

TRADEMARK

Nizoral

(ketoconazole)

Did you know

that in seborrhoeic dermatitis
a dominant role is played by
Pityrosporum yeasts?

And did you know

that *Pityrosporum* is exceptional
sensitive to ketoconazole,
alias Nizoral?

If you do, you know why Nizoral cream is the right answer to
seborrhoeic dermatitis

Apply twice daily until a few days after remission of symptoms.

Indications: Nizoral cream is indicated for topical application in the treatment of dermatophyte infections of the skin, as well as in the treatment of cutaneous candidosis and tinea (pityriasis) versicolor. Nizoral cream is also indicated for the treatment of seborrhoeic dermatitis, a skin condition related with the presence of *Pityrosporum ovale*. **Precautions:** Irritation may occur when Nizoral cream is used immediately after prolonged treatment with topical corticosteroids. Therefore, it is recommended to continue applying the topical corticosteroid in the mornings and to apply Nizoral cream in the evenings, and to subsequently and gradually withdraw the steroid therapy over a period of 2-3 weeks.



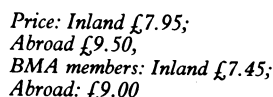
JANSSEN

world leader in antimycotic research

PHARMACEUTICA

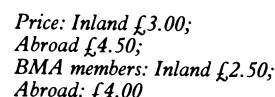
B-2340 Beerse, Belgium

Full prescribing information
available on request



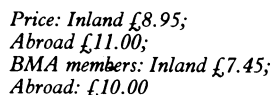
Many medical journals, including the *British Medical Journal*, now expect scientific papers submitted to them to contain confidence intervals when appropriate. Why? what are they? and how do you calculate them? *Statistics with Confidence* tells you. A clear explanation of the reasons for using confidence intervals is followed by detailed presentation of methods of calculation, including numerous worked examples and specially compiled tables. To make things even easier, a computer programme, Confidence Interval Analysis (CIA), for calculating confidence intervals, has been specially designed by Martin Gardner and details are available from the Publishing Department. *British Medical Journal*,

The statistical testing of data is indispensable in many types of medical investigation and a help on countless occasions in clinical practice. This book provides step by step instruction. Subjects covered include standard deviation, χ^2 tests, t tests, non-parametric tests, and correlation. The book includes sections on Fisher's exact probability test and rank correlation not published in the original *BMJ* series. Methods specially adapted to pocket calculators.

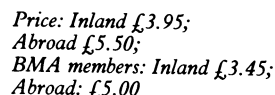


Let the *BMJ* throw light on your methods and help your results stand up

Epidemiology has its own techniques of data collection and interpretation and its necessary jargon of technical terms, and in *Epidemiology for the Uninitiated* Professors Geoffrey Rose and David Barker guide the novice expertly through the theory and practical pitfalls. The second edition of this popular *BMJ* handbook has been revised to include further details of epidemiological methods and some of their more dramatic applications, such as the investigations on the Spanish cooking oil epidemic, and AIDS.



No doctor can afford to ignore statistics: most modern medical research uses statistics. This important and authoritative book provides clear information on designing studies, applying statistical techniques, and interpreting studies that use statistics. It can be easily understood by those with no statistical training and should be read by all those who want to keep abreast of new developments.



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International Medical Courses

Advances in neurosurgery

19 - 29 May 1990, Glasgow and Edinburgh

This is a repeat of the course which ran successfully in 1988. It will review recent advances in neurosurgery from an international perspective with an emphasis upon ideas and methods evolving in Britain. Discussion will be an important part of the course and there will be opportunities for visits to the clinical departments and operating theatres of the host institution.

The course will cover the following topics: subarachnoid haemorrhage and other cerebral vascular diseases; brain tumour diagnosis and management; head injury: pathology, management and outcome; surgery of deformities and malformations of the skull and brain; degenerations and tumours of the spinal column and cord; functional neurosurgery: pain; psychosis; movement; epilepsy; technical advances in investigation and surgery.

The course will be directed by **Professor G M Teasdale**, Institute of Neurological Sciences, University of Glasgow and

Professor J D Miller, Department of Clinical Neurosciences, University of Edinburgh.

The course is designed for established neurosurgeons, but will also be of interest to members of other specialities concerned with the diagnosis or management of patients undergoing neurosurgery.

There are vacancies for 30 participants.

Course fee: £780; accommodation fee: £495; total fee: £1,275.

The course will begin at the Walton Conference Centre, Southern General Hospital, Glasgow and will transfer to the Western General Hospital in Edinburgh on 26 March 1990. Resident participants will be accommodated in single rooms with bathroom or shower in hotels in Glasgow and Edinburgh.

Peripheral vascular disease

29 May - 1 June 1990, London

This course is designed for surgeons and others with an interest in surgical aspects of peripheral vascular disease. The course will cover all aspects of arterial, venous and lymphatic disease including pathology, diagnosis and treatment. The following topics will be discussed: pathology of atherosclerosis; basic principles of vascular surgery; non-invasive investigation of vascular disease; radiobiological investigation and radiological intervention in vascular disease; arterial operations; venous disease; venous operations; lymphatic disease and operations.

The emphasis will be on practical procedures with workshops and video presentations and there will be opportunities for brief presentations of unusual or problem cases by course participants.

The course will be directed by **Professor N L Browse**, United Medical and Dental Schools of Guy's and St Thomas' Hospitals, University of London also Consultant Surgeon, St Thomas' Hospital, London and **Mr K G Burnand**, Reader, Department of Surgery, St Thomas' Hospital Medical School.

There are vacancies for 30 participants.

Course fee: £435; accommodation fee: £145; total fee: £580.

The course will be held at St Thomas' Hospital Medical School Postgraduate Centre and course members will be accommodated at a nearby hotel.

Tropical medicine 1990

3 - 9 July 1990, Liverpool

This course is designed to update physicians on recent advances and the present state of clinical practice, clinical epidemiology and therapeutics of the major tropical diseases. The course will consist of speakers' formal presentations followed by discussion periods. Seminar sessions will be held to allow maximum time for course members' participation.

The course will cover the following topics: protecting the traveller; imported diseases; snake venom research; trypanosomiasis; malaria; schistosomiasis; onchocerciasis; diarrhoeal disease; health problems of refugee camps; nutrition; AIDS in the tropics; case presentations and tropical zoonoses.

The course will be directed by **Professor Marcel Hommel** and **Dr Dion Bell** of the Department of Tropical Medicine and Infectious Diseases, Liverpool School of Tropical Medicine.

The course is designed for experienced physicians interested in new developments in tropical medicine in both the clinical and research fields and in various imported tropical diseases. There may also be some places available for physicians in training.

There are vacancies for 40 participants.


Course fee: £380; accommodation fee: £275; total fee: £655.

Working sessions will take place at the Liverpool School of Tropical Medicine. Resident participants will be accommodated in single bedrooms, with private shower or bathroom at a hotel.

●●●●●● The
●●●●●● British
●●●●●● Council

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.

SOME THINGS APPEAR TO BE SLIGHTLY DIFFERENT



Take for example peptic ulcers. For years people were convinced that the pathophysiology was related to gastric acid; healing no longer seemed to be a major problem, except for the high relapse rates.

In 1983, J.R. Warren and B.J. Marshall unearthed another pathological factor: *Campylobacter pylori*. Since their historic rediscovery, evidence of the connection between *Campylobacter pylori* in the gastric mucosa on one hand and histologically proven gastritis and peptic ulcers on the other has become stronger and stronger. Chronic gastritis and ulcer relapse are highly associated with *Campylobacter pylori*.

De-Nol® (colloidal bismuth subcitrate) is the only ulcer healer that is active against *Campylobacter pylori*. De-Nol can cure peptic ulcers. What is more: the relapse rates after termination of therapy are much lower than with acid-suppressant preparations. The pathogenesis and cure of peptic ulcers therefore appear to be slightly different from what has been assumed for years.

Indications Gastric and duodenal ulcers. Contra-indications Severe renal dysfunction. Use during pregnancy There is insufficient data on its use in pregnancy to assess possible harmful effects. There are no indications of harmful effects in animals. Warnings and precautions Prolonged use of high doses of bismuth compounds is not recommended because it has occasionally led to reversible encephalopathy. The risk of this is very small provided De-Nol is used as recommended. It is, however, not advisable to use concomitantly other bismuth-containing drugs or alcohol. Antacids and milk should not be taken within half an hour before, or half an hour after, taking De-Nol, because gastric acid is necessary for the formation of the protective layer. The absorption of tetracyclines may be reduced when De-Nol is taken concomitantly. Dosage Two tablets twice daily on an empty stomach, half an hour before breakfast and dinner, for 4-8 weeks. Alternatively one tablet four times daily on an empty stomach, half an hour before breakfast, lunch and dinner and at bedtime, for 4-8 weeks. Thereafter De-Nol or other bismuth-containing drugs should not be taken for 8 weeks. A treatment course may then be prescribed again for 4-8 weeks, if necessary. Side effects Stool blackening may occur from the formation of bismuth sulphide. This discolouration may easily be distinguished from melaena. There may also be nausea and vomiting. These effects are not dangerous and disappear upon completion of therapy.

Gist-brocades Gist-brocades Pharmaceuticals, Division of Royal Gist-brocades NV, Delft, Holland.



Adalat® the cardioprotective coronary therapeutic agent



Adalat® Nifedipine: capsules 10 mg. **Indications:** CHD: chronic stable angina pectoris (stress-induced angina), unstable, including vasospastic angina, post-infarction angina (start treatment 8 days after acute episode). **Hypertension.** **Dosage:** According to severity of disease and indication. Generally 1 capsule 3 x daily; could be increased to 2 capsules 3 x daily. For coronary spasms temporarily up to 2 capsules 4 – 6 x daily. If rapid onset required: bite through and swallow 1 – 2 capsules; see full prescribing information. Single dosage interval of 2 capsules never less than 2 hours. **Contraindications:** Hypersensitivity to active substance; pregnancy; lactation; cardiovascular shock. **Precautions:** Severe hypotension; dialysis patients with malignant hypertension: close monitoring. **Interactions:** Antihypertensive agents, cimetidine: may enhance the antihypertensive effect. Same with beta-blockers; possible development of heart failure. **Side effects:** Often mild and transient vasodilation, hypotensive, skin and other reactions; see full prescribing information. Solitary gingival hyperplasia, chest pain; if relation to Adalat established, discontinue therapy. Extremely rare liver function disturbances (including intrahepatic cholestasis), temporary hyperglycaemia, gynaecomastia (regression on drug discontinuation). Ability to drive or operate machinery may be impaired.

Full prescribing information available from Bayer AG, Leverkusen, West Germany.

Co.-No.: 2

