

Nizoral^{TRADEMARK}

(ketoconazole) tablets

over 5 million
prescriptions
world-wide.

Oral medication
in antifungal therapy:



Doctors and patients around the world are discovering the modern simplicity of Nizoral oral therapy. Common but often problematic fungal infections can now be treated effectively and elegantly.

Typically, in *Candida* vaginitis, 2 oral tablets once daily for 5 days is all it takes today to effectively cure the problem.



JANSSEN
PHARMACEUTICA

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:** 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 mycotic cutaneous 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, gynaecomastia has been reported.

The nurse on the left established
British nursing standards.
The nurse on the right is being
forced to compromise them.



Over a century ago, Florence Nightingale brought to nursing a degree of professionalism, commitment and care that has been its hallmark ever since.

As a result, thousands of little children grew up wanting to be nurses. Today, many of the children who did become nurses are wishing they hadn't.

Because since the Griffiths Report, nurses are increasingly being treated like children.

The Griffiths Report recommended major changes in the way that the National Health Service is run. Chief among them is the idea that it can be made more cost-effective by employing managers from the business world.

WHO PAYS?

We would argue that in many places, cost-cutting is being carried out at the patients' expense.

Because, whilst we agree that administrators can run hospitals, we don't believe that they can run nursing.

More and more Health Authorities are appointing executives: at the same time, they are depriving nurses of any meaningful management role.

The results could be frightening.

Imagine a hospital where the nurses have no say at all in the choice of beds or other equipment. Where nursing staff can advise on patient care, but can't take any decisions. Where a matter of life and death can become a matter of pounds and pence. A hospital where the patients' spokesman has lost her voice.

Now stop imagining.

Because this is what's starting to happen in Health Authorities throughout the country.

As the protector of nursing standards, the Royal College of Nursing is appalled.

THERE MUST BE A BETTER WAY.

We want to see a director of nursing appointed in every health unit in Britain.

Someone with the power and the nursing experience to make health care more effective.

Whilst the administrator concentrates on making it more cost-efficient.

We think that Miss Nightingale would agree with us. If you do too, please add your name to our petition by sending us the coupon.

And, if you're as worried as we are, please write to your Member of Parliament now (the address is the House of Commons, Westminster, London, SW1A 0AA).

I agree. Nursing should be run by nurses. BMJB

Name _____

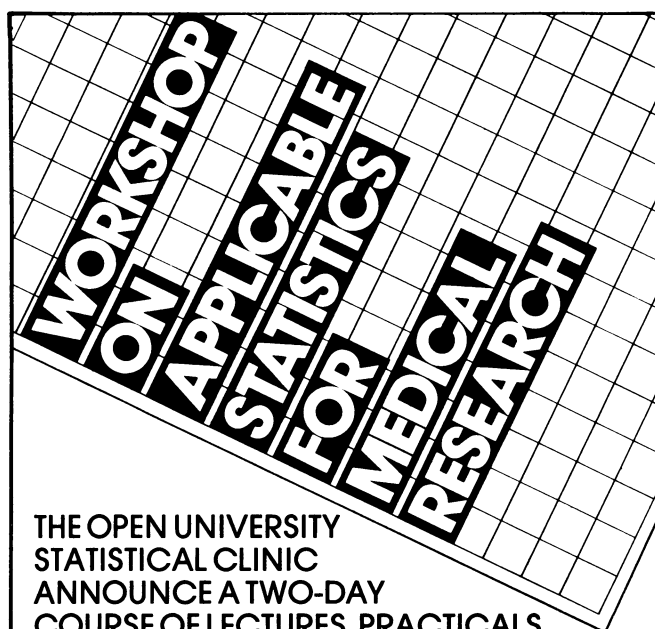
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ROYAL
COLLEGE OF
NURSING



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SO THEY CAN CARE FOR YOU.



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- constructing confidence intervals
- introduction to the analysis of survival data

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Dr Sheila M Gore, Cambridge **Guest speaker**
Professor Toby Lewis, Dr Kevin McConway,
Mr James Paul **Open University**

CONFERENCE FEE:

The basic fee is £85 (+ VAT) per person; this includes lunch, light refreshment, reception and all workshop papers. Bed, breakfast and evening meal are available at the College for a moderate charge.

FOR FURTHER INFORMATION AND

BOOKING FORM PLEASE CONTACT:

Jim Paul
on Milton Keynes (0908) 653844/652140



Statistical Clinic The Open University Walton Hall Milton Keynes MK7 6AA

The Royal College of Surgeons of Edinburgh Basic Science Course (FRCSEd)

A Basic Science Course will be conducted by the College in preparation for the Part I Fellowship Examination as follows:

5.30–7.30 pm 22 April–4 June 1986

There will be lectures in Anatomy, Physiology and Pathology.

The numbers will be limited. Fee: £150

For further particulars and enrolment form, application should be made to:

The Clerk to the College,
The Royal College of Surgeons,
Nicolson Street, Edinburgh EH8 9DW

The Royal College of Surgeons of Edinburgh

announce an Evening Colloquium

OESOPHAGEAL PROBLEMS IN GENERAL SURGERY

Tuesday 4 March 1986 6–10 pm

Moderator: Mr J M T Griffiths, Edinburgh

The assessment of oesophageal reflux and pain	Dr R C Heading, Edinburgh
The surgical management of gastro-oesophageal reflux	Mr M W L Gear, Gloucester
The management of oesophageal varices	Mr G W Johnston, Belfast
The surgical management of oesophageal obstruction	Mr T W Balfour, Nottingham

DISCUSSION

Light refreshments will be served free of charge. Pay bar. Admission by ticket only on application to the Clerk to the College, Nicolson Street, Edinburgh EH8 9DW.

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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.

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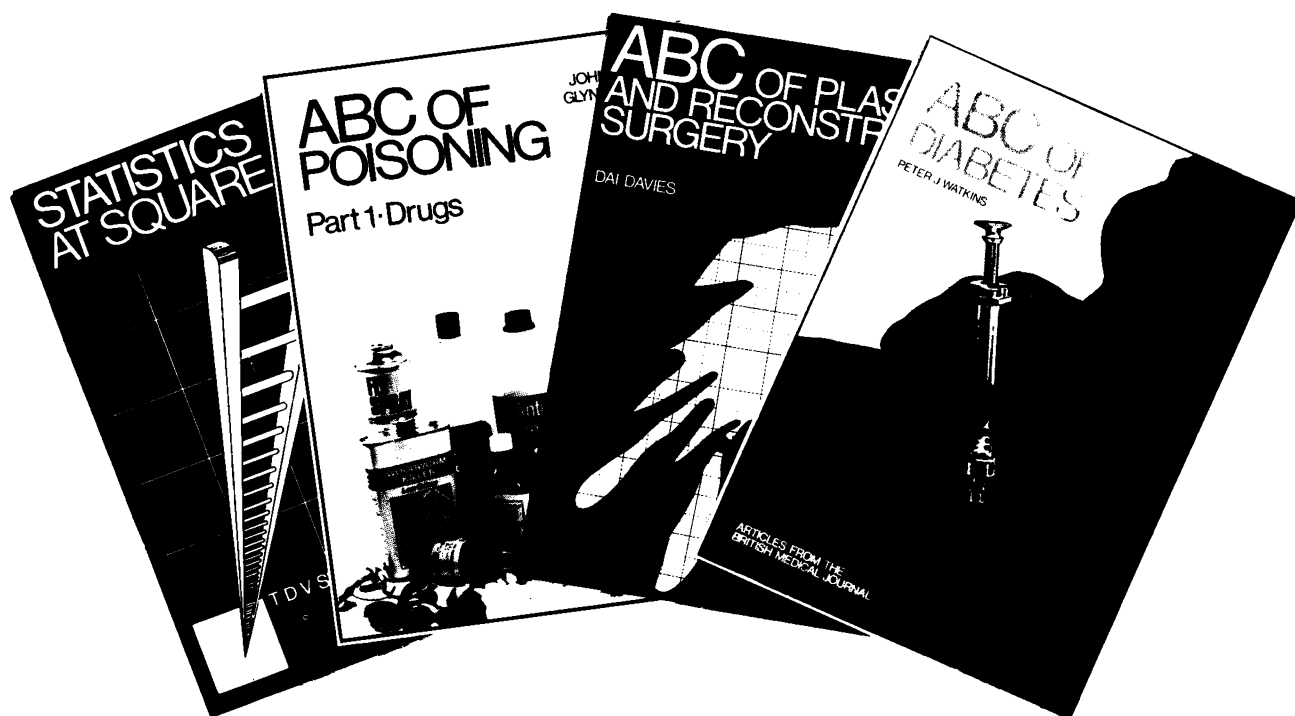
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ABC OF DIABETES **PETER J WATKINS**

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Price: £4.50; USA\$8.00

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Long term therapy with Adalat retard

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THE MODERN COMPREHENSIVE DRUG THERAPY OF CARDIOVASCULAR DISEASE: ADALAT RETARD.



Composition: 1 tablet Adalat® retard contains 20 mg nifedipine. **Indications:** Coronary heart disease. Early and long term treatment of coronary heart disease (in particular coronary insufficiency, angina pectoris, post-infarction syndrome). All forms of hypertension. **Contraindication:** Pregnancy. **Side effects:** Side effects occur only rarely and, if at all, at the beginning of treatment, they are usually mild and transient. Occasional symptoms may be headache, facial flush and heat sensation, leg oedema, nausea, dizziness, tiredness and skin reactions. As is the case with other vasoactive substances, chest pain may very occasionally occur after administration. In this event Adalat should be discontinued if the pains are considered to have been caused by the medication. **Interactions:** Adalat can be administered together with antihypertensive agents, however, the additive effect should be taken into account. Treatment with cardiac glycosides can be begun or continued during nifedipine treatment. A combination treatment of Adalat retard with beta blockers or a saluretic is possible (see S.M.I.). **Dosage:** Treatment should be adjusted individually to the degree of severity of the disease and to the patient's responsiveness. A daily dose of 2 x 1 tablet of Adalat retard (2 x 20 mg) is recommended. In individual cases an increase in the daily dose to 2 x 2 tablets of Adalat retard (2 x 40 mg) may be necessary. The recommended interval between tablet intake is about 12 hours and should not be shorter than 4 hours. Generally, the tablet is swallowed unchanged with a little liquid, independent of meals. **Note:** In the presence of coronary spasms (Prinzmetal angina, angina at rest) and particularly severe forms of coronary heart disease or in the case of impending anginal attack or acute hypertensive crisis which all require a quick onset of effect, Adalat capsules which are marked by rapid action should be taken chewed. When the patient's condition has improved, a change-over to Adalat retard tablets may be attempted. **Presentation:** Tablets of 20 mg Nifedipine. Box of 30 tablets, box of 50 tablets, box of 100 tablets, hospital size pack.

ADALAT RETARD

ANTI-HYPERTENSIVE
WITH CARDIOPROTECTIVE EFFECT

Bayer Germany

