

a troublesome problem
in modern gynaecology

"Pill"-vaginitis

oral contraceptives create the ideal environment
for *Candida albicans* to develop

The modern approach:

NizoralTM

ketoconazole

**just 2 oral tablets daily
with a meal
for 7 days.**

... scored uncoated tablets, 200 mg, on and off. Each tablet contains 200 mg of ketoconazole, a broad-spectrum antifungal agent. Indications: systemic mycoses including candidiasis of the mouth, throat, skin and nails, yeast infections of the mouth, throat, skin. Also for the treatment of systemic mycoses and chronic mucocutaneous candidiasis and aspyllosis 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 restored to normal. In rare instances, gynecomastia has been reported.

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THE LIVER: A CLINICAL AND SCIENTIFIC UPDATE

20 January-1 February 1985

Bristol/London

The aim of the course is to review the anatomy, physiology and biochemistry of the liver, the changes which take place in liver disease, diagnostic methods and the management of disorders of the liver. The Directors of Studies will be **Professor A E Read** of the Department of Medicine, University of Bristol and **Professor N McIntyre** of the Royal Free Hospital School of Medicine, University of London. The course is designed for experienced physicians wishing to be updated in this field.

Fee £695 (Residential only)

THE MANAGEMENT OF ADVANCED CANCER

24 February-1 March 1985 in London

The course aims to review current approaches in the United Kingdom to the management of advanced cancer. There will be clinical presentations for discussion and, in addition to lectures and seminars, there will be some opportunity for clinical visits to other institutions. The Co-Directors of Studies will be **Dame Cicely Saunders, DBE**, Medical Director at St Christopher's Hospice and **Dr J M Kerry Buglass**, Director of Studies at the hospice. This course is suitable for senior doctors of all specialties, especially oncologists and radiotherapists involved in the treatment of advanced malignant disease.

Fee £325 (Residential)

HUMAN GENETICS: PRESENT AND FUTURE

24 March-4 April 1985 in Oxford

The aim of this course is to review recent progress in genetics with particular emphasis on human and medical aspects. It will include lectures on gene structure and action, on the polymorphism of plasma proteins and enzymes, on the inheritance of normal and abnormal traits, on chromosome abnormalities and on genetic counselling. The Directors of Studies will be **Professor M Adinolfi**, **Professor M Bobrow** and **Professor Emeritus P E Polani**, all of the Paediatric Research Unit, Guy's Hospital Medical School, University of London. The course is designed for physicians, graduates in biological sciences and PhD students with a good basic knowledge of genetics.

Fee £595 (Residential)

THE MANAGEMENT OF METABOLIC DISORDERS IN CHILDHOOD

26 March-4 April 1985

Cambridge/London

This course is designed to enable those who already have some experience of the care of children with metabolic disease to have the opportunity to discuss in detail the clinical management of inborn errors of metabolism. Although the emphasis will be clinical and therapeutic, basic scientific aspects will also be covered. The course will be directed by **Dr J V Leonard**, Senior Lecturer in Child Health, University of London. The course is designed for paediatricians with some years' experience of the care of children with inborn errors of metabolism.

Fee £585 (Residential only)

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.

AVIATION MEDICINE

Richard M Harding & F John Mills

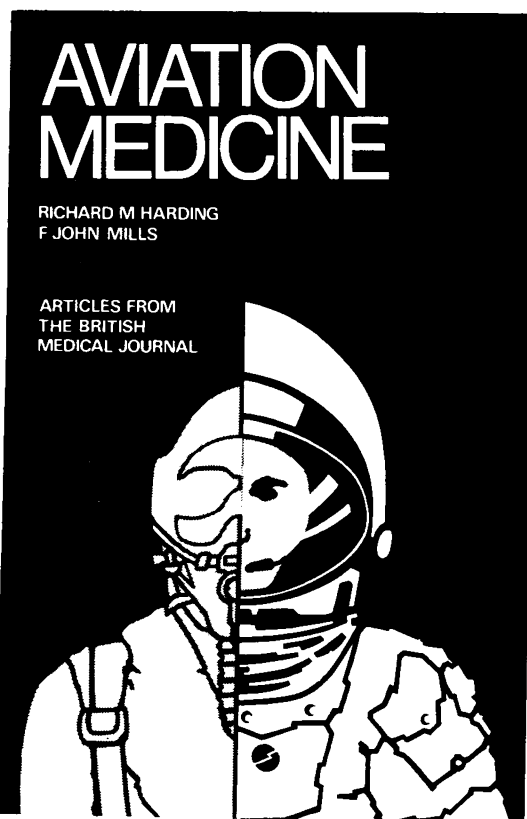
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Infants: see Data Sheet.

Contra-indications, Warnings etc

Intralipid is only contraindicated in severe disorders of fat metabolism such as in severe liver damage and acute shock.

Precautions

Fat metabolism may be disturbed in conditions such as renal insufficiency, uncompensated diabetes, certain forms of liver insufficiency, metabolic disorders and sepsis. The elimination of fat should be checked daily in such patients.

Package Quantities and NHS Prices

Intralipid 10%: 100ml £3.60. 500ml £8.00.
PL0022/0027. Intralipid 20%: 100ml £5.45.
500ml £12.00 PL0022/0028.

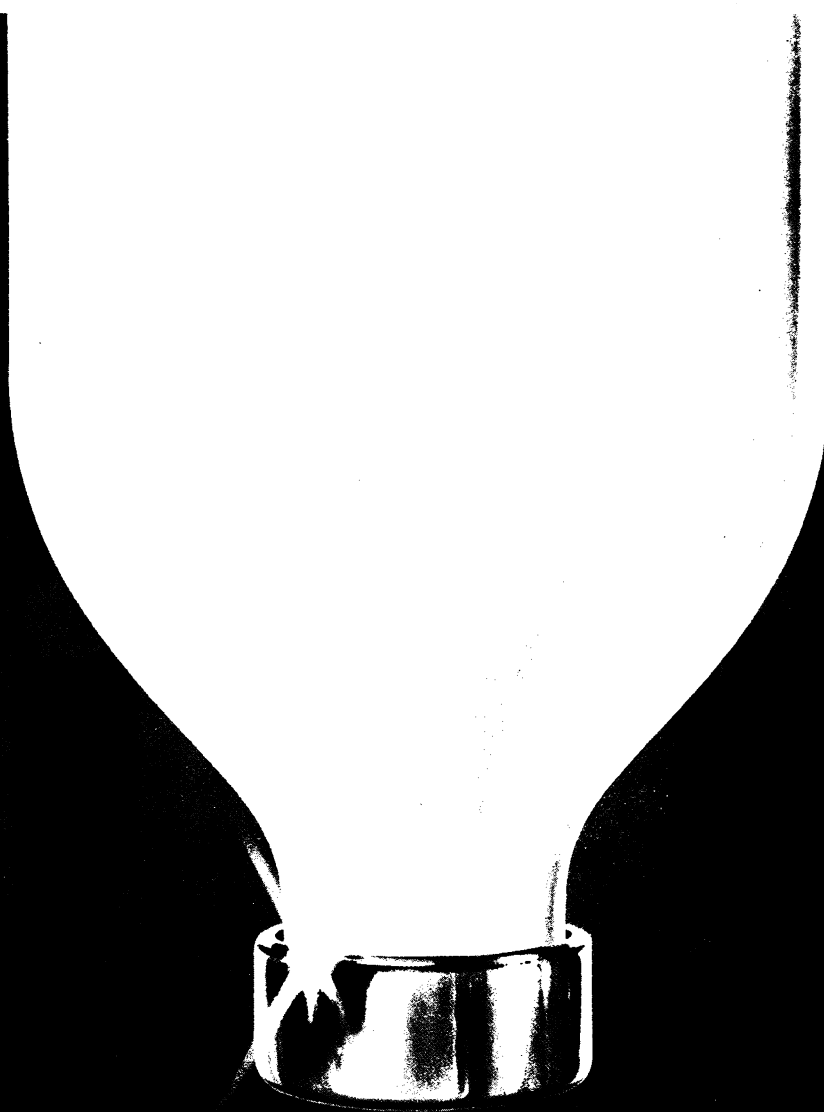
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