



FIGHT CAN'T HIDE ITSELF

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 cap-

sules (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.

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

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British Heart Journal

In association with the British Cardiac Society

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THE BRITISH HEART JOURNAL

is a major international journal which concentrates on providing up to date clinical information. Found worldwide in leading libraries, and read by physicians and surgeons with more general interests, as well as by cardiologists, features include concise, readable editorials, written by international experts, which tie in with original research papers published in areas vital to the development of cardiology.

FEATURES INCLUDE:

- Recent issues included a review by Professor Swales on the interplay between the beneficial properties of diuretics and β blockers in hypertension and the potentially adverse effect on plasma lipids. The rationale of single lung transplantation in end stage lung disease is discussed by the Newcastle group.
- The Festschrift issue marking the editorship of Dr D Krikler included a review of the progress in the genetic basis of hypertrophic cardiomyopathy and records the gene defect in an original family from the Teare paper of 1958.

- Future Issues report trial evidence (European Cooperative Study Group) on the effect of early intravenous heparin on coronary patency, infarct size and bleeding complications after alteplase therapy.
- Future editorials include Coronary Heart Disease in South Asians, Stress Proteins and the Myocardium and the Role of Antiphospholipid Antibodies in Cardiac Disease. An important study from Tom Meade (MRC epidemiology unit Northwick Park) possibly explains the beneficial effect of exercise by showing that it reduces fibrinogen levels.
- As well as original articles and editorials, British Heart Journal also publishes case reports, letters and working party recommendations for clinical practice e.g. Recommendations for pacemaker prescription for symptomatic bradycardia.

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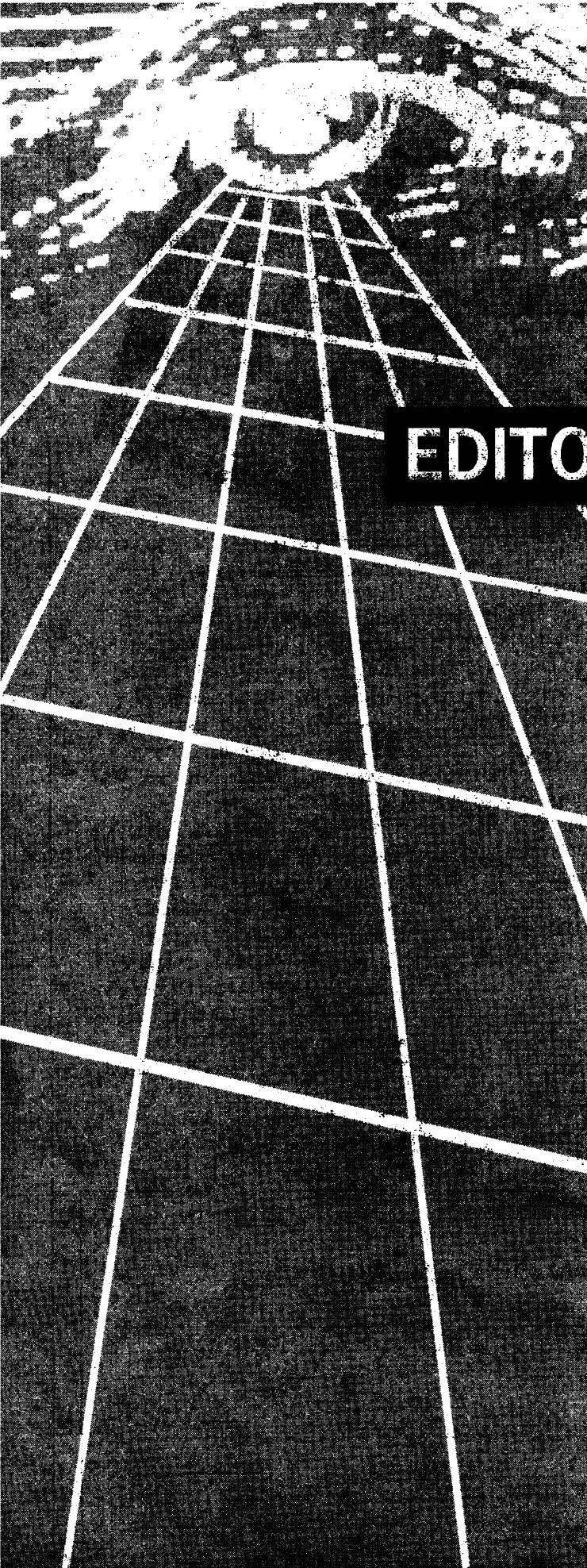
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Guarding the Guardians: Research on

EDITORIAL PEER REVIEW

Following the success of the American Medical Association's First International Congress on Peer Review in Biomedical Publication, a second such Congress is being planned for September 1993. We aim to present original research on critical issues in the publication of all clinical and scientific research.

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For more information on attending or presenting research, contact:

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BEGIN PLANNING YOUR RESEARCH PROTOCOLS NOW!

Forum for the Evaluation of Anti-infective Therapy

Rome Italy
27-29 November 1992



ANTIBIOTICS AND THE RESPIRATORY TRACT

The first Forum for the Evaluation of Anti-infective Therapy will take place at the Sheraton Roma Hotel and Conference Center, Rome, Italy, on 27-29 November 1992. The focus of the congress will be the examination of the evaluation of criteria for the diagnosis of respiratory infections and also the choice of appropriate antibiotic treatment and the associated problems presenting to the prescribing physician.

Topics:

- Evaluation of criteria for the diagnosis of respiratory infection
- Evaluation of antibiotics for treatment of respiratory infections
- The severity of respiratory infections and the therapeutic response
- The influence of age on treatment of respiratory infections
- An interactive session on the treatment of selected cases

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Vincent Andriole (US) Carlo Grassi (Italy)
Claude Carbon (France) Robert Moellering (US)
Giuliana Gialdroni Grassi (Italy)

Non-residential registration fee US\$ 360.00

Residential registration fee US\$ 800.00

Total number of participants limited to 450; some places still available

Further details and application forms from: Lindsey Whitehouse,
FEAT Congress Secretariat, International Clinical Forum (ICF) Consultants
Ltd, Wicker House, 3 Liverpool Gardens, Worthing, West Sussex
BN11 1TF, UK. Telephone: +44 (0)903 205213. Fax: +44 (0)903 210296.

International Medical Course

Nursing care of people with HIV disease

2-15 May 1993, London

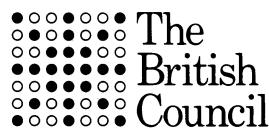
The purpose of this course is to provide nurses with space and an opportunity to explore the complexity of the issues involved in HIV disease. It is designed for senior nurses, nursing administrators, clinical nurse managers, managers of patient care and lecturers in schools and colleges of nursing.

The Director of Studies will be **Mr Robert J Pratt**, Vice Principal and Head of Faculty of Vocational & Professional Practice, Riverside College of Health Studies, London.

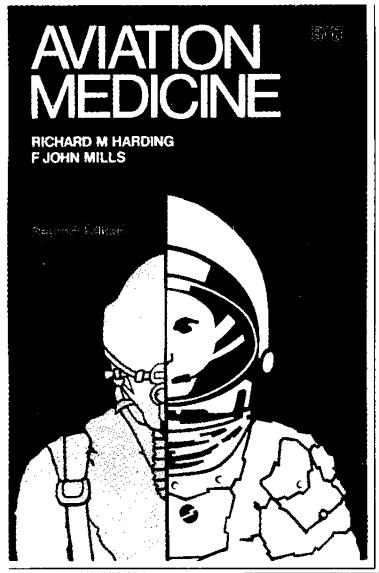
There are vacancies for 35 participants.

Course fee: £960; Accommodation charge: £595; total fee: £1,555.

The course will be held at The Riverside College of Health Studies at the Charing Cross Hospital, London. Resident participants will be accommodated in single bedrooms with private facilities at a West London hotel.



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



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TRADEMARK

Prepulsid

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and oesophagus
back to work.

Prepulsid. The force behind G.I. motility.

Prescribing information · Prepulsid (cisapride) is a gastro-intestinal prokinetic agent. Prepulsid enhances and co-ordinates gastro-intestinal propulsive motility, thereby preventing stasis and reflux. **Therapeutic indications:** 1. Gastroparesis. 2. Symptoms of X-ray or endoscopy negative upper digestive discomfort. 3. Gastro-oesophageal reflux disorders, including oesophagitis. 4. Intestinal pseudo-obstruction. **Contra-indications:** No absolute contra-indications are known. **Warnings:** Caution should be observed in patients in whom an increase in gastro-intestinal motility could be harmful. **Precautions:** *Pregnancy:* Although, in animals, there is no effect on primary fertility, no primary embryotoxic and no teratogenic effect, the anticipated therapeutic benefits should be weighed against the potential hazards before Prepulsid is given during pregnancy, especially during the first trimester. *Nursing mothers:* Although the excretion in breast milk is minimal, nursing mothers are advised not to breast feed while taking Prepulsid. **Driving and machine-operating ability:** Prepulsid does not affect psychomotor function and does not induce sedation or drowsiness. Prepulsid may, however, accelerate the absorption of central nervous system depressants, such as barbiturates and alcohol. Caution should therefore be exercised when Prepulsid is administered with these drugs. **Interactions:** · The acceleration by Prepulsid of gastric emptying may affect the rate of absorption of drugs: absorption of drugs

from the stomach may be diminished, whereas absorption of drugs from the small bowel may be accelerated (e.g. benzodiazepines, anticoagulants, paracetamol, H₂ 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

extrapyramidal effects. **Dosage:** · Adults: according to the severity of the condition, 15 to 40 mg daily, to be given in 2 to 4 intakes, to be taken as tablets or as oral suspension (the full plastic 5-ml spoon contains 5 mg). As a rule the following doses have proven adequate: • less severe conditions: 5 mg t.i.d. (dose can be doubled); • severe conditions (gastroparesis, oesophagitis, refractory constipation): 10 mg t.i.d. to 10 mg q.i.d. (before the 3 main meals and before retiring). · Infants and children: on the average 0.2 mg/kg per intake, 3 to 4 times daily. For the suspension, intakes are indicated on the dosing pipet as a function of body weight.

Full prescribing information available on request.

Note: Prepulsid (cisapride) is not yet available in all countries and not all indications have been approved everywhere.

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