††"