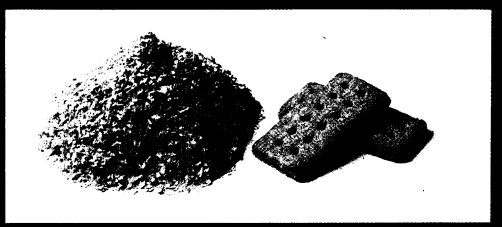
FOR SHEER CONVENIENCE IT TAKES THE BISCUIT

In dietary constipation, the effectiveness of bran is determined by its 'active fibre' content – often only a fraction of the total volume.

By increasing the amount of active fibre per unit, LEJFIBRE biscuits are not only more effective, but much easier to take – 2 or 3 biscuits daily is all that's needed.

And because phytic acid residues are low, LEJFIBRE can be safely given over long periods without risk of iron or calcium depletion.



Two Lejfibre biscuits provide fibre equivalent to 20g of bran

Lejfibre Contains:	Per biscuit
Total Carbohydrate	6.0g
Assimilable Carbohydrate	4.6g
NDF fibre	4.0g
Fat	1.8g
Protein	0.9g
Kjoules	12(2.9 Kcal)

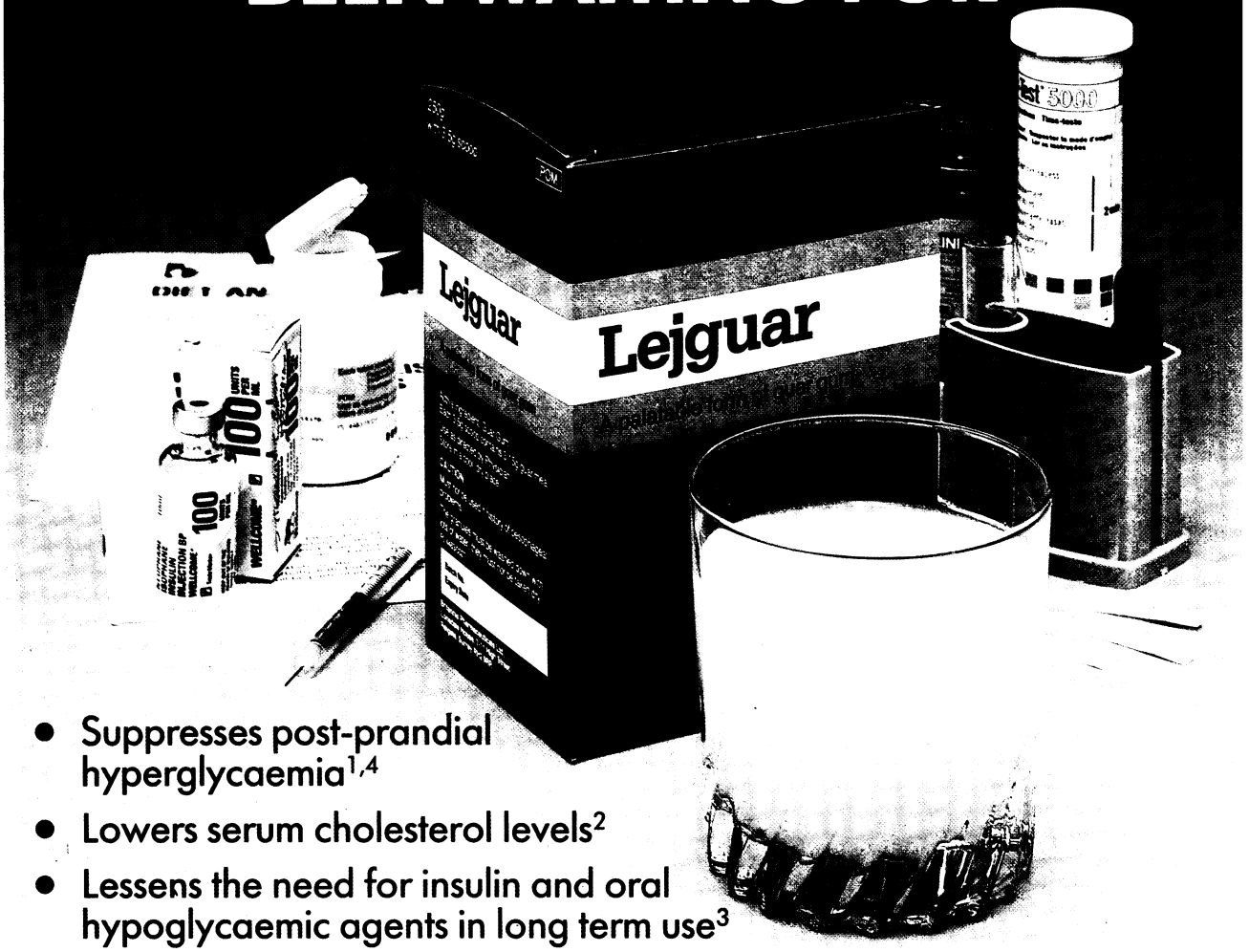
® Lejfibre BISCUITS

Active fibre for constipation

PRESCRIBING INFORMATION
PRESENTATION: Medium Brown biscuit 70 x 32 x 7mm containing 12 pinholes, approximately 10g in weight. Each biscuit containing 4.04g oat bran meal. **Indications:** As a laxative in the treatment of constipation. **DOSAGE AND ADMINISTRATION:** 1 or 2 biscuits once or twice a day. The biscuits should be chewed with a drink. Children's dose: Fibre-biscuits are not intended for use in children. The biscuits should be eaten normally. They may be spread with butter, marmite, jam, etc and taken as a snack with the morning drink. **CONTRA-INDICATIONS, WARNINGS, ETC.:** There are no contra-indications to the use of Lejfibre. If laxatives are needed every day or there is consistent abdominal pain the condition should be investigated further. **Legal Category:** GSL. **Package Quantities:** 25 x 10g biscuits. **Product Licence Number:** PL 4483/0029. **Basic NHS cost:** £2.80 per pack of 25 biscuits.

Further information is available on request from: **Britannia Pharmaceuticals Limited, Hamilton House, 87-89 Bell Street, Reigate, Surrey RH2 7YZ.**

THE BREAKTHROUGH DIABETES HAS BEEN WAITING FOR



- Suppresses post-prandial hyperglycaemia[1,4]
- Lowers serum cholesterol levels[2]
- Lessens the need for insulin and oral hypoglycaemic agents in long term use[3]
- Reduces appetite in obese patients

℞ NEW **Lejguar**

PALATABLE GUAR GUM FOR MATURITY-ONSET DIABETES

PRESCRIBING INFORMATION

PRESENTATION: Each pack contains 250g of Lejguar, a palatable granule, containing approximately 90% of guar meal flour. The granules are white to slightly yellow, 0.6-3.5mm in diameter and have a neutral taste. **USES: Action:** Ingestion of Lejguar results in a reduction of post-prandial glucose levels. This action is probably due to the fact that Lejguar forms a viscous gel in the gastro-intestinal tract resulting in a reduction of the gastric emptying rate and a thickening of the unstirred water layer adjacent to the intestinal villi. The bulking action of Lejguar helps to reduce energy intake by diminishing appetite. **Indications:** Lejguar is indicated for use in diabetics to stabilise post-prandial glucose levels. This stabilisation facilitates control of the disease and, in appropriate cases, allows the reduction of insulin or oral hypoglycaemic dosage levels. **DOSAGE AND ADMINISTRATION: Adult Dose:** 7g (two scoops) three times a day, during the first six weeks of treatment. After this initial period the dose can usually be reduced to 7g (two scoops) twice a day. **Children's Dose:** The product is not recommended for use in children. **Administration:** 7g (two level scoops) of Lejguar should be taken at meal-times. One 3.5g scoopful before the meal and the other 3.5g scoopful during the meal. One level scoopful (3.5g) of granules should be stirred into a glass containing at least 200ml of water, or fruit juice, then swallowed quickly and washed down with another 200ml of water or fruit juice. **Note:** If water is not used the sugar content of the liquid should be taken into account. **CONTRA-INDICATIONS, WARNINGS ETC.: Precautions:** To avoid the risk of oesophageal obstruction or rupture Lejguar should not be given to patients with a history of oesophageal disease or difficulties in swallowing. Lejguar should not be ingested as dry granules. For optimum results and to minimise non-compliance it is essential for the granules to be mixed with water or fruit juice before swallowing; the gel must be washed down with lots of liquid. During initial therapy and when reducing dosage of Lejguar, blood glucose levels should be carefully monitored and concurrent treatment adjusted where necessary, to minimise the danger of hypoglycaemia. **Side-Effects:** Reported side-effects are a laxative effect and increased flatulence. Occasional excessive laxation is usually transient and normally improves after 1-2 weeks or after temporarily reducing the dosage. **Pharmaceutical Precautions:** Lejguar should be stored in a cool, dry place. **Legal Category:** P. **Package Quantities:** Each carton of Lejguar contains 250g of granules plus a 3.5g scoop. **Further Information:** Nil **Product Licence Number:** PL 4483/0027. **Basic NHS cost:** £6.15 for 250g pack.

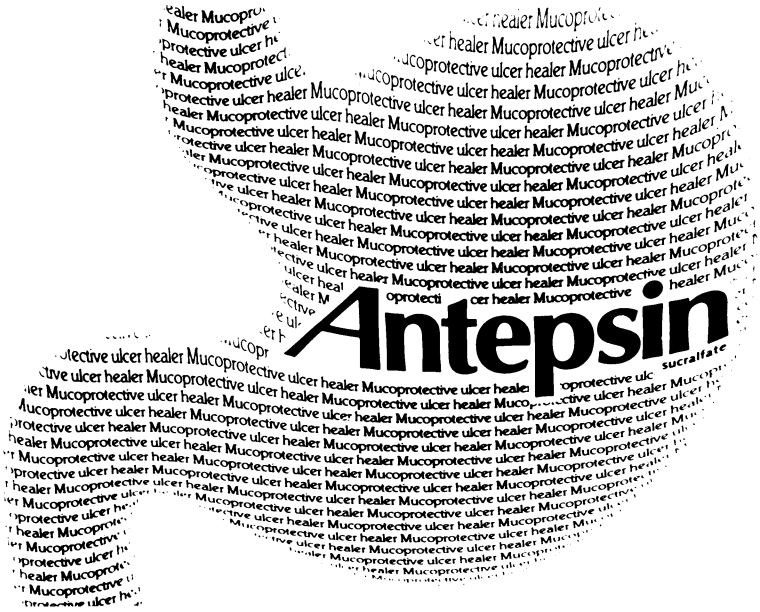
References: 1. Ann. Int. Med., 1977; 86: 20-32. **2.** Atherosclerosis, 1982; 45: 1-10. **3.** BMJ, 1978, 2: 1744-1746. **4.** Diabetologia, 1980; 19: 21-24.

Further information is available from: **Britannia Pharmaceuticals Limited, Hamilton House, 87-89 Bell Street, Reigate, Surrey RH2 7YZ.**

Antepsin®

Sucralfate

Mucoprotective ulcer healer



Non-systemic action

Fast pain relief
Excellent healing rates
Prolonged remission
Low incidence of side effects

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 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.

Further information is available on request to the Company.

Legal Category POM. **Package Quantities** Antepsin 1 gram Securitainers of 100. **Pharmaceutical Precautions** No special 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

* ANTEPSIN is a registered Trade Mark.

A BETTER CHOICE EVERY TIME

IT WORKS
In the treatment of ulcerative colitis, Colifoam is as effective as steroid enemas. At the same time it has been shown that patients find the foam easier to retain.[1, 2]

PATIENTS PREFER IT
Colifoam is far more comfortable, more convenient and more acceptable than enemas. Patients also find it easier to administer and that it causes less interference in their daily lives.

IT COSTS LESS
Surprisingly, despite the fact that it's just as effective and far more comfortable, Colifoam is less expensive. In fact, it can cost up to ⅓ less per dose than a standard proprietary enema.[3]

IT'S SAFER
cent clinical data shows Colifoam has xtremely low levels of systemic absorption,[4] ower than proprietary prednisolone enemas.[5] Therefore, there is less potential for adrenal suppression which means that Colifoam may be considered safer in long-term use.

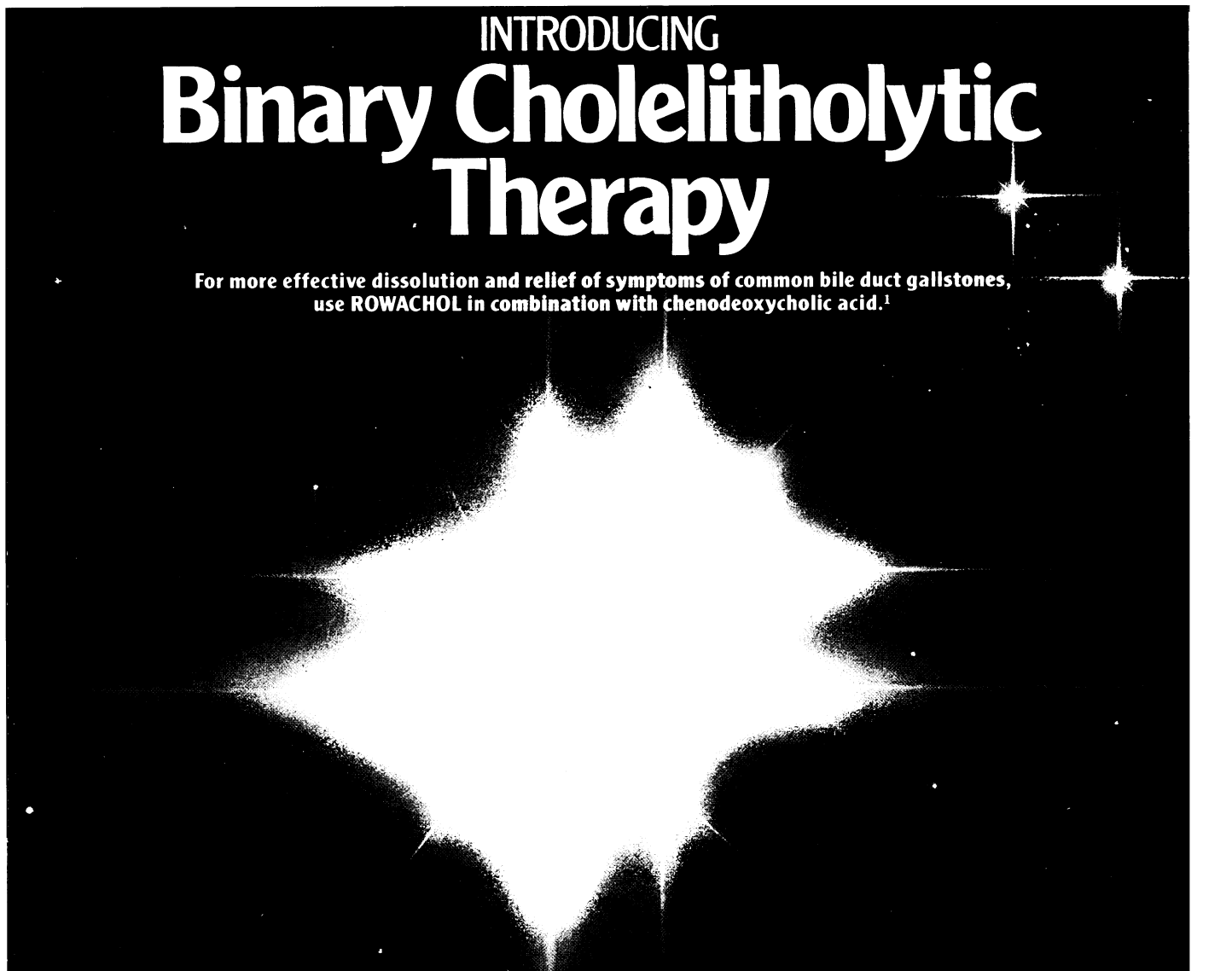
COLIFOAM
hydrocortisone acetate foam

IN DISTAL INFLAMMATORY BOWEL DISEASE. A BETTER CHOICE EVERY TIME.

Presentation White odourless aerosol foam containing hydrocortisone acetate PhEur 10%. **Uses** Anti-inflammatory corticosteroid therapy for the topical treatment of ulcerative colitis, proctosigmoiditis and granular proctitis. **Dosage and administration** One applicatorful inserted into the rectum once or twice daily for two or three weeks and every second day thereafter. Shake can vigorously before use (illustrated instructions are enclosed with every pack). Satisfactory response usually occurs within five to seven days. **Contra-indications, warnings etc.** Local contra-indications to the use of intrarectal steroids include obstruction, abscess, perforation, peritonitis, fresh intestinal anastomoses and extensive fistulae. General precautions common to all corticosteroid therapy should be observed during treatment with Colifoam. Treatment should be administered with caution in patients with severe ulcerative disease because of their predisposition to perforation of the bowel wall. Safety during pregnancy has not been fully established. **Pharmaceutical precautions** Pressurized container. Protect from sunlight and do not expose to temperatures above 50°C. Do not pierce or burn even after use. Do not refrigerate. Shake vigorously before use. Keep out of reach of children. For external use only. **Legal category POM. Package quantities** Aerosol canister containing 25g (approx. 14 applications). **Basic NHS cost** 25g plus applicator, £7.40. **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.** Ruddell WSJ, et al. Gut 1980; 21: 885–889. **2.** O'Donoghue D. Modern Medicine, December 1981; 45. **3.** Source: Mims. **4.** Barr WH, Kline B, Beightol L, Zfass A, Medical College of Virginia/Virginia Commonwealth University. FDA bioavailability submission document October 1981. **5.** Lee DAH, et al. Gut 1980; 21: 215–218. Further information is available on request. Stafford-Miller Ltd., Professional Relations Division, Hatfield, Herts. AL10 0NZ.

INTRODUCING
Binary Cholelitholytic Therapy

For more effective dissolution and relief of symptoms of common bile duct gallstones, use ROWACHOL in combination with chenodeoxycholic acid.[1]



As the only adjuvant cholelitholytic agent containing monoterpenes derived from plant essential oils, ROWACHOL not only accelerates the dissolution of gallstones, but also permits reduction of the dose of chenodeoxycholic acid, thus reducing the potential for side effects.[2]

"...we reduced the chenodeoxycholic acid dose requirement by almost two-thirds; this resulted in a great improvement in patient tolerance and reduced by half the total cost of treatment."[2]

ROWACHOL CAPSULES

(MENTHOL, PINENE, MENTHONE, CAMPHENE, BORNEOL, CINEOLE - COMPOUND OF CYCLIC MONOTERPENES)

ABBREVIATED PRESCRIBING INFORMATION

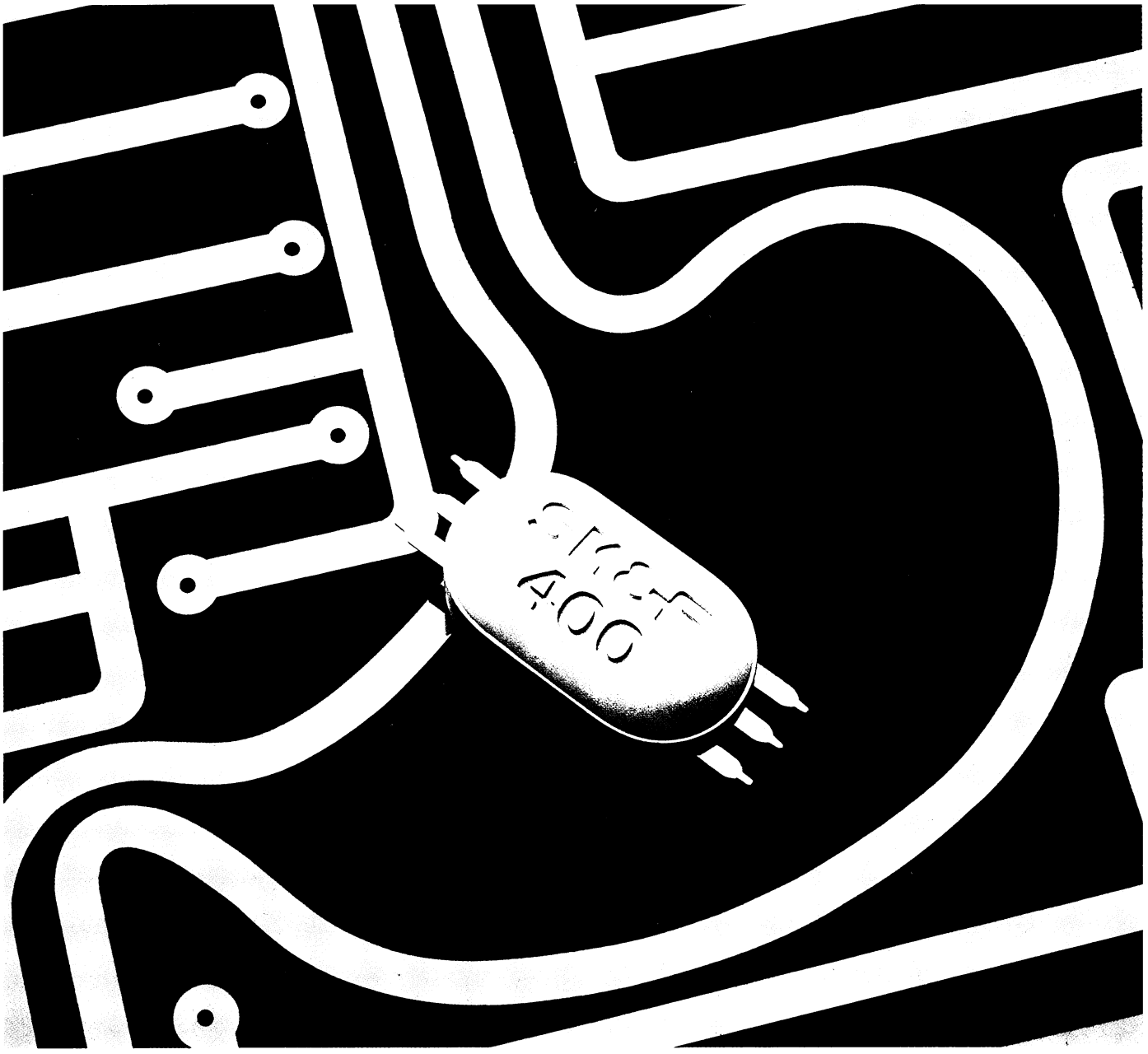
ROWACHOL CAPSULES
PRESENTATION
Green, enteric coated soft gelatin capsules, each containing
Pinene 17mg, camphene 5mg, cineole 2mg, menthone 6mg, menthol 32mg, borneol 5mg.
USES
Adjunct therapy for the dispersal (by dissolution and/or expulsion) of stones in the common bile duct. To be used in combination with chenodeoxycholic acid.
DOSAGE AND ADMINISTRATION
For oral administration.
Adult dose: 1-2 capsules three times a day before meals. There is no dose recommendation for children.
CONTRAINDICATIONS, WARNINGS, ETC.
Caution should be used in patients receiving oral anti-coagulants, or other agents metabolised by the liver, where the dose is critical.
Reduced cholesterol intake in the diet is advisable. Although no teratogenic effects have been reported, Rowachol should not be given in the first trimester of pregnancy.
BASIC NHS PRICE
50 - £5.95
LICENCE HOLDER
Rowa Ltd., Bantry, Co. Cork, Ireland
PL 0007/0002

ROWACHOL LIQUID
PRESENTATION
Pale yellow liquid containing (in olive oil) v/v: menthol 32%, menthone 6%, pinene 17%, borneol 5%, cineole 2%, camphene 5%.
USES
Cholelithiasis, biliary and hepatic disorders.
DOSAGE AND ADMINISTRATION
For oral administration. Adult dose: 3-5 drops four or five times daily. No dose recommendation for children.
CONTRAINDICATIONS, WARNINGS, ETC.
Caution should be used in patients receiving oral anti-coagulants, or other agents metabolised by the liver, where the dose is critical.
Reduced cholesterol intake in the diet is advisable. Although no teratogenic effects have been reported, Rowachol should not be given in the first trimester of pregnancy.
Adverse effects: Eructation and a taste of peppermint can occasionally occur. Very occasionally, soreness of the mouth, or even buccal ulceration have been reported; these effects disappear on withdrawal of the drug.
BASIC NHS PRICE
10ml dropper bottle: £5.70
LICENCE HOLDER
Rowa Ltd., Bantry, Co. Cork, Ireland
PLR 0531/6286

REFERENCES:
1. Ellis WR, et al. "Oral dissolution therapy a valid option in management of biliary duct stones" Gastroenterology. In press.
2. Ellis WR, Bell GD, Middleton B, et al. "Adjunct to bile acid treatment for gallstone dissolution. Low dose chenodeoxycholic acid combined with a terpene preparation." BMJ 1981; 282: 611-612.

Further information is available on request from:
Tillotts Laboratories,
Henlow Trading Estate,
Henlow, Beds. SG16 6DS
Telephone:
0462 811393 3
Telex: 82313

Tillotts LABORATORIES



Gastro-technology

Tagamet
cimetidine
acid controlled

Prescribing Information. Presentations 'Tagamet' Tablets, PL 0002/0092, each containing 400 mg cimetidine. 56, £16.61. 'Tagamet' Tablets, PL 0002/0063, each containing 200 mg cimetidine. 500, £74.15. 'Tagamet' Syrup, PL 0002/0073, containing 200 mg cimetidine per 5 ml. 500 ml, £20.43. **Indications** Duodenal ulcer, benign gastric ulcer, recurrent and stomal ulceration, oesophageal reflux disease. Other conditions where reduction of gastric acid is beneficial: prophylaxis of stress-induced gastrointestinal haemorrhage and of acid aspiration (Mendelson's) syndrome; malabsorption and fluid loss in short bowel syndrome. Zollinger-Ellison syndrome. **Dosage** *Usual dosage:* Adults. *Duodenal ulcer,* 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. To prevent relapse, 400 mg at bedtime or 400 mg morning and at bedtime for at least 6 months. *Benign gastric ulcer,* 200 mg t.d.s. with meals and 400 mg at bedtime (1.0 g/day) for at least 6 weeks. *Oesophageal reflux disease,* 400 mg t.d.s. with meals and 400 mg at bedtime (1.6 g/day) for 4 to 8 weeks. *Prophylaxis of stress-induced gastrointestinal haemorrhage,* up to 2 g a day, divided, to maintain intragastric pH above 4. *Prophylaxis of acid aspiration syndrome,* 400 mg 90-120 mins before induction of general anaesthesia. 400 mg at start of labour then 200 mg 2-hourly as necessary, suggested maximum 1.6 g. Do not use 'Tagamet' syrup. *Zollinger-Ellison syndrome,* up to 2 g a day, divided. *Recurrent and stomal ulceration* and *short bowel syndrome,* 200 mg t.d.s. and 400 mg at bedtime (1.0 g/day). *N.B. For full dosage instructions see Data Sheet.* **Cautions** Impaired renal function: reduce dosage (see Data Sheet). Potentiation of oral anticoagulants, phenytoin and theophylline (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. 9.12.83.

Smith Kline & French Laboratories Limited, Welwyn Garden City, Hertfordshire AL7 1EY. © 1984 Smith Kline & French Laboratories Limited
'Tagamet' is a trade mark

SK&F

TG: AD724

LCN

The liquid life-line

for the surgical patient

Administration of Fortison feeding is most easily accomplished using the Fortison Feeding Set (gastric drip line) and the Fortison Tube.

For further information contact–

Cow & Gate Limited, Clinical Products Division,
Cow & Gate House, Trowbridge, Wiltshire, BA14 8YX.
Telephone: Trowbridge 02214 68381.

Gastrozepin is a selective antimuscarinic agent which provides balanced control of gastric secretion without markedly affecting other peripheral receptor sites. This gastro-selective action means that, in practice, Gastrozepin is a well-tolerated drug which heals peptic ulcers.

Gastrozepin DOES NOT . . .
- **rely on acid reduction alone**
- **rely on pepsin reduction alone**
- **rely on mucosal protection alone**
- **profoundly affect intragastric pH**

Gastrozepin DOES . . .
- **relieve daytime pain**
- **relieve night-time pain**
- **reduce antacid intake**
- **heal peptic ulcers with one 50 mg tablet b.d.**

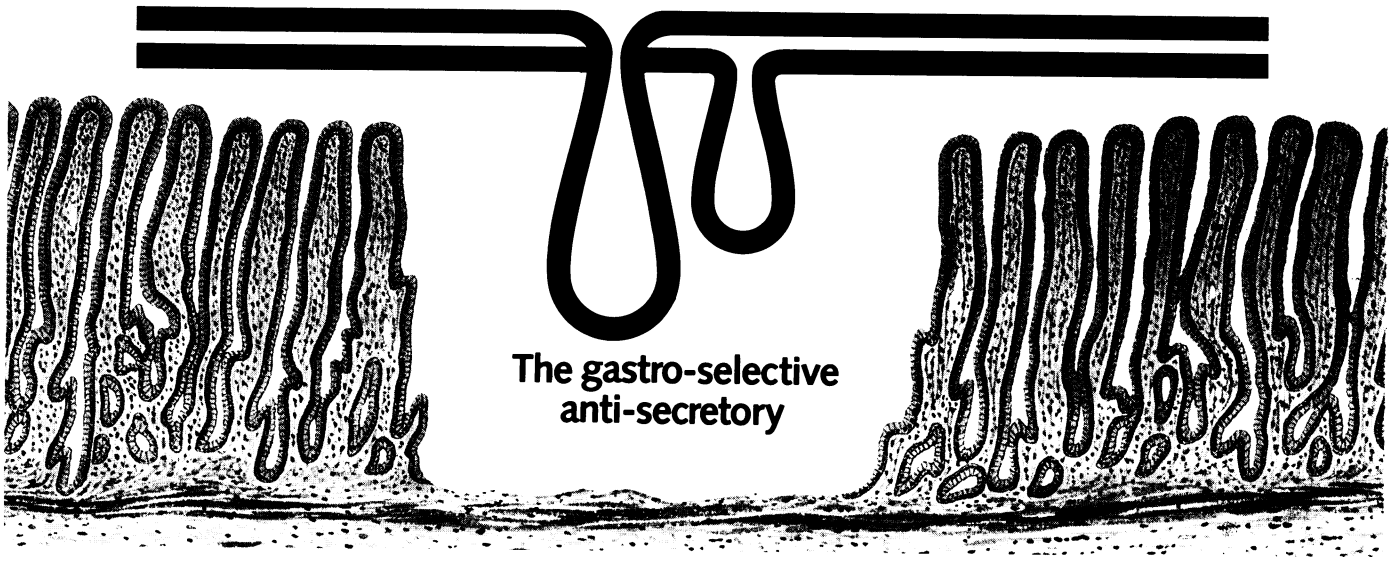
For the treatment of peptic ulcer

Twice daily

GASTRO SELECTIVE

Gastrozepin®

pirenzepine

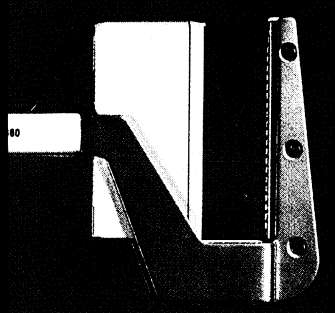


The gastro-selective anti-secretory

Prescribing Information; Presentation: White tablets each containing 50 mg of pirenzepine dihydrochloride scored on one face with "G" on one side of the score, and "50" on the other. The obverse is impressed with the symbol. **Uses:** Gastrozepin is indicated in the treatment of gastric and duodenal ulcers. **Dosage:** 50 mg at bedtime and in the morning before meals. In severe cases the total daily dose may be increased to 150 mg in divided doses. Continuous therapy may be recommended for up to three months. **Contra-indications, Warnings etc:** Interaction with sympathomimetics and monoamine oxidase inhibitors and Gastrozepin is a theoretical possibility. Gastrozepin is not recommended during pregnancy although in animal experiments no teratogenic effects were noted. Breast milk concentration after therapeutic doses is unlikely to affect the infant. *Side effects:* occasionally transitory dry mouth and accommodation difficulty may occur. *Treatment of overdosage:* entirely symptomatic. There is no specific antidote. **Basic NHS price:** 50 mg tablets, 60 £20.50. **Product Licence No.:** 50 mg tablets, PL0014/0260.

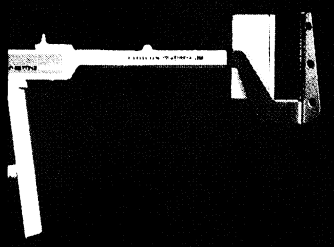
Further information is available on request
The Boots Company PLC Nottingham

Gastrozepin® Trade Mark



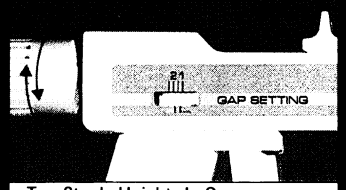
Parallel Jaw Closure

Parallel jaw closure aids even compression of the tissue, and reduces the possibility of tissue extruding from the instrument's jaw; correct staple formation is also enhanced.



Remote Pin Placement

Tissue retaining pin placement is achieved by the use of a remote slide lever. Accurate pin placement and containment of tissue lead to precise closure of the parallel jaws. Pin placement is achieved easily and under full visibility.

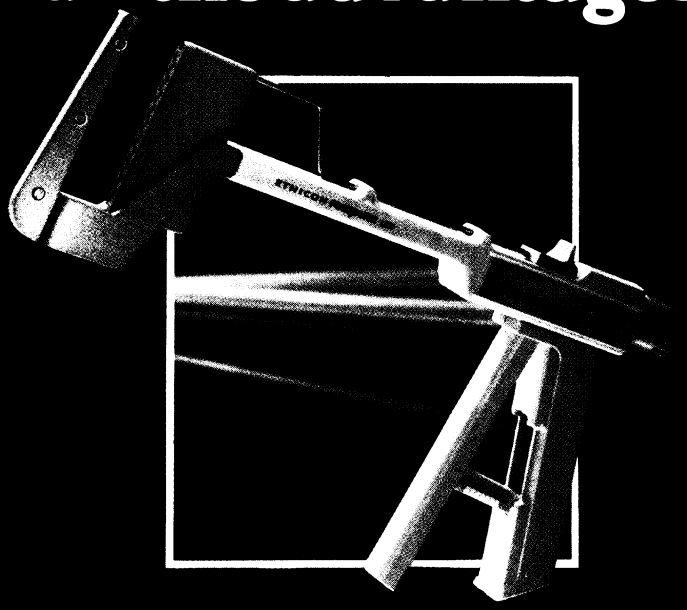


Two Staple Heights In One Instrument

Unlike other staplers requiring separate colour-coded cartridges for different tissue thicknesses, the PROXIMATE LS Stapler fires staples equivalent to the closed height of 3.5mm and 4.8mm staples by simply adjusting the gap setting scale.

Replacing the normal two cartridge system with PROXIMATE Linear Stapler enables the choice to be made at the operating table, reducing operation time and providing the opportunity for significant inventory savings.

The New linear stapler with all the advantages.



We believe that the new PROXIMATE LS instrument has more to offer you than any other Linear Stapler. Why not give us a chance to show you?

PROXIMATE* LINEAR STAPLER

ETHICON

ETHICON Ltd., PO Box 408, Bankhead Avenue, Edinburgh EH11 4HE, Scotland.

*Trademark©ETHICON Ltd 1984

COLPERMIN™

(enteric-coated peppermint oil)

With nature's help, Tillotts has pr… an ex… two-dimensio… answer for irritable bo… syndrome

™

(enteric-coated peppermint oil)

An exclusive two-dimensional remedy for irritable bowel syndrome

Prescribing Information

Presentation: A light blue/dark blue enteric-coated hard gelatin capsule size 1, with a green band between cap and body. Each capsule 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. The enteric-coating of the capsule delays release of the peppermint oil until it reaches the distal small bowel. The oil exerts a local effect of colonic relaxation and a fall of intracolonic pressure.

Dosage and Administration: For oral administration.
Adult dose: 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 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.

Adverse effects: Heartburn, sensitivity reactions to menthol which are rare, and include erythematous skin rash, headache, bradycardia, muscle tremor and ataxia. Treatment of overdosage: If capsules have been recently ingested, the stomach should be emptied by gastric lavage. Observation should be carried out with symptomatic treatment if necessary.

Pharmaceutical Precautions: Store in a cool place. Avoid direct sunlight.

Legal category: P

Package quantity: Containers of 100 capsules.

Further information: Nil

Product Licence: PL 0424/0009

Basic NHS cost: £10.00 per 100.

European Patent No. 0015154
U.K. Patent No. 2 008 011
Colpermin is a trade mark of Tillotts Laboratories.

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

11/82

Tillotts LABORATORIES

Harrow Trading Estate, Harrow, Bedfordshire. SG18 4DS
Telephone 0462 813633. Telex 82313 Tillab G.

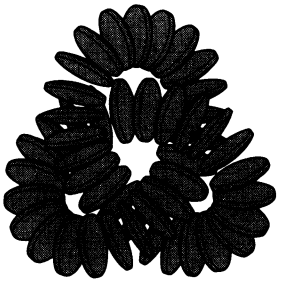
2-7126

SALAZOPYRIN® EN

sulphasalazine

HAS TOLERABILITY ALL WRAPPED UP

"Patients in whom sulfasalazine induces dyspeptic symptoms alone can be given EN Salazopyrin (entero-soluble) instead, and no more than 5% of these patients will be so troubled by dyspepsia that the treatment has to be discontinued."
Nielsen, O.H., Scand. J. Gastroenterol., 1982, 17, 389



Get them into the SALAZOPYRIN habit

DAY AFTER DAY AFTER YEAR

500mg q.i.d. in ulcerative colitis

PRESCRIBING INFORMATION

Dosage and Administration Plain or EN Tabs. In acute moderate attacks 2-4 tablets 4 times a day. In severe attacks give steroids also. Gradually reduce dose after 2-3 weeks to 3-4 tabs/day, given indefinitely. Suppositories: Two morning and night reducing dose after 3 weeks with improvement. Enema: One to be given at bedtime. Preparation contains adult dose. Children: Reduce adult dose on basis of bodyweight.

Contra-Indications Sensitivity to salicylates and sulphonamides. Infants under 2 years. Enema: 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. Rare Adverse Reactions: Haematological: haemolytic anaemia, agranulocytosis, aplastic anaemia. Hypersensitivity: eg rash, fever. Gastrointestinal: eg stomatitis, impaired folate uptake. C.N.S.: eg peripheral neuropathy. Fertility: eg reversible oligospermia. Renal: eg proteinuria, crystalluria. Also: Stevens-Johnson syndrome and lung complications, eg fibrosing alveolitis.

Precautions Care in poryphyria, allergic, renal or hepatic disease. Glucose 6-PD deficiency. Blood checks 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 commends 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 and Prices Plain Tablets (0·5g) 100 & 500: £6·70 for 100. EN Tablets (0·5g): 100 & 500: £8·70 for 100. Suppositories (0·5g): 10 & 50: £2·80 for 10. Enemas (3·0g): 7: £12·10 for 7.
Product Licence Numbers Plain Tablets 0009/5006. EN Tablets 0009/5007. Suppositories 0009/5008. Enema 0009/5009.

Pharmacia

Further information is available on request.
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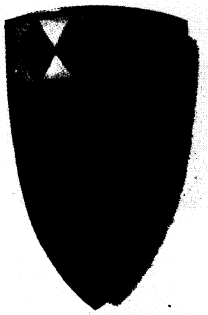

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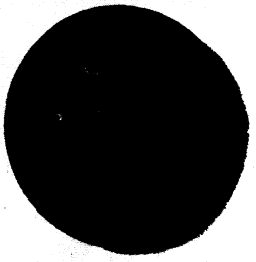

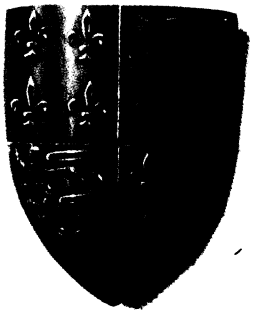

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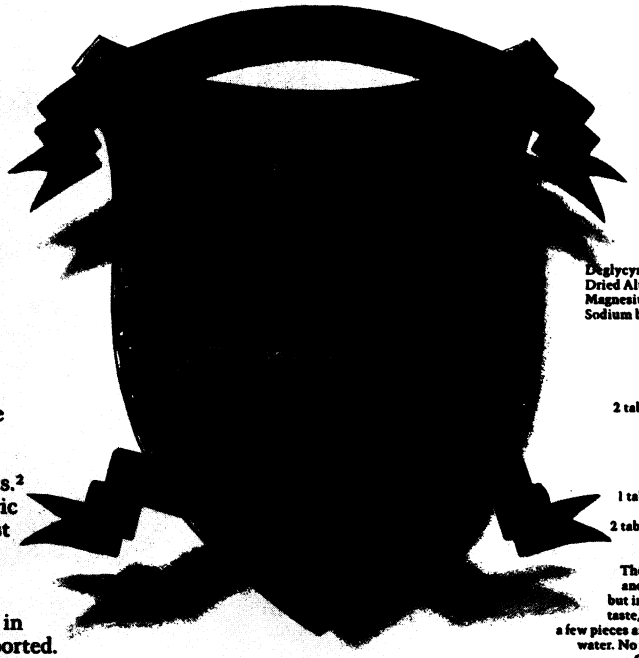

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Adult dose for duodenal ulcer:
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1. Van Marle J, Aarsen PN, Lind A, et al: Deglycyrrhizinised liquorice (DGL) and the renewal of rat stomach epithelium. *Eur J Pharmacol* 72:219-225, 1981. 2. Cooke WM, Baron JH: Metabolic studies of deglycyrrhizinated liquorice in two patients with gastric ulcer. *Digestion* 4:264-268, 1971. 3. Rees WDW, Rhodes J, Wright JE, et al: Effect of deglycyrrhizinated liquorice on gastric mucosal damage by aspirin. *Scand J Gastroenterol* 14:605-607, 1979. 4. Morgan RJ, Nelson LM, Russell RI, et al: The effect of deglycyrrhinized liquorice on the occurrence of aspirin and aspirin plus bile acid-induced gastric lesions, and aspirin absorption in rats, abstracted. *Gastroenterology* 82:1134, 1982. 5. Morris TJ, Calcraft BJ, Rhodes J, et al: Effect of a deglycyrrhizinised liquorice compound in the gastric mucosal barrier of the dog. *Digestion* 11:355-363, 1974. 6. McAdam WAF, Morgan AC, Pacsoo C, et al: A comparison between ranitidine and Caved-S in duodenal ulcer treatment, abstracted. Proceedings, World Congress of Gastroenterology, Stockholm, June 1982. 7. Morgan AG, McAdam WAF, Pacsoo C: Comparison between cimetidine and Caved-S in the treatment of gastric ulceration, and subsequent maintenance therapy. *Gut* 23:545-551, 1982.

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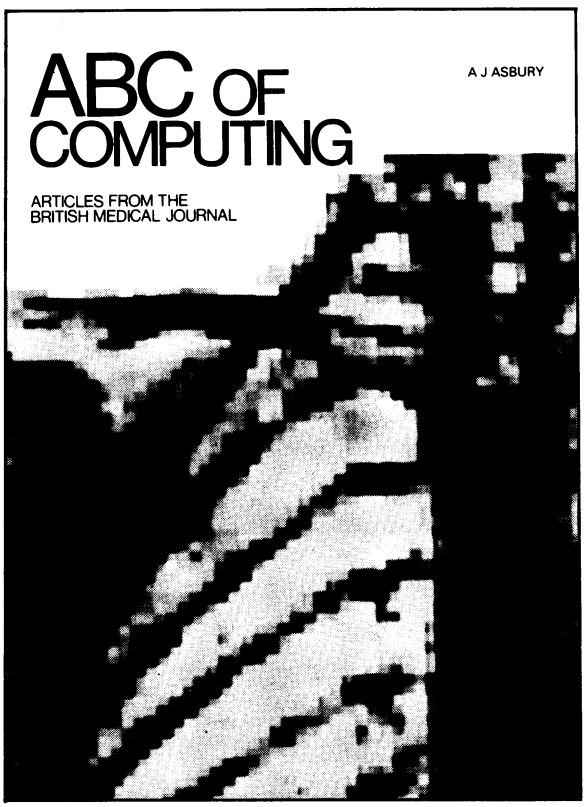

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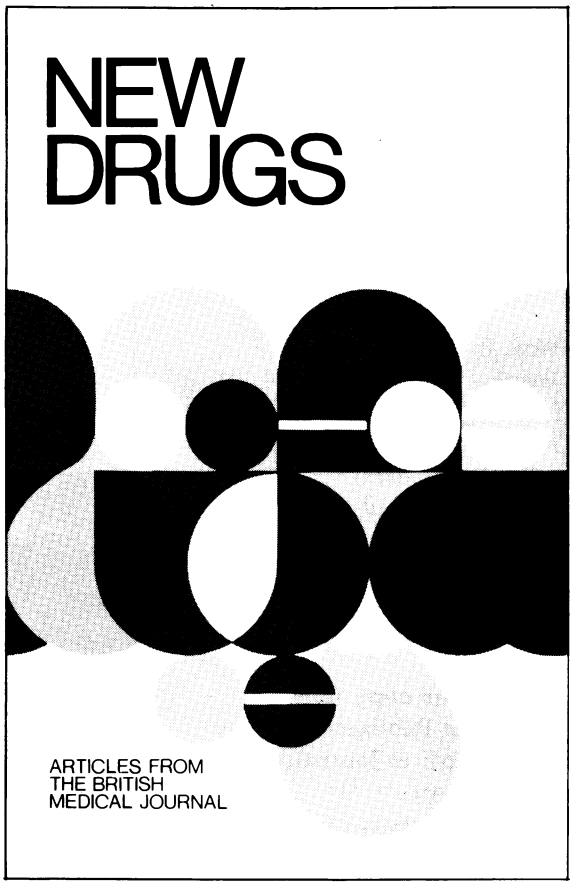

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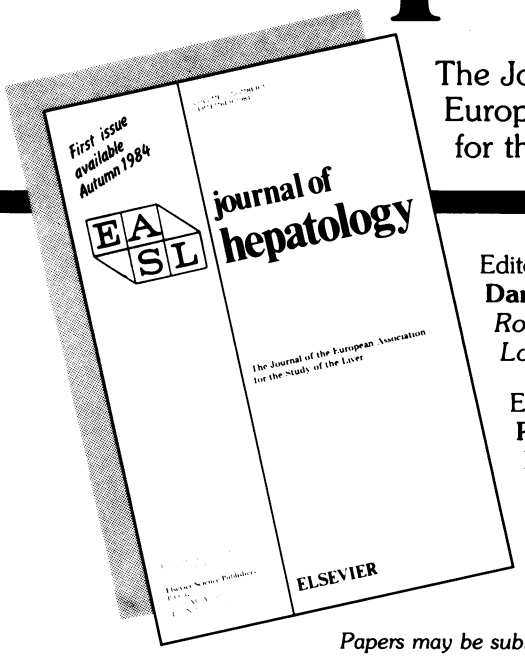

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