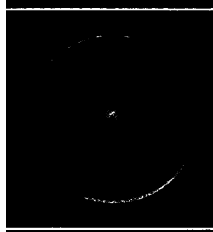
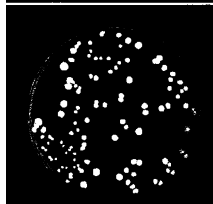
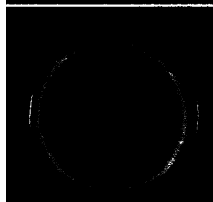


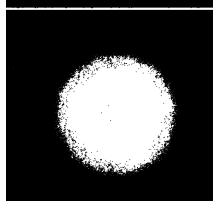
Trichophyton rubrum



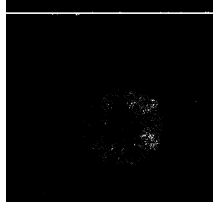
Candida albicans Sabouraud agar



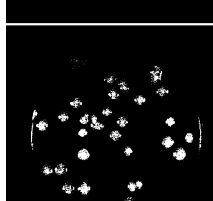
Aspergillus fumigatus



Fusarium solani



Sporothrix schenckii



Cryptococcus neoformans

TRADEMARK

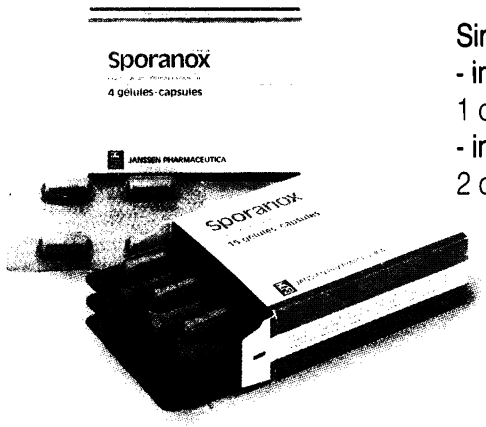
Sporanox

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

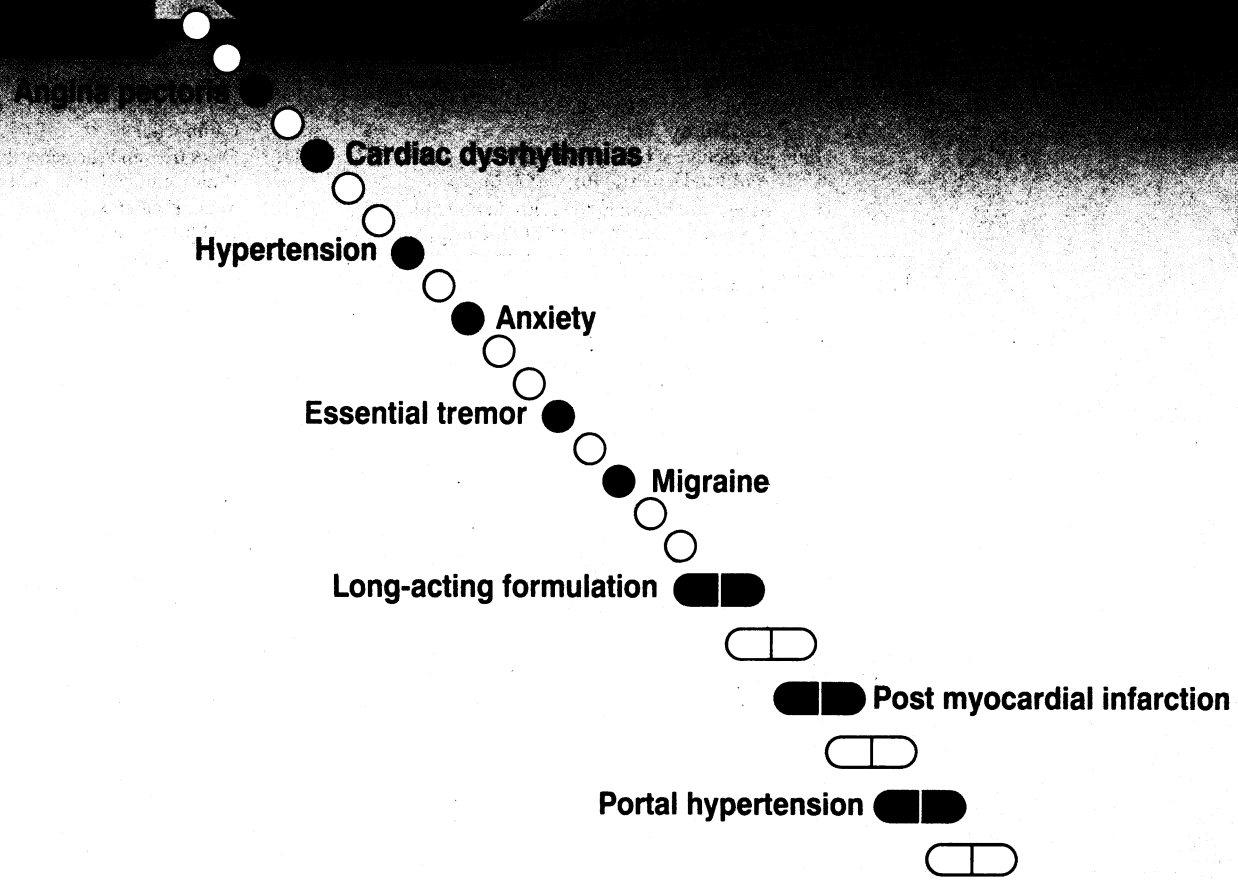
* Involvement of highly keratinized skin such as hand palms and foot soles requires an additional 15-day treatment.

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.

25 Years of Innovation 1965-1990



'Inderal'

propranolol hydrochloride

Still Helping to Build a Healthier Future

ICI **Pharmaceuticals**

Alderley House, Alderley Park
Macclesfield, Cheshire, England

'INDERAL'/'INDERAL' LA / 'INDERAL' LA-80

Prescribing Notes

Uses
Control of hypertension, angina pectoris, prophylaxis after myocardial infarction, migraine prophylaxis, essential tremor, anxiety, prophylaxis of upper gastrointestinal bleeding in patients with portal hypertension and oesophageal varices. Thyrotoxicosis. 'Inderal': phaeochromocytoma (with α -adrenoceptor blocker), hypertrophic obstructive cardiomyopathy, cardiac dysrhythmias, anxiety tachycardia, thyrotoxic crisis, glaucoma, Fallot's tetralogy.

Dosage
Adults: Adjust dosage according to response. 'Inderal' Tablets: In divided daily doses; 'Inderal' LA/LA-80: Once daily.

Hypertension: Usually 160–320 mg daily. Angina pectoris: Usually 120–240 mg daily. Anxiety, migraine, essential tremor: Usually 80–160 mg daily. Portal hypertension: Titrate to 25% reduction in resting heart rate, 80-320 mg daily. Post myocardial infarction: Begin 5–21 days post infarct, 40 mg four times daily for 2–3 days, then 'Inderal' 80 mg tablets twice daily or 'Inderal' LA once daily.

Dysrhythmias, anxiety tachycardia, thyrotoxicosis, cardiomyopathy: 10–40 mg three or four times daily. Phaeochromocytoma: Pre-operative: 60 mg daily for three days. For non-operable malignant cases: 30 mg daily. Glaucoma: 80–240 mg daily in divided doses.

Intravenous: Emergency treatment of dysrhythmias and thyrotoxic crisis only: 1 mg given over 1 min. May be repeated at 2 min intervals to a maximum of 10 mg (conscious patients) or 5 mg (under anaesthesia).

Children (as a guide): Dysrhythmias, phaeochromocytoma, thyrotoxicosis: 'Inderal' tablets 0.25–0.5 mg/kg three or four times daily; Intravenous: 0.025–0.05 mg/kg injected slowly under ECG control, three or four times daily. Migraine: (Under 12 years) 'Inderal' tablets 20 mg orally two or three times daily. Fallot's tetralogy: Up to 1 mg/kg orally three or four times daily. Up to 0.1 mg/kg intravenously three or four times daily.

Elderly: Determine dose individually.

Contra-indications
Second or third degree heart block, cardiogenic shock, history of bronchospasm, after prolonged fasting, metabolic acidosis.

Precautions
Poor cardiac reserve. Avoid in overt heart failure. Anaesthesia. Diabetes. Withdrawal of beta-blocking drugs should be gradual in patients with ischaemic heart disease. Withdrawal of clonidine. Co-administration with verapamil, Class I antidysrhythmic agents, or parenteral adrenaline. If symptoms attributable to slow heart rate, reduce dose. Pregnancy and lactation.

Side effects
Cold extremities, nausea, diarrhoea, sleep disturbance, lassitude and muscle fatigue. Isolated cases of paraesthesia. Rarely bradycardia, thrombocytopenia, purpura and CNS symptoms including hallucinations. Rashes and dry eyes have been reported with beta-blockers – consider discontinuance if they occur.

Presentation
'Inderal' Tablets containing 10 mg, 40 mg, 80 mg, or 160 mg propranolol hydrochloride.

'Inderal' Injection containing propranolol hydrochloride 1 mg in 1 ml.

'Inderal' LA, 'Inderal' LA-80 capsules containing 160 mg and 80 mg respectively of propranolol hydrochloride in a controlled release formulation.

Not all indications and presentations are approved in all countries.

'Inderal', 'Inderal' LA and 'Inderal' LA-80 are trademarks.

Consult full product information before prescribing.

Further information is available on request.

International Medical Course

Neonatal and paediatric surgery

30 June – 12 July 1991, Manchester

Paediatric surgery in neonates and children is a rapidly expanding specialty with many new developments. Those undertaking such surgery are specialist paediatric surgeons or general surgeons who have to deal with these problems in the absence of a specialist.

The course will cover the common problems in general paediatric and neonatal surgery with special emphasis on the gastrointestinal and genitourinary tracts. The current management of trauma, solid tumours and endoscopy will also be featured.

The course will be directed by **Miss C M Doig**, Senior Lecturer in Paediatric Surgery, University of Manchester, and **Mr D C S Gough**, Consultant Paediatric Surgeon, Royal Manchester Children's Hospital.

The course is intended for experienced consultant surgeons, heads of department of surgery and their senior trainees. There are vacancies for 30 participants. Course fee: £830; accommodation charge: £640; total fee: £1,470.

Further information and application forms are available from British Council Directors overseas or from Courses Department, The British Council, 10 Spring Gardens, London SW1A 2BN.

SPECIAL BMA MEMBERS EDITION

MIRROR OF MEDICINE

A HISTORY OF THE BMJ

P. W. J. BARTRIP

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. In this authoritative study the historian P W J Bartrip provides a shrewd and perceptive commentary on the *BMJ*'s progress and the events that helped to shape it.

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). AMEX, Access, Visa credit cards accepted.

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

The MEMOIR Club

A selection of recent titles

Festina Lente—a Psychiatric Odyssey by Henry R Rollin
Henry Rollin insists that *Festina Lente* is "in no way an autobiography. I prefer to regard it essentially as a history during the past half century as seen by one who has been witness to and played some small part in the shaping of events." The book includes his analysis of the history and evolution of Horton Hospital; the dissolution of mental hospitals and the myth of community care; outpatient departments; and the development of different physical and psychopharmacological treatments. Psychiatry and the arts are combined in two chapters, "The therapeutic use of music in a mental hospital" and "Literary excursions," which examines the characters of Hamlet, Byron, George Bernard Shaw, and James Joyce. Appropriately, this psychiatric odyssey ends with the late arrival of true love.
Price: Inland £14.95; Abroad £17.50
BMA members: Inland £13.95; Abroad £16.50

Not a Proper Doctor by David Sinclair
Sinclair was intent on a career in surgery when he graduated from St Andrew's University but fate, mainly in the shape of the second world war, decreed otherwise and he eventually became the first professor of anatomy at the University of Western Australia. As Professor Sinclair looks back on his varied life, there are moments of joy, sadness, and regret, but throughout a central core of humour and compassion—the stuff that "proper" doctors are made of.
Price: Inland £14.95; Abroad £18.50
BMA members: Inland £13.95; Abroad £17.50

Not a Moment to Lose by Sir David Smithers
Sir David Smithers, former president of the British Institute of Radiology and of the Royal College of Radiologists, was for 30 years professor of radiotherapy at the Royal Marsden Hospital. But that is only half the story. He is also a man who believes "one should aspire to be a realist, but retain a sense of wonder, a rationist who is prepared to jump to conclusions, and a critical visionary who remains sensible of the humour of the human situation".
Price: Inland £14.95; Abroad £17.50
BMA members: Inland £13.95; Abroad £16.50

One Man's Medicine by Archie Cochrane with Max Blythe
The autobiography of Professor Archie Cochrane, who was one of Britain's influential thinkers on health care and the quality of health services. His 30 years' association with the Rhondda Fach—and his work there on reducing the suffering inflicted on whole communities by pneumoconiosis—is almost legendary. Ironically, this was nearly overshadowed later in his life by the spectacular success of his Rock Carling monograph *Effectiveness and Efficiency*, which proved to be a seminal work and influenced thinking about the assessment of medical treatment and procedures throughout the world.
Price: Inland £14.95; Abroad £19.00
BMA members: Inland £13.95; Abroad £18.00

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BMJ

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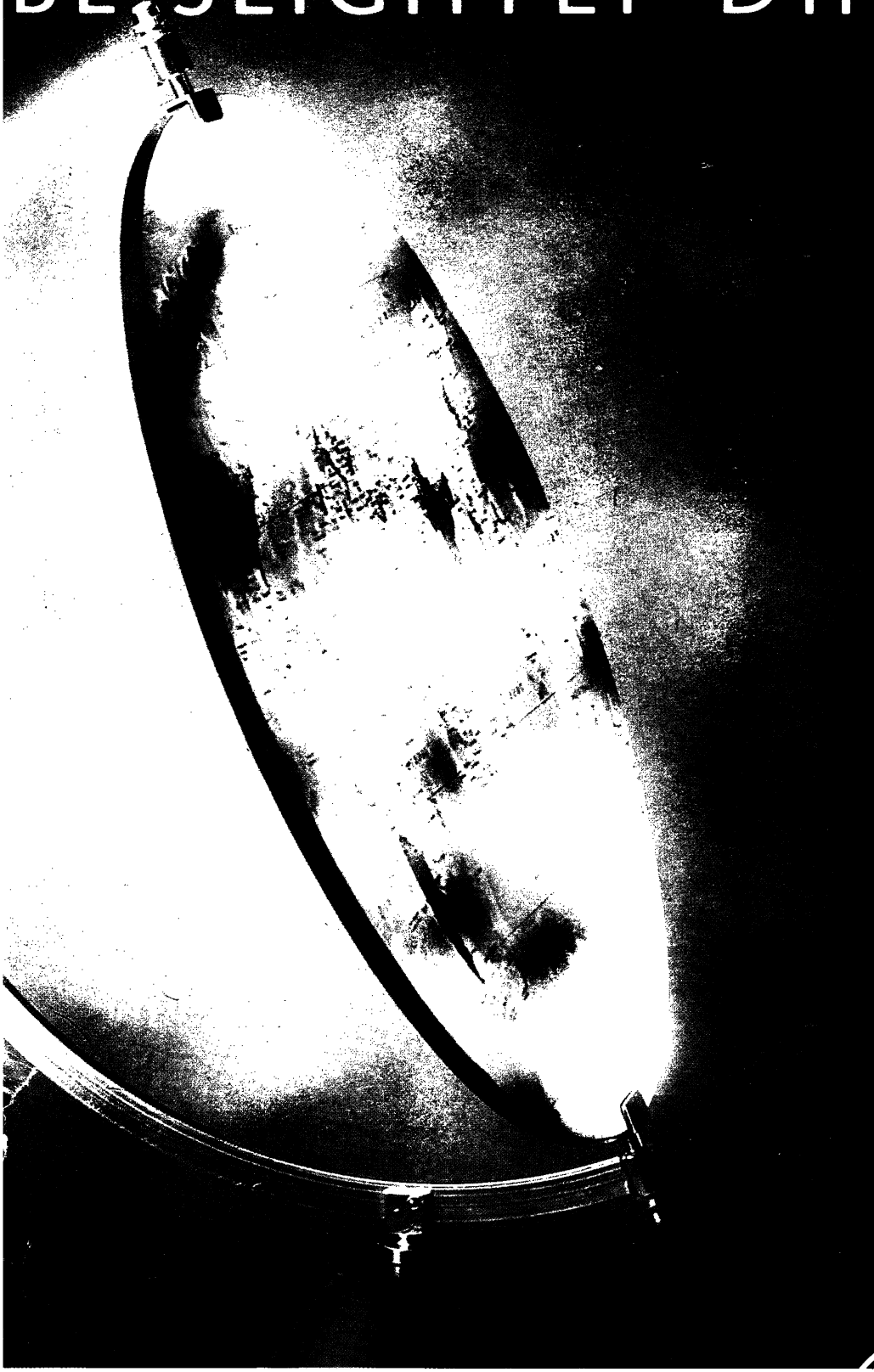
SOME THINGS APPEAR TO BE SLIGHTLY DIFFERENT



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.[1)]

In 1983 J.R. Warren and B.J. Marshall[2)] 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.[3)]

De-Nol® 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.[4)] 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%.[4, 5, 6, 7, 8)]

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 et al. Lancet 1988; 2: 1437-1442. 2. Marshall B, 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) Rauws EAJ, Tytgat GNJ. SBN 90 900298 8. Amsterdam 1989. 6) Lambert JR, et al. Gastroenterology 1987; 92: 1489. 7) Borody TJ, et al. Gastroenterology 1988; 94: 43 (abstract). 8. Calam J, et al. Lancet 1987; 2: 1109-1111.

Prescribing information: Presentation Coated tablets and oral suspension containing tri-potassium di-citrato bismuthate calculated as Bi O . Indications Gastric and duodenal ulcers. Dosage and administration Tablets: one 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 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 960 ml liquid. Basic NHS price Tablets £ 20.98. Liquid £ 14.65. Product licence numbers Tablet: 0166 0124. Liquid: 0166 0424. GMS prices De-Noltab: RP £ 20.65. De-Nol: RP £ 16.37. Product authorization numbers De-Noltab: 62 22 2. De-Nol: 62 23 1. Product licence authorization holder: Brocades Great Britain Ltd. Brocades House, West Byfleet, Surrey KT14 6RA. Telephone (0932) 345536. 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-citrato bismuthate (internationally known as colloidal bismuth subcitrate)

Render to histamine

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.

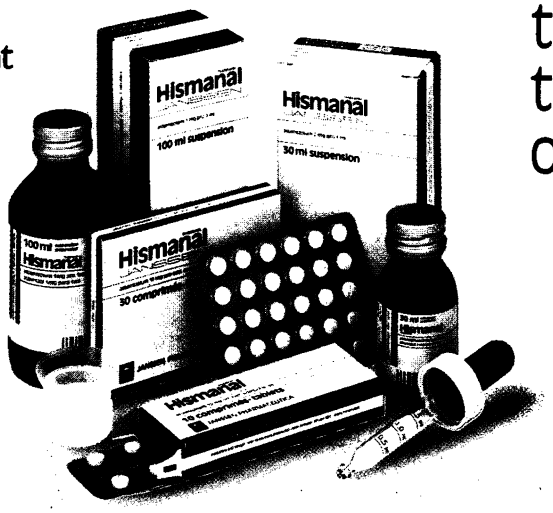
Hismanal is unique by the strength of its histamine-antagonism.
Without any risk of sedation, its full antihistamine strength can be utilized.

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 TRADEMARK
(astemizole)

The antihistamine of exceptional strength.

Effective from the first to the last day of therapy.



JANSSEN
PHARMACEUTICA *the drug discovery company*
B-2340 Beerse, Belgium

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.
Full prescribing information available on request.

JUST ONE TABLET A DAY