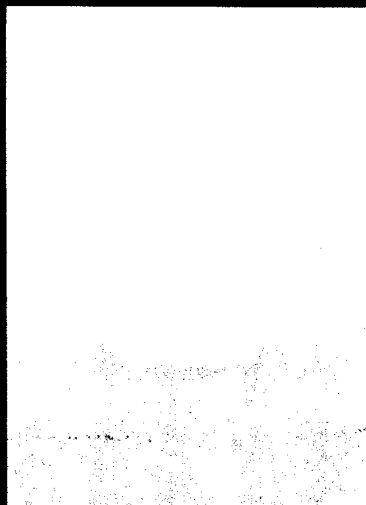


Nizoral^{TRADEMARK}

(ketoconazole) (tablets)

over 3 million
prescriptions
world-wide:

the new beginning
in antifungal therapy.



Doctors and patients around the world are discovering the modern simplicity of Nizoral oral therapy. Common but problematic fungal infections 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.

Full prescribing information available on request:



JANSSEN
PHARMACEUTICA

the drug discovery company

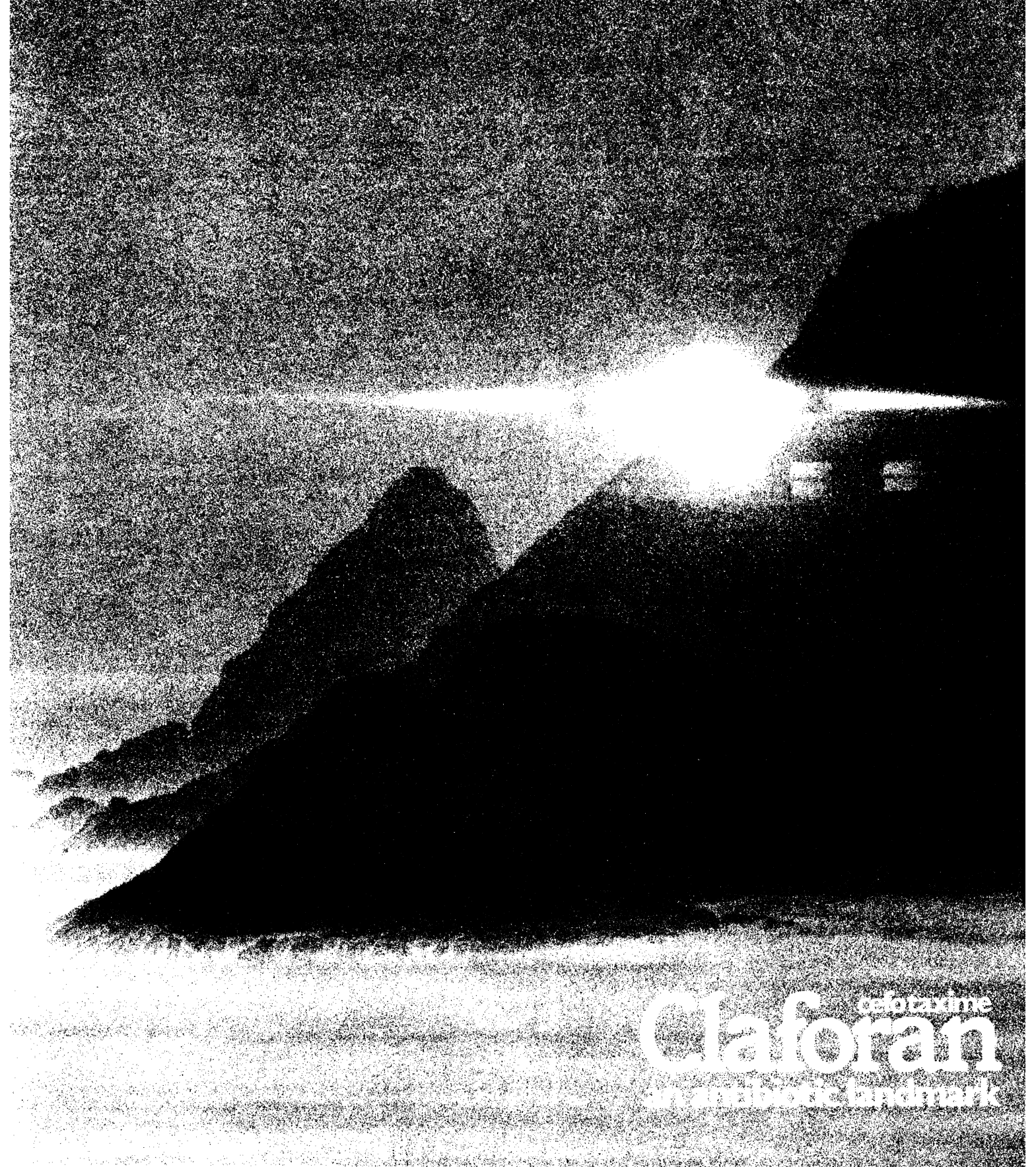
B-2340 Beerse, Belgium

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, gynecomastia has been reported.



Claforan

cefotaxime
an antibiotic landmark

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 < 5ml/min = serum creatinine approx. 751 μ mol/l) when, after an initial loading dose of 1g, the daily dose is halved without change in frequency of dosing. **Contra-indications** Known allergy to cephalosporins. **Precautions** Cephalosporin antibiotics may usually be given safely to patients who

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 (pseudomembranous 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.

ROUSSEL



35 Boulevard des Invalides,
75007 Paris, Cedex 07, France

ADVANCES IN ECHO/DOPPLER 1985

The British Institute of Radiology
36 Portland Place, London W1N 3DG
A One Day Meeting
4 November 1985

This course is intended to provide a comprehensive survey of the present role of doppler in the assessment of cardiac disease plus an update on developments in cross-sectional imaging techniques.

Topics and speakers:

Normal doppler examination—Introduction; Normal doppler examination (N Wilson, Leeds); Assessment of valve gradients (J Gibbs, Leeds); Assessment of sub valve gradients (G Sutherland, Southampton); Valve regurgitation (T Skaerpe, Trondheim); Intracardiac shunting (N Wilson, Leeds); Assessment of prosthetic valves (G Leech, London); Doppler in paediatric cardiology (A Huston, Glasgow); Colour encoded doppler (J Roelandt, Rotterdam); Cardiac output (T Skaerpe, Trondheim).

Non invasive assessment of cardiac disease: Current status—Valvular disease: a physician's view (R Hall, Newcastle); a surgeon's view (D Shore, Southampton); Myocardial ischaemia/infarction (J Roelandt, Rotterdam); Paediatric cardiology (G Sutherland, Southampton).

Advances in cross sectional imaging—The role of trans-oesophageal echocardiography (P Hanrath, Hamburg); Intraoperative echocardiography (E Gussenhoven, Rotterdam); Contrast echo-new contrast agents potential role (R Erbel, Mainz).

Course Fee: £50

Course organiser:

Dr G Sutherland

Details from:

**Dr G Sutherland, Southampton General Hospital,
 Cardiac Unit, Tremona Road, Southampton**

ABC OF BRAIN STEM DEATH

CHRISTOPHER PALLIS

The subject of brain stem death still arouses misconceptions—witness the response to the BBC *Panorama* programme on transplantation and brain death. Dr Christopher Pallis has dispelled some of the misconceptions, examined the concepts underlying our ideas of death, and described the practical aspects of diagnosing brain stem death. These articles have been collected into a book together with additional material on the wider aspects of the subject, including some of the neurological controversies.

Price: Inland £6.00;
 Overseas £7.50/USA\$13.00
 (Inland £5.50; Overseas £7.00/USA\$12.00
 to BMA members)

Despatched by air overseas

Payment must be enclosed with order

Order your copy now

From: The Publisher
 British Medical Journal, BMA House,
 Tavistock Square, London WC1H 9JR
 or any leading bookseller

APPROPRIATE TECHNOLOGY

Many of the difficulties of Third World medicine—the effects of poverty, starvation, 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. Written by doctors and technicians with first hand experience of the problems, *Appropriate Technology* is a guide to the sensible choice and use of resources.

The British Medical Journal has subsidised this title to make this information widely available at as low cost as possible.

Price: Inland £2.50; Abroad £5.00/USA \$8.00
 BMA members (please quote membership number):
 Inland £2.00; Abroad £4.50/USA \$7.00

Despatched by air overseas

Payment must be enclosed with order

Order your copy now

From: The Publishing Manager, British Medical Journal,
 BMA House, Tavistock Square, London WC1H 9JR
 or any leading bookseller

THE ROYAL COLLEGE OF SURGEONS OF EDINBURGH THE LISTER LECTURE

will be delivered by

John Wallwork Esq FRCSEd

Lister Professor 1985

Papworth Hospital, Cambridge

on

**"Heart-lung transplantation—
 the development of a successful clinical programme"**

in the Hall of the College on

Thursday 31 October 1985 at 4.30 pm

This Lecture is open to Postgraduate Students

PROCEDURES IN PRACTICE

An illustrated step-by-step guide for doctors making their first attempts at the procedures commonly used in hospital practice. The articles explain the techniques in detail and give indications and contraindications for a range of tasks from setting up a drip to aspirating bone marrow.

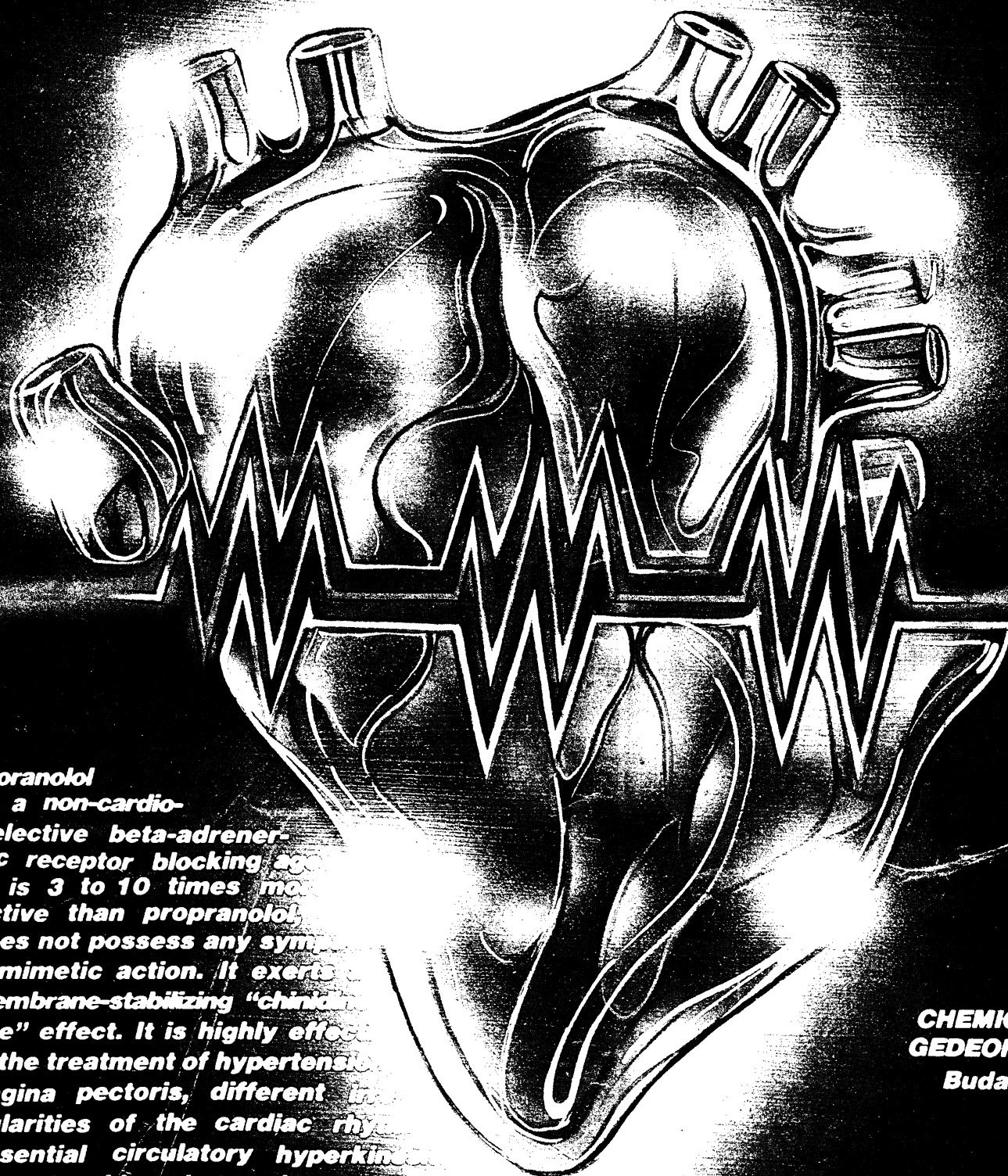
Price: Inland £4.50; Abroad £7.00; USA \$13.00
 (BMA members: Inland £4.00; Abroad £6.50;
 USA \$12.00). *Despatched by air abroad.*

BRITISH MEDICAL JOURNAL, BMA House,
 Tavistock Square, London WC1H 9JR,
 or any leading bookseller

Atobanur[®]

non-cardioselective
beta-blocker

tablets
(CLORANOLOL)



Cloranolol is a non-cardio-selective beta-adrenergic receptor blocking agent. It is 3 to 10 times more active than propranolol. It does not possess any sympathomimetic action. It exerts a membrane-stabilizing "quinidine-like" effect. It is highly effective in the treatment of hypertension, angina pectoris, different irregularities of the cardiac rhythm, essential circulatory hyperkinetic hypertrophic obstructive cardiomyopathy and hyperthyroidism.

Produced by
**CHEMICAL WORKS of
GEDEON RICHTER Ltd.**
Budapest-Hungary

Exported by
MEDIMPEX
Budapest-Hungary

WHAT'S A GOOD DOCTOR WITHOUT GOOD DRUGS ?

Good doctors treat patients, not just diseases or symptoms. Diagnosis is their key to selecting the most appropriate treatment, always weighing risks against benefits.

And when it comes to drug treatment, they like to rely on the best products from innovative drug research.

They know that ever more effective and safer drugs are indispensable to progress in medicine.

