

can now be treated effectively *and* conveniently. Typically, in recurrent *Candida* vaginitis, 2 oral tablets once daily for 5 days is all it takes today to effectively cure the problem.



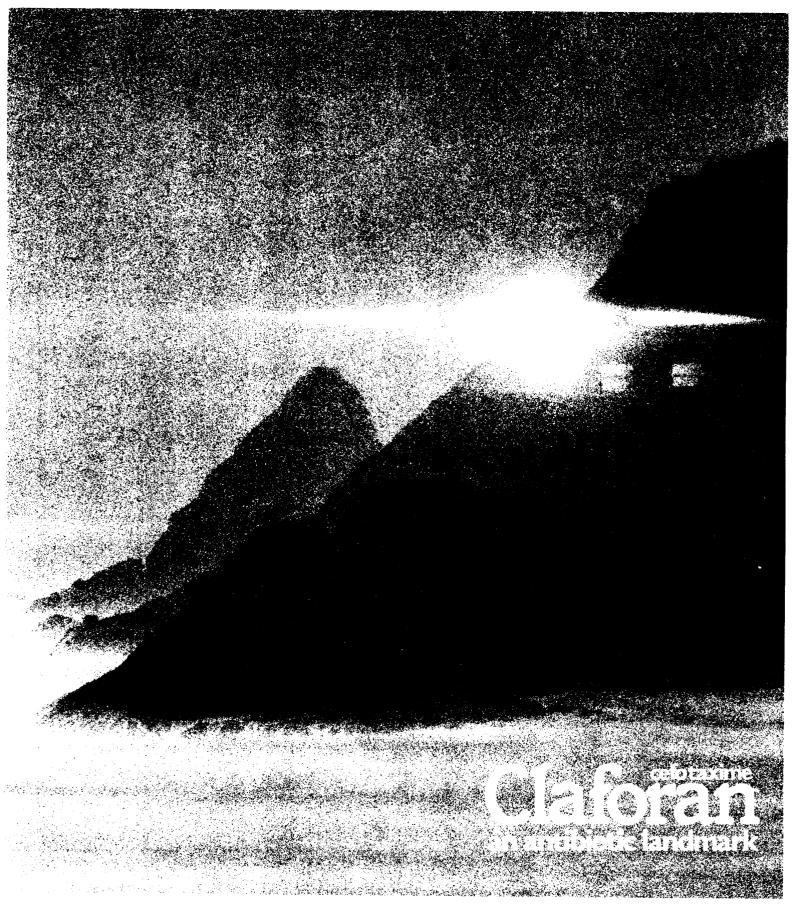
the drug discovery company

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: Wizoral 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 naily seast infections of the mouth and of it ract. Also maintenance treatment of systemic mycoses and chronic mycocytaneous candidosis and prophytaxis in a trisk, patients in children systemic mycoses and children.

Side-effects, precautions, contra-indications: contra-indicated in pregnancy. For maximal absorption historial should be raised meals. The use of agents which reduce oaster cacidity raint cholinergo crings anatoxis 6.1, allockers inholide avoided and if indicated such drugs should be taken not less than two hours after interest. Nausea skin rash headache and pruntus may occasionally be observed afterations in liver function tests halve occurred in patients on ketroconazole, these changes may be transient. Cause of hepatitis have been reported with an incidence of about 7 per 10.000 patients. Some of these may represent an indisportante adverse reaction to the drug. This should be borne in mind in patients on long-term therapy if a patient develops jounding or any symptoms suggestive of hepatitis treatment with ketoconazole shoulg be stopped. Mild asymptomatic time reaszes of liver enzyme levels in the other hand, do not necess tate discontinuation of the treatment ketoconazole, when given together with cyclosporin a results in increased blood levels of cyclosporin A in this important that blood levels of cyclosporin A are monitored if the two drugs are given concomitantly ketoconazol. 200 mg once daily produces a transjent decrease in plasma levels of testosterone. During long term therapy at this dose testosteronic levels are usually not sonificantly different from controls in a zero interest company and a second produces a transjent decrease in plasma levels of testosterone.



Prescribing Information

Presentation Vials containing 500mg, 1g or 2g of cefotaxime sodium. Indications Infections before identification of the organism. Infections caused by bacteria of established sensitivity, including chest infections, septicaemia, urinary tract infections, soft tissue infections, obstetric and gynaecological infections, bone and joint infections, meningitis, gonorrhoea. Dosage Claforan is administered i.m. or i.v. Adults: Usually 2-6g daily (see full prescribing information). For infections caused by sensitive Pseudomonas spp., doses of more than 6g daily are usually required. Children: 100-150mg/kg/day in 2 to 4 divided doses. Up to 200mg/kg/day may be given in very severe infections. Neonates: 50mg/kg body weight daily in 2 to 4 equally divided doses. In cases of severe infection, divided daily doses of 150-200mg/kg have been given. Dosage in renal impairment Reduced dosage is only required in severe renal failure (GFR

5mg/kg
5mg/kg

6mg/kg
6mg/kg

6mg/kg
6m

are hypersensitive to penicillins, although cross reactions have been reported. Special care is indicated in patients who have had an anaphylactic response to penicillin. Patients with severe renal dysfunction — see previous. Cephalosporin antibiotics at high dosage should be given with caution to patients receiving aminoglycoside antibiotics or potent diuretics such as frusemide. At recommended doses, enhancement of nephrotoxicity is unlikely with Claforan. A false-positive reaction to glucose may occur with reducing substances. Claforan should not be mixed in the syringe with aminoglycoside antibiotics. The safety of Claforan in human pregnancy has not been established. Side effects Adverse reactions are rare and generally mild and transient, but include diarrhoea (pseudomembraneous colitis has been rarely reported), candidiasis, rashes, fever, eosinophilia, leukopenia, transient rises in liver transaminase and alkaline phosphatase, transient pain at the site of injection and phlebitis. **Product licence holder and number** Roussel Laboratories Ltd., Broadwater Park, North Orbital Road, Uxbridge, Middlesex UB9 5HP. 0109/0074. **Package quantities and basic N.H.S. price** Vials of 500mg, 1g and 2g in packs of 10. One gram vial £4.95. **Date of preparation** November 1984.



HOW TO DO IT

The first edition of HOW TO DO IT proved a useful and popular guide to those things a doctor needs to know but is rarely taught: how to take an examination, how to interview and be interviewed, how to plan and write up research, how to behave at an inquest. In the second edition the original chapters have been expanded and updated, and there are several more chapters on new challenges—choosing a computer, flying, holding a press conference—and on some older ones not included in the first edition—assessing a job, dealing with a publisher.

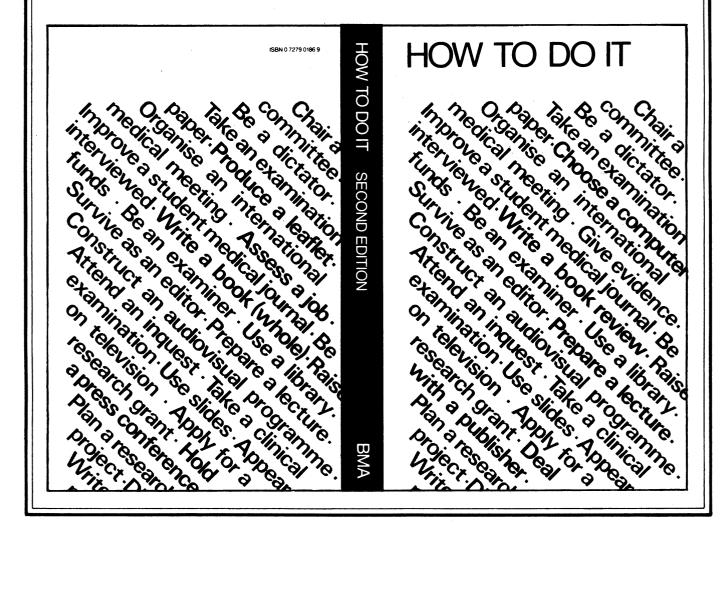
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AS YOU WERE

VE DAY-A MEDICAL RETROSPECT

Elston Grey-Turner, the much loved former secretary of the BMA who died in 1984, was often referred to by colleagues as "The Colonel" in tribute to his military service in the RAMC and the Territorial Army. As a tribute to his memory the BMJ commissioned a collection of reminiscences by doctors from their experiences in the second world war and their feelings as it came to an end. For some, VE Day was a time for celebration, but others were too busy to notice or, as prisoners of war, did not even know it had happened. The exigencies of war brought enormous advances in surgery and medicine—particularly in the use of blood transfusion and penicillin—while in the civilian hospitals newly qualified doctors and medical students took on responsibilities that are almost unimaginable today.

Often moving, occasionally horrific, sometimes hilarious, these highly personal memories reflect the many aspects of war from a medical viewpoint.

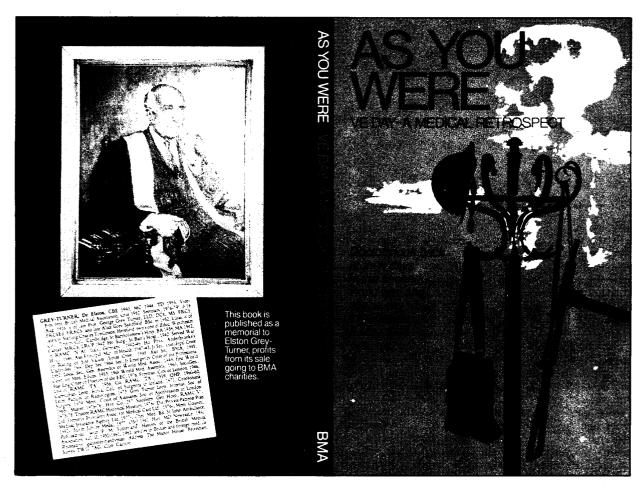
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Many of the difficulties of Third World medicine—the effects of poverty, overpopulation, and political unrest—are beyond the individual doctor's control; but what the western trained doctor practising in the developing world can and must do is to adapt his practice to compensate for the absence of sophisticated equipment, trained staff, and expensive drugs. It is wasteful, for instance, to buy elaborate machinery if there is no reliable electricity supply to run it off, or order expensive orthopaedic aids from abroad when, with a bit of ingenuity, effective ones can be made from local materials.

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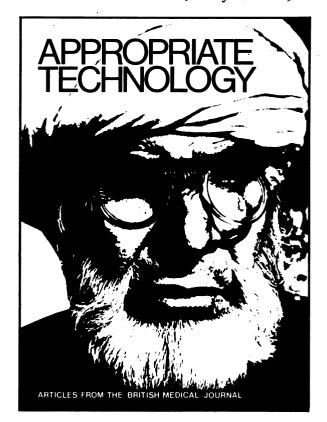
and transfusion; anaesthetics; obstetric care and child health; sanitation; and the purchase and distribution of drugs, as well as describing workable methods of health education and the use of teaching aids; of maintaining medical records; and of conducting epidemiological surveys and research at low cost.

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