Zantac has changed the way both ulcer and reflux diseases are managed. Zantac has brought relief and significant improvement to patients' lives throughout the world.
“INDIGESTION
BLOATING
BELCHING
FLATULENCE
ABDOMINAL DISCOMFORT

MOVE IT,
YOU ‘ORRIBLE LOT’

A major force in the battle against recurrent non-ulcer dyspepsia

Motilium

domperidone

Promotes gastric emptying*. Relieves dyspeptic symptoms**
ABC OF COLORECTAL DISEASES
Edited by D J Jones, M H Irving

This practical guide covers all aspects of coloproctology, describing the signs, diagnosis and treatment of the various disorders from constipation and piles to life-threatening cancers.

Fully illustrated in colour, it provides the essential knowledge to make a diagnosis, institute appropriate treatment or referral, and the background information necessary to understand the patient’s further management. It will be a valuable guide for clinicians without a specialist training in coloproctology and for gastrointestinal physicians and surgeons in training.

ISBN 0 7279 0755 7 116 pages 1993
UK £12.95; Overseas £15.00
(BMA members £11.95; £14.00)

Available from:
BMJ Publishing Group, P.O. Box 295,
London WC1H 9TE. (Tel: 071 383 6185/6245)
Also available from medical booksellers, including the BMJ Bookshop in BMJ Bookshop, Burton Street, London WC1H 9JR

071 383 6244 / 6638
Fax 071 383 6662

When using your credit card to pay for an order, by phone, fax or letter please quote your card number & expiry date
The study of disease at the molecular and cellular level is revolutionising medicine. Already spectacular progress has been made in identifying the genes involved in some diseases and in understanding cancer pathogenesis, opening up exciting new possibilities for treatment. In Basic Molecular and Cell Biology, leaders in the field explain the techniques of molecular and cell biology, which are being applied in specialties as far apart as cardiology and diabetes, and describe their implications for medicine. It will enable doctors, students, and researchers to gain a basic understanding of the subject and some insight into the way in which the medical sciences will be moving over the next few years.

This second edition has been extensively updated and expanded, with four new chapters added.

CONTENTS INCLUDE:
- Molecular and cell biology in clinical medicine: introduction
  David Weatherall
- The polymerase chain reaction: a tool for molecular medicine
  A F Markham
- Gene regulation
  David S Latchman
- Genes and cancer
  Richard G Vile, Myra O McClure, Jonathan N Weber
- An introduction to cells
  Lewis Wolpert
- The cell nucleus
  R A Laskey
- Sorting signals and cellular membranes
  Graham Warren

Available from: British Medical Journal, P.O. Box 295, London WC1H 9TE, medical booksellers or the BMJ bookshop in BMA House

ORDER FORM
Please send me ___ copies of Basic Molecular and Cell Biology

Name
(Print Clearly)

Address

Postcode

Cheque enclosed (made payable to British Medical Journal)

Membership No.

Card No. ______________  Exp __________

Signature

Please send me a BMJ PUBLISHING GROUP CATALOGUE
Unique metered dose aerosol – providing dosage uniformity

Foam formulation – easier to retain than liquid preparations and preferred by patients

Proven clinical efficacy

Easy to use disposable applicators – clean and convenient for patients at home or at work

A complete local management system for maximum patient compliance
A NEW FORCE IN PANCREATIC EXOCRINE INSUFFICIENCY

Enteric-coated microspheres remain protected against gastric acid whilst mixing thoroughly with food...

IN THE STOMACH...

Superior control of steatorrhoea

IN THE DUODENUM...

Rising pH rapidly releases pancreatin for thorough digestion and control of steatorrhoea

* Compared with standard enteric-coated tablets in pancreatic insufficiency.1,2

Prescribing Information
Presentation: Opaque orange/yellow hard gelatin capsules containing brownish coloured enteric coated pellets of pancreatin, equivalent to:
25,000 BP units of lipase
18,000 BP units of amylase
467 BP units of protease
Available in packs of 50. Basic NHS price £19.50
Indication: Pancreatic exocrine insufficiency.
Dosage and Administration: Adults (including elderly) and children: Initially one capsule with meals, then adjust according to response. The capsules can be swallowed whole, or for ease of administration they may be opened and the granules taken with fluid or soft food, but without chewing. If the granules are mixed with food it is important that they are taken immediately, otherwise dissolution of the enteric coating may result.
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 very high doses of pancreatin.
Overdosage although not experienced until now, could precipitate meconium ileus equivalent. Peri-anal irritation, and rarely, inflammation, could occur when large doses are used.
Product Licence Number: 0727/0006
Name and Address of Licence Holder
Kali Chemie Pharma GmbH, Hans-Bockler-Allee 20, 3000, Hannover 1, Germany.

References

Further information is available from:
Duphar Laboratories Limited, Gaters Hill, West End, Southampton SO3 3JD. Tel: (0703) 472281.
© Registered Trade Mark
CR/CP/JA/AUG 92

duphar
A member of the Solvay Group.
Journal of Medical Screening

Editor: Nicholas Wald
Wolfson Institute of Preventive Medicine

Associate Editors:
J Chamberlain (UK), N E Day (UK), J E Haddow (US), M Law (UK)

Journal of Medical Screening is a new quarterly journal to be launched in January 1994 by the BMJ Publishing Group to cover all aspects of medical screening and advance the science of the discipline. The journal aims to bring together specialist groups conducting screening research and establish a liaison with health authorities and policy developers. The philosophy of the journal is that screening should be about the prevention of disability and disease, not simply the early detection of disease as an end in itself.

The Journal Aims to Cover:
- Principles and theory of medical screening
- Research into screening methodology
- Development of new screening tests and their quantitative evaluation
- All aspects of public health as they relate to screening, including epidemiology, randomised trials, quantitative observational studies, demonstration projects and economic evaluations
- Ethical and psychological issues
- Management issues
- Policy and strategy

SUBMISSION
Papers should be submitted to: Professor Nicholas Wald
Wolfson Institute of Preventive Medicine Medical College of St. Bartholomew's Hospital
Charterhouse Square, London EC1M 6BQ, United Kingdom
Tel: 44 71 982 6269 Fax: 44 71 982 6272

Instructions to Authors may be obtained by returning the form below

Order Form

JOURNAL OF MEDICAL SCREENING
PUBLICATION: Quarterly ISSN: 0969-1413
Subscription Rate:
Worldwide: £85.00; Personal Rate*: £52.00
USA Only: $136.00; Personal Rate*: $83.00
Please tick
☐ Please enter my subscription; start date
☐ Please send me a sample copy
☐ Please send me Instructions to Authors
☐ I enclose a cheque for

(Payable to British Medical Journal)
☐ I wish to pay by credit card.
American Express/Visa(Barclaycard)/Mastercard
(Delete as appropriate)
* Personal rates are available only on orders placed directly with the publisher and paid for out of personal funds.

Return orders to: Rachel Armitage, BMJ Publishing Group, Journals Marketing Department, PO Box 299, London, WC1H 9TD. UK
or BMJ Publishing Group, Box No. 560B, Kennebunkport, Maine 04046 USA (Direct Orders Only)
MICROPRECISION
THE GUT DECISION

PANZYTARAT 25,000 MICROTABLETS

Computer controlled microtablet press guarantees uniform shape, uniform size and uniform enteric coating.

25,000 LIPASE MICROPELLETS

Abbreviated Prescribing Information: Presentation: Capsules (500 mg) of Panzytrat 25,000 with enteric-coated microtablets of pancreatin equivalent to Lipase - 25,000 Ph. Eur. units, Amylase - 22,500 Ph. Eur. units, Protease - 1,250 Ph. Eur. units
Indications: Exocrine pancreatic enzyme insufficiency. Recommended Dosage and Administration: Dosage depends on the severity of the pancreatic insufficiency. Unless otherwise prescribed by the physician: - Infants up to 18 months: 2 capsules daily (corresp. to 50,000 lipase units). Children: 4 capsules daily (corresp. to 100,000 lipase units). Adults: 6 capsules daily (corresp. to 150,000 lipase units). The required dose may be considerably greater (e.g. in the presence of cystic fibrosis: 16 capsules daily, corresp. to 400,000 lipase units). Capsules may be swallowed whole or, for ease of administration, they may be opened and the microtablets taken with fluid or soft food, but without chewing. If the microtablets are taken with food it is important that the food is consumed immediately, otherwise dissolution of the microtablet enteric coat may result. Dosage should be adjusted according to clinical response, i.e. minimize steatorrhea so that the patient thrives.
Contra-indications: Acute pancreatitis and acute attacks of chronic pancreatitis, allergy to porcine products. Warnings: Gastro-intestinal intolerability occurs rarely in patients allergic to porcine products and/or lactose. Product Licence Number: 0169/0033 Legal
Why settle for 54% remission when you can achieve 76%?1

NHS COST SAVING £120 PER PATIENT PER YEAR
compared to coated mesalazine2

Ulcerative colitis can ruin lives with its distressing cycle of relapses. Surely the most rewarding strategy, once you've done the job of controlling the acute phase of this disease, is to maintain remission as effectively as possible.

A recent clinical study indicated a comfortable advantage for Dipentum over coated mesalazine in the maintenance of remission in ulcerative colitis.3 The findings of this study have been incorporated into a paper published in 'The Lancet', giving Dipentum 22% superiority in 12-month remission rates. But then what would you expect from a 5-ASA treatment that can deliver 99% of an oral dose to the colon?4

IN ULCERATIVE COLITIS

Because remission means so much

Dipentum
osalazine sodium