

When gut spasm has 'em

Even if your patients persist with the diet you recommend, it may not be enough to control the pain and spasm of irritable bowel syndrome.

If that is the case, it's a good case for new Merbentyl 20.

A 28-day t.d.s. course of this new presentation of an established antispasmodic should resolve the problem.

So when diet alone just won't do, remember to get it right by writing Merbentyl 20.

PRESCRIBING INFORMATION

PRESENTATION: White, biconvex, oval tablets, stamped Merbentyl 20 containing Dicyclomine Hydrochloride BP 20 mg.

USES: Merbentyl is a smooth muscle antispasmodic primarily indicated for the treatment of functional conditions involving smooth muscle spasm of the gastro-intestinal tract.

DOSAGE & ADMINISTRATION: Adults and children over 12 years: One tablet (20 mg) three times daily before or after meals.

CONTRA-INDICATIONS, WARNINGS, ETC: Known idiosyncrasy to Dicyclomine Hydrochloride BP.

PRECAUTIONS: Products containing dicyclomine hydrochloride should be used with caution in any patient with or suspected of having glaucoma or prostatic hypertrophy. Use with care in patients with hiatus hernia associated with reflux oesophagitis because anticholinergic drugs may aggravate the condition. Since the risk of teratogenicity cannot be excluded with absolute certainty for any product, the drug should be used during pregnancy only if clearly needed.

It is not known whether dicyclomine is secreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when dicyclomine is administered to a nursing woman.

SIDE-EFFECTS: Side-effects seldom occur with Merbentyl. However, in susceptible individuals, dry mouth, thirst and dizziness may occur. On rare occasions, fatigue, sedation, blurred vision, rash, constipation, anorexia, nausea and vomiting, headache and dysuria have also been reported.

PHARMACEUTICAL PRECAUTIONS: None. **LEGAL CATEGORY:**

[POM] **PACKAGE QUANTITIES:** Packs of 84 tablets. **FURTHER INFORMATION:** Nil. **PRODUCT LICENCE NUMBERS:** PL 4425/0081, PA 41/5/1. **BASIC NHS PRICE:** 84 tablets £4.89 (Oct. 1986). **NAME AND ADDRESS OF LICENCE HOLDER:** Merrell Dow Pharmaceuticals Limited, Stana Place, Fairfield Avenue, Staines, Middlesex TW18 4SX. **TRADEMARKS:** Merrell, Dow, Merbentyl.

Merrell® Dow



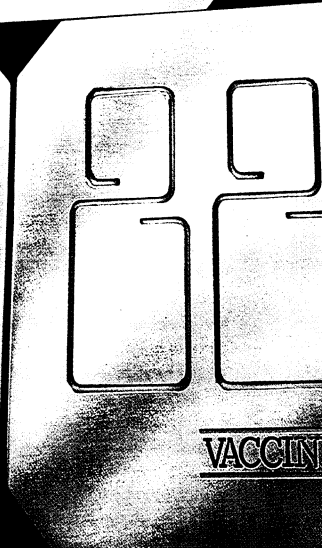
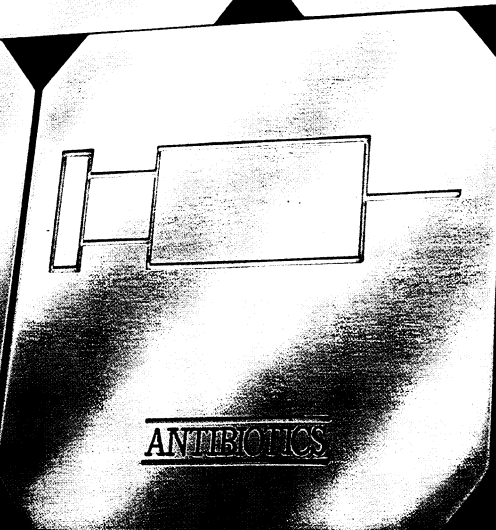
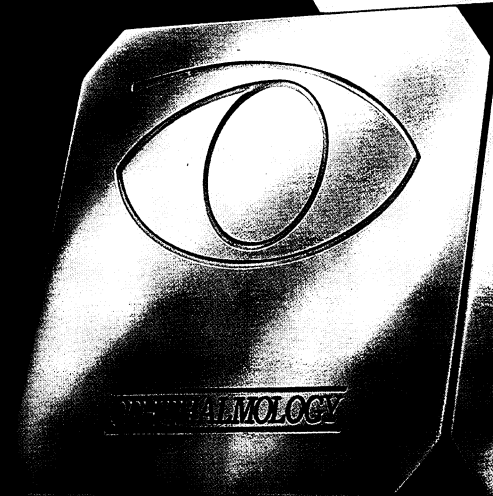
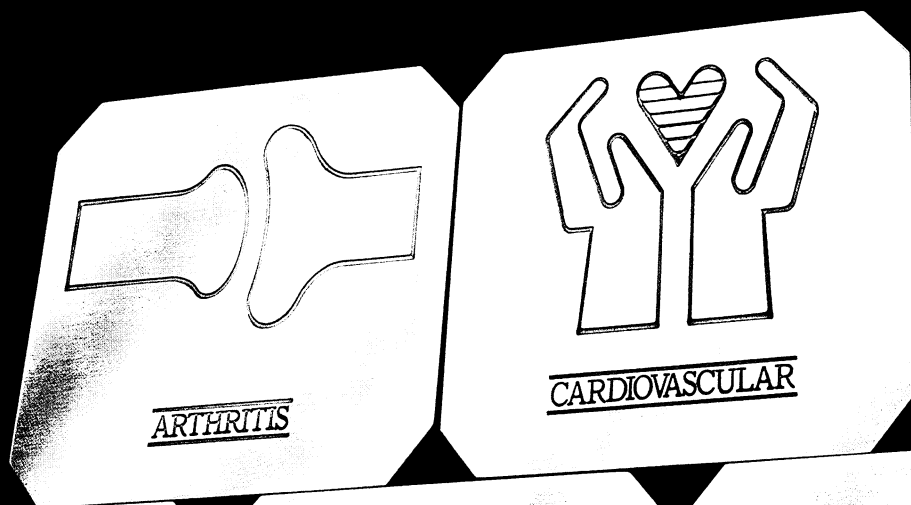
Three times daily
and the right diet

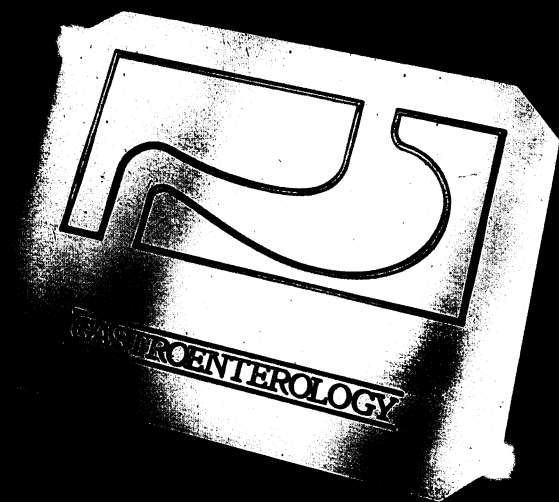
NEW

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20 mg Dicyclomine Hydrochloride BP antispasmodic

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On the foundations of the extensive history of Thomas Morson Pharmaceuticals, which spans over a century.

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A future committed to improved patient care through medical advances in all therapeutic areas, notably gastroenterology, and the beneficial implications for the many thousands of sufferers of distressing digestive disorders.

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ASACOL™

MESALAZINE* (5-aminosalicylic acid)

Direct delivery to the colon

For ulcerative colitis patients
who cannot tolerate
sulphasalazine¹

REFERENCES:

1. Dew M.J., Harnes A.D., Evans B.K. et al. Treatment of ulcerative colitis with oral 5-aminosalicylic acid in patients unable to take sulphasalazine. *Lancet*, 1983, ii, 801.
2. Dew M.J., Hughes P.J., Lee M.G. et al. An oral preparation to release drugs in the human colon. *Br. J. Clin. Pharmacol.*, 1982, 14, 405-408.
3. Dew M.J., Ryder R.E., J. Evans N. et al. Colonic release of 5-aminosalicylic acid from an oral preparation in active ulcerative colitis. *Br. J. Clin. Pharmacol.*, 1983, 16, 185-187.
4. Dew M.J., Hughes P.J., Harnes A.D. et al. Maintenance of remission in ulcerative colitis with oral preparation of 5-aminosalicylic acid. *Br. Med. J.*, 1982, 285, 1012-1014.
5. Dew M.J., Harnes A.D., Evans N. et al. Maintenance of remission in ulcerative colitis with 5-aminosalicylic acid in high doses by mouth. *Br. Med. J.*, 1983, 287, 23-24.

*Mesalazine is the British Approved Name for 5-aminosalicylic acid.

ABBREVIATED PRESCRIBING INFORMATION

PRESENTATION

Red tablets containing 400mg of mesalazine (5-aminosalicylic acid) coated for release in the terminal ileum and colon.

USES

For the maintenance of remission of ulcerative colitis in patients who cannot tolerate sulphasalazine.

DOSAGE AND ADMINISTRATION

Adults: 3 to 6 tablets daily in divided doses.

There is no dose recommendation for children.

CONTRA-INDICATIONS, WARNINGS, ETC.

Contra-indications

Contra-indications: a history of sensitivity to salicylates. Children under 2 years of age.

Precautions

Renal disorder. Mesalazine is excreted rapidly by the kidney mainly as its metabolite, N-acetyl 5-aminosalicylic acid. In rats, large doses of mesalazine injected intravenously produce tubular and glomerular toxicity. Although no renal toxicity has been reported in patients taking Asacol, it is not recommended in patients with renal impairment and caution should be exercised in patients with a raised blood urea or proteinuria.

ASACOL delivers 5-aminosalicylic acid directly to the colon without sulphapyridine (the agent in sulphasalazine that can cause distressing side effects).²

A patented acrylic coating on ASACOL makes it site-selective. ASACOL remains intact until it reaches the colon, where pH rises above 7 and dissolves the coating, releasing the 5-ASA.^{3,4}

Each ASACOL tablet provides twice as much 5-ASA (400mg) as each tablet of sulphasalazine (200mg), which allows patients to take fewer tablets daily.

Clinical studies have shown that ASACOL offers efficacy comparable to that of sulphasalazine in maintaining the remission of ulcerative colitis.^{4,5}

ASACOL™

Direct Delivery to the Colon

Asacol should not be given with lactulose or similar preparations which lower stool pH and may prevent release of mesalazine.

Adverse Reactions

Adverse reactions occur in a small proportion of patients who previously could not tolerate sulphasalazine. The side-effects are predominantly gastrointestinal (nausea, diarrhoea and abdominal pain) and headache. Asacol may be associated with the exacerbation of the symptoms of colitis in those patients who have previously had such problems with sulphasalazine.

Other side effects observed with sulphasalazine such as depression of bone marrow and of sperm count and function, have not been reported with Asacol.

LEGAL CATEGORY: POM

PL: 0424/0032

Daily treatment cost: 87 pence

U.K. Patent No. 8322387

Henlow Trading Estate
Henlow, Beds. SG16 6DS

How to stop your ulcer therapy going up in smoke

Numerous reports have linked cigarette smoking and peptic ulcer disease. Cigarette smoking has an adverse effect on healing rates of duodenal ulcer in patients treated with antacid, cimetidine or ranitidine¹. It is best for your patient to try to stop smoking but success is not guaranteed.

However recent trials^{2,3} have shown that duodenal ulcer healing rates with Antepsin are unaffected by smoking.

A comparative study showed that healing rates in smokers treated with Antepsin (81.6%) were significantly ($p < 0.05$) better than in smokers treated with cimetidine (62.5%)².

So if your ulcer patient can't or won't give up smoking remember . . .



Antepsin[®] sucralfate heals smokers' ulcers

Abbreviated Prescribing Information

Refer to data sheet for full prescribing information.

Presentation: Antepsin tablets contain 1 gram sucralfate. PL0607/0045, PA149/4/2, pack size 100 tablets. £12.50. **Uses:** duodenal ulcer,

gastric ulcer and chronic gastritis. **Dosage and Administration:** Adults, orally 1 gram 4 times a day to be taken one hour before meals and at bedtime. For ease of administration Antepsin tablets may be dispersed in 10-15ml of water.

Precautions: renal dysfunction, pregnancy,

nursing women (see data sheet). **Drug Interactions:** Antepsin may reduce the bioavailability of certain drugs: tetracycline, phenytoin, cimetidine and digoxin. Administration of Antepsin with any of these drugs should be separated by two hours. Warfarin (see data sheet). **Side-effects:** constipation. **Legal Category:** POM.

References

1. Richardson C.I. Am J Med 1985; 79 (Suppl 2C): 1-7.
2. Lam S.K. et al. Data presented at the World Congress of Gastroenterology, Brazil 1986.
3. Brandstater G. Am J Med 1985; 79 (Suppl 2C): 36-38.

Date of preparation: December 1985.
Antepsin is a registered trade mark.

533/12 86



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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 cross-over 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:

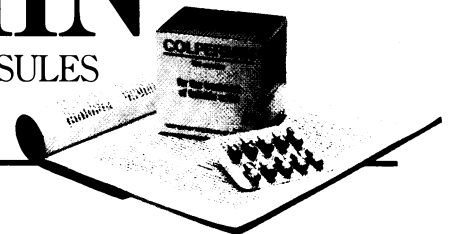
1. Rees WDW, Evans BK, Rhodes J: Treating irritable bowel syndrome with peppermint oil. *Br Med J* 2:835-836, 1979.

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.

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: Enteric-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 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:** £10.58 per 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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Efficacy. COLIFOAM is equal in efficacy to prednisolone enemas⁽¹⁾ and hydrocortisone enemas⁽²⁾. Retrograde spread increases with the extent of the disease⁽³⁾ and COLIFOAM can

reach well into the descending colon⁽⁴⁾.

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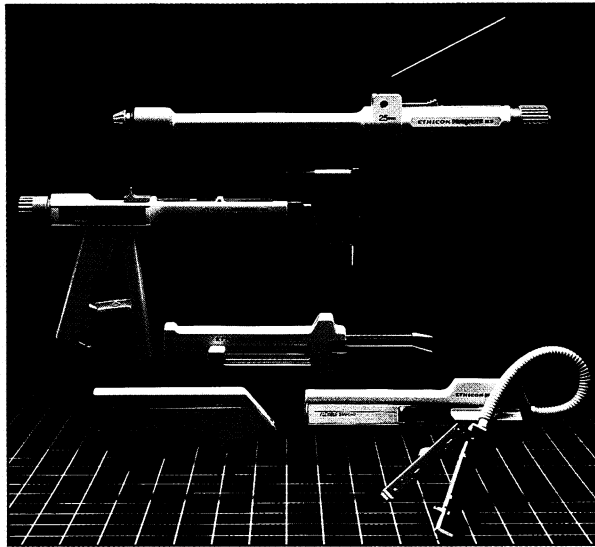
References (1) Somerville KW et al. British Medical Journal 1985;291:866. (2) Ruddell WSJ et al. Gut 1980;21:885-889. (3) Farrhing MGJ et al. British Medical Journal 1979;2:822-824. (4) Rhodes JM. Journal of Clinical & Hospital Pharmacy 1983;8:219-232. (5) Gaucher P and Champagnuelle B. Revue Française de Gastroenterologie 1983;193:35-39. (6) Barr WH et al. Medical College of Virginia/Virginia Commonwealth University. FDA bioavailability submission document. October 1981. (7) Lee DAH et al. Gut 1980;21:215-218. (8) MIMS October 1985.

Prescribing Information. **Presentation** White (colourless 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. (Illustrated instructions are enclosed with every pack). **Satisfactory response** usually occurs within five to seven days. **Contra-indications, warnings, etc.** Local contra-indications to the use of intrarectal steroids include obstruction, abscess, 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 refrigerate. Shake vigorously before use. Keep out of reach of children. For external use only. **Legal category** POM. **Package quantities** Aerosol canister containing 25g (approx. 14 applications) plus a plastic applicator and illustrated leaflet. **Basic NHS cost** 25g plus applicator, £7.25. **Further Information** One applicatorful of Colifoam provides a dose of approximately 125mg of hydrocortisone acetate, similar to that used in a retention enema, for the treatment of ulcerative colitis, sigmoiditis and proctitis. **Product Licence No.** 0036 Q21. Further information is available on request. **Stafford-Miller Ltd.**, Professional Relations Division, Hatfield, Herts. AL10 2SZ

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Paediatric Gastroenterology

Edited by **Charlotte M. Anderson** et al
Second Edition. Early 1987. 1000 pages,
282 illustrations. About £72.00

The second edition of this comprehensive reference text has been completely revised to incorporate important advances made in the past decade. It will continue to be the definitive source for all those studying disorders of the gastrointestinal tract in children.

Topics in Gastroenterology 14

Edited by **D.P. Jewell** and **A. Ireland**
1987. 288 pages, 28 illustrations. £37.50

'I recommend this book, which provides excellent cover of so many important gastroenterological problems. Put it by your bed, read a chapter at night and gain insight into current British gastroenterological thought.' *British Medical Journal*

Surgery of the Stomach, Duodenum and Small Intestine

Edited by **H.W. Scott Jr** and **J.L. Sawyers**
Early 1987. 992 pages, 650 illustrations.
About £102.00

This new comprehensive text covers both the scientific basis of surgery of the upper gastrointestinal tract as well as detailed discussions of treatment and management. Written by world-wide authorities in the subject; any surgeon who wishes to have a complete modern review of the scientific and clinical aspects of this type of surgery should find this book a valuable aid.

Diseases of the Gut and Pancreas

Edited by **J.J. Misiewicz**, **R.E. Pounder**
and **C.W. Venables**
1987. 1268 pages, 573 illustrations. £67.50

This text provides comprehensive, practical information in a highly accessible manner; and is written for postgraduate physicians, surgeons and gastroenterologists. This major work is essential reading for the enlightened management of both common and uncommon gastrointestinal diseases.

Imaging in Hepatobiliary Disease

Edited by **J.S. Dooley**, **R. Dick**,
M. Viamonte Jr and **Sheila Sherlock**
1987. 288 pages, 360 illustrations. £49.50

This book presents an orderly approach to the prudent use of imaging techniques for the investigation of patients with hepatobiliary disease. It will be of value to physicians, surgeons, radiologists and house staff, as well as students; particularly those studying for higher examinations.

Plain X-ray Diagnosis of the Acute Abdomen

M.H. Gough, **M.W.L. Gear** and
A.S. Daar

Second Edition, 1986. 212 pages,
96 illustrations. £27.50

A clinical handbook for the trainee surgeon and casualty officer which provides invaluable help in reaching or confirming a clinical diagnosis. The format of the first edition has been retained but new chapters have been added and the text has been brought up to date.

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