

TRADEMARK

(ketoconazole)

## Did you know

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

## And did you know

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

# 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.



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## *Did ed, BMJ, murder his wife?*

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But is the character of "Dr Phillips" a portrait of Hart? In his introduction to the new Keynes Press

edition Stephen Lock, present editor of the *BMJ*, places the novel in its literary and historical context and examines the character and achievements of Ernest Hart.

Beautifully printed and bound, and with illustrations by Tabitha Salmon, this edition of *Dr Phillips: a Maida Vale Idyll* will fascinate those interested in literature, history, and the *BMJ*.



Dr Phillips

*A Maida Vale  
Idyll*

FRANK DANBY

Published December 1989

Demy octavo; set in Monophoto Modern  
and printed on Fineblade Cartridge paper;  
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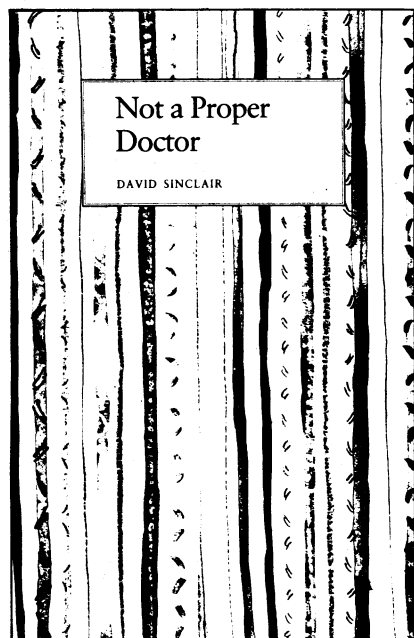
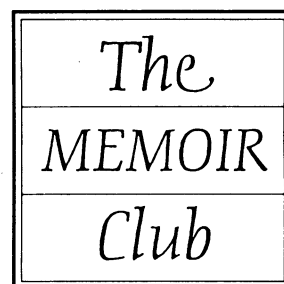
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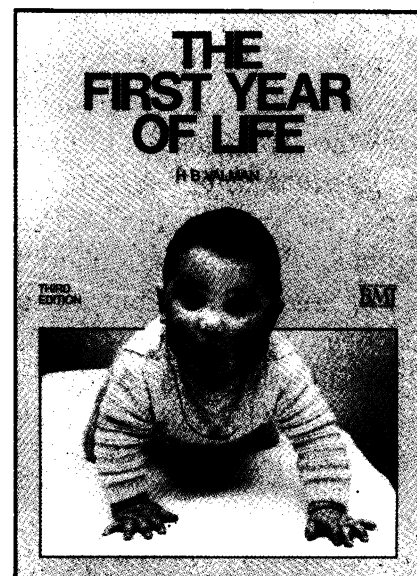
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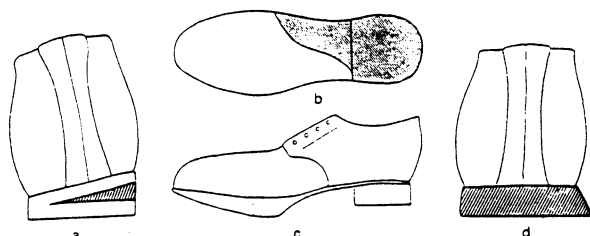
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(a) Heel wedge; (b) elongated heel; (c) rocker sole; (d) floated out heel.



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In 1983 J.R. Warren and B.J. Marshall<sup>2)</sup> unearthed another pathological factor: *Helicobacter pylori*\*. Since their historic rediscovery, evidence of the connection between *H. 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 *H. pylori*.<sup>3)</sup>

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\* formerly known as  
*Campylobacter pylori*

1) Marshall BJ, et al. Lancet 1988; 2: 1437-1442. 2) Marshall BJ, Warren JR. Lancet 1984; 1: 1311-1315. 3) Goodwin CS. Lancet 1988; 2: 1467-1469. 4) Smith AC, et al. Gut 1988; 29: A711. 5) Ravon EAI. Tygact. CNL ISBN 90-9002938-9, Amsterdam 1989. 6) Lambert JR, et al. Gastroenterology 1987; 92: 1489. 7) Borody TJ, et al. Gastroenterology 1988; 94: 43 (abstract). 8) Coughlin JC, et al. Lancet 1987; 2: 1109-1111.

**Prescribing information.** Presentation Coated tablets and liquid (a chewable tablet is also available in some countries). Each tablet (or 5 ml dose) contains 120 mg tri-potassium di-citrate bismuthate (calculated as Bi<sub>2</sub>O<sub>3</sub>). Indications Gastric and duodenal ulcers. **Dosage and administration** Two tablets (or two 5 ml doses) twice daily, half an hour before breakfast and half an hour before the evening meal, or alternatively one tablet (or one 5 ml dose) four times a day half an hour before each of the three main meals and two hours before going to bed, 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. **Contra-indications, warnings, etc.** De-Nol should not be administered to patients with renal disorders and, on theoretical grounds, is contra-indicated in pregnancy. **Special precautions** De-Nol 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** Overdosage has rarely been reported; gastric lavage with intestinal evacuation and, if necessary, supportive therapy would be indicated. **Package quantities** Treatment pack of 112 tablets or 560 ml liquid. **Basic N° 15 prices** Tablets £ 20.98, Liquid £ 14.65. **Product licence numbers** Tablet: 0166/0124, Liquid: 0166/5024. **GMS prices** De-Nol tab: IR £ 20.65, De-Nol liq £ 16.37. **Product authorization numbers** De-Nol tabs: 62/22/2, De-Nol liq: 62/23/1. **Product licence/authorisation holder** Brocades/Great Britain Ltd., Brocades House, West Byfleet, Surrey KT14 6RA, Telephone (09323) 45536. **Product information** can differ from country to country. Please consult Gist-brocades NV, The Netherlands for specific country information (UK 8912).

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Tri-potassium di-citrate bismuthate (internationally known as colloidal bismuth subcitrate)



Render to

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what histamine deserves

Histamine deserves the antihistamine that can really take it on. For right away the allergies that thrive on histamine will respond. Typical examples are hay fever, perennial rhinitis, allergic conjunctivitis and different forms of urticaria.

Hismanal is unique by the strength of its histamine-antagonism. Without any risk of sedation, its full antihistamine strength can be utilized.

And there is no weakening during the 24 hour dosing interval, so that the symptoms won't get a chance to cause untimely trouble.



# Hismanal<sup>®</sup>

(astemizole)

The antihistamine  
of exceptional strength.

Effective from  
the first  
to the last day  
of therapy.



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#### Prescribing Information

**Uses:** Hismanal is a potent and non-sedative antihistamine indicated for the treatment of seasonal and perennial allergic rhinitis, allergic conjunctivitis, chronic urticaria and other allergic conditions.

**Dosage and administration:** adults and children over 12 years: 10 mg daily. Children 6-12 years: 5 mg once daily. Children younger than 6 years: 2 mg per 10 kg daily. Hismanal should be taken on an empty stomach. **Precautions:** Hismanal should be used in pregnant women only when, in the judgement of the physician, the potential benefits outweigh the possible hazards.

**Adverse reactions:** weight gain may occur during prolonged treatment. **Overdose:** in case of overdose, gastric lavage should be followed by close observation and ECG monitoring as arrhythmias have occasionally occurred after intake of doses in excess of 200 mg.

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