



## The Salazopyrin was stopped

The success of Salazopyrin in returning ulcerative colitis patients to a normal life often leads them to plead for the abandonment of the therapy as it no longer appears — to them — to be required.

However in a substantial number of symptom-free, apparently healthy ulcerative colitis patients sigmoidoscopy or biopsy reveals that the disease is still present. Cessation of Salazopyrin therapy increases the likelihood of the return of the distressing malady four fold, even several years after the acute attack.<sup>2</sup>

**In ulcerative colitis  
Salazopyrin —  
minimum 2g per day  
ad infinitum**

“We concluded that a daily dose of 1g sulphasalazine is inadequate but that a daily dose of 2g is suitable for general use as long term maintenance treatment.”<sup>1</sup>

“It is concluded that maintenance treatment of ulcerative colitis with sulphasalazine (Salazopyrin) should be continued indefinitely unless contraindicated by side effects.”<sup>2</sup>

Salazopyrin (sulphasalazine) is available as the plain 0.5g tablet, 0.5g EN-tab and as an 0.5g suppository.

Comprehensive literature and other detailed information on Salazopyrin are available on request.

1. Gut (1977) 18 421
2. Gut (1973) 14 923-926

Salazopyrin is a registered trade mark.

P.L. 0009 5006, 5007, 5008

Pharmacia (Great Britain) Ltd.,  
Prince Regent Road,  
Hounslow,  
Middlesex TW3 1NE  
Telephone: 01-572 7321



# NEW PYROGASTRONE

for positive healing and relief  
of symptoms of oesophageal ulcers,  
erosions and oesophagitis

**PROTECTS** against gastric and bile reflux

**RELIEVES** symptoms of reflux oesophagitis

**HEALS** by local actions of carbenoxolone

Chewable Pyrogastrone tablets form a viscous alginate antacid foam which soothes the mucosa, protects it from reflux, exerts a buffering effect against regurgitated acid and alkali, and helps to localise the action of low-dose carbenoxolone, the healing component.



In a recent study<sup>1</sup> Pyrogastrone was shown to give significantly better relief of symptoms of oesophagitis and healing of oesophageal ulcers than an alginate-antacid control containing no carbenoxolone\*. In the authors' words, Pyrogastrone gave:

**“...the most impressive results so far observed in the treatment of reflux oesophagitis.”<sup>1</sup>**

**Presentation** Each chewable, strawberry flavoured tablet contains Carbenoxolone Sodium B.P. 20mg, Magnesium Trisilicate B.P. 60mg and Dried Aluminium Hydroxide Gel B.P. 240mg in a base containing sodium bicarbonate B.P. and alginic acid B.P.C.

**Pyrogastrone prescribing data**

**Indications** Oesophageal inflammation, erosions and ulcers due to hiatus hernia or gastric reflux. Relief of heartburn, flatulence and other symptoms arising from these conditions. **Dosage** One tablet to be chewed three times daily immediately after meals and two tablets to be chewed at bedtime. **Length of treatment** Although Pyrogastrone quickly relieves symptoms, treatment should be continued for at least 6 weeks, but up to 12 weeks may be necessary to ensure maximum healing effect. **Contra-indications** Severe cardiac, renal or hepatic failure. Patients on digitalis glycosides (unless serum electrolyte levels are monitored regularly to detect development of hypokalaemia). **Precautions** 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 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 hazard is anticipated from the use of Pyrogastrone during pregnancy but careful consideration should be given before prescribing it for women who may become pregnant.

1. Study presented at the VIth World Congress of Gastroenterology, Madrid, June, 1978. \*Both kinds of tablets used in this trial (active, 20 mg carbenoxolone; control, no carbenoxolone) contained only a third as much alginate and antacid as the Pyrogastrone tablets now available.

Pyrogastrone is made under licence from Biorex Laboratories Ltd., Brit. Pat. Nos. 843133 and 1390683. Pyrogastrone is a registered trade mark. Full information is available on request from Winthrop Laboratories, Surbiton-upon-Thames, Surrey.

WINTHROP

## INTRALIPID\* 10% INTRALIPID\* 20%

### Presentation

A milky-white oil in water emulsion. Intralipid contains fractionated soya bean oil 10% or 20% emulsified with fractionated egg lecithin at pH 7. It also contains glycerol.

**Indications:** Intralipid fat emulsions are indicated in conditions of severe depletion requiring also a high energy intake to compensate for excessive loss of calories following trauma, infection, fever, burns, etc.

### Dosage and Administration

500-1500ml daily in combination with intravenous amino acids are administered by slow intravenous infusion.

**Infant dosage:** Intralipid 10% or 20%: 15-20ml per kg body weight in 24 hours.

### Contra-indications

Intralipid is contra-indicated in pathological hyperlipaemia and severe liver damage.

### Pharmaceutical Precautions

No drugs should be added to Intralipid prior to or during infusion.

### Package Quantities

Intralipid 10%: 100ml and 500ml.  
Intralipid 20%: 100ml and 500ml.

### NHS Price:

£2.75, £6.50  
£3.95, £9.55

Intralipid 10%: Product Licence: 0022, 0027  
Intralipid 20%: Product Licence: 0022, 0028

## VAMIN\* GLUCOSE

### Presentation

Clear, straw coloured solutions for intravenous use containing all essential amino acids, and a balanced mixture of non-essential amino acids in each 1,000ml (pH 5.2).

Carbohydrate, as glucose (100g/l), has been added as an energy source. Electrolytes are present, but these may need supplementing according to patient needs.

Nitrogen per litre: 9.4g, corresponding to about 60g of first-class protein. Caloric content per litre: 650 Kcal, of which 410 Kcal are provided by glucose.

### Uses

Vamin Glucose is indicated in conditions of protein depletion where oral or intragastric feeding is impossible or impracticable.

### Dosage and Administration

Depending on the individual protein requirement, 0.5-2.0 litres intravenously per day.

**Infant dosage:** 30-40ml per kg body weight in 24 hours.

### Contra-indications, Warnings, etc.

Irreversible liver damage and severe uraemia when dialysis facilities are not available. Care should be taken when administering this solution to diabetic patients.

**Side effects:** As with all hypertonic infusion solutions, thrombophlebitis may occur when peripheral veins are used.

### Package Quantities

Bottles of 100ml, 500ml, and 1,000ml.

### NHS price:

£2.50, £6.75, £12.50

Product Licence: 0022, 0030

\*Additives contain electrolytes, trace elements, fat soluble vitamins and water soluble vitamins for adults and children.

**KabiVitrum** 

Full prescribing information is available from KabiVitrum Ltd, Bilton House, Uxbridge Road, Ealing, London W5 2TH.



# When you start to think about IV feeding...

.....make sure its complete and balanced, like a normal healthy diet. Intralipid and Vamin provide **all** the calories, **all** the essential fatty acids and **all** the nitrogen required for anabolism and recovery.

In addition there is now a range of additives specially tailored to meet the other nutritional requirements—vitamins, electrolytes and trace elements.

# INTRALIPID VAMIN

NOW AVAILABLE—ADDITIVES\*



## the only nutritionally-complete recovery builders.

# 105° Field of View With the new Fujinon FG-QBF end viewing Gastroscope.

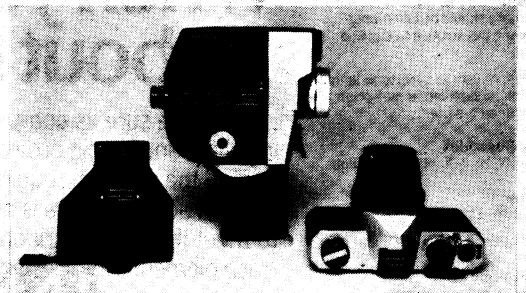
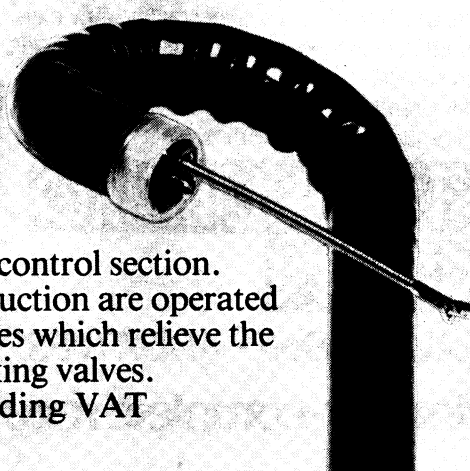


**Ultra wide field of view 105°.  
Depth of field 2 to 120mm. Easy  
forceps movement even at  
maximum angulation of 230°.**

The newly designed Fujinon FG-QBF end viewing gastroscope incorporates the unique computer developed Fujinon fibre bundles. The image and light guides offer a large sharp image and top quality bright photography.

Great care has been taken in the re-design of the control section. Air, water and suction are operated by micro-switches which relieve the problem of sticking valves.

Price including VAT  
£4,133.03.



Three automatic cameras are available in 110, 35mm and Super-8 movie for use with all Fujinon instruments.



For further information on the full range of Fujinon Fibrescopes contact: Pyser Ltd., 102 College Road, Harrow, Middlesex. Tel: 01-427 2278.

Number 3  
in a series

# Duodenal ulcer

reduce acid...improve healing



(Artist's impression of H<sub>2</sub> receptor antagonist acting on receptor site in the parietal cell in gastric mucosa.)

## Healing

'Tagamet', by its unique action in selectively reducing gastric acid secretion, achieves remarkable results in the treatment of duodenal ulcer.<sup>1-5</sup> Overall experience in clinical trials has shown that 77% of over 800 'Tagamet'-treated patients completely healed their ulcers, usually in 4-6 weeks, compared with only 41% of 252 patients in the placebo group.<sup>5</sup>

## Symptomatic Relief

In duodenal ulcer, experience has shown that early and dramatic symptomatic relief is obtained, usually within one week of starting treatment; after 4 weeks the majority of patients are completely free from ulcer symptoms.<sup>1-5</sup>

## Maintenance Treatment - New Data

In patients with duodenal ulcer disease who have healed ulcers after an initial course of 'Tagamet', recurrence may be prevented by continued treatment at reduced dosage. Results from on-going studies have shown that in 790 patients treated for periods of up to one year, over 90% treated with 'Tagamet' remained in remission compared with only 50.1% on placebo.<sup>5</sup>

# Tagamet



reduces gastric acid  
secretion

## References

1. Cimetidine in the treatment of active duodena, and prepyloric ulcers. 1976 Lancet, ii, 161.  
2. The effect of cimetidine on duodenal ulceration. 1977 Proceedings of the Second International Symposium on Histamine H<sub>2</sub> Receptor Antagonists. Excerpta Medica, p. 260.

3. Oral cimetidine in severe duodenal ulceration (1977) Lancet, i, 4.  
4. Cimetidine in the treatment of duodenal ulcer (1977) Med J. Aust., 1, 317.  
5. Data on file (March 1977) Smith Kline & French.  
6. Cimetidine treatment in the management of chronic duodenal ulcer disease

(1976). Topics in Gastroenterology (In press).

Tagamet (cimetidine) is available as 200mg film-coated tablets, 200mg 5ml syrup and 200mg 2ml ampoules. Tagamet is a trade mark.

Full prescribing information is available from:-

**SK&F**  
a SmithKline company

Smith Kline & French Laboratories Limited  
Welwyn Garden City  
Hertfordshire AL7 1EY  
Telephone: Welwyn Garden 25111

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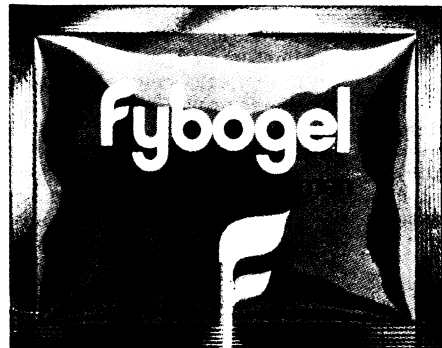
## DOROTHY'S REFINED HABITS HAVE LED TO A SERIOUS PROBLEM.

Many patients suffer from serious conditions such as haemorrhoids, diverticular disease, irritable colon or anal fissure, which may be associated with long standing dietary constipation.

These problems won't be resolved overnight. Fybogel, by quickly restoring natural fibre to the diet, relieves the constipation and rapidly improves the symptoms of the condition.



Fybogel sachets contain 3.5 g Ispaghula husk BPC.  
Full prescribing information is available on request from  
Reckitt & Colman Pharmaceutical Division, Hull HUB 7DS.  
Fybogel is a registered trademark. PL No. 0044/0041. 1127



the natural way to end dietary constipation

# Chendol

A New Product  
from British research  
backed by nearly ten  
years of clinical trial work.



**Some stones you'd give a lot to own—others you'd rather lose.**

## Chendol capsules dissolve cholesterol gallstones

CHENDOL is a new form of medication developed by Weddel Pharmaceuticals to dissolve cholesterol gallstones over a period of time.

CHENDOL – chenodeoxycholic acid – reduces the amount of cholesterol secreted into the bile. Lithogenic bile becomes unsaturated and precipitated cholesterol is slowly dissolved.

Results of recent studies have demonstrated a 93% success rate in the U.K. and 81% in the U.S.A.\* for dissolving cholesterol gallstones in patients with a functioning gallbladder.

**INDICATIONS** For dissolution of cholesterol gallstones in functioning gallbladders. Cholesterol stones coated with calcium or stones composed of bile-pigments are not dissolved by chenodeoxycholic acid. It has a particular place in the treatment of patients in whom surgery is contraindicated or who are anxious to avoid surgery.

**DOSAGE** The present clinical evidence suggests that optimum results will be obtained on a dose level of 10–15 mg. per kg body weight daily in divided doses.

**CONTRAINDICATIONS, WARNINGS, ETC.** CHENDOL should not be administered to patients with radio-opaque calcified gallstones or to patients with non-functioning

gallbladders. In addition, at present CHENDOL should not be administered to women of child-bearing age, nor to patients with chronic liver disease, nor with inflammatory diseases of small intestine and colon.

CHENDOL is generally well tolerated; the only side-effects reported to date are diarrhoea and pruritus. It has been found that after a slight reduction in dose for a few days, diarrhoea ceases and the dose can then gradually be increased to the former level. Laboratory monitoring should accompany treatment.

Each Chendol capsule contains 125 mg of chenodeoxycholic acid.

Available in six containers of 100 capsules.—N.H.S. cost £13.50 per pair.



**Weddel  
pharmaceuticals  
limited**

Red Willow Road,  
Wrexham Industrial Estate,  
Wrexham, Clwyd, LL13 9PX.

PL 0495/0003

Reference: 1. Matun, P. N., Iser, J. H., Marley, G. M. and Dowling, R. H. Efficacy of withdrawal from and resistance to chenodeoxycholic acid treatment in patients with gallstones. *Gut* 1977; 18: A976 (abstract).

2. Thistle, J. L., Hofmann, A. F., Ott, B. J. and Yu, P. Y. S. (1976). Gallstone dissolution with chenodeoxycholic acid 1969–1976: The Mayo Clinic Studies. *Gastroenterology* 70: 943 (abstract).



In abdominal and  
gynaecological surgery,  
Flagyl is revolutionising  
the treatment of infection...

*and now*

# Flagyl Injection

for i.v. infusion



**M&B** May & Baker



# Flagyl Injection

cause – specific,  
effect . . . decisive  
in most infections following  
abdominal or gynaecological  
surgery

## Most of these infections are caused by anaerobes

In both the colon and the female genital tract, the importance of non-sporing obligate anaerobes – commonly occurring organisms of the normal bacterial flora – as the major pathogens in post-surgical infection is now increasingly recognized.<sup>1-8</sup>

## 'Flagyl' is specifically, intensely bactericidal to anaerobes . . .

The only available antimicrobial with selective activity against obligate anaerobes,<sup>2,5,9</sup> 'Flagyl' is consistently bactericidal to these organisms – at readily obtained serum, tissue and body fluid concentrations.<sup>1,7,10</sup>

## . . . and thus uncompromisingly, spectacularly effective against most of the infections

*"In all our infected patients the clinical and microbiological response to metronidazole was dramatic. Within 12–24 hours the temperature and pulse-rate had usually returned to normal, the patient looked and felt better . . . There was a strikingly rapid disappearance of anaerobic bacteria from pathological discharges, which ceased to be purulent and offensive and quickly subsided."*<sup>2</sup>

## 'Flagyl' doesn't have the drawbacks of previous treatments

'Flagyl' is favourably distinguished from previously preferred antimicrobial treatments by reliable anaerobicidal activity,<sup>11</sup> low toxicity<sup>4,7</sup> and a specificity of action incapable of inducing resistance in aerobic pathogens.<sup>2,4,5,12</sup>

## 'Flagyl' injection: especially for the seriously ill

– a conveniently given, rapidly effective new dosage form for anaerobic sepsis following major surgery,<sup>7</sup> quickly achieving, and satisfactorily maintaining, high blood levels.<sup>7,13</sup>

*" . . . safe, easy to administer, and well tolerated by patients . . . "*<sup>7</sup>

- bacteriologically compatible in the body with other antimicrobials<sup>12</sup>
- now in oral, rectal and i.v. presentations
- 17 years' well tolerated use in other indications

'Flagyl'\* injection prescribing information  
*N.B. Metronidazole is inactive against aerobic and facultatively anaerobic bacteria.*

**Presentation**  
Injection (for intravenous infusion) 0.5 per cent w/v in 100 ml bottles (500 mg metronidazole per 100 ml).

### Uses

1) Treatment of infections in which anaerobic bacteria have been identified or are suspected as pathogens, particularly *Bacteroides fragilis* and other species of bacteroides and including other species for which metronidazole is bactericidal, such as fusobacteria, eubacteria, clostridia and anaerobic cocci.  
'Flagyl' has been used successfully in: septicaemia, bacteraemia, brain abscess, necrotising pneumonia, osteomyelitis, puerperal sepsis, pelvic abscess, pelvic cellulitis, peritonitis and post-operative wound infection, from which one or more of these anaerobes have been isolated.

2) Prevention of post-operative infections due to anaerobic bacteria, particularly species of bacteroides and anaerobic streptococci.

### Dosage and administration

In patients with severe anaerobic infection for whom oral medication is not possible or is contra-indicated; it is particularly useful in emergencies and is indicated in patients needing surgery who:

- have or are believed to have anaerobic sepsis such as septicaemia, peritonitis, subphrenic or pelvic abscesses.
  - at operation show signs of established or impending anaerobic sepsis.
  - undergo operations in which contamination occurs with anaerobes from the gastro-intestinal or female genital tracts or the oropharynx.
- In infants and other patients maintained on intravenous fluids, 'Flagyl' injection may be diluted with appropriate volumes of normal saline, dextrose-saline, dextrose 5 per cent w/v or potassium chloride injections (20 mmol and 40 mmol).

### 1. Treatment:

**Adults and children over 12 years:** 100 ml by intravenous infusion eight-hourly. The injection should be infused intravenously at the rate of 5 ml per minute but may be administered alone or concurrently (but separately) with other bacteriologically appropriate anti-bacterial agents in parenteral dosage forms. Oral medication with 400 mg three times daily should be substituted as soon as this becomes feasible. Treatment for seven days should be satisfactory for most patients but, depending upon clinical and bacteriological assessments, the physician might decide to prolong treatment e.g. for the eradication of infection from sites which cannot be drained or are liable to endogenous re-contamination by anaerobic pathogens from the gut, oropharynx or genital tract.

**Children under 12 years:** As for adults but the single intravenous dose is based on 1.5 ml (7.5 mg metronidazole) per kg bodyweight and the oral dose on 7.5 mg per kg bodyweight.

### 2. Prevention:

**Adults and children over 12 years:** 100 ml by intravenous infusion immediately before, during or after operation, followed by the same dose eight-hourly until oral medication (200 to 400 mg three times daily) can be given to complete a seven-day course.

**Children under 12 years:** As for adults but the single intravenous dose is based on 1.5 ml (7.5 mg metronidazole) per kg bodyweight and the oral dose on 3.7 to 7.5 mg per kg bodyweight.

### Contra-indications, warnings, etc.

There are no absolute contra-indications for the use of 'Flagyl' injection for anaerobic antibacterial therapy.

### Precautions:

The recommended dosages, frequencies of administration and durations of medication have been found effective and well tolerated in nearly all cases. However, regular clinical and biological surveillance are advised if administration of 'Flagyl' for more than 10 days is considered to be necessary. Clinicians who contemplate continuous therapy, for the relief of chronic conditions, for periods longer than those recommended are advised to consider the possible therapeutic benefit against the risk of peripheral neuropathy.

Such evidence as is available suggests that patients with various degrees of renal impairment handle metronidazole like patients with normal renal function. Daily dosage may, however, be halved for patients with renal failure, if the clinician so wishes, as such dosage has been found effective. Patients should be advised not to take alcoholic drinks during metronidazole therapy. Metronidazole enhances the activity of warfarin and if 'Flagyl' is to be given to patients receiving this or other oral anticoagulants the dosage of the latter should be recalibrated.

Pregnant women tolerate metronidazole well and no adverse effect on their offspring has been reported. As with all medicines 'Flagyl' should not be given during pregnancy or during lactation unless the physician considers it essential.

### Side effects and adverse reactions:

No serious adverse reactions have been encountered with the recommended regimes. There have been occasional reports of an unpleasant taste in the mouth, furred tongue, nausea, vomiting (very rarely) and gastro-intestinal disturbance. Drowsiness, dizziness, headache, ataxia, skin rashes, pruritus, inco-ordination of movement and darkening of the urine (due to a metronidazole metabolite) have been reported but very rarely. During intensive and/or prolonged metronidazole therapy, a few instances of peripheral neuropathy have been reported but in most cases the reaction disappeared after treatment was stopped or when dosage was reduced. A moderate leucopenia has been reported in some patients but the white cell count has always returned to normal before or after treatment has been completed. Transient epileptiform seizures have been reported in a few patients undergoing intensive, high-dosage metronidazole radiosensitisation therapy.

### Pharmaceutical precautions

THIS PRODUCT SHOULD BE PROTECTED FROM LIGHT.

### Further information

#### Treatment of overdose:

There is no specific treatment for gross overdose of 'Flagyl'. Uneventful recovery has followed attempts at suicide with quantities of 30 and 60 x 200 mg tablets. Other established indications for 'Flagyl' include urogenital trichomoniasis giardiasis, all forms of amoebiasis, acute ulcerative gingivitis and acute dental infections. 'Flagyl' is also available as tablets and, in some territories, as suppositories.

### References

- 1 *Scot. Med. J.*, 22, 155, 1977
- 2 *Br. Med. J.*, 1, 607, 1977
- 3 Finegold, S.M., *Anaerobic Bacteria in human disease*, p. 257, Academic Press Inc., New York, 1977
- 4 *Lancet*, ii, 997, 1975
- 5 *S. Afr. Med. J.*, 52, 161, 1977
- 6 *Br. Med. J.*, 1, 318, 1976
- 7 *Ibid.*, ii, 1418, 1976
- 8 *J. Antimicrob. Chemother.*, 1, 393, 1975
- 9 *Zentrabl. Bakteriol. Parasitenkol. Infektionskr & Hyg.*, 213, 258, 1970
- 10 *J. Infect. Dis.*, 131, 417, 1975
- 11 *Antimicrob. Ag. Chemother.*, 10, 736, 1976
- 12 *J. Antimicrob. Chemother.*, 1, 387, 1975
- 13 Selkon, J. B., Hale, J. H., Ingham, H. R., *Chemotherapy*, Vol. 1, p. 277, Plenum Pub. Corp., New York, 1976

Further information is available on request

\*'Flagyl' is a trade mark of May & Baker Ltd Dagenham Essex RM10 7XS for its preparations of metronidazole.

May & Baker Ltd Dagenham Essex RM10 7XS

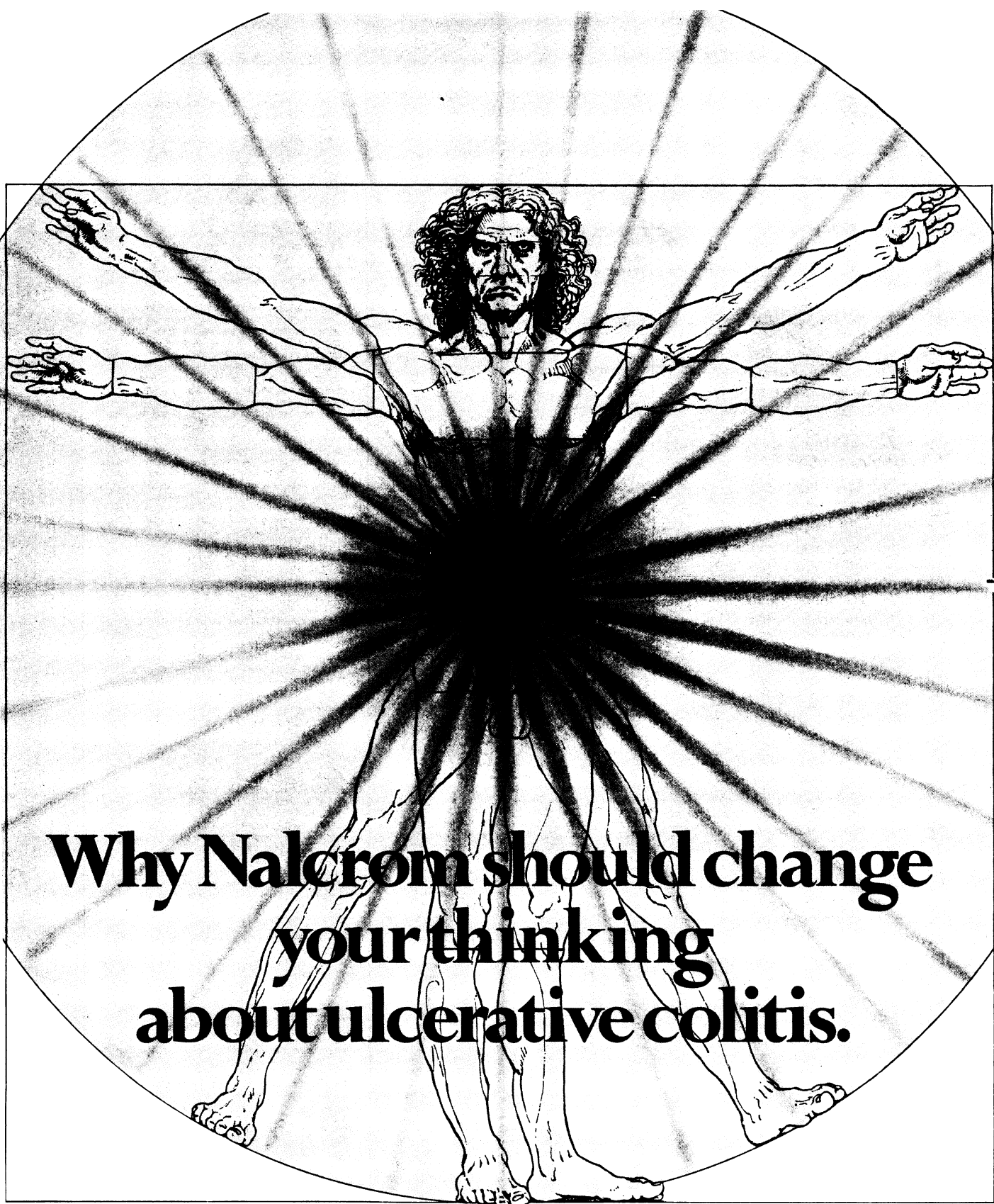
 **M&B May & Baker**

A member of the Rhône-Poulenc Group of Companies

Date of preparation or last review June 1978

# Flagyl Injection

the vital complement  
to surgical skill



# Why Nalcrom should change your thinking about ulcerative colitis.

#### Prescribing Information

**PRESENTATION:** Nalcrom is a presentation of sodium cromoglycate for oral use. It is presented in clear / clear hard gelatine capsules printed Fisons 101 in black. Each capsule contains 100mg sodium cromoglycate as a white powder.

**USES:** As an adjuvant in the treatment of ulcerative colitis, proctitis and proctocolitis. Sodium cromoglycate is considered to exert a stabilising effect upon mast cells capable of releasing mediators, thus preventing the local inflammatory reaction in the gastrointestinal tract.

**DOSAGE AND ADMINISTRATION: Dosage** Adults: Two capsules four times daily.

Children: From 2-14 years; one capsule four times daily. Nalcrom should not be used for children under two years.

**Maintenance dosage** To prevent relapses dosage should be maintained indefinitely at two capsules four times daily in adults and one capsule four times daily in children.

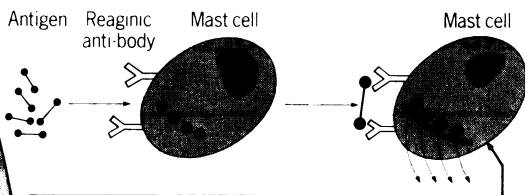
**Administration** The capsules may be swallowed whole or alternatively the powder contents may be dissolved in 20-30ml of water and swallowed.

## Nalcrom offers a completely new approach to the management of ulcerative colitis.

And it could mean freedom from side effects often associated with the limited number of treatments now available.

### Nalcrom is sodium cromoglycate.

Sodium cromoglycate is the unique drug which is used successfully in the treatment of allergic diseases, such as asthma and rhinitis.

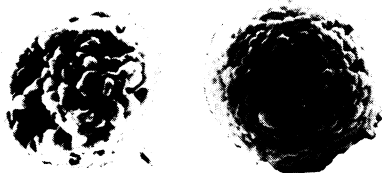


Sodium cromoglycate prevents the degranulation of mast cells caused by the interaction of antigens and reagin antibodies.

It is a potent inhibitor of mast cell degranulation. It prevents the release of inflammatory agents into sub-mucosal tissue in the lung, nose and other organs.

So it stops symptoms before they even start. And over ten years of clinical use have proved it to be a very effective drug with remarkably few serious side-effects.

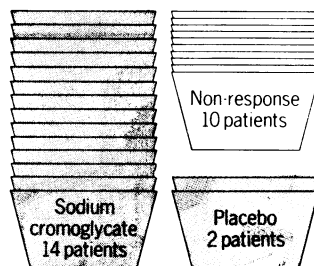
Now it offers hope as a new treatment for ulcerative colitis.



On left mast cell undergoing gross degranulation. On right mast cell stabilised after treatment with sodium cromoglycate. Photomicrographs prepared by: R & D Laboratories, Fisons Ltd., Pharmaceutical Division.

## Why an anti-allergy drug?

Ulcerative colitis in its natural history and histological appearance has many features such as macrophages, mast cells and eosinophils that suggest that an allergic or immunological process may be involved. Sodium cromoglycate may have a clinically beneficial effect in these processes. So a double blind cross-over trial was carried out with 26 patients suffering from chronic proctitis<sup>1</sup>. The 14 responders to sodium cromoglycate had a high local eosinophil count which in most cases fell in the course of treatment.



In a double-blind cross-over trial of 26 patients, 14 responded to sodium cromoglycate, 10 didn't respond and 2 responded to placebo.

Another study of 12 patients with ulcerative colitis treated with sodium cromoglycate showed a significant improvement in sigmoidoscopic appearance. And again, rectal biopsies showed a significant reduction in eosinophil counts<sup>2,3</sup>.

## How to find out more about Nalcrom.

Specialist representatives are available at this stage to discuss Nalcrom with hospital doctors. Simply fill in and post the coupon or write to: Fisons Limited, Pharmaceutical Division, Loughborough, Leicestershire.

**Nalcrom**<sup>®</sup>  
(Sodium Cromoglycate B.P.)

**References** 1. Heatley, R.V. et al. 1975. "Gut," **16**, 559 2. Mani, V. et al. 1976. "Lancet," **1**, 439 3. Mani, V. et al. 1977. "Gastro-enterology," **72**, 1093.

Please arrange for a specialist representative to call.

Name \_\_\_\_\_

Address \_\_\_\_\_

Further information is available on request from Fisons Limited, Pharmaceutical Division, Loughborough, Leicestershire.

**FISONS**  
Leaders in Allergy Research

GIN/9

**CONTRA-INDICATIONS, WARNINGS, ETC:** **Contra-indications** There are no specific contra-indications. The safety of Nalcrom during pregnancy has not yet been established.

**Side-effects** Nausea has been reported in a few cases.

**Overdosage** As Nalcrom is absorbed only to a very limited extent, no action other than medical observation should be necessary.

**PHARMACEUTICAL PRECAUTIONS:** Store in a dry place. Reclose the container tightly after use.

**LEGAL CATEGORY:** P.O.M.

**PACKAGE QUANTITIES:** Containers of 100 capsules.

**FURTHER INFORMATION:** 1. Nalcrom may be used in conjunction with steroid therapy and sulphasalazine in the treatment of acute relapses of proctocolitis and in maintaining remissions.

2. If steroid therapy is to be reduced or withdrawn this should be done cautiously.

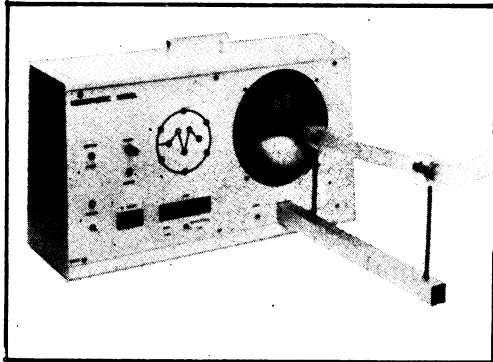
3. Nalcrom may be used in patients with a history of hypersensitivity to or intolerance of sulphasalazine.

4. Dosages of 2000mg daily have been used in some cases of proctocolitis.

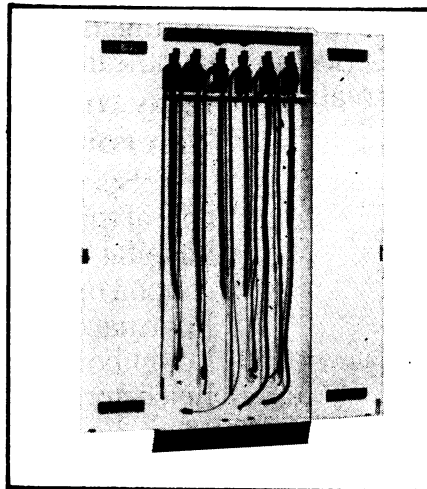
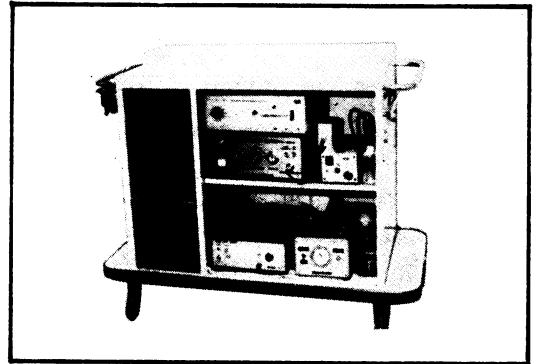
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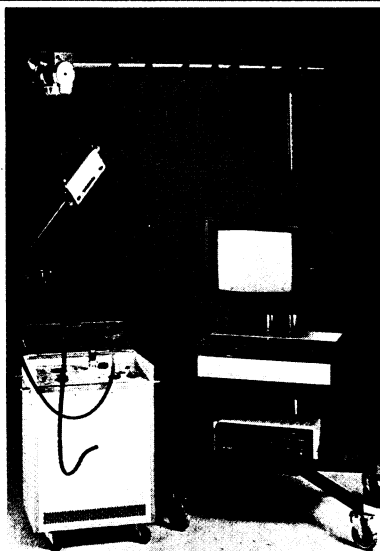
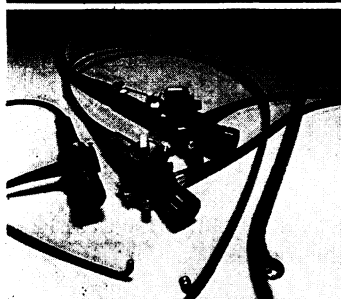


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**Plain or EN Tablets:** In acute/moderate attacks 2-4 tablets 4 times a day. In severe attacks steroids should also be given. After 2-5 weeks the dose may gradually be reduced to the maintenance level of 3-4 tablets daily which should be given indefinitely.

**Suppositories:** Two inserted morning and night, the dose being gradually reduced after 3 weeks as improvement occurs.

**Children:** Reduce the adult dose on the basis of body weight.

#### Contra-indications, Warnings etc.

**Contra-indications:** Contra-indicated in sensitivity to salicylates and sulphonamides, infants under 2 years.

**Adverse Reaction:** 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 or

suppositories. If serious reactions occur the drug should be discontinued.

Rarely the following adverse reactions have been reported.

**Haematological:** eg. Heinz body anaemia, haemolytic anaemia, leucopenia, agranulocytosis and aplastic anaemia.

**Hypersensitivity:** eg. Rash, fever.

**Gastrointestinal:** eg. Impaired folate uptake, stomatitis.

**C.N.S.:** eg. Headache, peripheral neuropathy.

**Renal:** eg. Proteinuria, crystalluria.

Also, Stevens-Johnson syndrome and lung complications, eg. Fibrosing alveolitis.

#### Precautions

Care in cases of porphyria, allergic, renal or hepatic disease, glucose 6-PD deficiency. Blood checks should be made initially and periodically.

#### Pregnancy

The benefit to risk ratio must be carefully evaluated when the drug is given during pregnancy.

### References

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8. Brit. med. J. 1978; **1**, 1524.



### Pharmacia

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



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Edited by Stephen Lock and Heather Windle

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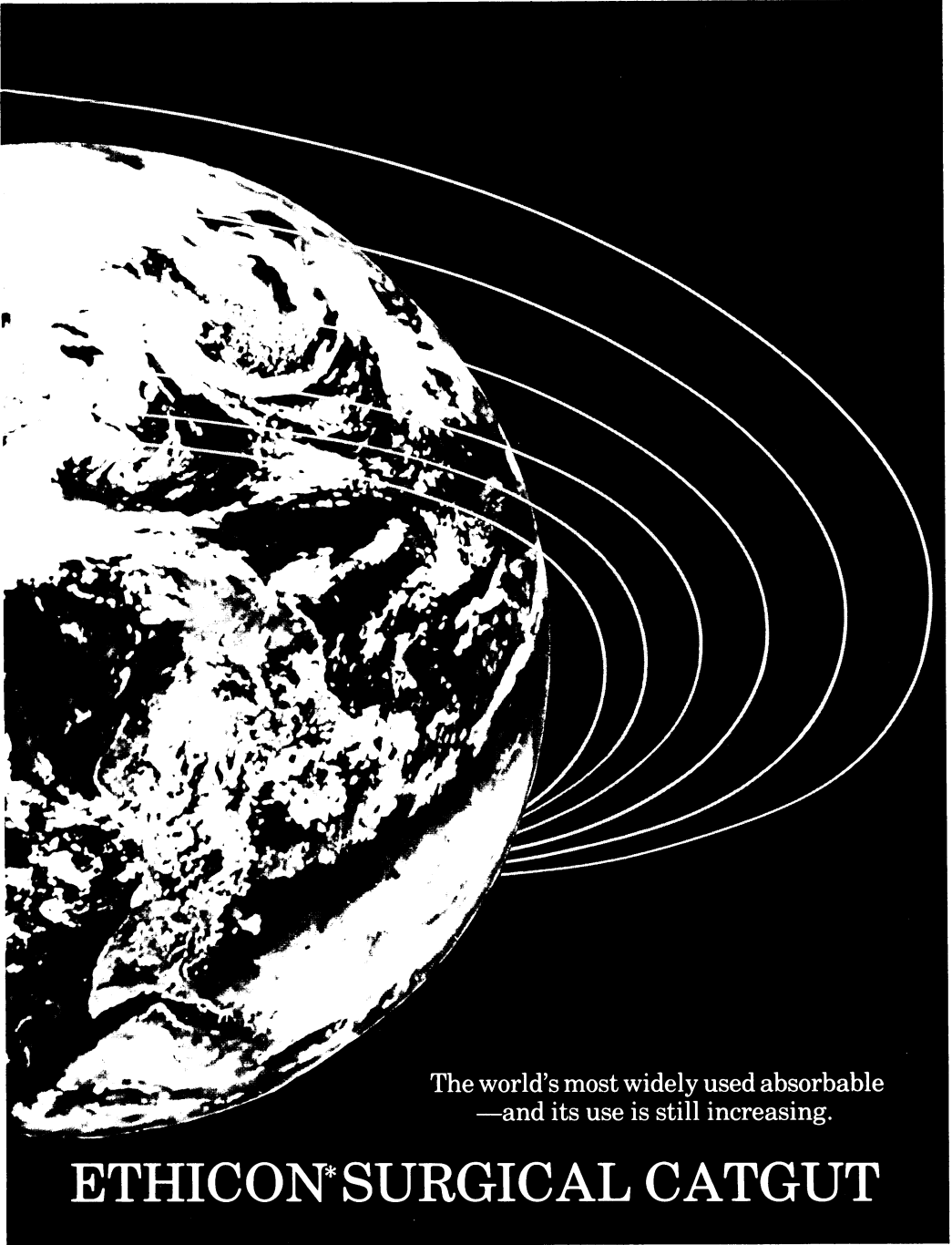
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