

# THE WAY AHEAD



The European Community's power to introduce legislation on health increases from January 1993. Governments throughout Europe are reassessing their health care systems. *Medicine in Europe*, a collection of articles originally published in the *BMJ*, looks at existing EC legislation, proposals for the future, and the likely effects of these proposals. As well as giving general information it covers specific topics such as medical manpower, training, and research; nursing; tobacco, alcohol, and drug misuse; drug prescribing; and ethical issues. EC policies will affect medicine in the member states; these articles will help health care professionals to understand how, when, and why they will be set.

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## MSSVD

### The Medical Society for the Study of Venereal Diseases

*President:* Dr J R W Harris

St Mary's Hospital, London W2 1NY

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 £90 (£65 for doctors in training and Overseas Members).

Applications for membership are welcome and forms can be obtained from the Honorary Secretary, Dr T J McManus, Dept of Genitourinary Medicine, King's College Hospital, London SE5 9RS.

### 1992-93 SCIENTIFIC PROGRAMME

6.30 for 7.00pm

at the Royal Society of Medicine,

1 Wimpole Street, London W1M 8AE (unless otherwise stated)

Members and Guests welcome

#### 23rd October 1992 AGM

OGM—Short papers presented by junior members

#### 13th November 1992 Aspects of HIV Infection

Mycoplasmas—a cofactor in HIV disease?

PROFESSOR D TAYLOR-ROBINSON, St Mary's Hospital, London  
Tuberculosis in Africa

DR J PORTER, London School of Hygiene & Tropical Medicine

Atypical mycobacterial infection

PROFESSOR A J PINCHING, St Bartholomew's Hospital Medical  
College, London

#### 22nd January 1993 Bacterial Vaginosis

(Please note the timing of this meeting will be 6.15pm for 6.45pm)

Is bacterial vaginosis an infection?

DR C A ISON, St Mary's Hospital Medical School, London

Bacterial vaginosis in pregnancy

DR P E HAY, St George's Hospital, London

Clinical features and treatment of bacterial vaginosis

DR D ESCHENBACH, University of Washington Medical School,  
Seattle, USA

#### 12th February 1993 New Frontiers in Genitourinary Medicine

The vulval clinic—a GU perspective

DR M BYRNE, St Mary's Hospital, London

The value of primary colposcopy in GU medicine—a 5 year review

DR T R MOSS, Doncaster Royal Infirmary

A male impotence service

DR W W DINSMORE, Royal Victoria Hospital, Belfast

#### 12th March 1993 HIV Antiviral Therapy

Update on clinical trials

DR J H DARBYSHIRE, MRC Clinical Trials Centre, London

Viral resistance

PROFESSOR D J JEFFRIES, St Bartholomew's Hospital, London

Present clinical approaches to antiviral therapy

DR B G GAZZARD, Westminster Hospital, London

#### 16th April 1993 Presidential Address


"Changing Patterns of Venereology" to be given by Dr J R W Harris,

at The Royal College of Physicians, 11 St Andrews Place, Regents

Park, London NW1 4LE

#### 6th-9th May 1993 Spring Meeting, Zurich, Switzerland

Local organiser—PROFESSOR DR A EICHMANN



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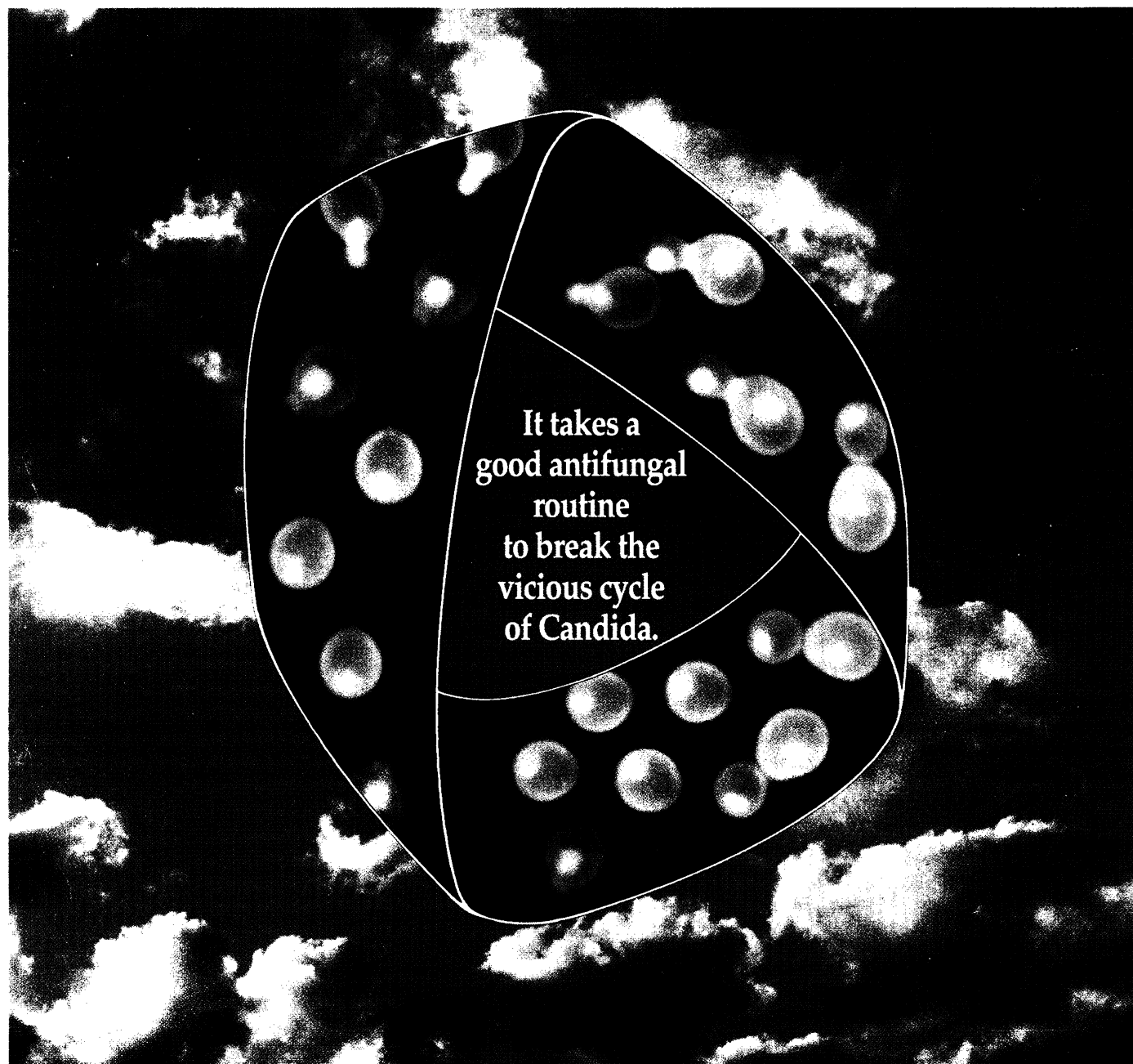
**Warticon:** Podophyllotoxin 0.5% w/v. **Presentation:** An acidic ethanolic solution of 0.5% w/v podophyllotoxin. **Uses:** For the treatment of penile wart (condylomata acuminata), located in the preputial space. **Dosage and Administration:** The affected area should be washed and dried prior to application. Using the applicator provided, the warts should be painted twice daily for 3 days. The treated area should be allowed to dry. Treatment may be repeated after 7 days. Maximum single dose of 30 loops per application for at home treatment (50 loops under medical supervision). Where lesions are greater in area than 4cm<sup>2</sup>, it is recommended that treatment takes place under the direct supervision of medical staff. **Contraindications, Warnings etc:** Open wounds, hypersensitivity to podophyllotoxin. In the event of the preparation entering the eye, the eye should be thoroughly bathed in water. **Side effects:** Local irritation may occur. In the majority of cases the reactions are mild. **Overdosage:** No overdoses have been reported. No specific antidote is known. Following accidental spillage, wash the affected area with soap and water. In the event of accidental ingestion give emetic or stomach washout. Treatment should be symptomatic. **Pharmaceutical Precautions:** Store at room temperature. **Package Quantities:** Bottle containing Warticon 3ml. Plastic applicators are also enclosed in each pack. Each loop will carry 5µg Warticon Solution. **Legal Category:** POM. Basic NHS Cost 3 ml £16.00. **Product Licence Number:** PL 3863/0007.

#### REFERENCES

1. Pickering RW. Br J Sex Med 1989; 16: 320-324.
2. Lassus A, et al. Eur J Sex Trans Dis 1984; 2: 31-33.
3. von Krogh G. In Derm in Five Continents. Proceedings of the XVII World Congress of Dermatology 1987: 317-326.



**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: 100-200mg 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. Prevention of fungal infections in neutropenic patients following cytotoxic chemotherapy or radiotherapy: 50-100mg once daily whilst patients are predisposed to such infections. 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. *Warnings:* Lactation - not recommended. Renal impairment: dosage reduction may be necessary, see data sheet. *Drug interactions:* Monitor patients on concurrent anticoagulants, oral sulphonylureas, phenytoin or cyclosporin, rifampicin or theophylline. *Side-effects:* Nausea, abdominal discomfort, diarrhoea, flatulence and anaphylaxis. *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); Powder for Oral Suspension, 35ml after reconstitution with water: Bottle of 50mg/5ml, £16.61 (PL 57/0343), Bottle of 200mg/5ml, £66.42 (PL 57/0344); 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. Data on file, Pfizer Ltd. 2. Brammer, K.W. (1990), *Haematology and Blood Transfusion*, 33, 546-550. 3. Samonis, G. *et al.* (1990), *Reviews of Infectious Diseases*, 12(3), S369-S373. 4. Data on file, Pfizer Ltd. 5. Buxton, M.J. *et al.* (1991), *Journal of Infection*, 23, 17-31. Further information on request. Pfizer Limited, Sandwich, Kent



DIFLUCAN\* is a highly effective antifungal agent with activity against a wide range of common invasive fungal infections.<sup>1</sup> It should be considered as a first-line treatment in suspected or proven candidal or cryptococcal infections. DIFLUCAN also provides effective prophylactic therapy in neutropenic patients and in patients with solid tumours.<sup>2,3</sup>

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