

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*

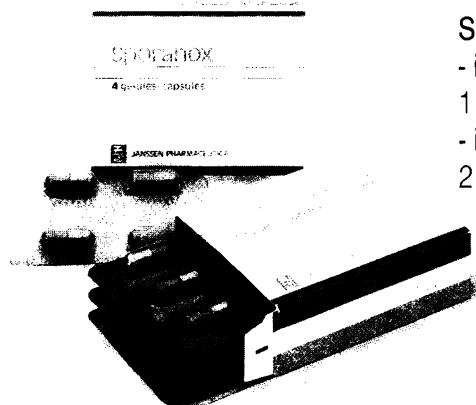
Candida albicans
Sabouraud agar

*Aspergillus
fumigatus*

Fusarium solani

*Sporothrix
schenckii*

*Cryptococcus
neoformans*



ZF

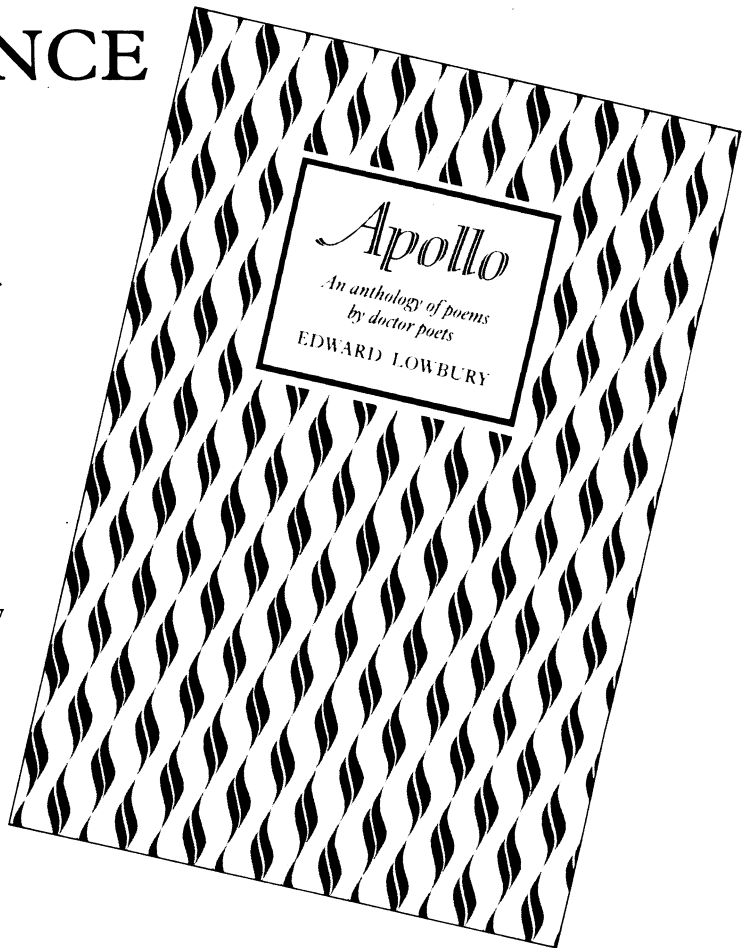
Research
Pharmaceutical Research

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
Designed by Sebastian Carter; demy octavo; set in Erhardt and printed on Supreme Cream Bookwove paper; 158 pages
Limited edition of 1 000 copies
UK £20.00; Abroad £23.00; USA \$43.00 including postage, by air abroad

DID ED, *BMJ*, MURDER HIS WIFE?

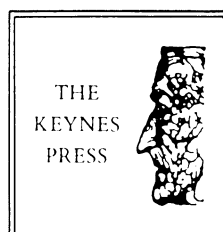
Supposedly based on rumoured events in the life of Ernest Hart, a great but undervalued editor of the *BMJ*, Frank Danby's novel *Dr Phillips: a Maida Vale Idyll* was first published in 1887. Unlike many popular Victorian novels it is concisely plotted; the characters are sympathetic and believable; 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
Limited edition of 300 copies
Inland £45.00; Abroad £49.00; USA \$80.00 including postage, by air abroad



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



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You don't know everything

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Organise a new department. Choose a house officer. Get publicity. Be a GP locum. Write a practice annual report. Start a DNA diagnostic service. Dictate a discharge summary. Develop diabetic care in general practice. How to apply for charitable status. Choose a word processor. Organise a department. Be a manager. Get publicity. Organise a multi-centre trial. Be a GP locum. Write a practice annual report.

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SPECIAL BMA MEMBERS EDITION

MIRROR OF MEDICINE

A HISTORY OF THE BMJ

P. W. J. BARTRIP



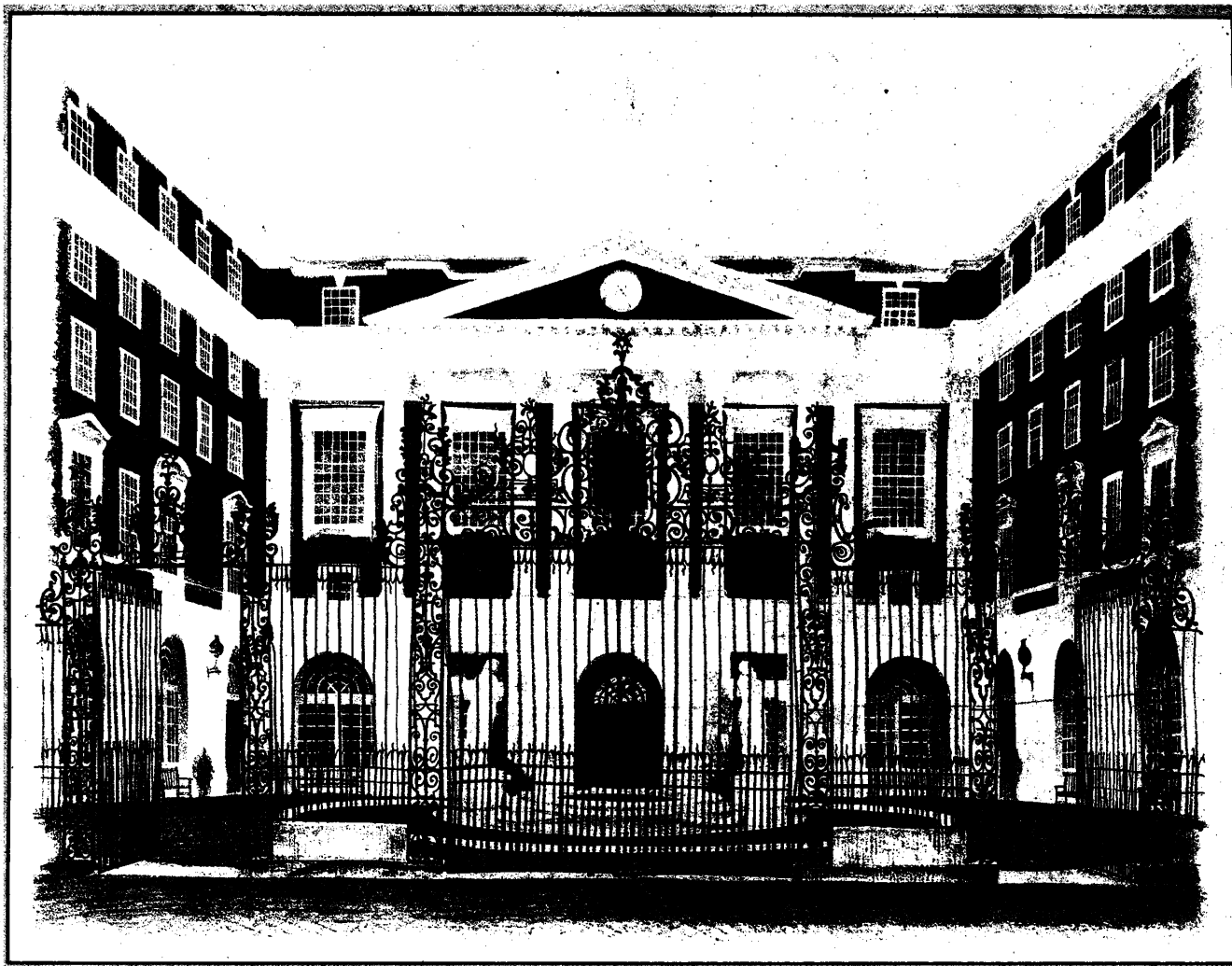
The BMJ's 150 year history has taken it from small beginnings in Worcester as the *Provincial Medical and Surgical Journal* to its current position as a major international medical journal. On the way there have been rows, editors' dismissals, and battles with the BMA and royal colleges as well as growing 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 explaining 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: hardcover, £29.95 (UK £29.95, Abroad £33). Prices include packing and postage, by air speeded despatch abroad (air mail rates on application)

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Why not treat yourself to a memento of the *BMJ*'s 150th anniversary? Specially commissioned to mark the occasion, David Gentleman's beautifully detailed lithograph of BMA House, the journal's home since 1925, is obtainable at £155 a copy. Showing a view of the courtyard from the main gates—a familiar scene to BMA members and to countless visitors from around the world—the lithograph has been produced in a limited edition and only 125 copies are available for sale. Many readers will want to have this handsome reminder of a milestone in the *BMJ*'s history; to make sure of yours, simply fill in the form below.

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The lithograph may also be purchased in the *BMJ* /BMA bookshop, situated on the ground floor of the East Wing of BMA House

ABC OF SEXUALLY TRANSMITTED DISEASES

BMJ



MICHAEL W ADLER

AIDS is not the only one

The number and range of sexually transmitted diseases have been increasing steadily in the past few years, and the second, revised edition of the *ABC of Sexually Transmitted Diseases* includes the most up to date figures as well as new chapters on AIDS and psychosexual problems. Doctors need to be aware that common clinical conditions such as rashes, vaginal discharge, and pelvic pain may have a sexual origin and in the new edition of this invaluable handbook Professor Michael Adler gives expert guidance on the diagnosis and management of these conditions.

Reviews of the first edition

"It is an excellent basic book for the non-specialist, the medical student, and for nursing and paramedical staff associated with genitourinary medicine."

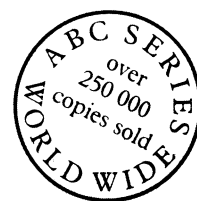
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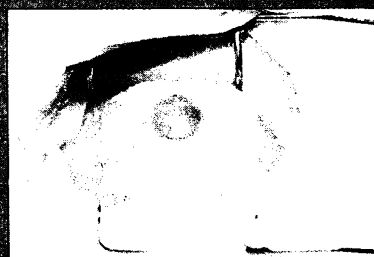
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ABC OF EYES

BMJ



A R ELKINGTON P T KHAW

Detailed descriptions of the symptoms and signs of common disorders of the eye together with over 120 colour illustrations make the *ABC of Eyes* an invaluable aid to diagnosis. Written by A R Elkington, senior lecturer and consultant ophthalmologist, University of Southampton, and P T Khaw, senior registrar in ophthalmology, Moorfields Eye Hospital, London, the book also provides guidance on when to refer to a specialist, and how urgently.

"... an excellent introduction to ophthalmology, for students and for the busy general physician ... presents basic ophthalmology with admirable simplicity, authority and clarity."

American Journal of Ophthalmology

"... students and family practitioners ... will find its short, relevant commentaries and sound clinical insights refreshing."

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Hypertension

Anxiety

Essential tremor

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Long-acting formulation

Post myocardial infarction

Portal hypertension

'Inderal'

propranolol hydrochloride

Still Helping to Build a Healthier Future



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'; pheochromocytoma (with α -adrenoceptor blocker), hypertrophic obstructive cardiomyopathy, cardiac dysrhythmias, anxiety tachycardia, thyrotoxic crisis, glaucoma, Fallot's tetralogy.

Dosage: 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 160-320 mg daily. **Portal hypertension:** Titrate to 25% reduction in resting heart rate. 80-320 mg daily. **Post myocardial infarction:** Begin 40 mg four times daily for 2-3 days, then 'Inderal' 80 mg tablets twice daily or 'Inderal' LA once daily.

Cardiac dysrhythmias, anxiety tachycardia, thyrotoxicosis, cardiomyopathy: 10-40 mg three or four times daily. **Pheochromocytoma:** Operative: 60 mg daily for three days. For non-operative malignant cases: 30 mg daily. **Glaucoma:** 80-240 mg daily in two doses.

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

For oral use: **Dysrhythmias, pheochromocytoma, thyrotoxicosis:** 'Inderal' tablets 0.25-0.5 mg/kg three or four times daily. **Cardiac dysrhythmias:** 5-25-0.5 mg/kg injected slowly under ECG control, three or four times daily. **Migraine:** (Under 12 years) 2 mg tablets 20 mg daily two or three times daily. **Fallot's tetralogy:** Up to 1 mg/kg orally three or four times daily. 0.1 mg/kg intravenously three or four times daily.

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 anti-dysrhythmic 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 bradycardia. Rarely bradycardia, thrombocytopenia, purpura and chest symptoms including hallucinations. Rash 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.

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.



JANSSEN

PHARMACEUTICA

B-2340 Beerse, Belgium

the drug discovery company

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.

Hismanal^{TRADEMARK}

(astemizole)

The antihistamine
of exceptional strength.

Effective from
the first
to the last day
of therapy.

JUST
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A DAY