LAZOPY

"Patients in whom sulfasalazine induces dyspeptic symptoms alone can be given EN Salazopyrin (entero-soluble) instead, and no more than 5% of these patients will be so troubled by dyspepsia that the treatment has to be discontinued." Nielsen, O.H., Scand. J. Gastroenterol., 1982, 17, 389

Get them into the





habit

DAY AFTER DAY AFTER YEAR

500mg q.i.d. in ulcerative colitis

H

Pregnancy and Lactation While the integration of drugs in these studions may be diseased with the studions may be diseased which can occur commends the continuance of therapy. Long climical usage and experimental studes have laied to reveal terappers or circin hazards. The mounts of drug present in the milk should not present a risk to a healthy infall.

Packages and Prices Plan Tables (0.5g) 100.8 500 £8.70 for 100. EN Tables (0.5g) 100.8 500 £8.70 for 100 Suppositories (0.5g) 10.8 50 £8.00 for 10 Enemas (3.0g) 7 £12 10 for 7 Product Licence Numbers Plan Tabelts 0009/5008 Enema 0009/5009 5007 Suppositories 0009/5008 Enema 0009/5009



Further information is available on request Pharmacia Limited, Pharmacia House Midsummer Boulevard, Milton Keynes MK9 3HP Telephone Milton Keynes (0908) 661101

Gastrozepin is a selective antimuscarinic agent which provides balanced control of gastric secretion without markedly affecting other peripheral receptor sites. This gastro-selective action means that, in practice, Gastrozepin is a well-tolerated drug which heals peptic ulcers.

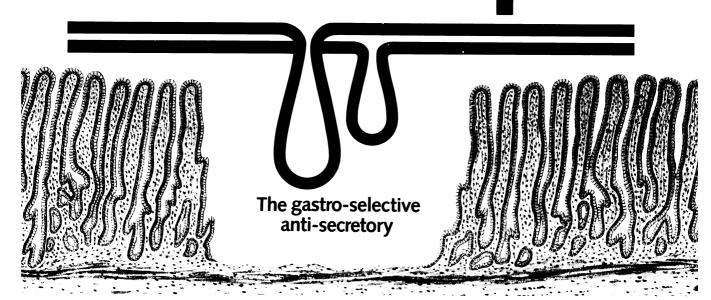
Gastrozepin DOES NOT . . .

- rely on acid reduction alone
- rely on pepsin reduction alone
- rely on mucosal protection alone
- profoundly affect intragastric pH

Gastrozepin DOES . . .

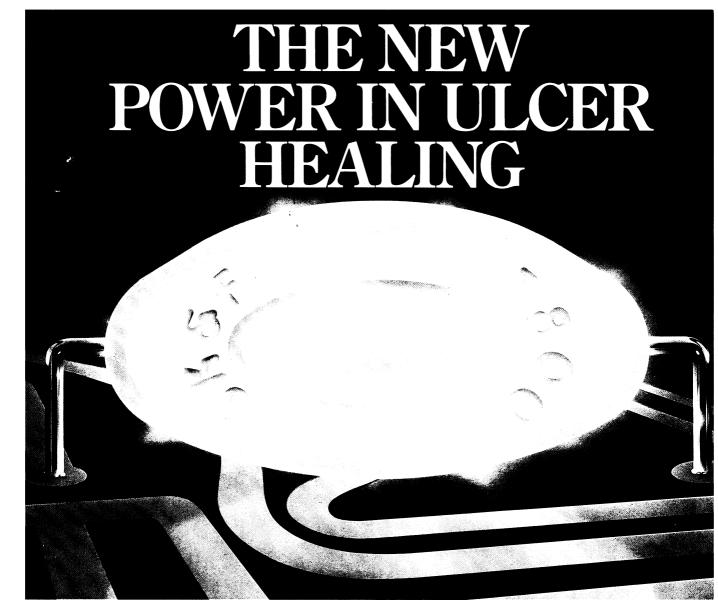
- relieve daytime pain
- relieve night-time pain
- reduce antacid intake
- heal peptic ulcers with one 50 mg tablet b.d.

For the treatment of peptic ulcer



Prescribing Information; Presentation: White tablets each containing 50 mg of pirenzepine dihydrochloride scored on one face with "G" on one side of the score, and "50" on the other The obvers is impressed with the symbol **§** Uses: Gastrozepin is indicated in the treatment of gastric and duodenal ulcen. Dosage: 50 mg at bedtime and in the morning before meals in severe cases the total daily dose may be increased to 150 mg in divided doses. Continuous therapy may be recommended for up to three months. Contra-indications. Warnings etc: interaction with sympathorimients and monoamine coxidase inhibitors and Gastrozepin is a theoretical possibility. Gastrozepin is not recommended during pregnancy although in animal

experiments no teratogenic effects were noted. Breast milk concentration after therapeutic doses is unlikely to affect the infant. Side effects occasionally transitory dry mouth and accommodation difficulty may occur Treatment of overdosage entirely symptomatic. There is no specific antidote. Basic NHS price: 50 mg tablets, 60 £20 50. Product Licence No.: 50 mg tablets, PLO2014 (2050).



A single 800 mg tablet taken at bedtime for four weeks



In duodenal ulcer

 $\textbf{Prescribing Information. Presentations 'Tagamet' Tablets, each containing 800\,mg cimetidine (PL 0002/0128: 28 \,tablets, £16.61) \, or \, 400\,mg \, cimetidine (PL 0002/0128: 28 \,tablets, £16.61) \, or \, 400\,mg \, cimetidine (PL 0002/0128: 28 \,tablets, £16.61) \, or \, 400\,mg \, cimetidine (PL 0002/0128: 28 \,tablets, £16.61) \, or \, 400\,mg \, cimetidine (PL 0002/0128: 28 \,tablets, £16.61) \, or \, 400\,mg \, cimetidine (PL 0002/0128: 28 \,tablets, £16.61) \, or \, 400\,mg \, cimetidine (PL 0002/0128: 28 \,tablets, £16.61) \, or \, 400\,mg \, cimetidine (PL 0002/0128: 28 \,tablets, £16.61) \, or \, 400\,mg \, cimetidine (PL 0002/0128: 28 \,tablets, £16.61) \, or \, 400\,mg \, cimetidine (PL 0002/0128: 28 \,tablets, £16.61) \, or \, 400\,mg \, cimetidine (PL 0002/0128: 28 \,tablets, £16.61) \, or \, 400\,mg \, cimetidine (PL 0002/0128: 28 \,tablets, £16.61) \, or \, 400\,mg \, cimetidine (PL 0002/0128: 28 \,tablets, £16.61) \, or \, 400\,mg \, cimetidine (PL 0002/0128: 28 \,tablets, £16.61) \, or \, 400\,mg \, cimetidine (PL 0002/0128: 28 \,tablets, £16.61) \, or \, 400\,mg \, cimetidine (PL 0002/0128: 28 \,tablets, £16.61) \, or \, 400\,mg \, cimetidine (PL 0002/0128: 28 \,tablets, £16.61) \, or \, 400\,mg \, cimetidine (PL 0002/0128: 28 \,tablets, £16.61) \, or \, 400\,mg \, cimetidine (PL 0002/0128: 28 \,tablets, £16.61) \, or \, 400\,mg \, cimetidine (PL 0002/0128: 28 \,tablets, £16.61) \, or \, 400\,mg \, cimetidine (PL 0002/0128: 28 \,tablets, £16.61) \, or \, 400\,mg \, cimetidine (PL 0002/0128: 28 \,tablets, £16.61) \, or \, 400\,mg \, cimetidine (PL 0002/0128: 28 \,tablets, £16.61) \, or \, 400\,mg \, cimetidine (PL 0002/0128: 28 \,tablets, £16.61) \, or \, 400\,mg \, cimetidine (PL 0002/0128: 28 \,tablets, £16.61) \, or \, 400\,mg \, cimetidine (PL 0002/0128: 28 \,tablets, £16.61) \, or \, 400\,mg \, cimetidine (PL 0002/0128: 28 \,tablets, £16.61) \, or \, 400\,mg \, cimetidine (PL 0002/0128: 28 \,tablets, £16.61) \, or \, 400\,mg \, cimetidine (PL 0002/0128: 28 \,tablets, £16.61) \, or \, 400\,mg \, cimetidine (PL 0002/0128: 28 \,tablets, £16.61) \, or \, 400\,mg \, cimetidine (PL 0002/0128: 28 \,tablets, £16.61) \, or \, 400\,mg \, cimetidi$ (PL 0002/0092: 56 tablets, £16.61). 'Tagamet' Syrup, containing 200 mg cimetidine per 5 ml (PL 0002/0073: 500 ml, £20.43). **Indication** Duodenal ulcer. **Dosage** *Usual dosage*: Adults. *Duodenal ulcer*, 800 mg once a day at bedtime, or 400 mg b.d. with breakfast and at bedtime. To prevent relapse, 400 mg at bedtime or 400 mg morning and at bedtime. *N.B. For full dosage instructions see Data Sheet*. **Cautions** Impaired renal function: reduce dosage (see Data Sheet). Potentiation of oral anticoagulants, phenytoin and theophylline (see Data Sheet). Prolonged treatment: observe patients periodically. Potential delay in diagnosis of gastric cancer (see Data Sheet). Care in patients with compromised bone marrow (see Data Sheet). 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, acute pancreatitis, thrombocytopenia. Legal category POM. 27.9.84

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A BETTER CHOICE EVERYTIME

IT WORKS In the treatment of ulcerative colitis, Colifoamis as effective as steroid enemas. At the same time it has been shown that patients find the foam easier to retain.^{1, 2}

PATIENTS PREFER IT

Colifoam is far more comfortable, more convenient and more acceptable than enemas. Patients also find it easier to administer and that it causes less interference in their daily lives.

IT COSTS LESS

Surprisingly, despite the fact that it's just as effective and far more comfortable, Colifoam is less expensive. In fact, it can cost up to 1/3 less per dose than a standard proprietary enema.3

T'S SAFER

ent clinical data shows Colifoam has remely low levels of systemic absorption,4 wer than proprietary prednisolone enemas.5 herefore, there is less potential for adrenal uppression which means that Colifoam hay be considered safer in long-term

COLIFOAM

Indiocortisone acetate foam

IN DISTAL INFLAMMATORY BOWEL DISEASE. A BETTER CHOICE EVERY TIME.

Presentation White odourless aerosol foam containing hydrocortisone acetate PhEur 10%. 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 (illustrations are enclosed with every pack). Satisfactory response usually occurs within five to seven days. Contract against a contraction and an anticomation to the use of intrarectal steroids include obstruction, absess, perforation, peritonitis, fresh intestinal anastomoses and extensive fistulae. 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 disease because of their predisposition to perforation of the bowel wall. Safety during pregnancy has not been fully established. Pharmaceutical precautions Pressurized container. Protect from sunlight and do not expose to temperatures above 50°C. Do not pierce or burn even after use. Do not refine givenously before use. Keep out of reach of children. For external use only. Legal category POM. Package quantities Acrosol canister containing 25g (approx. 14 applications). Basic NHS cost 25g plus applicator, £7.40. Further Information One applicatorful of Colifoam provides a dose of approximately 125 mg of hydrocortisone acetate, similar to that used in a retention enema, for the treatment of ulcerative colitis, sigmoiditis and proctitis. Product Licence No. 0036/0021. References L Ruddell WSJ, et al. Gut 1980; 21: 885–889. 2. O'Donoghue D. Modern Medicine, December 1981; 45. 3. Source: Mims. 4. Barr WH, Kline B, Beightol L, Zfass A, Medical College of Virginia Virginia Commonwealth University FDA bioavailability submission document October 1981. 5. Lee DAH, et al. Gut 1980; 21: 515–218. Further information is available on request. Staff

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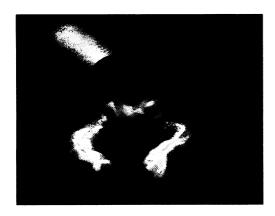
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The unique enteric-coated Colpermin capsule is a long-acting, slow-release product containing a thixotropic paste of peppermint oil. The enteric coating permits this naturally occurring medication to be delivered direct to the distal small bowel. Recent studies confirm that Colpermin offers direct relief to the patient by effectively relaxing intestinal smooth muscle to relieve colonic pain and gaseous distension.

- Irritable bowel symptoms are highly responsive to placebo, but in a recent double-blind crossover trial, Colpermin was found to be superior to placebo in alleviating irritable bowel symptoms over a three-week period.¹
- A delayed-release preparation, Colpermin reaches the colon in an unmetabolised state, allowing it to effectively reduce colonic motility.²
- Recent ultrasound studies show a consistent inhibitory effect of topical peppermint oil on colon motility and symptomatic improvement of irritable bowel patients given peppermint oil.³

References:

- Rees WDW, Evans BK, Rhodes J: Treating irritable bowel syndrome with peppermint oil. Br Med J 2:835-836, 1979.
- 2. Somerville KW, Richmond CR, Bell GD: Delayed release peppermint oil capsules (Colpermin) for the spastic colon syndrome: A pharmacokinetic study. Proceedings of the British Pharmacological Society, Cambridge, April 1983. *Br J Clin Pharmacol*, to be published.
- 3. Taylor BA, Duthie HL, Oliveira RB, et al: Ultrasound used to measure the response of colonic motility to essential oils. Proceedings of *The International Motility Symposium Aix*-en-Provence, France, September 1983, to be published.

COLPERMIN

(enteric-coated peppermint oil) CAPSULES

PRESCRIBING INFORMATION

Presentation: Enteri-coated gelatin capsule. Each contains 0.2 ml standardised peppermint oil B.P., Ph. Eur. Uses: For the treatment of symptoms of discomfort and of abdominal codic and distension experienced by patients with urritable bowel syndrome. Dosage and Administration: One capsule three times a day, preferably before meals and taken with a small quantity of water. The capsules should not be taken immediately after food. The dose may be increased to two capsules, three times a day when disconfort is more severe. The capsules should be taken until symptoms resolve, usually within one or two weeks. At times when symptoms are more persistent, the capsules can be continued for longer periods of between 2 to 3 months. There is no experience in the use of these capsules in children under the age of 15 years.



Contraindications, Warnings, etc. Precautions: The capsule should not be broken or chewed. Patients who already suffer from heartburn, sometimes experience an exacerbation of these symptoms when taking the capsule. Treatment should be discontinued in these patients. Adverse effects: Heartburn, sensitivity reactions to menthol which are rare, and include crythematous skin rash, headache, bradycardia, muscle tremor and ataxia. Product Licence: PL 0424/0009. Basic NHS Cost: \$10.58per 100. UK and Foreign Patents pending. Colpernin is a trade mark of Tillotts Laboratories. Further information is available from Tillotts Laboratories.

European Patent No. 0015334.

UK Patent No. 2006011.

| INTRODUCING THE ROUTINE | | EXOCRINE PANCREATIC | | FUNCTION TEST

Until now, cost and patient discomfort have ruled out the routine investigation of persistent non-specific abdominal symptoms to estimate pancreatic digestive function. The Pancreolauryl Test is a new routine screening test for early exclusion of exocrine pancreatic digestive malfunction as a cause of steatorrhoea, and other abdominal symptoms.

Simple test procedure

The Pancreolauryl Test is based on the hydrolysis of fluorescein dilaurate by pancreatic esterases liberating fluorescein and lauric acid; fluorescein can then be measured spectrophotometrically. Comparison



of this value with that obtained after ingestion of unesterified fluorescein (i.e. fluorescein sodium) provides an index of exocrine pancreatic function.

Accuracy confirmed in clinical trials

UK clinical trials have confirmed that the Pancreolauryl Test has sensitivity values ranging from 95-100%, with false negative values less than $0\text{-}1\%^{12}$

Avoids patient intubation

As the Pancreolauryl Test is noninvasive, patient inconvenience is kept to a minimum.

Inexpensive laboratory procedure

No expensive reagents or special equipment are required for laboratory analysis.

The Pancreolauryl Test

"...a simple and acceptable screening test for the exclusion of pancreatic exocrine failure as a cause of steatorrhoea".

The Lancet 1982

Pancreolauryl Test

Pancreolauryl Test fluorescein dilaurate and fluorescein sodium

Accuracy without intubation

PRESCRIBING INFORMATION. Pancreolauryl Test V Presentation: Two blue capsules each containing 174.25 mg (= 0.25 mmol) fluorescein dilaurate. One red capsule containing 188.14 mg (= 0.50 mmol) Fluorescein Sodium B.P. Indications: A screening procedure to detect abnormally low exocrine pancreatic function in patients with symptoms associated with disturbances of pancreatic digestive function e.g. recurrent diarrhoea, increased flatulence, fat intolerance and recurrent upper abdominal pain. Dosage and Administration. Adults: The patient can eat and drink as usual on the evening prior to the test, but no medicines containing vitamins or digestive aids should be taken. Test Day No. 1: For 10 hours after the start of the test i.e. administration of 2 blue capsules with the standard meal, all urine is collected including a final emptying of the bladder at exactly 10 hours after the start of the test. Test Day No. 2: The control red capsule can be taken the following day ensuring that the same procedure is followed. Contraindications. Acute necrotizing pancreatitis. Pregnancy. Not recommended for children. Interactions with other drugs. False negative results may arise if digestive aids or vitamins are taken concomitantly. Sulphasalazine can interfere with photometric measurements. Pack Quantities: 1-Test Pack (3 capsules) Product Licence No.: PL 232 0039. Basic NHS Cost (excl. VAT) \$15.00. V Special reporting to the CSM required. Further information available on request from International Laboratories. Ltd., (Hospital Division), Charwell House, Wilsom Road, Alton, Hants, Date of Preparation 19.2.85. References: 1. The Lancet 1982; ii: 742-744.2. J. Clin. Path. 1982; 35 (11): 1240-1243.



For full information on the Pancreolauryl Test, please complete and return this coupon to: International Laboratories Ltd., (Hospital Division), Charwell House, Wilsom Road, Alton, Hants GU34 2TJ.

Name

Title

Address

(Block capitals please)

Enteric coated granules for improved enzyme delivery in pancreatic insufficiency



A new release for patients with pancreatic insufficiency

PRESCRIBING INFORMATION: Presentation: Brown/yellow capsules containing enteric coated granules of pancreatin equivalent to: 9,000 BP units of amylase, 8,000 BP units of lipase, 210 BP units of protease. Available in packs of 100. Basic NHS price £13.33. **Indication:** Pancreatic exocrine insufficiency. **Dosage and administration:** Adults and children: Initially one or two capsules with meals, then adjust according to response. The capsules should be swallowed whole, without chewing, with a little fluid, during the meal. **Contra-indications, Warnings, etc. Contra-indications:** Substitution with pancreatic enzymes is contra-indicated in the early stages of acute pancreatitis. **Warnings:** Use in pregnancy: There is inadequate evidence of safety in use during pregnancy. The product is of porcine origin. Rarely cases of hyper-uricosuria and hyper-uricaemia have been reported with high doses of pancreatin. Overdosage could precipitate meconium ileus equivalent. Perianal irritation could occur, and rarely, inflammation when large doses are used. Product Licence Number 5727/0001.

duphar Further information is available from:
Duphar Laboratories Ltd, Duphar House, Gaters Hill, West End, Southampton SO3 3JD. Tel: (0703) 472281

Now, for fast relief of reflux symptoms in oesophagitis

THE LIQUID WITH THE HEALING TOUCH

PYROGASTRONE

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soothing, protecting, healing

PYROGASTRONE LIQUID For the treatment of oesophageal inflammation, erosions and ulcers due to hiatus hemia or other conditions causing reflux and for the relief of heartburn, flatulence and other symptoms associated with reflux oesophagits. Each 10 ml contains Dried Aluminium Hydroxide BP 300 mg and Carbenoxolone Sodium BP 20 mg in a vehicle with sodium alginate and potassium blcarbonate.

Adult Dosege: 10 ml three times a day, immediately after meals, and 20 ml at bedtime. Supplied in bottles containing sufficient powder to prepare 500 ml of liquid. Basic NHS cost of one day's treatment £1.00 (50 ml). Contra-Indications Patients suffering from severe cardiac, renal or hepatic failure.

Precautions Pyrogastrone should not be given to patients on digitalis therapy unless serum electrolyte levels are monitored weekly and measures taken to prevent 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 or amiloride should not be used because they

hinder the therapeutic action of carbenoxolone). Potassium loss should be corrected by the administration of oral supplements. No teratogenic effects have been reported with carbenoxolone but careful consideration should be given before prescribing Pyrogastrone for women who may become pregnant.

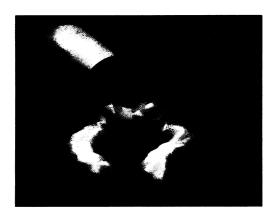
Pyrogastrone is a registered trade mark. Made under licence from Biorex Laboratories Ltd., England. Brit. Pat. No. 1390683. Further information available from Winthrop Laboratories, Onslow Street, Guildford, Surrey, GU1 4

WINTHROP

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For relief of irritable bowel and abdominal pain



The unique enteric-coated Colpermin capsule is a long-acting, slow-release product containing a thixotropic paste of peppermint oil. The enteric coating permits this naturally occurring medication to be delivered direct to the distal small bowel. Recent studies confirm that Colpermin offers direct relief to the patient by effectively relaxing intestinal smooth muscle to relieve colonic pain and gaseous distension.

- Irritable bowel symptoms are highly responsive to placebo, but in a recent double-blind crossover trial, Colpermin was found to be superior to placebo in alleviating irritable bowel symptoms over a three-week period.1
- A delayed-release preparation, Colpermin reaches the colon in an unmetabolised state, allowing it to effectively reduce colonic motility.2
- Recent ultrasound studies show a consistent inhibitory effect of topical peppermint oil on colon motility and symptomatic improvement of irritable bowel patients given peppermint oil.3

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- 1. Rees WDW, Evans BK, Rhodes J: Treating irritable bowel syndrome with peppermint oil. Br Med J 2:835-836, 1979.
- 2. Somerville KW, Richmond CR, Bell GD: Delayed release peppermint oil capsules (Colpermin) for the spastic colon syndrome: A pharmacokinetic study. Proceedings of the British Pharmacological Society, Cambridge, April 1983. Br J Clin Pharmacol, to be published.
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(enteric-coated peppermint oil) CAPSULES

PRESCRIBING INFORMATION

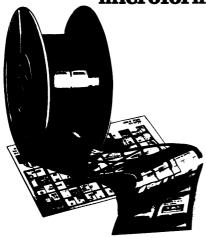
Presentation: Enteric-coated gelatin capsule. Each contains 0.2 ml standardised rresentation: Enteri-coated geatun capsuse. Each contains 0.2 ml standardised peppermint oil B.P., Ph. Eur. Uses: For the treatment of symptoms of discomfort and of abdominal colic and distension experienced by patients with irritable bowel syndrome. Dosage and Administration: One capsule three times a day, preferably before meals and taken with a small quantity of water. The capsules should not be taken immediately after food. The dose may be increased to two capsules, three times a day when discomfort is more severe. The capsules should be taken until symptoms resolve, usually within one or two weeks. At times when symptoms are more persistent, the capsules can be continued for longer periods of between 2 to 3 months. There is no experience in the use of these capsules in children under the age of 15 years



Contraindications, Warnings, etc. Precautions: The capsule should not be broken or chewed. Patients who already suffer from heartburn, sometimes experience an exacerbation of these symptoms when taking the capsule. Treatment should be discontinued in these patients. Adverse effects: Heartburn, sensitivity reactions to menthol which are rare, and include erythematous skin rash, headache, bradycardia, muscle tremor and ataxia. Product Licence: PL 0424/0009. Basic NHS Cost: £10.58per 100. UK and Foreign Patents pending. Colpermin is a trade mark of Tillotts Laboratories. Further information is available from Tillotts Laboratories Henlow Trading Estate, Henlow, Beds. European Patent No. 0015334.

UK Patent No. 2006011.

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Colofac is also indicated for the relief of gut spasm secondary to diverticular disease. PRESCRIBING INFORMATION. PRESENTATION: White, sugar-coated tablets each containing 135 mg mebeverine

PRESCRIBING INFORMATION. PRESENTATION: White, sugar-coated tablets each containing 135 mg mebeverine hydrochloride. Available in packs of 100. Basic NHS price £8.35. INDICATIONS: 1. Irritable Bowel Syndrome. 2. Gastro-intestinal spasm secondary to organic diseases. DOSAGE AND ADMINISTRATION: Adults and children ten years and over: One tablet three times a day, preferably 20 minutes before meals. CONTRA-INDICATIONS, WARNINGS, ETC: Animal experiments have failed to show any teratogenic effects. However, the usual precautions concerning the administration of any drug during pregnancy should be observed. PRODUCT LICENCE NO: 512/0044.

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Platelet Aggregation and Release of ATP in Patients with Hepatic Cirrhosis

Scintigraphy, pH Measurement, and Radiography in the Evaluation of Gastroesophageal Reflux

The Effect of Coarse Wheat Bran in the Irritable Bowel Syndrome – A Double-Blind Cross-Over Study

A Comparison between in Vitro Jejunal Mast Cell Degranulation and Intragastric Challenge in Patients with Suspected Food Intolerance

Increased Levels of Plasma 5-Hydroxytryptamine in Patients with Coeliac Disease

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Effects of Intravenously Infused Porcine GIP on Serum Insulin. Plasma C-Peptide, and Pancreatic Polypeptide in Non-Insulin-Dependent Diabetes in the Fasting State

Effects of Atropine on GIP-Induced Insulin and Pancreatic Polypeptide Release in Man

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The Effect of Guar Gum and Fiber-Enriched Wheat Bran on Gastric Emptying of a Semisolid Meal in Healthy Subjects

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Increased Intestinal Hydrolysis of Urea in Patients with Alcoholic Cirrhosis Epidemiology of Polyps in the Rectum and Sigmoid Colon. Design for a Population Screening Study

Epidemiology of Polyps in the Rectum and Sigmoid Colon. Endoscopic Evaluation of Size and Localization of Polyps

Sodium Homeostasis after Small-Bowel Resection

Comparison between Pre- and Post-Mortem Diagnoses in a Consecutive Series of Patients

Short-Chain Fatty Acids in Intestinal Content of Germfree Mice Monocontaminated with Escherichia coli or Clostridium difficile

Fasting Serum Bile Acid Levels in Relation to Liver Histopathology in Cystic Fibrosis

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