

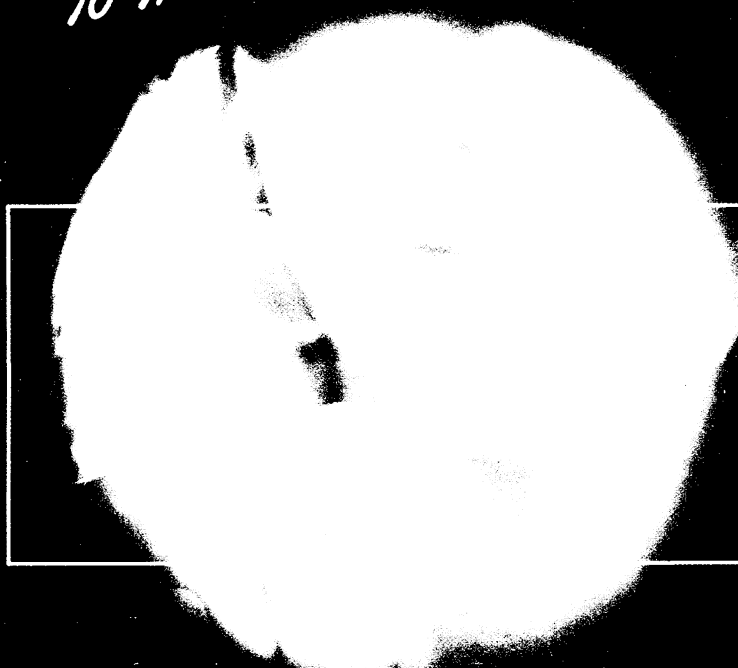
In vaginal candidosis:

Nizoral

TRADEMARK

ketoconazole

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for 5 days
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today
to effectively
cure
the problem**

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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, 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. **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)



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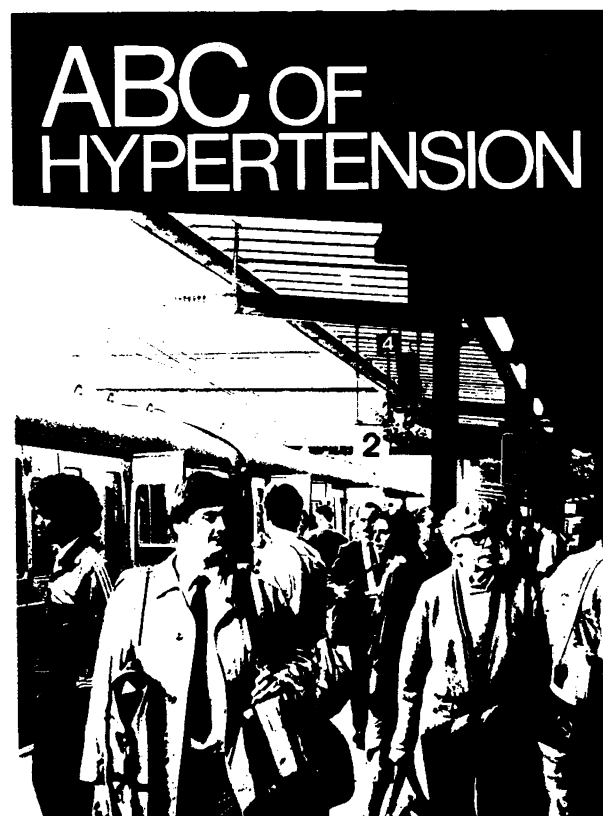
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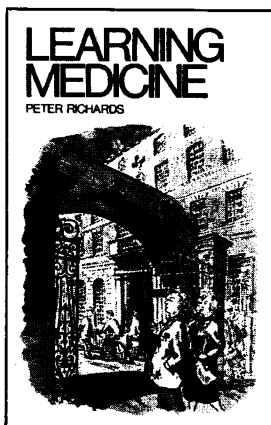
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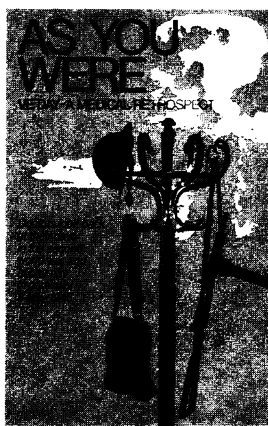


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ISCO Careers Bulletin, 1984; No 178:62

Learning Medicine is about just that: why, how, and what it is like. Peter Richards, dean of a London medical school, sets out the facts about the entry requirements, selection procedure, and different curriculums offered by British medical schools. Now in a second, revised edition, *Learning Medicine* gives a clear picture of the life of a medical student and outlines the choices to be made when it comes to later postgraduate training and employment. For sixth formers thinking about a medical career or houseman planning future specialisation, this handbook explains what to look for and how to go about it.

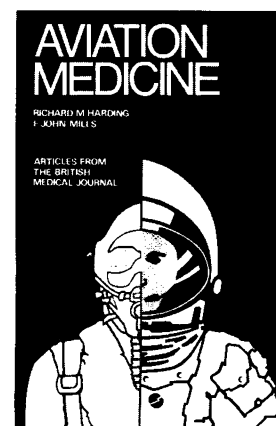
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This book is published as a memorial to Dr Elston Grey-Turner, former secretary of the BMA, profits from its sale going to BMA charities.

A collection of specially commissioned reminiscences by doctors from their experiences in the second world war and their feelings as it came to an end. For some VE Day was a time for celebration, but others were too busy to notice or, as prisoners of war, did not even know it had happened. Often moving, occasionally horrific, sometimes hilarious, these highly personal memories reflect the many aspects of war from a medical viewpoint.

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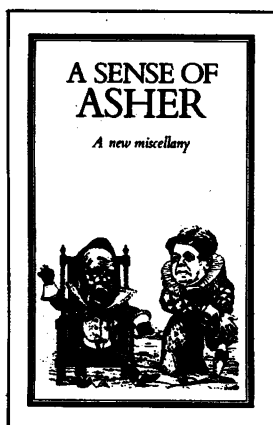
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SA Med J 1984; 65: 786

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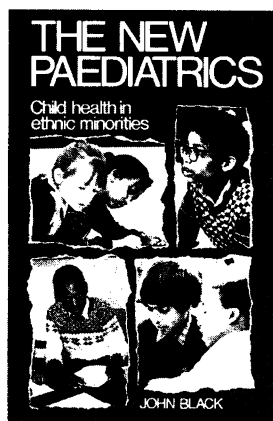
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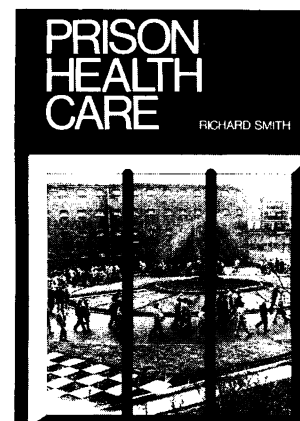
Why are medical journals so dull? Richard Asher, who asked the question, was never dull: good sense, pungent wit, and lively humour were his hallmarks, while his writings on clinical matters, with their combination of lucidity, sympathy, and insight, remain models for all aspiring medical authors. *A Sense of Asher*, a selection of his writings, was first published in a Keynes Press limited edition and quickly sold out. This paperback version, now in its third reprinting, contains the complete text of the original – commended by critics as a marvellous gift for a doctor's bedside table and enjoyable light reading for anyone in medicine.

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Children from ethnic minorities in Britain may suffer from conditions unknown in the general population – diseases of genetic or nutritional origin and tropical or subtropical infestations – and their 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 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.

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Listener 16 Aug 1984: 25.

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Lancet 1984, ii: 438.

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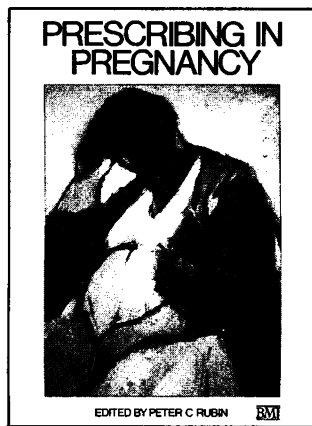
World Medicine 1984; 19: 40

"The author describes with clarity and depth conditions in British prisons and the viewpoints of those who provide security and those who provide health care... The chapters on prison doctors, ethics, and women in prison are helpful and stimulating to anyone with and interest in improving health services for the incarcerated."

NY State J Med 1985; 85: 169-70.

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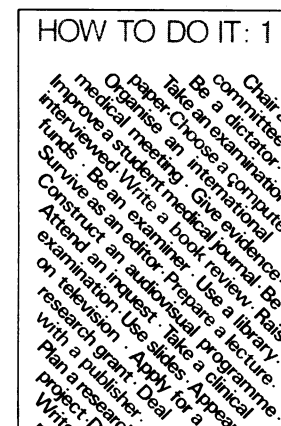
If you are intending to prescribe drugs to a woman in pregnancy or the puerperium you must balance risks against benefits: no harm should be allowed to befall the baby because of the drug, but equally no harm must come to the mother and baby because a disease is being inadequately treated. *Prescribing 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.

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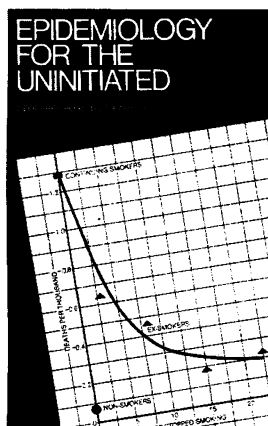
This second, revised edition of *Medicine in Old Age* brings the general medical reader up to date on recent advances in geriatrics. It includes accounts of the management of dementia, gastrointestinal problems, anaemia, and urinary tract diseases as well as guidance on drug treatment and the specific problems of interpreting laboratory findings in the old. Chapters on rehabilitation and the role of the general practitioner and day hospitals – which have helped to convert mere existence into a full life for many elderly patients – complete a useful introduction to this important subject.

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The first edition of *How To Do It* proved a useful and popular guide to those things a doctor needs to know but is rarely taught: how to take an examination, how to interview and be interviewed, how to plan and write up research, how to behave at an inquest. In the second edition the original chapters have been expanded and updated, and there are several more chapters on new challenges – choosing a computer, flying, holding a press conference – and on some older ones not included in the first edition – assessing a job, dealing with a publisher.

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Reviews of the first edition

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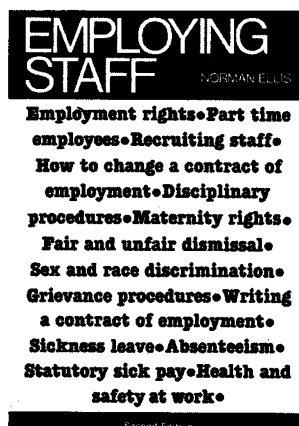
Med J Aust 1981; 1: 665

"A reading of this book ... should provide a sound basis in epidemiological techniques for any intending researcher."

NZ Med J 1980; 91: 73

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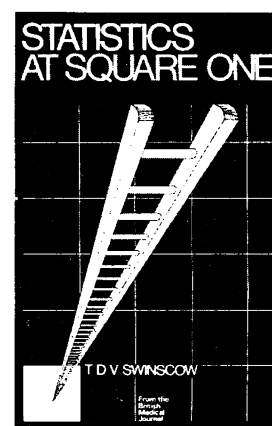
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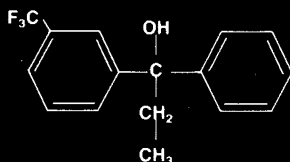
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