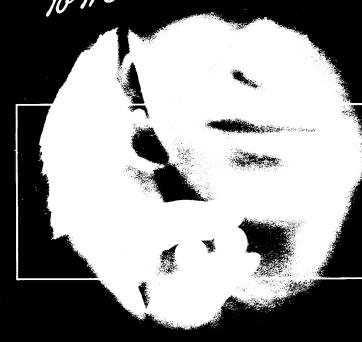
In vaginal candidosis:

TRADEMARK TRADEMARK

ketoconazole

the elegant way
to treat an inelegant problem



2 oral tablets
once daily
for 5 days
is all it takes
today
to effectively
cure
the problem

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Remember:

oral convenience improves patient compliance and so reduces the chance of relapse.

Presentation: white, flat, half-scored uncoated tablets marked. Janssen on one side and K. 200 on the reverse. Each tablet contains 200 mg ketoconazole. Dosage (for vaginal candidosis only): two tablets (400 mg) once daily for 5 days. For maximal absorption Nizoral should be taken with meals. Nizoral should be taken not; 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 2 hours after Nizoral. 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. Side-effects: 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.

References:

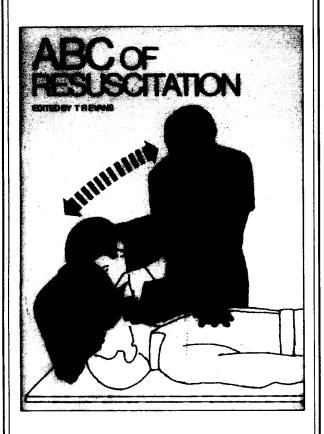
Tooley, et al.: The Practitioner 229, 655 (1985 Benussi, et al.: Curr. Ther. Res. 31(4), 511 (1982



PHARMACEUTICA

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world leader in antimycotic research



ABC OF RESUSCITATION

Edited by TR EVANS

The emergency treatment of any condition in which the brain fails to receive enough oxygen is literally a matter of life and death; the sooner it can be started the greater the chance of survival. Prompt action by witnesses of a cardiac arrest or at the scene of an accident can save lives by saving time, but hospital staff often do not possess the skills even in basic resuscitation that might be expected. In this authoritative guide members of the Resuscitation Council (UK) and other invited experts explain the techniques and consider some of the problems that surround this vital aspect of health care.

Chapters include

- Recognising a cardiac arrest and providing basic life support
- Advanced life support in general practice
- · Resuscitation by ambulance crews
- Training and retention of skills
- Resuscitation of infants and children
- Drowning and near drowning
- Ethics of resuscitation

Price: Inland £4.95; Overseas £6.50/USA\$10.50 (Inland £4.45; Overseas £6.00/USA\$9.50 to BMA members) Despatched by air overseas

Payment must be enclosed with order

BOOKS FROM THE BMI

Green from the 19 standing Malagae British Medical Justini, BMA House, Taylstock Square, Landon VC 19 11 projet Joseph Sandanie **International Medical Course**

Neonatal Surgery

12-21 July 1987 in Edinburgh

This seminar is designed to provide an up-to-date review of current practice in neonatal surgery. Actiology, pathology, diagnosis and treatment of individual conditions demanding urgent surgery in the first few days of life will be considered in detail.

The seminar is timed so that participants from overseas will be able, if they wish, to attend the Annual International Congress of the British Association of Paediatric Surgeons which will take place in Dublin starting on 22 July. Individuals are reminded that they will need to make their own separate arrangements for the Congress.

The seminar will be under the direction of **Professor James**Lister who is at present head of the Department of Paediatric
Surgery, University of Liverpool. The seminar is intended for
Surgeons at or near consultant level with a major interest in
neonatal surgery. Senior experienced surgeons wishing to
expand their knowledge and expertise will also be welcome.

There will be vacancies for 30 participants.

Fee: £1020 (residential) £670 (non-residential).
The working sessions will be held at the Royal College of Surgeons of Edinburgh. Resident participants will be accommodated at an hotel.

Further information and application forms are available from British Council Representatives overseas or from Courses Department, The British Council, 65 Davies Street, London W1Y2AA.

The British Council

International Medical Course

Neonatal medicine

29 June — 9 July 1987 Nottingham

The aim of this seminar is to bring together senior doctors who are responsible for the running of neonatal intensive care units, in order to look critically at neonatal care as it is currently practised in Britain. Short talks will be given by experts aiming to stimulate discussion rather than provide didactic information. Participants will be expected to present case histories of babies who had difficult diagnostic or management problems.

The seminar will be directed by **Professor David Hull** and **Professor Antony Milner** of the Department of Child Health, University Hospital, Queen's Medical Centre, Nottingham.

It is intended that those taking part in the seminar will be paediatricians actively involved in neonatal intensive care. Every applicant should be prepared to make a significant contribution to discussions.

There are vacancies for 30 participants.

Fee: £860 residential, £560 non-residential.

Further information and application forms are available from British Council Representatives overseas or from Courses Department, The British Council, 65 Davies Street, London W1Y2AA.

The British Council

