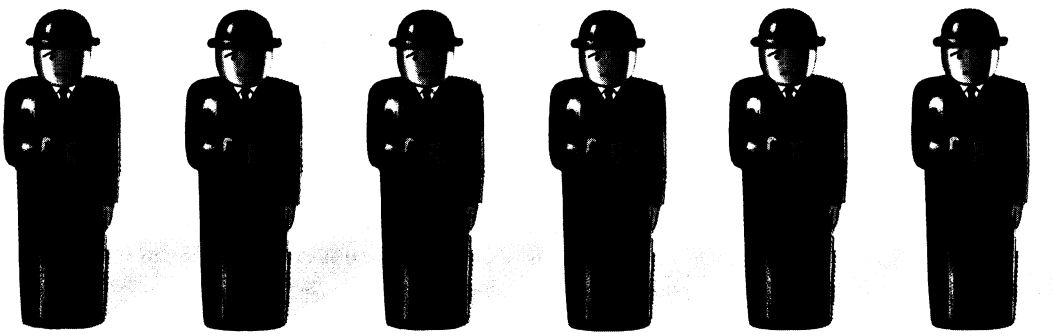
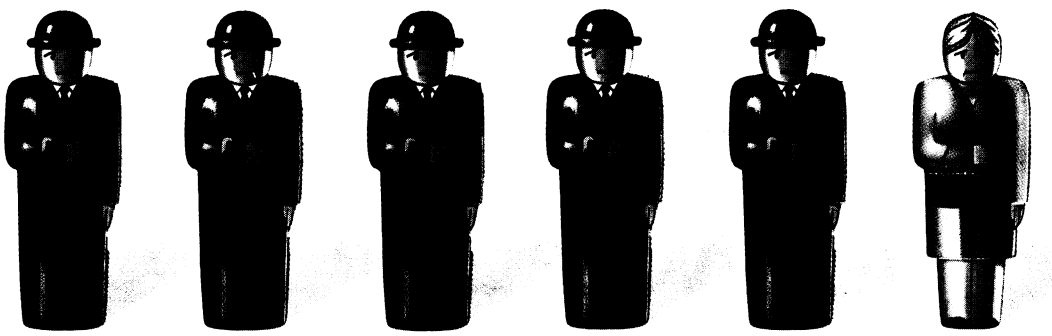
Most conven- tional ulcer patients can be



treated with H_2 antag- onists, but...



Now more ulcer patients may be successfully treated with[1]

Antepsin®
sucralfate

Cytoprotection in action

- **In patients over 55 where hypersecretion is seldom a factor[2]**
- **Those whose gastric disturbance is due to external irritants[3,4]**
- **Those for whom H_2 antagonists are inadequate[1]**

Abbreviated Prescribing Information

Refer to data sheet for full prescribing information

Presentation: Antepsin tablets contain 1 gram sucralfate, PL0607/0045, PA149/4/2, pack size 100 tablets, £12.50. **Uses:** duodenal ulcer, gastric ulcer and chronic gastritis. **Dosage and Administration:** Adults, orally 1 gram 4 times a day to be taken one hour before meals and at bedtime. For ease of administration Antepsin tablets may be dispersed in 10-15ml of water. **Precautions:** renal dysfunction, pregnancy, nursing women (see data sheet). **Drug Interactions:** Antepsin may reduce the bioavailability of certain drugs; tetracycline, phenytoin, cimetidine and digoxin. Administration of Antepsin with any of these drugs should be separated by two hours. Warfarin (see data sheet). **Side-effects:** constipation. **Legal Category:** POM. Date of preparation April 1985. Antepsin is a registered trade mark.

References: 1. Guslandi, M. *et al*, GUT, 1983, **24,** 498. 2. Marks, I.N., Gastrointestinal Tract Disorders in the Elderly, Edinburgh, Churchill Livingstone, 1984, 79. 3. Tesler, M.A. *et al*, J. Clin. Gastroenterol., 1981, **3.** (suppl.2), 175. 4. Tarnawski, A., *et al*, Gastroenterology, 1985, **88** (No5), 1609.

STILL AVAILABLE ON THE NHS FOR PEPTIC ULCER AND CHRONIC GASTRITIS

Ayerst® International
Ayerst Laboratories Ltd.
South Way, Andover, Hampshire SP10 5LT
Telephone: Andover (0264) 58711
Distributors in Ireland: Ayerst Laboratories Ltd.
765 South Circular Road, Islandbridge, Dublin 8

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.**

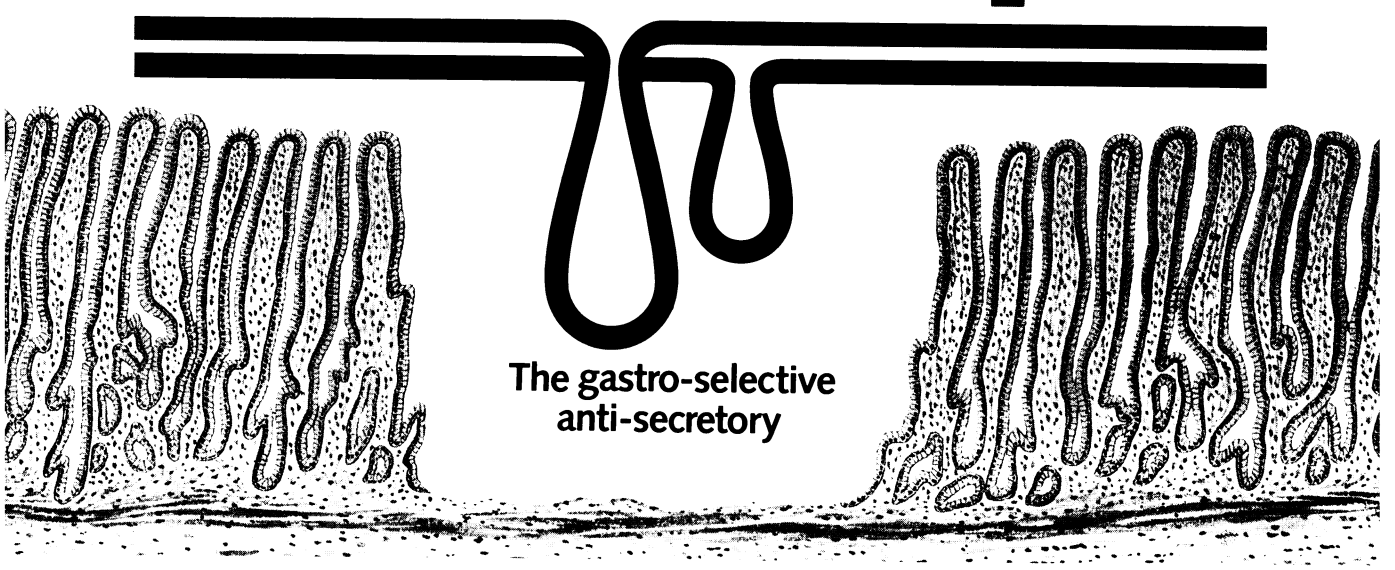
For the treatment of peptic ulcer

Twice daily

GASTRO SELECTIVE

Gastrozepin®

pirenzepine



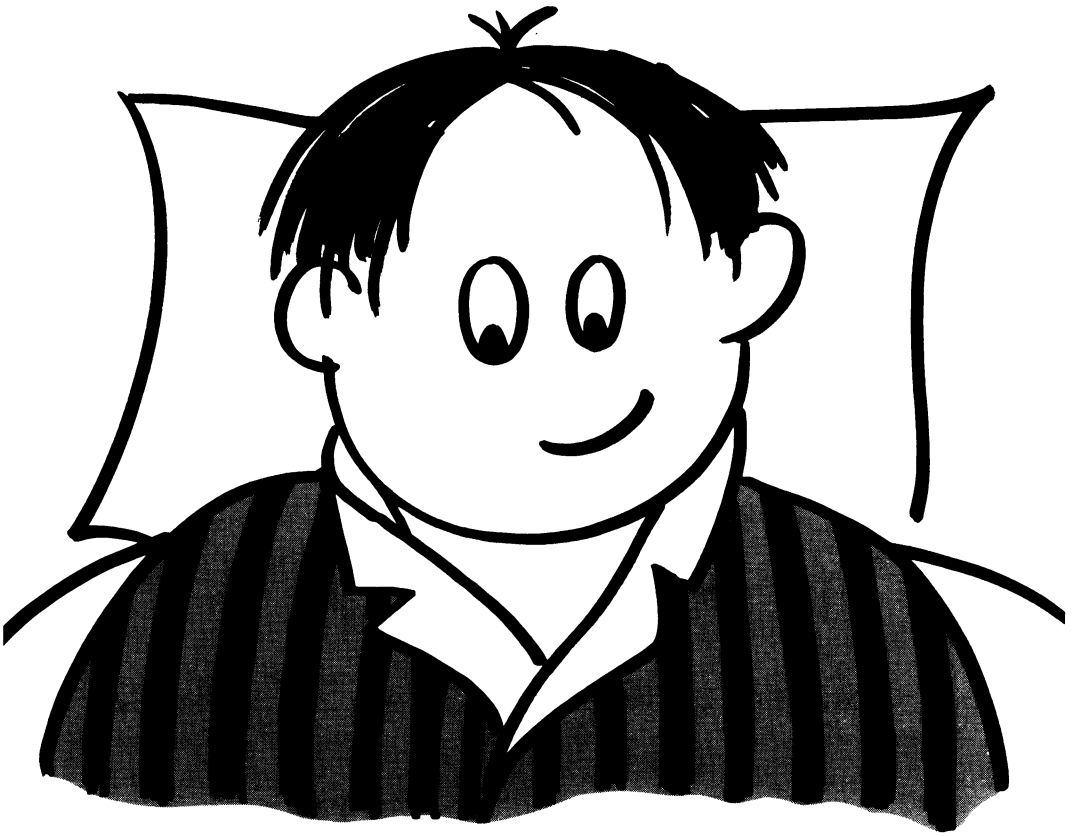
The gastro-selective anti-secretory

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 ℬ **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

EASY EXAMINATIONS WITH NUBAIN* ANALGESIA



- ☐ strong, effective non-MDA analgesic, suitable for use during endoscopy or colonscopy and radiological and gynaecological investigations
- ☐ "ceiling" effect to respiratory depression reduces risks associated with opioid use[1]
- ☐ minimal effect on cardiac haemodynamics when used during catheterization[2]
- ☐ allows more accurate diagnosis of bile duct and gut obstructions due to minimal interference with function[3] and motility[4]

NUBAIN*

nalbuphine hydrochloride

Effective, comfortable analgesia during clinical investigations

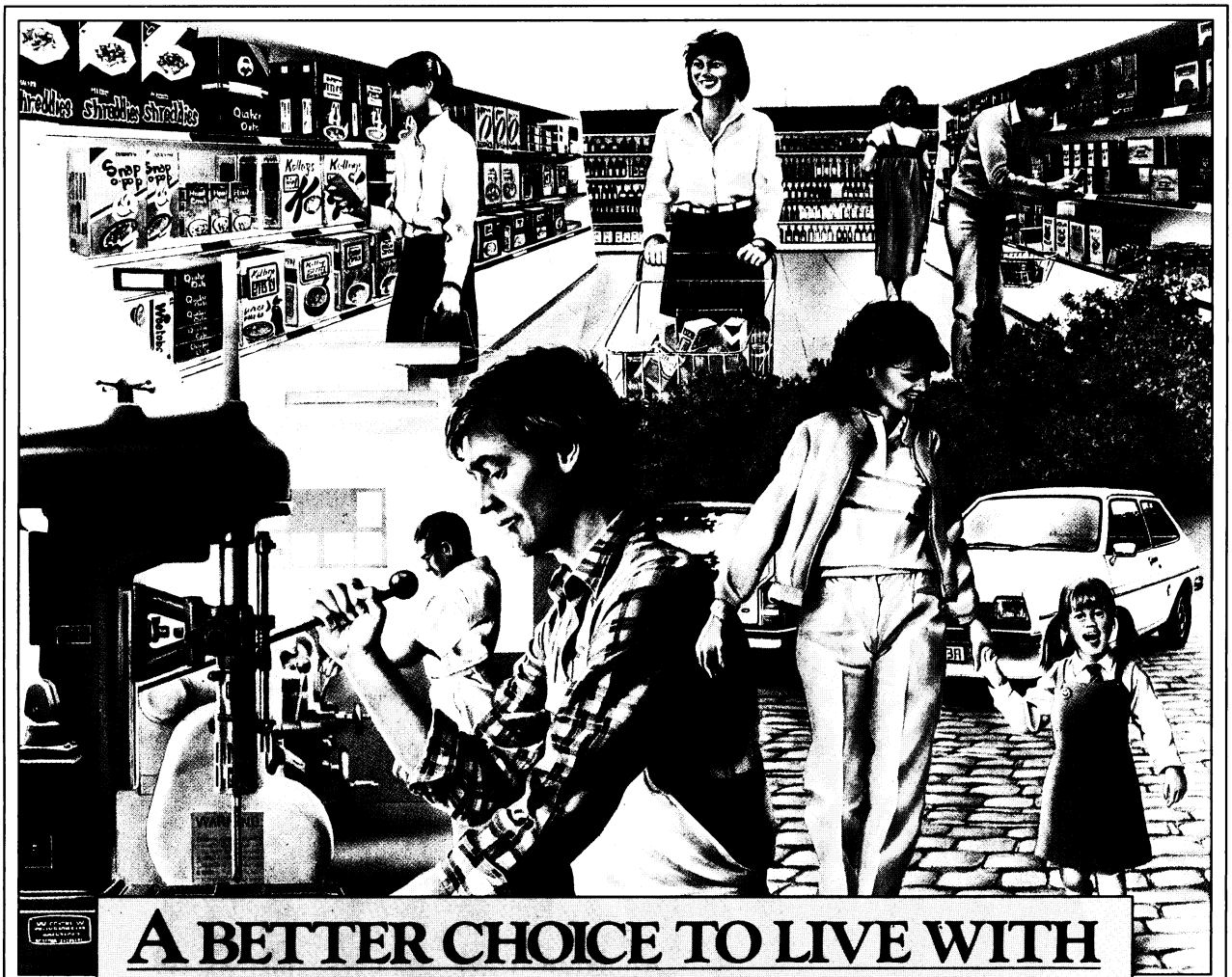
Prescribing Information

Presentation: Nubain* Injection, 20mg of nalbuphine hydrochloride in 2ml ampoules.
Uses: For the relief of moderate to severe pain.
Dosage and Administration: 10-20mg for a 70kg individual, adjusted according to the severity of pain, physical status of the patient and concomitant medications. Nubain is not recommended for children.
Contra-indications: Hypersensitivity to Nubain.
Precautions and Warnings: Use with care in known and potential opioid abusers. Also care in active patients who may drive or operate machinery. Caution in patients with impaired respiration. Safety for use in myocardial infarction is not yet established. Caution and dose reduction in patients with impaired renal or hepatic function. Safe use not established in pregnancy and in conditions of raised intracranial pressure. Abrupt discontinuation of chronic therapy may produce withdrawal symptoms.
Side Effects: The most frequent reaction is sedation. Also sweating, nausea, vomiting, dizziness, dry mouth, vertigo and headache and other opioid effects may occur.
Product Licence No.: 4524/0003. **NHS Price:** £11.60 per box of 10 x 2ml ampoules.

References: 1. Julien RM. Effects of nalbuphine on normal and oxymorphone – depressed ventilatory responses to carbon dioxide challenge. Anaesthesiology 1982; 57: No 3A. 2. Fahmy NR, Sunder N, Soter NA. A comparison of histamine releasing properties and hemodynamic effects of morphine and nalbuphine in humans. Anesth Analg 1984;63:175. 3. Vatashsky E, Haskel Y. The effect of nalbuphine (Nubain®) compared to morphine and fentanyl on common bile duct pressure. Curr Ther Res 1985;37.1:95-102. 4. Shah M, Rosen M, Vickers MD. Effect of premedication and diazepam, morphine or nalbuphine on gastrointestinal motility after surgery. Br J. Anaesth. 1984;56: 1235-8.

Further information is available on request from Du Pont (UK) Limited, Pharmaceuticals, Wedgwood Way, Stevenage, Hertfordshire SG1 4QN. Telephone: (0438) 734549.

Du Pont Pharmaceuticals DU PONT



A BETTER CHOICE TO LIVE WITH THROUGH THE DAY

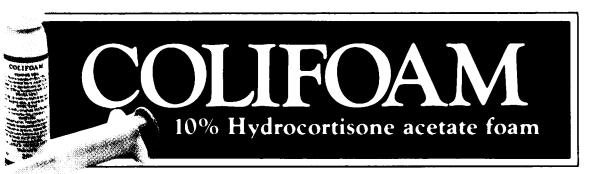
A new trial[1] has shown that COLIFOAM is equal in efficacy to prednisolone enemas, but causes significantly less interference in your patients' daily lives. Published evidence now conclusively demonstrates the clear superiority of COLIFOAM compared to liquid enemas:

Efficacy. COLIFOAM is equal in efficacy to prednisolone enemas[1] and hydrocortisone enemas[2]. Retrograde spread increases with the extent of the disease[3] and COLIFOAM can reach well into the descending colon[4].

Acceptability. COLIFOAM causes less interference with your patients' daily lives[1,2,5]. COLIFOAM is far easier for your patients to retain[1,2,5].

Safety. Bioavailability data proves COLIFOAM has extremely low levels of systemic absorption[6], lower than prednisolone enemas[7].

Economy. COLIFOAM costs less per dose than standard proprietary enemas[8].



In distal inflammatory bowel disease. A better choice every time.

References (1) Somerville KW et al. British Medical Journal 1985;291:866. (2) Ruddell WSJ et al. Gut 1980;21:885-889. (3) Farthing MGJ et al. British Medical Journal 1979;2:822-824. (4) Rhodes JM. Journal of Clinical & Hospital Pharmacy 1983;8:219-232. (5) Gaucher P and Champignuelle B. Revue Française de Gastroenterologie 1983;193:35-39. (6) Barr WH et al. Medical College of Virginia/Virginia Commonwealth University. FDA bioavailability submission document. October 1981. (7) Lee DAH et al. Gut 1980;21:215-218. (8) MIMS October 1985.

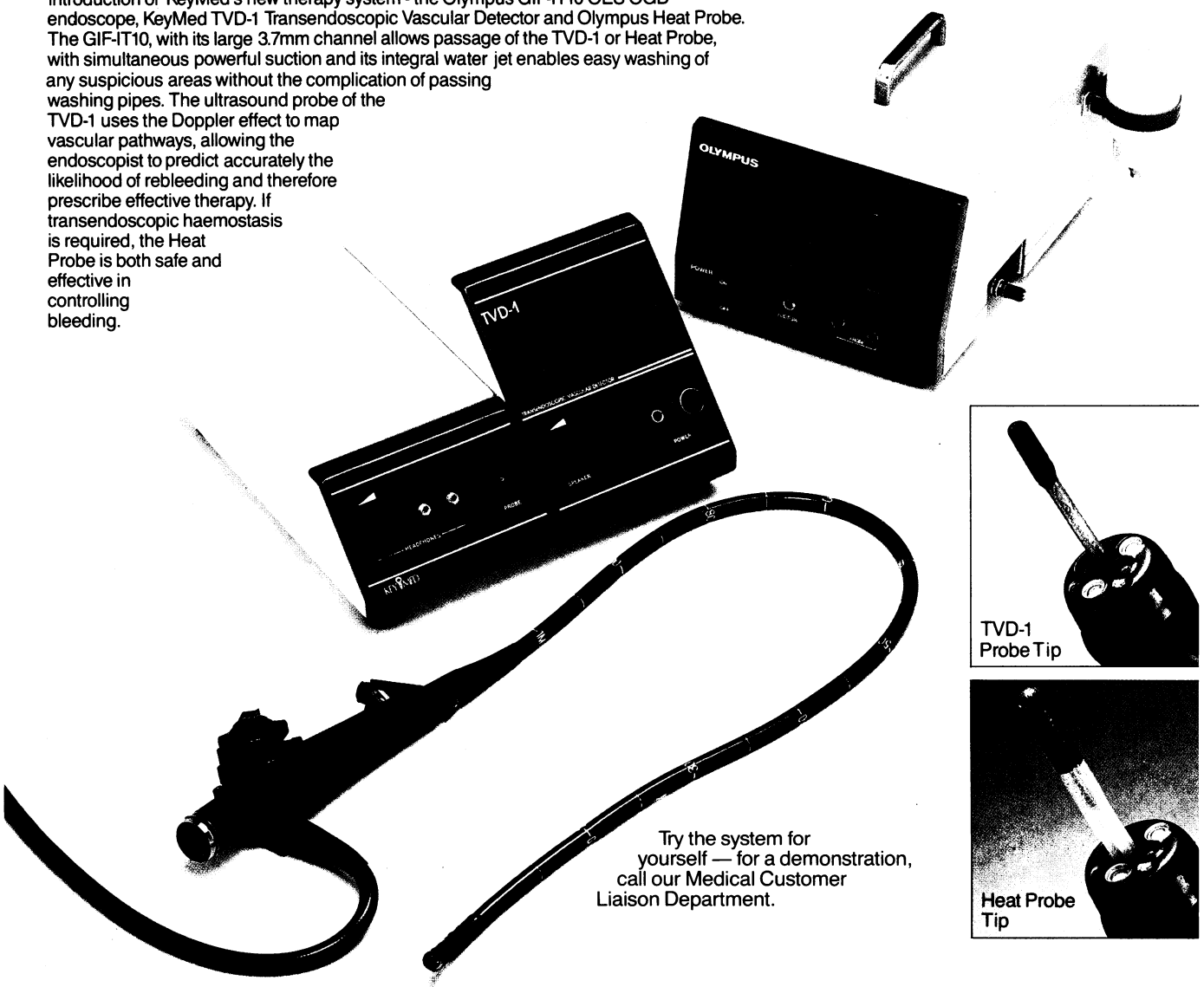
Prescribing Information. Presentation White odourless aerosol foam containing hydrocortisone acetate PhEur 10%. Uses Anti-inflammatory corticosteroid therapy for the topical treatment of ulcerative colitis, proctosigmoiditis and granular proctitis. Dosage and administration One applicatorful inserted 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) plus a plastic applicator and illustrated leaflet. Basic NHS cost 25g plus applicator, £7.25. Further Information One applicatorful of Colifoam provides a dose of approximately 125mg of hydrocortisone acetate, similar to that used in a retention enema, for the treatment of ulcerative colitis, sigmoiditis and proctitis. Product Licence No. 0036/0021. Further information is available on request. Stafford-Miller Ltd., Professional Relations Division, Hatfield, Herts. AL10 0NZ.

Therapeutic Endoscopy Specifically

Upper GI bleeders

Effective, safe and appropriate therapy for ALL patients

The management of upper GI bleeders has been dramatically improved with the introduction of KeyMed's new therapy system - the Olympus GIF-IT10 OES OGD endoscope, KeyMed TVD-1 Transendoscopic Vascular Detector and Olympus Heat Probe. The GIF-IT10, with its large 3.7mm channel allows passage of the TVD-1 or Heat Probe, with simultaneous powerful suction and its integral water jet enables easy washing of any suspicious areas without the complication of passing washing pipes. The ultrasound probe of the TVD-1 uses the Doppler effect to map vascular pathways, allowing the endoscopist to predict accurately the likelihood of rebleeding and therefore prescribe effective therapy. If transendoscopic haemostasis is required, the Heat Probe is both safe and effective in controlling bleeding.



TVD-1
Probe Tip

Heat Probe
Tip

Try the system for yourself — for a demonstration, call our Medical Customer Liaison Department.

OLYMPUS

KeyMed

Specialised Services to Medicine

KeyMed (Medical & Industrial Equipment) Ltd.
KeyMed House, Stock Road, Southend-on-Sea, Essex SS2 5QH.
Telex: 995283, Facsimile: (0702) 65677, Telephone: (0702) 616333 (20 lines).

with subsidiaries:

KeyMed (Ireland) Ltd.
KeyMed House, Lord Edward Court,
Bride Street, Dublin 8.

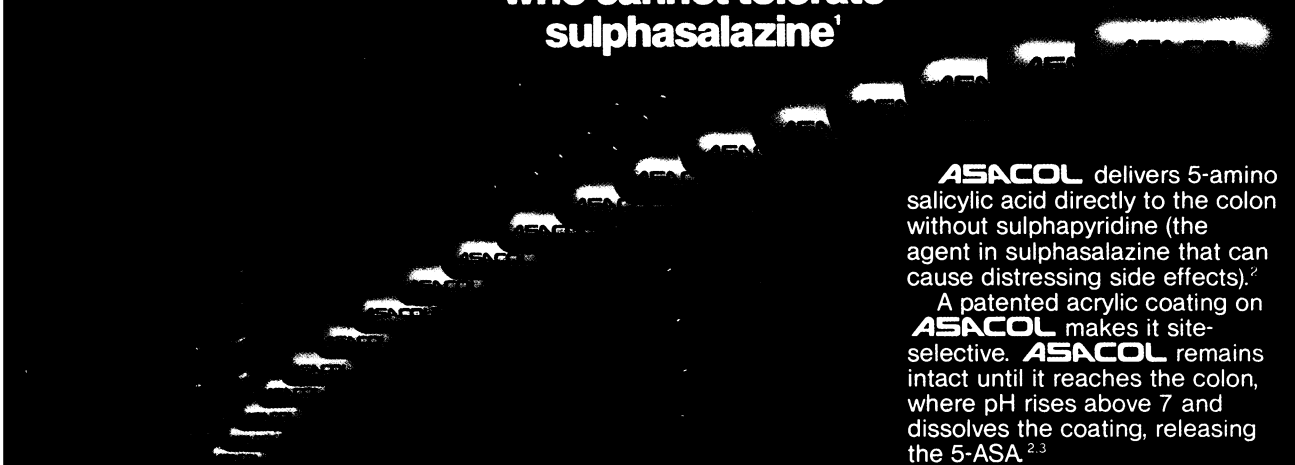
KeyMed Inc.
400 Airport Executive Park,
Spring Valley, New York, 10977.

ASACOL™

(MESALAZINE)*

Direct delivery to the colon

For ulcerative colitis patients who cannot tolerate sulphasalazine[1]



ASACOL delivers 5-amino salicylic acid directly to the colon without sulphapyridine (the agent in sulphasalazine that can cause distressing side effects).[2]

A patented acrylic coating on **ASACOL** makes it site-selective. **ASACOL** remains intact until it reaches the colon, where pH rises above 7 and dissolves the coating, releasing the 5-ASA.[2,3]

Each **ASACOL** tablet provides twice as much 5-ASA (400mg) as each tablet of sulphasalazine (200mg), which allows patients to take fewer tablets daily.

Clinical studies have shown that **ASACOL** is as effective as sulphasalazine in maintaining remission of ulcerative colitis.[4,5]

ASACOL™

Direct Delivery to the Colon

REFERENCES:

1 Dew M J Harries A D Evans B K et al Treatment of ulcerative colitis with oral 5-aminosalicylic acid in patients unable to take sulphasalazine *Lancet* 1983 ii 801

2 Dew M J Hughes P J Lee M G et al An oral preparation to release drugs in the human colon *Br J Clin Pharmacol* 1982 14 405-408

3 Dew M J Ryder R E J Evans N et al Colonic release of 5-aminosalicylic acid from an oral preparation in active ulcerative colitis *Br J Clin Pharmacol* 1983 16 185-187

4 Dew M J Hughes P J Harries A D et al Maintenance of remission in ulcerative colitis with oral preparation of 5-amino salicylic acid *Br Med J* 1982 285 1012-1014

5 Dew M J Harries A D Evans N et al Maintenance of remission in ulcerative colitis with 5 amino salicylic acid in high doses by mouth *Br Med J* 1983 287 23-24

***Mesalazine is the British Approved Name for 5-amino salicylic acid.**

ABBREVIATED PRESCRIBING INFORMATION

PRESENTATION

Red tablets containing 400mg of mesalazine (5-amino salicylic acid) coated for release in the terminal ileum and colon.

USES

For the maintenance of remission of ulcerative colitis in patients who cannot tolerate sulphasalazine.

DOSAGE AND ADMINISTRATION

Adults 3 to 6 tablets daily in divided doses.

There is no dose recommendation for children.

CONTRA-INDICATIONS, WARNINGS, ETC.

Contra-indications

Contraindications: a history of sensitivity to salicylates.

Children under 2 years of age.

Precautions

Renal disorder: Mesalazine is excreted rapidly by the kidney mainly as its metabolite N acetyl 5 amino salicylic acid. In rats large doses of mesalazine injected intravenously produce tubular and glomerular toxicity. Although no renal toxicity has been reported in patients taking Asacol it is not recommended in patients with renal impairment and caution should be exercised in patients with a raised blood urea or proteinuria.

Asacol should not be given with lactulose or similar preparations which lower stool pH and may prevent release of mesalazine.

Adverse Reactions

Adverse reactions occur in a small proportion of patients who previously could not tolerate sulphasalazine. The side-effects are predominantly gastrointestinal (nausea, diarrhoea and abdominal pain) and headache. Asacol may be associated with the exacerbation of the symptoms of colitis in those patients who have previously had such problems with sulphasalazine.

Other side effects observed with sulphasalazine such as depression of bone marrow and of sperm count and function have not been reported with Asacol.

LEGAL CATEGORY: POM

PL: 0424/0032

Daily treatment cost: 87 pence

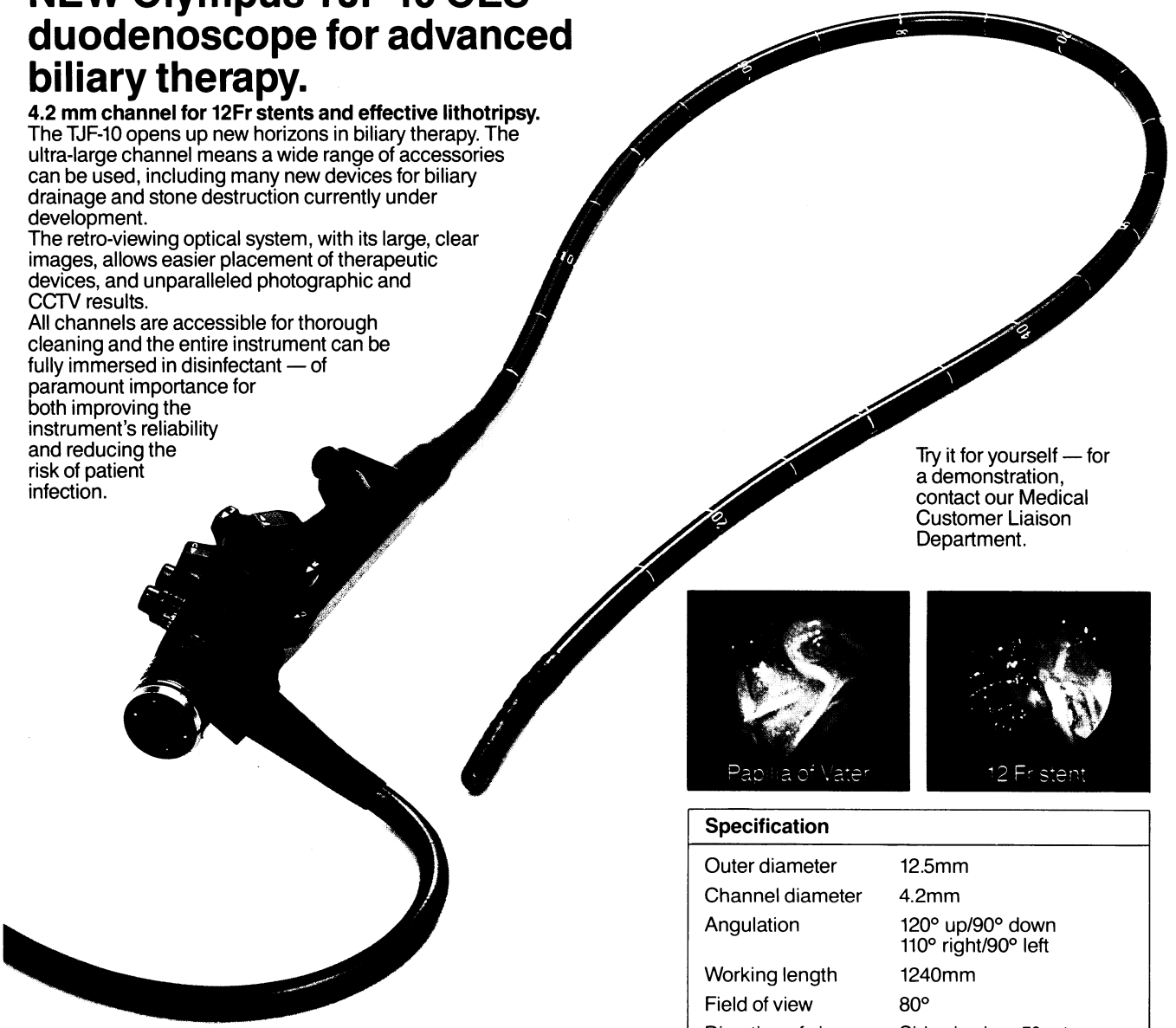
U.K. Patent No. 8322387

Henlow Trading Estate
Henlow, Beds. SG16 6DS

Therapeutic Endoscopy Specifically

NEW Olympus TJF-10 OES duodenoscope for advanced biliary therapy.

4.2 mm channel for 12Fr stents and effective lithotripsy.
The TJF-10 opens up new horizons in biliary therapy. The ultra-large channel means a wide range of accessories can be used, including many new devices for biliary drainage and stone destruction currently under development.
The retro-viewing optical system, with its large, clear images, allows easier placement of therapeutic devices, and unparalleled photographic and CCTV results.
All channels are accessible for thorough cleaning and the entire instrument can be fully immersed in disinfectant — of paramount importance for both improving the instrument's reliability and reducing the risk of patient infection.



Try it for yourself — for a demonstration, contact our Medical Customer Liaison Department.

Specification	
Outer diameter	12.5mm
Channel diameter	4.2mm
Angulation	120° up/90° down 110° right/90° left
Working length	1240mm
Field of view	80°
Direction of view	Side viewing, 5° retro

OLYMPUS

KeyMed

Specialised Services to Medicine

KeyMed (Medical & Industrial Equipment) Ltd.
KeyMed House, Stock Road, Southend-on-Sea, Essex SS2 5QH.
Telex: 995283, Facsimile: (0702) 65677, Telephone: (0702) 616333 (20 lines).

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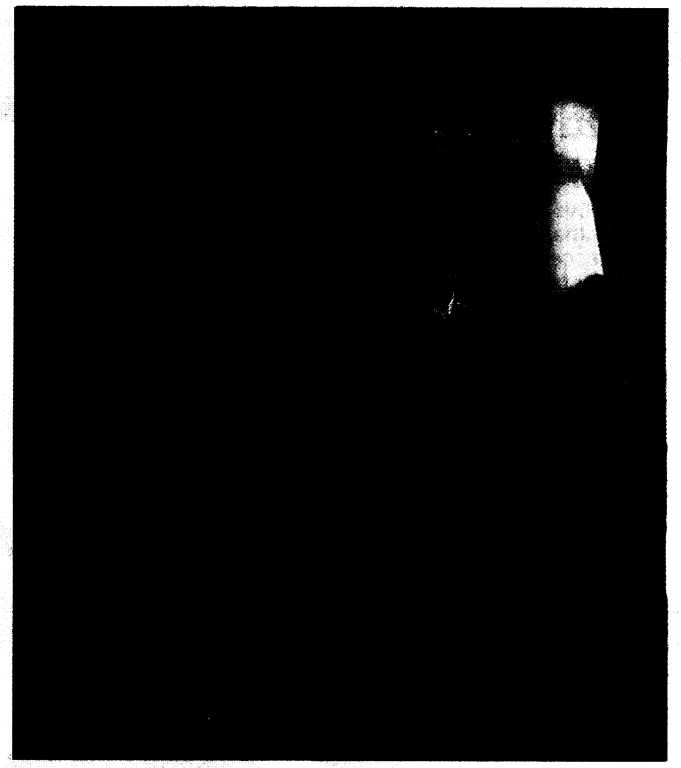
HEALING POWER WHEN IT'S NEEDED MOST IN DUODENAL ULCER



Acid attack at night is now known to be one of the most important factors in the formation of duodenal ulcers.

'Tagamet' 800 mg at bedtime effectively controls this damaging nocturnal acid without disturbing the patient's normal daytime gastric physiology.

One 'Tagamet' 800 mg tablet at bedtime for four weeks is the recommended healing regimen for all duodenal ulcer patients.

And the results are impressive... 'Tagamet' 800 mg completely healed 79 per cent of duodenal ulcers in four weeks and 96 per cent in eight weeks[1] whilst providing prompt and effective relief from both daytime and night-time pain.

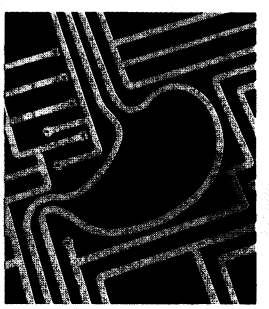
With 'Tagamet' 800 you can offer your patients healing power precisely when it's needed.

TAGAMET
CIMETIDINE 800

One tablet at bedtime for four weeks

Reference 1. Lambert R. In: 'Tagamet.' New Dimensions. A Symposium Proceedings. XII Int Cong Gastroenterol, Lisbon, 1984;15-23.

Prescribing Information. Presentations 'Tagamet' Tablets, each containing 800 mg cimetidine (PL 0002/0128: 28 tablets, £15.78) or 400 mg cimetidine (PL 0002/0092: 56 tablets, £16.61). 'Tagamet' Syrup, containing 200 mg cimetidine per 5 ml (PL 0002/0073: 500 ml, £19.20). **Indication** Duodenal ulcer. **Dosage** *Usual dosage: Adults. Duodenal ulcer,* 800 mg once a day at bedtime, or 400 mg b.d. with breakfast and at bedtime. To prevent relapse, 400 mg at bedtime or 400 mg morning and at bedtime. *Elderly:* As above unless markedly impaired renal function. *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. Potential delay in diagnosis of gastric cancer (see Data Sheet). Care in patients with compromised bone marrow (see Data Sheet). Avoid during pregnancy and lactation. **Adverse reactions** Diarrhoea, dizziness, rash, tiredness. Gynaecomastia, occasional reversible liver damage, confusional states (usually in the elderly or very ill). Very rarely interstitial nephritis, acute pancreatitis, thrombocytopenia, headache, myalgia, arthralgia; very rare reports of alopecia, reversible impotence but no causal relationship established at usual therapeutic doses. **Legal category** POM. 4.3.85.

Smith Kline & French Laboratories Limited, Welwyn Garden City, Hertfordshire AL7 1EY.

SK&F

TG:AD1265

MATERIAL BENEFITS-NOW AND FOR THE FUTURE.

Coated VICRYL (Polyglactin 910)

PDS (Polydioxanone)

ETHICON*

a Johnson & Johnson company

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

*Trademark ©ETHICON Ltd 1985.

SYNTHETIC ABSORBABLES FROM ETHICON

The future of surgical sutures

TECHNICAL DATA

DATA SHEET

PDS* (Polydioxanone) Sterilised Absorbable Synthetic Monofilament Suture

Presentation
PDS (Polydioxanone) Monofilament Synthetic Absorbable Suture is prepared from the polyester poly (p-dioxanone). The empirical molecular formula of the polymer is $(C_4H_6O_2)n$. PDS (Polydioxanone) sutures are coloured by adding D & C blue No 6 (gauge 0.2 metric and 0.3 metric) D&C violet No 2 (gauge 0.4 metric to 5 metric) during polymerisation. These sutures may also be manufactured undyed (clear).

PDS (Polydioxanone) sutures are relatively inert, non-antigenic, non-pyrogenic and elicit only a mild tissue reaction during absorption.

Action
Two important characteristics describe the in vivo behaviour of absorbable sutures. The first of these is tensile strength retention and the second absorption rate or loss of mass.

Data obtained from implantation studies in rats show that, at two weeks post implantation, approximately 70% of the suture strength is retained whilst at four weeks the strength retention is approximately 50%. At eight weeks approximately 14% of the original strength remains. *This indicates a significantly longer period of wound support than previously available with an absorbable suture.*

The absorption or loss of mass is minimal until about the 90th post implantation day and is essentially complete within six months.

Uses
PDS (Polydioxanone) monofilament sutures are intended for use where an absorbable suture or ligature is indicated. They may have particular application where longer wound support is required. See strength retention data above.

Dosage and Administration
By implantation.

Contra-indications, Warnings, etc.
These sutures, being absorbable, should not be used where extended approximation of tissues under stress is required.

As with all monofilament synthetic sutures, care should be taken to ensure proper knot security.

Conjunctival, cuticular and vaginal mucosal sutures could cause localised irritation if left in place for longer than 10 days and should be removed as indicated. Superficial placement of subcuticular sutures may also be associated with erythema and reaction during the course of absorption.

The safety and effectiveness of PDS (Polydioxanone) sutures in neural and cardiovascular tissue have not yet been established. The use of this material in the renal tract is currently under investigation.

Pharmaceutical Precautions
Do not resterilise.

Legal Category P
Pharmacy medicine sold to surgeons and hospitals through surgical dealers.

Packaging
The gauge range available will be 0.3 metric (9/0) to 5 metric (2). Various lengths of material attached to non traumatic stainless steel needles are packaged in sealed aluminium foil sachets.

The primary pack is sealed within a peel-apart secondary pouch and contained in a film-wrapped drawer style carton.

Further Information
So suture related adverse reactions were reported during clinical trials, although a number of minor reactions were classified as being of unknown cause.

Product Licence Nos PL 0508/0011 (dyed); PL 0508/0012 (clear).

Br Pat No 1 540 053.

Date of preparation of Data Sheet—September 1982. Revised 1/1985.

DATA SHEET

Coated VICRYL* (Polyglactin 910) Sterilised Absorbable Synthetic Braided Suture

Presentation

The basic VICRYL (Polyglactin 910) Suture is prepared from a copolymer of glycolide and lactide. The substances are derived respectively from glycolic and lactic acids. The empirical formula of the copolymer is $(C_2H_2O_2)m(C_3H_4O_2)n$.

Coated VICRYL (Polyglactin 910) Sutures are obtained by coating the braided suture material with a mixture composed of a copolymer of glycolide and lactide and an equal amount of calcium stearate. This coating does not affect the biological properties of the suture.

Coated VICRYL (Polyglactin 910) Sutures are coloured by adding D & C Violet No 2 during polymerisation of the lactide and glycolide. Suture may also be manufactured in the undyed form.

These sutures are relatively inert, nonantigenic, nonpyrogenic and elicit only a mild tissue reaction during absorption.

Action
Two important characteristics describe the in vivo behaviour of absorbable sutures. The first of these is tensile strength retention and the second, absorption rate.

Subcutaneous tissue implantation studies of Coated VICRYL Suture in rats show at two weeks post-implantation approximately 55% of its original tensile strength remains, while at three weeks approximately 20% of its original strength is retained.

Intramuscular implantation studies in rats show that the absorption of these sutures is minimal until about the 40th post-implantation day. Absorption is essentially complete between the 60th and 90th days.

Uses
Coated VICRYL synthetic absorbable sutures are intended for use where an absorbable suture or ligature is indicated.

Dosage and Administration
By implantation.

Contra-indications, Warnings, etc.
These sutures, being absorbable, should not be used where extended approximation of tissue under stress is required.

Sutures placed in skin and conjunctiva may cause localised irritation if left in place for longer than 10 days and should be removed as indicated.

The safety and effectiveness of Coated VICRYL (Polyglactin 910) Sutures in neural tissue and in cardio-vascular tissue have not been established.

Pharmaceutical Precautions
Do not re-sterilise.

Legal Category P
Pharmacy medicine sold to surgeons and hospitals through surgical dealers.

Package Quantities
Various lengths of material packaged in sealed aluminium foil sachets. This primary pack is contained in a peel-apart secondary pack. The unit of sales is 12 packs contained in a film wrapped drawer style carton.

Further Information
No suture related adverse reactions were reported during clinical trials, although a number of minor reactions were classified as being of unknown cause.

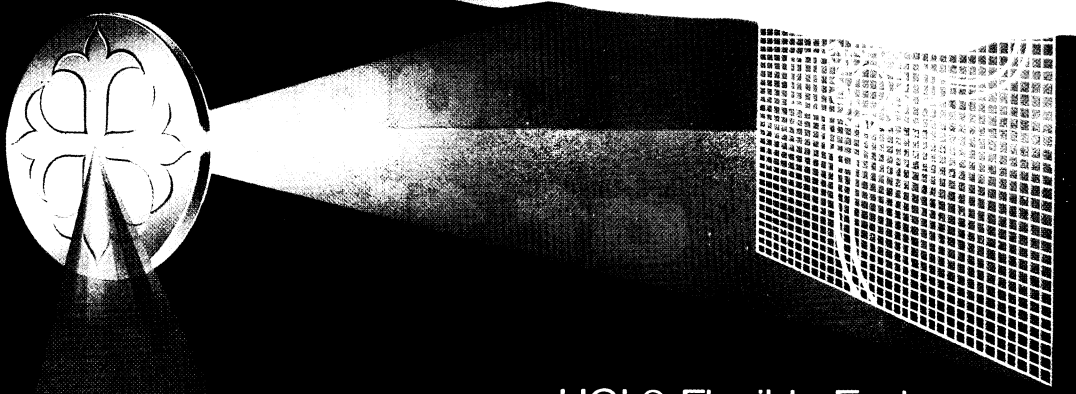
Product Licence No PL 0508/0009
Br. Pat. No. 1583390

Date of preparation of Data Sheet - April 1981. Revised 1/1985.

ETHICON LTD, PO BOX 408, BANKHEAD AVE, EDINBURGH EH11 4HE

*Trademark

Concept and Evolution through Pilkington...



...UGI-3 Flexible Endoscope

Designed and built in Britain the UGI-3 Flexible Endoscope is the product of intense research and development. The result is an exceptional instrument with many advantageous characteristics more fully appreciable when in operation.

***Comfort and Ease of Use.** The latest developments in durable and lightweight materials have been applied throughout all stages of construction achieving a flexible, well-balanced instrument.

***Unique Bending Section.**

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Typical photographs obtained through a UGI-3 using a 35mm SLR Camera and no-lens coupling.

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References:

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

2. Somerville KW, Richmond CR, Bell GD: Delayed release peppermint oil capsules (Colpermin) for the spastic colon syndrome: A pharmacokinetic study. Proceedings of the British Pharmacological Society, Cambridge, April 1983. *Br J Clin Pharmacol*, to be published.

3. Taylor BA, Duthie HL, Oliveira RB, et al: Ultrasound used to measure the response of colonic motility to essential oils. Proceedings of *The International Motility Symposium* Aix-en-Provence, France, September 1983, to be published.

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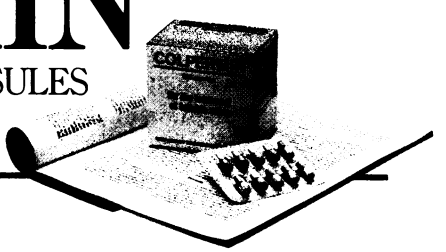
(enteric-coated peppermint oil) CAPSULES



PRESCRIBING INFORMATION

Presentation: Enteric-coated gelatin 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.

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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:** £10.58 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.
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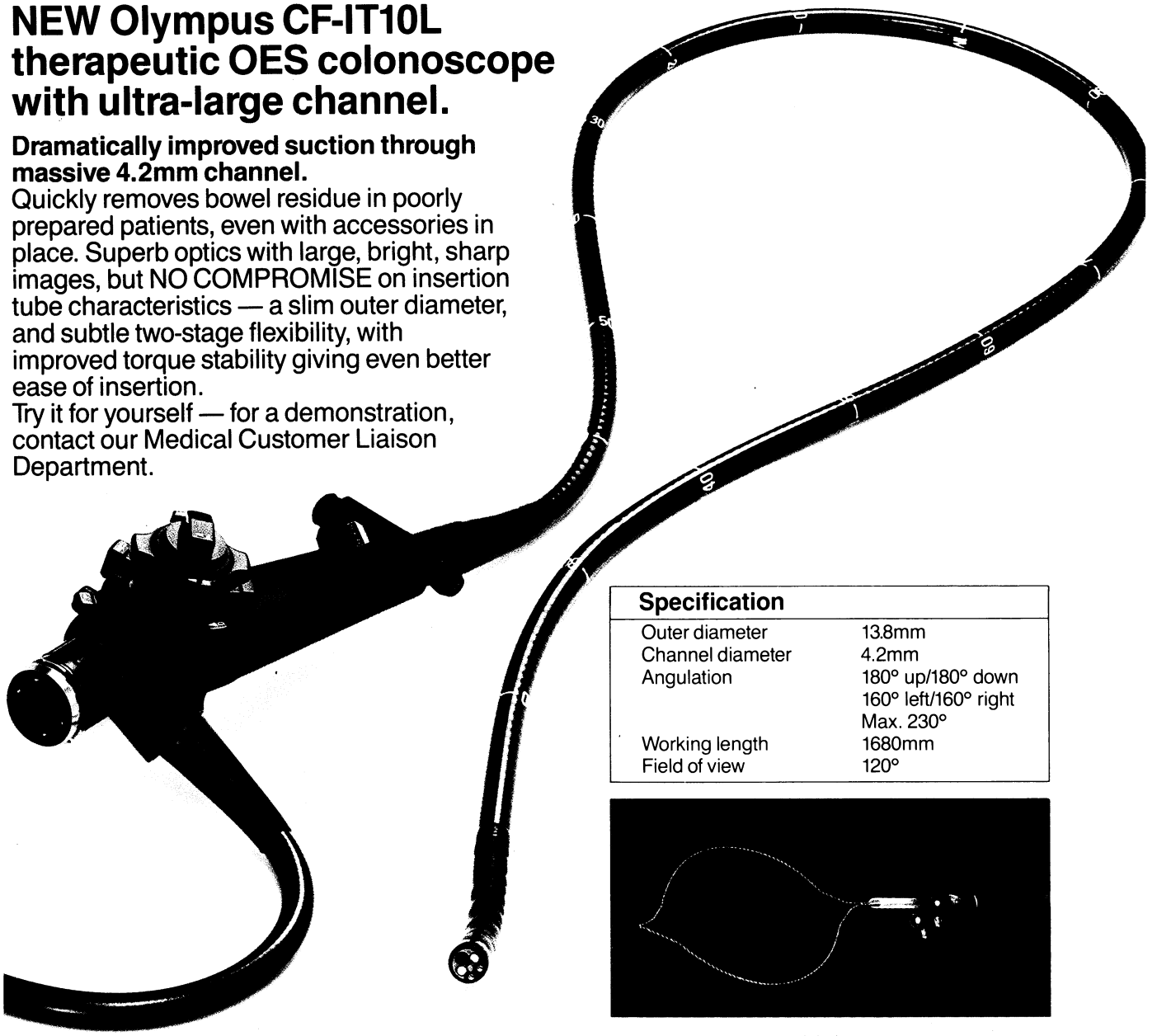

Specification	
Outer diameter	13.8mm
Channel diameter	4.2mm
Angulation	180° up/180° down 160° left/160° right Max. 230°
Working length	1680mm
Field of view	120°

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