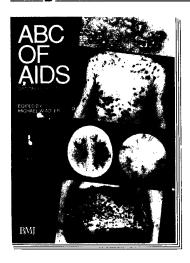
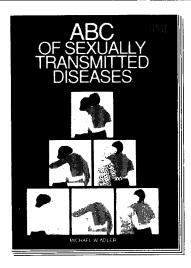
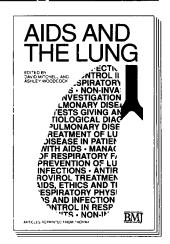
Expert information on important problems







It is vital for all doctors to keep up to date with the facts about AIDS. The second edition of ABC of AIDS has been completely revised to give a clear picture of the present state of knowledge about the epidemic and current approaches to treatment. It also includes two new chapters, on HIV infection related to misuse of drugs, and HIV infection in children. Edited by Michael Adler, a leading authority on the topic, the ABC of AIDS is a concise, authoritative guide that all medical practitioners should read.

January 1991 UK £10.95; Abroad £13.50 (BMA members: £9.95 or £12.50)

The number and range of sexually transmitted diseases have been increasing steadily in the past few years, and the second, revised edition of the ABC of Sexually Transmitted Diseases, includes the most up to date figures as well as new chapters on AIDS and psychosexual problems. Doctors need to be aware that common clinical conditions such as rashes, vaginal discharge, and pelvic pain may have a sexual origin and in the new edition of this invaluable handbook Professor Michael Adler gives expert guidance on the diagnosis and management of these conditions.

August 1990 UK £11.95; Abroad £13.50 (BMA members: £10.95 or £12.50)

The lung is the organ most affected by the opportunistic infections that occur in patients with AIDS. Pneumocystis pneumonia occurs in up to four fifths of such patients in Europe and North America, while tuberculosis is a major factor in Africa. As the numbers of patients with AIDS increase, respiratory physicians throughout the world are more likely to be concerned in their management. In AIDS and the Lung experts review the problems, emphasising practical points and providing up to date information on this rapidly changing subject.

September 1990 UK £8.95; Abroad £10.00 (BMA members: £8.45 or £9.50)

Please send me	copy/ies of the following	g BMJ books
		Membership no.
I enclose a cheque for	made paya	ble to British Medical Journal. Debit my credit card (please tick box)
Visa American Expre	ss Mastercard	Card No.
Expiry Date	Sign	ature
NAME		
ADDRESS		
		POSTCODE



Think about it

You make a clinical diagnosis. Do you ever consider the thought processes by which you arrived at it? Medical students and practitioners are often concerned with examples of diagnostic logic, but seldom consider them in the context of a general philosophy. Is diagnostic logic out on a limb, or is it based on the same principles as logic in general?

In Logic in Medicine doctors and philosophers combine to provide a coherent system of diagnostic logic with a broader view of the science and art of reasoning.

LOGIC IN MEDICINE

Price: Inland £6-95, Abroad £8-00 BMA members: Inland £6:45, Abroad £7:50 (including postage, by air abroad)

Payment must be enclosed with order.

ORDER YOUR COPY NOW FROM British Medical Journal, PO Box 295, London WC1H 9TE or any leading medical bookseller

MSSVD

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.

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

1991–92 SCIENTIFIC **PROGRAMME**

at the Royal Society of Medicine, 1 Wimpole Street, London W1M 8AE 6.30 for 7 pm (unless otherwise stated)

Members and Guests welcome

1 November 1991 Annual General Meeting

OGM—short papers presented by junior members (submissions to Hon Sec by 11 October 1991)

13 December 1991 Imaging in Genitourinary Medicine

Pelvic organ imaging by transvaginal ultrasound DR L M MACDONALD, St Thomas' Hospital,

Imaging from bladder neck down DR D RICKARDS. The Middlesex Hospital, London

Abdominal imaging in Genitourinary Medicine DR W LEES, The Middlesex Hospital, London

24 January 1992

HIV Infection
Diagnosis of HIV infection in the neonate DR J F PEUTHERER, University of Edinburgh

PROFESSOR J WEBER, St Mary's Hospital,

London

Partner notification
DR R A KEENLYSIDE, University College and
Middlesex School of Medicine, London

14 February 1992 Herpes Simplex Virus Infection

The sero-epidemiology of herpes simplex virus

DR F COWAN, University College and Middlesex School of Medicine, London

Genital herpes in pregnancy
DR G R KINGHORN, Royal Hallamshire Hospital, Sheffield

Acyclovir suppression
DR A MINDEL, University College and Middlesex School of Medicine, London

13 March 1992 Rane and Prostitution

Anthropological perspectives on female prostitu-tion in London

DR S DAY, St Mary's Hospital Medical School, London
Rape in the context of genitourinary medicine DR S MURPHY, The Central Middlesex Hospital,

London Sexual assault of adult males
DR R HILLMAN, St Mary's Hospital, London

24 April 1992 The Harrison Lecture

to be given by DR J D ORIEL at the Royal College of Physicians, 11 St Andrews Place, Regents Park, London NW1

Spring Meeting, Dublin, Eire Local Organiser: Dr F Mulcahy 18-21 June 1992

Prescribing information Indications and dosage: Systemic candidiasis: 400mg on the first day followed by 200-400mg once daily Cryptococcosis, including meningitis: 400mg on the first day followed by \$200-400mg once daily.Maintenance therapy to prevent relapse of cryptococcal meningitis in patients with AIDS: at least 100mg daily. Oropharyngeal candidiasis: 50-100mg once daily for 7-14 days or longer in immunocompromised patients. Other mucosal candidal infections: 50-100mg once daily for 14-30 days. Vaginal candidiasis: single 150mg dose. Use in the elderly - as above except for those renally impaired - see data sheet. Use in children - not recommended. Administration: Diflucan may be administered either orally or by intravenous infusion at a rate of approximately 5-10ml/min. The dosages for the two routes are equivalent. Contra-indications: Hypersensitivity to fluconazole or related triazoles, pregnancy and women of childbearing potential unless adequate contraception

is employed

zWarnings: Lactation: Not recommended. Renal impairment: dosage reduction may be necessary, see data sheet. Drug interactions: Monitor patients on concurrent anticoagulants, oral sulphonylureas, phenytoin or rifampicin. Side-effects: Nausea, abdominal discomfort, diarrhoea and flatulence. Package Quantities and basic NHS Cost: 50mg capsule, calendar pack of 7, £16.61 (PL 57/0289); 200mg capsule, calendar pack of 7, £66.42 (PL 57/0317); 150mg capsule, pack of 1, £7.12 (PL 57/0290); Bottles of 25ml and 100ml containing Diflucan 2mg/ml intravenous infusion - 25ml (50mg) bottle, £7.32: 100ml (200mg) bottle, £29.28 (PL 57/0315). Hospital prices are available on request References: 1 - 4 Data on file, Pfizer Ltd. Further information on request

Pfizer

Pfizer Limited Sandwich, Kent

Antifungal therapy that's severe on the infection, not on the patient.

Diflucan Oral/I.V. is highly effective, well tolerated therapy with a convenient, once a day dosage and administration.

Overall clinical responses in deep-seated fungal infections are impressive: 87% in systemic candidiasis 1,96% in mucosal candidiasis 2 and 62% in cryptococcal meningitis. Tolerability is similarly impressive with adverse effects comparable to placebo. 4

Diflucan Oral/I.V. Treating invasive fungal infection with an iron fist and patients with a velvet glove.

Diflucan ORAL/I.V.

fluconazole

*Trade Mark

Counters invasive fungal infection