

a common problem  
with *Candida* vaginitis

# Reluctance to apply topical treatment

the patient's dislike of topical application  
leads to inadequate therapy

The modern approach:

**Nizoral** TRADEMARK

ketoconazole

**just 2 oral tablets daily  
with a meal  
for 5 days.**

**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 (anti-cholinergic drugs, antacids, H<sub>2</sub>-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. Mild asymptomatic increases of liver enzyme levels, on the other hand, do not necessitate discontinuation of the treatment. Ketoconazole, when given together with cyclosporin A results in increased blood levels of cyclosporin A. It is important that blood levels of cyclosporin A are monitored if the two drugs are given concomitantly. Ketoconazole 200 mg once daily produces a transient decrease in plasma levels of testosterone. During long term therapy at this dose, testosterone levels are usually not significantly different from controls. In rare instances, gynaecomastia has been reported.



**JANSSEN  
PHARMACEUTICA**  
B-2340 Beerse, Belgium

# The British Council International Medical Courses

## THE AGEING OF POPULATIONS: CLINICAL CARE OF THE ELDERLY

**9-21 September 1984 in Edinburgh**

This course will present the British viewpoint and experience in relation to the broad field of geriatric medicine and psychogeriatrics with a balance between practice and theory. The increase in people surviving into extreme old age has led to a parallel increase in the numbers of elderly patients with mental illness such as dementia, and there is now a large and growing body of knowledge of age changes and their distinction from disease changes. The Directors of Studies will be **Professor J Williamson** and **Dr R G Smith** of the Department of Geriatric Medicine in the University of Edinburgh. The course is intended for senior medically qualified persons with an interest in the problems of ageing.

Fee £695 (Residential)

## INFLAMMATORY BOWEL DISEASE

**16-28 September 1984 in Birmingham**

The aim of this course is to review the current knowledge, recent advances and practical management of inflammatory bowel diseases. Recent developments in the medical, nutritional and surgical management of Crohn's disease will also be included. The Directors of Studies will be **Mr J Alexander-Williams**, Consultant Surgeon and **Dr R N Allan**, Consultant Physician at the General Hospital in Birmingham and **Mr M R B Keighley**, Reader in Surgery in the University of Birmingham. The course is intended for physicians and surgeons with some years' experience in gastroenterology.

Fee £645 (Residential)

## HEARING SPEECH

**16-28 September 1984 in London**

The purpose of this course will be to provide an up-to-date review of the scientific basis of hearing speech and in particular the practical considerations involved in the diagnosis and management of patients. There will be a series of lectures and demonstrations in laboratories and in clinics. The course will be under the direction of **Professor A Fourcin**, Department of Experimental Phonetics, University College London and **Professor R Hinchcliffe**, Department of Audiology, Institute of Laryngology and Otolaryngology, University of London. The course is designed for senior clinicians and others concerned with the diagnosis and care of people with impaired hearing or speech.

Fee £545 (Residential)

## CHILD MENTAL HEALTH AND PSYCHOSOCIAL DEVELOPMENT

**23 September-5 October 1984 in London**

This course is intended to provide information on current methods of assessing and treating emotional and behaviour problems, learning difficulties and mental retardation in children. In addition to formal lectures, there will be ample opportunity to discuss clinical service, teaching and research issues in small working groups. The Directors of Studies will be **Professor P J Graham** and **Dr Naomi Richman** of the Department of Child Psychiatry, Institute of Child Health, University of London and of the Hospital for Sick Children, Great Ormond Street, London. The course is intended to interest psychiatrists, paediatricians, psychologists and senior social workers working entirely with, or with a special interest in, children.

Fee £630 (Residential)

## FETAL INTENSIVE CARE

**31 October-8 November 1984 in London**

This course will review current ways of monitoring the fetus in antenatal and intrapartum care. Expert speakers will lead seminars of consultants in discussion about these subjects, and the symposium will be arranged to allow time for discussion and formal participation from course members. The Director of Studies will be **Professor G V P Chamberlain** of the Department of Obstetrics and Gynaecology, St George's Hospital Medical School, University of London. The course is intended for consultants and senior physicians in charge of pregnancy and childbirth.

Fee £595 (Residential)

## EXPANDING HORIZONS OF DIAGNOSTIC ULTRASOUND

**11-23 November 1984 in London**

This course is designed to explore recent developments in the clinical applications of diagnostic ultrasound and will consist of informal lectures, optional tutorials and extensive discussion periods. The course will be directed by **Dr H B Meire**, Consultant Radiologist at King's College Hospital, London. The Co-Director of Studies will be **Dr P N T Wells**, Chief Physicist at Bristol General Hospital. Applicants should be of consultant or senior registrar status or senior paramedical personnel and should preferably have at least one to two years' experience of applied clinical diagnostic ultrasound.

Fee £735 (Residential)

## DIABETES AND ITS COMPLICATIONS: CLINICAL AND SCIENTIFIC ASPECTS

**18-30 November 1984 in London**

The course will include detailed consideration of the control of diabetes. Methods of recognition of diabetic complications and their early and late treatment will be discussed, and a session will be devoted to embryogenesis, pregnancy and neonatal complications. The Directors of Studies will be **Professor Harry Keen**, Professor of Human Metabolism and **Dr John Pickup**, Senior Lecturer in Chemical Pathology, Guy's Hospital Medical School, University of London. The course is intended for clinicians with an interest in the scientific basis of the complications of diabetes. It is hoped that those actively involved in clinical research in this field will attend.

Fee £675 (Residential)

## PAEDIATRIC GASTROENTEROLOGY

**17-29 March 1985 in Birmingham**

This course will cover a wide range of topics in paediatric gastroenterology. Recent advances in both theoretical and practical knowledge will be highlighted. There will be opportunities to present to fellow course members interesting clinical problems, X-rays and histological specimens from their own experience, and to discuss personal research projects. The Directors of Studies will be **Professor A S McNeish**, Professor of Paediatrics and Child Health in the University of Birmingham, **Dr P J Milla**, Senior Lecturer in Paediatrics, Institute of Child Health, University of London and **Dr C A Hughes**, Senior Lecturer in Paediatrics and Child Health, University of Birmingham. The course content will be of interest and relevance to clinicians, both medical and surgical, to developmental biologists and basic scientists whose field of interest is gastrointestinal pathophysiology.

Fee £745 (Residential)

**FURTHER INFORMATION AND APPLICATION FORMS CAN BE OBTAINED FROM YOUR LOCAL OVERSEAS REPRESENTATIVE OF THE BRITISH COUNCIL OR FROM COURSES DEPARTMENT, THE BRITISH COUNCIL, 65 DAVIES STREET, LONDON W1Y 2AA.**

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## ABC OF BRAIN STEM DEATH

CHRISTOPHER PALLIS

The subject of brain stem death still arouses misconceptions—witness the response to the BBC *Panorama* programme on transplantation and brain death. Dr Christopher Pallis has 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 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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Infants: see Data Sheet.

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### Precautions

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### Package Quantities and NHS Prices

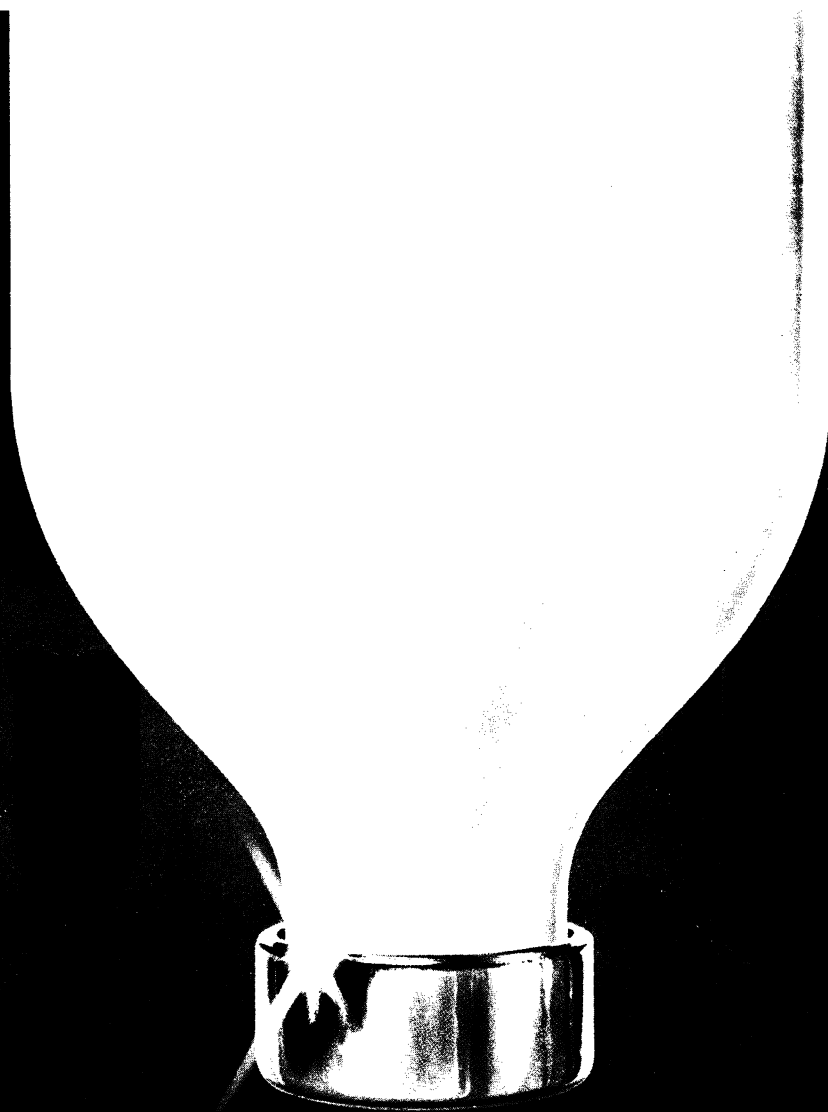
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See Data Sheet for full prescribing information.

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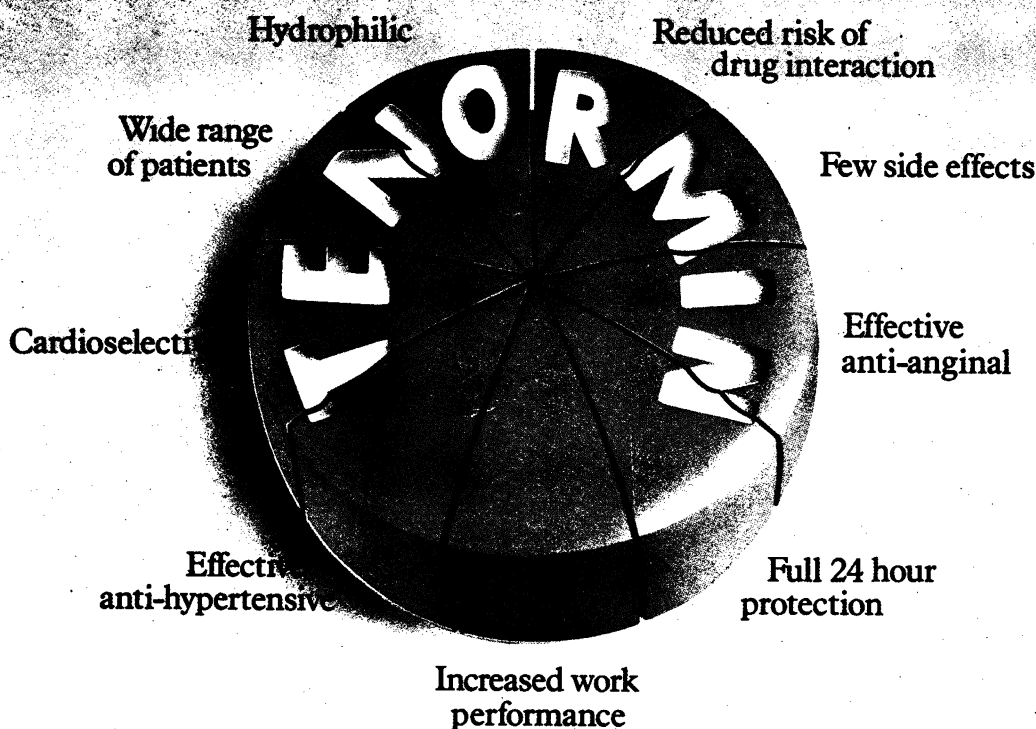
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## puts it all together...



## ...in one tablet daily

### TENORMIN

fits the profile of the ideal beta blocker  
in hypertension and angina

#### 'Tenormin' Prescribing notes:

**Presentation:** 'Tenormin' tablets containing atenolol 100mg are round, bi-convex, orange and film coated. **Uses:** Management of hypertension and angina pectoris. **Dosage:** Hypertension: One tablet daily. Angina: 100mg daily in single or divided doses. **Contraindications:** Heart block. Co-administration with verapamil. **Precautions:** Untreated cardiac failure, bradycardia, renal failure, anaesthesia and pregnancy. Clonidine withdrawal. **Side Effects:** Coldness of extremities and muscular fatigue. Sleep disturbance rarely seen. Rashes and dry eyes have been reported with beta blockers—consider discontinuance if they occur. Cessation of therapy with beta blockers should be gradual. **Pack size and Basic NHS cost:** 'Tenormin' 28's £6.98 Product Licence Number: 'Tenormin' 0029/0122.

Full prescribing information is available on request to the Company



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