

a troublesome problem  
in modern gynaecology

# ***Candida* vaginitis during menstruation**

menstruation creates favourable conditions  
for *Candida albicans*

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 K200 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.



**Publication date 2 July 1984**

# ABC OF ASTHMA

JOHN REES

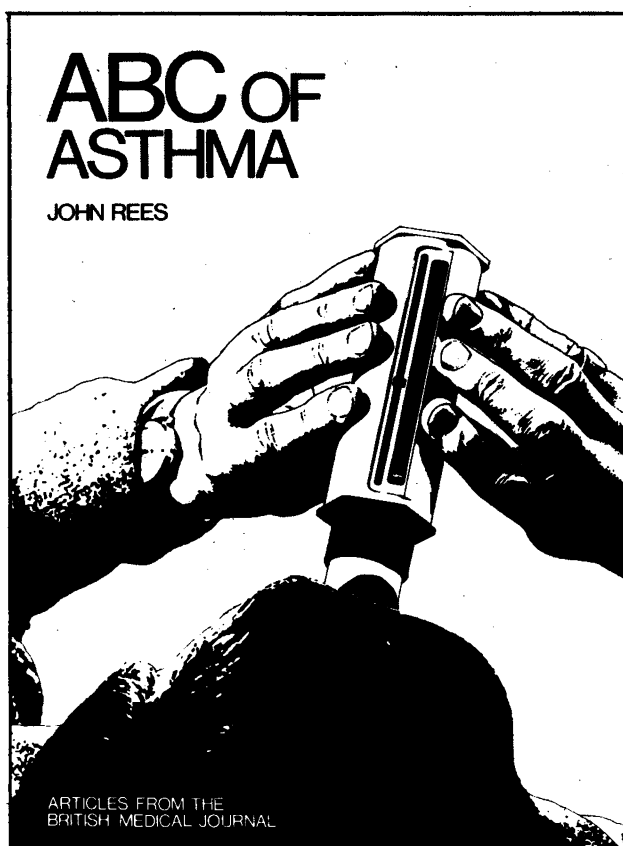
Though both common and potentially dangerous – sometimes even fatal – asthma continues to be underdiagnosed and undertreated. Yet, as this *ABC* shows, it can be treated effectively with drugs and patients themselves can learn to monitor and control their own disease with a simple peak flow meter.

The *ABC of Asthma* provides a straightforward guide to the recognition, management, and treatment of asthma in adults and children.

Price: Inland £3.50;  
Overseas £5.25/USA\$8.60  
(BMA members: Inland £3.00;  
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British Medical Journal  
BMA House  
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**Publication date 2 July 1984**

# THE FIRST YEAR OF LIFE

**Second edition**

**H B VALMAN**

Bernard Valman's articles on the first year of life, first published in the *BMJ* in 1979 and then reproduced as a book, have proved invaluable to many doctors and others concerned in the care of children. The second edition of *The First Year of Life* includes numerous small changes to bring the book up to date and incorporates a much fuller section on whooping cough. The section on contraindications to immunisation has also been revised to take account of the latest guidance.

**Price: Inland £5.50**

**Overseas £8.00/USA\$14.00**

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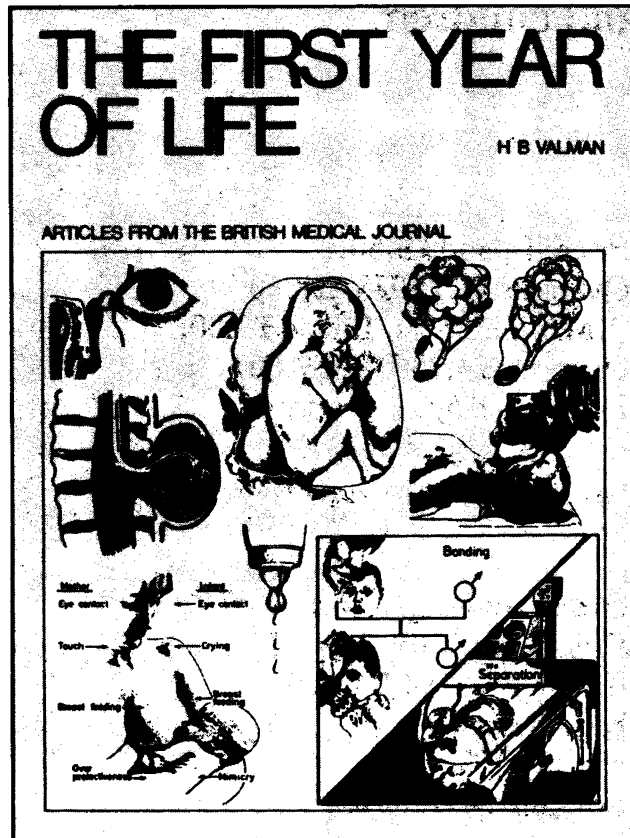
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# PRISON HEALTH CARE

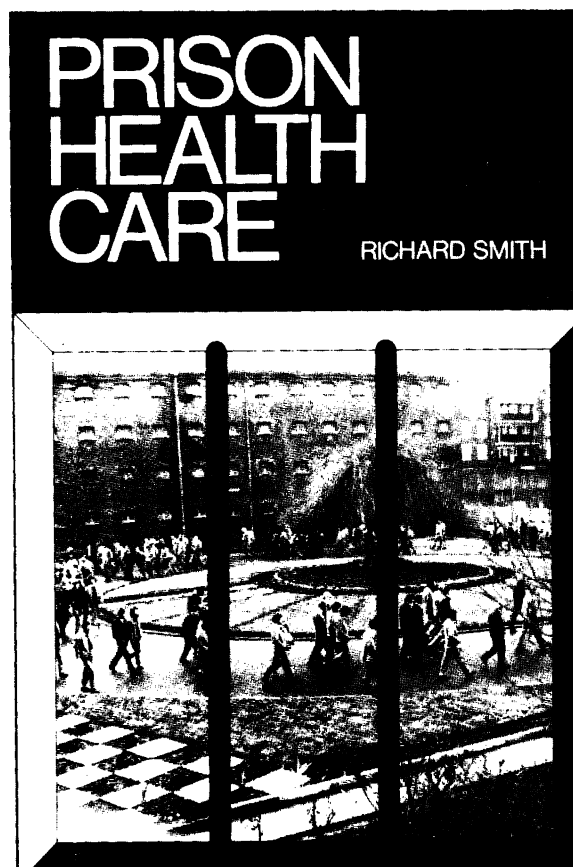
RICHARD SMITH

Although there have been doctors in British prisons for over 200 years and although the prison medical service is more than a century old, this is the first comprehensive review of the health of British prisoners and the prison health services. Before writing this book Dr Richard Smith visited more than 20 prisons in five different countries and spoke to dozens of people concerned with prisons, including prisoners themselves. His book explodes many misconceptions about prison health services but also exposes deficiencies and discusses ways in which they could be overcome.

Price: Inland £8.00;  
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# ALCOHOL PROBLEMS

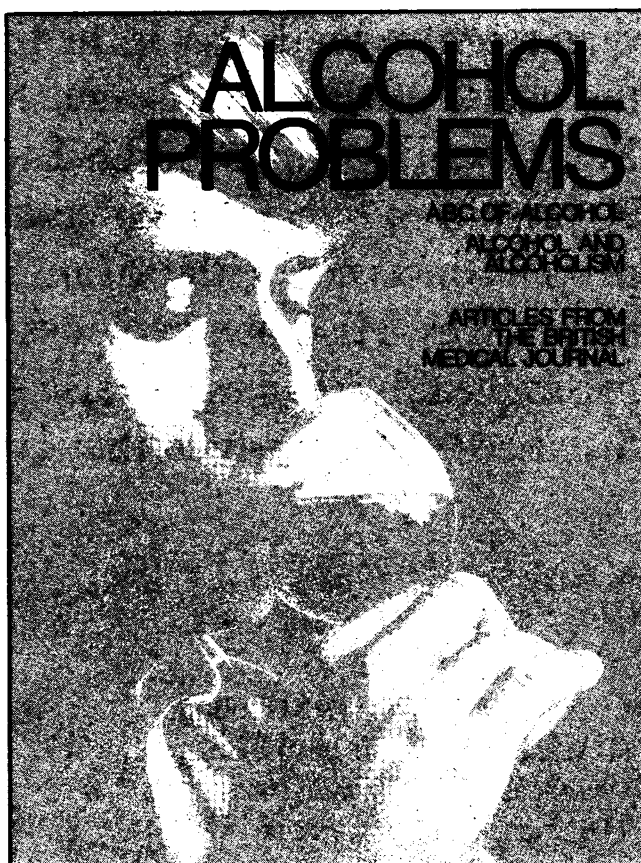
In recent years alcohol problems have increased dramatically and the thinking on them has undergone a revolution. Alcohol Problems brings together two series of articles published in the *BMJ*—the ABC of Alcohol, with its emphasis on straightforward advice for the clinician, and Alcohol and Alcoholism, 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.

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"... a good account of the right kinds of observations to make in order to detect people with alcohol problems... These articles are succinct and well written and provide the best source of information and reference for general practitioners and trainees. This is an outstanding series which will be of great value to everyone concerned with the prevention, identification and management of alcohol-related problems."

*Update 1983; 26: 301*

# NEW DRUGS

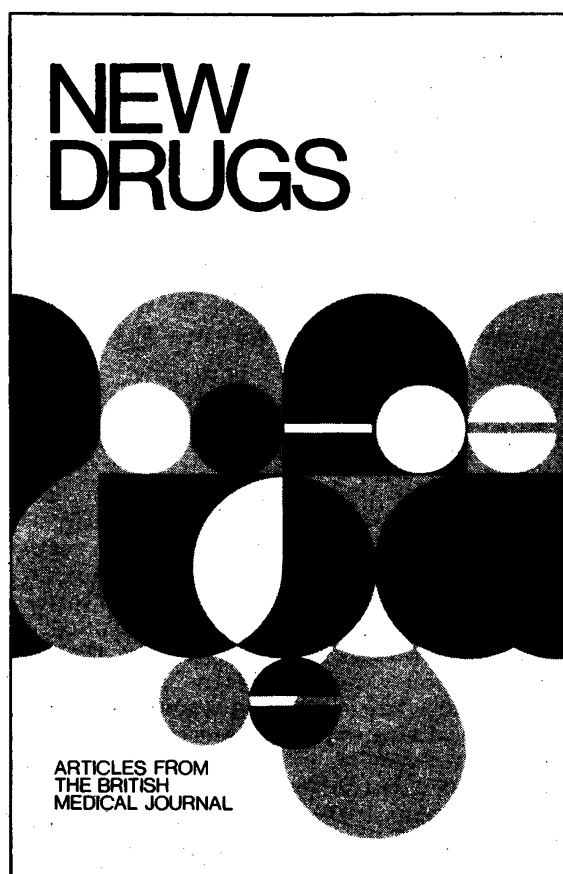
In the past few years the number of important new drugs and our understanding of pharmacology have continued to increase. Reliable and unbiased information on the therapeutic use of these agents is, however, not always readily available. Articles recently published in the *BMJ* on entirely new groups of drugs –  $H_2$  receptor antagonists, calcium antagonists, captopril – and on new members of groups of drugs already available – beta-blockers, tranquillisers, hypnotics, diuretics – fill this gap and are now collected together in book form. Busy practitioners will find that this comprehensive review allows them to make a more rational choice of treatment.

Price: Inland £6.50;  
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# ABC OF COMPUTING

Although computers are being widely used in medicine, their possibilities and limitations are still not clear to many potential users. This book, aimed at the non-expert, describes some of the uses of computers in medicine; because most doctors' involvement will be indirect, liaising with computer experts rather than designing systems themselves, the book concentrates on concepts rather than detailed descriptions of how computers work. It provides a useful introduction for the doctor who wants to know how computers can contribute to his practice of medicine.

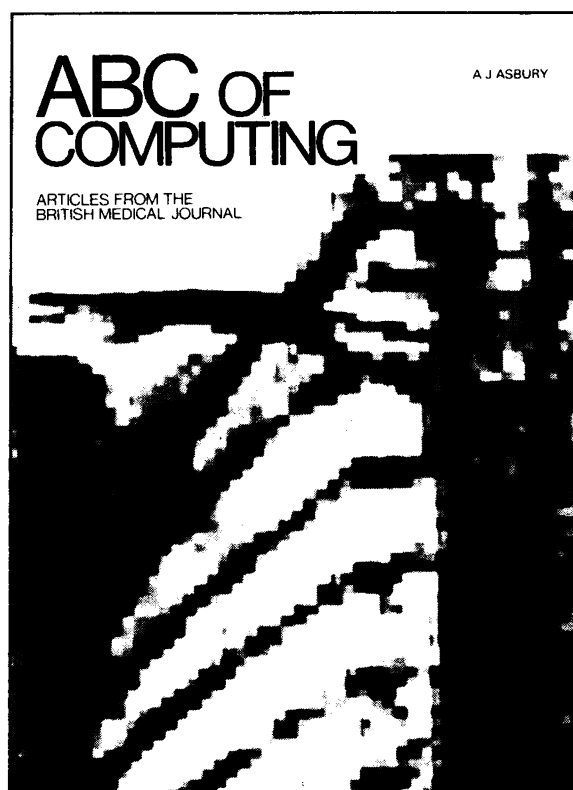
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Who's afraid of  
going upstairs?

Your angina patients

# Transiderm-Nitro<sup>®</sup>

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 10cm<sup>2</sup> and 20cm<sup>2</sup> 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.

