

# FUNGUS CAN'T HIDE FROM Sporanox<sup>\*</sup>

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.**

**Indications:** Sporanox (itraconazole), a triazole derivative, is very active against infections with dermatophytes (Trichophyton spp., Microsporum spp., Epidermophyton spp.), Sporothrix schenckii, Candida spp., Phialophora spp., and other fungi. It is also active against Aspergillus spp. and Histoplasma capsulatum.

**Dosage:** 2 capsules (200 mg) morning and evening for 1 day, Pityriasis versicolor: 2 capsules (200 mg) once daily for 7 days.

**Trials corporis, tinea cruris, tinea pedis, tinea manuum:** 1 capsule (100 mg) daily for 15 days. Highly keratinized regions, as in plantar tinea, palm and palm tinea, require 1 capsule (100 mg) daily for 30 days.

**Onychomycosis:** 1 capsule (100 mg) daily for 15 days.

**Contraindications:** Patients with a known history of liver disease should not take Sporanox. Patients with a known history of liver disease should not take Sporanox. Patients with a known history of liver disease should not take Sporanox.

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

**Full prescribing information is available on request.**

**SPORANOX**  
itraconazole capsules  
100 mg  
Janssen Pharmaceutica  
S.A. - Beerse, Belgium  
Janssen Pharmaceutica  
Inc. - New Jersey, U.S.A.

## AN INTERNATIONAL JOURNAL

**TOBACCO CONTROL** is a new quarterly scientific journal launched in March 1992 by the BMJ Publishing Group to consider all aspects of tobacco prevention and control.

- The nature and extent of tobacco use worldwide
- The effect of tobacco use on health, the economy, the environment and society.
- The efforts of the health community and health advocates to prevent and control tobacco use
- The activities of the tobacco industry and its allies to promote tobacco use

- Evaluation of smoking prevention and cessation programmes.
- Tracking and evaluation of tobacco control policies and legislation.
- Epidemiologic and behavioural research on tobacco use
- Health effects of smoking, smoking cessation, passive smoking and smokeless tobacco use.

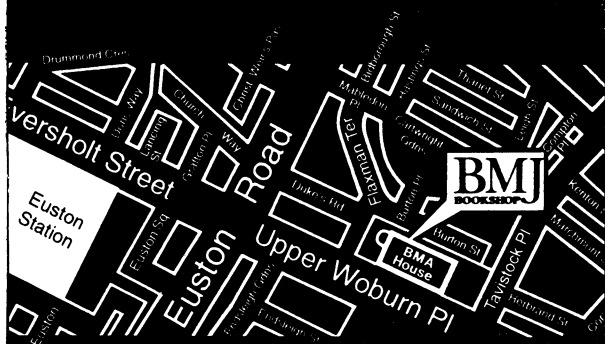
- Trends in physicians' giving advice to stop smoking, United States, 1974-87  
E Gilpin, J Pierce, J Goodman, G Giovino, C Berry, D Burns
- Targeting of cigarette advertising in US magazines, 1959-86  
K E Warner, L M Goldenhar
- Recent developments in tobacco litigation, 1991  
R A Daynard
- Support for restricting smoking at workplaces in developing countries: a survey of Peace Corps staff  
T R Eng, S L Emont, T H van der Vlugt

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# BMA NOTICES

## Fate of motions referred to 1992 BMA craft conferences

The 1986 representative meeting of the BMA resolved:

"That when a motion is properly submitted for the annual representative meeting agenda but is then deferred to a craft committee conference the relevant minutes of that conference or the fate of that motion, if not debated, should be published in the *BMJ*."

The fate of some of the motions submitted to the BMA's annual meeting but referred to craft conferences is published facing p 687 (Clinical Research), p 685 (General Practice), and p 697 (other editions).

Any motions not reached are referred back to the sponsoring constituencies, which are invited to submit a written memorandum requesting that the motion be considered by the appropriate committee.

LMC= LMC conference	CB =Bracketed with motion
S = Senior staffs conference	carried
J = Junior staffs conference	L =Lost
PH =Public health conference	F =Fell
CO =COMAR (conference of academic representatives)	W =Withdrawn
C =Carried	NR=Not reached

### BATH DISTRICT

- That this meeting suggests that payment for out of hours cover should be removed from net remuneration of general practitioners.* CB (LMC)
- That this meeting suggests that the government should reduce clinical responsibilities (ie practice size) to allow adequate time and space for GPs to improve their continued education including quality of care (audit) which would have manpower implications.* NR (LMC)

### BRISTOL

- That there is still a recurring problem in obtaining parity and salaries of senior and junior academics which the Department of Health and Education should address and permanently resolve, now.* CB (CO)

### BROMLEY

- That this meeting demands that all decisions concerning the strategy of hospital care must be shared by clinical directors and management alike.* NR (S)
- That this meeting requests that the chairman of the clinical directorate board be medically qualified.* NR (S)
- That this meeting considers that the present system for the handling of complaints against general practitioners is inequitable and urges council to take action.* CB (LMC)
- That this meeting considers the current right of a family health services authority board to overturn the recommendations of a medical service committee to be unjust and to require review.* NR (LMC)

### CAMBRIDGE, HUNTINGDON AND ELY

- That this meeting believes that, since the government has stated that the new NHS hospital trusts shall work within the National Health Service, they should be made to adhere to the national terms and conditions for all their employees.* NR (S)

### CHESTERFIELD

- That maternity medical services are part of the normal skills of a general medical practitioner and that such services should continue to be provided by general practitioners.* C (LMC)

### CITY OF DUNDEE

- That this meeting calls upon the government to act decisively to halt the annual delay in the implementation of pay awards for clinical academic staff.* CB (COMAR)

### CORNWALL

- That this meeting urges the Department of Health to introduce into general practice, particularly for the benefit of married doctors returning to work, intermediate stages between the maximum of two sessions per week of the Doctors' Retainer Scheme, and the minimum of 13 hours per week required for qualification as a half time principal.* C (LMC)

### CROYDON

- That the effects of the new GP contract on recruitment into general practice vocational training schemes should be monitored and appropriate remedial action taken.* CB (LMC)
- That this meeting supports clinical psychology's part in the primary health care team.* NR (LMC)
- That with a view to prevention of deliberate self harm there should be a prescriber's option for the dispensing by pharmacists of prescriptions of psychotropic medication at shorter intervals (eg, weekly) than the duration of the prescription.* NR (LMC)

### DUDLEY

- That the BMA believes that for general practitioners to obtain the best available secondary care for their patients, the preferred method is through liaison with DHA commissioning teams rather than through fund holding negotiations.* NR (LMC)

### DUKES

- That this meeting supports the increase in the staff grade doctor positions in the NHS.* C (S), C (PH)

### DUNBARTONSHIRE

- That this meeting, while welcoming the use of video taped consultation in the training and assessment of GP trainees, is seriously concerned by moves to adopt this practice in bona fide GP consultations, since this will compromise patient confidentiality fundamentally and unacceptably.* L (LMC)

### EAST DORSET

- That "goodwill" should be saleable in general practice as it was under the Lloyd George act.* NR (LMC)
- That the GP contract is increasingly being seen as a means for setting up unnecessary health promotion clinics for financial gain to the detriment of good medical care and the doctor patient relationship.* NR (LMC)

### EAST SUFFOLK

- That this meeting believes that the proposed "clawback" of incentive payments runs contrary to the spirit of the reforms which generated these payments.* CB (LMC)

### EAST YORKSHIRE

- That the out of hours supplements for trainees in general practice and public health be substantially increased.* CB (LMC), NR (J), C (PH)
- That there should be adequate financial support from the FHSAs for a locum to enable women GPs to have six months maternity leave.* NR (LMC)
- That any transfer of responsibility for the provision of services from DHAs or other provider units to general medical services must be accompanied by an appropriate transfer of funds.* CB (LMC)

### ENFIELD

- That all NHS general practitioners should be given opportunities and facilities to become fund holders within a reasonable time so as to ensure the elimination of a two tier system of general practice.* F (LMC)

### FORTH VALLEY

- That this meeting calls for the government to develop a mechanism whereby the review body increments automatically applied to clinical academic staff.* C (CO)

### FURNESS

- That this meeting would request that the BMA pursues a policy of achieving retirement age for all GPs from the age of 55 years.* CB (LMC)

### GLASGOW

- That this meeting deplores the introduction of cash limits for essential services in primary care.* C (LMC)
- That this meeting supports a further reduction in list sizes in general practice to enable practices to provide high quality personal patient care.* NR (LMC)

### GREAT YARMOUTH AND WAVENEY

- That this meeting congratulates the GMSC on its effective consultation process with individual GPs and looks forward to the committee vigorously negotiating with the department on these matters.* CB (LMC)
- That adequate guidance and finance from FHSAs be made available to enable general practice to comply promptly with new European Community directives.* NR (LMC)

### GREENWICH AND BEXLEY

- That this meeting would like our negotiators to persuade the Minister for Health to investigate the possibility of rescinding the three yearly patient check since it appears not to be an effective use of medical time.* NR (LMC)

### KETTERING

- That this meeting would urge the review body to reverse its decision about the upper age limit on merit awards.* CB (S), C (J), C (CO)

### LANARKSHIRE

- That this meeting feels that the additional demands upon the primary care team, brought about by the new contract, should be matched by the provision of adequate additional resources.* C (LMC)

### LEEDS

- That this meeting urges the government to make more resources available for practice staff, practice premises, computers, and the health promotion aspects of the new contract.* NR (LMC)
- That this meeting recognises the unique position of general practitioners and insists on the continuation of their independent contractor status.* CB (LMC)
- That this meeting notes that once again the pay award for medical academics was not implemented in April and asks the association to take urgent steps to resolve this matter.* CB (CO)

### LEICESTERSHIRE AND RUTLAND

- That this meeting urges the government to accept general practice as "a stressful specialty" and provide full retirement rights for GPs at the age of 60.* C (LMC)
- That this meeting believes that the electorate for junior doctor representation on the BMA council should be limited to junior doctors.* NR (J)

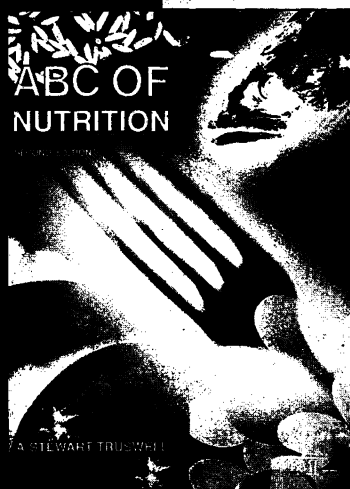
### LEWISHAM

- That this meeting expresses its grave concern that deputising agencies and deputising doctors are not subject to the same complaints and medical service procedures as apply to the general medical services and proposes that this anomaly be rectified forthwith.* NR (LMC)

### LIVERPOOL

- That this meeting deplores the continued use of the term "junior doctors" to describe a group which includes many 35 year old specialists with several postgraduate medical degrees. A more appropriate general term should be adopted and for hospital specialties the term specialist, which is well understood by the public, is recommended.* NR (J)
- That this meeting requests council to recommend to undergraduate and postgraduate medical deans that students and junior hospital staff are made fully aware of the limitations of NHS indemnity and the advisability of further professional indemnity cover.* C (J)

# ABC FROM THE BMJ '92



"Value judgments about food are being made all the time—they are nearly always subjective and usually wrong." A Stewart Truswell, Boden professor of human nutrition at the University of Sydney, separates fact from fallacy in the *ABC of Nutrition*. This fully revised and updated edition offers the general medical reader a refreshingly down to earth review of all aspects of nutrition—from anorexia to obesity, infant feeding to dietary guides for the elderly—and will be invaluable for doctors and other medical professionals wishing to advise patients about their eating habits.

*Review of the first edition*

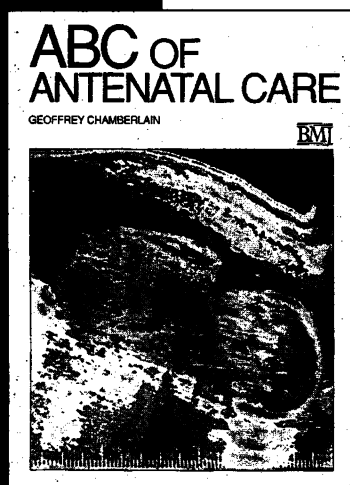
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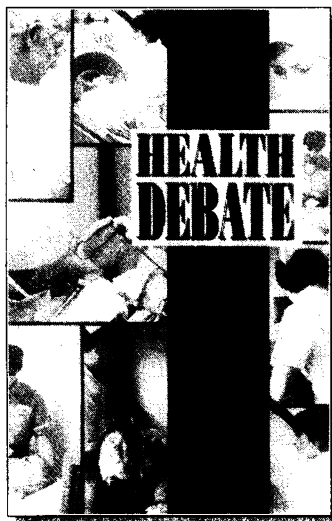
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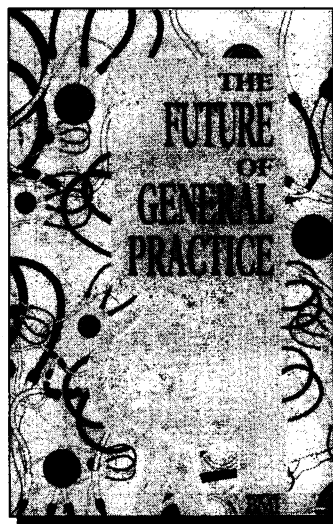
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from the stomach may be diminished, whereas absorption of drugs from the small bowel may be accelerated (e.g. benzodiazepines, anticoagulants, paracetamol, H<sub>2</sub>-blockers). - In patients receiving anticoagulants, the coagulation times may somewhat increase. It is advisable to check the coagulation time one week after the start of Prepulsid treatment to adapt the anticoagulant dose if necessary. The sedative effects of benzodiazepines and of alcohol may be accelerated. - The effects of Prepulsid on gastro-intestinal motility are, for the most part, antagonized by anticholinergic drugs. - In hepatic and renal insufficiency, it is recommended to halve the initial daily dose. Subsequently, this dose can be adapted, depending on the therapeutic effects or possible side-effects. - In the elderly, steady-state plasma levels are generally higher, due to a moderate prolongation of the elimination half-life. Therapeutic doses, however, are similar to those used in younger patients. - In the case of drugs that require individual titration, it may be useful to monitor plasma levels of such drugs when Prepulsid is associated. **Adverse reactions:** In line with the pharmacological activity of Prepulsid, transient abdominal cramping, borborygmi and diarrhoea may occur. Mild and transient headache or lightheadedness have been reported occasionally. When diarrhoea occurs in babies or infants, the dose should be reduced. There are isolated reports of CNS effects, i.e. convulsive seizures and

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- **Economics of cardiovascular health care**
- **Circulating vs. tissue renin**
- **ACE inhibitors and myocardial salvage**

**DEADLINE FOR RECEIPT OF ABSTRACTS: 30 OCTOBER 1992**

*Further information, registration and abstract forms can be obtained from:*

Professor G.A. MacGregor and Professor P.S. Sever, Organising and Scientific Committee  
Third International Symposium on ACE Inhibition

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## AIDS AND THE LUNG

EDITED BY  
DAVID MITCHELL AND  
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