



FUNGI CAN'T HIDE FROM

Sporanox^{*}

itraconazole 100 mg

One of the notorious problems with fungal infections of the skin or the vagina is that the organism may penetrate the deeper layers of the epithelium, out of reach of topical medication. And besides, when treating fungal skin lesions locally, the infection is often already subclinically present at other sites of the body, waiting for a chance to start the trouble all over again.

Because Sporanox works orally, i.e. "from the inside out", it will destroy even the best hidden fungal cells. All the more so, because Sporanox has a strong affinity for epidermal and mucosal tissues as well as for the fungal cell wall itself where it must exert its fungicidal activity.

SHORT AND SIMPLE ORAL THERAPY

Standard dose in Dermatology: 1 capsule (100 mg) once daily for 15 days
(Sporanox will remain active in the stratum corneum for another 3-4 weeks)

Standard dose in Gynaecology: 2 x 2 capsules (400 mg) for 1 day only
(Sporanox will remain active in the vaginal epithelium for another 3 to 4 days)

This product is not yet available in all countries.

*** Trademarks:** SPORANOX, SEMPERA, TRISPORAL, SPORAL.

Properties: Sporanox (itraconazole), a triazole derivative, is orally active against infections with dermatophytes (*Trichophyton* spp., *Microsporum* spp., *Epidermophyton floccosum*), yeasts (*Candida* spp., *Pityrosporum* spp.), *Aspergillus* spp. and various other yeasts and fungi. **Indications:** Sporanox (itraconazole) is indicated for vulvovaginal candidosis, pityriasis versicolor, dermatophytoses, fungal keratitis and oral candidosis. **Dosage and administration:** Vulvovaginal candidosis: 2 capsules (200 mg) morning and evening for 1 day, Pityriasis

versicolor: 2 capsules (200 mg) once daily for 7 days. **Tinea corporis, tinea cruris, tinea pedis, tinea manus:** 1 capsule (100 mg) daily for 15 days; highly keratinized regions, as in plantar tinea pedis and palmar tinea manus, require 1 capsule (100 mg) daily for 30 days. **Oral candidosis:** 1 capsule (100 mg) daily for 15 days. **Fungal keratitis:** 2 capsules (200 mg) once daily for 21 days. **Contra-indications:** Sporanox (itraconazole) is contra-indicated during pregnancy. **Warnings and precautions:** Although clinically Sporanox (itraconazole) has not been associated with hepatic dysfunction, it is

advisable not to give this drug to patients with a known history of liver disease. **Nursing mothers:** It is recommended not to breast feed whilst taking Sporanox (itraconazole). **Drug interactions:** Sporanox (itraconazole) should not be given concomitantly with rifampicin.

Full prescribing information is available on request.



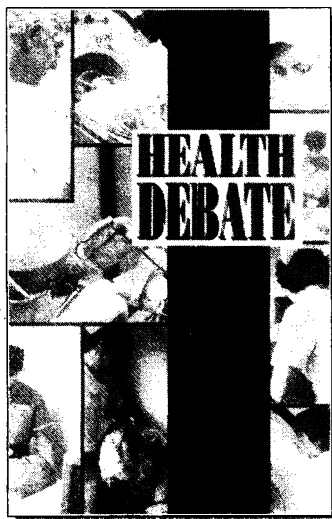
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The best way to provide health services is a subject that has to be tackled by governments and health professionals worldwide. The British government has been attempting this in its reforms of the NHS, and the BMA has produced its own "agenda for health". To give readers a better grasp of these issues the *BMJ* asked experts about the main topics on the agenda—such as rationing of care and funding of services—and to suggest action for the future.

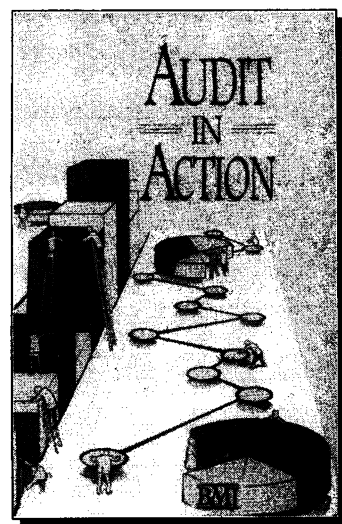


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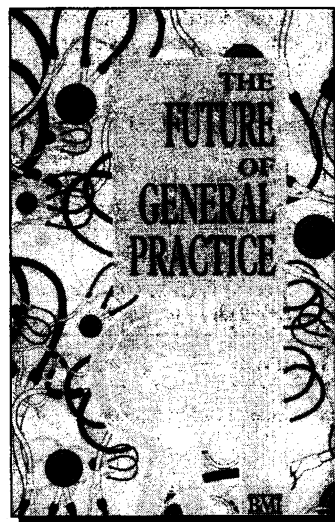
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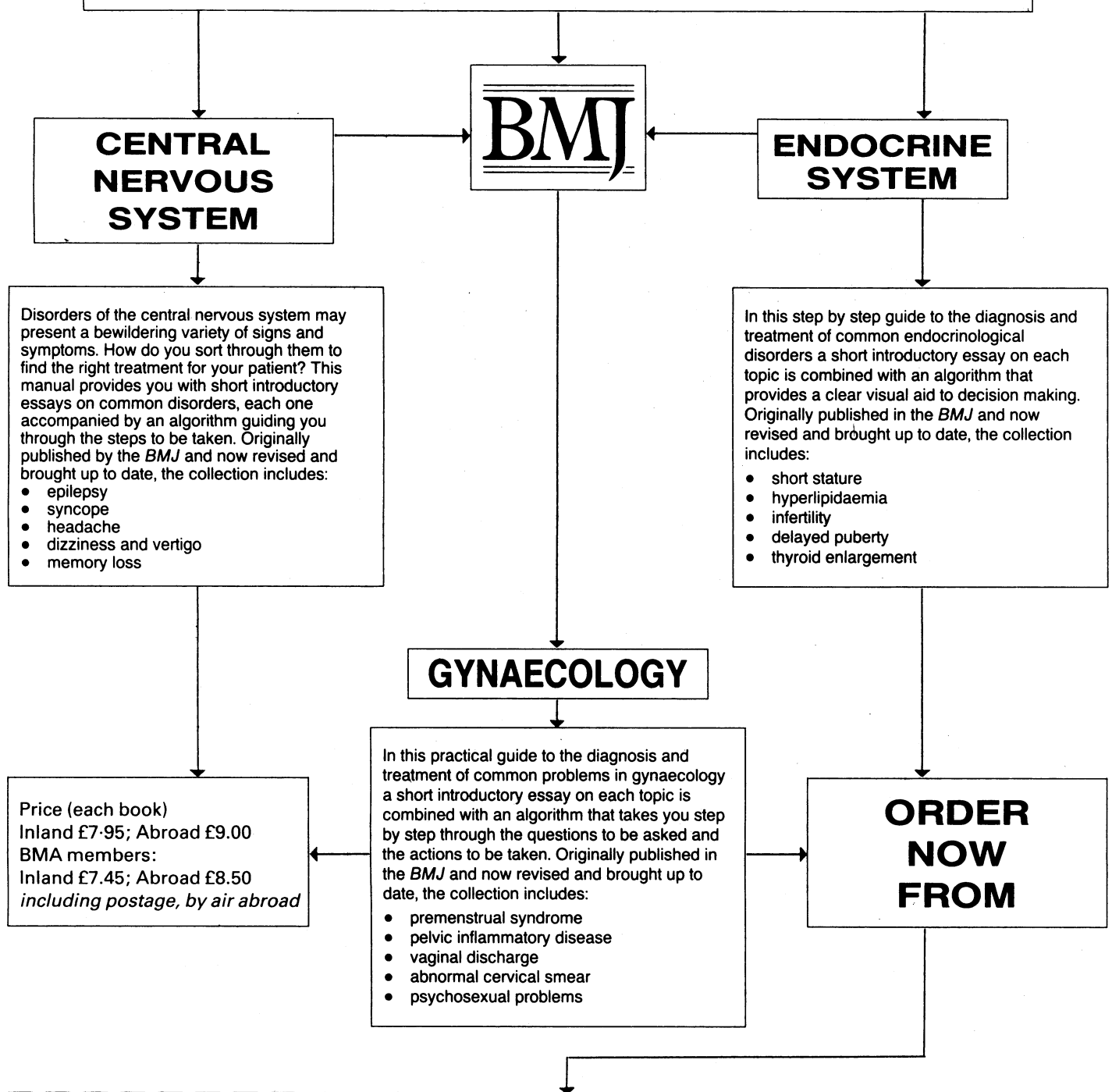
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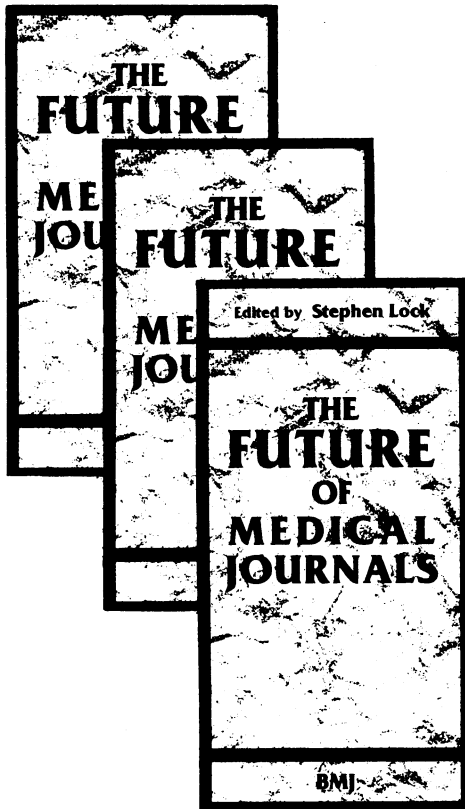
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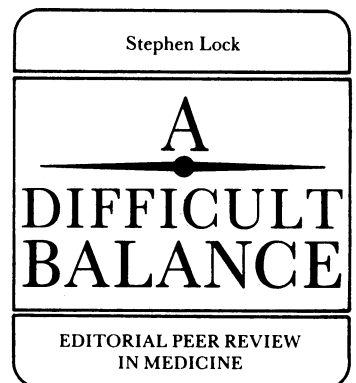
The debate was lively and the opinions conflicting and forcefully expressed when, to mark its 150 year past, the *BMJ* decided to join with other general medical journals in examining their perhaps not too certain future. At a conference at Leeds Castle editors of major general medical journals throughout the world, with experts in information science, sociology, and epidemiology, discussed the functions and effectiveness of modern journals, and debated possible choices for development. Edited by Stephen Lock, *The Future of Medical Journals* is a unique compilation of papers on this important but little analysed aspect of medical science.

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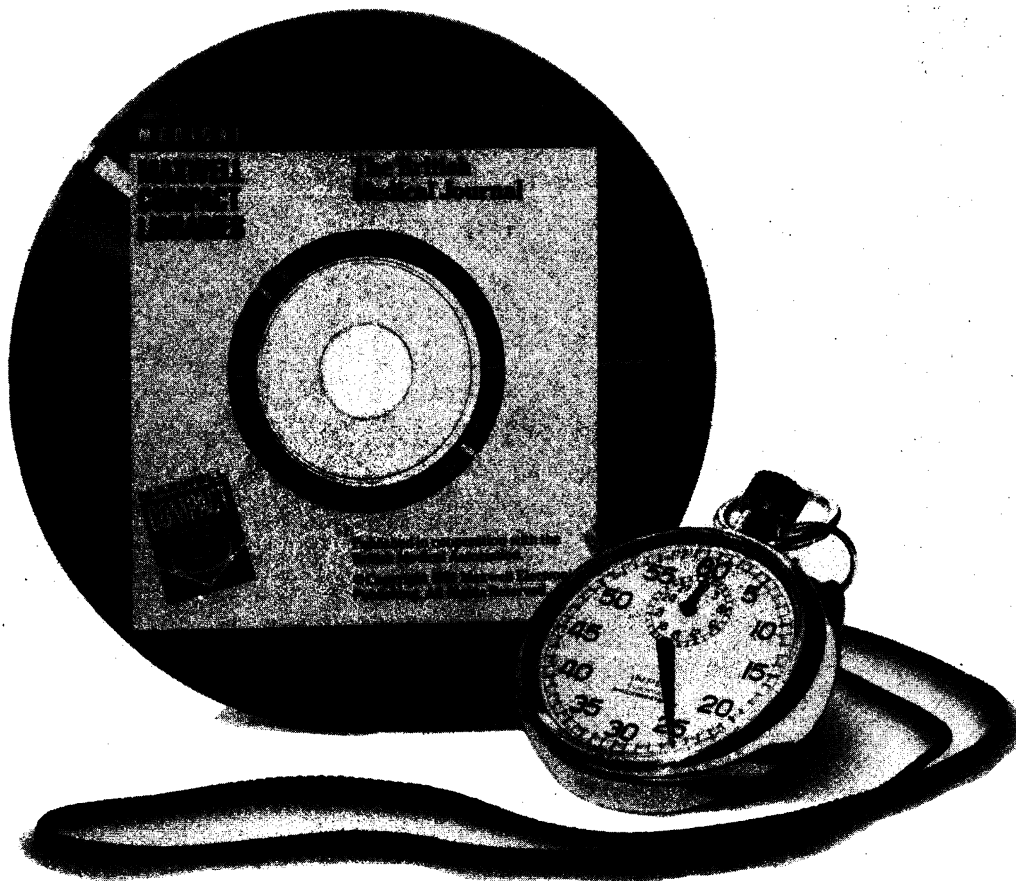
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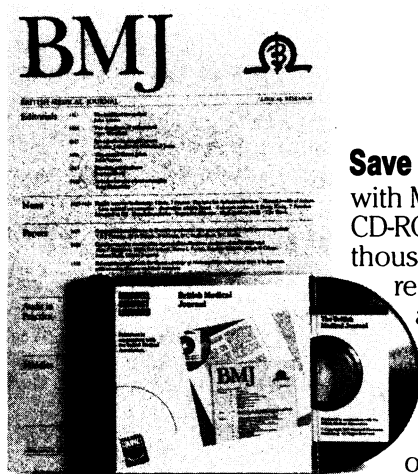
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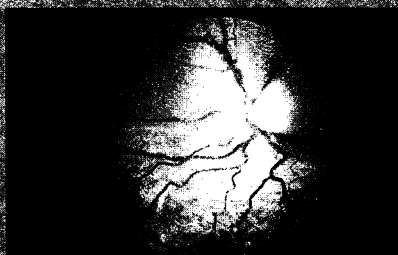
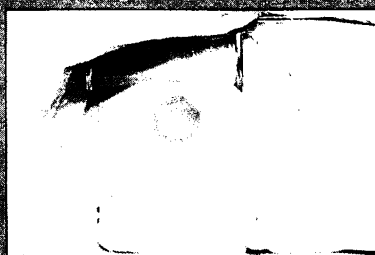
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