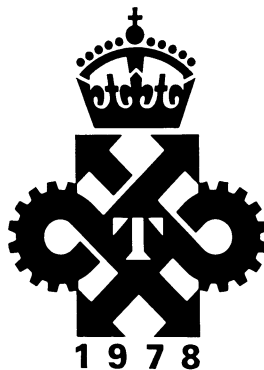


# A Mark of Recognition



Two years ago, Smith Kline and French Research Institute received the Queen's Award for Technological Achievement resulting from H<sub>2</sub> receptor antagonist research and the development of cimetidine.

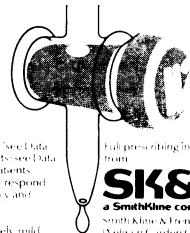
Since it became generally available over three years ago, 'Tagamet', by its unique action in reducing gastric acid, has revolutionised the treatment of disorders such as duodenal ulcer, benign

gastric ulcer and reflux oesophagitis, where acid plays a part.

For many patients it has brought a new standard of pain relief and healing. In the United Kingdom alone 'Tagamet' has been prescribed for an estimated one million patients.

## Tagamet

cimetidine



#### PRESCRIBING INFORMATION

##### Presentations

Tagamet Tablets P10002/006 Each containing 200 mg cimetidine (EU 233.22, 300, 336.7)

Tagamet Syrup P10002/007 Each containing 200 mg cimetidine per 5 ml syrup (200 ml, 10, 29)

##### Indications

Duodenal ulcer benign gastric ulcer reflux

oesophagitis

##### Dosage

Duodenal ulcer: Adults, 200 mg tds with meals and 400 mg at bedtime (10g/day) for at least 4 weeks for full instructions see Data Sheet. To prevent relapse: 400 mg at bedtime or 400 mg morning and evening for at least 6 months.

Benign gastric ulcer: Adults, 200 mg tds with meals and 400 mg at bedtime (10g/day) for at least 4 weeks for full instructions see Data Sheet.

Reflux oesophagitis: Adults, 400 mg tds with meals and 400 mg at bedtime (10g/day) for 4-6 weeks.

##### Cautions

Impaired renal function: reduce dosage (see Data Sheet). Potential of oral anti-coagulants: see Data Sheet. Prolonged treatment: advise patients periodically. Malignant gastric ulcer may respond symptomatically. Avoid drug programs and lactation.

##### Adverse reactions

Diarrhoea, dizziness, rash, tiredness. Rarely: mild gastric oesophagus reversible liver damage, confusion. States usually in the elderly or very ill, interstitial nephritis.

Full prescribing information is available from:

**SK&F**  
a SmithKline company

SmithKline & French Laboratories Limited  
Welwyn Garden City, Hertfordshire AL9 1JY  
Telephone: Welwyn Garden City 25111  
Tagamet is a trade mark  
© SmithKline & French Laboratories Limited 1980

Announcing a basic sourcebook for the clinician and investigator concerned with

# Secretory Diarrhea

**Editors:** Michael Field, M.D., John S. Fordtran, M.D.,  
Stanley G. Schultz, M.D.

**Publisher:** The American Physiological Society

**Distribution:** The Williams & Wilkins Company,  
428 East Preston Street,  
Baltimore, MD 21202

This new book, the latest in the *Clinical Physiology Series* of the American Physiological Society, is an essential acquisition for all physiologists, gastroenterologists, and infectious disease specialists whose work demands basic understanding of the current status of:

- the pathophysiology of infectious diarrheas
- the physiology of the intestinal secretory mechanism
- current approaches to the therapy of secretory diarrheas.

Contributors to the book include leading specialists in the area of intestinal electrolyte transport and its derangements. This volume is a comprehensive analysis of the absorptive and secretory mechanisms, and of the roles of enterotoxins, viruses, malabsorption of bile salts or fat, and certain hormone-secreting tumors in the derangement of these mechanisms.

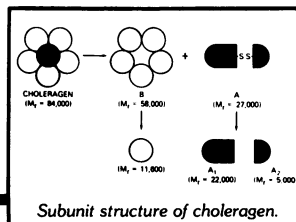
The past decade has brought major advances in our understanding of the pathophysiology of diarrhea; unraveling the mode of action of cholera toxin, for example, — its structure, membrane receptor, membrane translocation, and effect on adenylate cyclase — has provided insight not only into how enterotoxins cause diarrhea, but also into how the adenylate cyclase of eukaryotic cells is normally regulated.

**The chapters are divided into four groups:**

- *Intestinal Ion Transport and Its Regulation*  
These five chapters cover mechanisms for intestinal salt and water absorption and secretion
- *Secretory Diarrhea due to Infectious Agents*  
Devoted to specific mechanisms by which infectious agents, including viruses, cause secretory diarrhea
- *Noninfectious Causes of Secretory Diarrhea*  
Clinical and pathophysiological features of secretory diarrhea of noninfectious origin, including diarrhea associated with hormone-secreting tumors, bile salt- and fatty acid-induced diarrhea, and chronic diarrhea of unknown etiology
- *Physiologic and Pharmacologic Approaches to Treatment of Secretory Diarrhea*  
Therapies, such as replacement of fluid losses with oral sugar-electrolyte solutions, and possible pharmacologic means for reducing diarrheal volume.

This fine book is an excellent source of information about intestinal electrolyte transport and its derangements, both for the investigator working in this area, and for the clinician who deals with secretory diarrhea in patients.

**Ordering Information**  
*Secretory Diarrhea* (ISBN: 0-683-03201-1), contains 237 pages, 70 figures, and costs \$30.00. Publication Date: April 1980.

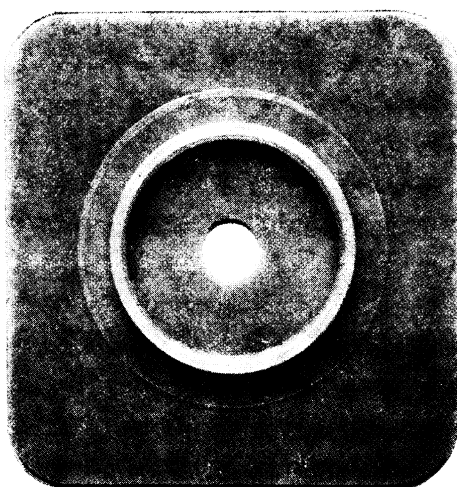


**Send all orders and inquiries to the distributor:** Williams & Wilkins,  
428 East Preston Street, Baltimore, MD 21202, or call toll-free (9:00 a.m. to 4:00 p.m.),  
1-800-638-0672. In Maryland, call 528-4221.

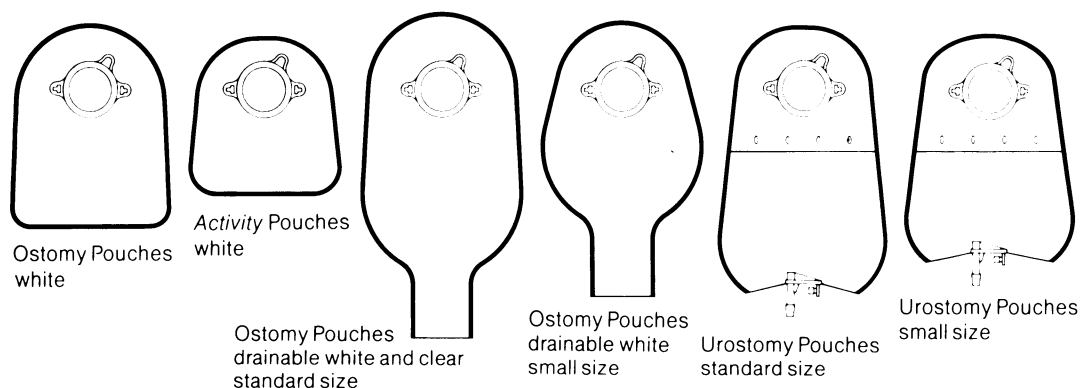
# SURGICARE

Trademark

## System 2



**Stomahesive™ Flange saves skin from the trauma of removing adhesive each time a pouch needs to be replaced.**



**Just click on the appropriate System 2 pouch for the simpler management of colostomies, ileostomies, ileal conduits and fistulae.**

For further information please write to  
Squibb Surgicare Limited Freeport TK 245 Regal House Twickenham Middlesex TW1 1BR



**Ease the spasm. Ease the mind.**

# LIBRAXIN

clidinium bromide and chlordiazepoxide

**Clidinium bromide to calm the gut. Chlordiazepoxide to calm the mind.**

**Indications** For the control of hypersecretion, hypermotility and emotional factors associated with gastro-intestinal disorders, such as nervous dyspepsia, peptic ulcer, cardiospasm, pylorospasm, nervous or irritable colon.

**Dosage** 1 or 2 tablets three or four times daily. In elderly patients, it is recommended that the initial dose be 1 tablet twice daily.

**Contra-indications** Because of its anticholinergic effects, Libraxin should not be given to patients suffering from glaucoma or prostatic enlargement.

**Precautions** Patients should avoid alcohol while under treatment with Libraxin, since the individual



response cannot be foreseen. Patients' reactions (driving ability, operation of machinery, etc.) may be modified to a varying extent, depending on dosage and individual susceptibility. The established medical principle of prescribing medicaments in early pregnancy only when absolutely indicated should be observed.

**Side-effects** Side-effects are infrequent and are controlled by reduction of dosage. They include

drowsiness, muscle weakness, dryness of the mouth, blurring of vision, constipation and hesitancy of micturition.

**Presentation** Libraxin tablets containing 5mg chlordiazepoxide and 2.5mg clidinium bromide in packings of 100 and 500.

**Basic NHS Cost** 1 tablet 3 times daily 7.4p/day **ex 500 pack.**

**Licence Number** 0031/5024

**Licence Holder** Roche Products Limited, PO Box 8 Welwyn Garden City, Hertfordshire AL7 3AY  
Libraxin is a trade mark

# **Carbenoxolone can heal gastric and duodenal ulcer**

“Carbenoxolone...acts, in healing these ulcers, by restoring the gastric physiology to normal – rather than by creating a non-physiological artifice, such as that produced by antacids and H<sub>2</sub>-receptor antagonists...”<sup>1</sup>

**2**

**IMPORTANT ACTIONS**

1. EXTENDS LIFE-SPAN OF EPITHELIAL CELLS<sup>2</sup>

2. INCREASES MUCUS PRODUCTION<sup>3</sup>

**2**

**IMPORTANT PRODUCTS**

**BIOGASTRONE**

carbenoxolone

tablets for gastric ulcer

**DUOGASTRONE**

carbenoxolone

positioned-release capsules for duodenal ulcer

1. In "Peptic Ulcer Healing. Recent Studies on Carbenoxolone." 1978. Lancaster, MTP Press Ltd., p.1. 2. *ibid.*, pp. 9-20.  
3. In 4th Symposium on Carbenoxolone. 1975. London, Butterworths, p. 161.

Biogastrone and Duogastrone are registered trade marks.

Made under licence from Biorex Laboratories. Brit. Pat. Nos. 843133 and 1093286.  
Further information available from Winthrop Laboratories, Surbiton-upon-Thames, Surrey.



**“Marvellous”**

**History:**  
vague chest pains and belching of a great deal of wind 'off and on for some time'.

**X-ray:**  
barium meal showed a large irreducible hiatus hernia and gastric reflux. Stomach and duodenum appeared normal.

**Treatment:**  
Pyrogastrone tabs 1 p.c./t.d.s. + 2 tabs nocte.

**Results:**  
symptom-free within 3 weeks. To quote the patient's own words—"Marvellous".

**PYROGASTRONE**  
carbenoxolone/magnesium trisilicate/  
dried aluminium hydroxide gel

**positive healing power in  
oesophagitis**

history on file with Winthrop.

**Pyrogastrone** (PL 0071/0138). 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. Each tablet contains: carbenoxolone sodium B.P. 20mg, magnesium trisilicate B.P. 60mg, dried aluminium hydroxide gel B.P. 240mg, in a base containing sodium bicarbonate B.P. 210 mg and alginic acid B.P.C. 600 mg. Cartons of 100. **Adult Dosage.** One to be chewed immediately after meals, three times a day and two to be chewed at bedtime. **Basic N.H.S. Cost:** One day's treatment 56p (5 tablets). **Contraindications:** Severe cardiac, renal or hepatic failure. Patients on digitalis therapy unless serum electrolyte levels are monitored weekly to detect promptly the development of hypokalaemia. **Precautions:** 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. Pyrogastrone is a registered trade mark. Made under licence from Biorex Laboratories Brit. Pat. No. 1390683. Further information available from:—  
**Winthrop Laboratories**, Surbiton-upon-Thames, Surrey KT6 4PH.

**WINTHROP**

# Suppose Oral Dilemma

In the treatment of proctitis and proctocolitis the benefit of Salazopyrin Suppositories has long been recognised.<sup>1,2</sup>

In order to extend the region of the bowel accessible to such topical therapy, the Salazopyrin Enema has been introduced.

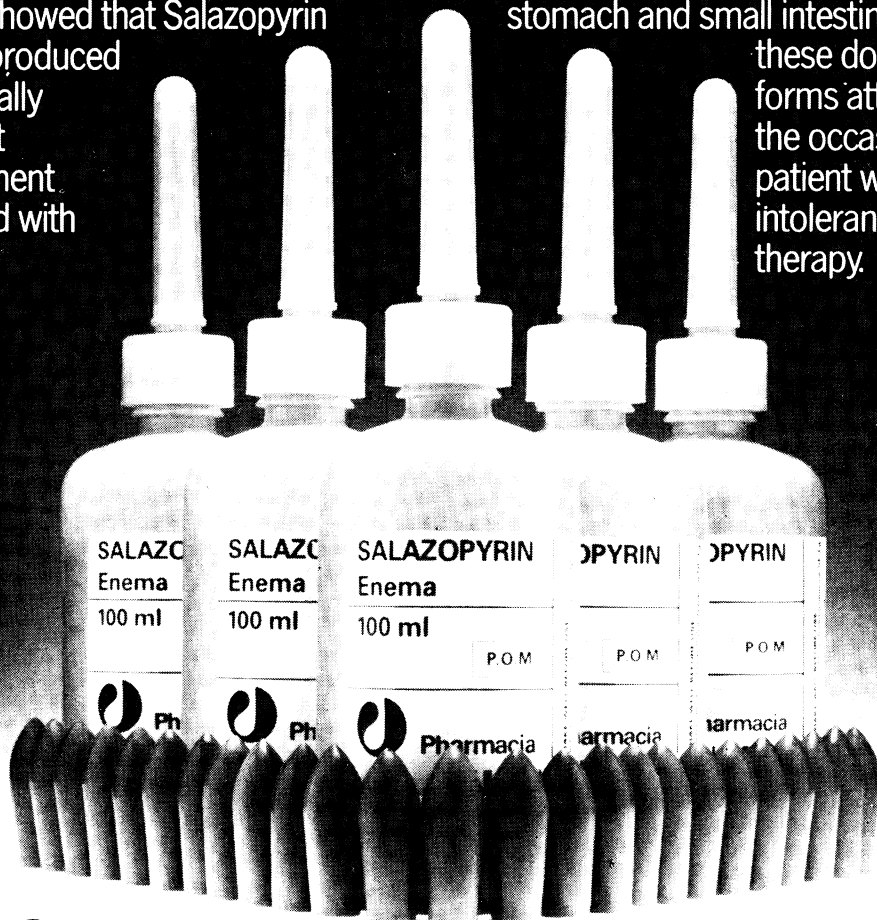
A double blind study over two weeks in patients with acute ulcerative proctitis showed that Salazopyrin enemas produced a statistically significant improvement compared with placebo.

Assessment was by rectoscopic and histological means.<sup>3</sup>

Since Salazopyrin is effective topically, utilisation of the Enema or Suppositories gives good clinical affect with low circulating levels of the drug, or its metabolites.

This fact, together with the avoidance of drug contact with the stomach and small intestine makes

these dosage forms attractive to the occasional patient who is intolerant of oral therapy.



## Salazopyrin per Rectum

Sulphasalazine

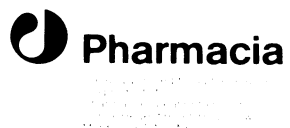
### Prescribing Information

**Dosage and Administration**  
**Plan of EN Tablets.** In acute moderate attacks, 2-4 tablets 4 times a day in severe attacks, 4 tablets 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, 2 are inserted morning and night the dose being gradually reduced after 3 weeks as improvement occurs.  
**Enema.** One enema should be given daily preferably at bed time. This preparation is for an adult bowel. (Salazopyrin P.O.M. is the preferred dosage form.)  
**Children.** Reduce the dose to 1/2 of the adult's dose.  
**Contra Indications, Warnings etc.**

...of the oral drug. It is important to note that the drug is not absorbed in the small intestine. The drug is absorbed in the large intestine and the rectum. The drug is excreted in the urine and the feces. The drug is not metabolized in the body. The drug is not toxic to the body. The drug is not addictive. The drug is not habit forming. The drug is not a narcotic. The drug is not a sedative. The drug is not a stimulant. The drug is not a depressant. The drug is not a hallucinogen. The drug is not a psychotropic drug. The drug is not a controlled substance. The drug is not a Schedule I drug. The drug is not a Schedule II drug. The drug is not a Schedule III drug. The drug is not a Schedule IV drug. The drug is not a Schedule V drug. The drug is not a Schedule VI drug. The drug is not a Schedule VII drug. The drug is not a Schedule VIII drug. The drug is not a Schedule IX drug. The drug is not a Schedule X drug. The drug is not a Schedule XI drug. The drug is not a Schedule XII drug. The drug is not a Schedule XIII drug. The drug is not a Schedule XIV drug. The drug is not a Schedule XV drug. The drug is not a Schedule XVI drug. The drug is not a Schedule XVII drug. The drug is not a Schedule XVIII drug. The drug is not a Schedule XIX drug. The drug is not a Schedule XX drug. The drug is not a Schedule XXI drug. The drug is not a Schedule XXII drug. The drug is not a Schedule XXIII drug. The drug is not a Schedule XXIV drug. The drug is not a Schedule XXV drug. The drug is not a Schedule XXVI drug. The drug is not a Schedule XXVII drug. The drug is not a Schedule XXVIII drug. The drug is not a Schedule XXIX drug. The drug is not a Schedule XXX drug.

**Precautions**  
 ...of the oral drug. It is important to note that the drug is not absorbed in the small intestine. The drug is absorbed in the large intestine and the rectum. The drug is excreted in the urine and the feces. The drug is not metabolized in the body. The drug is not toxic to the body. The drug is not addictive. The drug is not habit forming. The drug is not a narcotic. The drug is not a sedative. The drug is not a stimulant. The drug is not a depressant. The drug is not a hallucinogen. The drug is not a psychotropic drug. The drug is not a controlled substance. The drug is not a Schedule I drug. The drug is not a Schedule II drug. The drug is not a Schedule III drug. The drug is not a Schedule IV drug. The drug is not a Schedule V drug. The drug is not a Schedule VI drug. The drug is not a Schedule VII drug. The drug is not a Schedule VIII drug. The drug is not a Schedule IX drug. The drug is not a Schedule X drug. The drug is not a Schedule XI drug. The drug is not a Schedule XII drug. The drug is not a Schedule XIII drug. The drug is not a Schedule XIV drug. The drug is not a Schedule XV drug. The drug is not a Schedule XVI drug. The drug is not a Schedule XVII drug. The drug is not a Schedule XVIII drug. The drug is not a Schedule XIX drug. The drug is not a Schedule XX drug. The drug is not a Schedule XXI drug. The drug is not a Schedule XXII drug. The drug is not a Schedule XXIII drug. The drug is not a Schedule XXIV drug. The drug is not a Schedule XXV drug. The drug is not a Schedule XXVI drug. The drug is not a Schedule XXVII drug. The drug is not a Schedule XXVIII drug. The drug is not a Schedule XXIX drug. The drug is not a Schedule XXX drug.

**References**  
 1. ...of the oral drug. It is important to note that the drug is not absorbed in the small intestine. The drug is absorbed in the large intestine and the rectum. The drug is excreted in the urine and the feces. The drug is not metabolized in the body. The drug is not toxic to the body. The drug is not addictive. The drug is not habit forming. The drug is not a narcotic. The drug is not a sedative. The drug is not a stimulant. The drug is not a depressant. The drug is not a hallucinogen. The drug is not a psychotropic drug. The drug is not a controlled substance. The drug is not a Schedule I drug. The drug is not a Schedule II drug. The drug is not a Schedule III drug. The drug is not a Schedule IV drug. The drug is not a Schedule V drug. The drug is not a Schedule VI drug. The drug is not a Schedule VII drug. The drug is not a Schedule VIII drug. The drug is not a Schedule IX drug. The drug is not a Schedule X drug. The drug is not a Schedule XI drug. The drug is not a Schedule XII drug. The drug is not a Schedule XIII drug. The drug is not a Schedule XIV drug. The drug is not a Schedule XV drug. The drug is not a Schedule XVI drug. The drug is not a Schedule XVII drug. The drug is not a Schedule XVIII drug. The drug is not a Schedule XIX drug. The drug is not a Schedule XX drug. The drug is not a Schedule XXI drug. The drug is not a Schedule XXII drug. The drug is not a Schedule XXIII drug. The drug is not a Schedule XXIV drug. The drug is not a Schedule XXV drug. The drug is not a Schedule XXVI drug. The drug is not a Schedule XXVII drug. The drug is not a Schedule XXVIII drug. The drug is not a Schedule XXIX drug. The drug is not a Schedule XXX drug.



# Unique for Ulcerative



Colifoam is a unique therapy for ulcerative colitis, being a topical anti-inflammatory with exceptional benefits over the rectal enema in terms of simplicity and convenience.

Gamma photography studies<sup>1,2</sup> have shown that a single dose of Colifoam remains in contact with the rectal mucosa for several hours. In one of these studies<sup>1</sup> the foam was seen to reach the sigmoid colon in most patients. The second study,<sup>2</sup> using a different protocol which included healthy subjects, did not confirm this finding but the authors concluded:

"Unquestionably, however, the foam is more comfortable and easier to retain



# n Colitis



than a retention enema, and since the patient need not be immobilised, the foam obviously has a place in outpatient practice for patients with proctitis and distal ulcerative colitis."

Colifoam: hydrocortisone acetate foam supplied in a metered dose dispenser, delivering approximately 5 ml. of Colifoam rectal foam containing 10% hydrocortisone acetate.

## Colifoam

hydrocortisone acetate foam

**comfort and convenience  
in ulcerative colitis**



### References

1. *British Medical Journal* (1979) 2:822.
2. *ibid.* (1979) 1:1751.

### 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 or twice daily for two or three weeks and every second day thereafter. Shake can vigorously before use (illustrated instructions are enclosed in each pack). One applicatorful of Colifoam provides a dose of approximately 90-110mg of hydrocortisone, similar to that used in a retention enema for the treatment of ulcerative colitis, sigmoiditis and proctitis. Satisfactory response usually occurs within five to seven days.

### 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.

### Pharmaceutical Precautions

Do not refrigerate, incinerate or puncture the aerosol can. Shake vigorously before use. Keep out of reach of children.

### Package Quantities

Aerosol canister containing 20g (14 applications) plus a plastic applicator and illustrated leaflet.

### Basic NHS Cost

£6.90.

### Product Licence No.

0036/0021

Further information is available on request from:

**Stafford-Miller Limited,**  
Professional Relations Division, Hatfield,  
Herts. AL10 0NZ.



In dyspepsia, antacids  
only cloud the issue.

**Maxolon**  
metoclopramide  
clears it.

Maxolon protects the gastric mucosa from over-long exposure to gastric acid<sup>1</sup> by promoting normal peristalsis and gastric emptying.<sup>2,3</sup> 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.<sup>4</sup>

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  
½ 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

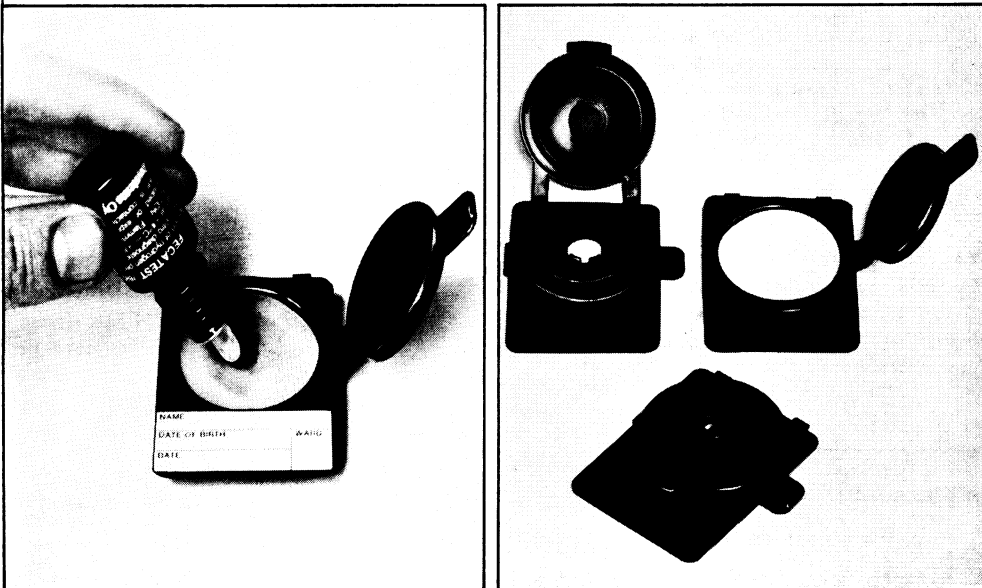
Tablets 10mg (£5.84 per 100).  
Syrup 5mg/5ml (£2.42 for 200ml).

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.

# Now available in Britain **FECATEST®**



## **A new test for Faecal Occult Blood with several outstanding advantages**

- Reliable & accurate
- Optimum sensitivity
- Unique hygienic sample container
- Safe & very simple to use
- Proven in practice

Suitable for Laboratory, Ward or Out-patient use  
FECATEST — the modern method for revealing Faecal occult  
blood. For further information contact:

**POLCROME LTD**

7 York Street, Twickenham. TW1 3JZ Tel: 01-891 2375

# HOW TO DO IT

Every doctor knows the sinking sensation induced by waiting one's turn for an examination viva and the social anxieties of changing jobs. The misery of first night nerves does not, however, disappear with time: each decade brings new challenges. On these occasions—chairing a committee, giving evidence in court, appearing on television—practical tips can be enormously helpful. The same is true of the many skills not taught in medical school—how to lecture, referee papers, edit, or use a library. All these and many more nuggets of down-to-earth advice have been collected from past issues of the *BMJ* to form a compendium for the novice—whatever his or her age or seniority.

Price: Inland £4.00;  
Abroad US\$10.00  
(Concessionary price to BMA  
members: Inland £3.50;  
Abroad US\$8.75.

When ordering BMA members must quote their membership number or the full price will be applicable.)

Payment must be enclosed with order or a surcharge of 50p will be made for rendering invoices and statements.

**Order your copy now**  
From: The Publisher  
British Medical Journal  
BMA House  
Tavistock Square  
London WC1H 9JR  
or any leading bookseller

## HOW TO DO IT

Chair a committee.  
Be a dictator.  
Take an examination.  
Organise an international  
paper. Talk to a reporter.  
Improve a student. Give evidence.  
Interviewed. Chair a medical journal.  
Survive as an examiner. Use a library.  
Construct an audio-visual programme.  
Attend an inquiry. Give a reference.  
examination. Use slides. Appear  
on television. Apply for a  
research grant. Use an  
overhead projector. Use a  
plan a research project. Write  
paper.

# Gastrointestinal and Related Hormones

*The Proceedings of a Symposium organised by  
The Association of Clinical Pathologists*

**Edited by G. Walters and S. R. Bloom**

**Editors' foreword**

**The endocrine versatility of the gut: general and evolutionary aspects of the active peptides of the gastrointestinal tract**

G. J. DOCKRAY

**Visualisation of the diffuse endocrine system**

I. M. P. DAWSON

**Neurotensin**

A. M. BLACKBURN

**Pathophysiology of gastrin and secretin**

KEITH D. BUCHANAN AND JOY E. S. ARDILL

**The measurement of cholecystokinin**

JENS F. REHFELD

**Gastric inhibitory polypeptide (GIP)**

D. L. SARSON

**The enteroinsular axis**

VINCENT MARKS

**Pancreatic polypeptide**

T. E. ADRIAN

**Importance of the jejunal hormone motilin**

N. D. CHRISTOFIDES

**Gut glucagon-like immunoreactants (GLIs) and other enteric glucagon-like peptides**

A. J. MOODY

**Vasoactive intestinal peptide (VIP)**

M. G. BRYANT

**Brain and gut peptides**

J. M. POLAK

**Gut hormones in gastrointestinal disease**

H. S. BESTERMAN

**Clinical features and diagnosis of alimentary endocrine tumours**

R. B. WELBOURN

*PRICE: Inland £5.00; Abroad US \$12.50 including postage*

Payment must be enclosed with order or surcharge of 50p will be made for rendering invoices and statements

**This publication can be ordered now from**

The Publishing Manager, JOURNAL OF CLINICAL PATHOLOGY  
B.M.A. House, Tavistock Square, London WC1H 9JR

# Acta Gastro-Enterologica Belgica

## SOMMAIRE DU FASCICULE 9-10

### Bibliographie

- J. FEVERY (Leuven). Some pathophysiological aspects of cholestasis.
- R. DEVOS and V. J. DESMET (Leuven). Ultrastructural aspects of cholestasis.
- E. R. SCHIFF (Miami). Clinical evaluation of the patient with jaundice.
- M. CREMER, J. TOUSSAINT, F. DUNHAM, M. DELHAYE et N. BOURGEOIS (Bruxelles). Apport de la cholangio-wirsungographie endoscopique (CWE) dans l'étude de la choléstase anictérique.
- M. ADLER, P. BARBIER, C. JEANTY, J. ABRAMOVICI, G. DESWAEF et A. DUMONT (Bruxelles). Diagnostic étiologique de la choléstase par la cholangiographie transhépatique à l'aiguille fine, Comparaison avec la clinique, la choléscintigraphie au diéthyl-HIDA, l'échotomographie et la cholangiographie rétrograde endoscopique.
- G. P. van BERGE-HENEGOUWEN, A. G. F. de PAGTER and K. H. BRANDT (Arnhem). Benign recurrent cholestasis.
- P. GENTILINI, E. SURRENTI and E. CHIARANTI (Florence). Virus and drug induced cholestasis.
- A. P. GEUBEL (Louvain-en-Woluwe). Cirrhose biliaire primitive: données étiopathogéniques et thérapeutique récentes.
- B. LAUNOIS, J. P. CAMPION, D. DELARUE et D. GROSSETTI (Rennes). La place de la résection chirurgicale dans le traitement des cancers du hile du foie.
- J. BLAIRON, PH. PAULET, E. YOURASSOWSKI et J. M. LIMBOSCH (Tubize-Bruxelles). Efficacité de la céfamandole dans la prophylaxie et le traitement des infections des voies biliaires.

---

*Acta Gastro-enterologica Belgica*. Prix de l'abonnement: 1-800 Fr. b.

Prix du fascicule isolé: 250 Fr. b.

Abonnements: A.S.SM.B. rue des Champs Elysees. 43. B 1050. Bruxelles. Belgium.