FUNGI CAN 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)
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(Sporanox will remain active in the vaginal epithelium for another 3 to 4 days)

This product is not yet available in all countries.

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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 candidiasis, pityriasis versicolor, dermatophytosis, [illegible] and oral candidosis. **Dosage and** [illegible] 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 [illegible] 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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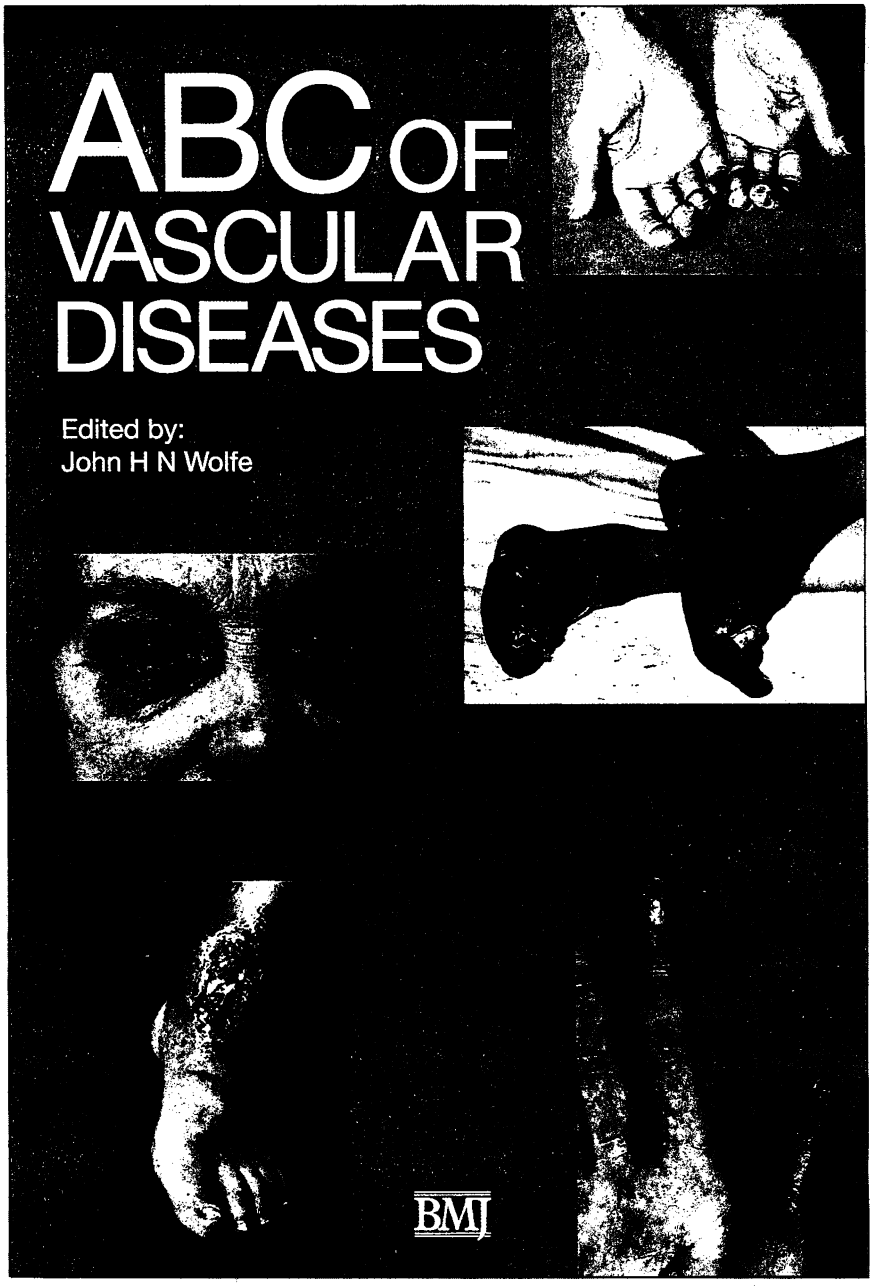
Essential handbook of vascular diseases

Vascular problems are common – so much so that they are often forgotten and sometimes overlooked – and the incidence of vascular disease has increased to epidemic proportions. But along with this increase has come the rapid development of new methods of diagnosis and treatment. Successful management now requires cooperation among many hospital specialists – vascular surgeons, general surgeons, radiologists, neurologists, cardiologists, orthopaedic surgeons, and general physicians – as well as paramedical staff. A key figure in the equation is the general practitioner, who has a vital part to play throughout. The *ABC of Vascular Diseases* draws together the contributions of all these, condensing years of experience into brief chapters with clear practical messages. Aspects covered include the assessment of severity of disease and medical and radiological treatment as well as surgery. Both early and late complications are covered in detail, making this an essential handbook for everyone concerned in the treatment and rehabilitation of patients with vascular disease.



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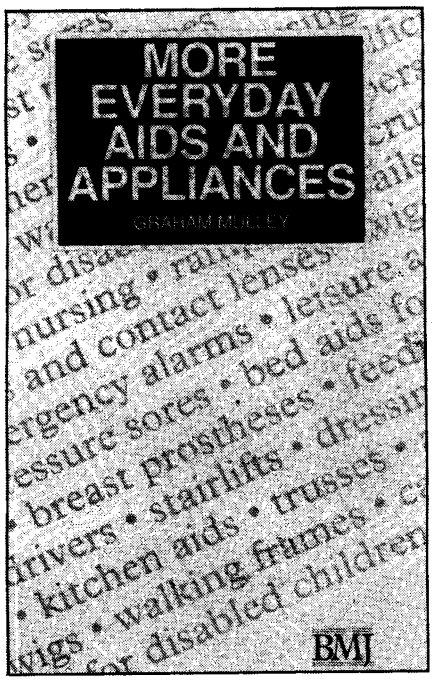

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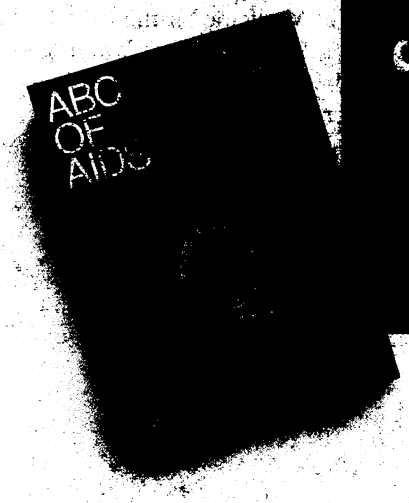

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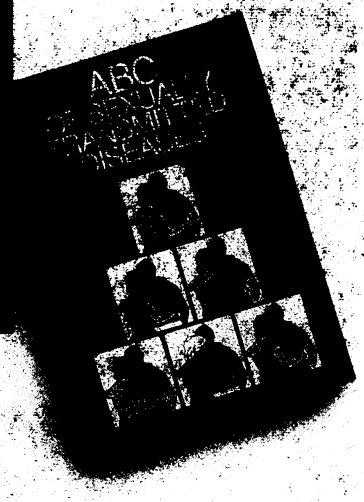

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During the past few years a series of articles, mostly from the Medical Research Council's Environmental Epidemiology Unit at the University of Southampton, has been published in leading medical journals. They set out the evidence that certain adult diseases, including coronary heart disease, stroke and diabetes originate in impaired development during fetal life and infancy. Because of the obvious implications for prevention of some of the commonest diseases in Western society, they have attracted international attention. In this book, Professor David Barker, Director of the Unit, has selected 31 articles that he considers seminal and a comprehensive guide to the development of this important topic. Professor Roger Robinson's introduction summarises and interprets the evidence for non-epidemiologists.

The first chapters describe the origins of the hypothesis in geographical studies in England and Wales. These are followed by a series of studies of men and women in middle and late life whose early growth was recorded at the time. In those who have died, cause of death can be related to early growth. Examination of the living has allowed blood pressure, blood lipid and insulin concentrations, and other measurements to be related to different patterns of early growth. Together, the findings show that early development affects the risk of coronary heart disease, stroke, obstructive lung disease and diabetes at least as strongly as obesity, smoking and other aspects of adult life style.

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EUROPE MEETS THE VANCOUVER GROUP

14 January 1993

An invitation to all European medical editors to come and meet members of the International Committee of Medical Journal Editors (the Vancouver Group) and discuss with them key editorial issues.

To coincide with the 1993 meeting of the Vancouver Group (the International Committee of Medical Journal Editors) the *BMJ* and *The Lancet* are hosting a meeting at the Royal Institution of European medical journal editors and members of the Vancouver Group (including the editors of the *Annals of Internal Medicine*, the *Journal of the American Medical Association*, and the *New England Journal of Medicine*). The aim is to allow editors to meet and learn from each other and to influence the issues that the Vancouver Group considers.

The meeting will be followed by an evening reception at BMA House, Tavistock Square, London WC1H 9JR.

All editors of medical journals are welcome to attend.

The Royal Institution,
21 Albemarle Street, London W1
followed by a reception at
BMA House, Tavistock Square,
London WC1H 9JR

Programme

10.00 Welcome — Richard Smith, editor, *BMJ*
Robin Fox, editor, *The Lancet*

10.05 Developing a journal — Speaker to be announced

10.25 Discussion

10.35 The search for better referees —
Bob and Suzanne Fletcher, editors
Annals of Internal Medicine

11.30 Coffee

12.00 What should be on the Vancouver Group agenda? — Magne Nylenna, editor
Norwegian Medical Journal
George Lundberg, editor *JAMA*

Group discussions

1.15 Lunch

2.30 The end of the paper journal? —
Speaker to be announced

3.15 Should European medical editors join together? — Speakers to be announced

Group discussions

4.40 Summing up — Richard Hughes, editor,
Journal of Neurology, Neurosurgery, and Psychiatry

6.00 - 8.00 Reception, BMA House, Tavistock Square, London WC1H 9JR

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

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