



Confident prescribing demands a solid basis

Your decision to prescribe 'Tagamet' is supported by more than just highly effective therapy. Since its introduction in 1976 'Tagamet' has generated more experience than most other standard therapies.

Your patient is probably not concerned that he is just one of an estimated 15,000,000 who have now been treated with 'Tagamet' worldwide; that the use of 'Tagamet' is being systematically monitored on a scale probably larger than that of any other drug; nor that nearly 4,000 publications reflect the status of 'Tagamet' as one of the

most widely studied drugs in medical history.

All of these facts determine your confidence when you decide to prescribe 'Tagamet'.

Your patient's concern is simply that it works.

Tagamet 
cimetidine

puts you in control of gastric acid

Prescribing Information

Presentation 'Tagamet' Tablets, PL 0002/0063, each containing 200 mg cimetidine 112 (treatment pack), £16.30, 500, £72.75. 'Tagamet' Syrup, PL 0002/0073, containing 200 mg cimetidine per 5 ml, 200 ml, £7.86.

Indications Duodenal ulcer, benign gastric ulcer, reflux oesophagitis.

Dosage Duodenal ulcer: Adults, 400 mg b.d., with breakfast and at bedtime, or 200 mg t.d.s. with meals and 400 mg at bedtime.

(1.0 g/day) for at least 4 weeks (for full instructions see Data Sheet).

To prevent relapse, 400 mg at bedtime or 400 mg morning and at bedtime for at least 6 months. Benign gastric ulcer: Adults, 200 mg t.d.s. with meals and 400 mg at bedtime (1.0 g/day) for at least 6 weeks (for full instructions see Data Sheet).

Reflux oesophagitis: Adults, 400 mg t.d.s. with meals and 400 mg at bedtime (1.6 g/day) for 4 to 8 weeks.

Cautions Impaired renal function: reduce dosage (see Data Sheet).

Potential of oral anticoagulants and phenytoin (see Data Sheet).

Prolonged treatment: observe patients periodically. Exclude malignancy in gastric ulcer. 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.

Legal category POM 1.2.82



Smith Kline & French Laboratories Limited, Welwyn Garden City, Hertfordshire AL7 1EY. © 1982 Smith Kline & French Laboratories Limited. 'Tagamet' is a trade mark.

TG AD1161/2





"WHAT GOES UP MUST COME DOWN"

Presentation White odourless aerosol foam containing hydrocortisone acetate 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 in each pack). Satisfactory response usually occurs within five to seven days. **Contra-indications and**

Warnings, etc. Local contra-indications to the use of intrarectal steroids include obstruction, abscess, perforation, peritonitis, fresh intestinal anastomoses and extensive fistulas. 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 diseases because of their predisposition to perforation of the bowel wall. Safety during pregnancy has not been fully established. **Pharmaceutical**



WRONG.

Isaac Newton got it wrong. At least as far as COLIFOAM is concerned.

In a comparative trial (Ruddell WSJ et al. Gut 1980; 21:885) involving 30 patients with distal colitis: "Eight patients in the enema group reported difficulty in retaining the treatment, whereas none of the 15 patients receiving the foam [COLIFOAM] experienced any difficulty..."

COLIFOAM is far more convenient and far more comfortable to administer.

It is also highly effective. In the same

trial, COLIFOAM was shown to provide a slightly better objective improvement. The patients themselves reported an extremely significant preference ($p < 0.05$) for the modern COLIFOAM treatment.

Surprisingly, these superior benefits do not mean that it is more expensive. In fact, COLIFOAM can cost up to 34% less per dose than a standard proprietary enema.*

In terms of sheer convenience, patient comfort, cost and comparative efficacy – there is no better choice of treatment than COLIFOAM.

*based on one application daily.

Colifoam

hydrocortisone acetate foam.

A CHANGE FOR THE BETTER IN DISTAL INFLAMMATORY BOWEL DISEASE.

precautions Do not refrigerate, incinerate or puncture the aerosol can. Shake vigorously before use. Keep out of reach of children. **Package quantities** Aerosol canister containing 20g. (14 applications) plus a plastic applicator and illustrated leaflet. One applicatorful of 'Colifoam' provides a dose of approximately 90–110mg. 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.

Basic NHS Cost 20g (14 applications) plus applicator, £7.58.

Further information is available on request.

Stafford-Miller Ltd.

Professional Relations Division,
Hatfield, Herts. AL10 0NZ.





"I feel I'm so full I could burst!
With this overblown stomach I'm cursed."
The Doctor smiled sweetly,
Then murmured discreetly,
"Well, we'd better try Maxolon first."

For relief from
heartburn and flatulence

Maxolon

metoclopramide

PRESCRIBING INFORMATION

Indications
Dyspepsia, heartburn and flatulence associated with the following conditions e.g. Reflux oesophagitis, Gastritis, Hiatus hernia, Peptic ulcer. Nausea and vomiting associated with e.g. Gastro-intestinal disorders.

Adult dosage (Oral, IM or IV)
Total daily dosage of Maxolon especially for children and young adults should not normally exceed 0.5mg/kg body-weight.

Adults 10mg 3 times a day.
Young adults (15-20 years) 5-10mg 3 times a day commencing at the lower dosage.

For dosage in children please consult Data Sheet.

Side-effects and Precautions

There are no absolute contra-indications to the use of Maxolon.

If vomiting persists the patient should be re-assessed to exclude the possibility of an underlying disorder, eg. cerebral irritation. Various extra-pyramidal reactions to Maxolon, usually of the dystonic type, have been reported. The incidence of these reactions in children and young adults may be increased if daily dosages higher than 0.5mg/kg body-weight are administered. The majority of reactions occur within 36 hours of starting treatment and the

effects usually disappear within 24 hours of withdrawal of the drug. Should treatment of a reaction be required, an anticholinergic anti-Parkinsonian drug or a benzodiazepine may be used. Since extra-pyramidal symptoms may occur with both Maxolon and phenothiazines, care should be exercised in the event of both drugs being prescribed concurrently.

Raised serum prolactin levels have been observed during metoclopramide therapy: this effect is similar to that noted with many other compounds.

Maxolon's action on the gastro-intestinal tract is antagonised by anticholinergics. Although animal tests in several mammalian

species have shown no teratogenic effects, treatment with Maxolon is not advised during the first trimester of pregnancy.

Following operations such as pyloroplasty or gut anastomosis, Maxolon therapy should be withheld for three or four days as vigorous muscular contractions may not help healing.



Further information is available on request to the company.

Beecham Research Laboratories
Brentford, England.
Maxolon and the BRL logo are trade marks.

PL 0038/0095 0098 5040 5041.

Availability and NHS Prices
Tablets 10mg (£8.50 for 100).
Syrup 5mg/5ml (£2.92 for 200ml).
Ampoules for injection 10mg (£2.34 for 10).
A paediatric liquid presentation is also available.
Prices correct at May 1982.

Suppose Oral Dilemma

In the treatment of proctitis and proctocolitis the benefit of Salazopyrin Suppositories has long been recognised.^{1,2}

In order to extend the region of the bowel accessible to such topical therapy, the Salazopyrin Enema has been introduced.

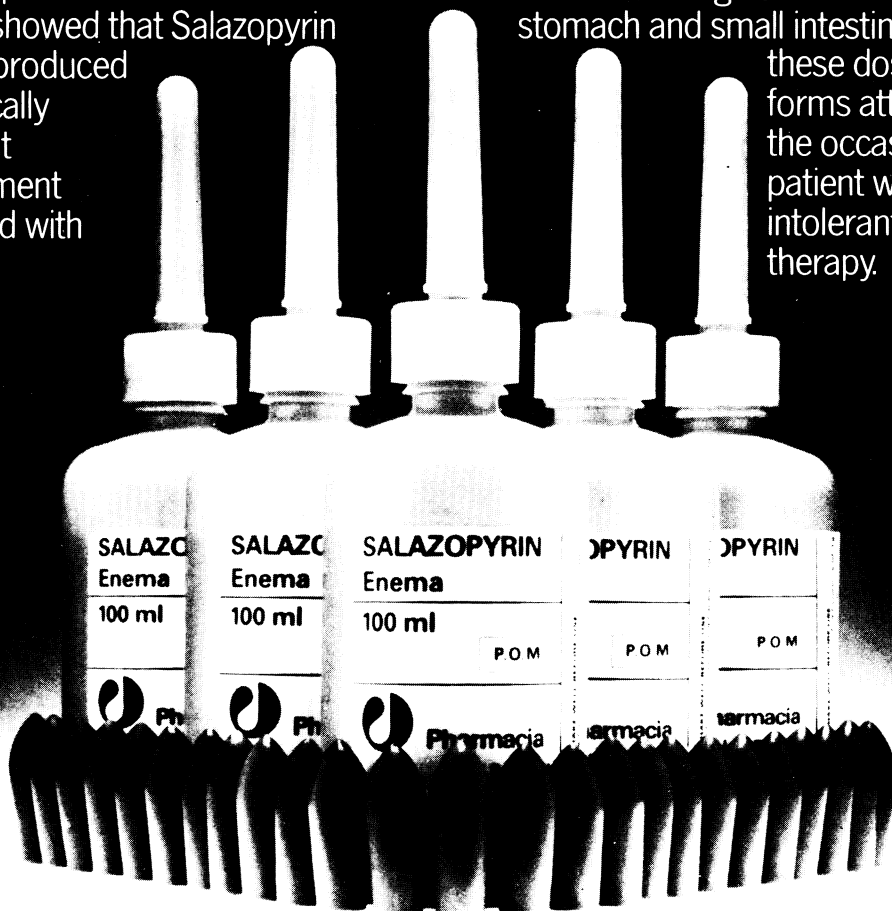
A double blind study over two weeks in patients with acute ulcerative proctitis showed that Salazopyrin enemas produced a statistically significant improvement compared with placebo.

Assessment was by rectoscopic and histological means.³

Since Salazopyrin is effective topically, utilisation of the Enema or Suppositories gives good clinical affect with low circulating levels of the drug, or its metabolites.

This fact, together with the avoidance of drug contact with the stomach and small intestine makes

these dosage forms attractive to the occasional patient who is intolerant of oral therapy.



Salazopyrin per Rectum

Sulphasalazine

Prescribing Information

Dosage and Administration

Plain or EN Tablets: In acute/moderate attacks 2-4 tablets 4 times a day. In severe attacks steroids should also be given. After 2-3 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.

Enema: One enema should be given daily preferably at bedtime. This preparation contains an adult dose of Salazopyrin. Patient instructions are enclosed in each box.

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. **Enema only:** Sensitivity to parabens.

Adverse Reactions: 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, enema or suppositories. If serious reactions occur the drug should be discontinued.

Rarely the following adverse reactions have been reported:

Haematological: e.g. Heinz body anaemia, haemolytic anaemia, leucopenia, agranulocytosis and aplastic anaemia.

Hypersensitivity: e.g. Rash, fever.

Gastrointestinal: e.g. Impaired folate uptake, stomatitis, C.N.S. e.g. Headache, peripheral neuropathy.

Fertility: Reversible oligospermia.

Renal: e.g. Proteinuria, crystalluria.

Also: Stevens-Johnson syndrome and lung complications e.g. 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 and Lactation:

While the ingestion of drugs in these situations may be undesirable, the severe exacerbations of the disease which can occur, committs the continuance of therapy. Long clinical usage and experimental studies have failed to reveal teratogenic or icteric hazards. The amounts of drug present in the milk should not present a risk to a healthy infant.

Packages & Prices:

Plain Tablets (0.5g): 100 & 500 £7.90 for 100

EN Tablets (0.5g): 100 & 500 £7.90 for 100

Suppositories (0.5g): 10 & 50 £2.55 for 10

Enemas (3.0g): 7 £10.80 for 7

Product Licence Numbers:

Plain Tablets 0009, 5006 EN Tablets 0009, 5007

Suppositories 0009, 5008 Enema 0009, 01123

References

1. Harker, H. and Schwartz, J. L. *Br. J. Gastroenterol.*

Med. Int. (Lond.) **26** Suppl. 1, 1984.

2. Walker, J. *Br. J. Gastroenterol.* **44** (suppl. 1984).

3. Mowbray, J. *Gastroenterology* **44** (suppl. 1984).

4. Harker, H. *Br. J. Gastroenterol.* **15** (suppl. 1984).

Pharmacia

Salazopyrin (sodium salphasalazine) is a product of Pharmacia (Great Britain) Ltd, Prince Regent Rd, Hounslow, Middlesex TW3 1NF. Tel: 01-572 7321.

Further information is available on request from the Company.

A bright, diagonal streak of light, possibly representing a comet or a beam of light, cuts across the frame from the top left towards the bottom right. The background is dark and filled with numerous small, white dots, resembling a starry night sky or a microscopic view of a fluid.

The fast, simple and
promote peptic

FOR PRESCRIBING INFORMATION SEE OVERLEAF

new specific way to ulcer healing



80% ulcers healed in one month¹

Rapid relief of pain, rapid healing of the ulcer

No dosage simpler in peptic ulcer treatment

Specifically developed as b.d. treatment

The benefits of highly specific H₂ blockade

Zantac treatment has not been shown to affect the central nervous system,^{1,2} to exert anti-androgenic effects,^{3,4} or to cause drug interaction⁵

NEW
Zantac
RANITIDINE

A British advance from Glaxo

Prescribing Information

NEW Zantac

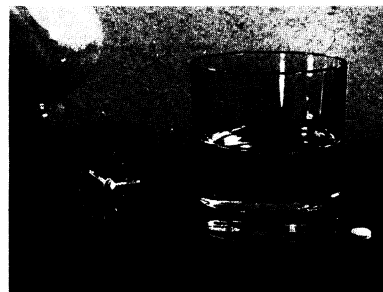
RANITIDINE

Uses

Indications: Zantac Tablets are indicated for the treatment of duodenal ulcer, benign gastric ulcer, post-operative ulcer, reflux oesophagitis and the Zollinger-Ellison syndrome.

Mode of action: Zantac is a highly effective, rapidly acting histamine H₂-antagonist. It inhibits basal and stimulated secretion of gastric acid, reducing both the volume and the acid and pepsin content of the secretion. Zantac has a relatively long duration of action and so a single dose effectively suppresses gastric acid secretion for twelve hours.

Fast



Simple

Dosage and administration

Adults: The usual dosage is one 150 mg tablet twice daily taken in the morning and before retiring. It is not necessary to time the dose in relation to meals. In most cases of duodenal ulcer, benign gastric ulcer and post-operative ulcer, healing occurs in four weeks. In the small number of patients whose ulcers have not fully healed, healing usually occurs after a further course of treatment. Maintenance treatment at a reduced dosage of one 150 mg tablet at bedtime is recommended for patients who have responded to short-term therapy, particularly those with a history of recurrent ulcer. In the management of reflux oesophagitis, the recommended course of treatment is one 150 mg tablet twice daily for up to 8 weeks.

In patients with Zollinger-Ellison syndrome, the starting dose is 150 mg three times daily and this may be increased, as necessary, to 900 mg per day. **Children:** Experience with Zantac Tablets in children is limited and such use has not been fully evaluated in clinical studies. It has, however, been used successfully in children aged 8-18 years in doses up to 150 mg twice daily without adverse effect.

Contra-indications

There are no known contra-indications to the use of Zantac Tablets.

Precautions

Treatment with a histamine H₂-antagonist may mask symptoms associated with carcinoma of the stomach and may therefore delay diagnosis of the condition.

Accordingly, where gastric ulcer is suspected the possibility of malignancy should be excluded before therapy with Zantac Tablets is instituted.

Ranitidine is excreted via the kidney and so plasma levels of the drug are increased and prolonged in patients with severe renal failure. Accordingly, it is recommended that the therapeutic regimen for Zantac in such patients be 150 mg at night for 4 to 8 weeks. The same dose should be used for maintenance treatment should this be deemed necessary. If an ulcer has not healed after treatment for 4 to 8 weeks and the condition of the patient requires it, the standard dosage regimen of 150 mg twice daily should be instituted, followed, if need be, by maintenance treatment at 150 mg at night.

Although the incidence of adverse reactions in clinical trials of one year's duration and longer has been very low and no serious side effects have been reported with Zantac treatment, care should be taken to carry out periodic examinations of patients on prolonged maintenance treatment with the drug as a safeguard against the occurrence of unforeseeable consequences of drug treatment.

Like other drugs, Zantac should be used during pregnancy and nursing only if strictly necessary. Zantac is secreted in breast milk in lactating mothers but the clinical significance of this has not been fully evaluated.

Side effects

No serious adverse effects have been reported to date in patients treated with Zantac Tablets. There has been no clinically significant interference with endocrine, gonadal or liver function, nor has the drug adversely affected the central nervous system even in elderly patients.

Further information

Drug interactions: Ranitidine does not inhibit the cytochrome P450-linked mixed function oxygenase enzyme system in the liver and therefore does not interfere with the effects of the many drugs which are metabolised by this enzyme system. For example, there is no interaction with warfarin or diazepam.

Pharmacokinetics: Absorption of ranitidine after oral administration is rapid and peak plasma concentrations are usually achieved within two hours of administration. Absorption is not impaired by food or antacids. The elimination half-life of ranitidine is approximately two hours. Ranitidine is excreted via the kidneys mainly as the free drug and in minor amounts as metabolites. Its major metabolite is an N-oxide and there are smaller quantities of S-oxide and desmethyl ranitidine. The 24-hour urinary recovery of free ranitidine and its metabolites is about 40% with orally administered drug.

Use in renal transplants: Zantac has been used without adverse effect in patients with renal transplants.

Product licence number 0004/0279

Basic NHS cost (exclusive of VAT) 60 tablets £27.43.

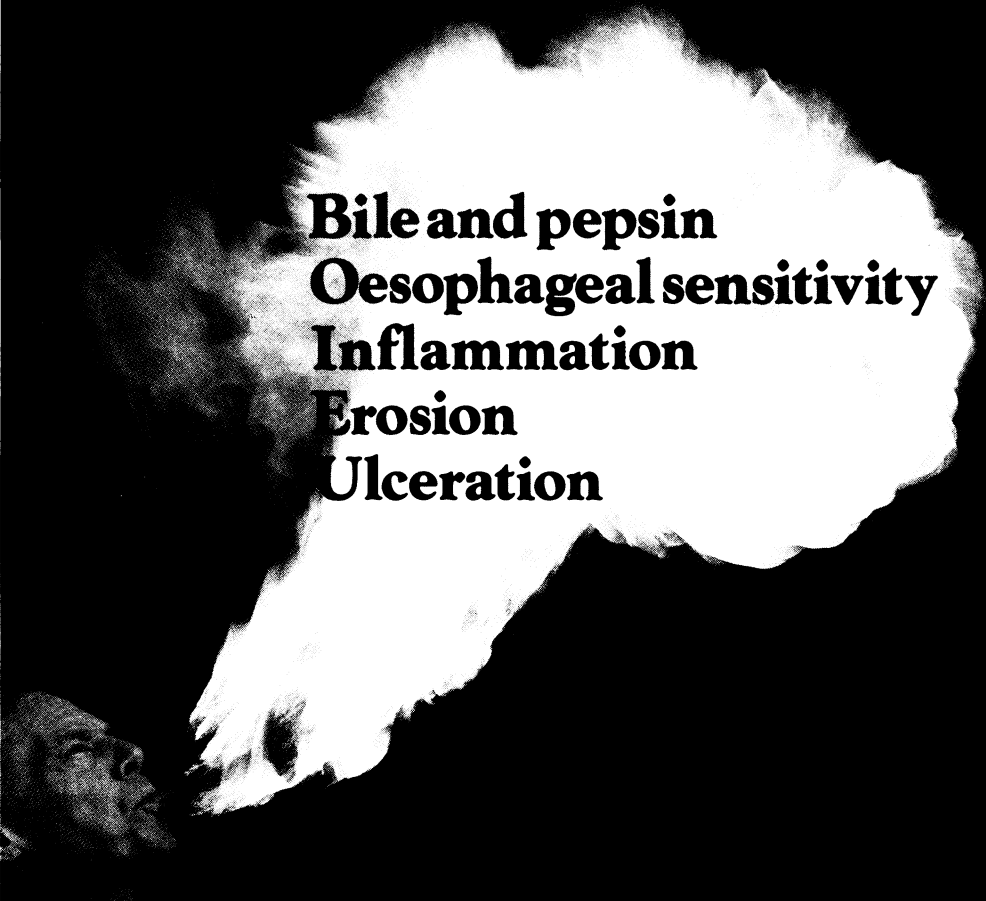
References: 1. Data on file, Glaxo Group Research; 2. Bories, P. *et al.*, *Lancet* 1980; 2 (8197):755; 3. Peden, N.R. *et al.*, *Acta Endocrinologica* 1981; 96:564-568; 4. Nellis, G.F. and Van de Moene, J.C.C., *Postgrad. Med.J.* 1980; 56:478-480; 5. Henry, D.A. *et al.*, *BrMedJ.* 1980; 2:775-777.

Specific

Glaxo

Glaxo Laboratories Ltd., Greenford,
Middlesex UB6 0HE.

Reflux oesophagitis **more than a little bit of acid**



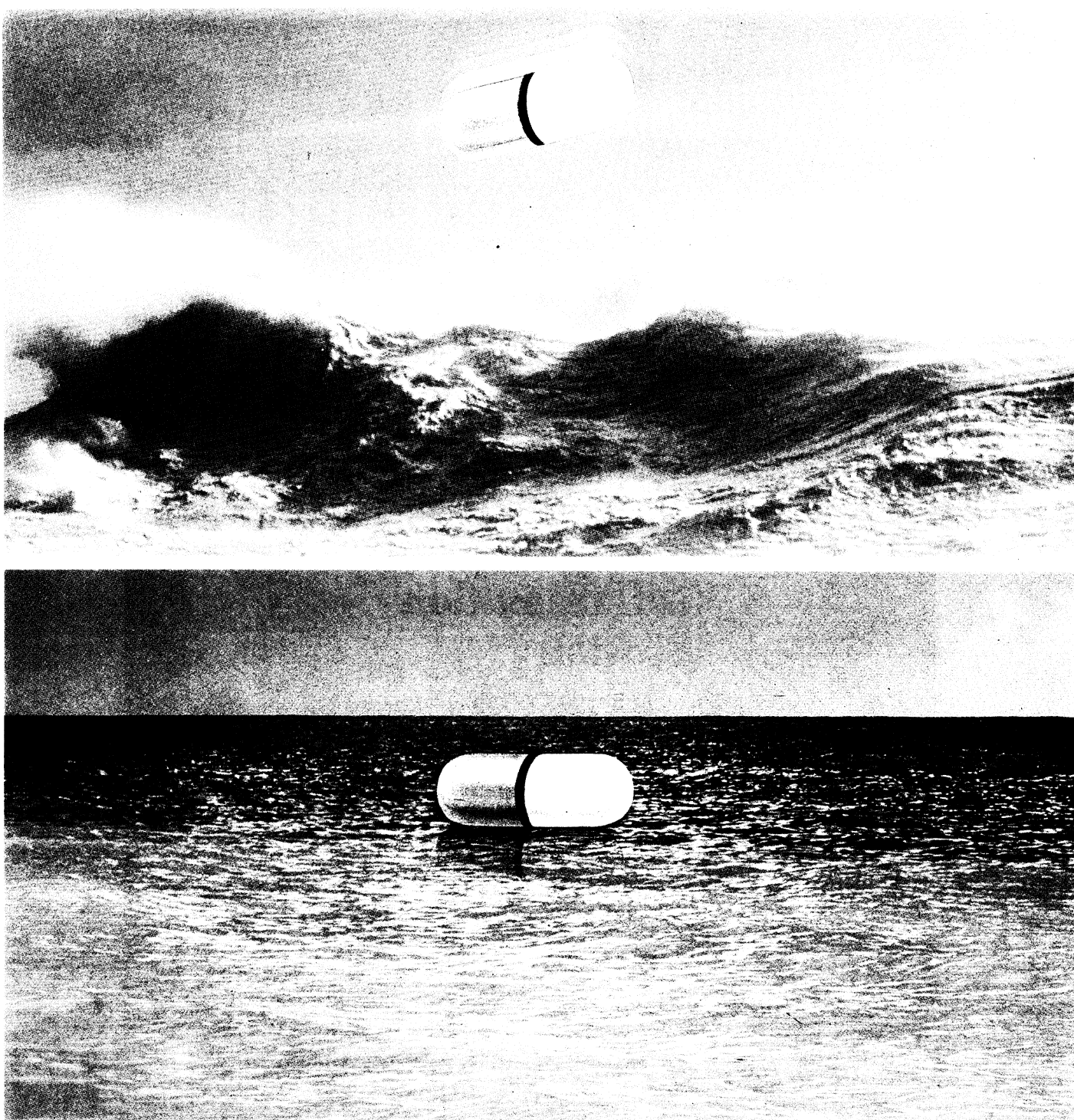
Bile and pepsin
Oesophageal sensitivity
Inflammation
Erosion
Ulceration

PYROGASTRONE

carbenoxolone/magnesium trisilicate/dried aluminium hydroxide gel

more than an antacid
-a positive healing treatment

Pyrogastrone is a registered trade mark. Made under licence from Biorex Laboratories, Brit. Pat. No. 1390683. Full information from Winthrop Laboratories, Surbiton-upon-Thames, Surrey. **WINTHROP**



COLPERMIN CALMS THE IRRITABLE BOWEL

enteric-coated peppermint oil

Now for the first time, the well-proven therapeutic agent peppermint oil, can be delivered direct to the colon.

Colpermin, a newly developed enteric-coated capsule, delivers the oil precisely

where it is needed. This provides an improved, rapid, and highly effective method of relieving spasmodic pain, distension and disturbed bowel habit - the dominant symptoms of the irritable bowel syndrome.

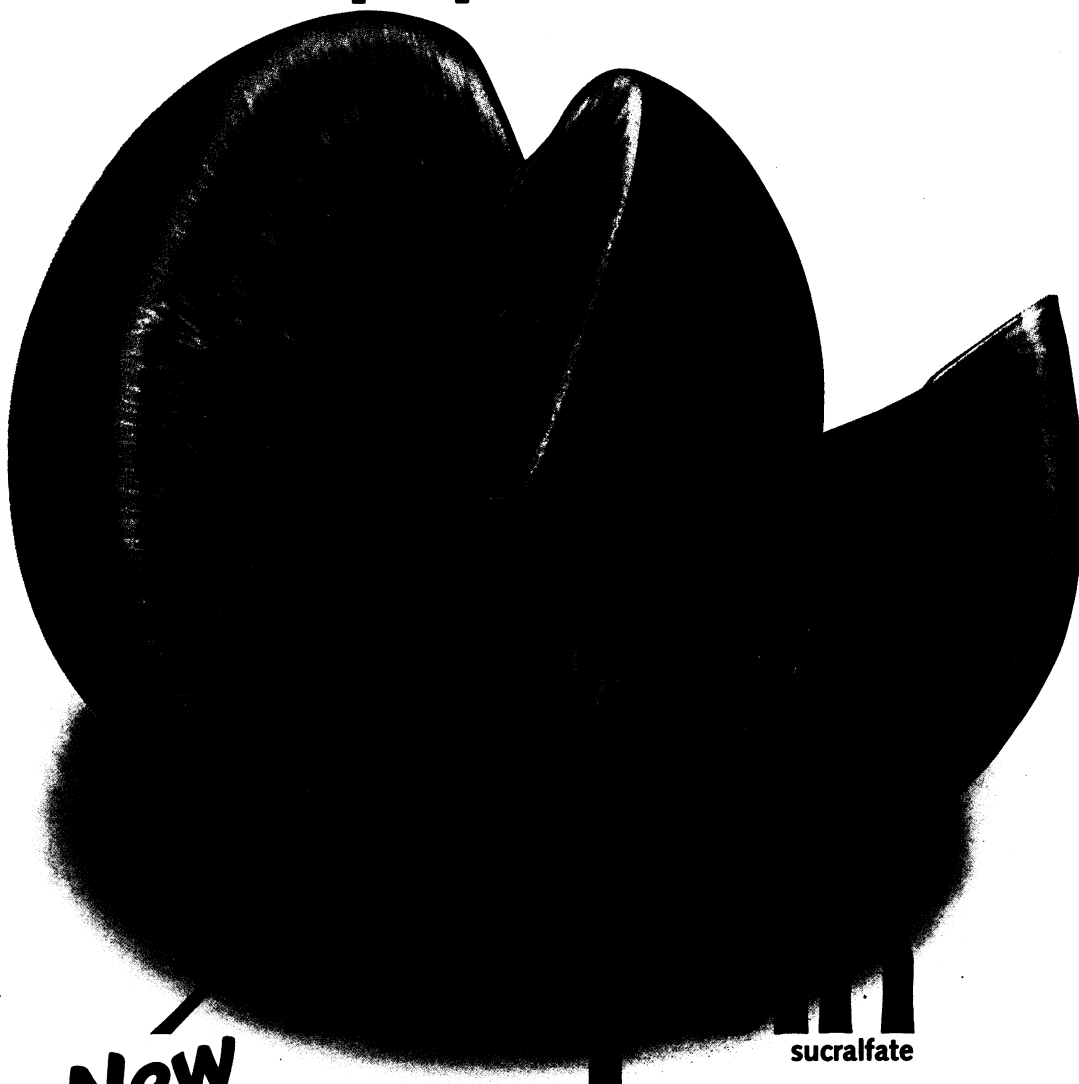
Presentation: Enteric coated gelatine capsule. Each contains 0.2 ml standardised peppermint oil B.P. Ph. Eur. **Uses:** For the treatment of symptoms of discomfort and of abdominal colic and distension experienced by patients with irritable bowel syndrome. **Dosage and Administration:** One capsule three 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:** £10.00 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. 2 006 011.

Tillotts
LABORATORIES

A fresh approach to peptic ulcers



New

sucralfate

non-systemic ulcer healer

Prescribing Information

Presentation Antepsin Tablets 1 gram are white, oblong, biconvex, uncoated tablets scored and embossed 1239 on one side and Ayerst on the other. Each tablet contains 1 gram sucralfate. **Uses** For the treatment of duodenal ulcer, gastric ulcer and chronic gastritis. **Dosage and Administration** For oral administration. **Adults** - Usual dose 1 gram 4 times a day. Maximum daily dose 8 grams. Four to six weeks treatment is usually needed for ulcer healing but up to twelve weeks may be necessary in resistant cases. Antacids may be used as required

*ANTEPSIN is a registered Trade Mark.

for relief of pain. **Contra-Indications, Precautions, Warnings, etc.** **Contra-Indications** There are no known contra-indications. **Precautions** 1. Concomitant administration with some oral anti-infectives such as tetracyclines may interfere with absorption of the latter. 2. The product should only be used with caution in patients with renal dysfunction. 3. As with all medicines, Antepsin should not be used in early pregnancy unless considered essential. **Side Effects** A low incidence of mild side effects, e.g. constipation, has been reported. **Legal Category** POM. **Package Quantities** Antepsin 1 gram - Securitainers of 100. **Pharmaceutical Precautions** No special

Further information is available on request to the Company.

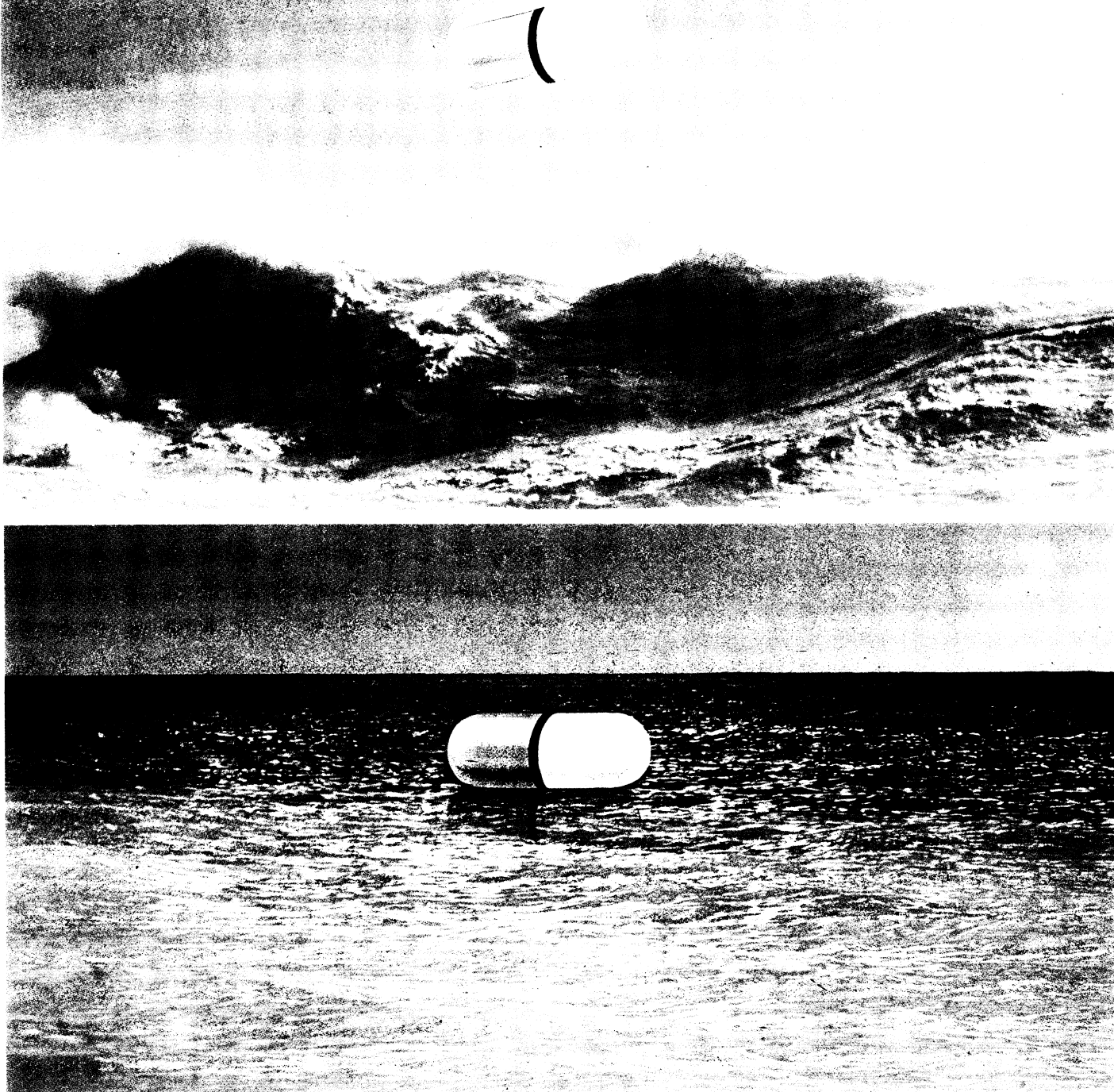
requirements for storage are necessary. **Product Licence Numbers** PL No. 0607/0045 PA No. 149/4/2. **Basic N.H.S. Price** Average daily cost 50p



**Ayerst
International**

Ayerst Laboratories Ltd.,
South Way, Andover, Hampshire SP10 5LT.
Telephone: 0264 58711.

Distributors in Ireland: Ayerst Laboratories Ltd.,
765 South Circular Road, Islandbridge, Dublin 8.



COLPERMIN CALMS THE IRRITABLE BOWEL

enteric-coated peppermint oil

Now for the first time, the well-proven therapeutic agent peppermint oil, can be delivered direct to the colon.

Colpermin, a newly developed enteric-coated capsule, delivers the oil precisely

where it is needed. This provides an improved, rapid, and highly effective method of relieving spasmodic pain, distension and disturbed bowel habit - the dominant symptoms of the irritable bowel syndrome.

Presentation: Enteric coated gelatine 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 (009). Basic NHS Cost: \$10.00 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. 2 006 011.





Ease the spasm. Ease the mind.

LIBRAXIN

clidinium bromide and chlordiazepoxide

Clidinium bromide to calm the gut. Chlordiazepoxide to calm the mind.

Indications For the control of hypersecretion, hypermotility and emotional factors associated with gastro-intestinal disorders, such as nervous dyspepsia, peptic ulcer, cardiospasm, pylorospasm, nervous or irritable colon.

Dosage 1 or 2 tablets three or four times daily. In elderly patients, it is recommended that the initial dose be 1 tablet twice daily.

Contra-indications Because of its anticholinergic effects, Libraxin should not be given to patients suffering from glaucoma or prostatic enlargement.

Precautions Patients should avoid alcohol while under treatment with Libraxin, since the individual

response cannot be foreseen. Patients' reactions (driving ability, operation of machinery, etc.) may be modified to a varying extent, depending on dosage and individual susceptibility. The established medical principle of prescribing medicaments in early pregnancy only when absolutely indicated should be observed.

Side-effects Side-effects are infrequent and are controlled by reduction of dosage. They include

drowsiness, muscle weakness, dryness of the mouth, blurring of vision, constipation and hesitancy of micturition.

Presentation Libraxin tablets containing 5mg chlordiazepoxide and 2.5mg clidinium bromide in packings of 100 and 500.

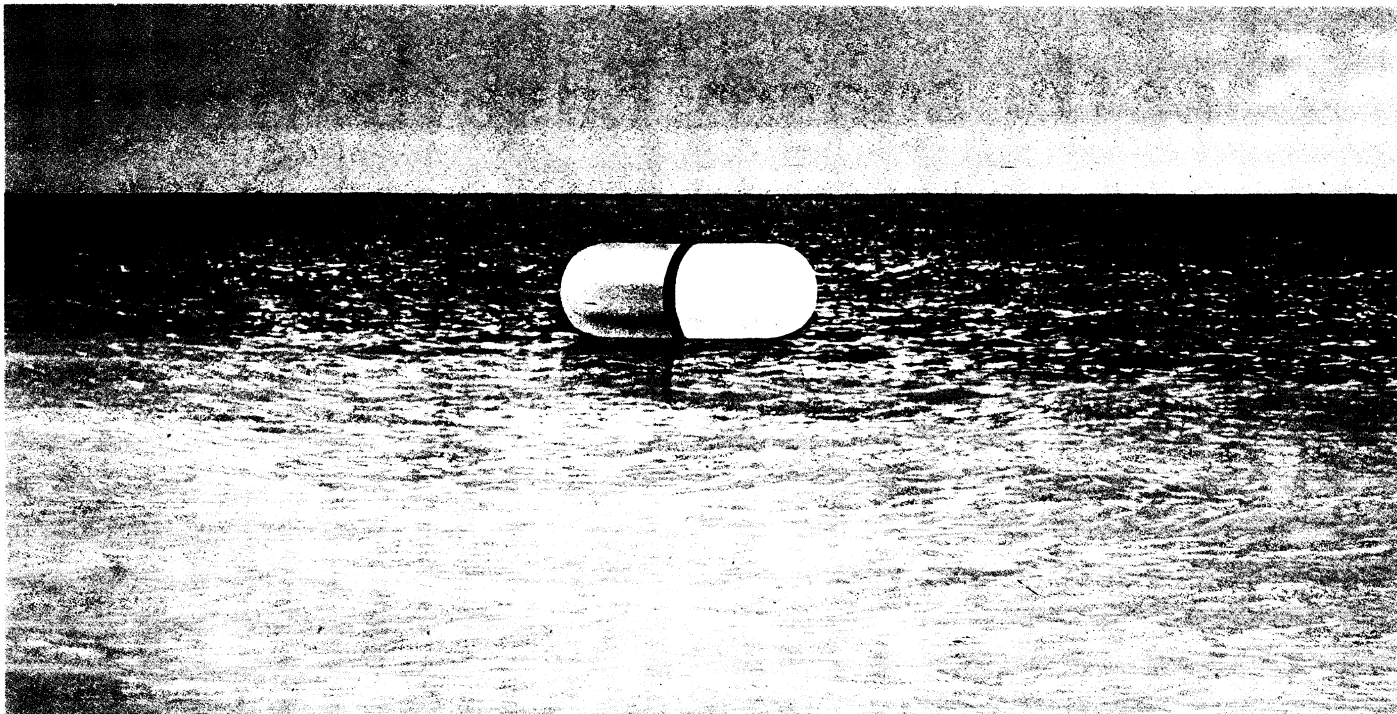
Basic NHS Cost 1 tablet 3 times daily 7.4p/day ex 500 pack.

Licence Number 0031/5024

Licence Holder Roche Products Limited, PO Box 8 Welwyn Garden City, Hertfordshire AL7 3AY
Libraxin is a trade mark



ROCHE



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enteric-coated peppermint oil

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A FRESH APPROACH TO GALLSTONE TREATMENT

- * For the dissolution of cholesterol stones in a functioning gall bladder.
- * Reported effective in up to 80% of appropriate patients.
- * Diarrhoea is very uncommon.
- * Simple dosage aids patient compliance.
- * Virtually no adverse reports on liver function.

Destolit*
URSODEOXYCHOLIC ACID
DISSOLVES GALLSTONE PROBLEMS

Merrell

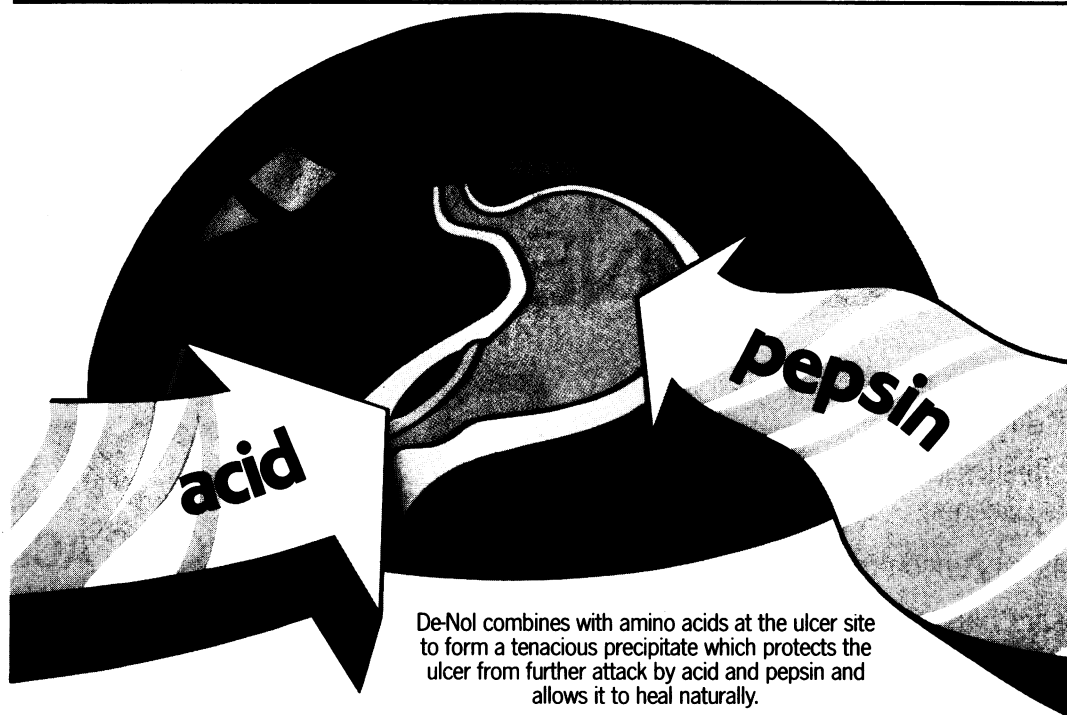
Presentation: Plain white tablet containing 150mg ursodeoxycholic acid. **Uses:** DESTOLIT is indicated for the dissolution of radiolucent (ie non-radio opaque) cholesterol gallstones in patients with a functioning gallbladder. **Dosage:** The daily dose for most patients is 3 or 4 tablets of 150mg according to body weight. This dose should be divided into 2 administrations after meals, with one administration always to be taken after the evening meal. A daily dose of about 8 to 10mg/kg will produce cholesterol desaturation of bile in the majority of cases. The duration of treatment required to achieve gallstone dissolution will usually not be extended beyond 2 years and should be monitored by regular cholecystograms. Treatment should be continued for 3-4 months after the radiological disappearance of the gallstones. Any temporary discontinuation of treatment, if prolonged for 3-4 weeks, will allow the bile to return to a state of supersaturation and will extend the total time required for litholysis. **Contra-indications, Warnings etc.:** In common with all drugs, it is advised that ursodeoxycholic acid should not be given during the first trimester of pregnancy. In cases of conception during treatment, therapy should be discontinued. Active gastric or duodenal ulcers are contra-indications, as are hepatic and intestinal conditions interfering with the enterohepatic circulation of bile acids. Excessive dietary intake of calories and cholesterol should be avoided; a low cholesterol diet will probably improve the effectiveness of DESTOLIT tablets. It is also recommended that drugs known to increase cholesterol elimination in bile, such as oestrogenic hormones, oral contraceptive agents and certain blood cholesterol lowering agents should not be prescribed concomitantly. **Side effects:** DESTOLIT is normally well tolerated. Diarrhoea has been found to occur only occasionally. No significant alterations have so far been observed in liver function. **Overdosage:** It is unlikely that overdosage will cause serious adverse effects. **Legal category:** POM. **Package quantities:** Blister packs of 60 tablets. **Basic N.H.S. cost:** £19.40 per 60 tablets (Nov. 1981). **Product licence number:** 0341/0022. **Merrell Pharmaceuticals Limited**, Meadowbank, Bath Road, Hounslow, Middlesex TW5 9QY. A subsidiary of The Dow Chemical Company. DESTOLIT* is a trade mark of The Dow Chemical Company. Further information on request.

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References: 1. Martin et al, Lancet **1**, 7-10(1981). 2. Kang et al, Aust.N.Z.Med. **10**, 111(1980). 3. Cowen et al, Aust.N.Z.Med. **10**, 364(1980). 4. Tanner et al, Med.J.Aust. **1**, 1-2(1979).

Prescribing Information De-Nol contains 120mg tri-potassium di-citrato bismuthate (as Bi_2O_3) per 5ml. For the treatment of gastric and duodenal ulcers. Oral administration, usually 5ml diluted with 15ml water four times a day on an empty stomach, half an hour before each of the three main meals and two hours after the last meal of the day. Contra-indicated on theoretical grounds in cases of severe renal insufficiency and in pregnancy. De-Nol may inhibit the efficacy of orally administered tetracyclines. Blackening of the stool can occur and darkening of the tongue has been reported. 28 day (560ml) treatment pack £10.19. P/L No. 0166/5204.

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