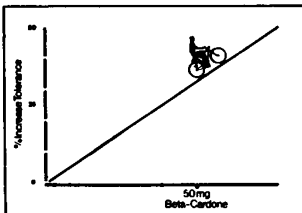


Beta-Cardone

Increased exercise tolerance.

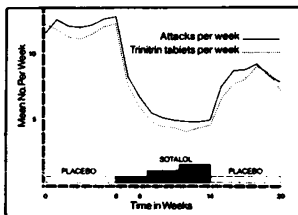
Beta-Cardone significantly prolongs the duration of exercise effort in patients with angina pectoris. The illustration below, based on six case studies, demonstrates this effect in patients exercised on a bicycle ergometer.

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



Adapted from *Postgrad. med. J.* (1970) (Nov. Suppl.) 77

Fewer anginal attacks, reduced trinitrin dependence.



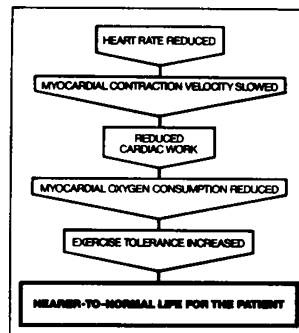
The increased exercise tolerance induced by sotalol results in fewer anginal attacks and decreased need for trinitrin. The graph summarises the results of a double-blind, crossover, multi-centre study involving 146 patients.

92% were given a dose of between 240 mg and 480 mg 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.

Multicentre Study in Angina. Unpublished.

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 logical step toward the enjoyment of a less troubled, more normal life.



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

	β-BLOCKADE	I.S.A.	L.A.
OXPRENOLOL	+	●	●
PROPRANOLOL	+	●	●
PRACTOLOL	+	●	●
SOTALOL	+		

Adapted from the classification in *Clin. Pharmac. Ther.* 10, 282

Beta-Cardone

Beta blockade, pure and simple



Beta-Cardone is a trade mark of DUNCAN, FLOCKHART & CO. LTD. LONDON E2 6LA. Full information is available on request.

"...bronchitics

are at risk of developing lower respiratory illness and secondary bacterial infection following viral invasion"

Update Postgraduate Centre Series, Chronic Bronchitis (1973), 14.

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.

1. *Practitioner* (1969), 202, 424
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 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 year¹

Virtually all of these patients could have been transferred to Mogadon, which is much safer² but just as effective against insomnia³

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

Mogadon: far safer, far better

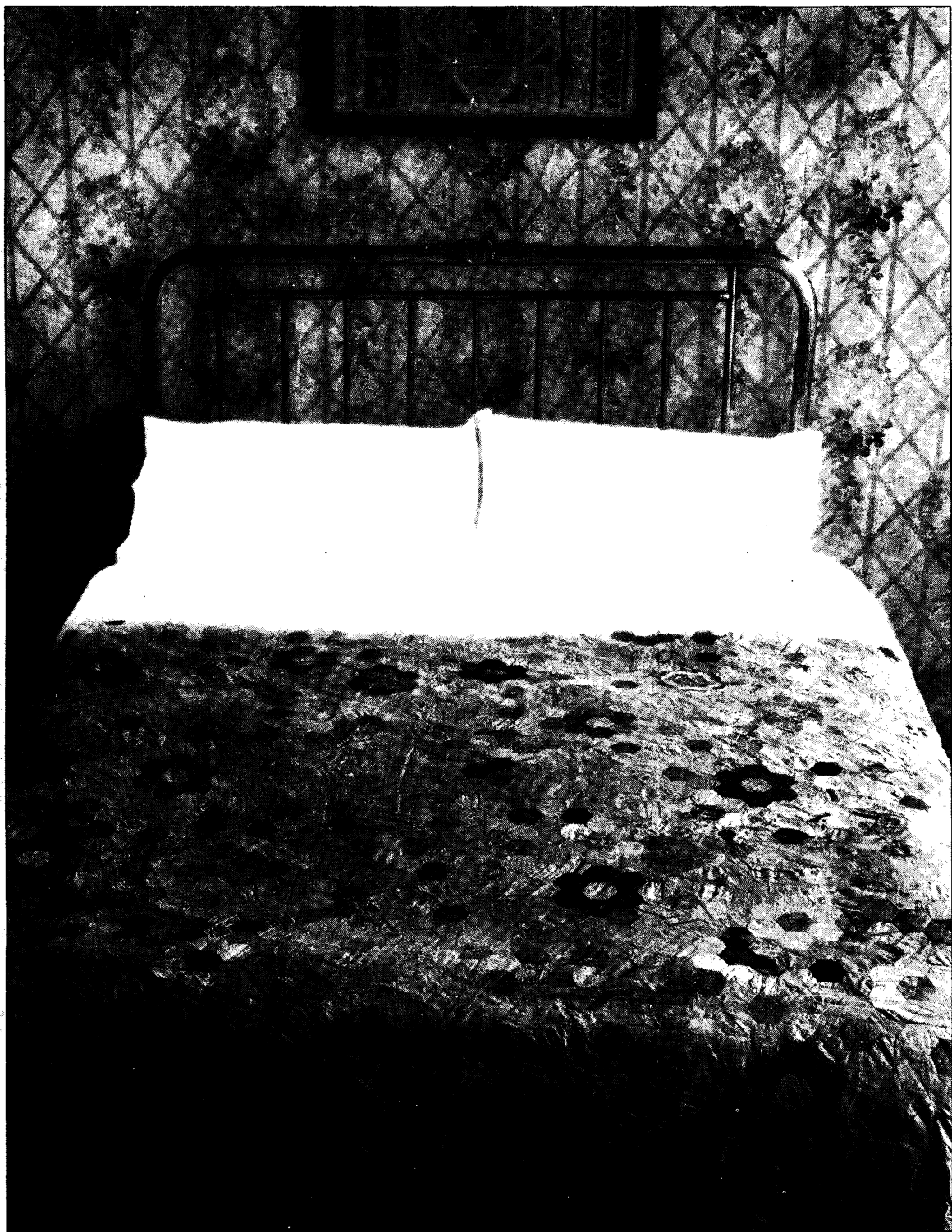


Mogadon is the trade mark for pharmaceutical preparations containing nitrazepam

1. Pharm. J., 1974, 212; 92. 2. Lancet, 1974, 1, 224. 3. Brit. med. J., 1969, 3, 23

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 of mite 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 5 g. of dander a week and 0.5 g.-1 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.

... it is now firmly established that house dust is one of the most important allergic causes of asthma and that the most important allergen of house dust is a minute insect called the house dust mite.
The Asthma Research Council

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.

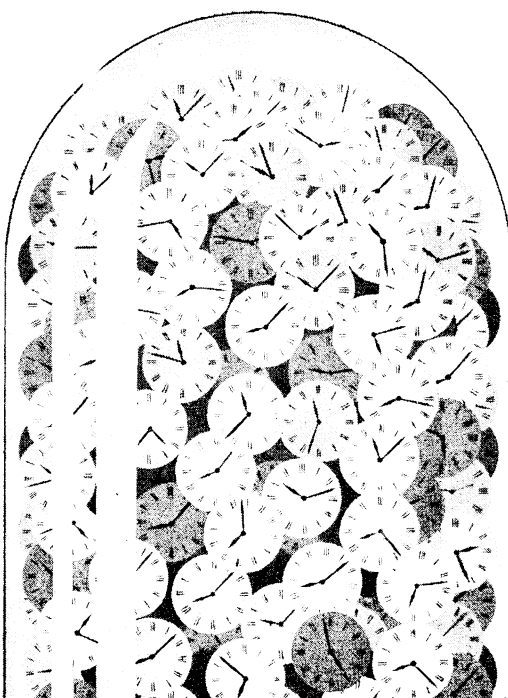
Migen

Many products have been advocated for use in the treatment of asthma. Most have drawbacks that you and your patients suffer for the sake of some relief. Now Migen offers you an opportunity to treat the most common form of allergic asthma. From your surgery.



Migen Bencard

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.



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provides better absorption

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CAPSULES

for the treatment of
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Full information is available upon request

'Feospan' contains ferrous sulphate

'Fefol' contains ferrous sulphate and folic acid.

SF/SFO: PA 13E

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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
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Deteclo is a Trade Mark.



Free on request to doctors
and students -
**'DIVERTICULAR
DISEASE OF THE COLON'**
by Mr. N. S. Painter MS FRCS FACS.

**'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.

*Painter NS, Paper read at the Annual Meeting of the Association of Surgeons of Great Britain and Ireland, Aberdeen 4th February 1973.

Normacol

Normacol Standard brown coated granules containing Sterculia BPC 62% and Frangula BPC 1949 8%

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Normacol Diabetic brown coated granules is identical with Normacol Standard except for the absence of sugar

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964UK

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

References

1. *Med J Aust.* (1973),
Special Suppl., 1, 58.
2. *Practitioner* (1972), 209, 838.

Wellcome Medical Division,
The Wellcome Foundation Ltd.,
Berkhamsted, Herts.



Wellcome

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Why run the risk of a bacterial chest
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A major breakthrough in influenza immunisation

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'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

Studies in depth

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^{1,2,3}

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/ml⁴ as opposed to ampicillin's 2.3 µg/ml⁵. 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 Hospital⁶ 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.

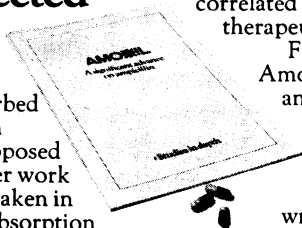
Better tolerated

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."⁷

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

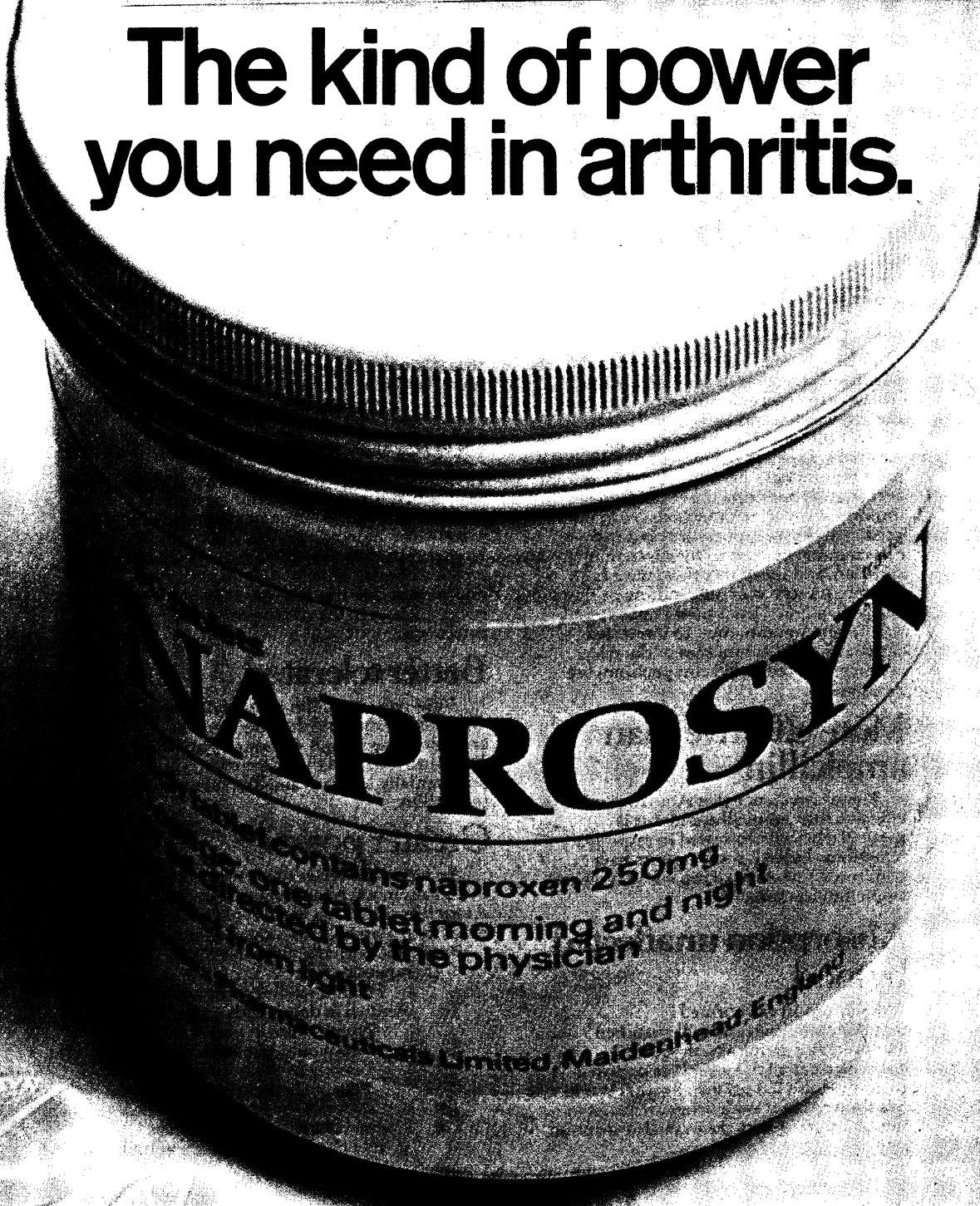
Better than ampicillin in practice.

References: (1) Brit. J. Dis. Chest., (1972), 66, 185. (2) S.A. med. J., (1973), 47, 717. (3) Chemotherapy, (1973), 18, (Suppl.), 19. (4) Brit. med. J., (1972), 3, 13. (5) Antimicrobial Agents and Chemotherapy (1970), 438. (6) To be published (7) Antimicrobial Agents and Chemotherapy, (1970), 416.

Full information on Amoxil (regd.), amoxycillin, is available from:

 **Bencard**
Freepost, Brentford, Middlesex.

The kind of power you need in arthritis.



NAPROSYN

Each contains naproxen 250mg.
Take one tablet morning and night
as directed by the physician.

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 aspirin¹, indomethacin² and phenylbutazone³. 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.

References

1. Hill H.F.H. et al (1974) Ann. rheum. Dis. 33,12.
2. Cochrane G.M. (1973) Scand J. Rheumatology Suppl. 2:89.
3. Rodriguez H.M. (1972) Proceedings of NAPROSYN Symposium Mexico p. 90.

highly effective
sometimes vital

***Trademarks**

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 SYNTEX 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 gastro-intestinal 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 overdosage.

Occasional skin rashes and angio-oedema have been reported. Patients who have exhibited aspirin hypersensitivity in the past (usually as the angio-oedema/asthma 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, tinnitus, vertigo.

Sporadic 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 foetus.

Overdosage: 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.

Pharmaceutical Precautions: Protect from light.

Legal Category: To be supplied on prescription only.

Package Quantities: NAPROSYN is supplied in canisters of 250 tablets. (N.H.S. cost—14p 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.

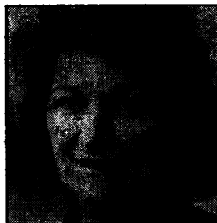
Product Licence Number PL/0286/0031B

NAPROSYN (naproxen) is a registered trade mark.

Further information is available on request.

PRODUCT LICENCE HOLDER.

SYNTEX Syntex Pharmaceuticals Ltd.,
St. Ives House, Maidenhead, Berks.



Powerful in arthritis. Kind to patients.

Give for those who Gave

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WEAR THIS EMBLEM
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9th to 14th Sept. 1974



Royal Air Forces Association, 43, Grove Park Road,
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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

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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 partici-
pants 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 incor-
porated 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.

Partner required for group practice in the
South west. Graduate of British university.
D.A. and D.Obst.R.C.O.G. essential. Box No:
105, *Journal of the Royal College of General
Practitioners*, Burnt Mill, Harlow, Essex.

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of the Royal College of General Practitioners*
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General Practitioners* and the supplements should not be
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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.

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.

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.

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—
*Director, General Practice Teaching and
Research Unit*
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GENERAL PRACTITIONER, M.N.Z.C.G.P.,
Dip. Obst., Mid-30s, previous G.P. experience
in Britain. Available as locum Feb./June
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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.

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

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

Charges are:	<i>Members</i>	<i>Others</i>
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Long room	30.00	40.00
Damask room	20.00	30.00
Common room and terrace	20.00	30.00
Kitchen	—	10.00
Dining room	10.00	10.00

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

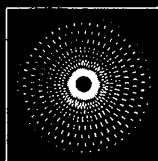
★ for maintenance therapy

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 bumetanide (0.5 mg) with slow-release potassium chloride (573 mg)



Leo Laboratories Limited,
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^{*}Burinex is a registered trade mark

Further information available on request.

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