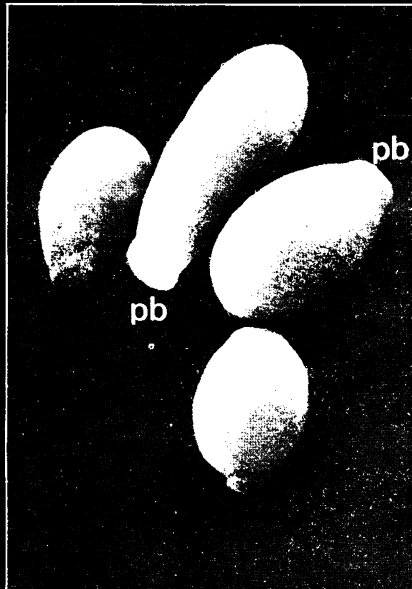
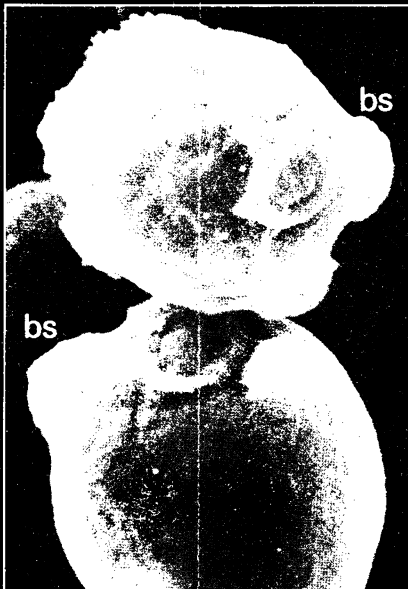


# the fungicidal breakthrough

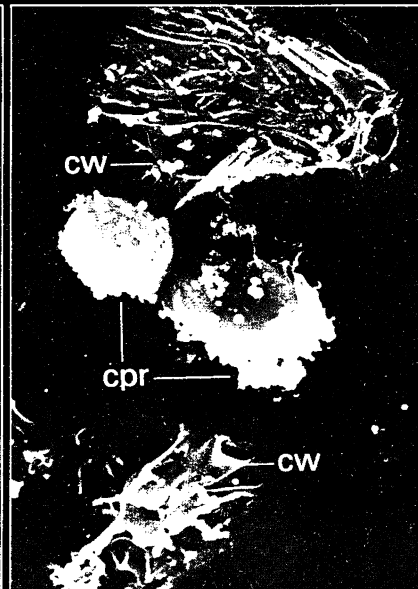
Scanning Electron Microscopic photographs of *Candida albicans* before and after treatment with miconazole.



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, Daktar in Germany, Daktarin in all other countries.

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

# British Council Courses

## EPIDEMIOLOGY OF MALIGNANT DISEASE

11-23 November 1979

The aim of this course is to present the epidemiological method used in studying malignant disease and review the major findings for a broad selection of sites. The course will be held at the Institute of Cancer Research, Sutton, Surrey (in association with The Royal Marsden Hospital) and will be directed by *Professor M R Alderson*, who holds the Cancer Research Campaign Chair of Epidemiology in the Division of Epidemiology.

Members will be practising clinicians working as specialists in oncology, career staff in occupational health, or members of academic departments of epidemiology or social medicine with a minimum of five years' experience in their chosen speciality.

Fee: £485 including demi pension.

Apply by 1 July 1979.

## COMPUTERISED TOMOGRAPHY OF THE WHOLE BODY AND ULTRASOUND

18-30 November 1979

This course is primarily intended as a guide in the practical management of computerised tomography and ultrasound in the diagnosis process. It will include a review of the general principles of these techniques and their relationship to conventional procedures. In-depth lectures and reviews will emphasize the signs indicating the presence of disease and how these are to be interpreted. The Director of Studies will be *Dr Louis Kreel* of Northwick Park Hospital, London, where the course will be based. Participants will be assumed to be practising radiologists with a wide experience who understand the problems associated with diagnosis but are not necessarily familiar with either ultrasonography or computerised tomography.

Fee: £530 including demi pension.

Apply by 1 July 1979.

## THE CLINICAL MEDICINE OF OLD AGE

*Implications for the Provision of Geriatric Services*

2-14 December 1979

The chief aims of this course are to describe the advances in our knowledge of the scientific basis of clinical medicine in old age and secondly to discuss the resources needed for the provision of an effective geriatric service. The Director of Studies will be *Professor A N Exton-Smith*, Barlow Professor of Geriatric Medicine, and *Dr P W Overstall* of the Geriatric Department at St Pancras Hospital, University College Hospital Medical School, London, where the course will be based.

Members are expected to be senior physicians and psychiatrists with an interest in the problems of ageing.

Fee: £460 including demi pension.

Apply by 15 July 1979.

## THE LYMPHOCYTE

2-14 December 1979

The aim of this course is to familiarise participants with the latest advances in Britain in the immunology of the lymphocyte and to update their knowledge of current concepts of the role of the lymphocyte in adaptive immunological processes. It is not intended that this course be fully comprehensive but rather that it highlight central developments such as the role of the major histocompatibility complex and recent technological advances. The Director of Studies will be *Professor I M Roitt* and *Dr P M Lydyard* of the Middlesex Hospital Medical School, London, where the course will be based.

Fee: £475 including demi pension.

Apply by 1 July 1979.

# Prostaglandin Inhibitors in Gynaecology

a symposium to be held at the  
Royal College of Physicians  
London, 12 March 1979

**Prostaglandins appear to play a major role in commonly encountered disorders of menstruation and recent evidence suggests that some prostaglandin inhibitors offer advantages in the management of these conditions. The meeting will be of interest to all working in the fields of gynaecology and family planning.**

The provisional list of papers for presentation and discussion is as follows:

### Morning Session

#### Chairman's Introduction

**Professor A C Turnbull**  
John Radcliffe Hospital  
Oxford

#### Pharmacology of prostanoids and their inhibitors

**Professor A Bennett**  
Kings College Hospital  
London

#### Critical appraisal of measurement of prostanoids

**Dr M D Mitchell**  
John Radcliffe Hospital  
Oxford

#### Physiology of prostaglandins in the control of menstruation

**Dr Margaret Abel**  
MRC Unit of Reproductive  
Biology Edinburgh

#### A general practice view of functional disorders associated with menstruation

**Dr D R Richards**  
General Practitioner  
Headington Oxford

#### The patho-physiology of primary dysmenorrhoea

**Professor N Wikvist**  
University of Göteborg  
Sweden

#### Treatment of primary dysmenorrhoea with prostaglandin inhibitors

**Professor M Elder**  
Hammersmith Hospital  
London

### Afternoon Session

#### Chairman's Introduction

**Professor R V Short**  
MRC Unit of Reproductive  
Biology Edinburgh

#### The patho-physiology of menorrhagia

**Dr P Haynes**  
John Radcliffe Hospital  
Oxford

#### The endocrinology of dysfunctional uterine bleeding

**Professor D T Baird**  
Royal Infirmary  
Edinburgh

#### Treatment of menorrhagia with prostaglandin inhibitors

**Dr Anne B M Anderson**  
John Radcliffe Hospital  
Oxford

#### The use of a prostaglandin synthetase inhibitor in the treatment of menorrhagia

**Professor C Wood**  
Monash University  
Melbourne Australia

#### Treatment of menorrhagia associated with IUCD's

**Mr J Guillebaud**  
Margaret Pike Centre  
London

#### Prostaglandins and the inhibition of side effects associated with IUCD's

**Dr O Ylikorkala**  
University of Oulu  
Finland

#### Prostaglandins and their inhibitors in female reproduction: an overview

**Professor H Linder**  
The Weizman Institute of Science  
Israel

#### Summary and Conclusions

**Professor A C Turnbull**  
John Radcliffe Hospital  
Oxford

A limited number of places are available and those interested should apply to the address below together with the registration fee of £5.50 (to include lunch). Applications will be dealt with in strict rotation. The proceedings of the meeting will be published.

To: MCS Consultants, 33 Vale Road, Tunbridge Wells, Kent TN11 1BP.

I would like to attend and enclose the registration fee of £5.50 (crossed and payable to 'Prostaglandin inhibitors in gynaecology').

Name .....

Address .....

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Hospital .....

Post held .....

BMJ2



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<sup>1</sup>Data on file.

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Name (Dr, Mr, Mrs, Miss) .....

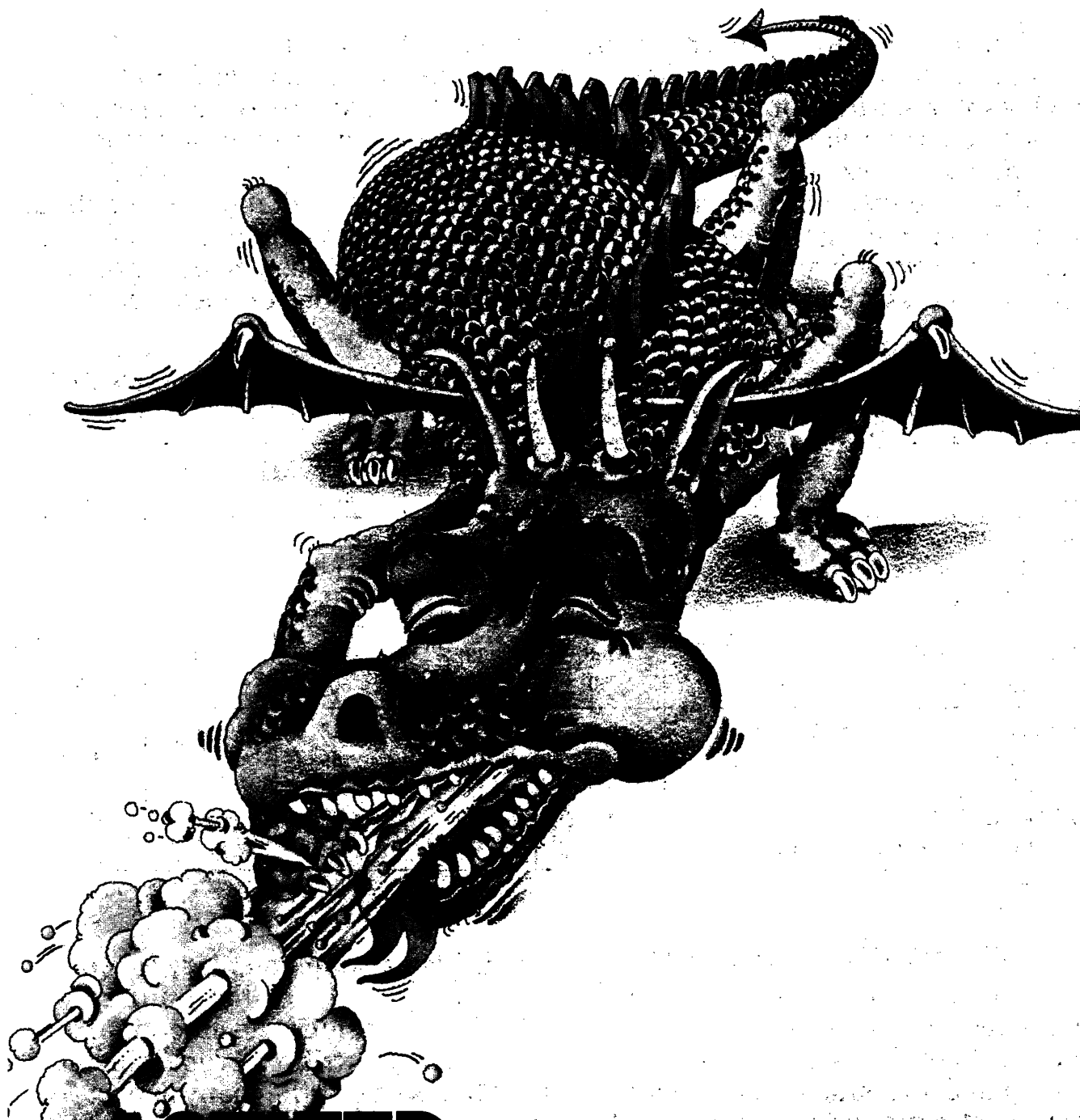
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..... Telephone .....

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# For a beast of a cough



## ACTIFED COMPOUND LINCTUS

**The cough-stopper for  
adults and children alike**

Actifed<sup>®</sup> Compound Linctus contains triprolidine hydrochloride, pseudoephedrine hydrochloride, and codeine phosphate in a palatable fruit-flavoured syrup.

<sup>\*</sup>Trade Mark

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Wellcome Medical Division  
The Wellcome Foundation Ltd.  
Crewe, Cheshire



**Wellcome**

# Ready prepared baby foods help babies -but the benefits for mothers are important, too.

Heinz see the role of prepared baby foods in two ways. First, they must provide infants with a properly balanced contribution to their general home diet; and secondly provide it in a form that is convenient and safe to the mother when, during the early stages of her baby's growth and development, many new pressures are being added

to her daily routine.

Heinz nutritionists and food technologists constantly revise existing products and develop new recipes. They keep abreast of world-wide research and, in addition to complying with D.H.S.S. recommended daily intakes, they impose many extra quality restrictions of their own.

**Here are some examples of how Heinz Baby Foods help mothers to supply their infants' nutritional requirements:**

MEAL		Protein g	Energy kcal	Iron mg	Calcium mg	Vit C mg
Str. Beef & Bone Broth	4½oz	5.7	94	2.92	19	—
Str. Choc. Pudding	4½oz	3.6	123	0.64	127	—
Fresh Orange Juice	1½oz	0.2	15	0.12	4	20
TOTAL INTAKE		9.5	232	3.68	150	20
% of Recommended Daily Intake*		60	30	60	25	135
Str. Country Lamb & Carrot	4½oz	4.2	86	3.18	51	—
Str. Fruit Dessert	4½oz	0.5	103	0.89	6	⚡19
TOTAL INTAKE		4.7	189	4.07	57	⚡19
% of Recommended Daily Intake*		30	25	65	10	⚡125

\*at 5 months, 7 kg body weight.

## Easing a mother's anxiety

Convenience to the mother is the other major advantage of ready-prepared baby foods. Instead of cooking and straining or sieving for every meal, a mother using prepared foods for some meals gains time to relax and enjoy her family life.

This can ease considerably the anxiety and tension that many young mothers undergo. As part of the baby's diet, Heinz prepared

foods play a supplementary role of importance to the mother—and still provide a considerable amount of a baby's daily nutritional requirements.

This is one of the many aspects of preparing baby foods covered in this series of nutritional guides

from Heinz. If you would like copies of the other guides in this series, or any other information about infant nutrition, please write to:



Department of Food and Nutrition Research, H. J. Heinz Co. Limited, Hayes Park, Hayes, Middx. UB4 8AL

# 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 Deglycyrrhizinized 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.

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# Together we've come up with a plan exclusively for you.

Private Patients Plan has been providing private health insurance for BMA members since 1960.

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The most important feature of the new plan is the three benefit levels for private room charges:

- Plan 1** will cover the room charges for all independent and NHS Hospitals.
- Plan 2** covers room charges up to the London Teaching Hospital rate.
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In other words, you can now pick a level of benefit suitable for the area where you live and work.

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The subscriptions to the special plan are at a special rate for BMA members and benefit starts immediately from the date of enrolment.

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If you are already included in the existing BMA Plan with PPP, you will be notified regarding adjustments shortly before your next annual renewal date.

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(I am under 65 years of age)

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Established 1940. Organised by the  
the Provident Association for Medical Care Limited.

MJ0070



**PROTECTS**

# In depression Ludiomil® maprotiline hydrochloride the way of simplicity



75mg Reminder Packs available. New 150mg tablets available in 28's.

Use at night  
to free from the  
side effect

#### Prescribing Information

**Dosage:** 25-150mg daily in single or divided dosage. Usually one dose daily at night is well tolerated and effective. Initially for elderly or sensitive patients 30mg nocte or 10mg t.i.d.

**Side Effects:** Drowsiness, dizziness, dry mouth, tremor, tachycardia, skin-reactions and con-

stipation have been reported. The incidence and severity of side effects does not prejudice treatment in the majority of patients.

**Contra-indicated** in cardiac failure, recent myocardial infarction and patients on MAOIs or within 14 days of the latter.

**Precautions:** Use with caution in pregnancy,

epilepsy, cardiovascular disease, severe hepatic or renal impairment or when an anticholinergic is contra-indicated. Ludiomil may modify the action of adrenergic blocking antihypertensives or sympathomimetic agents. Patients' reactions may be impaired (driving, operating machinery). The effects of alcohol may be potentiated by Ludiomil.

Ludiomil 75mg PL0008/0129. Basic NHS price 28: £3.96

New 150mg tablet available in Reminder Packs of 28's.

Full prescribing information is available on request from:  
CIBA Laboratories, Horsham, West Sussex.

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LD 18

# The new antirheumatic from Geigy



# VOLTAROL<sup>®</sup>

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

