Introducing a unique 12-hour treatment course for cystitis.

Complete in two doses

Now you can treat cystitis with unparalleled simplicity.

With the new Amoxil Twinpack you have a complete course for cystitis – in only 2 x 3g sachets. The two doses are taken 10 to 12 hours apart.

Proven to be just as effective as a conventional 10 day treatment course, Amoxil Twinpack provides rapid and complete symptomatic relief. With a promise of patient compliance that's simply unique.

Amoxil 3g x 2

amoxycillin

TwinPack

Prescribing Information

Indications: Amoxil Twinpack 3g is indicated for the treatment of single uncomplicated infections such as cystitis in adults.

Dosage: Adults: two 3g doses 10-12 hours apart.

Presentation: Carton contains [illegible] sachets [illegible]

[illegible]

Administration: Since NHS [illegible] course of [illegible]

Contra-indications: Amoxil [illegible] should not be given to patients [illegible]

[illegible]

A New Children's Classic

Talpen Syrup

talampicillin

Talpen syrup is one therapeutic agent which might claim to be a classic from the start.

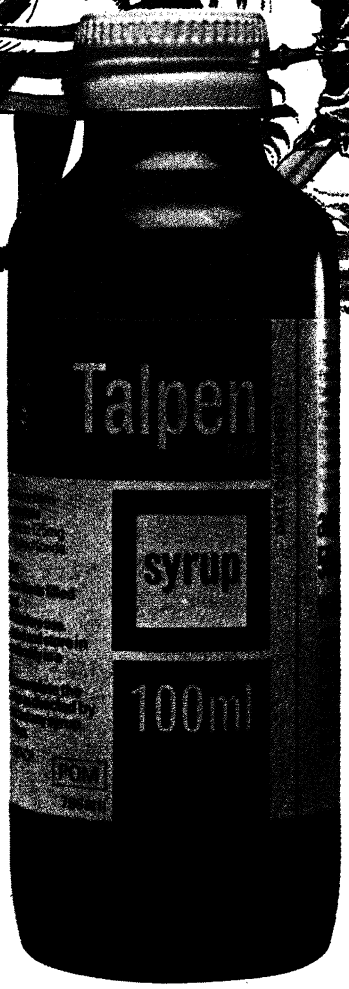
Talpen syrup offers the benefits of Talpen for the treatment of bacterial infections in children:–

□ Talpen offers ampicillin's rapid bactericidal action[1] to resolve infection quickly and thus reduce pain and fever.

□ Talpen is very well tolerated.[2] Its excellent absorption means that the incidence of diarrhoea is very low.[2]

□ Talpen is acceptable to your patients.

A very pleasant fruit flavour coupled with a simple t.i.d. dosage ensure that Talpen syrup will be liked by children – and appreciated by their mothers as well.



1. Chemotherapy, (1978) **24** 217 2. Brit. J. Clin. Pract., (1975) **29** 255

Talpen Prescribing Information Following oral administration Talpen is particularly well absorbed and rapidly hydrolysed to give high blood levels of ampicillin. Typical indications include: Upper Respiratory Tract Infections. Bronchitis. Otitis Media. Urinary Tract Infections. **Presentations:** Talpen syrup: Each 5 ml contains talampicillin napsylate (167 mg) equivalent to 125 mg talampicillin hydrochloride. Available in bottles of 100 ml. Talpen tablets: Each tablet contains 250 mg of the ampicillin ester, talampicillin hydrochloride. **Usual Oral Dosage:** Children 2-10 years. 5 ml syrup three times a day: under 2 years, the equivalent of 3-7 mg talampicillin hydrochloride per kg bodyweight three times a day. Adults: 1 tablet or 10 ml syrup three times a day. **Contra-indication:** Penicillin hypersensitivity. **Precaution:** Talpen is not recommended for patients with severe renal or hepatic impairment. **Side-effects:** As with other penicillins. An erythematous rash may occasionally occur, the incidence is particularly high in patients with infectious mononucleosis. The incidence of diarrhoea as a side-effect is significantly lower following the administration of Talpen than following oral ampicillin. **Daily Cost:** (Basic NHS). Talpen syrup: 5 ml t.i.d. 26p. Talpen tablets: one t.i.d. 26p [ex 100 pack].
Prices correct at January 1979.
Further information is available on request to the Company.

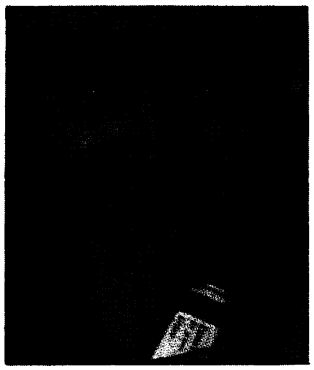
Talpen (talampicillin) is a product of British research from **Beecham Research Laboratories,** Brentford, England.
A branch of Beecham Group Limited.

PL0038/0209,0243 BRL 1048

A delicate skin problem but one that must be solved

When prescribing a topical steroid to treat a delicate area, a major consideration is to avoid the risk of untoward effects.

Eumovate fulfils the need for a topical steroid with a wide margin of safety, providing significant anti-inflammatory activity without a corresponding increase in the risk of side effects.



Clinical evidence[1,2] has shown that the minimal effect on HPA function observed with Eumovate was in definite contrast to that seen with other preparations.

1. Munro, D.D., Wilson L.C., *British Medical Journal* (1975) **3,** 626
2. Munro, D.D., *Journal of Dermatology* (1976) **94** (Suppl.) 12 67

Eumovate

(clobetasone butyrate)

An investment in safety and efficacy

Prescribing information

Uses
Eumovate is suitable for treating the milder forms of eczema, seborrhoeic dermatitis and other steroid responsive skin conditions.

Dosage and administration
Apply up to four times a day until improvement occurs, when the frequency may be reduced.

Side effects
With all topical corticosteroids local atrophic changes may possibly occur following prolonged and intensive treatment. Also prolonged use of large amounts or treatment of extensive areas may produce the features of hypercorticism. This is more likely to occur in infants and children, and with occlusion. In infants, the napkin may act as an occlusive dressing.
In the unlikely event of signs of hypersensitivity appearing, application should stop immediately.

Precautions
Long-term continuous therapy should be avoided, particularly in infants and children in whom adrenal suppression can occur even without occlusion.
Appropriate chemotherapy should be used whenever infection of the skin is present. Any spread of infection requires withdrawal of topical corticosteroid therapy.
With all corticosteroids, prolonged application to the face is undesirable.
Topical steroids should not be used extensively in pregnancy, i.e., in large amounts or for prolonged periods.

Contra-indications
Bacterial, fungal or viral diseases of the skin.

Basic NHS cost (exclusive of VAT)
Eumovate Cream or Ointment 25 gram tube £1·23 (also available in 100 gram tubes)

Product Licence number

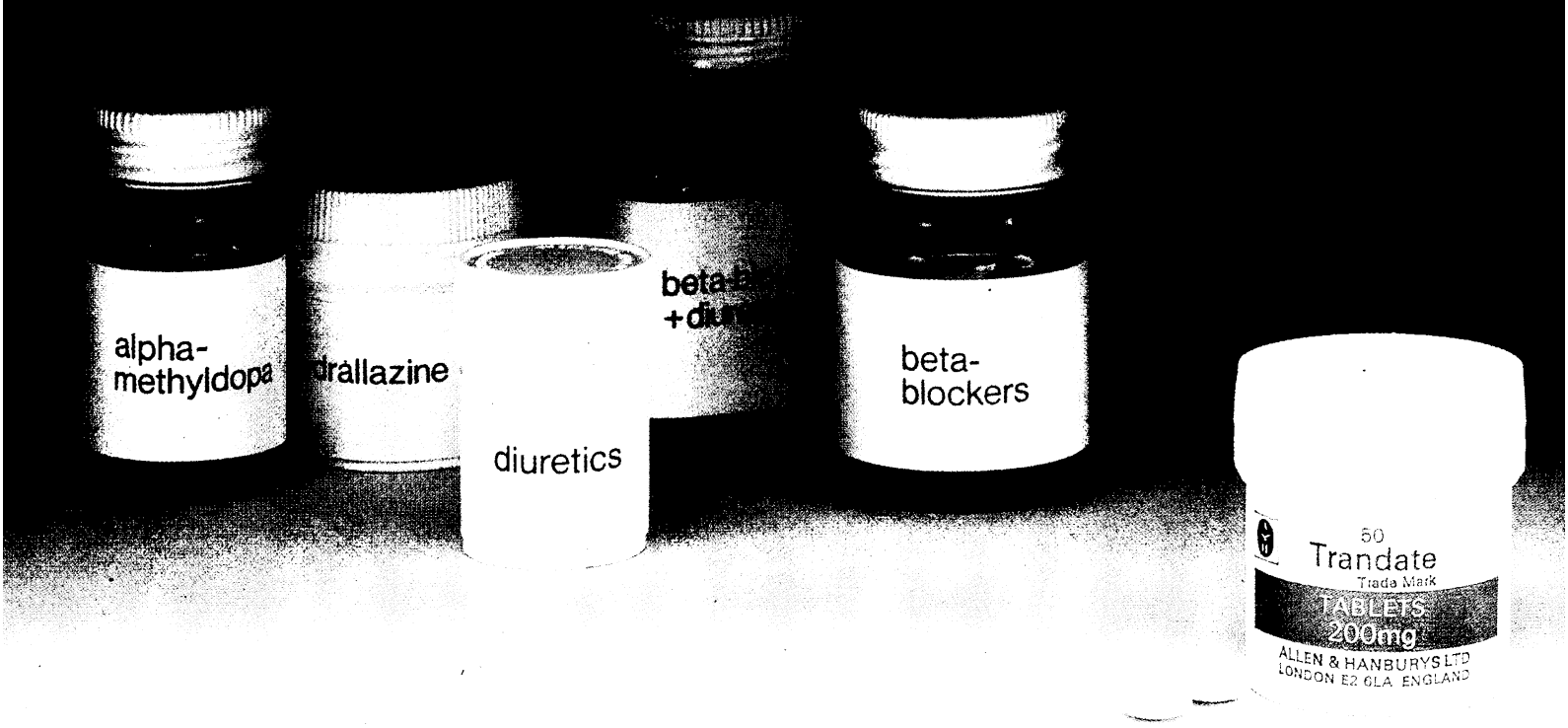
cream	ointment
4/0233	4/0254

Glaxo
Leaders in topical steroid therapy

Glaxo Laboratories Ltd
Greenford, Middlesex UB6 0HE
Eumovate is a trade mark

Trandate

(labetalol hydrochloride)



"Good blood pressure control was obtained easily and the treatment regimen was simpler than that with previous therapy received by the patients. Few incremental changes in dosage were required and all but six (10%) patients were controlled by labetalol alone."

(*Current Medical Research and Opinion,* 1978, **5**, 618)

PRODUCT INFORMATION

PRESENTATION AND BASIC NHS COST

Trandate Tablets 100mg, Trandate Tablets 200mg and Trandate Tablets 400mg each contain 100mg, 200mg and 400mg labetalol hydrochloride, respectively. In containers of 50 and 250 tablets. Basic NHS cost of 50 tablets of each strength is £3.44, £4.88 and £7.76.

INDICATIONS

Treatment of all grades of hypertension when oral antihypertensive therapy is indicated.

DOSAGE AND ADMINISTRATION

The recommended starting dose is 100mg three times daily. If necessary, this may be increased gradually at intervals of one or two weeks. A daily dosage of 600mg is usually adequate but severe cases may require up to 2,400mg daily.
Once the optimum dosage is established a twice-daily dosage regimen can be used. Trandate Tablets should preferably be taken after food.
For transfer of patients from other antihypertensive therapy see Data Sheet.
Trandate therapy is not applicable to children.

CONTRA-INDICATIONS

There are no known absolute contra-indications.

WARNING

There have been reports of skin rashes and/or dry eyes associated with the use of beta-adrenoceptor blocking drugs. The reported incidence is small and in most cases the symptoms have cleared when the treatment was withdrawn. Discontinuation of the drug should be considered if any such reaction is not otherwise explicable. Cessation of therapy with a beta-adrenoceptor blocking drug should be gradual.

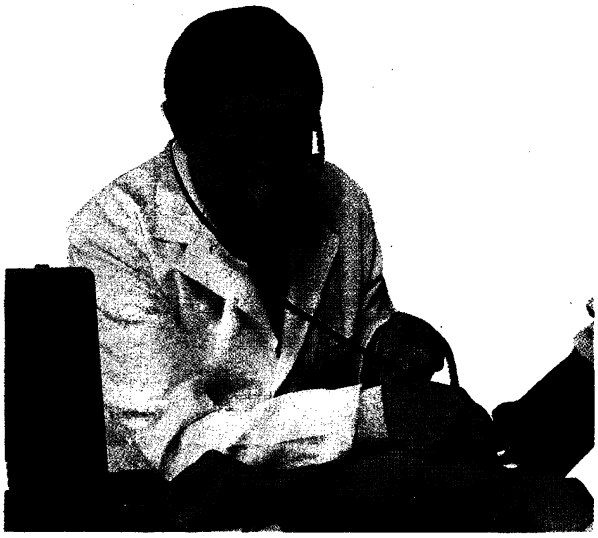
PRECAUTIONS

Trandate should not be given to patients with uncompensated or digitalis-resistant heart failure or with atrioventricular block. The presence of severe liver disease may necessitate reduced doses of Trandate. Care should be taken in asthmatic patients and

simplifies the management of hypertension

for the doctor

- Trandate provides effective control of the hypertension
- Trandate is suitable for a wide range of patients
- Trandate obviates the need for multi-drug regimens or fixed combination products
- Trandate needs few incremental changes in dosage for control of most patients.

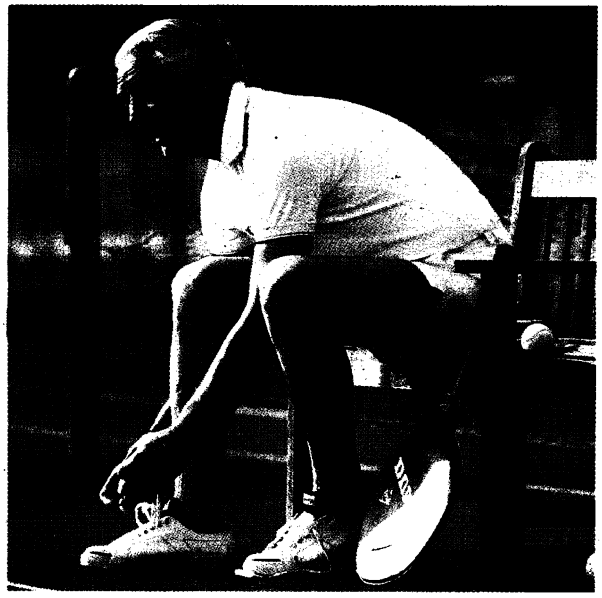


and for the patient

- The overall incidence of side effects is low
- Trandate avoids unwanted effects such as sedation and lack of energy
- The dosage regimen is simple – just one tablet two or three times a day
- **Patients feel better on Trandate and the treatment does not restrict activity**

"It is therefore particularly encouraging that 74% of patients in this study reported that they were much less tired, more energetic, more active physically and more mentally relaxed than when on their previous antihypertensive therapy."

(*Practitioner*, 1979, **222**, 131)



PONDERAX

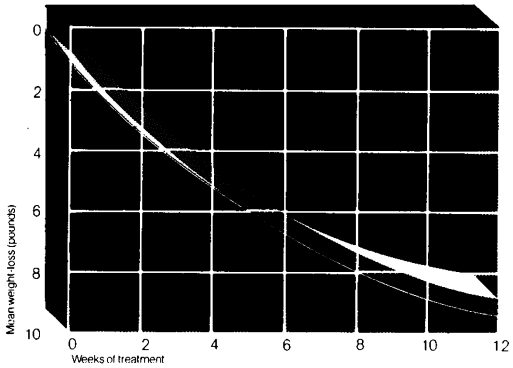
FENFLURAMINE HYDROCHLORIDE B.P.

FOR THE LONG-TERM MANAGEMENT OF OVERWEIGHT PATIENTS

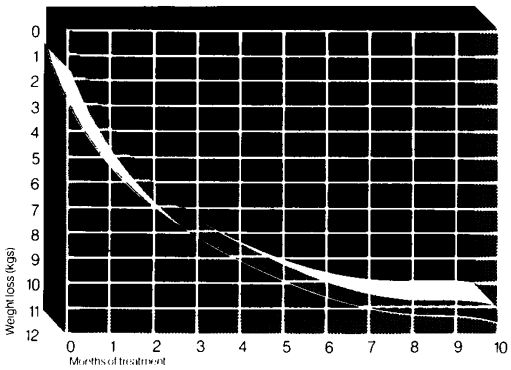
- Effective short and long-term weight loss.
- Only non-stimulating anti-obesity drug available.
- Additional clinical benefit in maturity onset diabetes.
- Flexible dosage regimen.

THE PONDERAX PROFILE HELPS BOTH MIND AND BODY ADAPT TO DIET

Short-Term Study [1]



Long-Term Study [2]



Prescribing information

Presentation

PONDERAX PACAPS: Prolonged action formulation in hard gelatine capsule, size 3 with clear body and opaque blue cap, printed in black with PX PA 60 containing small yellow pellets. Each prolonged action capsule contains 60mg Fenfluramine Hydrochloride B.P.

PONDERAX 20mg: Blue-grey, sugar-coated tablet, containing 20mg Fenfluramine Hydrochloride B.P.

PONDERAX 40mg: White sugar-coated tablet, containing 40mg Fenfluramine Hydrochloride B.P.

Uses

1. ☐Obesity
2. ☐Maturity onset diabetes

For the control of post-prandial hyperglycaemia in maturity onset diabetics who achieve marginal control either with diet alone or diet plus sulphonylureas.

Dosage and administration

Dosage: (1) Obesity: *Adults:* 1-2mg per kg of desirable body weight according to the severity of obesity.

PONDERAX PACAPS: The recommended adult daily dose of 60mg capsules is 1 or 2 capsules taken at the same time, once daily, according to the severity of obesity. When a dosage of 2 capsules is prescribed the dosage for the first and last week of treatment should be 1 capsule daily.

PONDERAX 20mg and PONDERAX 40mg: The recommended adult dose of PONDERAX tablets is as follows:

Severe obesity: (1st week) 20mg twice a day: (2nd week) 40mg twice a day: (maintenance) 40mg three times a day.

Moderate obesity: (1st week) 20mg twice a day: (maintenance) 40mg twice a day.

Mild obesity (1st week) 20mg twice a day: (maintenance) 20mg three times a day.

On stopping treatment the dosage should be gradually reduced.

Children: Recommended children's daily dose of PONDERAX tablets.

6-10 years: 20mg.

10-12 years: 40mg (in divided doses). This may be increased to 60mg if the child is grossly obese.

A gradual build-up and reduction of dosage is advised.

PONDERAX PACAPS: The capsule form is not suitable for children's dosage.

Dosage: (2) Maturity Onset Diabetes: *Adults:* The dosage must be adjusted to the needs of the individual patient and may vary between 80-120mg daily, taken either as tablets or PONDERAX PACAPS. PONDERAX may be given together with sulphonylureas.

Children: Not applicable.

Administration: PONDERAX tablets and PACAPS should be taken orally. PONDERAX tablets should be taken in divided daily doses and PONDERAX PACAPS, because of the slow release of the active constituent, need to be taken only once daily; preferably before breakfast. If possible the tablets or capsules should be taken half-an-hour before food.

Contra-indications, warnings etc. Should not be used concomitantly with MAOI's. There should be an interval of three weeks between stopping MAOI's and starting PONDERAX. Care should be exercised when giving PONDERAX to depressed patients or those receiving antidepressant therapy.

Following sudden withdrawal of high therapeutic doses of PONDERAX occasional reports of depression, lasting a few days, have been received. The effect may be avoided by a gradual reduction of dosage.

PONDERAX may potentiate the action of antihypertensive, antidiabetic and sedative drugs. The dosage of these drugs should be reassessed when PONDERAX is prescribed.

In those patients who experience sedation with PONDERAX care should be taken when driving, working machinery or taking alcohol.

It is recommended that PONDERAX is not given concomitantly with other appetite suppressants.

There should be an interval of two weeks between stopping any other appetite suppressant and starting PONDERAX to allow for any possible withdrawal symptoms to subside.

Although both human and animal studies have demonstrated that there are no harmful effects on the foetus, it is not recommended that PONDERAX be administered during the first trimester of pregnancy unless the physician considers that the benefits outweigh any possible risk.

Side-effects: In some patients looseness of the bowels, mild sedation and giddiness may occur. Nausea and headache have been reported. Side-effects may be avoided by using a gradual build-up of dosage; in other patients the effects are often transient and a temporary reduction of dosage will usually eliminate them. Side-effects only rarely necessitate any interruption of therapy.

Overdosage: The following symptoms have been reported: dilated pupils, tachycardia, facial flushing, hypertension, agitation, fine tremor, which can progress to vomiting, convulsions, unconsciousness, hyperpyrexia. Depression of respiration, cardiac arrhythmias, ventricular fibrillation and death may occur following very high overdosage.

Action to be taken in the event of an overdose: i) continuously monitor ECG: ii) use diazepam to control convulsions: iii) reduce hyperthermia: iv) use anti-arrhythmic drugs (e.g. beta-blockers) to control cardiac tachyarrhythmias.

Pharmaceutical precautions: Storage: PONDERAX PACAPS should be stored in a cool, dry place.

Legal Category: POM.

Package quantities: *PONDERAX PACAPS:* Push-through blister strips of 10 capsules.
Carton of 60 capsules (6 strips).
PONDERAX 20mg and PONDERAX 40mg: Push-through blister strips of 20 tablets.
Carton of 100 tablets (5 strips).

Further information: Although fenfluramine is chemically allied to amphetamine the introduction of a CF_3 group into the molecule alters the pharmacological characteristics of the compound which are evident from its lack of central nervous system stimulation and its lack of abuse or dependence potential.

PONDERAX is not a controlled drug under the Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations 1973.

Product licence numbers:

PONDERAX PACAPS	0093/0013
PONDERAX 20mg	0093/5004
PONDERAX 40mg	0093/0026

Basic NHS Cost:

PONDERAX PACAPS	60–£7.18
PONDERAX 20mg	100–£3.65
PONDERAX 40mg	100–£7.30

1. Munro, JF (1973), Brit. Jnl. Hosp. Med., **10**, 1, 8-14.
2. Hudson, KD (1977), Jnl. Royal Coll. GP. **27**, 497.

Further information available on request.

Servier Laboratories Limited,
Servier House, Horsenden Lane South, Greenford, Middlesex, UB6 7PW.

'Tagamet'
The long and the short of it

'Tagamet', now available in over 80 countries throughout the world, has been prescribed in the treatment of over 3,500,000 patients. By its unique mode of action in reducing gastric acid secretion, 'Tagamet' has been shown to be unequalled in the short-term treatment of reflux oesophagitis and peptic ulceration; particularly for providing rapid symptomatic relief and complete healing in most patients with duodenal ulceration.[1-3]

Unfortunately, duodenal ulceration is a naturally relapsing disease, irrespective of the agent which initially induced remission. Thus considerable interest has been aroused by the possibility of using longer-term 'Tagamet' treatment at a maintenance dose in order to minimise the risk of relapse.

Long-term treatment

In fact, 'Tagamet' is the only drug which has been proved to reduce the frequency of relapse in duodenal ulceration.[4-6] Overall results from on-going clinical trials have shown that in treatment periods of up to a year (mean treatment period 6.3 months) only 9.5% of 'Tagamet'-treated patients relapsed compared with 49.9% in the placebo group.

In patients who have healed their ulcers and who may benefit from maintenance therapy, treatment should be continued for at least 6 months at a reduced dosage of 400mg nocte.

The nature and incidence of untoward symptoms found in long-term trials has not differed greatly from that observed in short-term trials.

Short-term treatment

Reflux Oesophagitis–a review of 120 patients
'Tagamet' 67% complete healing/marked improvement
Placebo 14% complete healing/marked improvement
This group of patients included patients with serious oesophagitis having ulcers and erosions diagnosed at endoscopy.

Benign Gastric Ulcer–a review of 409 patients
'Tagamet' 75% completely healed
Placebo 41% completely healed
An analysis of treatment periods showed that significantly more patients had complete healing after 6 weeks (76%) compared with those treated for 4 weeks (62%). (N.B. Malignant gastric ulcer should be excluded.)

Duodenal Ulcer–a review of 1055 patients
'Tagamet' 77% completely healed
Placebo 41% completely healed
For those patients who may benefit from longer-term treatment, therapy should be continued for at least 6 months at a reduced dosage.

Tagamet
cimetidine

H2

Unique control of gastric acid secretion

DUODENAL ULCERATION. WHAT COMES NATURALLY?

'Tagamet' has been shown to be unequalled in the short-term treatment of duodenal ulceration, inducing early and dramatic symptomatic relief, rapid healing and subsequent remission.[1,2]

In addition, 'Tagamet' has been shown to prevent relapse during longer-term maintenance therapy;[3-5] the only drug so far proven to have this property.

However, experience to date tends to suggest that for many patients the natural history of the disease remains unaltered despite medical intervention[6] and the question inevitably arises – will patients with a severe condition require medical treatment for the rest of their lives?

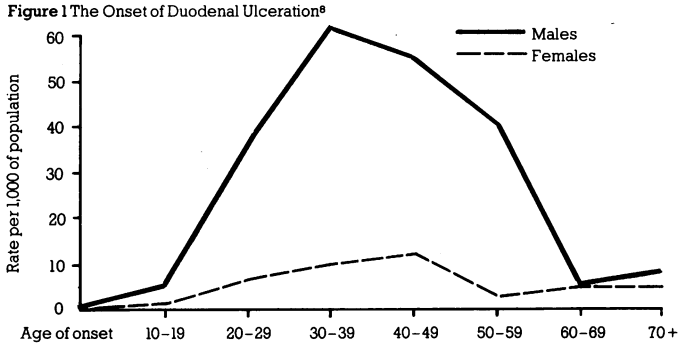
This can only be answered when the natural history of duodenal ulcer disease is fully understood. Some aspects of the natural history of the disease, however, have been well recognised for some years.

It is a naturally relapsing condition; in fact, it has been estimated that 75-80% of patients have at least one recurrence within 5 years of the initial episode,[7] some relapsing several times in one year.

The onset of duodenal ulceration is related to age, as shown in Figure 1. The initial episode is most likely in the 30-39 age group for males and slightly later in life for females.

Of greater interest is the natural development of the disease following its onset. Figure 2 demonstrates how the disease tends to 'burn itself out' after a certain period of time.[8] In a group of duodenal ulcer patients who were followed for 15 years, the symptoms tended to peak in severity after 5 years and then progressively remit until at 10 years no more than 5% of patients had severe symptoms.

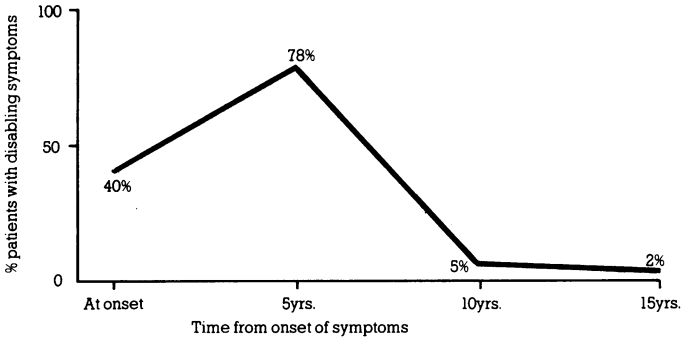
Figure 1 The Onset of Duodenal Ulceration[8]



This finding has been recently substantiated by workers in Denmark who found in a retrospective study that the disease is present for a finite time.[9]

The workers concluded '...most patients with duodenal ulceration will need only intermittent or continuous cimetidine treatment for a limited period.'

Figure 2 Proportion of duodenal ulcer patients with disabling symptoms[8]



Prescribing Information
Presentations
'Tagamet' Tablets PL0002/0063 each containing 200mg cimetidine. 100, £13.22; 500, £64.75.
'Tagamet' Syrup PL0002/0073 containing 200mg cimetidine per 5ml syrup. 200ml, £6.29.
Indication
Duodenal ulcer.
Dosage
Adults: 200mg tds with meals and 400mg at bedtime (1.0g/day) for at least 4 weeks (for full instructions see Data Sheet).
To prevent relapse, 400mg at bedtime or 400mg morning and evening for at least 6 months.
Cautions
Impaired renal function: reduce dosage (see Data Sheet).
Potentiation of oral anticoagulants (see Data Sheet).
Prolonged treatment: observe patients periodically.
Avoid during pregnancy and lactation.
Adverse reactions
Diarrhoea, dizziness, rash, tiredness. Rarely, mild gynaecomastia, reversible liver damage, confusional states (usually in the elderly or very ill), interstitial nephritis.

Tagamet
cimetidine
H2
Unique control of gastric acid secretion

References
1. Oral cimetidine in severe duodenal ulceration. (1977) Lancet, **i**, 4.
2. Cimetidine in the treatment of active duodenal and prepyloric ulcers. (1976) Lancet, **ii**, 161.
3. Maintenance treatment of recurrent peptic ulcer by cimetidine. (1978) Lancet, **ii**, 403.
4. Prophylactic effect of cimetidine in duodenal ulcer disease. (1978) Brit.med.J., **1**, 1095.
5. Cimetidine treatment in the management of chronic duodenal ulcer disease. (1978) Topics in Gastroenterology. (In Press).
6. Cimetidine for duodenal ulcer. (1978) Lancet, **ii**, 1237.
7. The natural history of duodenal ulcer disease. (1976) Surg. Clin. N. Amer., **56**, 1235.
8. Peptic ulcer: a profile. (1964) Brit. med. J., **2**, 809.
9. Long-term prognosis of duodenal ulcer: follow-up study and survey of doctors' estimates. (1977) Brit. med. J., **2**, 1572.

Full prescribing information is available from

SK&F
a SmithKline company

Smith Kline & French Laboratories Limited
Welwyn Garden City, Hertfordshire AL7 1EY
Telephone: Welwyn Garden 25111

TG:AD49

CLASSIFIED ADVERTISEMENTS AND NOTICES

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 the first 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.

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.

POSTGRADUATE MEDICAL INSTITUTE

UNIVERSITY OF EXETER

Applications are invited for a full-time course on the Management of the Elderly. This is being held at the Exeter Postgraduate Medical Centre from 5 to 9 November 1979.

This course is recognized under Section 63 and will include a wide variety of subjects and visits to a Rehabilitation unit and a multidisciplinary centre.

Applications should be sent to:
Mrs M. Wood,
Postgraduate Medical Institute,
Exeter Postgraduate Centre,
Barrack Road,
EXETER EX2 5DW.

GENERAL PRACTITIONER COURSE ORGANIZERS

Applications are now invited for the posts of General Practitioner Course Organizer in Plymouth and Exeter.

Applicants should be general practitioners in active practice, with interest and experience of postgraduate training. Previous experience of a vocational training course, attendance at a one-week course for general practitioner teachers, and membership of the Royal College of General Practitioners will be advantages.

Applications should be made to:
Dr D. J. Pereira Gray, FRCGP,
Regional Adviser in General Practice,
Postgraduate Medical Centre,
Barrack Road,
Exeter,
Devon.

HEALTH PROMOTION IN GENERAL PRACTICE

A one-day workshop is to be held on Wednesday, 7 November 1979, in Exeter, to consider the role of Health Education in General Practice. Section 63 approval. Organized by the Health Education Council in conjunction with the Department of General Practice, University of Exeter.

Further details from:
Sally Jeffery,
The Health Education Council,
78 New Oxford Street,
London WC1.
Telephone: 01-637 1881

THE EAST LONDON GENERAL PRACTITIONER VOCATIONAL TRAINING SCHEME

IN CONJUNCTION WITH THE LONDON HOSPITAL

Applications are invited for the four posts in this scheme, starting on 1 February 1980. Each trainee will be invited to spend one month in general practice, two years rotating in posts at The London Hospital and finally one year in general practice. The hospital posts include Obstetrics and Gynaecology, Geriatrics, General Medicine, Paediatrics, Psychiatry and the Emergency and Accident Department. A half-day release course is held at the East London Postgraduate Centre, Bethnal Green. Applicants will be welcome to visit the training practices.

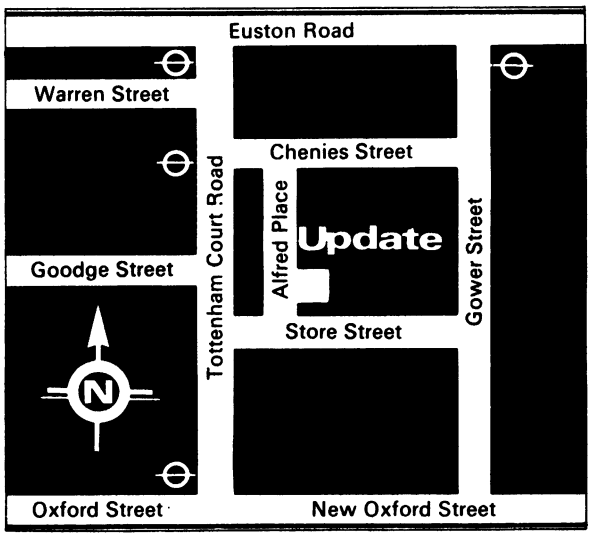
Further details may be obtained from the **Course Organizer, Dr R. M. Griffiths, 35 High Street South, East Ham, London E6, or from the Medical Staffing Office, The London Hospital.**

Applications (no forms provided), giving names and addresses of two referees, should be received by 3 November 1979 and addressed to: **The Medical Staffing Office, The London Hospital, Whitechapel E1 1BB.**

INDEX TO ADVERTISERS

Buy Update Books from our Central London Office

Update Books are now on display and for sale at the Update offices in central London. You can call into the 2nd floor reception, Update Publications, 33-34 Alfred Place, London WC1E 7DP, to inspect or purchase Update books any time between 9.30 a.m. and 5.30 p.m., Monday to Friday. This map shows how to find Alfred Place. The Update building is clearly recognisable by the display of books in the front window at street level.



SUPPLEMENT TO THE JOURNAL OF THE ROYAL COLLEGE OF GENERAL PRACTITIONERS

Prescribing in general practice

The cost of the drugs prescribed by British general practitioners now exceeds the cost of the doctors' own income and expenses combined. The number of prescriptions for psychotropic drugs has doubled between 1964 and 1974 and the applications of prescribing in general practice are bedevilled by factors quite unrelated to clinical pharmacology, such as the symbolic use of drugs, patient and doctor expectations and attitudes, and pressures from advertising.

Who are the high cost prescribers? What, if any, is the influence on a doctor's prescribing of being trained overseas? What are the facts and what are the trends?

Prescribing in General Practice is one of the most comprehensive booklets ever issued on prescribing in British general practice; it was published as a *Supplement* to this *Journal* and sponsored by the Department of Health and Social Security.

Prescribing in General Practice is available now from 14 Princes Gate, Hyde Park, London SW7 1PU, price £3.00, post free.

Notification of change of address

Members changing their address are asked to let the Registrar of the Royal College of General Practitioners know as soon as possible, with the effective date, so that the *Journal* can continue to be sent to them without delay.

Please write to: The Registrar, Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU.

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DON'T FORGET

As a fast acting diuretic

Burinex* K

bumetanide and slow-release potassium chloride

is unbeatable...

as a potassium supplement it's unforgettable

Your patients rarely forget to take their 'water pill' but all too frequently fail to take their potassium supplement if you prescribe it separately.[1]
Burinex K solves this problem because Burinex the 'most effective natriuretic agent'[2] 'coats' the potassium core – to make it truly unforgettable.
In addition – because of the shape and size – it's easier to swallow than the most commonly used potassium supplement alone.[3]

Burinex K in CCF right from the start

1. Brit.Med.J., 618, 2, 1977
2. Acta med. scand., 119, 193, 1973
3. J.Int. Res., 104, 3, 1975