

The many faces of Crohn's disease. And one face of its treatment.

Salazopyrin has long been established as standard treatment for ulcerative colitis and there is now further evidence to support its use as a first-line therapy for active Crohn's disease.

Now a double-blind study(1) has shown that 62% of Salazopyrin-treated patients responded favourably (at least 25% reduction in Crohn's disease activity) compared with only 8% of patients given placebo.

This supports the findings of a major study(2) in the USA, the NCCDS* involving some 569 patients, which compared Salazopyrin with azathioprine and prednisone both as short-term treatments to suppress acute disease and as long-term prophylactics against relapse. For active disease both Salazopyrin and prednisone were superior to placebo and in patients not previously treated with drugs or surgery, only Salazopyrin was superior to placebo.

Salazopyrin was also by far the least toxic of the drugs tested, which "...together with evidence of its usefulness, particularly for control of disease involving the colon, indicates sulphasalazine as the drug of choice for initial therapy of such patients."

'National Cooperative Crohn's Disease Study.

SALAZOP

YOUR BEST STARTING POINT IN ACTIVE CROHN'S DISEASE.

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.

3 weeks as improvement occurs:

Enema: To one enema should be given daily preferably at been dime. This preparation contains an adult dose of Salazopyin. Patient instructions are enclosed in each box. Children: Reduce the adult dose on the basis of

Critical Reduce the adult does on the basis of body weight.

Contra-Indications, warnings etc.

Contra-Indications: Contra-indicated in sensitivity to salicylates and sulphonamides. Infants under 2 years
Enema only: Sensitivity to parabens.

Adverse Reactions: 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, enema or suppositories. If serious reactions occur the drug suppositories, il serious should be discontinued

should be discontinued.

Rarely the following adverse reactions have been reported.

Haematological: e.g. Heinz body anaemia, haemolytic anaemia, leucopenia, agranulocytosis

Haematological: e.g. Heinz body anaemia, haemolytic anaemia, leucopenia, agranulocytosis and aplastic anaemia. Hypersensitivity: e.g. Rash, fever. Gastrointestinal: e.g. Impaired folate uptake, stomatitis. C.N.S.: e.g. Headache, peripheral neuropathy. Fertility: Reversible oligospermia. Renai: e.g. Proteinuria, crystalluria. Also: Stevens-Johnson syndrome and lung complications e.g. Fibrosing alveolitis.

Precautions:
Care in cases of porphyria, allergic, renal or hepatic disease, glucose of the PD deficiency. Blood checks should be made initially. Pregnancy and Lactation:
While the ingestion of dation:
While the ingestion of the severe exacerbations of the disease which can occur commends the the disease which can occur comments the continuance of therapy. Long clinical usage ar experimental studies have failed to reveal teratogenic or icteric hazards. The amounts of present in the milk should not present a risk to rea: ounts of drug

present in the running state of the althy infant.

Packages & Prices:
Plain Tablets (0.5g): 100 & 500: £5.85 for 100.

EN Tablets (0.5g): 100 & 500: £7.60 for 100.

Suppositories (0.5g): 10.850: £2.35 for 10.

Enemas (3.0g): 7: £9.80 for 7.

Product Licence Numbers: Plain Tablets 0009/5006 EN Tablets 0009/5007. Suppositories 0009/5008 Enema 0009/0023.

ut (1981) 22, 404-409. iastroenterology (1979) 77, 847 et seg



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



PRESCRIBING INFORMATION: DOSAGE AND ADMINISTRATION: ADULTS: TABLETS 150 mg TWICE DAILY FOR FOUR WEEKS FOR DUODENAL UTGER AND BENIGN GASTRIC UTGER PATIENTS WITH A HISTORY OF RECURRENT UTGER MAY HAVE AN EXTENDED COURSE OF ONE TABLET DAILY FOR REFLUX OESOPHAGITIS THE RECOMMENDED COURSE IS ONE TABLET TWICE DAILY FOR UP TO EIGHT WEEKS. IN PATIENTS WITH VERY HIGH GASTRIC ACUDSECRETION (EG ZOLLINGER-ELLISON SYNDROME) THE STARTING DOSE IS 150 mg THREE

Now Gastric acid

TIMES DAILY AND THIS MAY BE INCREASED. AS NECESSARY, TO WITHIN THE RANGE 600 TO 900 mg PER DAY INJECTION ZANEAC MAY BE GIVEN AS A SLOW INTRAVENOUS INJECTION DE 500 mg WHICH MAY BE REPEATED EVERY SIX TO EIGHT HOURS OR AS AN INTRAVENOUS NEUSION AT A RATE OF 25 mg PER HOUR FOR TWO HOURS REPEATABLE. AT SIX TO EIGHT HOUR INTERVALS SIDE EFFECTS. NO SERIOUS ADVERSE EFFECTS HAVE BEEN REPORTED PRECAUTIONS. WHERE GASTRIC ULGER IS SUSPECTED, THE POSSIBILITY OF MALIGNANCIES FROM THE PROBLEM OF THE RAPY IS INSTITUTED PATIENTS RECEIVING PROFONGED FROM THE REPUBLIC OF THE RAPY IS INSTITUTED.

PRESENCE OF SEVERÉ ŘEŇAL IMPARBULT (SEE DALA SHEET), AS WITH ALL DRUGS, ZAN LAC SHOULD BE USEDDU RING PREGNANCY AND NURSING ONLY IESTRICHTY NECESSARY <u>CONTRADICATIONS</u>. THERE ARE NO KNOWN CONTRADICATIONS TO THE USE OF ZANTAC <u>BASIC NIS COST</u> (EXCLUSIVE OF VAT) 60 TABLETS \$27.43 BOX OF 5 x 5 ml AMPOULE \$3.21 PRODUCT LICENCE NUMBERS 150 mg TABLETS 4 0279 50 mg 5 ml AMPOULES 4 0280. FURTHER INFORMATION ON ZANTAC (TRADE MARK) IS AVAILABLE FROM GLANO LABORATORIES LIMITED, GRIENTORD, MIDDLES X UB6 OHE.

Zantac is the new histamine H_2 -antagonist from Glaxo, developed to add important benefits to the treatment of acid peptic disease.

Highly effective

Zantac's molecular structure confers important advantages in terms of specificity and duration of action.

Primarily however, Zantac promotes rapid, effective ulcer healing with sustained pain relief, both day and night.

Simple dosage regimens

Zantac was specially developed for B.D. dosage. The recommended treatment course for duodenal ulcer and benign gastric ulcer, is one 150 mg tablet twice daily for four weeks.

For extended maintenance therapy, the dosage is just one tablet taken nightly.

In the management of reflux oesophagitis, one tablet twice daily, for up to eight weeks, is recommended.

Highly specific action

Due to its innovatory molecular structure, Zantac does not cause problems with endocrine or gonadal function, or adverse effects on the central nervous systemeven in elderly patients.

Similarly, as Zantac does not interfere with liver enzyme function, there are no unwanted effects on the metabolism of drugs such as diazepam and warfarin which may be prescribed concomitantly.

Zantac Injection ampoules are also available, containing 50 mg ranitidine in 5 ml for intravenous injection or infusion, for use in acute cases where oral therapy is inappropriate.

has a new H_2 blocker to worry about.



Recently Published

GASTROINTESTINAL HAEMORRHAGE

P. W. DYKES, MD, FRCP, FRACP.,

Consultant Physician, The General Hospital Birmingham;

M. R. B. KEIGHLEY, MD, FRCS.,

Consultant Surgeon, The General Hospital, Birmingham; Reader in Surgery, University of Birmingham.

With 45 contributors.

This book is a practical and up to date account of the cause and management of bleeding disorders of the gastrointestinal tract. It is a comprehensive text which focuses attention on difficult areas of diagnosis and management and on contemporary problems. Rather than presenting an anatomical list of disorders for discussion, the reader is taken through a sequence of events from the problems to diagnosis, investigation and finally treatment.

234 x 156 mm, 488 pages 126 illustrations (18 in colour) ISBN 0 7236 0584 X U.K. net price £27.50

WRIGHT • PSG 42-44 TRIANGLE WEST BRISTOL BSS IEX Also in London and Boston (U.S.A.)

Drugs and Disease

The Proceedings of a Symposium organised by the Royal College of Pathologists

Edited by Sheila Worlledge

Price: Inland £3 00 Abroad US \$7 50 including postage

The Publishing Manager, JOURNAL OF CLINICAL PATHOLOGY, BMA House, Tavistock Square, London WC1H 9JR

FULL PRESCRIBING DATA DESTOLIT* URSODEOXYGHOLIC ACID

Presentation

Plain white tablet containing 150 mg ursodeoxycholic acid.

lice

'Destolit' is indicated for the dissolution of radiolucent (i.e. non-radio opaque) cholesterol gallstones in patients with a functioning gallbladder.

Dosage

The daily dose for most patients is 3 or 4 tablets of 150 mg according to body weight. This dose should be divided into 2 administrations after meals, with one administration always to be taken after the evening meal.

A daily dose of about 8 to 10 mg/kg will produce cholesterol desaturation of bile in the majority of cases. The measurement of the lithogenic index on bile-rich duodenal drainage fluid after 4-6 weeks of therapy may be useful for determining the minimal effective dose. The lowest effective dose has been found to be 4 mg/kg.

The duration of treatment required to achieve gallstone dissolution will usually not be extended beyond 2 years and should be monitored by regular cholecystograms. Treatment should be continued for 3-4 months after the radiological disappearance of the gallstones.

Any temporary discontinuation of treatment, if prolonged for 3.4 weeks, will allow the bile to return to a state of supersaturation and will extend the total time required for litholysis. In some cases stones may recur after successful treatment.

Contra-indications, Warnings etc.

In common with all drugs, it is advised that ursodeoxycholic acid should not be given during the first trimester of pregnancy. (In the rabbit, embryotoxicity has been observed, but this has not been seen in the rat.) Treatment in women of child bearing age should only be undertaken if measures to prevent pregnancy are used. Non-hormonal contraceptive measures are recommended. In cases of conception during treatment, therapy should be discontinued. Active gastric or duodenal ulcers are contra-indications, as are hepatic and intestinal conditions interfering with the enterohepatic circulation of bile acids (ileal resection and stoma, regional ileitis, extra and intra-hepatic cholestatis, severe, acute, and chronic liver diseases). A product of this class has been found to be carcinogenic in animals. The relevance of these findings to the clinical use of ursodeoxycholic acid has not been established. Excessive dietary intake of calories and cholesterol should be avoided; a low cholesterol diet will probably improve the effectiveness of 'Destolit' tablets. It is also recommended that drugs known to increase cholesterol elimination in bile, such as oestrogenic hormones. oral contraceptive agents and certain blood cholesterol lowering agents should not be prescribed concomitantly.

Side effects: 'Destolit' is normally well tolerated. Diarrhoea has been found to occur only occasionally.

No significant alterations have so far been observed in liver function. Overdosage: It is unlikely that overdosage will cause serious adverse effects. Diarrhoea may occur and it is recommended that liver function tests be monitored: ion-exchange resins may be useful to bind bile acids in the intestines.

Pharmaceutical precautions

'Destolit' tablets have a shelf life of 3 years under normal room temperature storage conditions.

Legal category: POM.

Package quantities: Blister packs of 60 tablets.

Basic NHS Price: £19.40. Further information: Nil.

Product licence number: 0341/0022.

Name and address

Lepetit Pharmaceuticals Limited, Meadowbank, Bath Road, Hounslow,

Middlesex TW5 9QY.

A subsidiary of The Dow Chemical Company.

Date of Preparation: January 1981.

Destolit*

*Destolit is a trade mark of The Dow Chemical Company.



THE NEW WAVE IN GALLSTONE DISSOLUTION.

Destolit – ursodeoxycholic acid – a naturally occurring bile acid. Indicated for use with cholesterol gallstones, the different chemical structure of Destolit enables you to use an effective therapy that causes no cathartic side effect.

- * For the dissolution of cholesterol stones in a functioning gall bladder.
- * Reported effective in up to 80% of appropriate patients.
 - * Diarrhoea is very uncommon.
 - * No adverse reports on liver function.
 - * Simple dosage aids patient compliance.

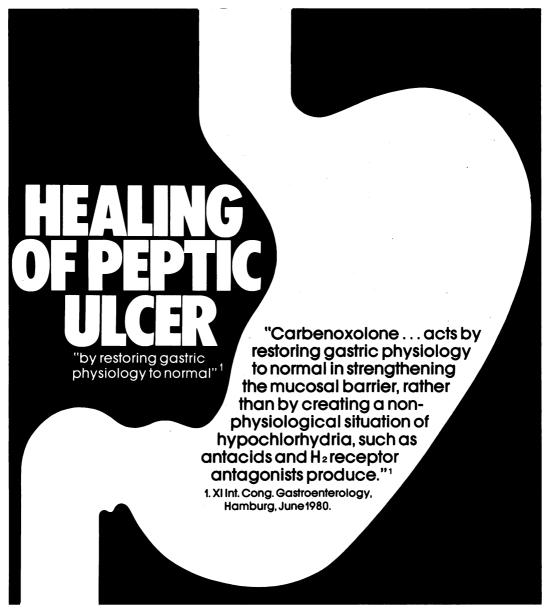
DISSOLVES GALLSTONE PROBLEMS

Lepetit Pharmaceuticals Limited, Meadowbank, Bath Road, Hounslow, Middlesex TW5 9QY A subsidiary of The Dow Chemical Company

Destolit*

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	Please clip and send to Lepetit Pharmaceuticals Limited for Destolit information package.
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İ	Address
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VI Gut October 1981



- Increased mucus production
- Reduced epithelial cell loss
- Reduced peptic secretion and activity



BIOGASTRONE

carbenoxolone for gastric ulcer







BIOGASTRONE

carbenoxolone for gastric ulcer

Carbenoxolone sodium BP 50 mg tablets. PL 0071/5902. Bottles of 100. Basic NHS cost:1 week's treatment £2.21 (21 tablets) -£4.42 (42 tablets).

Adult dose: 2 tablets t.i.d. after meals for the first week then 1 tablet t.i.d. until ulcer is healed (usually 4-6 weeks).

DUOGASTRONE

carbenoxolone for duodenal ulcer

Carbenoxolone sodium BP. 50 mg position-release capsules. Bottles of 28. PL 0071/5903. Basic NHS cost:1 day's treatment (4 capsules) 85p.

Adult dose:1 capsule swallowed whole and unbroken with liquid q.i.d.,15-30 minutes/before meals. Patients may continue to take antacids but anticholinergic drugs should be discontinued. Treatment should continue for 6-12 weeks

Safety factors: Biogastrone and Duogastrone

Contra-indications. Severe cardiac, renal or hepatic failure. Patients on digitalis therapy, unless serum electrolyte levels are monitored weekly and measures taken to prevent the development of hypokalaemia.

Precautions. Special care should be exercised with patients pre-disposed to sodium and water retention, potassium loss and hypertension (e.g. the elderly and those with cardiac, renal or hepatic disease) since carbenoxolone can induce similar changes. Regular monitoring of weight and blood pressure, which should indicate 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 Biogastrone, Duogastrone or Pyrogastrone for women who may become pregnant.

Biogastrone and Duogastrone are registered trade marks.

Made under licence from Biorex Laboratories, Brit. Pat. No. 1093286.

Further information available from Winthrop Laboratories, Surbiton-upon-Thames, Surrey KT6 4PH.



Gastrointestinal and Related Hormones

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

Edited by G. Walters and S. R. Bloom

CONTENTS

Editor's foreword • The endocrine versatility of the gut: general and evolutionary aspects of the active peptides of the gastrointestinal tract • Visualisation of the diffuse endocrine system • Neurotensin • Pathophysiology of gastrin and secretin • The measurement of cholecystokinin • Gastric inhibitory polypeptide (GIP) • The enteroinsular axis • Pancreatic polypeptide • Importance of the jejunal hormone motilin • Gut glucagon-like immunoreactants (GLIs) and other enteric glucagon-like peptides • Vasoactive intestinal peptide (VIP) • Brain and gut peptides • Gut hormones in gastrointestinal disease Clinical features and diagnosis of alimentary endocrine tumours •

Price: Inland £5.00; Abroad US\$12.50, including postage

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

The Publisher, Journal of Clinical Pathology BMA House, Tavistock Square, London WC1H 9JR The Old Retainer

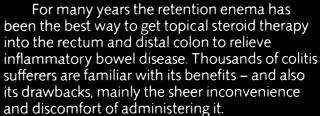




Time to say Goodbye?

Presentation White-ode are escarcised frame on taining hydracist some allectate. 10 — Uses And inflammatory, anti-oscerical therapy for the topical treatment of a lend of look and some of the analogical materials provided to Dosage and administration. One applicated to be set of other or of the look and the materials of the materials of the end of the materials of the end of the order of the end of the e

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Now there is an alternative to the retention enema – another form of topical therapy, comparable in efficacy but far easier for the patient to use. <u>Colifoam</u>: a unique foam presentation of hydrocortisone which is easily administered using a simple plastic applicator.

More acceptable than steroid enema

Clark* reported on a clinical trial of Colifoam in 20 patients with inflammatory bowel disease. Proctitic symptoms were controlled in 17, and 11 out of 12 patients who had previously been treated with prednisolone enemas, found Colifoam "... easier and more convenient to use". Three of these patients found Colifoam the more effective treatment and the others thought there was no difference in efficacy between Colifoam and steroid enemas.

N.B. A dose of Colifoam costs far less than a dose of a proprietary prednisolone retention enema.



Colifoam

hydrocortisone acetate foam

a welcome alternative to the retention enema for distal inflammatory bowel disease



"I feel I'm so full I could burst! With this overblown stomach I'm cursed." The Doctor smiled sweetly, Then murmured discreetly, Well, we'd better try Maxolon first."

For relief from heartburn and flatulence

PRESCRIBING INFORMATION

Dyspepsia, heartburn and flatulence 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

Side-effects and Precautions

There are no absolute contra-indications

Various extra pyramidal reactions to Maxolon, usually of the dystonic type, have been reported. The incidence of these oeen 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 or a benzodiaze

pine 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

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 help healing.

Availability and NHS Prices Tablets 10mg (£7.70 for 100). Syrup 5mg/5ml (£2.78 for 200ml). A paediatric liquid presentation and ampoules for injection are also available Average daily cost of Maxolon tablets 23p. Prices correct at January 1981.

Further information is available on request to the company



Beecham Research Laboratories

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

PL 0038/0095 0098 5040 5041

BRI. 4026

ETHICON

Coated VICRYL*

(polyglactin910) sutures

slides easily through

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PLR Nos 0508/0001 0508/0009

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TECHNICAL DATA OVERLEAF

PRINTED IN GREAT BRITAIN

STERILISED ABSORBABLE SYNTHETIC SUTURE COATED POLYGLACTIN 910 VICRYL*

Presentation The basic VICRYL (Polyglactin 910) Suture is prepared from a copolymer of glycolide and lactide. The substances are derived respectively from glycolic and lactic acids. The empirical formula of the copolymer is $(C_2H_2O_2)m(C_3H_4O_2)n$.

Coated VICRYL (Polyglactin 910) Sutures are obtained by coating the braided suture material with a mixture composed of a copolymer of glycolide and lactide and an equal amount of calcium stearate. This coating does not affect the biological properties of the suture.

VICRYL (Polyglactin 910) Sutures are coloured by adding D & C Violet No 2 during polymerisation of the lactide and glycolide. Suture may also be manufactured in the undyed form.

These sutures are relatively inert, nonantigenic, nonpyrogenic and elicit only a mild tissue reaction during absorption.

Action Two important characteristics describe the in vivo behaviour of absorbable sutures. The first of these is tensile strength retention and the second absorption rate or loss of mass.

Subcutaneous tissue implantation studies of both VICRYL and Coated VICRYL Suture in rats show at two weeks post-implantation approximately 55% of its original tensile strength remains, while at three weeks approximately 20% of its original strength is retained.

Intramuscular implantation studies in rats show that the absorption of these sutures is minimal until about the 40th postimplantation day. Absorption is essentially complete between the 60th and 90th days.

Uses VICRYL and Coated VICRYL synthetic absorbable sutures are intended for use where an absorbable suture or ligature is indicated.

Dosage and AdministrationBy implantation.

Contraindications, Warnings, etc.
These sutures, being absorbable, should not be used where extended approximation of tissues under stress is required.

Sutures placed in skin and conjunctiva may cause localised irritation if left in place for longer than 10 days and should be removed as indicated.

The safety and effectiveness of VICRYL (Polyglactin 910) and Coated VICRYL Sutures in neural tissue and in cardiovascular tissue have not been established.

Pharmaceutical Precautions Do not re-sterilise.

Legal Category P Pharmacy medicine sold to surgeons and hospitals through surgical dealers.

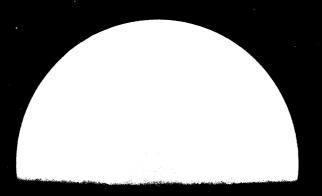
Package Quantities Various lengths of material packaged in sealed aluminium foil sachets. This primary pack is contained in a peel-apart secondary pack. The unit of sales is 12 packs contained in a film wrapped drawer style carton.

Adverse Reactions No suture related adverse reactions were reported during clinical trials, although a number of minor reactions were classified as being of unknown cause.

Product Licence Nos PL 0508/0001 PL 0508/0009

> ETHICON LTD. PO BOX 408, BANKHEAD AVE EDINBURGH EH11 4HE

Combines the spectrum of penicillin and aminoglycosides without their restrictions in use



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The new first line antibiotic

High activity

Claforan is a new highly active injectable antibiotic with exceptional beta-lactamase stability. It is the first beta-lactam antibiotic to have greater activity than gentamicin or tobramycin against coliforms, other Enterobacteriaceae and Proteus spp.

Against most gram negative species, Claforan is 100 times more active than other cephalosporins and ampicillin. And against cephalosporin-resistant species, Claforan is up to 1000 times more active than cefuroxime and cefoxitin.

Safety in renal failure

Seriously ill patients often have deteriorating renal function which poses problems in the dosing of antibiotics. With Claforan, there is no need to reduce dosage, except in very severe renal failure (creatinine clearance GFR < 5) because of increased hepatic elimination when the normal renal route becomes impaired.

Wide spectrum

The gram negative spectrum of Claforan is unparalleled. Because of its outstanding activity against Klebsiella spp., E. coli, Haemophilus influenzae, Proteus spp. and Neisseria, the in vitro spectrum has been described as 'unique'. In addition, Claforan is the first cephalosporin to be active against Pseudomonas.

The gram positive spectrum covers Staph. aureus (including penicillin and ampicillin resistant strains) and many streptococci including Strep. pneumoniae.

The combined gram negative and gram positive spectrum of Claforan covers a wide range of clinically important organisms.

Simple dosage

A simple twice daily dosage (1 gram b.d.) is recommended in moderate infections because Claforan's high activity maintains therapeutic concentrations in body tissues and fluids. For serious infections, particularly where Pseudomonas is present or suspected, higher and more frequent doses are required to achieve clinical success. The maximum recommended dosage is 12 grams daily.

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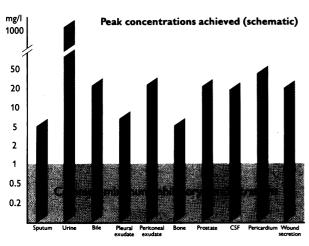
Reference 1. Hamilton-Miller, J. M. T. et al., J. Antimicrob. Chemother., 1978. 4, 437. Presentation Vials containing 500 mg/1 gor 2 gof cefotaxime as cefotaxime sodium. Indications Infections before identification of the organism. Infections caused by bacteria of established sensitivity, including chest infections, septicaemia, urinary tractinections, softissue infections, obstetric and gynaecological infections, bone and joint infections, meningitis, gonorrhoea. Dosage Claforan is administered i.m. or iv. Adults Moderate infections: 1g 12-hourly. Severe infections: up to 12g daily in 3 or 4 divided doses. For infections caused by sensitive

Pseudomonas spp. doses of more than 6g daily are usually required. Children100-150mg/kg/day in 2 to 4 divided doses. Up to 200mg/kg/day may be given in very severe infections. Dosage in renal impairment Reduced dosage is only required in severe renal failure (GFR < 5ml/min) when, after an initial loading dose of 1g, the daily dose is halved without change in frequency of dosing. Contra-indications Known allergy to cephalosporins. Precautions Cephalosporin antibiotics may usually be given safely to patients who are hypersensitive to penicillins. Special care is indicated in patients who have had an anaphylactic

from Roussel

Extensive penetration

Following administration of Claforan, bactericidal levels are maintained for up to 12 hours in body tissues and fluids including serum, urine, sputum, bile, pleural exudate, peritoneal exudate, bone, prostatic tissue, pericardium and cerebrospinal fluid.



Clinical success

Claforan is probably the most widely researched antibiotic prior to introduction, with over 300 published papers, many from the United Kingdom.

Before sensitivity results...
Claforan is ideal for first line treatment because of its wide spectrum combined with high activity and excellent penetration. Life-threatening infections such as septicaemia and meningitis have shown remarkably high response rates to Claforan, even as monotherapy.

In serious gram negative sepsis...

Claforan's remarkable gram negative spectrum rapidly eradicates the causative organisms present in urinary tract, respiratory tract and other sites. Its high antibacterial activity coupled with excellent penetration provide bactericidal fluid and tissue levels over prolonged periods. making Claforan particularly suitable for treatment of gram negative infections.

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response to penicillin. Patients with severe renal dysfunction-see previous. Cephalosporin response to periutiin. Tailerin with severe lear dystinution see previous. Cephalosporii antibiotics at high dosage should be given with caution to patients receiving aminoglycoside antibiotics or potent diuretics such as frusemide. At recommended doses, enhancement of nephrotoxicity is unlikely with Claforan. A false-positive reaction to glucose may occur with reducing substances. Claforan should not be mixed in the syringe with aminoglycoside anti-biotics. The safety of Claforan in human pregnancy has not been established. Side effects Adverse reactions are rare and generally mild and transient, but include diarrhoea, candidiasis, rashes, fever, eosinophilia, leukopenia, transient rises in liver transaminase and alkaline phosphatase, transient pain at the site of injection and phlebitis. **Product licence number** 0109/0074 $^{\rm W}$ Package quantities and basic N.H.S. price Vials of 500mg, 1g and 2g in packs of 10. One day's treatment (1gb.d.) £9.00. **Date of preparation** March 1981.

Further information available from: Roussel Laboratories Ltd., Roussel House, Wembley Park, Middlesex HA9 0NF

Can De-Nol..... heal peptic ulcers as effectively as cimetidine with a lower relapse rate, an established safety record and at an economic price?



Tripotassium dicitrato bismuthate.

For further information contact:

Brocades | Great Britain | Ltd Brocades House, Pyrford Road West Byfleet Surrey KT14 6RA. Telephone: Byfleet 45536.

References Kang, J.Y. & Piper, D.W., Aust. N.Z. Med., 10, 111 (1980). Tanner et al, Med. J. Aust., 1, 1-2 (1979). Cowen et al, Aust. N.Z. Med., 10, 364-365 (1980). Martin et al, Lancet, 3rd January 1981, 7-10. Martin, D.F., Mod. Med., April 1980.

De-Nol contains 120mg tri-potassium di-citrato bismuthate (as BirO₁) per 5ml. For the treatment of gastric and duodenal ulcers. Oral administration, usually 5ml diluted with 15ml water four times a day on an empty stomach, half an hour before each of the three main meals and two hours after the last meal of the day. Contra-indicated theoretically in cases of severe renal insufficiency and in pregnancy. De-Nol may inhibit the efficacy of orally administered tetracyclines. Blackening of the stool usually occurs and darkening of the tongue has been reported. 28 day (560ml) treatment pack £10.19 P/L No. 0166/5024.



Ease the spasm. Ease the mind.



LIBRAXIN

chidinium 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 dosabe 1 tablet twice daily.

Contra-indications Because of its anticholing tic effects, Libraxin should not be given to patients a cring from glaucoma or prostatic enlargement.

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

ROCHE

response cannot be foreseen. Patients' reactions (driving ability, operation of machinery, e.c.) maybe modified to a varying extent, depending on desage and individual susceptibility. The established medical punciple of prescribing medicaments in early oregnancy only when absolutely indicated should be observed.

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

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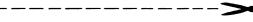
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