"... Teddy's better too, Grandma. Can we come tomorrow?"

its outstanding safety profile. It is available in three different oral presentations which offer acceptable and convenient therapy for younger patients.

Amoxil – the leading antibiotic prescription for children in Britain.

Amoxicillin
Rapidly resolves young patients' infections.

Prescribing Information

Indications:

Commonly occurring bacterial infections of the upper and lower respiratory tract, urinary tract, skin and soft tissue.

Presentations:

Amoxil syrup: 125mg and 250mg per 5ml PL 0036/0049
Amoxil paediatric suspension: 125mg per 5ml PL 0036/0064

Amoxil capsules: 250mg and 500mg

Amoxil dispersible tablets: 500mg

Amoxil sachet: 5g

Amoxil tablets for suspension: 250mg and 500mg

The amoxicillin content per dose unit as presented in Amoxil oral preparations and as the sodium salt in Amoxil injectable products.

Average treatment cost:

children 25p/day (125mg syrup) / adults 25p/day (250mg capsule / dispersible tablet / injectable)

Children's Dosage:

(upto 10 years) Oral: 125mg three times a day. In severe infections doses should be doubled

Injectable: 50-300mg/kg body weight per day in divided doses

Adult Dosage

Oral: 500mg three times a day. In severe infections doses should be doubled.

Injectable: 500mg IM 8 hourly (or more frequently if necessary) in moderate infections. IV 8 hourly in severe infections.

Contra-Indications

Amoxil is a penicillin and should not be given to penicillin hypersensitive patients. Side effects, as with other penicillins, are usually of a mild and transient nature; they may include diarrhoea or indigestion. Occasionally a rash may occur which if persistent treatment should be discontinued. Since Amoxil is a penicillin, problems of cross-reactivity are unlikely to be encountered.

Further information on Amoxil (amoxicillin) is available from

Bencard, Great West Road, Brentford
Telephone: 01 588 3351

Amoxil and the Bencard logo are trademarks

December 1981
Half-Inderal LA is an 80mg long-acting formulation of the world's most tried and trusted beta-blocker.

It is especially suitable for older patients who may need a lower than usual dosage level.

In addition, this new once-daily regimen can be used to ease the problem of poor compliance in patients currently taking 80mg in multiple doses.

**NEW**

**ONCE DAILY**

Half-Inderal LA

80mg propranolol hydrochloride BP in a long-acting formulation.

**Inderal** LA, Half-Inderal LA: abridged prescribing information. Presentation Inderal LA. Capsules each containing 80mg propranolol hydrochloride in long-acting formulation. Half-Inderal LA: Capsules each containing 80mg propranolol hydrochloride in long-acting formulation. Dosage: Angina, anxiety, essential tremor, thyrotoxicosis, prophylaxis of migraine. 1 capsule Half-Inderal LA, once daily, increased, if necessary, to 1 capsule Inderal LA, once daily and a further increment of Half-Inderal LA, once daily. 1 capsule Inderal LA, once daily, increased, if necessary, in increments of Half-Inderal LA, in appropriate patients e.g., the elderly. Starting dose is 1 capsule of Half-Inderal LA, once daily. Contraindications: Heart block, bronchoconstriction, Parkinson's disease, myasthenia gravis. Precautions: Use with caution in cardiac failure, Raynaud's disease. Modification of tachycardia of hypoglycaemia. Transient flushing may occur. Prescription of Class I antiarrhythmic agents. Co-administration with verapamil. Anaesthesia. Pregnancy. Adverse Reactions: Cold extremities, nausea, insomnia, lassitude and diaphoresis are usually transient. Isolated cases of paraesthesia of the hands, rash and dry eyes have been reported with beta-blockers. Consider discontinuation if they occur. Beta-blockers should be withdrawn gradually. Overdosage: See data sheet + Basic NHS cost 0-day calendar pack. Inderal LA £0.69. Half-Inderal LA £3.48. PL Nos. Inderal LA 00280/0268 Half-Inderal LA 0029/0173 Full prescribing information is available from Imperial Chemical Industries PLC, Pharmaceuticals Division, Alderley Park, Macclesfield, Cheshire SK10 4TF. Trademark. 
AUGMENTIN
clavulanate-potentiated amoxycillin

IN CHEST INFECTIONS

Activity Against General Practice Sputum Isolates


Prescribing Information

USES: Chest, ENT, Genito-urinary tract, Skin and soft tissue infections.

DOSAGE: Adults and children over 12 years:
- Augmentin or Augmentin Dispersible Tablet (375 mg) three times a day
- Children 6-12 years: 5 ml Augmentin Junior Suspension (375 mg) three times a day
- Children 2-6 years: 5 ml Augmentin Paediatric Suspension (125 mg) three times a day
- Children 9 months-2 years: 5 ml half strength Augmentin Paediatric Suspension (75 mg) three times a day
- Children 3-9 months: 2.5 ml half strength Augmentin Paediatric Suspension (37.5 mg) three times a day
- In severe infections, dosages for patients aged 2 years and over may be doubled. Treatment with Augmentin should not be extended beyond 14 days without review.

CONTRA-INDICATION: Penicillin hypersensitivity.

PRECAUTIONS: Safety in human pregnancy is yet to be established. Dosage need not be reduced in patients with renal impairment, unless diachrysia is required.

SIDE-EFFECTS: Uncommon, mainly mild and transient. Occasionally diarrhoea, nausea, rashes. If gastrointestinal side-effects occur, they may be reduced by taking Augmentin at the start of meals.

PRESENTATIONS: (Prices correct at October, 1983.)
- Augmentin Tablets and Dispersible Tablets, each providing 125 mg clavulanate acid with 250 mg amoxycillin. Augmentin Tablets (bottles of 30, 100).
  Cost per tablet: 20p PL0038/0270.
- Augmentin Dispersible Tablets (foil wrapped 30, 100).
  Cost per tablet: 32p PL0038/0272.
- Augmentin Junior Suspension. Powder to prepare 100 ml suspension. Each 5 ml provides 62 mg clavulanate acid with 125 mg amoxycillin.
  Cost per 5 ml dose: 18p PL0038/0274.
- Augmentin Paediatric Suspension. Powder to prepare 100 ml suspension. Each 5 ml provides 31 mg clavulanate acid with 125 mg amoxycillin.
  Cost per 3 ml dose: 14p PL0038/0289.
- The clavulanate acid is present as potassium clavulanate and the amoxycillin as the trihydrate. All the above presentations are sugar-free formulations.

Further information is available on request to the Company.

Beecham Research Laboratories

October 1983
\[ \text{£3000} \\
1985 \text{ Upjohn Essay Prize in Therapeutics} \\
\]

**MANAGEMENT OF THE PROBLEMS OF MIDDLE AGE**

Upjohn are making four awards of £250 available to Vocational Trainees in their final year and four to Principals in their first five years of Practice, for Essays on this subject. The Royal College of General Practitioners, which adjudicates the Essays, may also award a lectureship of £500 in each category.

Application for a Registration Form and Brochure should be made to: The Secretary, Awards Committee, Royal College of General Practitioners, 14 Princes Gate, London SW7 1PU.

Closing date for Registration is 31 December, 1984.

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**RCGP Annual Symposium**

8 & 9 November 1984

Mermaid Conference and Exhibition Centre, Puddle Dock, Blackfriars, London EC4V 3DB

‘WORKING TOGETHER: CONFLICT OR CO-OPERATION’

Programme and application forms available from Mrs Barbara Cotton, 16 Lords View, St Johns Wood Road, London NW8 7HJ. Tel: 01-289 0577.

The symposium is now Section 63 approved. Doctors working outside the 100-mile limit require to have the prior approval of the FPC (or equivalent) in order to reclaim expenses.

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**TWO DAY SYMPOSIUM ON OBSTETRICS AND GYNAECOLOGY FOR GENERAL PRACTITIONERS**

15 & 16 November 1984

To be held at Bedford College, Regent’s Park

A two day symposium designed to provide an update on obstetrics and gynaecology for GPs. The symposium is organised by Blackwell Scientific Publications.

**PROGRAMME**

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<th>Day One — Obstetrics</th>
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<td>1. Prenatal Diagnosis</td>
<td>1. Vaginal Discharge</td>
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<td>2. Ultrasound in Late Pregnancy</td>
<td>2. Evaluation of Abnormal Cervical Cytology</td>
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<td>3. Assessment of Fetal Health in Pregnancy</td>
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<td>Maternal Deaths: England &amp; Wales</td>
<td>Geoffrey Chamberlain</td>
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<td>6. Abdominal Pain in Pregnancy</td>
<td>John Guillebaud</td>
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<td>7. Problems with the Newborn</td>
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The duration of each lecture will be 30 minutes and there will be adequate time for full and free discussion after each presentation.

Application has been made for the course to be registered under Section 63 for General Practitioners' post-graduate education.

Registration — The registration fee is £85 plus 15% VAT (total £97.75) which covers attendance at the conference, refreshments and lunch on both days.

Accommodation — Delegates requiring accommodation should make their own arrangements. A list of London hotels is available from the Symposium office.

Transport — Special travel concessions are available from British Rail for delegates travelling by train. Details will be forwarded with the symposium papers.

To register, please send payment of £97.75 to Blackwell Scientific Publications Limited. Please indicate in capitals your name, affiliation, address and daytime telephone number.

GPs’ Symposium, Blackwell Scientific Publications, 8 John Street, London WC1N 2ES
DOCTORS TALKING TO PATIENTS

Doctors Talking to Patients, by Professor P. S. Byrne, a distinguished past-President of the Royal College of General Practitioners, and Dr B. E. L. Long, an expert educationalist, was first published by HMSO in 1976.

This well known book has made a major contribution to the understanding of the consultation in general practice and illustrates the potential for using modern methods of recording for analysing the problems of doctor-patient communication.

With permission of HMSO, the Royal College of General Practitioners has now reprinted Doctors Talking to Patients and so made available this classic work to a new generation of trainees and general practitioner principals.

Doctors Talking to Patients can be obtained from the Publications Sales Office, Royal College of General Practitioners, 8 Queen Street, Edinburgh EH2 1JE, price £10.50, including postage. Payment should be made with order.

PRESCRIBING – A SUITABLE CASE FOR TREATMENT

Occasional Paper 24

General practitioner prescribing continues to attract attention, both in relation to quality and to costs. Quality concerns safety, relevance and effectiveness, while the cost of the average general practitioner’s prescriptions now exceeds the cost of his income and expenses combined.

Prescribing—A Suitable Case for Treatment reports a study which examined both these factors. Prescriptions returned from the Prescription Pricing Authority were used to analyse the prescribing of a study group and of a group of matched controls; this was backed up by an educational programme involving discussions between members of the study group. The results suggest that with this kind of encouragement practitioners could reduce both the level and the cost of their prescribing.

Prescribing—A Suitable Case for Treatment, Occasional Paper 24, is available from the Publication Sales Office, Royal College of General Practitioners, 8 Queen Street, Edinburgh EH2 1JE, price £3.75, including postage. Payment should be made with order.

Three important new publications for the busy GP

DRUG TREATMENT IN GYNAECOLOGY
R S Ledward

Here in one concise, authoritative and practical handbook is a comprehensive guide to drug prescribing for gynaecological disorders. Chapters are arranged by clinical condition, and drugs are systematically discussed under the following headings: presentation, dose, indications, contraindications, side effects and special features. There is an extensive drug index and glossary and a subject index designed for the doctor in a hurry.

June 1984 208 pages 186 x 123 mm Softcover 0 407 00331 2 £7.95

Order from your local bookseller or in case of difficulty from

Butterworths Borough Green, Sevenoaks, Kent TN15 8PH

CONTEMPORARY GYNAECOLOGY
Edited by Geoffrey Chamberlain

This volume contains a series of critical reviews concerning key topics in contemporary gynaecological practice. The editor has organised the material into four main sections: clinical gynaecology; endocrinology, fertility and sexuality; contraception; and gynaecological procedures. The choice of topics is wide and includes the common problems that every GP sees regularly, such as vaginal discharge, pelvic pain and dysmenorrhoea. Some rarer conditions, such as ovarian cancer, are also included, and space has been found for subjects like rape and trans-sexual problems on which GP's may be required to liaise with a variety of specialists.

September 1984 320 pages 234 x 165 mm Illustrated Softcover 0 407 00299 8 £18.50

CONTEMPORARY OBSTETRICS
Edited by Geoffrey Chamberlain

This volume contains a series of critical reviews covering key topics in contemporary obstetric practice. The book is divided into three sections – pregnancy, labour, and fetus and newborn – and the individual chapters cover topics such as prescribing in pregnancy, the aetiology of pre-eclampsia, the active management of labour, the management of breech presentation, the fetus in hypertension and low birthweight. Essential reading for all family practitioners.

October 1984 320 pages approx 234 x 165 mm Illustrated Softcover 0 407 00291 X £18.50 approx

Journal of the Royal College of General Practitioners, October 1984
ASSOCIATION OF GENERAL PRACTITIONER HOSPITALS
ESSAY PRIZE

"Working together in the GP hospital"

Three prizes of £100 are offered for the best essays on this subject by a doctor, a nurse and someone who is neither a doctor nor a nurse. Entries should not exceed 2,000 words and must be typed. Closing date is 1 February, 1985.

Further details from Dr Roger Jones, Secretary of the Association of General Practitioner Hospitals, Aldermoor Health Centre, Aldermoor Close, Southampton SO1 6ST.
Tel: 0703 783111.

The General Council and Register of Osteopaths will be pleased to send a Speaker on request to meetings of RCGP Faculties and for large meetings of Trainees to explain the work of a Registered Osteopath. This service is free.

Please, in the first instance, contact the Secretary, GCRO,
1-4 Suffolk Street, London SW1Y 4HG.
Tel: 01-839 2060

Literature is available from the same address.

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. MEG and TEG 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 £17.50 plus 75p p & p.

Dept. GP PasTest Service, PO Box 81, Hemel Hempstead, Herts HP1 1UR
Tel. Hemel Hempstead (0442) 52113
PRIMARY CARE
IN SAUDI ARABIA.
FIRST CHOICE
FOR GENERAL
PRACTITIONERS.

Allied Medical Group – leading British consultants and managers of health care projects throughout the Middle East – have been awarded two major new contracts by Saudi Arabia’s Ministry of Defence and Aviation.

Primary health care services are hospital or clinic based and facilities are comprehensive. The health care complexes have been purpose-designed to the highest specifications and equipped with some of the most modern and sophisticated aids to be found anywhere in the world. They are staffed by multi-national teams of qualified and experienced professionals dedicated to providing the exacting standards of care required in the Kingdom.

The locations:
KHAMIS MUSHAYT
A developing city set in a pleasant green agricultural area high in the mountain range two hours drive south of Jeddah. Here are located the 230 bed King Faisal and Armed Forces Hospitals and satellite clinics.

Primary care is centred on two out-patient departments and three outlying clinics. The G.Ps also staff the Hospitals’ emergency departments. The primary medical care team is 30 strong and staff rotate through the various units.

TABUK
A compact but growing city set in dramatic landscape in the north west of Saudi Arabia, some 65 miles from the Jordan border and only a short drive from the Red Sea. Here health care for both the military and local population is provided by the 450 bed King Abdul Aziz Hospital and clinics.

The main primary care facilities are part of the out-patient care complex – allowing for efficient communication and referrals between specialists and G.Ps. There are also primary care facilities based in the clinics on the military compound.

To join our teams we now seek:
PRIMARY CARE CONSULTANTS
General Practitioner status
£36,595 p.a. inc. tax free
You will assist in the provision of the whole range of primary medical care – including follow-up treatment on an out-patient basis and referrals to specialist clinics or admission to hospital. Participation in cover for emergency departments and involvement in the medical education programme for Saudi nationals will form part of your duties.

We are looking for well-qualified general practitioners with at least five years broad-based experience in family medicine and emergency care. Adaptability and flexibility are key personal requirements for these posts.

Apart from the substantial tax free earnings (based on 4.6 Saudi Riyals = £1 and including a service award), these 1-3 year married status assignments attract a benefits package which includes: free, furnished accommodation, free flights to and from point of recruitment, free health care and a wealth of sport and leisure facilities.

LOCUMS
We also have a number of opportunities for well qualified and experienced physicians to provide locum cover for periods of three or more weeks. For details, please apply as above but quoting Ref: M/KAT/1/1/JRCGP

For details, please write quoting Ref: M/KAT/3/JRCGP to: Marian Walker, Personnel Officer, Allied Medical Group, 12/18 Grosvenor Gardens, London, SW1W 0DZ. Alternatively, call our 24 hour answering service on 01-730 5339, quoting the appropriate reference number.

All applications will be dealt with in the strictest confidence.

Allied Medical Group
The Best of British Healthcare in the Middle East
CLASSIFICATION OF DISEASES, PROBLEMS AND PROCEDURES 1984
Occasional Paper 26

The new College classification of health problems from the Manchester Research Unit of the Royal College of General Practitioners is a major academic event. This is the first time that the old College classification has been blended thoroughly with the International Classification of Disease and that it has been made available in both electronic and printed form.

The printed version, published as Occasional Paper 26, describes the background of the classification, offers guidance on its use, and gives the classification in full, first in code order and then in alphabetical groups.

Approved by the Council of the College in 1983, this is likely to be the definitive text on classification in general practice for many years.

Classification of Diseases, Problems and Procedures 1984, Occasional Paper 26, can be obtained from the Publications Sales Office, Royal College of General Practitioners, 8 Queen Street, Edinburgh EH2 1JE, price £4.75 including postage. Payment should be made with order.

COMBINED REPORTS ON PREVENTION

Reports from General Practice 18-21

The College’s campaign for health promotion and disease prevention in general practice was signalled by the publication in the years 1981-83 of a series of documents on different aspects of preventive medicine in general practice.

Although at the time these were distributed free of charge with the Journal to all Fellows, Members and Associates of the College, the steady demand for these documents has led to several of them going out of print.

Combined Reports on Prevention thus brings together between one set of covers Reports from General Practice 18, 19, 20 and 21. These four together can now be obtained from the Publications Sales Office, Royal College of General Practitioners, 8 Queen Street, Edinburgh EH2 1JE, price £4.50 including postage. Payment should be made with order.

NOTES FOR LECTURERS

Lecturing is an activity which general practitioners are undertaking more and more as undergraduate medical education, vocational training and continuing education slowly expand. However, despite the quantity of lecturing which occurs, there are still occasions when audiences are left feeling that the content of the lecture was spoilt by its presentation.

Notes for Lecturers, a booklet compiled by Clive Froggatt and David Pendleton, provides a few clear guidelines appropriate for all lecturers to help them make the best of their material and avoid some of the common pitfalls. It includes advice on both text and audiovisual aids.

Notes for Lecturers can be obtained from the Publications Sales Office, Royal College of General Practitioners, 8 Queen Street, Edinburgh EH2 1JE, price £1.00 including postage. Payment should be made with order.

ROYAL COLLEGE OF GENERAL PRACTITIONERS
1984 MEMBERS’ REFERENCE BOOK

The Royal College of General Practitioners has now published the 1984 Members’ Reference Book in the same size and format as last year. The Reference Book includes the Annual Report of Council, the Treasurer’s Report, and reports of the faculties and regional councils of the College. It also includes a comprehensive information section about the College, lists of useful addresses, and a large number of articles about general practice.

A new feature this year is that it has been possible to list all the College’s Fellows, Members and Associates by faculty, thus providing a complete register for the first time.

The 1984 Members’ Reference Book can be obtained from the Publications Sales Office, Royal College of General Practitioners, 8 Queen Street, Edinburgh EH2 1JE, price £17.50 including postage. Payment should be made with order.
‘Tagamet’: the new indication

The remarkable symptomatic relief of peptic ulcer pain noted with ‘Tagamet’ therapy can now be extended to selected dyspepsia patients.

‘Tagamet’ is now indicated for persistent dyspepsia, particularly meal-related upper abdominal pain, in those patients where the reduction of gastric acid is beneficial. The recommended dose is 400 mg b.d.

And really it is as simple as that: technology applied to an age-old problem.

Successfully.

Gastro-technology

Tagamet acid controlled

Prescribing Information. Presentations: ‘Tagamet’ Tablets, PL 0002/0092, each containing 400 mg cimetidine. 56, £16.61. ‘Tagamet’ Tablets, PL 0002/0063, each containing 200 mg cimetidine. 500, £74.15. ‘Tagamet’ Syrup, PL 0002/0073, containing 200 mg cimetidine per 5 ml. 500 ml, £20.43. Indications: Duodenal ulcer, benign gastric ulcer, recurrent and stomal ulceration, oesophageal reflux disease. Other conditions where reduction of gastric acid is beneficial: persistent dyspeptic symptoms, particularly meal-related; prophylaxis of stress-induced gastrointestinal haemorrhage and of acid aspiration (Mendelson’s) syndrome; malabsorption and fluid loss in short bowel syndrome. Zollinger–Ellison syndrome. Dosage: Adults. Oral. Usual dosage: 400 mg b.d. with breakfast and at bedtime, or in duodenal ulcer, 800 mg once a day at bedtime. Alternatively 200 mg t.d.s. with meals and 400 mg at bedtime (1.0 g/day) if inadequate. 400 mg q.d.s. with meals and at bedtime (1.6 g/day). Treat for at least 4 weeks (6 weeks in benign gastric ulcer). To prevent relapse of peptic ulcer, 400 mg at bedtime or 400 mg morning and at bedtime. Oesophageal reflux disease: 400 mg t.d.s. with meals and 400 mg at bedtime (1.6 g/day) for 4 to 8 weeks. Prophylaxis of stress-induced gastrointestinal haemorrhage: up to 2.4 g/day, divided, to maintain intragastric pH above 4. Prophylaxis of acid aspiration syndrome: 400 mg 90-120 mins before induction of general anaesthesia; up to this dose repeated (parenterally if appropriate) as required if operation is prolonged. 400 mg at start of labour then 200 mg/2 hourly as necessary, suggested maximum 1.6 g. Do not use ‘Tagamet’ syrup. Zollinger–Ellison syndrome. 1.6 g or more a day, divided.

N.B. Usual maximum 2.4 g/day. For full dosage instructions see Data Sheet. Cautions: Impaired renal function: reduce dosage (see Data Sheet). Potentiation of oral anticoagulants, phenytoin and theophylline (see Data Sheet). Prolonged treatment: observe patients periodically. Potential delay in diagnosis of gastric cancer (see Data Sheet). Care in patients with compromised bone marrow (see Data Sheet). 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, acute pancreatitis. Legal category: POM. 11.5.84.