

Nizoral

TRADIMARK
ketoconazole

The first
oral anti-fungal
effective against
all pathogenic
fungi

dosage:

Vaginal Candidosis:	All other superficial and systemic fungal infections:
1 tablet b.i.d. (with food) for 5 days	1 tablet daily (with food) until complete sympto- matic and mycological cure is obtained

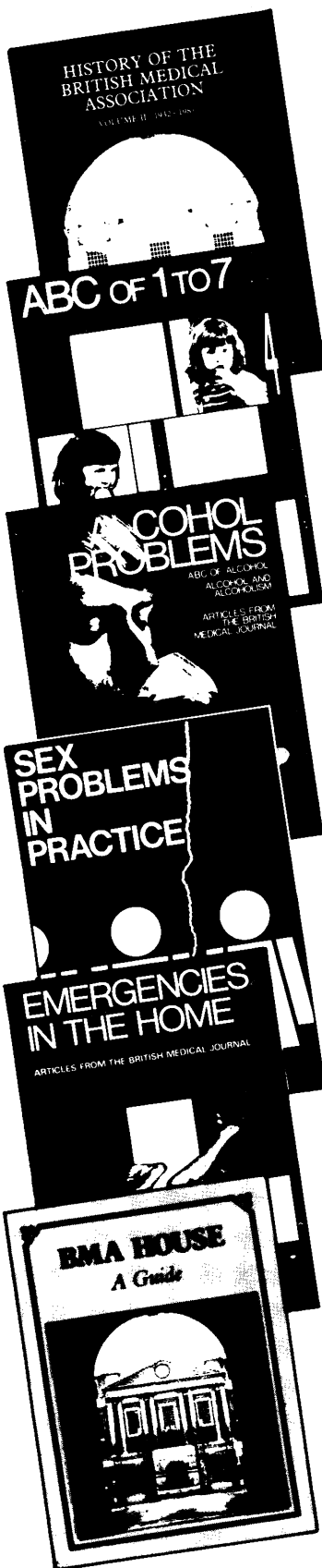
PRESCRIBING INFORMATION

Presentation: White, flat, half scored uncoated tablets marked 'JANSSEN' on the reverse. Each contains ketoconazole 200 mg. **Uses:** Nizoral is an orally active antimycotic for the treatment, in adults, of superficial and systemic mycoses including dermatophyte and yeast infection of the skin and hair, yeast infection of the mouth and G.I. tract, recurrent or chronic vaginal candidosis not responding to topical treatment. Also maintenance treatment in systemic mycosis and chronic mucocutaneous candidosis and prophylaxis in "at risk" patients. In children: systemic mycosis and severe local infection where previous topical treatment has failed. **Side-effects, Precautions, Contra-indications:** Contra-indicated in pregnancy. For optimum absorption, Nizoral should be taken with meals. The use of agents which reduce gastric acidity (anti-cholinergic drugs, antacids, H₂ blockers) should be avoided and, if indicated, such drugs should be taken not less than two hours after Nizoral. Nausea, skin rash, occasionally observed.

Not all indications are as yet
approved in all countries.

Janssen Pharmaceutica 
Beerse, Belgium

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HISTORY OF THE BRITISH MEDICAL ASSOCIATION

Volume II 1932—1981

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Dr. Bernard Valman's series of *BMJ* articles, the ABC of 1 to 7, covered the diseases, emotional problems, and developmental disorders that tax doctors (and parents) in the early years of childhood, giving straightforward advice with emphasis on practice rather than theory. These articles have been collected together in this book, which provides a worthy sequel to Dr. Valman's *First Year of Life*.

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EMERGENCIES IN THE HOME

General practitioners are often the first doctors to see acutely ill patients, and often in difficult circumstances. This book tells general practitioners straightforwardly what they need to know to deal with such emergencies—both the common and the less common. A specialist and a general practitioner have co-operated on each chapter, making each both authoritative and practical.

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Septtrin Assurance

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Indications Sensitive bacterial infections of the lower respiratory, urinary and genital tracts, sinusitis, otitis media, skin infections, septicaemia, typhoid and paratyphoid fevers, and other infections caused by sensitive organisms.

Dosage Septtrin Forte Tablets. Adults and children over 12 years: 1 forte tablet twice daily. Maximum dosage for particularly severe infections 1½ forte tablets twice daily. In acute infections Septtrin should be given for a minimum of five days or until the patient has been symptom-free for two days.

Contra-indications Septtrin is contra-indicated in

patients with marked liver parenchymal damage, blood dyscrasias or severe renal insufficiency. Septtrin should not be given to patients hypersensitive to sulphonamides, trimethoprim or co-trimoxazole; should not be given during pregnancy or to neonates.

Precautions In renal impairment a reduced dosage is indicated and an adequate urinary output should be maintained. Regular blood counts are necessary whenever long-term therapy is used. Caution is advised in patients with folate deficiency. Care should be taken when giving Septtrin to patients receiving oral anticoagulants of the coumarin group, pyrimethamine or sulphonylureas.

Adverse Reactions Occasionally, nausea, vomiting, glossitis and skin rashes may occur with normal doses and, very rarely, haematological reactions.

Presentation Septtrin Forte Tablets each contain 160 mg Trimethoprim BP and 800 mg Sulphamethoxazole BP. PL3/0121.

Septtrin* Forte 1b.d. co-trimoxazole

Further information is available on request.
Wellcome Medical Division
The Wellcome Foundation Ltd., Crewe, Cheshire



*Trade Mark

TODAY'S TREATMENT/4

The drugs that we use today are increasingly potent, dangerous, and expensive, and every doctor should have some understanding of clinical pharmacology and drug-induced diseases. Both these subjects, which have been badly taught in medical schools, are covered comprehensively in this new book, which consists of articles taken from the *BMJ*. Also included are articles that provide a clear and up-to-the-minute introduction to anaesthetics.

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STATISTICS AT SQUARE ONE

by T. D. V. SWINSCOW

from the British Medical Journal

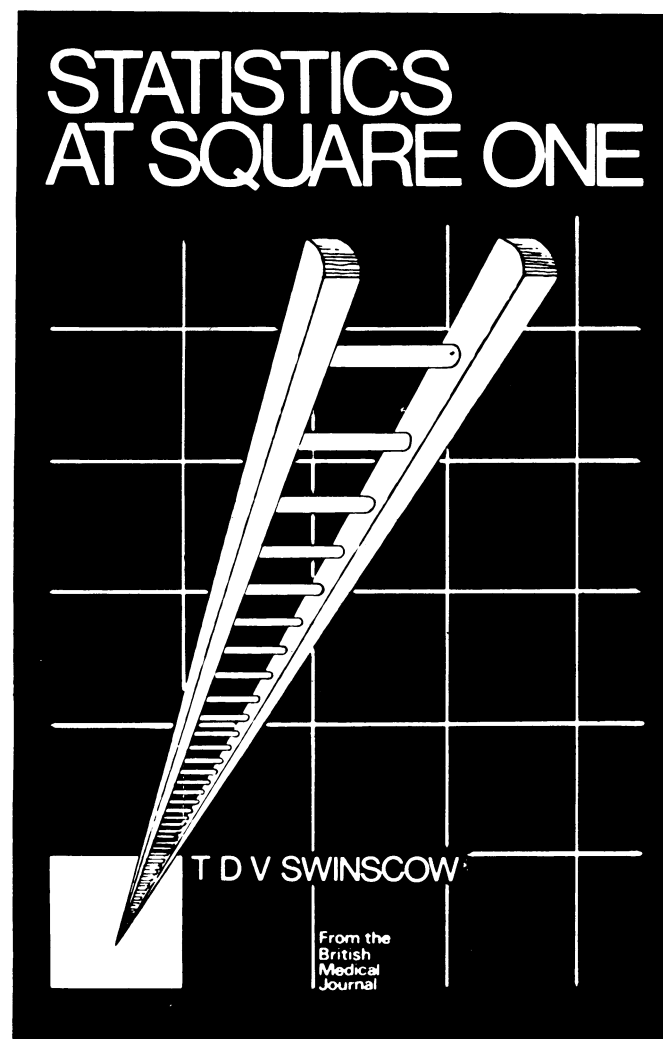
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O'Donnell, Barry, *British Medical Journal*, 1977, 1, 451.

"... this gem of a practical booklet squeezes the essence of biostatistics into 75 well-written, well-organized pages. Newcomers to the field will like the way obscure concepts are clarified; experts will find the book valuable as a teaching aid."

de Jong, Rudolph H., *J.A.M.A.*, 1977, 237, 1874.



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December 1981 Volume 1, Number 2

A selection of papers published in this and the first (September 1981) issue follows:

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