

DUODENAL ULCERATION. WHAT COMES NATURALLY?

'Tagamet' has been shown to be unequalled in the short-term treatment of duodenal ulceration, inducing early and dramatic symptomatic relief, rapid healing and subsequent remission.^{1,2}

In addition, 'Tagamet' has been shown to prevent relapse during longer-term maintenance therapy;³⁻⁵ the only drug so far proven to have this property.

However, experience to date tends to suggest that for many patients the natural history of the disease remains unaltered despite medical intervention⁶ and the question inevitably arises – will patients with a severe condition require medical treatment for the rest of their lives?

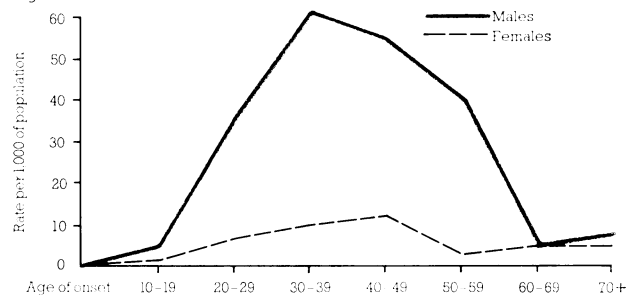
This can only be answered when the natural history of duodenal ulcer disease is fully understood. Some aspects of the natural history of the disease, however, have been well recognised for some years.

It is a naturally relapsing condition; in fact, it has been estimated that 75-80% of patients have at least one recurrence within 5 years of the initial episode,⁷ some relapsing several times in one year.

The onset of duodenal ulceration is related to age, as shown in Figure 1. The initial episode is most likely in the 30-39 age group for males and slightly later in life for females.

Of greater interest is the natural development of the disease following its onset. Figure 2 demonstrates how the disease tends to 'burn itself out' after a certain period of time.⁸ In a group of duodenal ulcer patients who were followed for 15 years, the symptoms tended to peak in severity

Figure 1 The Onset of Duodenal Ulceration*

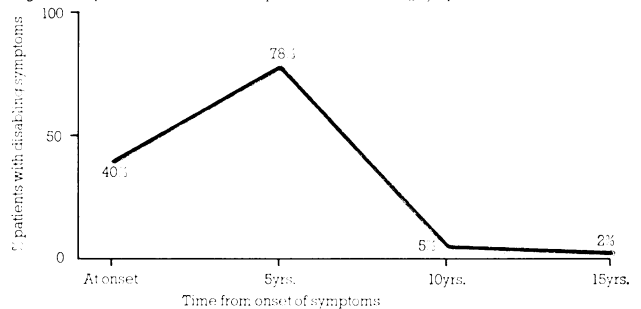


after 5 years and then progressively remit until at 10 years no more than 5% of patients had severe symptoms.

This finding has been recently substantiated by workers in Denmark who found in a retrospective study that the disease is present for a finite time.⁹

The workers concluded "... most patients with duodenal ulceration will need only intermittent or continuous cimetidine treatment for a limited period."

Figure 2 Proportion of duodenal ulcer patients with disabling symptoms*



Prescribing Information

Presentations

'Tagamet' Tablets PL0002/0063 each containing 200mg cimetidine. 100, £13.22, 500, £64.75.
'Tagamet' Syrup PL0002/0073 containing 200mg cimetidine per 5ml syrup. 200ml, £6.29.

Indication

Duodenal ulcer.

Dosage

Adults: 200mg t.i.d. with meals and 400mg at bedtime (1.0g/day) for at least 4 weeks (for full instructions see Data Sheet).

To prevent relapse: 400mg at bedtime or 400mg morning and evening for at least 6 months.

Contraindications

Impaired renal function; reduce dosage (see Data Sheet).
Potentiation of oral anticoagulants (see Data Sheet).
Prolonged treatment; observe patients periodically.
Avoid during pregnancy and lactation.

Adverse reactions

Diarrhoea, dizziness, rash, tiredness. Rarely, mild gynaecomastia, reversible liver damage, confusional states (usually in the elderly or very ill), interstitial nephritis.

References

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6. Cimetidine for duodenal ulcer. (1978) *Lancet*, ii, 1237.
7. The natural history of duodenal ulcer disease. (1976) *Surg. Clin. N. Amer.*, 56, 1235.
8. Peptic ulcer: a profile. (1964) *Brit. med. J.*, 2, 509.
9. Long-term prognosis of duodenal ulcer: follow-up study and survey of doctors' estimates. (1977) *Brit. med. J.*, 2, 1572.

Full prescribing information is available from

SK&F
a SmithKline company

SmithKline & French Laboratories Limited
Welwyn Garden City, Hertfordshire AL7 1EY
Telephone: Welwyn Garden City 25111
'Tagamet' is a trade mark.

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TG:AD-49

Tagamet

cimetidine

Unique control of
gastric acid secretion

“...the major cause of sepsis after surgery of
the gastrointestinal tract
or female genital
tract”.

Br.Med.J. 1, 318, 1976

METRONIDAZOLE

INJECTION

**proves decisive
in anaerobic
infections**

Only with recent improvements in bacterial culturing techniques has the pathogenic role of anaerobes in post-surgical infections been fully recognized.¹⁻³ Now 'Flagyl' Injection offers you a decisive means of treating these infections - which are often life-threatening and often resistant to established antimicrobials. The response to 'Flagyl' Injection is rapid and dependable,² as it is consistently bactericidal to pathogenic anaerobes at tissue concentrations easily achieved in treatment. Bacterial resistance is not a problem,^{2,4} and 'Flagyl' is highly acceptable - as eighteen years of use in other indications has established.

Dosage: Treatment: adults and children over 12 years: 100 ml by intravenous infusion eight-hourly, administered 5 ml per minute. Oral medication with 400 mg three times daily should be substituted as soon as this becomes feasible. Treatment for seven days should be satisfactory in most cases. Children under 12 years: as for adults but the single intravenous dose is based on 1.5 ml (7.5 mg metronidazole) per kg bodyweight and the oral dose on 7.5 mg per kg bodyweight. Prevention: adults and children over 12 years: 100 ml by intravenous infusion immediately before, during or after operation, followed by the same dose eight-hourly until oral medication (200 to 400 mg three times daily) can be given to complete a seven-day course. Children under 12 years: as for adults but the single intravenous dose is based on 1.5 ml (7.5 mg metronidazole) per kg bodyweight and the oral dose on 3.7 to 7.5 mg per kg bodyweight. Precautions: pregnancy; lactation; clinical and biological surveillance if recommended duration of treatment exceeded; dosage may be halved for patients with renal failure; avoid alcohol; if 'Flagyl' is to be given to patients receiving oral anticoagulants the dosages of the latter should be recalibrated. Side effects and adverse reactions: occasionally an unpleasant taste, furred tongue, nausea, vomiting (very rarely), gastro-intestinal disturbance. Drowsiness, dizziness, headache, ataxia, skin rashes, pruritus, inco-ordination of movement, darkening of the urine very rarely. During intensive and/or prolonged therapy, peripheral neuropathy has been reported. A moderate leucopenia has been reported but the white cell count has always returned to normal before or after treatment has been completed. Transient epileptiform

seizures in a few patients undergoing intensive, high-dosage metronidazole radiosensitization therapy.

'Flagyl' metronidazole

Tablets 200 mg PL 0012/5256

400 mg PL 0012/0084

Suppositories 500 mg PL 0012/0113

1 gram PL 0012/0114

Injection 0.5% w/v PL 0012/0107

Basic N.H.S. cost (as at November 1978)

Injection for i.v. infusion Bottle of 100 ml £6.40.

References 1. Willis, A.T. (1977) *Scottish Medical Journal*, 22, 155. 2. Willis, A.T. et al.

(1977) *British Medical Journal*, 1, 607. 3. Finegold, S.M. *Anaerobic Bacteria in Human Disease*, Academic Press Inc. New York, 1977. 4. Willis, A.T. et al (1975)

Journal of Antimicrobial Chemotherapy, 1, 393, 1975.

Further information is available on request.

'Flagyl' is a trade mark.

May & Baker Ltd., Dagenham,

Essex RM10 7XS.



TRADE MARK
INJECTION
**the complete
anaerobicide**

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Now: together: a unique ostomy system and the best in skin care

SURGICARE System 2

Trademark

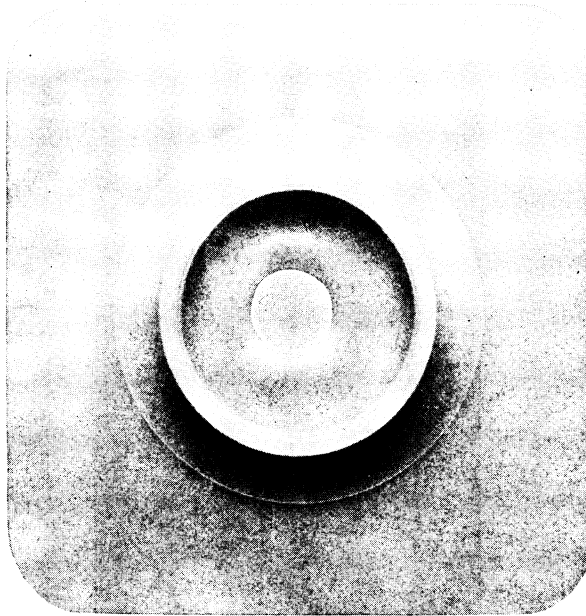
Surgicare™ System 2 saves the daily trauma of peeling off adhesive bags often resulting in irritation, soreness and discomfort. The Stomahesive™ with Flange can be left on the skin undisturbed for several days whilst pouches are replaced as often as necessary... so simply.

Kinder to the skin

Stomahesive™ with Flange may be used by patients who have experienced sensitivity reactions when using ordinary adhesives and karaya or where perspiration under the adhesive is a regular source of irritation and discomfort

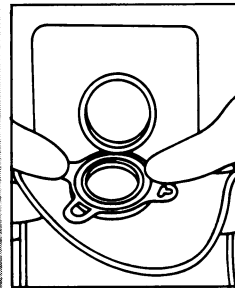
Unequaled comfort

The Stomahesive™ base will mould to irregular contours of the skin and is so easy to apply without wrinkling. Comfort is derived not only from the feel of Stomahesive™ against the skin but from the confidence that the appliance will be secure and leak free irrespective of the condition of the skin.

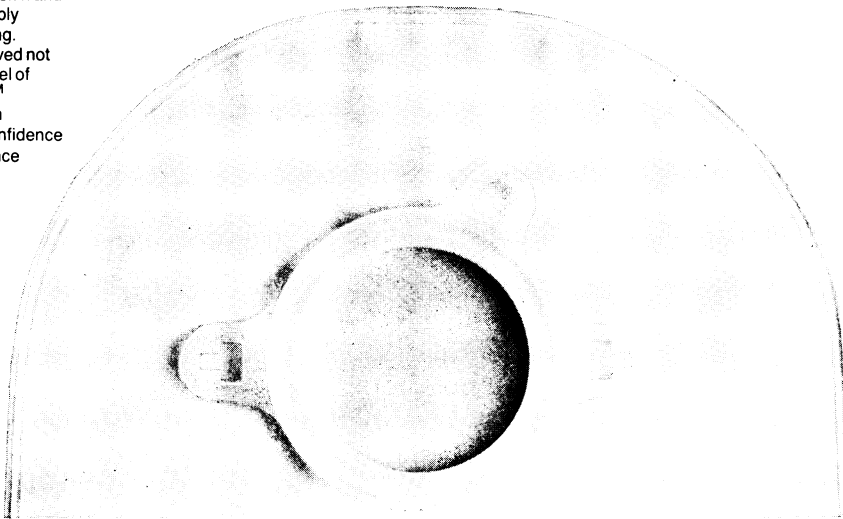


Avoids adhesive trauma

With the Stomahesive™ flange remaining undisturbed, pouches may be removed and replaced as necessary.



The colostomist, for example, may change pouches several times a day without the need to disturb the Stomahesive™ base and its flange.



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Address your envelope to Squibb Surgicare Limited, Freepost TK 245, Twickenham TW1 1BR

Name _____ Address _____ GUT.



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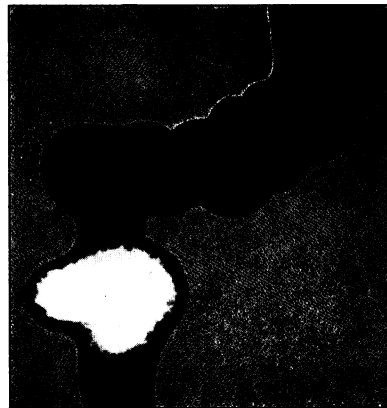
Colifoam

hydrocortisone acetate foam

A remarkable new study¹ carried out in the gastroenterology department of St. Bartholomew's Hospital now provides firm evidence of the extent to which 'Colifoam' penetrates into the colon – and how long it remains in situ.

The study involved 14 patients with ulcerative colitis. 'Colifoam' labelled with a radioactive marker was administered in the normal recommended dosage, and its penetration recorded by gamma photography.

In all of the patients with active disease the foam reached the mid-sigmoid colon, and in 78% the foam reached the proximal sigmoid colon.



These photographs illustrate results in a typical case:

1. Immediately after instillation. There is already good penetration through the rectum.
2. After 1 hour. 'Colifoam' has now reached the sigmoid colon.
3. After 6 hours. 'Colifoam' is present in high concentration throughout the sigmoid colon, including the proximal segment.

This study confirms the relevance of 'Colifoam' therapy in patients with ulcerative colitis throughout the sigmoid colon: that means a high proportion of new cases, and a significant proportion of all ulcerative colitis sufferers. Indeed, it is noteworthy that retrograde spread of the foam was greatest in patients with more extensive disease.

'Colifoam' offers these patients the benefits of anti-inflammatory therapy

Delivery



in a form that is much more acceptable than the outmoded retention enema.

"Of the twenty patients, 19 found Colifoam easy to use and more comfortable to insert than a steroid enema..."²

References

1. Paper presented at Meeting of British Society of Gastro-enterology, Hull, 1979, March 29-30.
2. Practitioner (1977) 219: 103.

Presentation

White odourless aerosol foam containing hydrocortisone acetate 10% with inert propellants.

Uses

Anti-inflammatory corticosteroid therapy for the topical treatment of ulcerative colitis, proctosigmoiditis and granular proctitis.

Dosage and Administration

One applicatorful inserted into the rectum once to twice daily for two or three weeks and every second day thereafter. Shake can vigorously before use (illustrated instructions are enclosed in each pack).

Satisfactory response usually occurs within five to seven days.

One applicatorful of Colifoam provides a dose of approximately 90-110mg of hydrocortisone acetate, similar to that used in a retention enema, for the treatment of ulcerative colitis, sigmoiditis and proctitis.

Contra-indications and Warnings, etc.

Local contra-indications to the use of intrarectal steroids include obstruction, abscess, perforation, peritonitis, fresh intestinal anastomoses and extensive fistulas.

General precautions common to all corticosteroid therapy should be observed during treatment with Colifoam. Treatment should be administered with caution in patients with severe ulcerative diseases because of their predisposition to perforation of the bowel wall.

Safety during pregnancy has not been fully established.

Package Quantities

Aerosol canister containing 20g (14 applications) plus a plastic applicator and illustrated leaflet. Basic NHS cost £6.27.

Product Licence No.

0036/0021

Further information is available on request.

Stafford-Miller Ltd., Professional Relations Division, Hatfield, Herts.

In ulcerative colitis
Colifoam
gets to the point



In dyspepsia, antacids
only cloud the issue.

Maxolon
metoclopramide
clears it.



Maxolon protects the gastric mucosa from over-long exposure to gastric acid¹ by promoting normal peristalsis and gastric emptying^{2,3}. This action contrasts with that of antacids.

By restoring the stomach's normal control, symptoms described by the patient as fullness, pain, heartburn and discomfort can be effectively treated and their recurrence prevented.⁴

To the patient, Maxolon is the simple and convenient therapy to replace his repetitive antacid prescriptions.

Prescribing Information

Indications

Dyspepsia, heartburn and flatulence associated with the following conditions e.g., Reflux oesophagitis, Gastritis, Hiatus hernia, Peptic ulcer.

Adult Dosage (oral)

Adults 10mg

1 tablet or 10ml syrup 3 times a day.
Young adults (15-20 years) 5-10mg
1/2-1 tablet or 5-10ml syrup 3 times a day commencing at the lower dosage.

Note: Total daily dosage of Maxolon, especially for children and young adults should not normally exceed 0.5mg/kg body-weight.

Side-effects and Precautions

There are no absolute contra-indications to the use of Maxolon.

Various extra-pyramidal reactions to Maxolon, usually of the dystonic type, have been reported. The incidence of these reactions in children and young adults may be increased if daily dosages higher than 0.5mg/kg body-weight are administered. The majority of reactions occur within 36 hours of starting treatment and the effects usually disappear within 24 hours of withdrawal of the drug. Should treatment of a reaction be required, an anticholinergic anti-Parkinsonian drug, e.g. benapryzine, or a benzodiazepine may be used. Since extra-pyramidal symptoms may occur with both

Maxolon and phenothiazines, care should be exercised in the event of both drugs being prescribed concurrently.

Raised serum prolactin levels have been observed during metoclopramide therapy; this effect is similar to that noted with many other compounds.

Maxolon's action on the gastro-intestinal tract is antagonised by anticholinergics. Although animal tests in several mammalian species have shown no teratogenic effects, treatment with Maxolon is not advised during the first trimester of pregnancy.

Following operations such as pyloroplasty or gut anastomosis Maxolon therapy should be withheld for three or four days as

vigorous muscular contractions may not help healing.

Availability and NHS Prices

Tablets 10mg (£5.84 per 100).
Syrup 5mg/5ml (£2.42 for 200ml).

A paediatric liquid presentation and ampoules for injection are also available.

Average daily cost of Maxolon tablets (ex. 500 pack) 17p. Prices correct at January 1979. Further information is available on request to the company.

Maxolon (metoclopramide) is a product of



Beecham Research Laboratories,

Brentford, England.

A branch of Beecham Group Limited.
Maxolon, BRL and the Company logo are registered trade marks.

Peptic Ulcer News

"We compared cimetidine with conventional medical treatment. Carbenoxolone was chosen for patients under 60, but because of its potential side effects – namely, hypokalaemia, fluid retention, and hypertension – older patients were given Caved-(S)."

"In the patients under 60 cimetidine was slightly more successful in producing ulcer healing than carbenoxolone."

"In patients over 60 there was no appreciable difference in gastric ulcer healing rates between the Caved-(S)-treated and cimetidine-treated groups. Caved-(S) used in the dosage employed in this study, however, is only a quarter of the price of cimetidine, and may have fewer side effects."

Morgan AG et al (1978) *BMJ*, 2, 1323-1326

Caved-S contains Deglycyrrhizinated Liquorice., Bism. Subnit., Alum. Hydrox., Mag. Carb., Sod. Bic., Frangula., and is indicated in the treatment of peptic ulcers.

The usual adult dose for the treatment of peptic ulcers is 2 tablets 3 times daily, and for duodenal ulcers this may be increased to 2 tablets 6 times daily. For prophylaxis, half this dose is used, and children should be given half the adult dose.

Basic NHS price of 60 tablets is £1.45 ex 600 pack. PL 0424/5000.

Full prescribing information is available to the medical profession on request.

TILLOTTS LABORATORIES
Henlow Trading Estate, Henlow, Beds.

NEW

in oesophageal ulcer, erosions and oesophagitis

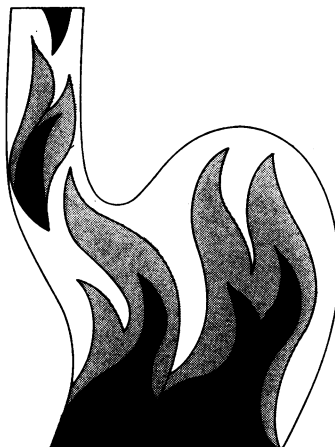
PYROGASTRONE

carbenoxolone, magnesium trisilicate, dried aluminium hydroxide gel

95% OF PATIENTS HEALED
OR IMPROVED¹

"The results . . . are the most impressive we have so far observed in the treatment of reflux oesophagitis and suggest that Pyrogastrone* is the most effective agent now available for the treatment of this condition."¹

1. Double blind controlled trial on 37 patients treated for 8 weeks. *Curr. med. Res. Opin.* (1978), 5:638.



Chewable Pyrogastrone tablets coat the oesophageal mucosa with a tenacious, soothing alginate-antacid foam, which protects it from reflux, buffers against regurgitated acid and bile, and localises the action of a low but effective dose of the healing agent carbenoxolone.

Formula. Each chewable, strawberry flavoured tablet contains carbenoxolone sodium B.P. 20 mg, magnesium trisilicate B.P. 60 mg and dried aluminium hydroxide gel B.P. 240 mg in a base containing alginic acid B.P.C. 600 mg and sodium bicarbonate B.P. 210 mg. **Presentation.** Cartons of 4 x 25 tablets in foil strips. **Basic NHS cost.** One day's treatment (5 tablets) 56p. **Indications.** For the treatment of oesophageal inflammation, erosions and ulcers due to hiatus hernia or other conditions causing gastric reflux; and for the relief of heartburn, flatulence and other symptoms associated with reflux oesophagitis. **Dosage.** (Adults). One to be chewed immediately after meals 3 times a day, and two to be chewed at bedtime. **Safety factors.** Pyrogastrone should not be prescribed for patients suffering from severe cardiac, renal or hepatic failure, or for patients on digitalis glycosides, unless serum electrolyte levels are monitored at weekly intervals to detect promptly the development of hypokalaemia. Special care should be exercised with patients predisposed to sodium and water retention, potassium loss and hypertension (e.g. the elderly and those with cardiac, renal or hepatic disease) since the carbenoxolone content of Pyrogastrone can induce

similar changes. Regular monitoring of weight and blood pressure, which should indicate the development of such effects, is advisable for all patients. A thiazide diuretic should be administered if oedema or hypertension occurs (spironolactone should not be used because it hinders the therapeutic action of carbenoxolone). Potassium loss should be corrected by the administration of oral supplements. No teratogenic effects have been reported with carbenoxolone sodium, but careful consideration should be given before prescribing Pyrogastrone for women who may become pregnant.

*The Pyrogastrone tablets used in this trial contained the same low dose of carbenoxolone (20 mg) but only one third the alginate and antacid now available in Pyrogastrone. The control tablets contained the same base, but without carbenoxolone.

Pyrogastrone is a registered trade mark. Made under licence from Biorex Laboratories. Brit. Pat. Nos. 843133 and 1390683. PL 0071/0138.

Full prescribing information is available on request from Winthrop Laboratories, Surbiton-upon-Thames, Surrey. **WINTHROP**

Fogarty[®] Biliary Balloon Probe

one of the famous family of Fogarty catheters

* simple removal of
intrahepatic calculi without
routine duodenotomy

* reduction of incidence of
retained stones following
common duct surgery*

* proven in 10 years' use

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Probe Technique in Common Duct
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Further information including scientific literature, available from:—

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Edslab™ Cholangiography Catheter

designed specifically for operative cholangiography

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- * easy syringe attachment to 3-way Luer-lok hub. Dual ports for irrigation and for injecting dye
- * air bubbles easily seen through clear vinyl body of catheter
- * two sizes 4F X 40cm; 6F X 40cm



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PHARMACIA, THE MANUFACTURERS OF SALAZOPYRIN, WISH TO DRAW THE ATTENTION OF ALL PRACTISING PHYSICIANS AND SURGEONS TO SOME IMPORTANT NEW INFORMATION.

Crohn's Disease

Various clinical trials and publications^{1,2,3,4,5} have now demonstrated that the benefits of Salazopyrin may be successfully extended to the management of active Crohn's Disease.

Ulcerative Colitis

Recent work has stressed that the ideal maintenance dose in ulcerative colitis is 2g per day,⁶ and that such maintenance should be extended indefinitely to minimise the risk of relapse.⁷ Cessation of therapy increases relapse risk four-fold regardless of time^{7,8} since the acute attack, or whether placebo⁷ or high fibre diet⁸ are substituted.

Salazopyrin

sulphasalazine

36 years of therapeutic management.

Prescribing Information

Dosage and Administration

Plain or EN Tablets: In acute moderate attacks 2-4 tablets 4 times a day. In severe attacks steroids should also be given. After 2-3 weeks the dose may gradually be reduced to the maintenance level of 3-4 tablets daily which should be given indefinitely.

Suppositories: Two inserted morning and night, the dose being gradually reduced after 3 weeks as improvement occurs.

Children: Reduce the adult dose on the basis of body weight.

Contra-indications, Warnings etc.

Contra-indications: Contra-indicated in sensitivity to salicylates and sulphonamides. Infants under 2 years.

Adverse Reaction: Side effects common to salicylates or sulphonamides may occur. Most commonly these are nausea, loss of appetite and raised temperature which may be relieved on reduction of dose, use of EN tablets or

suppositories. If serious reactions occur the drug should be discontinued.

Rarely the following adverse reactions have been reported.

Haematological: eg. Heinz body anaemia, haemolytic anaemia leucopenia, agranulocytosis and aplastic anaemia.

Hypersensitivity: eg. Rash, fever.

Gastrointestinal: eg. Impaired folate uptake, stomatitis.

C.N.S.: eg. Headache, peripheral neuropathy.

Renal: eg. Proteinuria, crystalluria.

Also: Stevens-Johnson syndrome and lung complications. eg. Fibrosing alveolitis.

Precautions

Care in cases of porphyria, allergic, renal or hepatic disease, glucose 6-PD deficiency. Blood checks should be made initially and periodically.

Pregnancy

The benefit to risk ratio must be carefully evaluated when the drug is given during pregnancy.

References

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2. Scand. J. Gastroenterol (1978) **13**, 161.
3. Brit. med. J. (1975) **2**, 297.
4. Proceedings of a workshop on Crohn's Disease, Leyden 23-25 October, 1975. Ed. Wieterman, Peña and Booth. Excerpta Medica Amsterdam p. 183-185.
5. Gastroenterology (1977) **72**, 1153.
6. Gut, (1977) **18**, 421.
7. Gut, (1973) **14**, 923.
8. Brit. med. J. (1978) **1**, 1524



Pharmacia

Salazopyrin (regd.) sulphasalazine, is a product of Pharmacia (Great Britain) Ltd., Prince Regent Road, Hounslow, Middlesex TW3 1NE. Telephone: 01-572 7321. Further information is available on request to the Company.

ACTA GASTRO-ENTEROLOGICA BELGICA

Organe de la Société belge de Gastro-entérologie

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