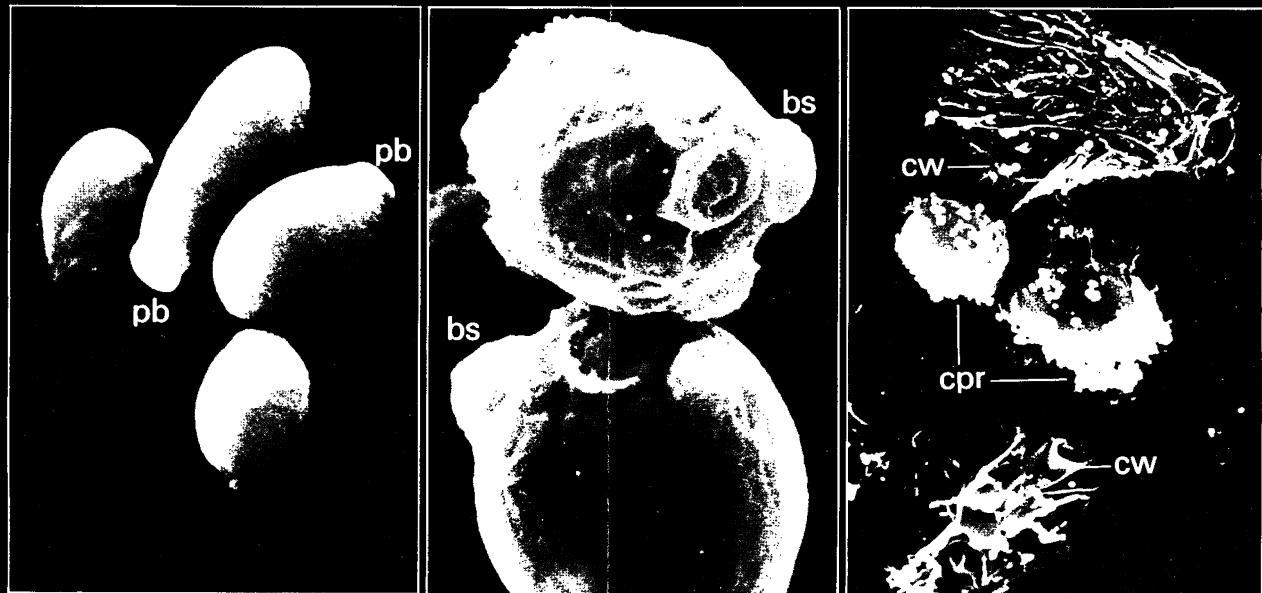


# the fungicidal breakthrough

Scanning Electron Microscopic photographs of *Candida albicans* before and after treatment with miconazole.



1. Untreated cells appear as isolated yeast forms in an oval shape and with a smooth surface showing the formation of polar buds (pb).

2. Upon exposure to a fungistatic dose ( $10^{-7}$  M) of miconazole the cells tend to cluster. Budding becomes disorganized with visible budding scars (bs) that are randomly distributed over the surface of the cells.

3. Treatment with a fungicidal dose of miconazole causes the cell wall (cw) to burst. Vesicles of cytoplasm disintegrate and adhere to the surface of yet unbroken cells (cpr). (The interior of the cells is completely lytic).



*the standard fungicidal treatment*

## Daktarin

miconazole nitrate 2 % w/w

*highly effective  
in all fungal infections*

further information available on request from :



**Janssen Pharmaceutica**  
2340 Beerse, Belgium.

or from :  
Janssen Pharmaceutical Ltd.  
Janssen House, Marlow, Bucks.  
PL/0242/0016, 17, 47, 48, 52

Trade Marks : Brentan in Denmark and Spain, Daktarin in Germany, Daktarin in all other countries.

**WHY NOT SUBSCRIBE TO THE SPECIALIST JOURNALS PUBLISHED BY THE BMA:—A SELECTION INCLUDES**

Archives of Disease in Childhood, British Heart Journal, British Journal of Ophthalmology, Gut, Journal of Clinical Pathology & Journal of Neurology, Neurosurgery & Psychiatry.

**FULL DETAILS OF SUBSCRIPTION RATES FROM BMA SPECIALIST PUBLICATIONS: BMA HOUSE, TAVISTOCK SQUARE, LONDON WC1H 9JR**  
TELEPHONE 01-387 4499 EXT. 309.

# ST. ANDREW'S HOSPITAL NORTHAMPTON

## *A New Facility*

### THE KEMSLEY UNIT

#### For Treatment of Behaviour Disorders in the Brain-injured

Brain injuries, particularly when they result from severe diffuse trauma as in road accidents, lead very often to both physical and behavioural disabilities. This Unit has been designed to treat behaviour disorders while providing physical rehabilitation at the same time. The setting involves a highly structured Token Economy, with individually tailored additional programmes.

It is staffed by a Consultant Neuropsychiatrist, Psychologist, Speech Therapist, Physiotherapist, Occupational Therapist, and Nursing Staff specially trained in behavioural techniques.

The aim is for an intensive treatment programme of about six to eighteen months, to bring behavioural disorders under sufficient control to allow the brain-injured individual to progress to wider rehabilitation settings elsewhere—or, of course, to return to the community.

*Further details may be obtained from the*

Medical Director · St Andrew's Hospital · Northampton NN1 5DG  
Telephone Northampton (0604) 21311

## TODAY'S TREATMENT/2

The first volume of *Today's Treatment* has proved a best-seller. Doctors clearly welcome its down-to-earth advice on the selection of effective remedies for common disorders. The second volume, just published covers endocrine and metabolic diseases, cardiovascular disorders, and the alimentary system. Again the chapters are based on articles first published in the *BMJ*; and the advice provides busy practitioners with a reliable working manual.

Demy Octavo      Paperback      216 pages  
ISBN 0 7279 0025 0

**Price: Inland £4.00; Abroad US\$10.00  
including postage**

Payment must be enclosed with order or a surcharge of 30p will be made for rendering invoices and statements.

**ORDER FROM:** The Publisher, BRITISH MEDICAL JOURNAL, B.M.A. House, Tavistock Square, London WC1H 9JR or through any leading bookseller

**milophyline**  
(Esmolopramine Citrate)  
Respiratory and cardiac  
stimulant Bronchodilator

Distributor in the United Kingdom:  
FARILLON LIMITED  
Chesham House, Chesham Close,  
Romford, RM1 4JX tel: Romford 46033

Full product information available upon request

**dales pharmaceuticals limited**  
Barrows Lane, Steeton, Keighley, Yorkshire, BD20 6PP. (Steeton 53222)



# LANOXIN-PG

DIGOXIN TABLETS BP WELLCOME

0.0625 mg

## Consistent accuracy in digitalisation

There is a Lanoxin tablet for every requirement—  
Quarter strength: Lanoxin-PG Tablets (0.0625mg digoxin)  
Half strength: Lanoxin-125 Tablets (0.125mg digoxin)  
Full strength: Lanoxin Tablets (0.25mg digoxin)

**Indications:** Where digitalis therapy is required, e.g. congestive heart failure, atrial fibrillation. **Dosage:** Adults: Rapid oral digitalisation: 0.75-1.5 mg followed by 0.25 mg at six-hourly intervals until optimal therapeutic effect attained. Slow oral: 0.25-0.75 mg daily. Maintenance: All routes: 0.25-0.5 mg daily. Children under 10 years: All routes: 0.01-0.02 mg/kg bodyweight every six hours until therapeutic effect attained. Maintenance: 0.01-0.02 mg/kg bodyweight daily for a few days, then adjust dosage as necessary. **Precautions:** Digoxin requirements vary considerably between individuals and the dosages above are only a guide. The aged and those with renal disease are more susceptible to digoxin and therefore require less (except in an emergency). Combination therapy with diuretics may cause potassium loss: reduce dose until loss corrected. **Side-effects:** Principally associated with overdosage (symptoms include nausea, vomiting, fatigue, arrhythmias, bradycardia). **Presentations:** Lanoxin-PG\* (Paediatric/Geriatric) Tablets (0.0625 mg, PL 3/0091) blue, coded 'Wellcome U3A'. Basic NHS cost: £0.29 for 100 tablets. Lanoxin-125\* Tablets (0.125 mg, PL 3/0102) white, coded 'Wellcome Y3B'. Basic NHS cost: £0.29 for 100 tablets. Lanoxin\* Tablets (0.25 mg, PL 3/0090) white, scored, coded 'Wellcome X3A'. Basic NHS cost: £0.31 for 100 tablets. Additional information is available on request. \*Trade Mark.



RESEARCH IS OUR ONLY SHAREHOLDER

Wellcome Medical Division, The Wellcome Foundation Ltd., Crewe, Cheshire

**More than 180,000  
health care professionals  
read  
THE NEW ENGLAND JOURNAL OF MEDICINE  
every week...**

**You should, too!**



The New England Journal of Medicine is read, quoted and referred to the world over. The reason—it presents only papers that offer something new to the medical literature of the day or an extension of an existing body of knowledge; editorials that deal with the internal technology of medicine and its interface with our changing world with impartiality, honesty and integrity. Whatever your medical discipline or the stage of your career, you should subscribe to the Journal.

**The New England Journal of Medicine  
13 Colindale Rd., Tottenham, London  
England N15 3JA**

**Gentlemen:**  
Please enter my subscription to the New England  
Journal of Medicine as indicated.

**Regular**  1 year £15.60  2 years £28.10  
 3 years £40.50

**Resident or Intern** £11.25 per year

**Student** £8.75 per year

**Life subscription** £212.50

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_

**Cheque enclosed**  **Bill me**

**The New England Journal of Medicine**

## NEW BOOKS FROM W.B. SAUNDERS

### CAMPBELL'S UROLOGY (4/e) (Vol. I) by *Harrison et al*

The fourth edition of this classic work — with every chapter completely rewritten — provides up-to-date, comprehensive coverage of all aspects of urologic disorders and diseases of the genitourinary system. All the most sophisticated new techniques are covered, including ultrasonography, CT scanning, angiography and excretory urography.

0 7216 4540 2 (Vol. I) Hardback £32.50  
Published December 1978 (3-volume set totalling approx 3,000pp and approx 1,000 illus).

### ATLAS OF NUCLEAR MEDICINE: Vol. IV: Bone by *Dibos & Wagner*

0 7216 3001 4 Hardback approx 150pp Illustrated £24.50 Published February 1979

### MANUAL OF EMERGENCY MEDICAL THERAPEUTICS by *Eisenberg & Copass*

0 7216 5048 1 Soft cover approx 200pp Illustrated £7.00 Published February 1979

### ATLAS OF TUMORS OF THE SKIN by *Kopf et al*

0 7216 5487 8 Hardback approx 335pp approx 910 illus £52.50 Published January 1979

### DISEASES OF THE SKIN IN CHILDREN AND ADOLESCENTS (3/e) by *Korting, Curth & Curth*

0 7216 5491 6 Hardback approx 255pp Illustrated £28.00 Published January 1979

### POSITIONING IN ANESTHESIA AND SURGERY by *Martin*

0 7216 6133 5 Hardback approx 260pp approx 120 illus £14.00 Published January 1979

### THE PATHOGENESIS OF COLORECTAL CANCER (MPP X) by *Marson*

0 7216 6558 6 Hardback approx 180pp Illustrated £10.50 Published January 1979

### DIFFERENTIAL DIAGNOSIS OF EYE DISEASES by *Pau*

0 7216 7117 9 Hardback approx 388pp approx 588 illus £52.50 Published January 1979

### RHEUMATOLOGIC INTERVIEWING AND PHYSICAL EXAMINATION OF THE JOINTS by *Polley & Hunder*

0 7216 7279 5 Hardback approx 305pp approx 160 illus £13.25 Published January 1979

### MANUAL OF GYNECOLOGIC AND OBSTETRIC EMERGENCIES by *Taber*

0 7216 8721 0 Soft cover approx 500pp £10.50 Published December 1978

### RESPIRATORY PHARMACOLOGY AND THERAPEUTICS by *Ziment*

0 7216 9700 3 Hardback approx 480pp Illustrated £20.75 Published January 1979

If you experience any difficulty in purchasing from your local bookshop please contact the publishers direct:

**W.B. Saunders Company**

1 St Anne's Road Eastbourne  
East Sussex BN21 3UN England  
Telephone: (0323) 638221

When ordering from W. B. Saunders, please specify the Author, Title and SBN number.  
Payment can be made by cheque, sterling bank draft or by Credit card\* — American Express, Diners Club, Visa, Access.

\*Please indicate which Credit card, and the card number. Books are despatched post free.

pm

### PAEDIATRIC DIAGNOSIS AND TREATMENT

*N M Jacoby*

Provides a wide pragmatic coverage of paediatric practice for all who have the care of children. It deals with diagnosis and treatment of disease, but stresses the over-riding importance of diagnosis.

Written for senior undergraduates, postgraduates at junior staff level, and practitioners who are not full-time paediatricians, this book is the distillation of the lifetime's experience of a well-known paediatrician who has been consultant at a London teaching hospital and in a large provincial area, in both of which he has been constantly engaged with undergraduate and postgraduate teaching.

In presenting this book the author has been concerned to achieve a simple, clear and succinct style, and to avoid what he considers to be the besetting sin of anything labelled 'textbook' — boredom.

480 pages Illustrated Cased £15.00 net

### A SHORT TEXTBOOK OF HAEMATOLOGY

5th edition

*R B Thompson*

Presents a readable, up-to-date account of clinical haematology designed for senior students, for those preparing for higher examinations in general medicine and for laboratory technicians in need of a succinct clinical account of blood disorders. Previous editions have proved of value to general physicians requiring more detailed information than is provided by textbooks of medicine.

This latest edition has extensive revision of the text, and numerous illustrations have been added.

473 pages Illustrated Cased £8.95 net

### IMMUNE REACTIONS IN LIVER DISEASE

*Edited by A W L F Eddleston, J C P Weber  
and Roger Williams*

This book stems from the second immunology meeting arranged by the Liver Unit at King's College Hospital, and it is interesting to compare the content with that of the first meeting eight years ago. Alcohol and drug-induced liver diseases have now been added to the list of possible immune mediated disorders, although chronic active hepatitis continues to hold the centre of the stage.

Researchers from all over the world have come together to discuss their various approaches to problems in this field. Attention is drawn to parallel studies in other diseases.

For the benefit and interest of immunologists at every level.  
336 pages Illustrated Cased £15.00 net

### EDTA 15

*Edited by Brian Robinson*

The proceedings of the European Dialysis and Transplant Association Congress of 1978 — just published.

678 pages Illustrated Cased £20.00 net

To: Pitman Medical, Freepost, Tunbridge Wells, Kent TN1 2YX

Please send me:  Tick

Paediatric Diagnosis and Treatment £15.00

Short Textbook of Haematology £8.95

Immune Reactions in Liver Disease £15.00

EDTA 15 £20.00

(Please add 50p for p & p)

I enclose my cheque for £  OR  
debit my Access/Barclaycard/American Express/Diners Club

Card No.

Name

Address

Signature

# Peptic Ulcer News

"We compared cimetidine with conventional medical treatment. Carbenoxolone was chosen for patients under 60, but because of its potential side effects — namely, hypokalaemia, fluid retention, and hypertension — older patients were given Caved-(S)."

"In the patients under 60 cimetidine was slightly more successful in producing ulcer healing than carbenoxolone."

"In patients over 60 there was no appreciable difference in gastric ulcer healing rates between the Caved-(S)-treated and cimetidine-treated groups. Caved-(S) used in the dosage employed in this study, however, is only a quarter of the price of cimetidine, and may have fewer side effects."

Morgan AG et al (1978) *BMJ*, 2, 1323-1326

**Caved-S contains Deglycyrrhizinated Liquorice., Bism. Subnit., Alum. Hydrox., Mag. Carb., Sod. Bic., Frangula., and is indicated in the treatment of peptic ulcers.**

The usual adult dose for the treatment of peptic ulcers is 2 tablets 3 times daily, and for duodenal ulcers this may be increased to 2 tablets 6 times daily. For prophylaxis, half this dose is used, and children should be given half the adult dose.

Basic NHS price of 60 tablets is £1.45 ex 600 pack. PL 0424/5000.

Full prescribing information is available to the medical profession on request.

**TILLOTTS LABORATORIES**  
Henlow Trading Estate, Henlow, Beds.

# If you were convinced that the population is not eating any more animal fat than it was in 1909 - would it make you stop and think?

It is sometimes said that the incidence of CHD is linked with an increasing consumption of animal fats.

Statistics and estimates have been used to substantiate this. But are they correct?

Supposing we are not, in fact, eating any more fat now than we were seventy years ago?

Viscount Trenchard has challenged the validity of the estimates. He has shown them to be wrong.

In a recent article<sup>1</sup> he said that fat consumption is no higher to-day than it was in 1909. Statisticians, he said, had not, until 1974, allowed for the trend towards much leaner animals. Also, they excluded UK lard and dripping production from consumption estimates for the years before 1934.

In other words, ten per cent of carcass weight was rendered and eaten as lard, but were not added to consumption estimates.



This means that there has been no significant rise in fat consumption during the last 70 years.

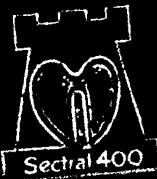
**Issued in the interests of balance by  
the Butter Information Council.**

*To receive occasional material on  
Fats and Health write to:-  
Department B.M.J. 2.  
Butter Information Council,  
Bank Street Suite,  
158 High Street,  
Tonbridge, Kent TN9 1BJ.*

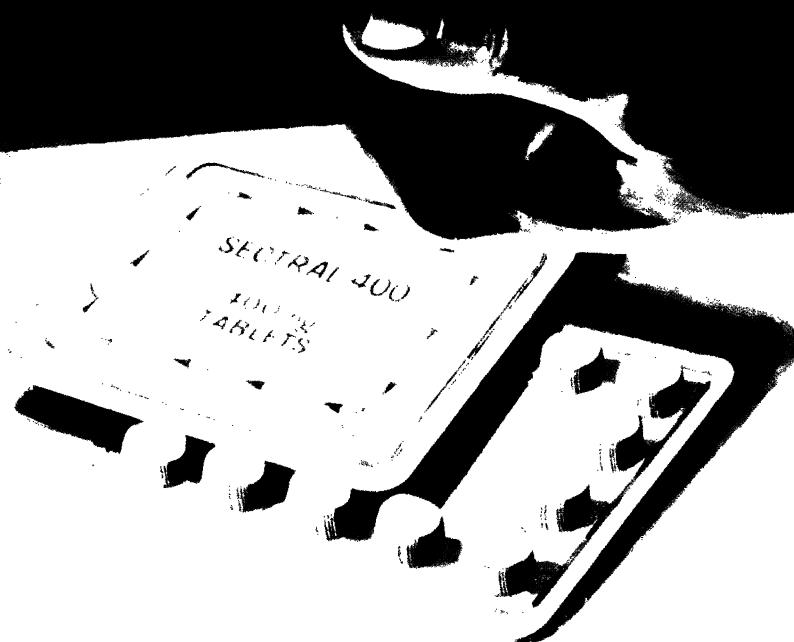
**Butter - we've been eating it  
for a thousand years**

	Quoted Statistics grams/per day	The Trenchard Formula grams/per day
1909/13*	98	128
1924/28*	109	133
1934/38	130	135
1954	136	135
1963	143	135
1974	133	133
1975	130	130

\*Estimates



# TAKE ONE



# Sectral 400

ACEBUTOLOL  
Once daily anti-hypertensive

The handy calendar pack of 'Sectral 400' serves as an instant reminder for hypertensive patients. There's none of those "Did I or didn't I?" problems about daily medication. What's more, 'Sectral 400' is as effective given in single as in divided doses, with a low incidence of side effects.\* Select 'Sectral 400'—the simple day-by-day treatment for hypertension.

Further information in data sheet.

\*Ashton, W. L., Curr. Med. Res. Opin., (1978), 5, 347.

'Sectral 400' is a trade mark of May & Baker Ltd., Dagenham, Essex RM10 7XS.



A member of the Rhône-Poulenc Group of Companies



Dosage (hypertension) oral, 400 mg once daily at breakfast. If inadequate increase to 800 mg (or occasionally 1200 mg) divided dose daily (See Data sheet for injection indications). Contraindications: cardiogenic shock, heart block. Precautions: with bradycardia, heart failure signs, catecholamine-depleting drugs, asthma. If preferred, discontinue 24-48 hours before anaesthesia. Side effects: none serious. Rare hypotension, bradycardia, gastro-intestinal effects, depression, rashes. Discontinue if rashes or dry eyes encountered. Presentation: PL0012/0100 100 mg caps PL0012/0124 400 mg tabs. MA 7176

# The new antirheumatic from Geigy



## **VOLTAROL®**

**diclofenac sodium**

### **bridges the gap between efficacy and tolerability**

**The potent antirheumatic effect  
and very good tolerability  
of Voltarol have been confirmed**

- **in over 90 countries throughout the world**
- **in over 10,000,000 patients**
- **in comparison with aspirin, indomethacin, ibuprofen, ketoprofen, naproxen and phenylbutazone**
- **in more than 15,000 patients in controlled clinical trials.**

**Presentation** Tablets containing 25mg diclofenac sodium, circular, slightly biconvex with bevelled edges, yellow enteric coated, approximately 7mm diameter, imprinted Geigy on one side.

**Mode of action** Voltarol is a non-steroidal agent with marked analgesic/anti-inflammatory and antipyretic properties. Like most other drugs in this class, it is an inhibitor of prostaglandin synthetase.

**Indications** Rheumatoid arthritis, osteoarthritis.

**Dosage** Oral: In adults the initial dosage is 25-50mg 3 times daily, depending on the severity of the condition. Maintenance dose should be reduced to the minimum amount that will provide continuous therapeutic control, usually 1 x 25mg tablet three times daily.

Dosage in children has not yet been established.

The tablets should be swallowed whole, with a meal.

**Contraindications** Peptic ulcer.

Voltarol is contraindicated in asthmatic patients in whom attacks of asthma, urticaria or acute rhinitis are precipitated by aspirin or other non-steroidal anti-inflammatory agents with prostaglandin synthetase inhibiting activity.

**Precautions** Voltarol should not be prescribed during pregnancy, unless there are compelling reasons for doing so.

Patients with a history of peptic ulcer, haematemesis, or melaena, or with severe hepatic or renal insufficiency, should be kept under close surveillance.

Voltarol has been reported to depress

salicylate levels, and vice versa; the clinical relevance of this phenomenon is not yet clear.

**Warnings & side-effects** Initially, some patients may complain of epigastric pain, nausea and diarrhoea, headache and slight dizziness. These side-effects are often transient, disappearing with continuation of medication.

Occasionally skin rash, peripheral oedema and abnormalities of serum transaminases have been reported.

Very rarely peptic ulcer and haematemesis or melaena have been reported, mainly in patients with a history of such disorders, or who were receiving concomitant anti-rheumatic medication.

**Accidental overdosage** There is no known

antidote to Voltarol and the treatment is symptomatic. Immediate treatment consists of forced emesis to recover undigested tablets.

**Pharmaceutical precautions** Storage - protect from moisture.

**Legal Category** Prescription only.

**Package quantities** Basic N.H.S. prices  
Packs of 100. £9

**Further information** Pharmacodynamic studies have shown no potentiation of oral hypoglycaemic and anti-coagulant drugs.

**Product Licence No.** Tablets 25mg PL0001/0036

**Product Licence Holder** Geigy Pharmaceuticals,  
Macclesfield, Cheshire, SK10 2LY



**VOLTAROL®**  
diclofenac sodium