

Diflucan 50

**A new dimension in
oropharyngeal candidiasis**



**Single oral daily dose
24-hour systemic efficacy
Hepatic monitoring unnecessary**

Diflucan^{*} 50
fluconazole

*Trade mark

Prescribing Information ▼

Indications: 1. Acute or recurrent vaginal candidiasis. 2. Oropharyngeal candidiasis including that occurring in immunocompromised patients. 3. Atrophic oral candidiasis associated with dentures. **Dosage:** Adults: Vaginal candidiasis: Single dose of 150mg. Oropharyngeal candidiasis: 50mg once daily for 7-14 days. Treatment should not exceed 14 days except in severely immunocompromised

patients. Atrophic oral candidiasis: 50mg once daily for 14 days plus normal dental hygiene measures. Use in elderly: as above except for those renally impaired - see data sheet. Use in children: Not recommended. **Contra-indications:** Hypersensitivity to fluconazole or related triazoles, pregnancy and women of childbearing potential unless adequate contraception is employed. **Warnings:** Lactation: Not recommended. **Drug interactions:** Monitor patients on

concurrent anticoagulants or tolbutamide. **Side-effects:** Nausea, headache, abdominal discomfort. **Package Quantities and Basic NHS Cost:** 150mg capsule, pack of 1, £7.12. (PL 57/0290); 50mg capsule, calendar pack of 7, £16.61 (PL 57/0289).

Further information on request.
Pfizer Limited, Sandwich, Kent.






IN VAGINAL THRUSH, THEIR NEEDS ARE NOT IDENTICAL

ABRIDGED PRESCRIBING INFORMATION: **Presentation** *Canesten 10% VC* is available as a single pre-filled applicator containing 5 g of 10% clotrimazole vaginal cream. **Uses** Candidal vaginitis. **Dosage and Administration** *Adults* Insert the contents of the pre-filled applicator intravaginally, preferably at night. *Children* As this product is used with an applicator, paediatric usage is not recommended. **Contra-indications** Hypersensitivity to clotrimazole. **Side Effects** Rarely patients may experience local mild burning or irritation immediately after inserting the cream. Hypersensitivity reaction may occur. **Use in Pregnancy** In animal studies clotrimazole has not been associated with teratogenic effects but following oral administration of high doses to rats there was evidence of foetotoxicity. The relevance of this effect to topical application in humans is not known. However, clotrimazole has been used in pregnant patients for over a decade without attributable adverse effects. It is therefore recommended that clotrimazole should be used in pregnancy, only when considered necessary

by the clinician. If used during pregnancy extra care should be taken when using the applicator to prevent the possibility of mechanical trauma. **Accidental Oral Ingestion** In the event, routine measures such as gastric lavage should be performed as soon as possible after ingestion. **Pharmaceutical Precautions** Do not store above 25°C. **Legal Category** POM. **Basic NHS Price** £3.43 per 5g pre-filled applicator. **Product Licence Number** PL 0010/0136. **Reference** Genitourinary Medicine 1986; 62:404.

Further information available from:
Bayer UK Limited, Pharmaceutical Business Group
Bayer House, Strawberry Hill,
Newbury, Berkshire RG13 1JA.

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Even women as similar as twins can have very different needs when it comes to vaginal thrush.

While many women are content with the convenience and efficacy of a single-dose pessary, others may need a cream.

Canesten 10% VC is the only single-dose cream for vaginal thrush.

It is specially formulated for cases where vaginal

soreness or dryness is a problem, and for those who simply prefer a cream.¹

Canesten 10% VC. It gives you — and your patients — a soothing alternative when treating vaginal thrush.

Canesten[®]
clotrimazole

vaginal cream

SINGLE-DOSE CREAM, THE SOOTHING ALTERNATIVE

THE UNIVERSITY OF LIVERPOOL

DIPLOMA IN VENEREOLOGY

The full-time three-months course in venereal and sexually transmitted diseases, leading to the Diploma in Venereology of the University of Liverpool is held annually from January to March. The course covers the whole field of sexually transmitted infection and includes lectures and laboratory instruction.

Application forms are available from: Secretary, Department of Genito-Urinary Medicine, 2nd Floor, UCD Building, University of Liverpool, Royal Liverpool Hospital, Liverpool L7 8XP, and should be returned, duly completed by 15th May for the Course which commences the following January.

International Medical Course HIV and AIDS: management and control 4-9 February 1990, London

The course will study in depth the diagnosis of HIV infection and AIDS, and the treatment of the associated opportunistic infections and tumours. Recent advances in anti-retroviral chemotherapy will be reviewed and vaccine production and control of HIV infection will be considered. There will be considerable time for discussion between the participants and the presenters.

Topics covered will include: HIV virology and immunology; epidemiology; opportunistic infections; a review of AIDS in Africa, HIV in children, intravenous drug users, haemophiliacs and following blood transfusion and in pregnancy; control and treatment of HIV; health education.

The joint directors of studies will be Professor M W Adler and Dr A Mindel of the Academic Department of Genito-Urinary Medicine at the University College and Middlesex School of Medicine, University of London.

The course is designed for senior clinicians and other senior doctors involved in the management of patients with HIV associated illness. Applicants should have a sound, basic knowledge of the clinical aspects of HIV-associated disease.

There are vacancies for 30 participants.

Course fee: £580; accommodation charge: £270; total fee: £850.

The course sessions will take place at the Bloomsbury Rheumatology Unit. Participants will be accommodated at a conveniently situated hotel with private bathroom or shower.

••••• The
••••• British
••••• Council

Further information and application forms available from British Council Representatives overseas or from Courses Department, The British Council, 65 Davies Street, London W1Y 2AA.

M.S.S.V.D.

The Medical Society for the Study of Venereal Diseases

President: Dr M A Waugh, The General Infirmary at Leeds, Leeds, LS1 3EX

The object of the Society is to bring together those interested or engaged in the diagnosis, treatment, and community medical aspects of sexually transmitted diseases. The society meets regularly in London at the Royal Society of Medicine for the reading of papers, discussions, and presentation of cases. An out-of-London meeting is held in the Spring. Annual subscription for membership of the Society is £50 for all members.

Applications for membership are very welcome and forms can be obtained from the Honorary Secretary, Dr M J Godley, Florey Unit, Royal Berkshire Hospital, Reading RG1 5AN.

Please note—all correspondence regarding M.S.S.V.D. to Hon. Sec. save all changes of address to Hon. Treasurer Dr J S Bingham, Middlesex Hospital, London W1N 8AA.

Meetings 1989-1990

6.30 p.m. for 7.00 p.m. unless otherwise stated

Members and Guests welcome

Royal Society of Medicine, 1 Wimpole Street, London W1M 8AE

13th October 1989—AGM—Short papers

10th November 1989—Epidemiology and Testing for HIV

BCCG Survey—Trends in HIV infection in Genitourinary medicine clinics—Dr G R Kinghorn, Royal Hallamshire Hospital, Sheffield

The case for anonymous testing and extended studies—Professor M W Adler, University College and Middlesex School of Medicine

Anonymous HIV sero-surveillance in England and Wales—Dr N Gill, PHLS, London

17-18 November 1989—Jointly with DUTCH SOCIETY FOR STUDY OF SEXUALLY TRANSMITTED DISEASES

STDs. Viral infections as cause of STD.—Apollo Hotel, Amsterdam

12th January 1990—MRC AIDS THERAPEUTIC TRIALS—Dr David Girling and speakers, MRC, London

Pneumocystis prophylaxis current trials—Dr A J Pinching, St Marys Hospital Medical School, London

9th February 1990—Papillomavirus—Anogenital warts—local ablative therapy—Dr J D Oriel, London

Interferon Therapy—Dr G M Scott, University College Hospital, London

Intra-meatal warts—Overview of therapy—Mr T A McNicholas, FRCS, St Peter's Hospital, London

23rd March 1990—Research into Sexual Behaviour in the context of HIV infection—The measurement and assessment of homosexual behaviour in the context of HIV transmission—Prof A P M Coxon, University of Wales, Cardiff

National survey of sexual attitudes and lifestyles—Dr A M Johnson, University College and Middlesex School of Medicine

9-11 May 1990—STDS in the World of AIDS. 35th General Assembly IUVDI, Royal Society of Medicine, London

17-20 May 1990—Spring Meeting, MSSVD. Shanklin, Isle of Wight, Local Organiser: Dr C Baksi

BRITISH POSTGRADUATE MEDICAL FEDERATION
University of London



**SHORT COURSE ON SEXUALLY TRANSMITTED
DISEASES IN OBSTETRICS AND GYNAECOLOGY**

London, 29-30 March 1990

Aimed at trainees in obstetrics and gynaecology, particularly those preparing for Part II of the MRCOG examination.

Will cover epidemiology, sexual behaviour and diagnostic testing in relation to STD. To include sessions on problems in pregnancy, AIDS, lower genital tract infections and their complications.

Cost: £160, to include lunches and a Reception.

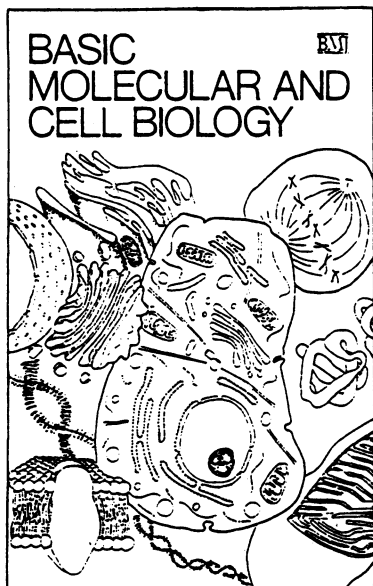
For further details and an application form (to be returned by 1 March 1990) please contact:

Advanced Courses Department

BPMF

33 Millman Street

London WC1N 3EJ (01 831 6222 extn 176)



The extraordinary technical developments in molecular biology over the past few years, and the equally rapid advances in understanding of cell biology, will almost certainly result in far reaching changes in medical research and practice. In this collection of articles experts in molecular and cell biology provide the background information to give clinicians an insight into the way in which the medical sciences may be moving over the next few years and into the exciting possibilities opening up for the treatment of genetic disorders, cancer, and the common illnesses of Western society such as degenerative vascular disease and diabetes.

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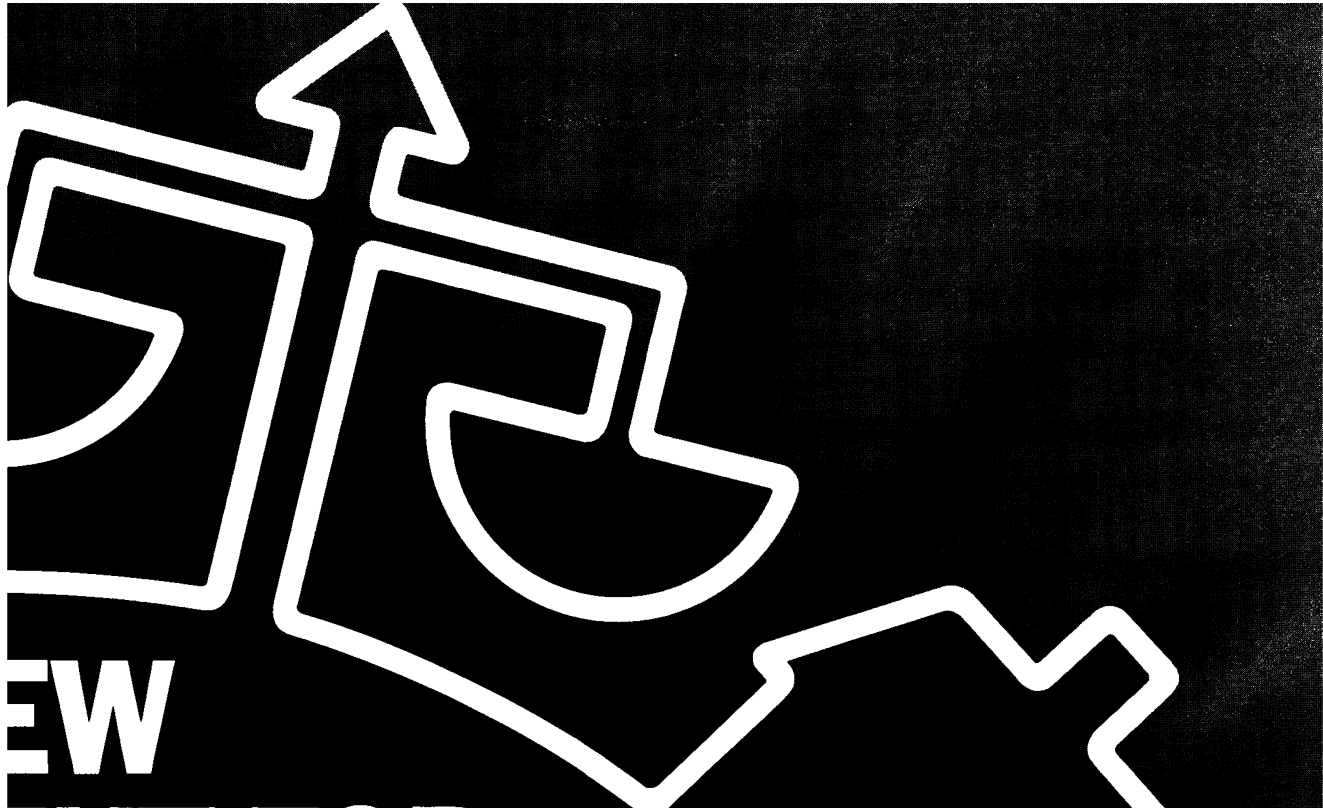
How? Condyline is a 99% pure, standardised solution of 0.5% podophyllotoxin. By selecting the most therapeutically active constituent we have been able to develop a treatment that is more effective than the original podophyllin mixture.

Where? Condyline can be applied to Condylomata acuminata of the preputial space by the patient at home, saving time for both you and him. It doesn't

REFERENCES: 1. Edwards, A., Atma-Ram, A., Thin R. N. Genito Urinary Medicine 1988; 64: 263-265. 2. Jablonska, S., data on file. Gist-brocades nv the Netherlands. 3. Mazurkiewicz, W., & Jablonska, S. Z. Hautkr. 1986; 61: 1387-1395.

Presentation: Condyline is presented as a clear colourless alcoholic solution containing 0.5% podophyllotoxin in vials of 3.5 ml, with a suitable quantity of special applicators
Uses: For the topical treatment of penile warts (condylomata acuminata), located in the preputial space. **Dosage and administration:** By topical administration. **Adults and the elderly:** Apply twice daily for three days directly to the warts. Allow to dry after treatment. Use the applicator provided, applying not more than 50 applicators-full for each application. This three-day treatment may be repeated, if necessary, at weekly intervals, for a total of five weeks of treatment. **Children:** Not recommended

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When? Condyline doses can be given closely together on consecutive days due to the low toxicity. So you can prescribe Condyline, giving the first application yourself to show the patient what to do. He can then subsequently repeat the procedure himself returning for a check-up and advice on whether treatment should be continued or concluded.

■ **Condyline** ■

Condyline

Contra-indications, warnings, etc.: **Contra-indications:** Hypersensitivity to podophyllotoxin. **Special precautions:** Avoid contact with healthy skin; lesions greater in area than 4 cm² should be treated under direct medical supervision. Do not use on open wounds following surgical procedures. **Side-effects:** Local irritation, usually mild, may occur. **Overdosage:** In topical overdosage, wash well with soap and water; if the eyes are involved bathe thoroughly with water. If accidentally ingested give stomach washout and monitor electrolyte balance, blood gases, liver function and blood picture. **Pharmaceutical precautions:** Normal pharmaceutical storage and handling as indicated. **Legal category:** POM. **Package quantities:** 3.5 ml, in an amber glass vial, fitted with a child-proof cap, together with a suitable quantity of special applicators. **Further information:** The product should be discarded six weeks after first opening the vial. Keep away from naked flames. **Product Licence No.:** 0166/0142. **Basic NHS Price:** £16.00 for 3.5 ml pack.



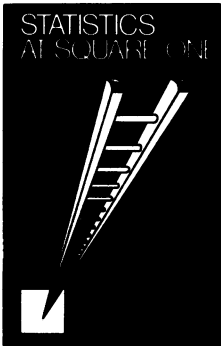
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Many medical journals, including the *British Medical Journal*, now expect scientific papers submitted to them to contain confidence intervals when appropriate. Why? what are they? and how do you calculate them? *Statistics with Confidence* tells you. A clear explanation of the reasons for using confidence intervals is followed by detailed presentation of methods of calculation, including numerous worked examples and specially compiled tables. To make things even easier, a computer programme, Confidence Interval Analysis (CIA), for calculating confidence intervals, has been specially designed by Martin Gardner and details are available from the Publishing Department, *British Medical Journal*.

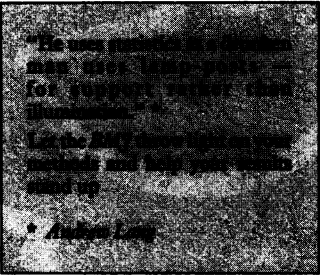
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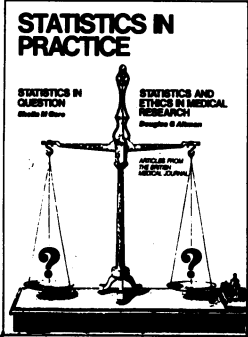


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Fourth impression

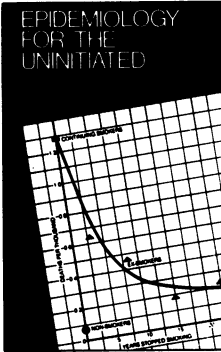
No doctor can afford to ignore statistics: most modern medical research uses statistics. This important and authoritative book provides clear information on designing studies, applying statistical techniques, and interpreting studies that use statistics. It can be easily understood by those with no statistical training and should be read by all those who want to keep abreast of new developments.



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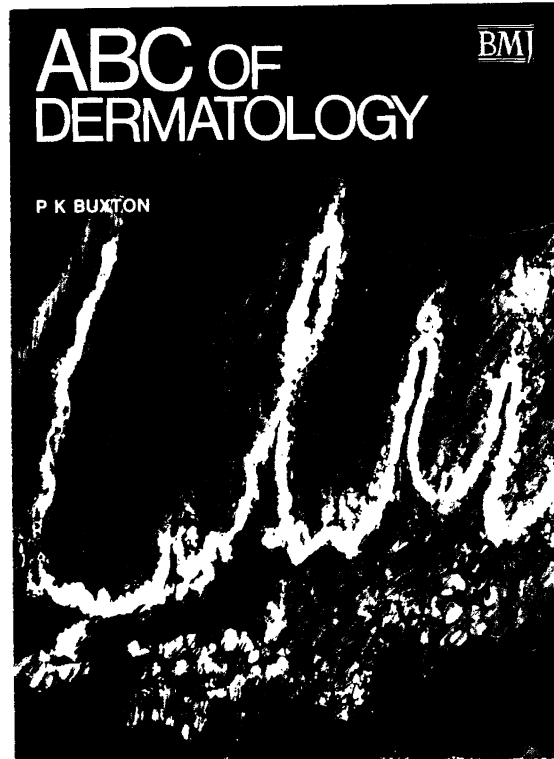
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