

TRADEMARK  
**Sporanox**  
ITRACONAZOLE

# THE VERSATILE ORAL ANTIFUNGAL

Sporanox is highly active against virtually all dermatophytes and yeasts, and against notoriously virulent pathogenic fungi, such as *Aspergillus* spp., some *Fusarium* spp. and *Sporothrix schenckii*.

That's why, in dermatology, gynaecology and internal medicine alike, Sporanox is rapidly becoming the oral treatment of choice for troublesome fungal infections.

Simplicity itself:

- in tinea infections of the skin:

1 capsule daily for precisely 15 days\*

- in vaginal candidosis:

2 capsules b.i.d. for only 1 day

\* Involvement of highly keratinized skin such as hand palms and foot soles requires an additional 15-day treatment.

**Note:** Sporanox (itraconazole) is not yet available in all countries.

**Administration:** It is essential that Sporanox be taken immediately after a full meal for maximal absorption. **Contra-indications:** Sporanox is contra-indicated during pregnancy. Adequate contraceptive precautions should be taken by women of childbearing potential during the menstrual cycle of Sporanox therapy. **Warnings and precautions:** Sporanox is predominantly metabolized in the liver. Although clinically Sporanox has not been associated with hepatic dysfunction, it is advisable not to give this drug to patients with a known history of liver disease or to patients who have experienced liver toxicity with other drugs. Nursing mothers: it is recommended not to breast feed whilst taking Sporanox. Paediatric use: Sporanox has not been systematically studied in children; it should, therefore, not be used in paediatric patients unless the potential benefit outweighs the potential risks. **Drug interactions:** Sporanox should not be given concomitantly with rifampicin. **Adverse reactions:** Side-effects during Sporanox therapy occurred in 7.1% of the patients. The most frequently reported side-effects were nausea (1.3%), abdominal pain (1.2%), headache (1%) and dyspepsia (0.7%). **Supplied:** Blister packs of 4, 6, or 15 capsules. Each capsule contains 100 mg of itraconazole.

Full prescribing information is available on request.

*Trichophyton rubrum*

*Candida albicans*  
Sabouraud agar

*Aspergillus fumigatus*

*Fusarium solani*

*Sporothrix schenckii*

*Cryptococcus neoformans*

Sporanox

4 gelules - capsules

JANSSEN PHARMACEUTICA

SPECIAL BMA MEMBERS EDITION

# MIRROR OF MEDICINE

## A HISTORY OF THE BMJ

P. W. J. BARTRIP



# BMJ

## 1840-1990

The *BMJ*'s 150 year history has taken it from small beginnings in Worcester as the *Provincial Medical and Surgical Journal* to its current position as a major international medical journal. On the way there have been rows, editors' dismissals, and battles with the BMA and royal colleges as well as growing success and authority. In *Mirror of Medicine* the historian P W J Bartrip provides a shrewd and perceptive commentary on the *BMJ*'s progress, placing its history in the context of contemporary events and examining its treatment of many key themes in medical science and society, including public health, military medicine, quackery, sex, and the birth of the NHS. He also provides pen portraits of some of its most outstanding editors, among them the charismatic Ernest Hart, his successor Dawson Williams, and the doughty Hugh Clegg. The *BMJ*'s present editor, Stephen Lock, provides a postscript on the state of the *BMJ* today.

352 pp., illus., Clarendon Press/BMJ, September 1990

Price to BMA members only: UK £29; Abroad £33. Prices include packing and postage, by air speeded despatch abroad (air mail rates on application). American Express, Mastercard, Visa credit cards accepted. Please give full details.

Return address for orders: British Medical Journal, PO Box 295, London WC1H 9TE. (Also available in the BMJ/BMA bookshop in BMA House.)

# ART AND SCIENCE

Poetry and medicine are not as far apart as you might think: the Greeks attributed both to one god, Apollo.

Many doctors have followed in Apollo's footsteps by combining the art of poetry with the practice of medicine; while others have abandoned medicine to make poetry their profession.

In *Apollo* poems by medical writers from classical times to the twentieth century have been chosen and edited with an introduction by Edward Lowbury, himself a distinguished doctor poet.

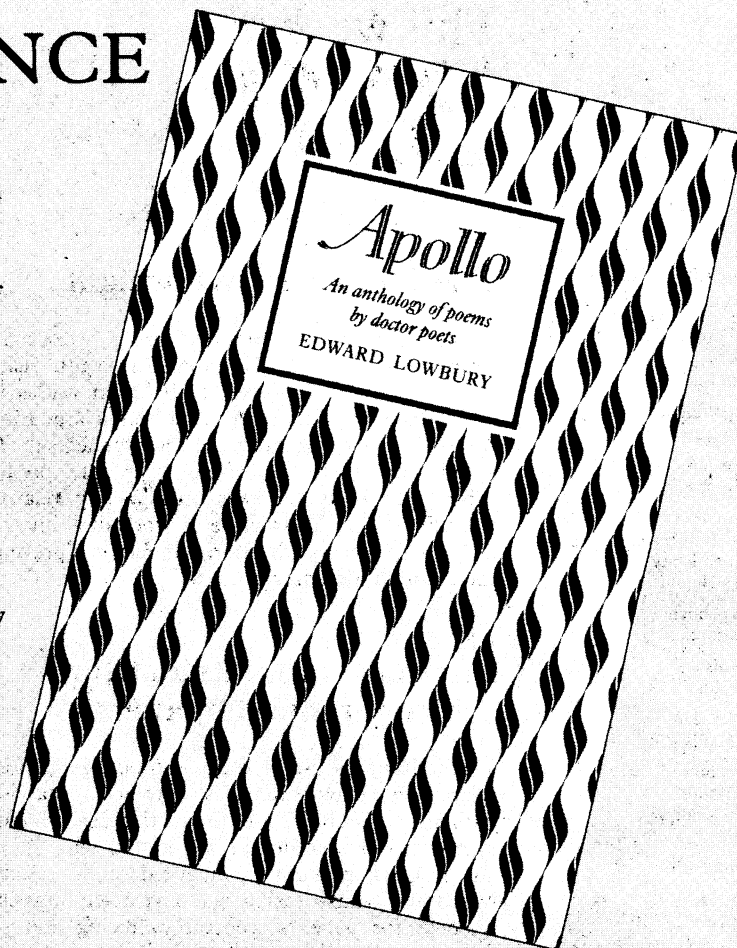
Including works by Rabelais, Sir Thomas Browne, Goldsmith, Keats, Schiller, Ronald Ross, William Carlos Williams, and Dannie Abse, this beautifully produced limited edition is published by the Keynes Press to mark the 150th anniversary of the *BMJ*.

Published 19 September 1990

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## DID ED, *BMJ*, MURDER HIS WIFE?

Supposedly based on rumoured events in the life of Ernest Hart, a great but undervalued editor of the *BMJ*, Frank Danby's novel *Dr Phillips: a Maida Vale Idyll* was first published in 1887. Unlike many popular Victorian novels it is concisely plotted; the characters are sympathetic and believable; and the author's presentation of Jewish life in the late nineteenth century is uncompromisingly honest.

But is the character of "Dr Phillips" a portrait of Hart? In his introduction to the 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. Finely bound and printed, 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*.

Published December 1989

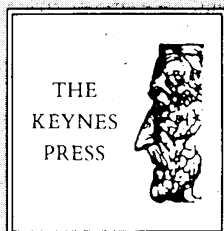
Demy Octavo; set in Monophoto Modern and printed on Fineblade Cartridge paper; xii + 285 pages; colour frontispiece

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Tabitha Salmon's frontispiece from  
*Dr Phillips: a Maida Vale Idyll* by Frank Danby



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London WC1H 9TE

# 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.<sup>1)</sup>

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>

De-Nol<sup>®</sup> is the only ulcer healer that is active against *H. pylori*. Therefore the relapse rates after termination of therapy are much lower than with acid-suppressant preparations.<sup>4)</sup> What is more: among patients in whom *H. pylori* was eradicated and who remained *H. pylori* negative in the year of follow-up, the relapse rate of peptic ulcers was only 0-10%.<sup>4, 5, 6, 7, 8)</sup> The pathogenesis and cure of peptic ulcers therefore appear to be slightly different from what was assumed for years.

\* formerly known as  
*Campylobacter pylori*

1. Marshall B. *Lancet* 1988; 2: 1437-1442. 2. Marshall J. Warren J.R. *Lancet* 1983; 1: 1311-1315. 3. Cockcroft C.S. *Lancet* 1988; 2: 1467-1469. 4. Smith A.C. *et al.* *Gut* 1988; 29: A711. 5. Rauws E.A.J. *et al.* *Scandinavian Journal of Gastroenterology* 1988; 23: 1469-1471. 6. Lambert J.R. *et al.* *Gastroenterology* 1987; 92: 1469-1471. 7. Borody T.J. *et al.* *Gastroenterology* 1988; 94: 43 (abstract). 8. Cogan J.C. *et al.* *Lancet* 1987; 2: 1109-1111.

Prescribing information: Presentation: Coated tablets and liquid (chewable tablet, sublingual tablet in some countries). Each tablet or 5 ml dose contains 120 mg tri-potassium dicitrato bismuthate (equivalent to 112 mg bismuth). 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. Contraindications, 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 NHS price: Tablets £ 14.65. Liquid £ 14.65. Product licence numbers: Liquid 0166/0124, Liquid 0166/5024. LMS prices: De-Nol tab. IR £ 20.65. De-Nol IR £ 16.37. Product authorisation numbers: De-Nol tab. IR 22/2. De-Nol IR 23/1. Product licence authorisation holder: Brocades Group B.V. Ltd., Brocades House, West Byfleet, Surrey KT14 6RA. Telephone (0932 8) 495 36. Product information can differ from country to country. Please consult Gist-brocades NV, The Netherlands for specific country information (UK 8912).

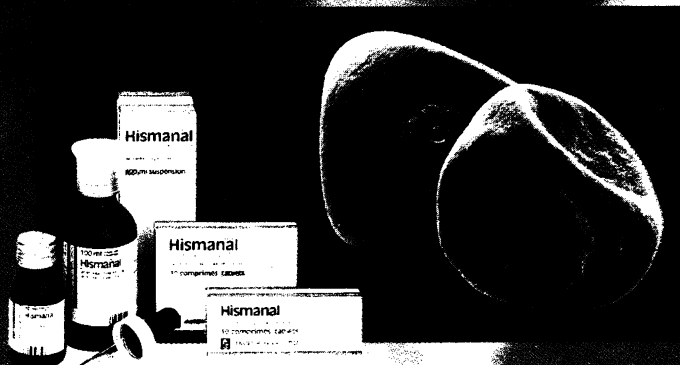
**Gist-brocades** Gist-brocades Pharmaceuticals, Division of Royal Gist-brocades NV, Delft, Holland.

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



# THE ANTI-HISTAMINE of exceptional strength

TRADEMARK  
**Hismanal**  
(astemizole)



**Prescribing Information:** **Uses:** Hismanal is a potent antihistamine indicated for the treatment of seasonal and perennial allergic rhinitis, chronic urticaria and other allergic conditions. **Dosage and administration:** adults: 10 mg once daily. Children 6-12 years: 5 mg once daily. Children younger than 6 years: 2.5 mg once daily. Hismanal should be taken on an empty stomach. **Precautions:** Hismanal should be used in pregnant women only if the potential benefits outweigh the possible hazards. **Warnings:** Hismanal should be used with caution in patients with liver disease. **Full prescribing information**



**JANSSEN  
PHARMACEUTICA**

the drug discovery company

B-2340 Beerse, Belgium

JUST  
ONE TABLET  
A DAY