lorazepam
direct 'one step' metabolism and short action
make Ativan preferable to diazepam!

short-acting Ativan tends not to accumulate, therefore sedative
effects are less frequent than with diazepam!

the straightforward metabolism is another reason to prefer Ativan
— for example, when liver function is impaired:
In hypertension

TENORMIN
Atenolol 100mg

The only beta-blocker to put it all together in one.

Full 24 hour control
One tablet daily

Wide patient spectrum
Few CNS side-effects

Hydrophilic
Possible advantages in smokers

Cardioselective
Cardioprotective

Tenormin fits the profile of the ideal beta-blocker for hypertension.

TENORMIN
A unique combination of hydrophilicity and cardioselectivity

Prescribing Notes:
Sleep disturbance rarely seen. Rash and dry eyes have been reported with beta blockers – consider discontinuation if they occur.
Cessation of therapy with beta blockers should be gradual. Pack size and Basic NHS cost: Tenormin 28s £7.22.
Product Licence Number: 'Tenormin' 00290122.

Full prescribing information is available on request to the company.

Stuart Pharmaceuticals Limited
Carr House Carrs Road
Cheadle Cheshire SK8 2EG
Tenormin is a trade mark for atenolol.
From now on for asthmatics all day.

Once a day Uniphyllin™
theophylline Unicontin® tablets

Protecting asthmatics all the way through to bedtime tomorrow

NAPP British Expertise in Theophylline Therapy

Uses: Treatment and prophylaxis of bronchospasm associated with asthma, emphysema and chronic bronchitis; also cardiac asthma and left ventricular or congestive cardiac failure. Dosage and administration: 3 or 4 tablets taken as a single daily dose, following an initial week of therapy on 2 tablets daily. Tablets should be swallowed whole or halved and not chewed. Each tablet contains 200mg theophylline BP. Contra-indications: None. Side-effects: The risk of side-effects usually associated with theophylline and xanthine derivatives such as nausea, gastric irritation, headache and CNS stimulation are absent or much diminished. Basic NHS cost: 24p per day (ex 100 pack, 4 o.d.). PL 0337/0057

Napp Laboratories Limited Watford WD2 7RA Member of Napp Pharmaceutical Group • Uniphyllin and Unicontin are Trade Marks • Napp Laboratories Limited 1982.
The fast, simple and promote peptic
specific way to ulcer healing

80% ulcers healed in one month\textsuperscript{1}
Rapid relief of pain, rapid healing of the ulcer.

No dosage simpler in peptic ulcer treatment
Specifically developed as b.d. treatment.

The benefits of highly specific $H_2$ blockade
Zantac treatment has not been shown to affect the central nervous system,\textsuperscript{1,2} to exert anti-platelet effects, or to cause drug interaction.

NEW

\textbf{Zantac}

RANITIDINE

A British advance from Glaxo
Stay above the potassium debate

Will the patient's anti-hypertensive treatment lead to hypokalaemia?
If so, when should potassium supplements be given? At serum K⁺ < 3.5 mEq/l? At serum K⁺ < 3.0 mEq/l?
Should low serum K⁺ be supplemented even if the patient is asymptomatic?
Aldactide 50 lets you stay above the debate. Clinical studies have shown that spironolactone therapy is potassium-sparing and is a more effective treatment in diuretic-induced hypokalaemia than potassium supplements, triamterene, or amiloride.

In hypertension

Aldactide 50
hydroflumethiazide + spironolactone

The Caring, Sparing Diuretic.
Practical diagnosis means effective management for atopic patients.

You often see atopic patients whose conditions are difficult to manage. Their range of symptoms may be confusing. In-vivo tests can be time consuming and impractical. Symptomatic treatment can seem the only option. Now, the hospital laboratory can confirm atopy and reliably identify important allergens. A single blood sample plus a full allergic history can cost effectively provide you with accurate information.

**Phadebas IgE PRIST® and RAST®**
1. For the patient who suffers episodic attacks
   - Inhaled Ventolin when necessary.

   For those patients suffering only infrequent and episodic attacks of asthma, Inhaled Ventolin when necessary, is often all that is required. Used at the onset of an attack of bronchospasm, Inhaled Ventolin provides rapid and sustained relief of symptoms. Patients waking with early morning breathlessness will also benefit from the rapid onset of action. And taken before exertion, Ventolin provides protection against exercise-induced asthma.

2. For the patient who requires prophylactic bronchodilator therapy
   - Inhaled Ventolin four times daily.

   Routine bronchodilator therapy is indicated when asthmatic attacks become more frequent. The long duration of action of Inhaled Ventolin means that continuous protection against bronchospasm can be maintained on a four times daily dosage schedule.
3. For the patient with asthma involving inflammatory changes, add regular Inhaled Becotide.

The first sign of deterioration in asthma is often a waning response to bronchodilators brought about by inflammatory changes within the lungs. At this stage specific anti-inflammatory therapy is essential.

The early addition of Inhaled Becotide is indicated to control the inflammatory process, to restore lung function and the response to bronchodilators. The regular administration of Inhaled Becotide and Inhaled Ventolin will maintain lung function and prevent further deterioration in the condition of many of these patients.
Temgesic Sublingual

the sure new weapon for strong pain relief
Surer, strong pain relief

Long acting
Temgesic Sublingual eight hourly provides continuing analgesic cover with a bedtime dose able to give a night free from pain.

Outstandingly effective
When a strong oral analgesic is required, Temgesic Sublingual is consistently successful, providing better pain relief than, for example, dihydrocodeine. In an extensive assessment in general practice, fewer than 5% of patients had to discontinue therapy because of inadequate pain relief.

Safety
Temgesic Sublingual offers a distinctive order of safety. Up to 70 times the unit dose has been taken without significant adverse effect.

Sublingual reliability
The sublingual route means absorption direct into the blood stream, and so a more consistent performance than with other oral analgesics.

No problem with constipation
So important in elderly patients with chronic pain.

No problem with hallucinations
With an incidence of less than one in 1300!

Presentation: Temgesic Sublingual tablet, containing 0.2mg buprenorphine, as the hydrochloride. Uses: As a strong analgesic for the relief of moderate to severe pain.

Dosage and Administration: 1-2 tablets (0.2mg-0.4mg buprenorphine) to be dissolved under the tongue, every 6 hours or as required. The tablet should not be chewed or swallowed.

Side-Effects: In common with other strong analgesics, nausea, vomiting, dizziness and drowsiness have been reported and may be more frequent in ambulant patients. Clinically significant respiratory depression has been observed rarely and only in the post-operative period.
Back pain

Case No 2403-101204

Transferring this 42-year-old man with an acute prolapsed intervertebral disc from acute propoxyphene/paracetamol to dextropropoxyphene/paracetamol six-hourly gave Temgesic Sublingual six-hourly a much better, quicker response than with any previous analgesic, allowing him to return to work.

Painful dental abscess

Case No 2419-101317

Whilst penicillin V was given for the infection, Temgesic Sublingual t.d.s. gave 'excellent' relief from pain for this young man of 26 years.

Sciatica

Case No 5709-102030

One tablet of Temgesic Sublingual eight-hourly gave good pain relief to a 32-year-old male patient with sciatica. He had previously been in continuous severe pain despite taking eight tablets of dextropropoxyphene/paracetamol daily. The patient continued on Temgesic therapy with 'excellent' pain relief.

Severe osteoarthritic pain

Case No 2416-101354

Despite indomethacin and what her doctor considered to be an excessive consumption of dextropropoxyphene/paracetamol this 76-year-old lady was in severe pain. With eight-hourly Temgesic Sublingual added to her indomethacin, however, there was a very good response: 'She slept better and was able to stop the dextropropoxyphene/paracetamol.'
EVERY ORIGINAL IS SIGNED

'MINDERAL IS THE ORIGINAL PROPRANOLOL AND EVERY TABLET IS SIGNED BY ICI.

Write 'Inderal' by name ⚪ INDERAL propranolol hydrochloride BP

“Tricyclics are extremely dangerous drugs when taken in overdose”


Self-poisoning with amitriptyline, and other tricyclic antidepressants is now implicated in some 10,000 hospital admissions¹ and 400 deaths² per annum—a tragic waste of human life on a scale equivalent to one death every day.

Norval is an effective antidepressant which, in contrast to the tricyclics, has a high safety margin in overdose. In the treatment of depressed patients, where the possibility of deliberate or accidental self-poisoning cannot easily be ruled out, the difference between Norval and the tricyclics can be life-saving.

Norval is a new antidepressant with an improved safety margin compared to tricyclic antidepressants.

References

Norval mianserin hydrochloride

Effective in depression without tricyclic overdose risks.

Further information on Norval (mianserin hydrochloride) is available from Bencard, Great West Road, Brentford, Middlesex, TW8 9BE. Norval and the Bencard logo are trade marks. PL0038/0230, 0247, 0248. 14270 November 1981
An important additional benefit for Hypovase... 

...restoring the plasma lipid ratio.

Hypovase, the booster anti-hypertensive to first line therapy has now been shown to have an additional beneficial property... the restoration of the plasma lipid ratio!

This is important because the use of first line anti-hypertensives such as β-blockers and diuretics has not reduced the incidence of ischaemic heart disease (IHD).2-5

One possible reason is that their beneficial effects on blood pressure, one risk factor for IHD, have been offset by their effect on another major risk factor – the plasma lipid ratio (HDL: LDL + VLDL).6-9

Hypovase when added to these first line anti-hypertensives restores the plasma lipid ratio, providing yet another good reason for adding Hypovase to your first line therapy.

Hypovase

prazosin HCl

boosts anti-hypertensive action, restores the plasma lipid ratio.

Pfizer Ltd., Sandwich, Kent.

* Trade Mark
Calm, balanced and alert.

Backed by 25 years' clinical experience. Calms the mind and the stomach. Restores balance.
## THE MSD FOUNDATION

### Audiovisual Programmes for General Practitioner Training

#### Programmes for 1982

Our 1982 catalogue contains details of videocassette and tape/slide programmes for use with small groups in general practitioner training.

Below is a full list of all the programmes now available, listed by short titles and programme number. If you need any more information, about duration, price or content, please send for our catalogue. All programmes are on videocassette unless marked T/S, meaning tape/slide.

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Videocassettes are available for sale on U-matic, VHS, Philips 1500 or Betamax formats, and the average cost is about £20-£25. Tape/slide programmes cost about £30 per session.

Further information, and catalogue, can be obtained by writing to:

**The MSD Foundation**  
Tavistock House  
Tavistock Square  
London WC1  
Tel: 01-387 6881
CLASSIFIED ADVERTISEMENTS AND NOTICES

Classified advertisements are welcomed and should be sent to: 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 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 £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 10 per cent reduction. Replies to box numbers should be sent to the Production 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.

PARTNERSHIP SOUGHT IN SOMERSET
Vocationally trained MRCGP with West Country roots seeks partnership within 10 miles of Yeovil. I am under 30, married with two children and settled in the area. CV from: Richard Roberts, MRCGP, DRCOG, 8 Mill Close, East Coker, Yeovil, Soms.

COURSES FOR GENERAL PRACTITIONERS
The British Postgraduate Medical Federation has now published its booklet of Courses for General Practitioners for the period September–December 1982. These programmes will be distributed automatically to general practitioners in the National Health Service in the four Thames Regional Health Authorities through their local Family Practitioner Committees.

Any other general practitioners wishing to receive a copy of this programme should send a stamped addressed foolscap envelope to: The General Practitioner Department, British Postgraduate Medical Federation, Regional Postgraduate Deans’ Office, 14 Ulster Place, London NW1 5HD.

CRIPPS POSTGRADUATE MEDICAL CENTRE
NORTHAMPTON GENERAL HOSPITAL

COURSE ON THE CLINICAL BACKGROUND OF GENERAL PRACTICE
A residential course for general practitioners will be held at the Crpps Postgraduate Centre, Northampton, from 1 to 5 November 1982. Section 63 approval has been requested.

The provisional programme includes the following:

Clinical. Indigestion, irritable bowel syndrome, prostatic disease, thyroid disease, skin disease in general practice, diseases of the hip, lymphoproliferative disease, haematology in general practice, demonstration of surgical cases, medical clinical meeting.

General. Screening in the newborn and childhood, the problems of old age, alcoholism, industrial medicine.

Social. The course dinner, a visit to the Shakespeare Theatre, Stratford-upon-Avon. Sporting facilities, squash, swimming, etc.

If you are interested, please contact Mrs Vera Benstead, Administrator, Crpps Postgraduate Medical Centre, General Hospital, Northampton NN1 5BD (tel: Northampton (0604) 34700, ext. 2362).

GENERAL PRACTITIONER–MEDICAL SPECIALIST FOR OIL COMPANY HOSPITAL IN KUWAIT
The successful candidate will join the five-member general medical team in a well-equipped 200-bed hospital, which supplies the full range of health care. He will lead a team of 12 general practitioners working within the hospital, and his task involves education and supervision of the team. His status and licensing will permit and involve full use of all the inpatient facilities and he will be in constant close touch with other colleagues in all specialties within the hospital. This is therefore an outstanding opportunity for a general practitioner aiming for free access to beds and other inpatient facilities in a major hospital.

A tax-free salary in excess of £20,000 is offered and there are generous fringe benefits including free car, heavily subsidised housing, assistance with school fees and air tickets for holidays.

Candidates should ideally have their MRCGP and have held the MRCP for over four years.

Applications, including CV, should be sent to: The Administrative Secretary, The Royal College of General Practitioners, 14 Princes Gate, London SW7 1FU.
MRCGP CANDIDATES

New practice exams now available. Two MCQ papers (120 questions) covering the new subject areas as required by the Royal College. (This includes social and legal aspects, epidemiology, statistics and practice organization.) Answers and detailed teaching explanations provided together with computer sheets and free marking service. MEQ and TEQ papers have sample answers, explanations, marking schedules references and practical examination advice. Also hints on log diary, oral and reading suggestions. Send cheque now for £15 plus 60p p & p.

THE BRITISH SOCIETY OF EXPERIMENTAL AND CLINICAL HYPNOSIS

The BSECH is an organization for medical doctors, dentists and psychologists interested in research, theory and clinical applications of hypnosis. The annual fee of £8.50 includes newsletters, members’ directory and annual bulletin. Basic and advanced training workshops are held throughout the country. Current bulletin (£2) and membership details are available from: Dr Michael Heap, Psychology Service, St Augustine’s Hospital, Chatham, Nr Canterbury, Kent.

ORIENTATION SEMINAR

The North-East London Faculty of the Royal College of General Practitioners are holding an Orientation Seminar for the MRCGP examination on the 7 and 8 October 1982 at the North Middlesex Hospital Academic Centre. The Course Tutors are all examiners. Recent trainees or established GPs welcome. Further details from: The Postgraduate Secretary, North Middlesex Hospital Academic Centre, Sterling Way, Edmonton, London N18 1QX.

THE ROYAL COLLEGE OF GENERAL PRACTITIONERS

CARE OF THE ELDERLY

A three-day course will be held on September 29, 30 and October 1 at the Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU.

The course will aim at a practical approach towards the management of the elderly in general practice. Particular attention will be paid to diagnosis, treatment, practice organization and use of support services. Approval under Section 63 is being sought. The course will be evaluated for its effectiveness. The course organizers are Dr Norman How and Dr Robert Bethel.

For further details please write to: Mrs N. Wimbledon, Educational Research Project Secretary, The Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU.

FACULTY VACANCIES IN COMMUNITY MEDICINE

COLLEGE OF MEDICINE

KING FAISAL UNIVERSITY

DAMMAM, SAUDI ARABIA

For the following areas:

PRIMARY HEALTH CARE/FAMILY MEDICINE
BIOSTATISTICS AND HEALTH STATISTICS
COMMUNITY MEDICINE—GENERAL

Successful applicants will participate in an expanding programme teaching undergraduates, interns and residents (research activities where applicable). Main satisfactions will derive from being part of an innovative and exciting teaching service programme vertically integrated from undergraduate through vocational training.

Prerequisites: Applicants must be Members or Fellows of one of the Royal Colleges of General Practice or have American Boards of Family Practice or the equivalent. Medical qualifications are not essential for those applying in the fields of Biostatistics and Health Statistics. Teaching experience is required.

Salaries are highly competitive and negotiable. Contracts are for one year and renewable. Instruction is in English.

Benefits include furnished housing, air tickets to and from Saudi Arabia once per year for a family of four, a 60-day vacation with pay, generous overweight allowance and educational allowance for children. No Saudi tax.

Please send curriculum vitae with current telephone number and the names and address of three referees to: Dr Tawfik Tamimi, Dean, College of Medicine and Medical Sciences c/o US Recruiting Office or c/o UK Recruiting Office

King Faisal University
2425 West Loop South, Ste. 540
Houston, Texas 77027
USA

FOURTH NATIONAL TRAINEE CONFERENCE

REPORT, RECOMMENDATIONS AND QUESTIONNAIRE

Occasional Paper 18

How much teaching do vocational trainees really get? What do they think about their trainers and how easily can they talk to them? This Occasional Paper reports on the proceedings of the Fourth National Trainee Conference held at Exeter in July 1980 and analyses the results of a questionnaire which was returned by 1,680 trainees throughout the country. This is the most detailed information so far published about the opinions of trainees, and from them a new ‘value for money’ index has been derived, based on sophisticated statistical analysis, which now makes it possible for the first time to rate a general practitioner trainer.

Fourth National Trainee Conference, Occasional Paper 18, is available now from the Publication Sales Department, Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU, price £3.75 including postage. Payment should be made with order.
VOCATIONAL TRAINING FOR GENERAL PRACTICE

Exeter Health Authority/University of Exeter

Applications are now invited for four places starting on 1 August 1983 for the vocational training scheme of the Department of General Practice in the Postgraduate Medical School of the University of Exeter. The course is designed and recognized for the MRCGP examination.

The four fixed programmes available are:

A General practice (two months)
   Accident and emergency (three months)
   ENT (three months)
   Gynaecology (three months)
   Ophthalmology (three months)
   Paediatrics (six months)
   Psychiatry (six months)
   General practice (ten months)

B General practice (two months)
   ENT (three months)
   Gynaecology (three months)
   Ophthalmology (three months)
   Accident and emergency (three months)
   Psychiatry (six months)
   Paediatrics (six months)
   General practice (ten months)

C General practice (two months)
   Gynaecology (three months)
   Ophthalmology (three months)
   Accident and emergency (three months)
   ENT (three months)
   Geriatrics (six months)
   Obstetrics (six months)
   General practice (ten months)

D General practice (two months)
   Ophthalmology (three months)
   Accident and emergency (three months)
   ENT (three months)
   Gynaecology (three months)
   Obstetrics (six months)
   Geriatrics (six months)
   General practice (ten months)

Due to changes in the hospital rotation, it will be necessary for all trainees to do one extra month in a particular hospital post. This means that the course will be three years and one month.

Throughout the three years a half-day release course is held: trainees participate actively in the planning of the course and there is emphasis on small-group work. Additional courses are available for trainees and include an introductory course for each intake, an intensive MRCGP course, and a course on management in general practice. Trainees are encouraged to carry out research work, and several articles have already been published by Exeter trainees.

The Marwood prize and the Syntex award are open to Exeter trainees annually.

The Department’s prospectus is available on request and the principles underlying the teaching have been published as Occasional Paper 4—A System of Training for General Practice (available from the Royal College of General Practitioners, 14 Princes Gate, London SW7 1PU). The department’s practice management course has been expanded into a book, Running a Practice, published by Croom Helm, London. This is the only university department of general practice in a Postgraduate Medical School in the British Isles.

Application forms can be obtained by writing to Dr D. M. P. Dwyer, FDS, MRCGP, Course Organizer, Department of General Practice, Postgraduate Medical Centre, Barrack Road, Exeter EX2 5DW. The closing date for applications is 30 September 1982.
Behind the gentleness of Burinex K
bumetanide and slow release potassium chloride
lies the power of Burinex

Burinex K
gently effective
for maintenance
Burinex tablets
combine strength with
gentleness for more refractory oedema
Burinex injection
fast powerful action for emergencies

Formulations
Burinex Injection: 0.5 mg/ml in 2 ml, 4 ml and 10 ml ampoules. Burinex Tablets: 1 mg and 5 mg. Burinex K: 0.5 mg bumetanide, 7.7 mmol slow release potassium chloride. Indications: Acute pulmonary oedema and oedema of cardiac, renal or hepatic origin. Dosages: Burinex Injection: Initially 1-2 mg i.v., if necessary repeated at 30 minute intervals to achieve desired response. Where appropriate higher doses may be given by infusion over 30-60 minutes. Burinex Tablets: Most patients require 1 mg Burinex daily as morning or evening dose. In refractory cases dosage can be increased to achieve the desired response. For high dose treatment 3 mg Burinex should be given initially and increased by 5 mg steps at 12-24 hour intervals until desired response is achieved. Burinex K: Most patients require 2 tablets Burinex K daily. Contra-indications, Precautions and Side Effects: Contra-indicated in hepatic coma, severe electrolyte depletion and severe progressive renal failure. Hypokalaemia and circulatory collapse may follow inappropriately excessive diuresis. Concurrent digitalis therapy in association with electrolyte disturbances may lead to digitale toxicity. Concurrent antihypertensive or anti-diabetic therapy may require adjustment. Caution should be exercised in the first trimester of pregnancy. Burinex K is contra-indicated in combination with potassium sparing agents. Burinex K should be stopped immediately if signs or symptoms of bowel ulceration appear. Side effects such as skin rash, muscular cramps, rise in serum uric acid and thrombocytopenia may rarely occur. Product Licence Numbers: Burinex Injection: 0043/0060; Burinex Tablets: 0043/0021; 0043/0043; Burinex K: 0043/0074. Basic N.H.S. Prices: Burinex Injection: 0.5 mg/ml - 5 x 4 ml (3.34 Burinex Tablets: 1 mg - 100 tabs £4.74 Burinex K, 100 tabs £3.24

*Burinex is a trade mark

Leo Laboratories Limited, Longwick Road, Princes Risborough, Aylesbury, Bucks. HP17 9RR