



a little some 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, 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. 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

Piportil

DEPOT PIPOTHIAZINE PALMITATE

From May & Baker, the company that developed Largactil.

New Piportil depot is a unique phenothiazine derivative from May & Baker, the company that helped to revolutionise the treatment of psychoses with the introduction of Largactil.

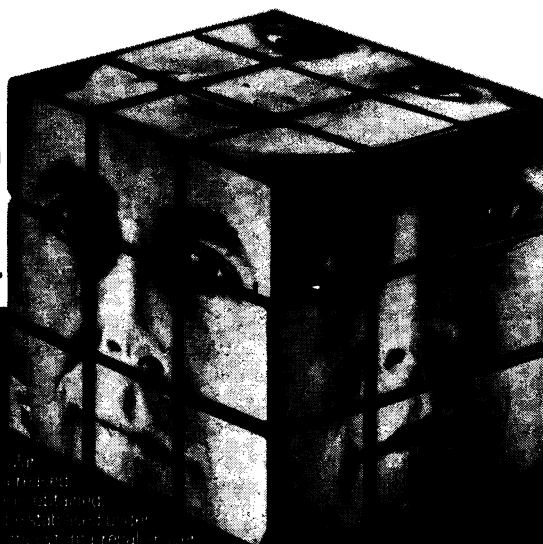
Clinical trials show Piportil depot to exert a potent antipsychotic action against a wide range of symptoms^{1,4} Piportil depot is a fast acting^{5,6} phenothiazine, and causes minimal sedation⁶ and depression^{3,5}.

These benefits, together with its four week duration of action^{2,7} facilitate rapid and maintained social integration for your psychotic patients,³ helping you to solve the psychotic puzzle.

Piportil

DEPOT

A new way to treat the
many facets of psychoses.



Prescribing Information: Piportil Depot

Piportil depot is a unique phenothiazine derivative from May & Baker, the company that helped to revolutionise the treatment of psychoses with the introduction of Largactil. Clinical trials show Piportil depot to exert a potent antipsychotic action against a wide range of symptoms^{1,4} Piportil depot is a fast acting^{5,6} phenothiazine, and causes minimal sedation⁶ and depression^{3,5}. These benefits, together with its four week duration of action^{2,7} facilitate rapid and maintained social integration for your psychotic patients,³ helping you to solve the psychotic puzzle.

References: 1. Singh A V, Saksena S, Singh T, et al. *Br J Psychiatry* 1983; 143: 100-105. 2. Albert J M, Elie R, Gauthier S, et al. *Ther Res* 1983; 15: 100-105. 3. Albert J M, Elie R, Gauthier S, et al. *Ther Res* 1983; 15: 100-105. 4. Albert J M, Elie R, Gauthier S, et al. *Ther Res* 1983; 15: 100-105. 5. Albert J M, Elie R, Gauthier S, et al. *Ther Res* 1983; 15: 100-105. 6. Albert J M, Elie R, Gauthier S, et al. *Ther Res* 1983; 15: 100-105. 7. Albert J M, Elie R, Gauthier S, et al. *Ther Res* 1983; 15: 100-105.



M&B May & Baker



THE KEYNES PRESS

*A new series of limited editions
of medical classics, published under an
imprint named after Sir Geoffrey Keynes*



BRITISH MEDICAL ASSOCIATION

Sir Geoffrey Keynes, who died in July 1982 at the age of 95, was one of the great polymaths. His twin loves were medicine and surgery, on the one hand, and literature and arts, on the other, and he pursued both with equal success. He worked closely with the Nonesuch Press, editing several of its books, and it is therefore fitting that a new venture, the Keynes Press, should be named after him.

Aimed primarily at reprinting classics with a medical interest published in the period of Keynes's life, the press intends to pursue the same standards of scholarship and elegance that characterised the Nonesuch Press. Thus each book will be specially edited and contain a commissioned introduction by an expert. Each will be individually designed by Sebastian Carter of the Rampant Lions Press, and the emblem of the press is a profile of Keynes specially drawn by David Gentleman.

The first three books, published November 1983 are:
Truants: the Story of some who deserted Medicine yet triumphed, by Lord Moynihan. Introduction by Michael Harmer,

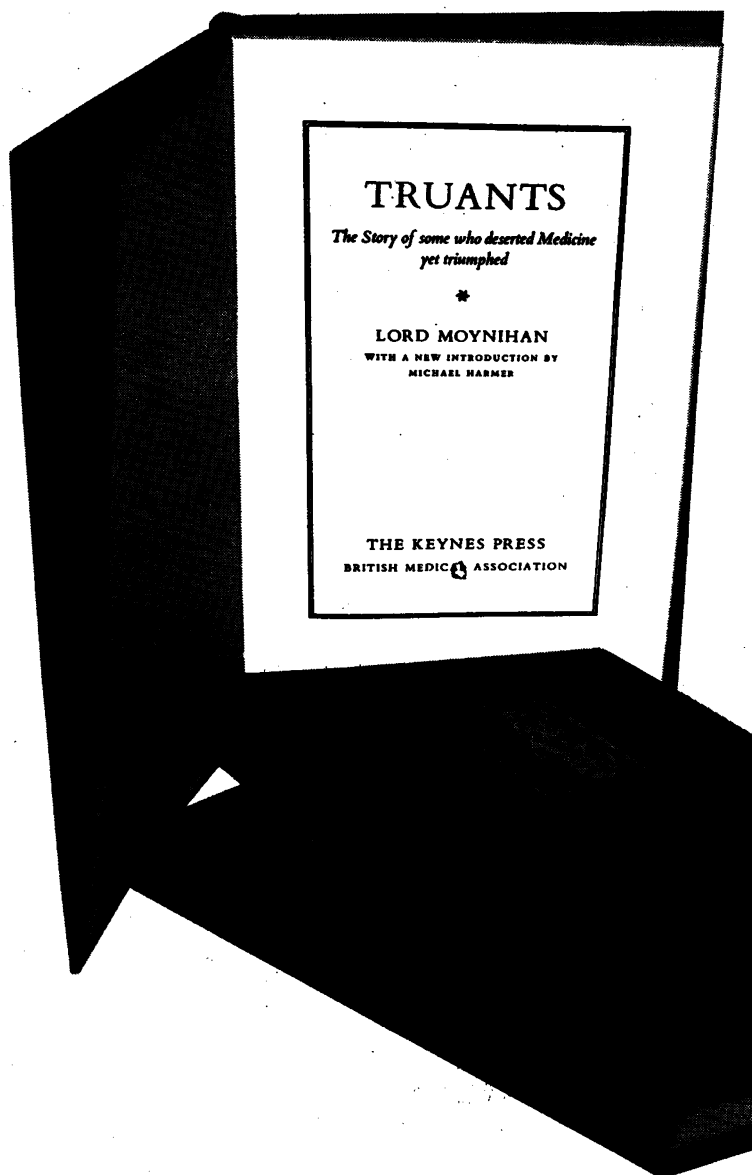
Consulting Surgeon, Royal Marsden Hospital, London. Pp xxii + 73.

Epidemiology in Country Practice, by William Pickles. Introduction by David Barker, Professor of Clinical Epidemiology, University of Southampton. Pp xiv + 110.

A Sense of Asher. A collection of writings and essays by Richard Asher. Introduction by Ruth Holland, Editorial Assistant, *British Medical Journal*. Pp. xvi + 97.

Their format is demy octavo, the type being 12/13 Monotype Bembo; the paper is Abbey Mill suede in *Truants* and Glastonbury cream wove in *Epidemiology in Country Practice* and *A Sense of Asher*; each has Abbey Mill endpapers. Each volume is limited to a total of 300 numbered copies for sale, the price for each being £35 including postage.

Copies may be ordered from the Publishing Manager, British Medical Journal, BMA House, Tavistock Square, London WC1H 9JR. (Cheques should be made payable to the British Medical Journal.)





Who's afraid of
going upstairs?

Your angina patients

Transiderm[®]-Nitro

glyceryl trinitrate

One patch a day for the prophylaxis
of angina attacks

Prescribing Notes: **Presentation** Transiderm-Nitro 5 and 10 are transdermal drug delivery systems, comprising respectively 10cm² and 20cm² self-adhesive, pink-coloured patches, containing a drug reservoir of glyceryl trinitrate. **Indication** Prophylactic treatment of attacks of angina pectoris, as monotherapy or in combination with other anti-anginal agents. **Dosage** One Transiderm-Nitro 5 patch is to be applied every 24 hours. If a higher dose is required a Transiderm-Nitro 10 patch may be substituted. It is recommended that the patch is applied to the lateral chest wall. The patch should be removed after 24 hours, and the replacement patch applied to a new area of skin. Allow several days to elapse before applying a fresh patch to the same area of skin. If acute attacks of angina pectoris occur, rapidly acting nitrate preparations may be required. Efficacy and tolerability beyond 28 days' therapy have yet to be established. **Side-effects** Headache may occur and usually regresses after a few days. Reflex tachycardia can be controlled by concomitant treatment with a beta-blocker. Postural hypotension, nausea and dizziness occur rarely. Allergic skin reactions, a local mild itching or burning sensation may occasionally occur. Upon removal of the patch, any slight reddening of the skin will usually disappear in a few hours. **Precautions** In recent myocardial infarction or acute heart failure, Transiderm-Nitro should be employed only under careful clinical surveillance. As with all anti-anginal nitrate preparations, withdrawal of treatment should be gradual, by replacement with decreasing doses of long-acting oral nitrates. **Contra-indications** Hypersensitivity to nitrates, severe hypotension, marked anaemia, increased intraocular or intracranial pressure. **Packs** Boxes of 30 patches. Transiderm-Nitro 5 (PL0001/0094), basic NHS price 64.4p per day; Transiderm-Nitro 10 (PL0001/0095), basic NHS price 70.9p per day. *denotes registered trademark. Full prescribing information is available on request from Geigy Pharmaceuticals, Horsham, West Sussex.

