

Nizoral[®]

ketoconazole

**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 k/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 (anticholinergic 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



DON'T MISS THE BOAT!

Now is the time to book for
BMA's 1983 Congress in Toronto

**Price Guarantee expires on January 31st
unless you apply for your brochure without delay***

The British Medical Association are holding their 1983 Congress at the Sheraton Centre Hotel in Toronto between September 19-23.

In addition to a full and varied scientific programme, details of which will be published in due course, opportunities exist for participants to visit other parts of Canada and North America, on tours which have been prepared by the BMA's APPOINTED TRAVEL AGENT, **FISHLEY SEBLEY** (formerly Turnbull Gibson).

The last BMA Congress was held in San Diego, California when over 900 doctors attended from the UK.

TRAVEL PROGRAMME

Itinerary 1 TORONTO

9 days. Depart from UK September 17 and 18

This is the most basic itinerary and is designed for those who wish to visit the BMA Congress at the most economical rate.

Price from £450

Itinerary 2 TORONTO-ROCKIES-VANCOUVER

16 days. Depart from UK September 18

This itinerary gives the opportunity of visiting the spectacular Rockies after the Congress before continuing to Vancouver with an optional extension to Hawaii.

Price from £895

Itinerary 3 TORONTO-BOSTON-NEW YORK

15 days. Depart from UK September 18

Following the Congress, this itinerary visits both Boston and New York.

Price from £750

Itinerary 4 TORONTO-FLORIDA

15 days. Depart from UK September 18

This itinerary takes delegates to Toronto for the Congress and afterwards to Florida for six relaxing days by the sea in a deluxe hotel.

Price from £695

Itinerary 5 HONOLULU-TORONTO

15 days. Depart from UK September 11

A pre-Congress visit to fabulous Honolulu is included before arriving in Toronto.

Price from £1020

Itinerary 6 TORONTO-NEW ENGLAND-NEW YORK

15 days. Depart from UK September 18

Following the Congress this itinerary takes delegates on a coach tour of New England followed by a three night stay in New York.

Price from £815

Itinerary 7 TORONTO-OTTAWA-QUEBEC-MONTEBELLO-MONTREAL

16 days. Depart from UK September 17

After the Congress delegates take a coach tour of French Canada including stays at the Chateau Laurier, Chateau Montebello and Chateau Frontenac.

Price from £915

Itinerary 8 QE2-NEW YORK-BOSTON-MONTREAL-TORONTO

23 days. Depart from UK September 3

A seven day voyage on QE2 is the highlight of this itinerary which also includes visits to New York, Boston and Montreal before the Congress.

Price from £1350

For those who wish to travel independently Fishley Sebley will be pleased to assist with planning your itinerary. For further details please contact us.



FISHLEY SEBLEY
APPOINTED TRAVEL AGENT

4 LOWER BELGRAVE STREET, LONDON SW1W 0LJ TEL: 01-730 8241

I am interested in attending the BMA Clinical Meeting in Toronto.

BMJ

*Please send me a brochure. Bookings made and paid in full by Feb. 14 will be honoured at the brochure price.

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Prescribing Information

Uses Management of Diabetes mellitus.

Dosage and administration Dosage to be determined by the physician. Site of injection to be changed according to suitable routine. Avoid unintentional intravascular injection.

Neusulin, Soluble Insulin: Administered s.c., i.m. or i.v. S.c., onset of action within 30-60 minutes, duration 6-8 hours. I.m., onset is faster and duration is shorter. I.v. administration has fastest onset and shortest duration, usually reserved for investigational use or diabetic ketoacidosis.

Neuphane, Neulente: Administered s.c. or i.m. *Not to be given i.v.* S.c., onset of action within 2 hours, duration (Neuphane) 20-24 hours, duration (Neulente) 24-28 hours. I.m., onset is faster and duration shorter. Mix well by gently inverting the vial several times before use.

Mixing: Neusulin may be mixed in the syringe, on medical advice, with Neuphane or Neulente if required, *provided the mixture is injected immediately.* However, it is preferable to avoid mixing insulins of different pH. See data sheet for procedure.

Contra-indications Hypoglycaemia.

Precautions Dosage requirement may alter with variation of lifestyle, infection, pregnancy and with change in species, type or purity of insulin.

Hypo- and hyperglycaemia may be enhanced by drugs which interact with insulin. Beta-blockers may affect insulin requirement and mask hypoglycaemia. MAO inhibitors may potentiate insulin.

Side-effects Hypoglycaemia. Possible altered visual refraction. Transient local reactions at the site of injection.

Storage Store at 2-8°C. *Do not freeze.* Avoid direct sunlight.

Presentation Neusulin, Neuphane and Neulente are available in strengths of 40 and 80 units per ml in vials of 10 ml.

Basic NHS costs

Neusulin		Neuphane	
40 units/ml	PL3/0137 £2.31	40 units/ml	PL3/0139 £2.31
80 units/ml	PL3/0138 £4.14	80 units/ml	PL3/0140 £4.47
Neulente			
40 units/ml	PL3/0141 £2.28		
80 units/ml	PL3/0142 £3.90		

Further information is available on request.

* Trade Mark

Wellcome Medical Division
The Wellcome Foundation Ltd, Crewe, Cheshire



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PROCEDURES IN PRACTICE

An illustrated step-by-step guide for doctors making their first attempts at the procedures commonly used in hospital practice. The articles explain the techniques in detail and give indications and contraindications for a range of tasks from setting up a drip to aspirating bone marrow.

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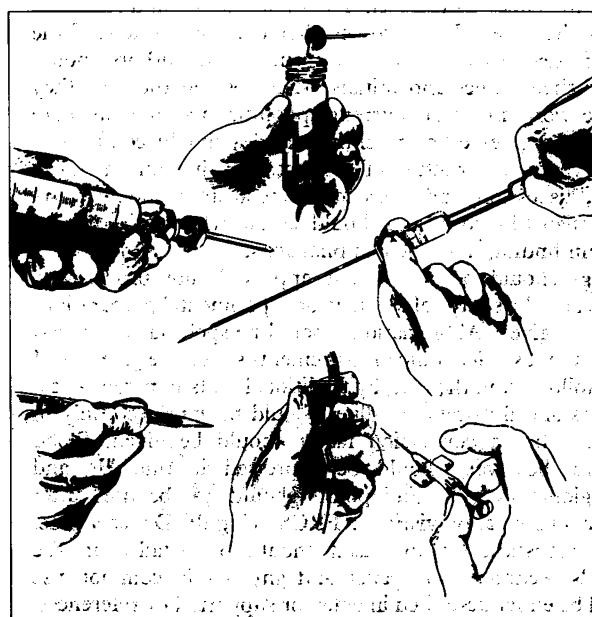
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PROCEDURES IN PRACTICE

ARTICLES FROM THE BRITISH MEDICAL JOURNAL



Publication date 24 January 1983

ABC OF BRAIN STEM DEATH

The subject of brain stem death still arouses misconceptions — witness the response to the BBC *Panorama* programme on transplantation and brain death. In a series of articles in the *BMJ* Dr Christopher Pallis dispelled some of the misconceptions, examined the concepts underlying our ideas of death, and described the practical aspects of diagnosing brain stem death. These articles have now been collected into a book together with additional material on the wider aspects of the subject, including some of the neurological controversies.

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ABC OF BRAIN STEM DEATH

CHRISTOPHER PALLIS



ARTICLES FROM THE
BRITISH MEDICAL JOURNAL



Behind the
gentleness of

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bumetanide and slow release potassium chloride

lies the power of

Burinex

Burinex K
gently effective
for maintenance

Burinex tablets
combine strength with
gentleness for more refractory oedema
Burinex injection
fast powerful action for emergencies

Formulations Burinex Injection: 0.5 mg/ml in 2 ml, 4 ml and 10 ml ampoules. Burinex Tablets: 1 mg and 5 mg. Burinex K: 0.5 mg bumetanide, 7.7 mmol slow release potassium chloride. **Indications** Acute pulmonary oedema and oedema of cardiac, renal or hepatic origins. **Dosages** Burinex Injection: Initially 1-2 mg i.v., if necessary repeated at 20 minute intervals to achieve desired response. Where appropriate higher doses may be given by infusion over 30-60 minutes. Burinex Tablets: Most patients require 1 mg Burinex daily as morning or evening dose. In refractory cases dosage can be increased to achieve the desired response. For high dose treatment 5 mg Burinex should be given initially and increased by 5 mg steps at 12-24 hour intervals until desired response is achieved. Burinex K: Most patients require 2 tablets Burinex K daily. **Contra-indications, Precautions and Side Effects** Contra-indicated in hepatic coma, severe electrolyte depletion and severe progressive renal failure. Hypokalaemia and circulatory collapse may follow inappropriately excessive diuresis. Concurrent digitalis therapy in association with electrolyte disturbances may lead to digitalis toxicity. Concurrent antihypertensive or antidiabetic therapy may require adjustment. Caution should be exercised in the first trimester of pregnancy. Burinex K is contra-indicated in combination with potassium sparing agents. Burinex K should be stopped immediately if signs or symptoms of bowel ulceration appear. Side effects such as skin rashes, muscular cramps, rises in serum uric acid and thrombocytopenia may rarely occur. **Product Licence Numbers:** Burinex Injection: 0043/0060 Burinex Tablets: 0043/0021, 0043/0043 Burinex K: 0043/0027B **Basic N.H.S. Prices** Burinex Injection: 0.5 mg/ml - 5 x 4 ml £3.34 Burinex Tablets: 1 mg - 100 tabs £4.74 Burinex K: 100 tabs £3.24

*Burinex is a trade mark



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