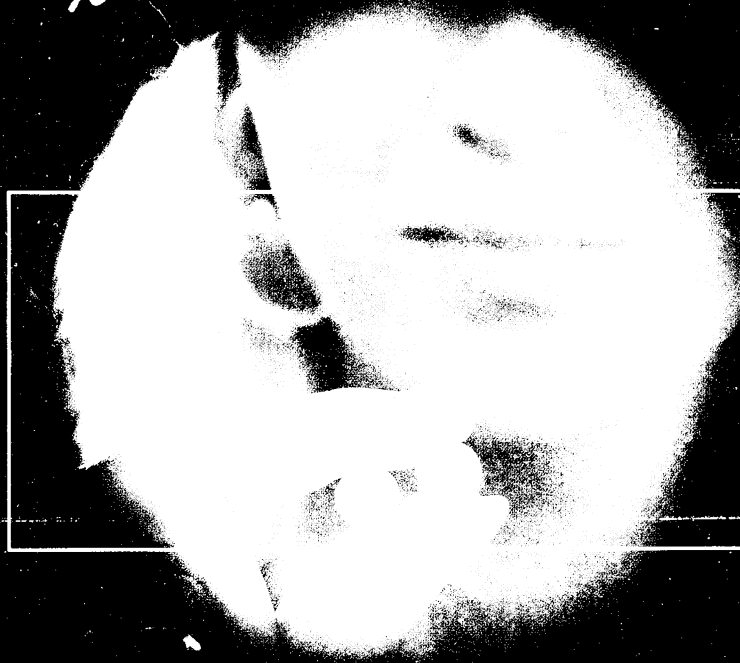


In vaginal candidosis:

**Nizoral** 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**

© JANSSEN PHARMACEUTICA 1986

**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 is **contra-indicated in pregnancy**. **Precautions:** the use of agents which reduce gastric acidity (anti-cholinergic drugs, antacids, H<sub>2</sub>-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. **Full prescribing information available on request.**

**References:**

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



**JANSSEN**

PHARMACEUTICA

B-2340 Beerse, Belgium

world leader in antimycotic research

**Just published**

# **PRESCRIBING IN PREGNANCY**

**EDITED BY PETER C RUBIN**



## ***Whose health comes first?***

If you are intending to prescribe drugs to a woman in pregnancy or the puerperium you must balance risks against benefits: no harm should be allowed to befall the baby because of the drug, but equally no harm must come to the mother and baby because a disease is being inadequately treated. *Prescribing in Pregnancy* gives you the information on which a clinical decision can be made. Essential reading for doctors who prescribe for women who are, or who may become, pregnant, it covers the treatment during pregnancy of:

- minor ailments
- bacterial infections
- asthma
- thromboembolic disease
- psychiatric disorders
- rheumatoid arthritis
- cardiovascular disorders
- endocrine diseases
- epilepsy

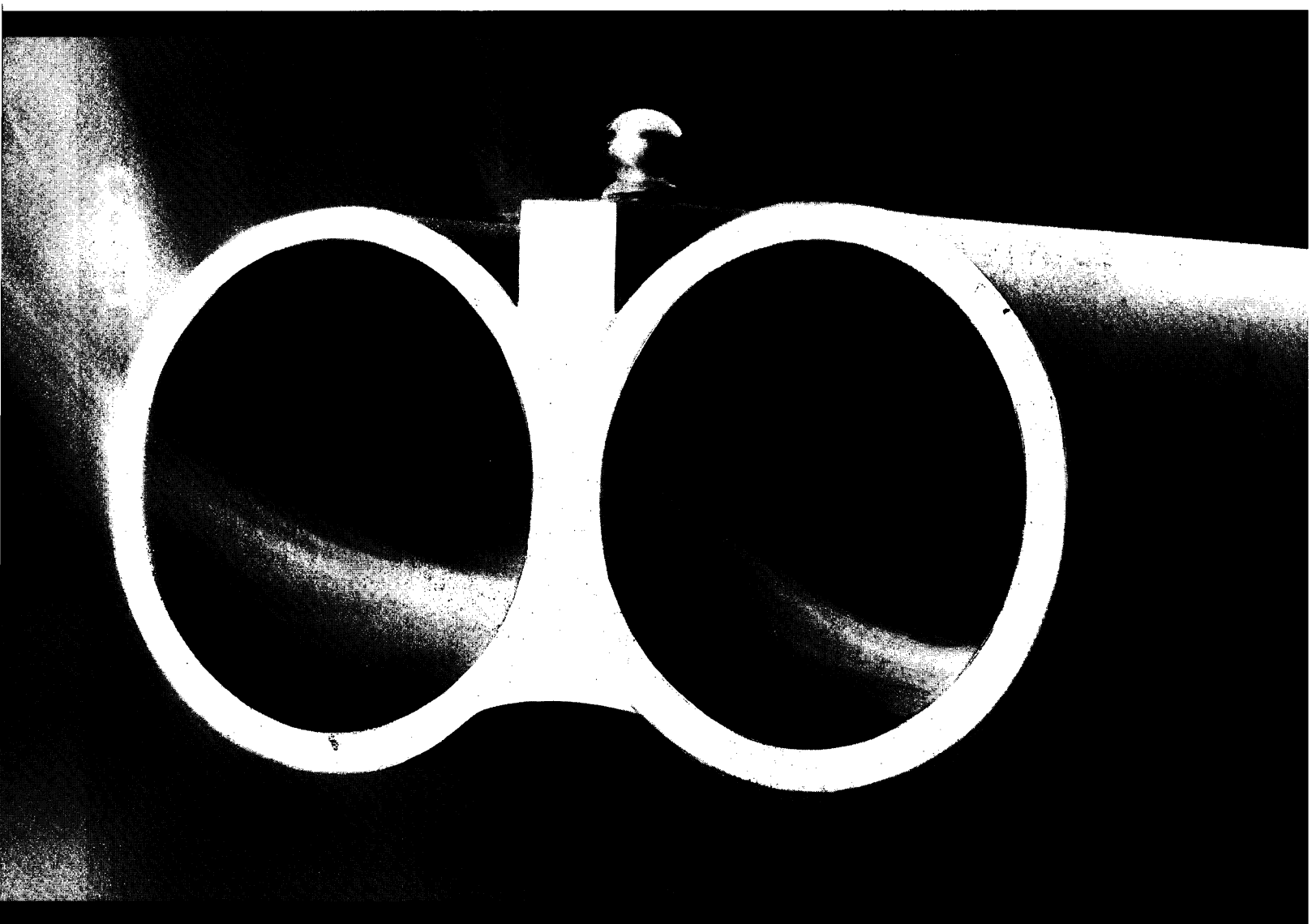
Price: inland £5.95; Abroad £7.50/USA \$11.50  
(BMA members: inland £5.45; Abroad £7.00/USA \$10.50. Please quote membership number)  
Despatched by air abroad. Payment must be enclosed with order.

**BMJ**

Order from BRITISH MEDICAL JOURNAL, PO Box 295  
London WC1H 9TE or any leading bookseller

**BMJ**

# De-Nol gives ulcer



# So they tend not t

**REFERENCES:** 1. Ward, M. et al, *Digestion*, 1986; 34: 173-177. 2. Bianchi Porro et al, *Scand. J. Gastro.* 1984, 19: 905-908. 3. Lee, F. et al, *Lancet* (1): 1299-1302 (1985). 4. Cipollini, F. et al, *Brit. J. Clin. Pract.* Vol 41: 4 (1987). 5. Martin, D. et al, *Lancet* (1): 7-10 (1981). 6. Hamilton, I. et al, *Gut* 27: 106-110 (1986). 7. Bianchi Porro et al, *Gut* 25: A565 (1984). 8. Konturek, S.J. et al, *Gut* 28: 201-205 (1987). 9. Marshall, B. et al, *Lancet* (1) 1984: 1311-1314. 10. Rathbone, B.J. et al, *Gut* 27: 635-641 (1986). **PRESENTATION:** Each tablet or 5 ml dose contains 120 mg tri-potassium di-citrate bismuthate (calculated as  $\text{Bi}_2\text{O}_3$ ). **USES:** Ulcer healing agent. For the treatment of gastric and duodenal ulcers. **DOSAGE AND ADMINISTRATION:** By oral administration. **Adults:** The more convenient dosage is two tablets or two 5 ml spoonful twice daily (half an hour before breakfast and half an hour before the evening meal) for 28 days. If necessary a further month's treatment may be given. Maintenance therapy with De-Nol is not indicated, but treatment may be repeated after an interval of one month. The tablets are to be taken with a draught of water and each 10 ml dose of the liquid diluted with 15 ml of water. **Children:** Not recommended.

**Gist-brocades**

# s both barrels.

NEW FORMULATION,  
NEW DOSAGE 2 b.d.



# o come back.

De-Nol has a clinical benefit which goes beyond merely healing ulcers as effectively as the  $H_2$  antagonists.<sup>1,2,3,4</sup>

Quite simply, an ulcer healed with De-Nol is less likely to come back than one healed with an  $H_2$  antagonist. This remarkable observation was first made in a trial published in the Lancet in 1981<sup>5</sup> and has subsequently been confirmed by further clinical trials.<sup>3,6,7</sup>

The reasons for this benefit appear to be twofold. Firstly, De-Nol is a cytoprotective, enhancing mucosal defence through the stimulation of mucosal prostaglandins.<sup>8</sup> Secondly, De-Nol is antibacterial to Campylobacter pyloridis<sup>9</sup>, a bacterium recently shown to be a potential aggressive factor in the development of gastritis and ulcer disease.<sup>10</sup>

Treatment is simple now with the new formulation. As simple as swallowing two tablets, morning and evening.

*R* De-Noltab 2 b.d.

## De-Nol<sup>®</sup>

tri-potassium di-citrate bismuthate

REBALANCES THE  
ULCER EQUATION

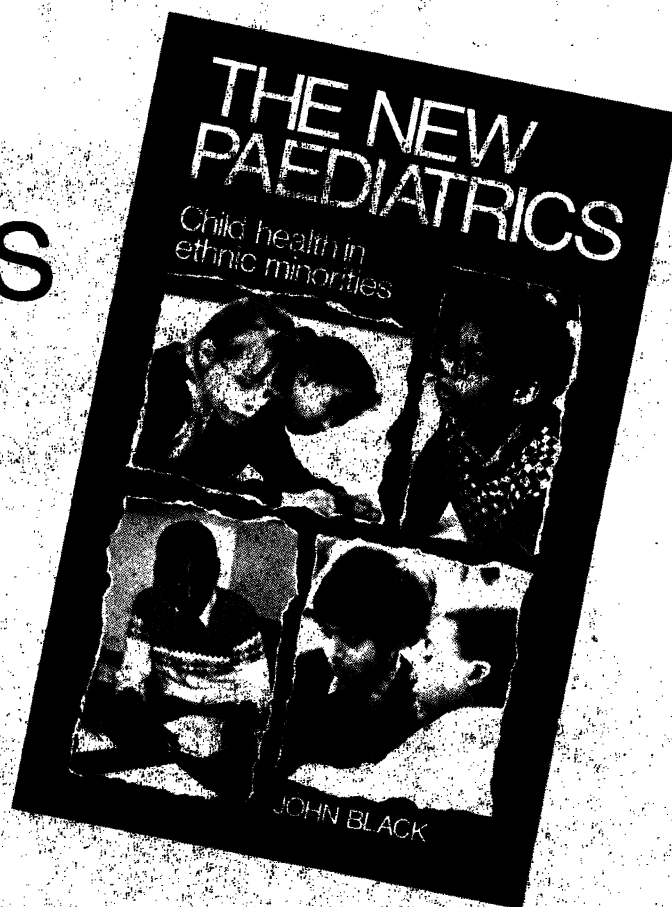
**CONTRA-INDICATIONS, WARNINGS:** De-Nol/De-Noltab should not be administered to patients with renal disorders and, on theoretical grounds, is contra-indicated in pregnancy. **Special precautions:** De-Nol/De-Noltab may inhibit the efficacy of orally administered tetracyclines. **Side effects:** Blackening of the stool usually occurs; nausea and vomiting have been reported. Darkening of the tongue may occur with De-Nol liquid only. **Overdosage:** No reports of overdosage have been received; gastric lavage and, if necessary, supportive therapy would be indicated. **LEGAL CATEGORY:** P. **PACKAGE QUANTITIES:** De-Noltab: Treatment pack of 112 tablets. De-Nol: Treatment pack of 560 ml. **BASIC N.H.S. PRICE:** De-Noltab: £18.90. De-Nol: £12.74. **PRODUCT LICENCE NUMBERS:** De-Noltab: 0166/0124. De-Nol: 0166/5024.

Brocades/Great Britain/Limited, West Byfleet, Surrey.

# THE NEW PAEDIATRICS

Child health in  
ethnic minorities

JOHN BLACK



*The New Paediatrics* is concerned with children from ethnic minorities in Britain, who may suffer from conditions unknown in the general population—tropical or subtropical infestations, and disease of genetic or nutritional origin—and whose problems are exacerbated by differences of culture and language. Proper treatment is not only vital for the individual child, but also has a wider effect: it is often through their children that immigrant families first come into contact with the medical services, and their subsequent attitude to medical care may be determined by the amount of tolerance and understanding they receive over their children from doctors, nurses, and non-medical staff. In this collection of articles originally published in the *BMJ* Dr John Black offers expert guidance to health workers on the understanding of differing cultural traditions as well as on the management of specific diseases.

Price: Inland £4.50  
Overseas £6.00/USA \$8.50  
(Inland £4.00;  
Overseas £5.50/USA \$7.50  
to BMA members)

*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*

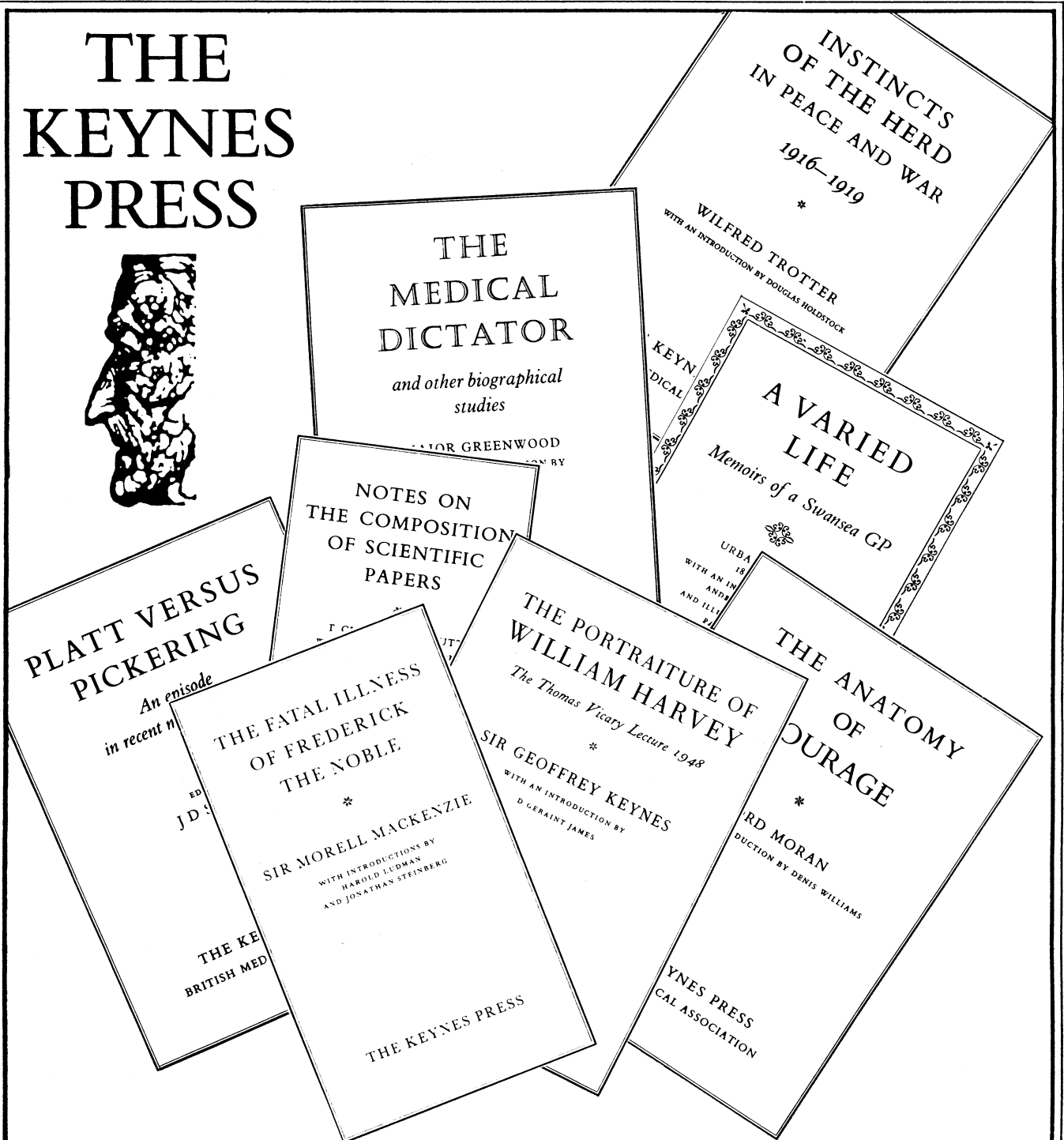
*Books for the collector . . .*

# THE KEYNES PRESS

presents limited editions of medical classics, beautifully bound and printed, each one being specially edited with an introduction by an expert, and designed by Sebastian Carter. Named after the great polymath, Sir Geoffrey Keynes, the press emphasises high standards of scholarship and elegance of production in books that bibliophiles and all readers interested in the history and philosophy of medicine will want to own.



# THE KEYNES PRESS



Sir Geoffrey Keynes, who died in July 1982 at the age of 95, was one of the great polymaths. His twin loves were medicine and surgery, on the one hand, and literature and the arts, on the other and he pursued both with equal success. He worked closely with the Nonesuch Press, editing several of its books, and it is therefore fitting that the Keynes Press should be named after him. Aimed primarily at reprinting classics with a medical interest published in the period of Keynes' life, the press pursues the same standards of scholarship and elegance that characterised the Nonesuch Press. Each book is specially edited and designed, and contains a commissioned introduction by an expert.

**The Fatal Illness of Frederick the Noble** by Morell Mackenzie. Introductions by Harold Ludman, consultant, ear, nose, and throat surgeon, King's College Hospital, and Jonathan Steinberg, fellow of Trinity Hall, Cambridge. Mackenzie's account of his part in the treatment of Crown Prince Frederick of Prussia for a tumour of the larynx, a case that, besides arousing violent disagreement about acceptable medical practice, historically had far reaching repercussions throughout Europe. "... a contribution to medical history embellished in bookish glory." (Michael Harmer). *Inland* £40.00; *Abroad* £47.00; *USA* \$68.00.

**The Medical Dictator** by Major Greenwood. Wryly humorous, shrewd, but generous in his assessment of men and their achievements, Major Greenwood used their lives as starting points for his own observations on science, statistics, medical education, medical politics and life in general. Introduction by Austin Bradford Hill "... elegant edition of a true medical classic." (Richard Schilling). *Inland* £40.00; *Abroad* £43.00; *USA* \$64.00.

**The Portraiture of William Harvey** by Geoffrey Keynes. For his 1948 Thomas Vicary lecture at the Royal College of Surgeons Geoffrey Keynes presented a scholarly and fascinating account of the portraits of William Harvey, in which he displayed all his considerable powers of observation and deduction as well as his knowledge of the art of portraiture and of the history of medical science. This Keynes Press edition contains the complete text of the original with new high quality reproduction of the illustrations. "Keynes's scholarship is impressive, his writing is lucid as always, and his detective work makes exciting reading" (Neil McIntyre). *Inland* £40.00; *Abroad* £46.00; *USA* \$64.50.

**Platt versus Pickering.** The epic debate between Sir Geoffrey Pickering and Lord Platt on the nature of hypertension. Collected with a commentary and introduction by John Swales, professor of medicine at the University of Leicester. "Historic, informative, and beautifully produced." (Eoin O'Brien). *Inland* £45.00; *Abroad* £51.00; *USA* \$71.50.

**Instincts of the Herd in Peace and War** by Wilfred Trotter. An analysis of human aggression, foretelling with chilling accuracy how this would lead to the threat of universal destruction. First published in 1916, its message is even more urgent today. Introduction by Douglas Holdstock, consultant physician at Ashford Hospital. *Inland* £45.00; *Abroad* £52.00; *USA* \$73.00.

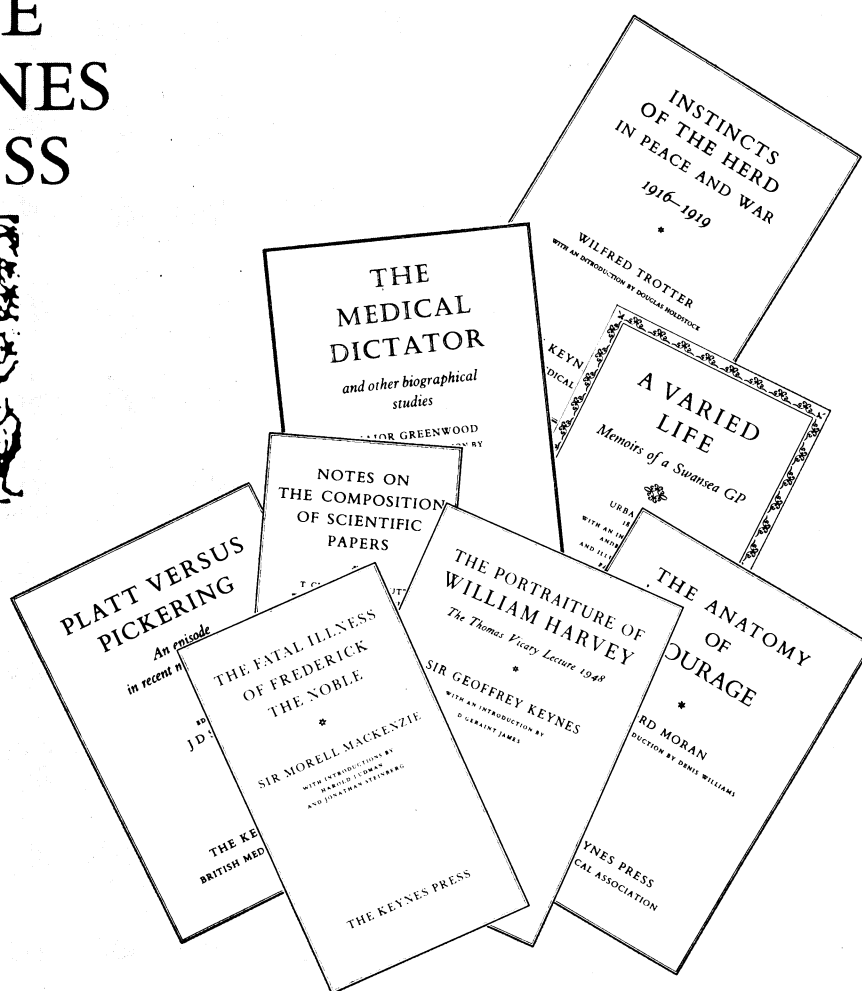
**A Varied Life: Memoirs of a Swansea GP.** The diaries of Urban Marks, whose career as a GP spanned the introduction of Lloyd George's national insurance scheme and the start of the National Health Service as well as two world wars. Illustrated by Paul Cox and with an introduction by Andrew Smith, general practitioner, Wickham on Tyne. "A delightful book." (Lord Taylor). *Inland* £35.00; *Abroad* £37.50; *USA* \$52.50.

**Notes on the Composition of Scientific Papers** by Clifford Allbutt. Introduction by Alex Paton, postgraduate dean, North East Thames Region. "A splendid book to recommend to anyone who wishes to write well." (O L Wade). *Inland* £35.00; *Abroad* £39.50; *USA* \$55.50.

**The Anatomy of Courage** by Lord Moran. Introduction by Denis Williams, consulting neurologist, National Hospital for Nervous Diseases, London. "I have always thought that the *Anatomy of Courage* shared a place on a shelf with the writings of Robert Graves and Erich Remarque and with the poems of Wilfred Owen. Rereading it has done nothing but confirm this view." (Richard Lovell). *Inland* £35.00; *Abroad* £41.00; *USA* \$57.50.



# THE KEYNES PRESS



## ORDER FORM

**BRITISH MEDICAL JOURNAL (The Keynes Press), P.O. Box 295, London WC1H9TE, England**

Please send me the books marked below.

	UK	ABROAD	USA
<input type="checkbox"/> <b>The Fatal Illness of Frederick the Noble</b> by Sir Morrell Mackenzie.....	£40.00	£47.00	\$68.00
<input type="checkbox"/> <b>The Medical Dictator</b> by Major Greenwood.....	£40.00	£43.00	\$64.00
<input type="checkbox"/> <b>The Portraiture of William Harvey</b> by Sir Geoffrey Keynes.....	£40.00	£46.00	\$64.50
<input type="checkbox"/> <b>Instincts of the Herd in Peace and War</b> by Wilfred Trotter.....	£45.00	£52.00	\$73.00
<input type="checkbox"/> <b>A Varied Life: Memoirs of a Swansea GP</b> , the diaries of Urban Marks.....	£35.00	£37.50	\$52.50
<input type="checkbox"/> <b>Platt versus Pickering</b> .....	£45.00	£51.00	\$71.50
<input type="checkbox"/> <b>Notes on the Composition of Scientific Papers</b> by Sir Clifford Allbutt.....	£35.00	£39.50	\$55.50
<input type="checkbox"/> <b>The Anatomy of Courage</b> by Lord Moran .....	£35.00	£41.00	\$57.50

NAME.....

ADDRESS.....


POSTAL/ZIP CODE.....


All prices include registered postage. Please make your cheque payable to the *British Medical Journal*.

Overseas payments should be made in US dollars, on a bank in the United States of America, or in £ sterling on a bank in the United Kingdom.

# new power to relieve arthritis

## PRESCRIBING INFORMATION:

**PRESENTATION:** White, convex tablets, 11mm in diameter marked SURGAM 300 on one side and  on the reverse. Each tablet contains 300mg tiaprofenic acid.

White, convex tablets, 10mm in diameter, marked SURGAM 200 on one side and  on the reverse. Each tablet contains 200mg tiaprofenic acid. Sachets containing 300mg tiaprofenic acid.

**Uses/Properties:** Surgam is a non-steroidal anti-inflammatory agent with marked analgesic properties.

**Indications:** Rheumatoid arthritis, osteoarthritis; ankylosing spondylitis; low back pain; musculo-skeletal disorders such as fibrositis, capsulitis, epicondylitis and other soft-tissue inflammatory conditions; sprains and strains, post-operative inflammation and pain, and other soft-tissue injuries.

**Dosage and administration Adults:** 600mg daily in divided doses. 300mg twice daily. Alternatively, 200mg three times daily.

**Elderly:** Current research suggests that it is not necessary to modify the dosage of Surgam in the elderly or in cases of mild to moderate renal impairment. In severe renal impairment, it is suggested that the dosage should be reduced to 200mg twice daily.

**Children:** There are insufficient data to recommend use of Surgam in children.

**Contra-indications, warnings etc. Contra-indications:** Active peptic ulceration, history of peptic ulceration, hypersensitivity to the drug. **Precautions:** Surgam should be used with care in patients with a history of severe renal or hepatic insufficiency, asthma or previous sensitivity to aspirin or other non-steroidal anti-inflammatory agents. Non-steroidal anti-inflammatory drugs may cause some sodium and fluid retention. This should be borne in mind in patients with incipient or actual congestive heart failure. Since Surgam is highly protein-bound, it may be necessary to modify the dosage of other highly protein-bound drugs, e.g. anticoagulants, sulphonamides, hypoglycaemic agents, phenytoin and certain potent diuretics when these are administered concurrently.

**Pregnancy:** Although animal studies have not revealed evidence of teratogenicity safety in human pregnancy and lactation cannot be assumed and, in common with other non-steroidal anti-inflammatory agents, administration during the first trimester should be avoided.

**Lactation:** There are no data on the passage of Surgam into the breast milk.

**Side effects:** Surgam is generally well tolerated. Gastro-intestinal reactions which have been reported include dyspepsia, nausea, abdominal pain, vomiting, anorexia, indigestion, heartburn, stomatitis, constipation, gastritis, flatulence or diarrhoea. In common with other non-steroidal anti-inflammatory agents, peptic ulcers, gastro-intestinal bleeding and perforation have occasionally been reported and in exceptional cases may have been associated with fatalities. Headache and drowsiness have occasionally been reported as have skin reactions, which include rash, photosensitivity, urticaria, pruritis, angio-oedema and alopecia.

**Treatment of overdosage:** In the event of an overdosage with Surgam, supportive and symptomatic therapy is indicated.

**Pharmaceutical precautions** Store in a cold place and protect from light.

**Legal category** Prescription Only Medicine.

**Package quantities** 300mg tablets in bottles of 60. 200mg tablets in bottles of 100.

300mg sachets in packets of 60.

**Basic NHS prices and Product licence numbers** Surgam 300mg £15.44 per pack of 60 0109/0109 Surgam 200mg £16.39 per pack of 100 0109/0108 Surgam 300mg sachets £15.44 per pack of 60. 0109/0127

**Further information** Nil. **Date of preparation** March 1987.

# SURGAM

tiaprofenic acid

# 300

ROUSSEL 

Roussel Laboratories Ltd,  
Broadwater Park, North Orbital Road,  
Uxbridge, Middlesex UB9 5HP.

bd

# Adalat: The cardioprotective coronary therapeutic agent



**Composition:** 1 Adalat capsule contains 10 mg nifedipine. **Indications:** 1. **Coronary heart disease:** Chronic stable angina pectoris, angina at rest, including vasospastic angina (Prinzmetal's angina, variant angina) and unstable angina (crescendo preinfarction angina), angina pectoris following myocardial infarction (except in the first 8 days following acute myocardial infarction). 2. **Hypertension.** **Contraindications:** Hypersensitivity to Adalat and the whole period of pregnancy. There are no findings on use during lactation. Caution should be exercised in the presence of pronounced low blood pressure (severe hypotension: systolic blood pressure < 90 mmHg). **Cardiovascular shock.** **Side-effects:** Side-effects generally occur at the start of therapy and are often of a slight and transient nature: facial flush, heat sensation, headache. In isolated cases, particularly at higher doses: nausea, dizziness, tiredness, skin reactions, paraesthesia, hypotensive reaction, palpitations and increased pulse rate. Occasionally leg oedema due to dilatation of the blood vessels. Extremely rare: during long-term therapy, gingival hyperplasia which regresses completely once therapy is discontinued; chest pain (which may be angina pectoris-like pain) – where this occurs and a causal connection with Adalat is suspected, therapy should be discontinued. Caution should be exercised in dialysis patients with malignant hypertension and irreversible renal failure with hypovolaemia, since vasodilatation can result in a reduction in blood pressure. Treatment of

hypertension with this drug requires regular medical supervision. Individuals may react differently to this drug and some patients' ability to drive and to operate machinery may be impaired. This applies particularly at the start of treatment, when changing from one preparation to another and if alcohol is consumed. **Mode of action:** Adalat is a calcium antagonist and is classified as a coronary therapeutic agent/antihypertensive agent. **Dosage:** Treatment should be adapted to the individual as much as possible according to the severity of the disease and the patient's response to therapy. **Coronary heart disease:** Long-term therapy, generally with a daily dose of 3 x 1 capsule Adalat. In some cases the dose can be increased in stages to 60 mg (3 x 2 capsules Adalat). For coronary spasms (Prinzmetal's angina, angina at rest) the daily dose can be temporarily increased to between 80 and a maximum of 120 mg (between 4 x 2 and 6 x 2 capsules Adalat) in individual cases. **Hypertension:** Daily dose: 3 x 10 to a maximum of 3 x 20 mg (3 x 1 to 3 x 2 capsules) Adalat. If particularly rapid onset of action is required in cases of acute high blood pressure (hypertensive crisis) or impending angina pectoris attack, the individual dose is 1–2 capsules Adalat (10–20 mg) administered sublingually (the capsule should be bitten). In exceptional cases up to 3 capsules Adalat (30 mg). **Dosage interval:** Where the individual dose is 20 mg, the capsules should be taken at intervals of not less than 2 hours. **Interactions with other drugs:** Adalat/antihypertensive agents;

concomitant administration may enhance the antihypertensive effect of nifedipine. **Adalat/beta receptor blockers:** the patient must be monitored carefully during concomitant administration since severe hypotension may occur; development of heart failure has been reported occasionally. **Adalat/cimetidine:** possible enhancement of antihypertensive effect. **Presentations:** Adalat: packs with 30, 50 and 100 capsules each containing 10 mg nifedipine.

Bayer AG, Leverkusen, West-Germany.

Co.-No.: 2 w

U 7/025

## Bayer

