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Zantac 300

RANITIDINE

One tablet nightly for healing ulcers.

PRESCRIBING INFORMATION: **INDICATIONS:** DUODENAL ULCER, BENIGN GASTRIC ULCER, REFLUX OESOPHAGITIS, CHRONIC EPISODIC DYSPEPSIA. **DOSEAGE:** ADULTS: IN DUODENAL AND BENIGN GASTRIC ULCER, 300MG AT BEDTIME OR 150MG TWICE DAILY. CONTINUED MAINTENANCE TREATMENT OF 150MG AT BEDTIME IS RECOMMENDED FOR PATIENTS WITH A HISTORY OF RECURRENT ULCERATION. REFLUX OESOPHAGITIS: 150MG TWICE DAILY FOR UP TO EIGHT WEEKS. CHRONIC EPISODIC DYSPEPSIA: 150MG TWICE DAILY FOR SIX WEEKS. INVESTIGATE EARLY RELAPERS AND NON-RESPONDERS (SEE DATA SHEET FOR FULL DOSAGE INSTRUCTIONS). **CONTRA-INDICATIONS:** PATIENTS WITH KNOWN HYPERSENSITIVITY TO RANITIDINE. **PRECAUTIONS:** EXCLUDE THE POSSIBILITY OF MALIGNANCY IN GASTRIC ULCER BEFORE INSTITUTING THERAPY. ESPECIALLY IN MIDDLE-AGE PATIENTS WITH RECENTLY CHANGED DYSPEPTIC SYMPTOMS. REDUCE DOSAGE IN THE PRESENCE OF SEVERE RENAL FAILURE (SEE DATA SHEET). LIKE OTHER DRUGS, USE DURING PREGNANCY AND LACTATION ONLY IF STRICTLY NECESSARY. **SIDE EFFECTS:** HEADACHE, DIZZINESS, SKIN RASH, OCCASIONAL REVERSIBLE HEPATITIS. RARELY, REVERSIBLE MENTAL

CONFUSION STATES, USUALLY IN VERY ILL OR ELDERLY PATIENTS. RARE CASES OF REVERSIBLE LEUCOPENIA, THROMBOCYTOPENIA, AGRANULOCYTOSIS, PANCYTOPENIA AND HYPERSENSITIVITY REACTIONS. RARE CASES OF BREAST SYMPTOMS IN MEN. RARE CASES OF BRADYCARDIA (SEE DATA SHEET). **PRESENTATIONS:** ZANTAC 150 TABLETS EACH CONTAINING 150MG RANITIDINE (PRODUCT LICENCE NUMBER 0004/0279, 60 TABLETS £29.76) ZANTAC 300 TABLETS EACH CONTAINING 300MG RANITIDINE (PRODUCT LICENCE NUMBER 0004/0302, 30 TABLETS £27.43), ZANTAC DISPERSIBLE TABLETS EACH CONTAINING 150MG RANITIDINE (PRODUCT LICENCE NUMBER 0004/0298, 60 TABLETS £31.25). **PRODUCT LICENCE HOLDER:** GLAXO OPERATIONS U.K. LIMITED, GREENFORD, MIDDLESEX UB6 0HE. ZANTAC IS A GLAXO TRADE MARK. FURTHER INFORMATION IS AVAILABLE ON REQUEST FROM: GLAXO LABORATORIES LIMITED, GREENFORD, MIDDLESEX UB6 0HE. TEL: 01-422 3434

Glaxo 

FAST W



Thomas Morson Pharmaceuticals
Hertford Road, Hoddesdon, Hertfordshire
Division of Merck Sharp & Dohme Limited

ABRIDGED PRODUCT INFORMATION ▼
Refer to Data Sheet before prescribing.

INDICATIONS Duodenal ulcer: prevention of relapses of duodenal ulceration; benign gastric ulcer; hypersecretory conditions such as Zollinger-Ellison syndrome.

DOSAGE In duodenal and benign gastric ulcer. 40 mg

at night for four to eight weeks. For prevention of duodenal ulcer recurrence. 20 mg at night. Initiate antisecretory therapy of Zollinger-Ellison syndrome with 20 mg every six hours and adjust to individual response. The maximum dosage used for up to one year was 480 mg daily.

CONTRA-INDICATION Hypersensitivity.

WORKER

'Pepcid' PM,
working fast to relieve
the pain of ulcers,¹ quickly
restoring the well-being
of many patients.

This rapid relief, together
with fast, effective healing,²
is achieved in many patients
with a simple dosage of
just one small 40 mg
tablet at night.

PEPCID[®] PM 40

(famotidine)

mg

ONE AT NIGHT CAN MAKE THEIR DAY



SPECIFICALLY DEVELOPED
FOR THE SUPPRESSION OF
NOCTURNAL ACID

PRECAUTIONS Exclude any likelihood of gastric carcinoma before using 'Pepcid' PM. Consider reducing the daily dose if creatinine clearance falls to or below 30 ml/min. 'Pepcid' PM is not recommended in pregnancy, nursing mothers or children.

SIDE EFFECTS Rarely, headache, dizziness, constipation, diarrhoea. Less frequently, dry mouth, nausea,

vomiting, rash, abdominal discomfort, anorexia, fatigue.
BASIC NHS COST 20 mg tablets, £14.00 for 28-day calendar pack and £25.00 for bottles of 50. 40 mg tablets, £26.60 for 28-day calendar pack and £47.50 for bottles of 50.

Product Licence Numbers: 20 mg tablets, 0025/0215; 40 mg tablets 0025/0216. Issued March 1989.

▼ Special reporting to the CSM required.

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References

1. Rohner, H-G., and Gugler, R., *Amer. J. Med.*, 1986, 81 (Suppl. 4B) 13. 2. Dobrilla, G., *et al.*, *Scand. J. Gastroenterol.*, 1987, 22 (Suppl. 34), 21.

Consider an H₂ antagonist
at your patient's bedside

Zantac
RANITIDINE

For the lifetime of the disease

PRESCRIBING INFORMATION: INDICATIONS: DUODENAL ULCER, BENIGN GASTRIC ULCER, REFLUX OESOPHAGITIS, CHRONIC EPISODIC DYSPEPSIA. **DOSEAGE:** ADULTS: IN DUODENAL AND BENIGN GASTRIC ULCER, 300MG AT BEDTIME OR 150MG TWICE DAILY. CONTINUED MAINTENANCE TREATMENT OF 150MG AT BEDTIME IS RECOMMENDED FOR PATIENTS WITH A HISTORY OF RECURRENT ULCERATION. REFLUX OESOPHAGITIS: 300MG AT BEDTIME OR 150MG TWICE DAILY FOR UP TO EIGHT WEEKS. CHRONIC EPISODIC DYSPEPSIA: 150MG TWICE DAILY FOR SIX WEEKS. INVESTIGATE EARLY RELAPSES AND NON-RESPONDERS. (SEE DATA SHEET FOR FULL DOSEAGE INSTRUCTIONS.) **CONTRA-INDICATIONS:** PATIENTS WITH KNOWN HYPERSENSITIVITY TO RANITIDINE. **PRECAUTIONS:** EXCLUDE THE POSSIBILITY OF MALIGNANCY IN GASTRIC ULCER BEFORE INSTITUTING THERAPY, ESPECIALLY IN MIDDLE-AGED PATIENTS WITH RECENTLY CHANGED DYSPEPTIC SYMPTOMS. REDUCE DOSAGE IN THE PRESENCE OF SEVERE RENAL FAILURE (SEE DATA SHEET). LIKE OTHER DRUGS, USE DURING PREGNANCY AND LACTATION ONLY IF STRICTLY NECESSARY. **SIDE EFFECTS:** HEADACHE, DIZZINESS, SKIN RASH, OCCASIONAL REVERSIBLE HEPATITIS, RARELY, REVERSIBLE MENTAL CONFUSION STATES,

USUALLY IN VERY ILL OR ELDERLY PATIENTS. RARE CASES OF REVERSIBLE LEUCOPENIA, THROMBOCYTOPENIA, AGRANULOCYTOSIS, PANCYTOPENIA AND HYPERSENSITIVITY REACTIONS. RARE CASES OF BREAST SYMPTOMS IN MEN, RARE CASES OF BRADYCARDIA (SEE DATA SHEET). **PRESENTATIONS:** ZANTAC 150 TABLETS EACH CONTAINING 150MG RANITIDINE (PRODUCT LICENCE NUMBER 0004/0279, 60 TABLETS £29.76), ZANTAC 300 TABLETS EACH CONTAINING 300MG RANITIDINE (PRODUCT LICENCE NUMBER 0004/0302, 30 TABLETS £27.43), ZANTAC DISPERSIBLE TABLETS EACH CONTAINING 150MG RANITIDINE (PRODUCT LICENCE NUMBER 0004/0298, 60 TABLETS £31.25), ZANTAC SYRUP EACH 10ML DOSE CONTAINING 150MG RANITIDINE (PRODUCT LICENCE NUMBER 0004/0310, 300ML BOTTLE £22.32). **PRODUCT LICENCE HOLDER:** GLAXO OPERATIONS U.K. LIMITED, GREENFORD, MIDDLESEX UB6 0HE. ZANTAC IS A GLAXO TRADE MARK. FURTHER INFORMATION IS AVAILABLE ON REQUEST FROM: GLAXO LABORATORIES LIMITED, GREENFORD, MIDDLESEX UB6 0HE. TEL: 01-422 3434

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ULCERATIVE COLITIS IS LIKE A LIFE SENTENCE

Help
free the
ulcerative
colitis
patient

ASACOL
Mesalazine* (5-aminosalicylic acid)

Effective maintenance
of disease remission.
No sulphapyridine side effects.

Prescribing Information: **Presentation:** 'Asacol' Tablets, PL 0002/0173, each containing 400 mg of mesalazine (5-aminosalicylic acid) coated with a pH-dependent acrylic based resin (Eudragit S) to ensure release of the active ingredient in the terminal ileum and colon. 100 (10 blister packs of 10 tablets), £21.85. **Uses:** For the maintenance of remission of ulcerative colitis. **Dosage and administration:** *Adults:* 3 to 6 tablets daily in divided doses. There is no dose recommendation for children. **Contra-indications:** A history of sensitivity to

salicylates. Severe renal impairment (GFR less than 20 ml/min). Children under 2 years of age. **Precautions:** Not recommended in patients with renal impairment. Use with caution in patients with a raised blood urea or proteinuria. Avoid during pregnancy. Do not give with lactulose or similar preparations which lower stool pH. **Adverse reactions:** Nausea, diarrhoea, abdominal pain and headache. Exacerbation of the symptoms of colitis. Rarely, reversible pancreatitis. **Legal category:** POM. 12.8.88.

*Mesalazine is the British approved name of 5-aminosalicylic acid

SK&F Smith Kline & French Laboratories Limited

A SMITHKLINE BECKMAN COMPANY, Welwyn Garden City, Hertfordshire AL7 1EY

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ASC:AD0079

Abbreviated Prescribing Information ▼

Presentation:

Losec capsules containing 20mg omeprazole.

Indications:

Treatment of patients with benign peptic ulcers unresponsive to an adequate dose and duration of conventional therapy.

Zollinger-Ellison syndrome.

Dosage and Administration:

Adults (including elderly). For duodenal ulcer 20mg Losec once daily for 4 weeks. For gastric ulcer 20mg Losec once daily for 8 weeks. In severe cases increase to 40mg Losec once daily. Long-term maintenance treatment with Losec is not recommended.

Zollinger-Ellison syndrome

The recommended initial dosage is 60mg Losec once daily. Adjust individually and continue as long as clinically indicated. Patients are usually effectively controlled on doses of 20-120mg daily. With doses above 80mg daily, the dose should be divided and given twice daily.

Children: There is no experience of the use of Losec in children.

Impaired renal or hepatic function

Adjustment is not required. Patients with severe liver disease should not require more than 20mg Losec daily.

Contra-indications, Warnings, etc:

There are no known contra-indications to the use of Losec. When gastric ulcer is suspected, the possibility of malignancy should be excluded before treatment with Losec is instituted, as treatment may alleviate symptoms and delay diagnosis.

Avoid in pregnancy unless there is no safer alternative. Breast feeding should be discontinued if the use of Losec is considered essential. Losec is well tolerated. Nausea, headache, diarrhoea, constipation and flatulence have been reported but are rare. Skin rashes have occurred in a few patients. These events have usually been mild and transient and there has been no consistent relationship with treatment.

Losec can delay the elimination of diazepam, phenytoin and warfarin. Monitoring of patients receiving warfarin or phenytoin is recommended and a reduction of warfarin or phenytoin dose may be necessary when omeprazole is added to treatment. There is no evidence of an interaction with theophylline, propranolol or antacids.

Animal Toxicology: Gastric ECL-cell hyperplasia and carcinoids, localised to the oxyntic mucosa, have been observed in life-long studies in rats.

These changes have been related to sustained hypergastrinaemia. No treatment related mucosal changes have been observed in patients treated continuously for periods up to 4 years.

Pharmaceutical Precautions:

Use within one month of opening. Replace cap firmly after use. Dispense in original containers.

Legal Category:

POM
Package Quantities and Basic NHS Cost:
Bottles of 5 capsules, £6.49; Bottles of 28 capsules, £36.36.

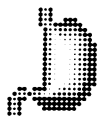
Product Licence Number: PL0017/0238

Product Licence Holder:

Astra Pharmaceuticals Ltd.,
Home Park Estate,
Kings Langley,
Herts WD4 8DH.

References

1. Jones D et al. Gut 1987; 28: 1120-27.
2. Bianchi Porro G et al. Scand J Gastroenterol 1988; 23 (Suppl 153): 81-88.
3. Brunner G et al. Digestion 1988; 39: 80-90.
4. Wallmark B et al. ISI Atlas of Science: Pharmacology 1987; 1: 158-61.



ASTRA

For further information please contact
Astra Pharmaceuticals Ltd
Home Park Estate, Kings Langley
Herts WD4 8DH. Telephone: (09277) 66191
or dial 100 and ask for Freefone LOSEC

Losec is a trade mark

Current treatments have their limitations and up to 30% of peptic ulcer patients remain unhealed.^{1,2} Until now these patients have been difficult to treat.

But, at last, there's a revolutionary new healing agent available, one that can heal virtually all (95%³) unresponsive duodenal and gastric ulcers within just 4 to 8 weeks.³

*Losec: the first proton pump inhibitor.**

You'll see the difference and your patients will feel the benefit.

For further information dial 100 and ask for Freefone LOSEC.



AT LEAST...

...the new in
...of healing

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omeprazole – Astra

Making unhealed ulcers a thing of the past



WHY PICK THIS ONE?

All H₂ antagonists achieve effective duodenal ulcer healing – so why consider 'Tagamet' 800?

Cost:

the others are up to 60% more expensive*

Experience:

'Tagamet' has been prescribed more than twice as many times as all the others put together

TAGAMET

CIMETIDINE 800

Just as peas in a pod are similar but not identical so too are the H₂ antagonists. Although structurally different and with some differing properties, they act via the same mechanism to achieve effective duodenal ulcer healing.

*The price comparison is based on manufacturers' recommended 4-week duodenal ulcer healing course using a one tablet nocte regimen. Prices are taken from MIMS September 1988 and represent the cost of 28 days' treatment. 'Tagamet' 800 mg £16.58, famotidine 40 mg £26.60, nizatidine 300 mg £25.76, ranitidine 300 mg £25.60.

†Based on SK&F estimates of H₂RA prescriptions in the UK from November 1976 to July 1988.

Prescribing Information. Presentations 'Tagamet Tiltab' Tablets, each containing 800 mg cimetidine (PL 0002/0128: 30, 2 calendar strips of 15 tablets, £17.76). 'Tagamet' Tablets, each containing 400 mg cimetidine (PL 0002/0092: 60, 4 calendar strips of 15 tablets, £18.69). 'Tagamet' Syrup, PL 0002/0073, containing 200 mg cimetidine per 5 ml. 600 ml, £23.04. **Indication** Duodenal ulcer. **Dosage** For full dosage instructions see Data Sheet. **Adults.** 800 mg once a day at bedtime, or 400 mg b.d. with breakfast and at bedtime. Treat for at least 4 weeks. To prevent relapse, 400 mg

at bedtime or 400 mg morning and at bedtime. **Children:** Over 1 year: 25-30 mg/kg/day, divided. **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. Gynaecomastia, occasional reversible liver damage, confusional states (usually in the elderly or very ill). Very rarely interstitial nephritis, acute pancreatitis, thrombocytopenia, headache, myalgia, arthralgia; very rare reports of alopecia, reversible impotence but no causal relationship established at usual therapeutic doses. **Legal category** POM. 10.6.88.

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SK&F

TG:AD1608

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introduction announcement
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first long-acting
somatostatin
analogue**

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octreotide

subcutaneous injection

**Effective
symptomatic control of
VIPoma, glucagonoma and
carcinoid tumour**

▼ **Prescribing Information**

Indications Relief of symptoms of carcinoid tumours, VIPomas and glucagonomas. **Presentations** Ampoules containing 50, 100 or 500 microgrammes octreotide per ml. **Dosage and Administration** Initially, 50 microgrammes sc once or twice daily. Increase, if necessary, up to 200 microgrammes sc tds. Allow to reach room temperature before injecting. **Contra-indications** Hypersensitivity to octreotide. **Precautions** Sudden escape from symptomatic control can occur. Insulin or oral hypoglycaemic requirements may be reduced in diabetics. The depth and duration of hypoglycaemia may be increased in insulinoma. May interfere with intestinal absorption of cyclosporin and cimetidine. Monitor thyroid function during long-term therapy. Do not use during pregnancy or lactation. **Side-Effects** Pain, stinging, redness and swelling at injection site.

Anorexia, nausea, vomiting, abdominal pain, bloating, flatulence, diarrhoea and steatorrhoea. Gastrointestinal side-effects may resemble acute intestinal obstruction. Persistent hyperglycaemia and hepatic dysfunction have been reported rarely. **Package Quantities and Basic NHS Cost** 50 microgrammes per ml 5×1 ml: £14.17, 100 microgrammes per ml 5×1 ml: £26.67, 500 microgrammes per ml 5×1 ml: £129.17. **Product Licence Numbers** 50 microgrammes per ml: PL 0101/0212, 100 microgrammes per ml: PL 0101/0213, 500 microgrammes per ml: PL 0101/0214.

Sandostatin is a registered Trade Mark.

Full prescribing information, including product Data Sheet, is available from SANDOZ PHARMACEUTICALS, Frimley Business Park, Frimley, Camberley, Surrey GU16 5SG.



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Equally as effective as steroid enemas,^{1,2} Colifoam is now established as the leading treatment for ulcerative colitis.³ It is also unique among foam treatments with an unrivalled 12 years of proven efficacy and safety in clinical practice.



The proven choice in ulcerative colitis.

PRESCRIBING INFORMATION: Presentation: White odourless aerosol containing hydrocortisone acetate PhEur 10%. Uses: 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 pack). 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. Keep out of reach of children. For external use only. Legal category: POM. Package Quantity & Basic NHS cost: 25g canister 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.: 0036/0021. References 1. Somerville KW et al. British Medical Journal 1985; 291:866. 2. Ruddell WSJ et al. Gut 1980; 21:885-889. 3. Independent Research Audit. Data on File. Further information is available on request. Stafford-Miller Ltd., Professional Relations Division, Hatfield, Herts. AL10 0NZ.

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Presentation: A light blue/dark blue enteric-coated capsule with a green band between cap and body. Each capsule contains 0.2ml peppermint oil B.P. **Uses:** For the treatment of symptoms of discomfort and of abdominal colic and distension experienced by patients with irritable bowel syndrome. **Dosage and Administration:** Adult dose: 1-2 capsules three times a day, 30 minutes to one hour before food, and taken with a small quantity of water. The capsules should not be taken immediately after food. 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 capsules in children under the age of 15 years. **Contra-indications, warnings, etc Precautions:**



The capsules should not be broken or chewed because this would release the peppermint oil prematurely, possibly causing local irritation of the mouth and oesophagus. Patients who already suffer from heartburn sometimes experience an exacerbation of these symptoms when taking the capsule. Treatment should be discontinued in these patients. Do not take indigestion remedies at the same time of day as this treatment. **Adverse effects:** Heartburn, sensitivity reactions to menthol, which are rare and include erythematous skin rash, headache, bradycardia, muscle tremor and ataxia. **Pharmaceutical Precautions:** Store in a cool place. Avoid direct sunlight. **Legal category:** P **Product Licence:** PL 0424/00009 **Basic NHS Cost:** £12.18 per 100. **Date of issue:** March 1989. Colpermin is a Trade Mark

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Publication: The journal will be published quarterly. First issue: September 1990.

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Articles from issues 6 and 7, 1988

Review: Hepatic Encephalopathy and Treatment of Oesophageal Varices. *L. S. Eriksson*.

Measurement of Serum Bile Alcohol Levels in Liver Dysfunction, Using Isotope Dilution-Mass Spectrometry. *T. Hiraoka, D. Kosaka, G. Kajiyama, T. Kohda, T. Funakura, T. Yamauchi, K. Kihira & T. Hoshita*.

Crohn's Disease Is Frequently Complicated by Giardiasis. *C. Scheurlen, W. Kruis, U. Spengler, M. Weinziel, G. Paumgartner & J. Lamina*.

Campylobacter pylori Infection and Its Relation to Chronic Gastritis. And Endoscopic, Bacteriologic, and Histomorphologic Study. *P. Nedenskov-Sorensen, A. Bjørneklett, O. Fausa, G. Bukholm, S. Aase & E. Jantzen*.

Some supplements published in 1988

Suppl. 142: *Campylobacter pylori* in Gastroduodenal Diseases: Current Views-Future Directions. Proceedings of an International Workshop. Copenhagen, 15 and 16 October 1987. Edited by S. Gustavsson and P. Malferteiner.

Suppl. 143: Proceedings of the 15th Annual Meeting of the European Working Group for Cystic Fibrosis. Oslo, 17-20 June 1987. Edited by Helge Michalsen.

Suppl. 144: Reports of the World Organization of Gastroenterology. Activities of the Research, Education, and Ethics Committees. Edited by F. T. de Dombal, J. Myren and J. J. Sidorov.

Suppl. 146: Acid-Related Disorders: A Decade after the Introduction of H₂-Receptor Antagonists. Proceedings of an International Symposium. Amsterdam, The Netherlands, 15 and 16 April 1988. Edited by G. N. J. Tytgat, R. H. Hunt and D. R. Chadha.

Forthcoming supplements

The NSAID's and the Gastrointestinal Mucosa. An Update Symposium, Oslo.

North-South (EC) Workshop on the Epidemiology and Pathogenesis of Inflammatory Bowel Disease (IBD), Rotterdam.

Reflux Esophagitis - A 1988 Update. Proceedings of a Workshop, Amsterdam.

Campylobacter pylori: Defining a Cause of Gastritis and Peptic Ulcer Disease.

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