

In vaginal candidosis:

Nizoral

ketoconazole

TRADEMARK

*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 1982

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. **D**osage (for vaginal candidosis only): two tablets (400 mg) once daily for 5 days. For maximal absorption Nizoral should be taken with meals. **N**izoral is contra-indicated in pregnancy. **P**recautions: 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. **S**ide-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.

Refferences:
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

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Spectacular advances in the techniques of plastic and reconstructive surgery mean that surgeons can now reposition amputated limbs and restore function to lacerated hands; they also play a vital part in multidisciplinary teams treating patients with head and neck cancer. *ABC of Plastic and Reconstructive Surgery* brings the non-specialist up to date on these advances and explains what can be done about congenital abnormalities and the disfiguring effects of trauma or disease. Fully illustrated to show the surgical procedures used and the results that can be achieved, it includes chapters on the whole range of reconstructive problems from burns to malignancies. A series from the *British Medical Journal*, now collected in one convenient volume with specially improved reproduction of the illustrations.

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This course aims to provide an understanding of the basic epidemiological methods used in medical research. It will also cover some aspects of medical statistics that are particularly relevant to this field. Examples of epidemiological studies will be drawn from health services research, as well as from the descriptive epidemiology of diseases and studies of the causation of disease.

The course will consist of talks and small group seminars. Members will be invited to discuss methods and problems encountered in their own countries.

The Director of Studies will be Professor W E Waters of the Department of Community Medicine at the University of Southampton.

The course is designed for clinical, industrial and administrative medical officers and public health officials, particularly those with medical qualifications. It may also be of interest to others involved in socio-medical research. No previous knowledge of either epidemiology or statistics will be assumed.

There are vacancies for 30 participants.

Fee: £925 residential, £625 non-residential.

The course will be held in the Postgraduate Medical Centre of the University of Southampton, which is situated in the Academic Block of Southampton General Hospital. Resident course members will be accommodated at a hotel in Southampton.



The
British
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Further information and application
forms are available from British Council
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ORGANISING A PRACTICE



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THE BRITISH
MEDICAL JOURNAL

An International Symposium

The clinical medicine of later life: The scientific basis of practice

5 - 15 April 1988, Oxford

This symposium will review recent advances in medical gerontology. Ageing processes and disease in later life will be considered, as will important topics concerned with management of clinical problems in elderly patients.

The symposium will be directed by **Professor J Grimley Evans** of the University of Oxford, and is designed for physicians with special interest in hospital or clinic practice concerned with the elderly.

There are vacancies for 30 participants.

Fee £795 residential, £520 non-residential.

The symposium will be based at St John's College, Oxford, where resident participants will also be accommodated.



Further information and application forms are available from British Council Representatives overseas or from Courses Department, The British Council, 65 Davies Street, London W1Y 2AA.

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GLYN WILLIAMS

SECOND EDITION

Trains, and boats, and planes . . .

More people than ever before are travelling abroad—and to ever more exotic places. *The ABC of Healthy Travel* provides the busy practitioner with a concise guide to advising travellers and managing their illnesses. Eric Walker and Glyn Williams give details of the immunisations a traveller may need and the infections he may bring home; suggest ways of preventing and treating illness abroad; list sources of up to date advice about changing conditions and health requirements; and, in this second, revised edition, review the most recent advice about malaria prophylaxis.

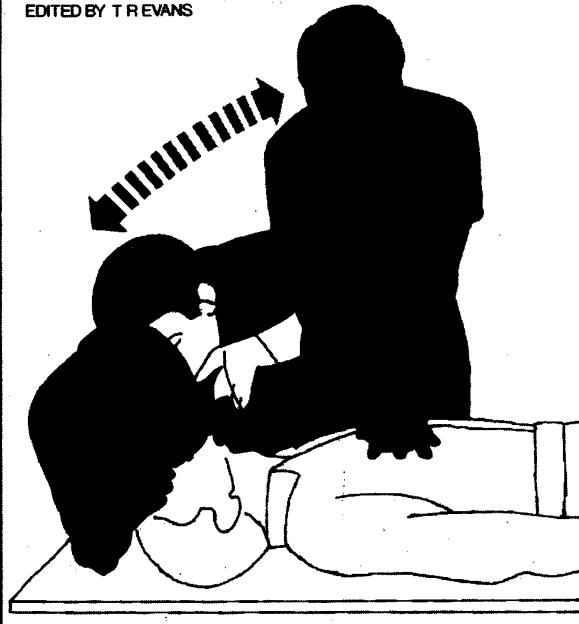
Price: Inland £4.95; Abroad £6.75; USA \$11.50
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ABC OF RESUSCITATION

EDITED BY T R EVANS



ABC OF RESUSCITATION

Edited by T R 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)
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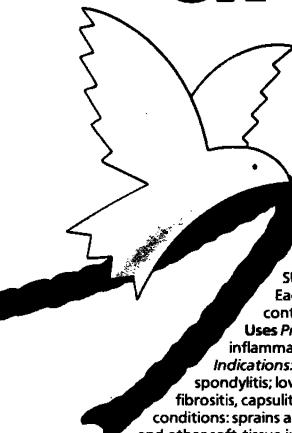
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power to relieve arthritis



PRESCRIBING INFORMATION:

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

White, convex tablets, 10mm in diameter, marked SURGAM 200 on one side and **A** 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 fibrosis, 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.

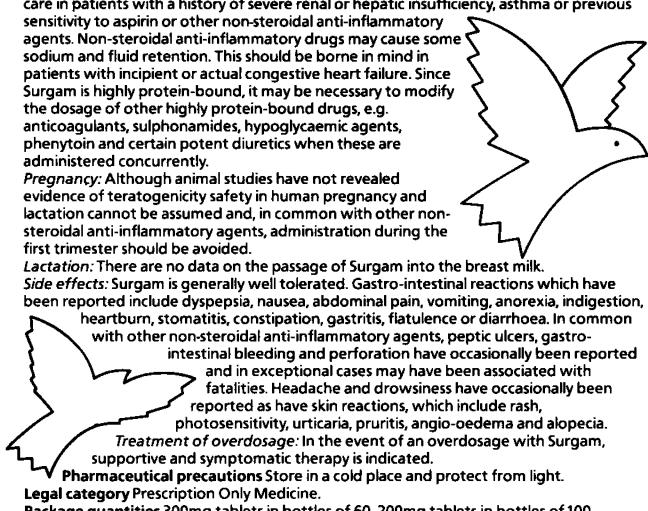
Legal category: Prescription Only Medicine.

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

300

bd

ROUSSEL 

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

Rocephin

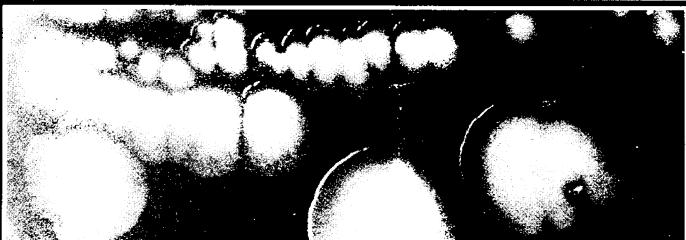
ceftazidime
Trade Mark

24-hour bactericidal power

Once daily
parenteral cephalosporin

Highly effective in a broad range of pathogens

Neisseria meningitidis
(human blood agar)



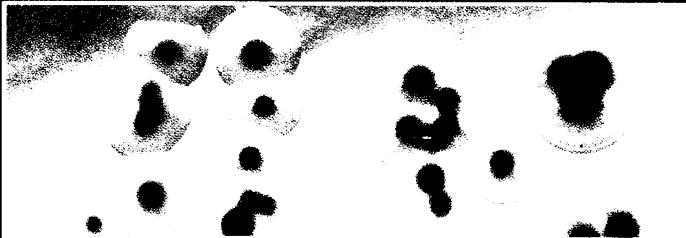
MIC_{50} : $\leq 0.008 \mu\text{g/ml}$
 MIC_{90} : $\leq 0.008 \mu\text{g/ml}$

Proteus mirabilis
(maltose agar)



MIC_{50} : $0.008 \mu\text{g/ml}$
 MIC_{90} : $0.025 \mu\text{g/ml}$

Salmonella typhimurium
(S.S. agar)



MIC_{50} : $0.007 \mu\text{g/ml}$
 MIC_{90} : $0.125 \mu\text{g/ml}$

Klebsiella pneumoniae
(endo agar)



MIC_{50} : $0.008 \mu\text{g/ml}$
 MIC_{90} : $0.025 \mu\text{g/ml}$

Escherichia coli
(Levine EMB agar)



MIC_{50} : $0.008 \mu\text{g/ml}$
 MIC_{90} : $0.025 \mu\text{g/ml}$

sensitive: $\leq 8 \mu\text{g/ml}$; intermediate: $16-32 \mu\text{g/ml}$

Reference

1. Data on file,
F. Hoffmann-La Roche & Co. Limited Company,
Basle, Switzerland.



**E. Hoffmann-La Roche & Co.
Limited Company, Basle, Switzerland**