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the new beginning in antifungal therapy.



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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.



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Prescribing information

Presentation: white flat, half scored uncoated tablets marked. Janssen: on one side and K/200 on the reverse. Each tablet contains

Uses: **Misora**ris an orally active anymycotic for the treatment in adults of vaginal candidosis, superficial and systemic mycoses including dermatophyte and veast infections of the skin hair and nails, yeast infections of the mouth and 61-tract. Also maintenance treatment of systemic mycoses and chronic mucocutaneous candidosis and prophylaxis in a trisk patients in children; systemic mycoses and chronic mucocutaneous candidosis and prophylaxis in a trisk patients in children; systemic mycoses and

Side effects, precautions, contra indications: contra-indicated in pregnancy. For maximal absorption Nizoral should be taken with meals. The use of agents which refuse gastric acidity ianti-cholinerigic drugs, naticiss. Hy oblickers should be also avoided and, if indicated such drugs should be taken not less than two hours after Nizoral Niasea, skin rash, neadache and pruntus may occasionally to observed alterations in liver function tests have occurred in patients on Netoconazole, these changes may be transient. Cases of hepatitis have been reported with an incidence of abbut 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 Netoconazole should be stooped. Mild asymptomatic increases of liver enzyme levels on the other hand, do not necess tate discontinuation of the treatment. Retoconazole, when given together with cyclosporna A results in increased about levels of cyclosporna A remonstrating are given concomitativity. Retoconazole and on one daily produces a trajsient decrease in plasma levels of testosterone. During long term therapy at this dose, testosterone.

# ABC OF POISONING

#### JOHN HENRY GLYN VOLANS

### Part 1. Drugs

Whether accidental or self induced, poisoning raises many problems of diagnosis and management. What immediate first aid should be given—and how should treatment continue thereafter? How can the poison be identified? What are the complications? In this first part of a comprehensive manual John Henry and Glyn Volans, of the National Poisons Information Service, discuss the management of poisoning in general, giving practical information on diagnosis, laboratory tests, and means of elimination.

The main part of the book deals with poisoning from drugs, and describes the features of poisoning with specific types (including cardiac, respiratory, and psychoactive as well as analgesics and sedatives), and the particular problems of poisoning in the elderly and in children. The other side of the coin—drugs that counteract poisons—is shown in the complete up-to-date list of all drugs used in the treatment of poisoning, which has been drawn up by the National Poisons Information Service and replaces the one formerly issued by the DHSS as a health circular. Hospital doctors—especially casualty officers—and general practitioners, will find this book invaluable reading.

# ABCOF GLYN VOLANS Part 1· Drugs

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