

Nizoral

ketconazole

The first
oral anti-fungal
effective against
all pathogenic
fungi

dosage:

vaginal candidosis:	all other superficial and systemic fungal infections:
2 tablets once daily (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 one side and 1/200 on the reverse. Each tablet contains 200 mg ketoconazole. **Uses:** Nizoral is an orally active antimycotic for the treatment in adults, of vaginal candidosis, superficial and systemic mycoses including dermatophyte and yeast infections of the skin, hair and nails, yeast infections of the mouth and G.I. tract. Also maintenance treatment of systemic mycoses and chronic mucocutaneous candidosis and prophylaxis in "at risk" patients. In children: systemic mycoses and severe local infections where previous topical treatment has failed. **Side-effects, precautions, contra-indications:** contra-indicated in pregnancy. For maximal 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, headache and pruritus may occasionally be observed. Alterations in liver function tests have occurred in patients on ketoconazole, these changes may be transient. Cases of hepatitis have been reported with an incidence of about 1 per 10,000 patients. Some of these may represent an idiosyncratic adverse reaction to the drug. This should be borne in mind in patients on long-term therapy. If a patient develops jaundice or any symptoms suggestive of hepatitis, treatment with ketoconazole should be stopped.

Not all indications are as yet
approved in all countries.

Janssen Pharmaceutica
B-2340 Beerse, Belgium



NEW BOOKS from the BMA

HISTORY OF THE BRITISH MEDICAL ASSOCIATION

Volume II 1932—1981

By Elston Grey-Turner, CBE, MC, TD, MD, MRCS, LRCP (Secretary, BMA, 1976-1979) and F. M. Sutherland, MA, FLA (Librarian, BMA, 1961-1981).

A companion volume to the history of the BMA's first hundred years published in 1932, *The History of the BMA Volume II* covers the next 50 years. The authors describe the change in the BMA's role overseas, the baffling new ethical problems, and the expansion of the BMA's publishing activities. Their book is packed with fascinating information. Why did the BMA threaten the *Sunday Pictorial* at the beginning of the second world war? What did the presidents of the royal colleges say in their famous letter to Aneurin Bevan? What was the biggest award ever made to doctors by a Review Body? All these questions, and many more, are answered in this book.

Price: Inland—Hardback £12.25; Paperback £10.00

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ABC OF 1 TO 7

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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In recent years alcohol problems have increased dramatically and the thinking on them has undergone a revolution. *Alcohol Problems* brings together two recent series of articles published in the *BMJ*—the *ABC of Alcohol*, with its emphasis on straightforward advice for the clinician, and *Alcohol and Alcoholism*, Dr. Richard Smith's more discursive survey of current thinking and controversies. Together they cover both the clinical aspects of managing alcohol problems and the social and political factors that surround them.

Price: Inland £5.00; Abroad US\$17.50 (including air mail postage).

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SEX PROBLEMS IN PRACTICE

Patients increasingly are bringing their sex problems to doctors, many of whom have had no training in managing such problems. This book provides straightforward advice on what general practitioners and other front-line health workers can and cannot do. Most problems can be managed with simple advice and counselling, but some need referral.

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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.

Price: Inland £5.00; Abroad US\$17.50 (including air mail postage).

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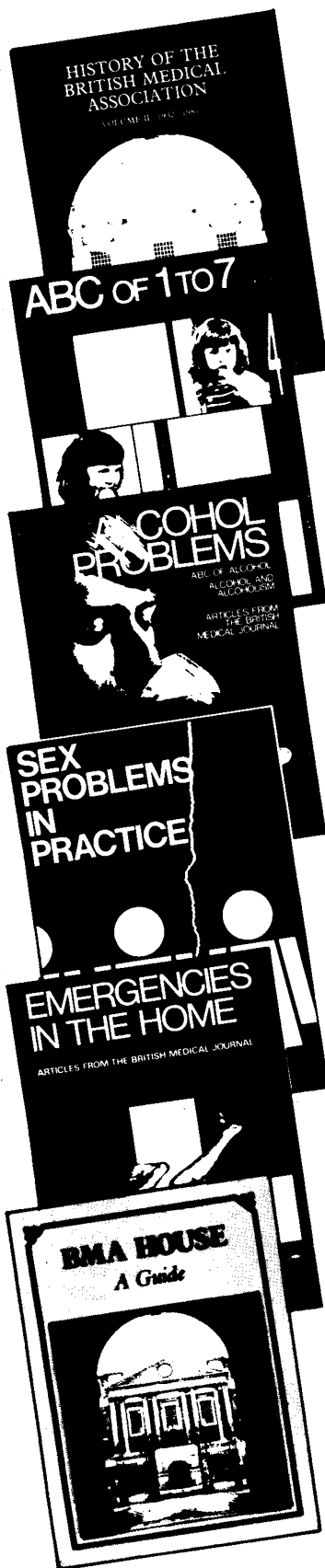
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Presentation. Actifed is available as tablets and syrup. Each tablet contains 2.5mg triprolidine hydrochloride and 60mg pseudoephedrine hydrochloride. Each 5ml of syrup contains 1.25mg triprolidine hydrochloride and 30mg pseudoephedrine hydrochloride.


Indications Symptomatic relief of upper respiratory congestion in the common cold, hay fever, vasomotor and allergic rhinitis, acute sinusitis, otitis barotrauma.

Dosage Three times a day: Adults and children over 12 years: 1 tablet or 10ml. 6-12 years: 7.5ml. 1-6 years: 5ml. 3-12 months: 2.5ml. **Contra-indications** Actifed is contra-indicated in persons hypersensitive to

pseudoephedrine or triprolidine and in those under treatment with MAO inhibitors and within 2 weeks of stopping such treatment. **Precautions** Although at recommended dosage pseudoephedrine has virtually no pressor effects in normotensive subjects, Actifed should be used with caution in patients with cardiovascular disorders. As with other antihistamine containing preparations, drowsiness may occur. In some patients the action of antihistamines may be potentiated by alcohol. 25 tablets. PL3/5003. 150ml. PL3/5004.

ActifedTM
Pseudoephedrine Hydrochloride BP
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The decongestant
chosen by NASA

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

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December 1981 Volume 1, Number 2

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

RECENT ADVANCES IN DIAGNOSIS AND TREATMENT OF ACUTE APPENDICITIS COMPLICATED WITH PERITONITIS BY COMBINED TRADITIONAL CHINESE AND WESTERN MEDICINE • CLINICAL STUDIES OF PSORIASIS TREATED WITH ANTIPSORIATIC PRESCRIPTIONS • SPLEEN POINT IN FACE ACUPUNCTURE USED IN FIBROGASTROSCOPY • A REPORT ON THE NON-MUTAGENICITY OF QINGHAOSU BY THE AMES' TEST • TREATMENT OF GRAND MAL SEIZURES WITH "QUINGYANGSHEN" (ROOT OF CYNACHUM OTOPHYLLUM) AND OBSERVATIONS ON EXPERIMENTAL ANIMALS • VOLVULUS OF THE STOMACH SUCCESSFULLY TREATED WITH ACUPUNCTURE Report of 9 cases • TREATMENT OF TRICHOMONAL ENTERITIS BY CHINESE MEDICINAL HERBS Report of 16 cases • EFFECT OF TRADITIONAL MASSAGE ON CLOSURE INSUFFICIENCY OF GLOTTIS IN SINGERS An analysis of 16 cases.

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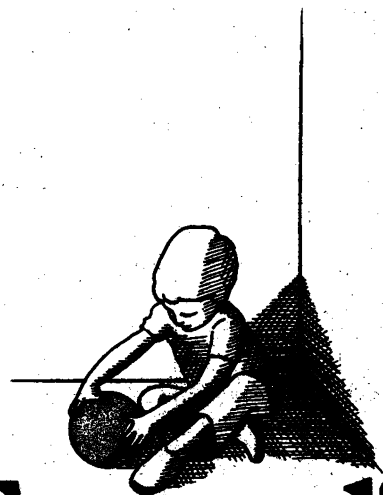
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Need epilepsy make him different?



Tegretol[®]
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for the child with epilepsy

Indications Epilepsy (grand mal and temporal lobe). **Dosage in epilepsy** Use a gradually increasing dosage scheme, adjusting to patient's needs. Adults: 100-200mg once or twice daily, increasing slowly up to 800-1,200mg daily; in some cases 1,600mg daily may be necessary. Children: up to 1 year old, 100-200mg daily; aged 1-5 years, 200-400mg daily; aged 5-10 years, 400-600mg daily; aged 10-15 years, 600-1,000mg daily. It may be helpful to monitor plasma drug levels: optimum therapeutic range is 3-10µg/ml (13-42µmol/l). **Side-effects** Dizziness and diplopia (usually dose-dependent), less frequently drowsiness, dry mouth, diarrhoea, nausea and vomiting. Generalised erythematous rash, disappearing on cessation of therapy. Isolated reports of oedema, hyponatraemia, exfoliative dermatitis, leucopenia, thrombocytopenia, agranulocytosis, aplastic anaemia, cholestatic jaundice and acute renal failure. Blood count should be checked in early stages of treatment. **Precautions** Caution in patients taking oral anticoagulants or requiring oral contraception. In pregnancy, potential benefits of Tegretol must be weighed against potential hazards. Do not administer with, or within two weeks of cessation of, MAOI therapy. In rats treated with carbamazepine for two years, incidence of liver tumours increased (no evidence of significant bearing on the therapeutic use of the drug). Serum folic acid levels should be observed during anticonvulsant therapy. **Contra-indications** Previous drug sensitivity to Tegretol. Do not administer to patients with atrioventricular conduction abnormalities unless paced. **Packs** Tablets of 100mg (PL0001/5027) basic NHS price £2.99 per 100, £14.40 per 500; tablets of 200mg (PL0001/5028) £5.56 per 100, £26.78 per 500; tablets of 400mg (PL0001/0088) £10.92 per 100; syrup 100mg/5ml (PL0001/0050) £5.34 per 300ml bottle. Full prescribing information is available on request from Geigy Pharmaceuticals, Horsham, West Sussex.

Geigy