THE IMPORTANCE OF NIGHT-TIME COVER

An important factor in the causation of duodenal ulcer is nocturnal intragastric acidity.[1,2] During the day, production of gastric acid is desirable for natural digestion and as protection against unwanted ingested bacteria.

'Pepcid' PM, the first H_2-receptor antagonist indicated solely for once-nightly use.

'Pepcid' PM, when administered at night, effectively controls nocturnal acidity in most duodenal-ulcer patients, providing rapid healing and swift relief of pain.

'Pepcid' PM has been shown to achieve up to 91% (124 of 136 patients) healing of duodenal ulcers within six weeks[4] and up to 81% (62 of 77 patients) of gastric ulcers within eight weeks.[5]

That's 'Pepcid' PM. A small, once-nightly 40 mg tablet supplied in a convenient 28-day calendar pack to help maximise compliance.

ABRIDGED PRODUCT INFORMATION ▼

Full prescribing information is available and should be consulted before prescribing.

INDICATIONS Duodenal ulcer; prevention of relapses of duodenal ulceration; benign gastric ulcer; hypersecretory conditions such as Zollinger-Ellison syndrome.

DOSAGE In duodenal and benign gastric ulcer, 40 mg at night for four to eight weeks.
For prevention of duodenal ulcer recurrence, 20 mg at night.
Initiate antisecretory therapy of Zollinger-Ellison syndrome with 20 mg every six hours and adjust to individual response. The maximum dosage used for up to one year was 480 mg daily.

CONTRA-INDICATION Hypersensitivity.

PRECAUTIONS Exclude any likelihood of gastric carcinoma before using 'Pepcid' PM.
Consider reducing the daily dose if creatinine clearance falls to or below 30 ml/min.
'Pepcid' PM is not recommended in pregnancy, nursing mothers or children.

SIDE EFFECTS Rarely, headache, dizziness, constipation, diarrhoea. Less frequently, dry mouth, nausea, vomiting, rash, abdominal discomfort, anorexia, fatigue.

BASIC NHS COST 20 mg tablets, £14.00 for 28-day calendar pack and £25.00 for bottles of 50.
40 mg tablets, £26.60 for 28-day calendar pack and £47.50 for bottles of 50.

Product Licence Numbers: 20 mg tablets, 0025/0215; 40 mg tablets, 0025/0216.

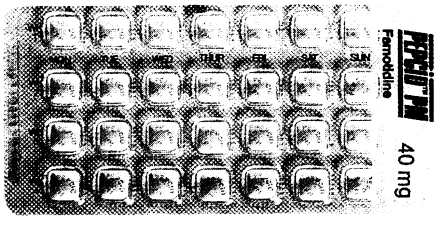
▼ Special reporting to the CSM required.

Issued January 1988.

TM denotes trademark

References

1. Gledhill, T., *et al., Gut,* 1983, **24,** 904.
2. Ireland, A., *et al., Lancet,* 1984, ii, 274.
3. Santana, I. A., *et al., Postgrad. med. J.,* 1986, **62** (Suppl. 2), 39.
4. Mann, S. G., Cottrell, J., *Ital. J. Gastroenterol.,* 1987, 19 (Suppl. 3), 68.
5. Data on file, Merck Sharp & Dohme Research Laboratories.



Thomas Morson Pharmaceuticals
Hertford Road, Hoddesdon, Hertfordshire
Division of Merck Sharp & Dohme Limited

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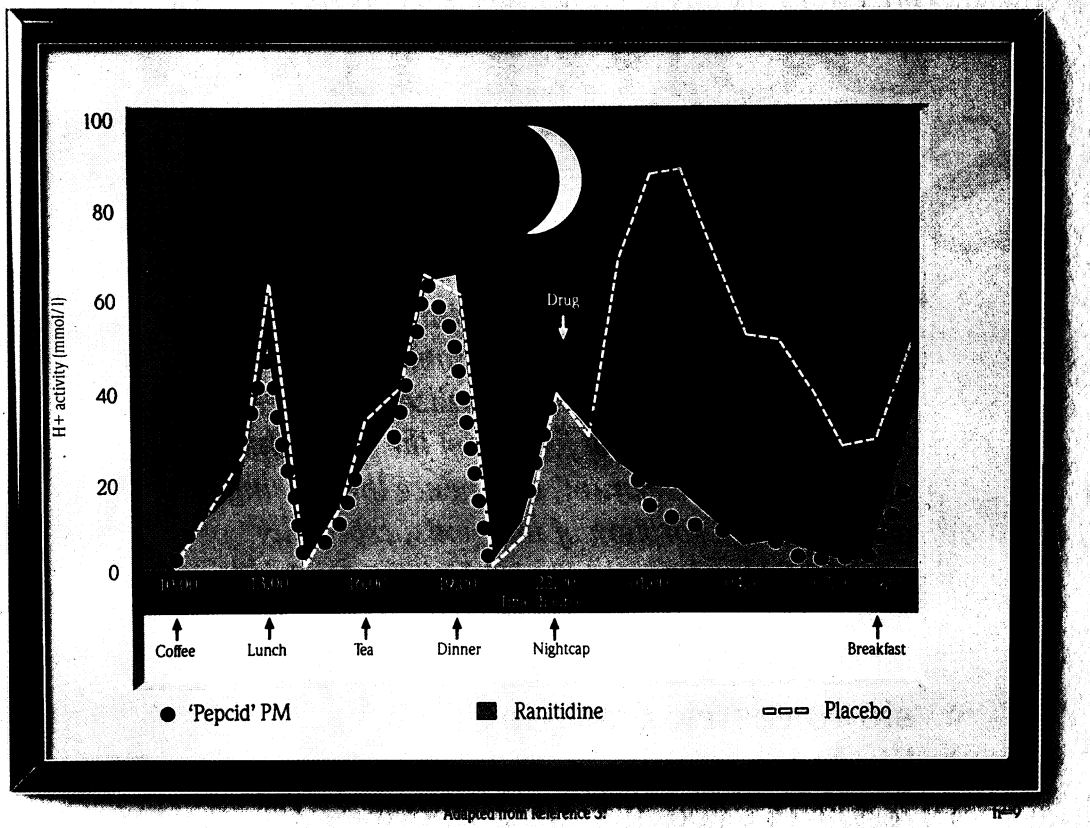
FOR ONCE-NIGHTLY USE

NIGHT-TIME COVER FROM A SINGLE DOSE[3]



Adapted from Reference 3.

Mean hourly intragastric H+ activity in healthy subjects taking one dose of either famotidine 40 mg, ranitidine 300 mg or placebo.[3]

PEPCID™ PM

40mg (famotidine)

One at night can make their day

NEW

For the relief of symptoms of

DUMPING SYNDROME

"The favourable effect of the addition of guar gum to the meals of patients suffering from the dumping syndrome is based on the normalization (i.e. slowing down) of the passage of food from the stomach to the duodenum and jejenum, and hence the slowing down of the absorption of nutrients, especially monosaccharides, and the prevention of a rapid postprandial increase in intraluminal osmolarity in the duodenum[6]."

- ★ **slows gastric emptying[1–3]**
- ★ **binds bile acid[8]**
- ★ **reduces hyperglycaemia and hyperinsulinaemia[4–5]**
- ★ **helps improve patient comfort, food tolerance and nutritional status[6–7]**

Guarem®

Guar 5g

References: 1. Jenkins et al **Br.Med.J.** 1978, 1, 1392. 2. Blackburn et al **Clin.Sc.** 1984, **66,** 329. 3. Leeds et al **Lancet** 1981, 1, 1075. 4. Jenkins **Proc.Soc.Exp.Biol.** 1985, **180,** 422. 5. Fuessl et al **Pract.Diab.** 1986, **3,** 258. 6. Harju & Larmi **J.Parent.Ent.Nutr.** 1983, **7,** 470. 7. Harju & Makela **Amer.J.Gastroent.** 1984, **79,** 861. 8. Hanson et al **Hepato-Gastroent.** 1983, **30,** 161.

Clinical Information

Action. Guar gum which is derived from natural sources is a high molecular weight polysaccharide, galactomannan. In solution it (i) increases gastric transit time and (ii) slows the rate of absorption of other carbohydrates leading to a reduction in post-prandial hyperglycaemia and insulin secretion. Guar gum is not absorbed and remains chemically unchanged until it reaches the colon where it is broken down before excretion. **Indication.** The relief of the symptoms of the 'dumping syndrome'. **Dosage & Administration.** Adults One 5g sachet to be taken with each main meal. The contents of a sachet are preferably sprinkled evenly over a meal on the plate or stirred into suitable foods (e.g. tomato juice, yoghurt, muesli, etc), in which case the food should be accompanied by a drink of 150ml (¼ tumbler). **Contra-Indications, Warnings, etc.** To avoid any risk of oesophageal obstruction or rupture, this product should not be given to patients with a history of oesophageal disease or difficulty in swallowing. While Guarem may be expected to reduce malabsorption, usual monitoring of nutritional status should be continued. Guarem should not be ingested as dry granules. **Side-Effects.** Gastro-intestinal symptoms (flatulence, diarrhoea) are quite common at the commencement of treatment. These can be reduced or avoided by initiating treatment gradually, in accordance with advice on the pack. **Presentation.** Sachets, each containing guar gum granules 5 grams. The fine pale cream granules are tasteless and readily water-miscible. Cartons of 100 sachets. **Product Licence Numbers.** PL0237/0023 & 0026. PA 36/1. Further information available from Rybar Laboratories Ltd., Amersham, Bucks, UK.

Rybar

Rapid relief for patients gripped by IBS

Colofac rapidly relieves the symptoms of Irritable Bowel Syndrome by a direct action on colonic smooth muscle.

Colofac eliminates spasm without the anti-cholinergic side effects that can prove troublesome to the patient.

colofac®

mebeverine

loosens the grip of IBS

Prescribing Information
Presentation: White, sugar-coated tablets each containing 135mg mebeverine hydrochloride. Available in packs of 100. Basic NHS price £8.35. Yellow, banana-flavoured sugar-free suspension containing mebeverine pamoate equivalent to 50mg mebeverine hydrochloride per 5ml. Available in bottles of 300ml: Basic NHS price £3.50. **Indications:** 1. Irritable bowel syndrome. 2. Gastrointestinal spasm secondary to organic diseases. **Dosage and Administration:** Tablets: Adults and children ten years and over: One tablet three times a day, preferably 20 minutes before meals. Suspension: Adults and children ten years and over: 15ml (150mg) three times a day, preferably 20 minutes before meals. **Contra-indications, warnings, etc:** Animal experiments have failed to show any teratogenic effects. However, the usual precautions concerning the administration of any drug during pregnancy should be observed. **Product Licence Number:** *Tablets:* 0512/0044: *Suspension:* 0512/0061. Further information is available on request to the Company. Duphar Laboratories Limited, Gaters Hill, West End, Southampton, SO3 3JD. Telephone: 0703 472281

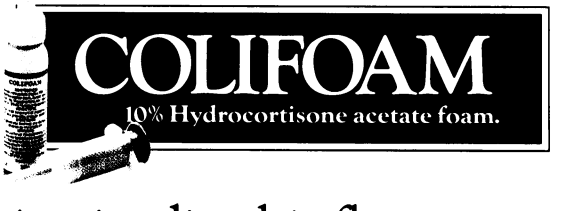
duphar

C/Hosp Ad/1/88

Colifoam gives your patients much greater personal freedom in their daily lives.[1,2]

So, while steroid enemas may equal Colifoam's effectiveness clinically,[1,2] when it comes to patient preference there's no comparison.

Colifoam is also unique among foam treatments with an unrivalled 12 years of proven efficacy and safety in clinical practice. It's a success record that makes Colifoam, more than any other, a prescription of confidence.



COLIFOAM

10% Hydrocortisone acetate foam.

The proven choice in distal inflammatory bowel disease

1. Ruddell WSJ et al. Gut 1980; 21: 885-889 2. Somerville KW et al. British Medical Journal 1985; 291: 866

PRESCRIBING INFORMATION: Presentation: White odourless aerosol containing hydrocortisone acetate PhEur 10%. Uses: 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 pack). 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. Keep out of reach of children. For external use only. Legal category: POM. Package Quantity & Basic NHS cost: 25g canister 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.

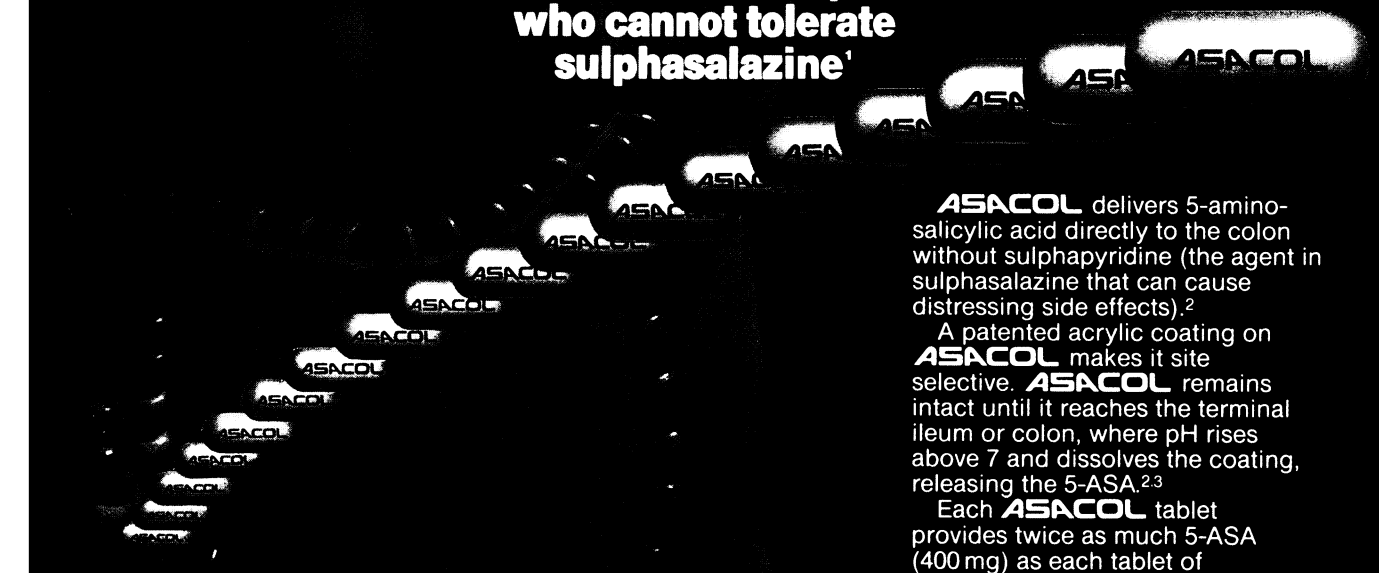
Stafford-Miller Ltd., Professional Relations Division, Hatfield, Herts. AL10 0NZ.

ASACOL

(MESALAZINE)*

Direct delivery to the colon

For ulcerative colitis patients who cannot tolerate sulphasalazine[1]



ASACOL delivers 5-aminosalicylic 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 terminal ileum or 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 (400 mg) as each tablet of sulphasalazine (200 mg), which allows patients to take fewer tablets daily.

Clinical studies have shown that **ASACOL** offers efficacy comparable to that of sulphasalazine in maintaining the remission of ulcerative colitis.[4]

ASACOL

Direct Delivery to the Colon

ABBREVIATED PRESCRIBING INFORMATION

PRESENTATION

Red tablets containing 400 mg of mesalazine (5-aminosalicylic 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

Contra-indications: 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-aminosalicylic 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.

Use during pregnancy

Use of 'Asacol' during pregnancy should be with caution, and only if, in the opinion of the physician, the potential benefits of treatment are generally greater than the possible hazards.

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: 66p-£1.31

Licence Holder:
Tillotts Laboratories, Henlow Trading Estate, Henlow, Bedfordshire SG16 6DS.

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

U.K. Patent No. 8322387

7.4.87

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-aminosalicylic acid. *Br. Med. J.*, 1982; 285:1012.

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

***Mesalazine is the British Approved name for 5-aminosalicylic acid.**

SK&F Smith Kline & French Laboratories Limited
A SMITHKLINE BECKMAN COMPANY
Welwyn Garden City, Hertfordshire AL7 1EY

Protect your patients ag

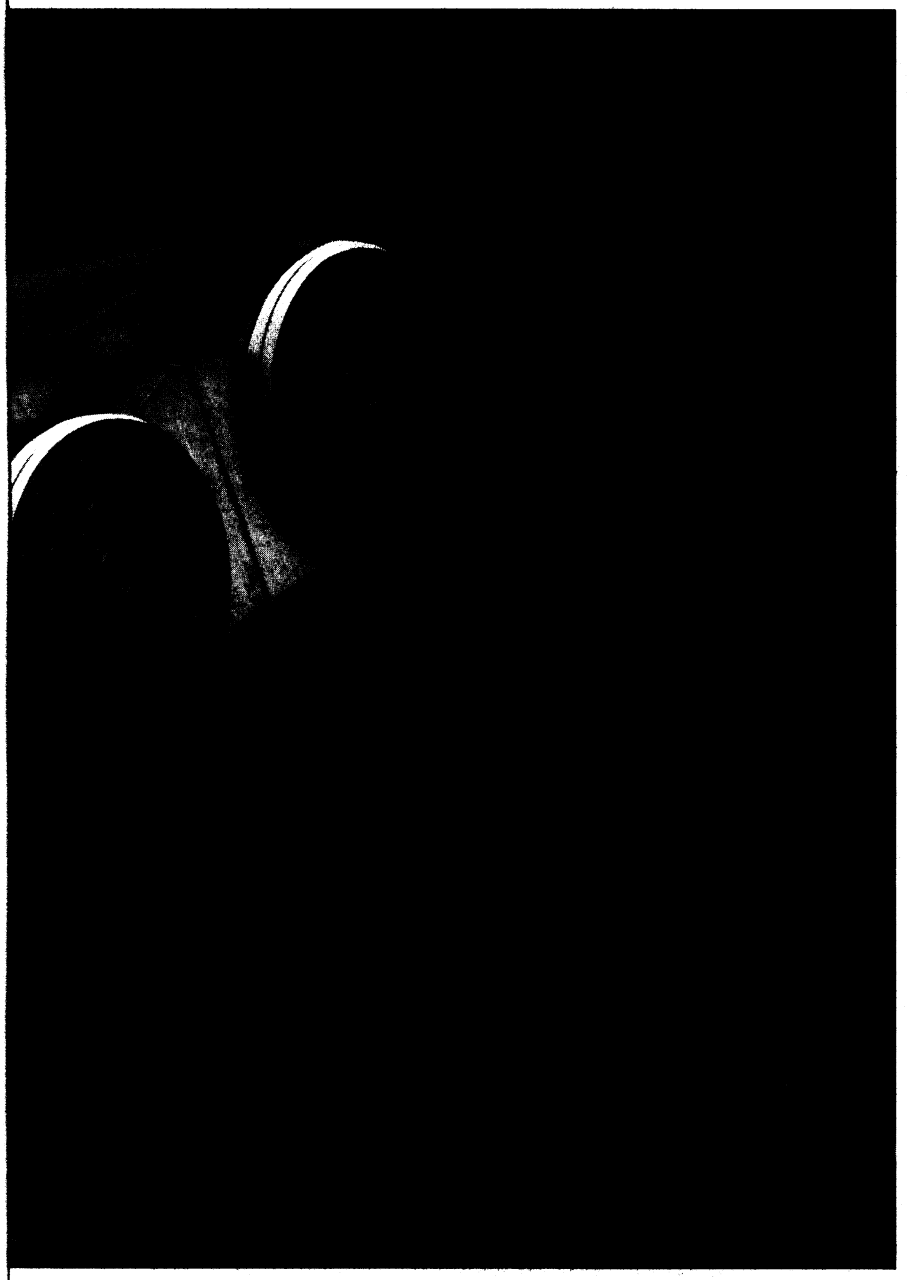
REFERENCES: 1. Lee, F. et al, The Lancet, (8 June 1985); 1299-1302. **2.** Ward, M. et al, Digestion (1986); 34: 173-177. **3.** Martin, D. et al, The Lancet, (3 January 1981); 7-10. **4.** Hamilton, I. et al, Gut, (1986); 27: 106-110. **5.** Bianchi Porro, G. et al, The Lancet, (22 September 1984); 698. **6.** Konturek, S. et al, Gut, (1987); 28: 201-205. **7.** Marshall, B. et al, The Lancet, (16 June 1984); 1311-1315. **8.** Coghlan, J. et al, The Lancet, (14 November 1987); 1109-1111.

PRESENTATION: Each tablet or 5 ml dose contains 120 mg tri-potassium di-citrato bismuthate (calculated as Bi_2O_3). **USES:** Ulcer healing agent. For the treatment of gastric and duodenal ulcers. **DOSAGE AND ADMINISTRATION:** By oral administration. **Adults:** The more convenient dosage is two tablets or two 5 ml spoonsful twice daily (half an hour before breakfast and half an hour before the evening meal) for 28 days. If necessary a further month's treatment may be given. Maintenance therapy with De-Nol is not indicated, but treatment may be repeated after an interval of one month. The tablets are to be taken with a draught of water and each 10 ml dose of the liquid diluted with 15 ml of water. **Children:** Not recommended.

Gist-brocades

ainst ulcer relapse.

NEW DOSAGE 2 b.d., NEW FORMULATION.



Initial treatment with De-Nol, rather than an H_2 antagonist, heals ulcers just as effectively,[1,2] but significantly reduces the risk of relapse.[3,4] And without the need for maintenance therapy.[5]

The mechanism underlying this important clinical benefit would appear to be a combination of De-Nol's cytoprotective properties[6] with an antibacterial activity against Campylobacter pylori,[7] the bacterium now shown to be an important predictive factor in the relapse of duodenal ulcer disease.[8]

So if you want to protect your patients against relapse, prescribe new formulation De-Noltab, 2 b.d.

℞ **De-Noltab 2 b.d.**

De-Nol®

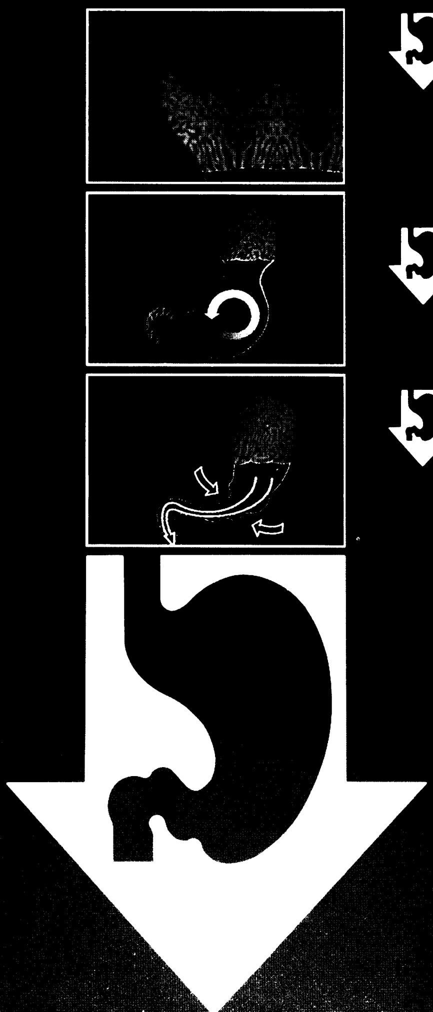
tri-potassium di-citrato bismuthate

REBALANCES THE ULCER EQUATION

CONTRA-INDICATIONS, WARNINGS: De-Nol/De-Noltab should not be administered to patients with renal disorders and, on theoretical grounds, is contra-indicated in pregnancy. **Special precautions:** De-Nol/De-Noltab may inhibit the efficacy of orally administered tetracyclines. **Side effects:** Blackening of the stool usually occurs; nausea and vomiting have been reported. Darkening of the tongue may occur with De-Nol liquid only. **Overdosage:** No reports of overdosage have been received; gastric lavage and, if necessary, supportive therapy would be indicated. **LEGAL CATEGORY:** P. **PACKAGE QUANTITIES:** De-Noltab: Treatment pack of 112 tablets. De-Nol: Treatment pack of 560 ml. **BASIC N.H.S. PRICE:** De-Noltab: *£20.98. De-Nol:* £14.65. **PRODUCT LICENCE NUMBERS:** De-Noltab: 0166/0124. De-Nol: 0166/5024.

Brocades/Great Britain/Limited, West Byfleet, Surrey.

The Evoxin Effect



- mediated outside the blood-brain barrier via the chemoreceptor trigger zone and the G.I. tract.
- resolves gastric stasis, accelerates emptying.
- relieves dyspeptic nausea more effectively than metoclopramide.[1,2]

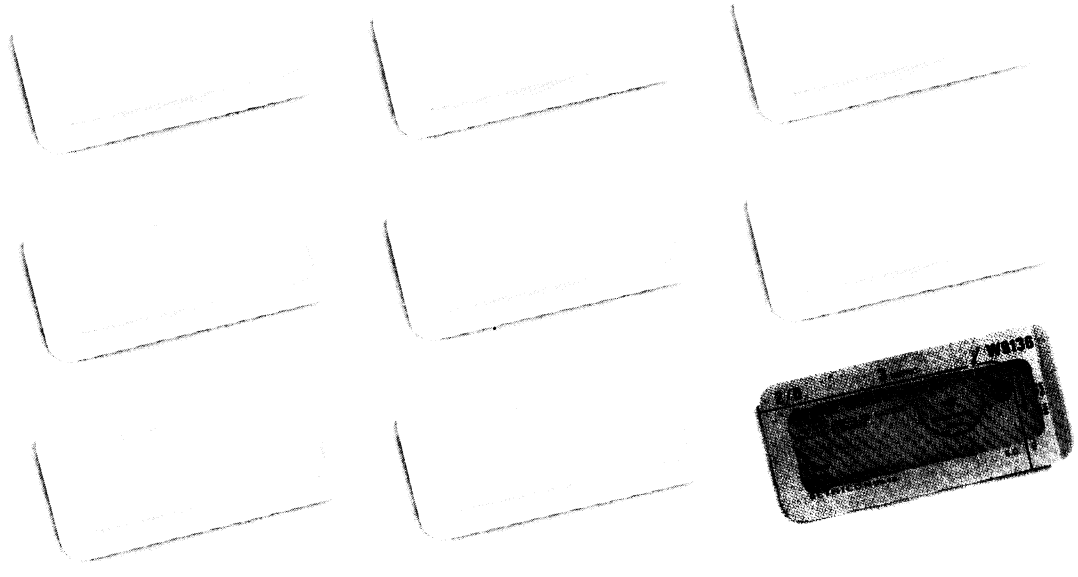
Evoxin™
domperidone

a move in the right direction for relief of dyspeptic nausea

Adults: symptomatic relief of acute nausea and vomiting from any cause (Not for chronic use). Also in Parkinson's Disease for up to 12 weeks' treatment of nausea and vomiting caused by L-dopa and bromocriptine. **Evoxin Tablets:** (domperidone [illegible]) cartons of 30 in blister strips of 10. Basic NHS cost 30 Tablets [illegible] 0071/0287. **Adult dosage:** 10-20mg at 4-8 hour [illegible] **Children:** Not recommended. [illegible]

Contra-indications/warnings etc: No specific contra-indications. In common with other dopamine blocking agents Evoxin [illegible] serum prolactin which may be associated with [illegible] Safety of Evoxin in [illegible]

Coated VICRYL*
(polyglactin 910)



Surgeons are turning to Coated VICRYL.

ETHICON
a Johnson&Johnson company

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

TECHNICAL DATA

COATED VICRYL* (POLYGLACTIN 910) STERILISED BRAIDED SYNTHETIC ABSORBABLE 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. Sutures 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 or loss of mass.

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 tissues under stress is required.

Sutures placed in skin and conjunctiva may cause localised irritation if left in place for longer than 7 days and should be removed as indicated.

At the discretion of the surgeon, appropriate non-absorbable sutures may be used to provide additional wound support when Coated VICRYL sutures are used in ophthalmic procedures.

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

Pharmaceutical Precautions
Do not re-sterilise.

Legal Category.
Not applicable.

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 sale 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.

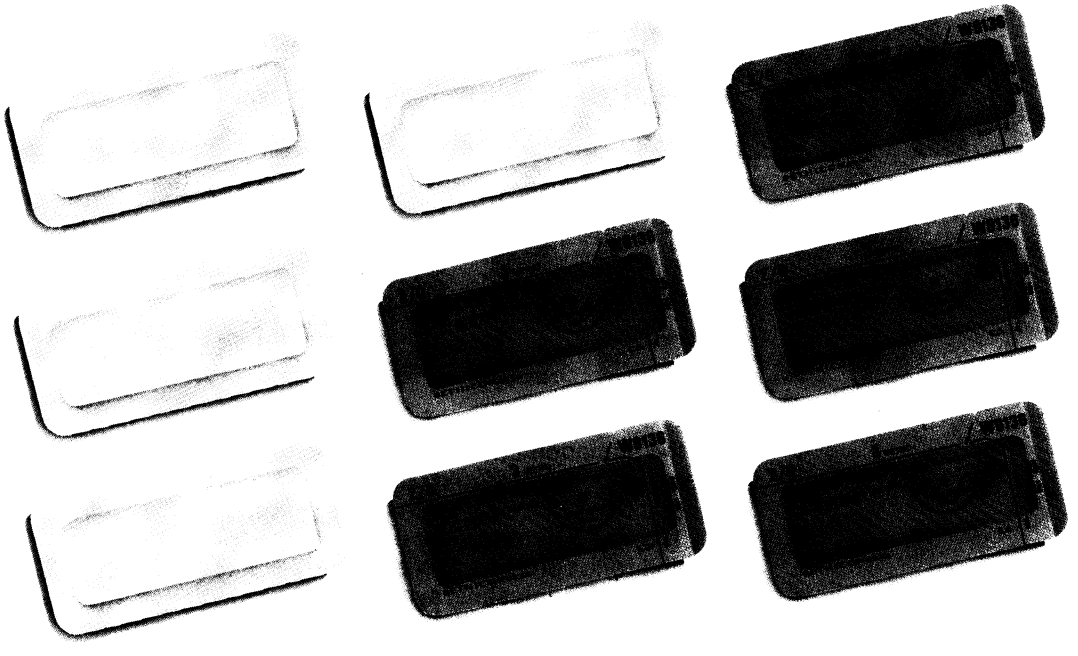
Product Licence No 0508/0009
Br. Pat. No. 1583390

Date of Preparation of Data Sheet April 1981
Revised ·· 198·

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

*Trademark

Coated VICRYL*
(polyglactin 910)



More Surgeons are turning to Coated VICRYL.

ETHICON
a Johnson & Johnson company

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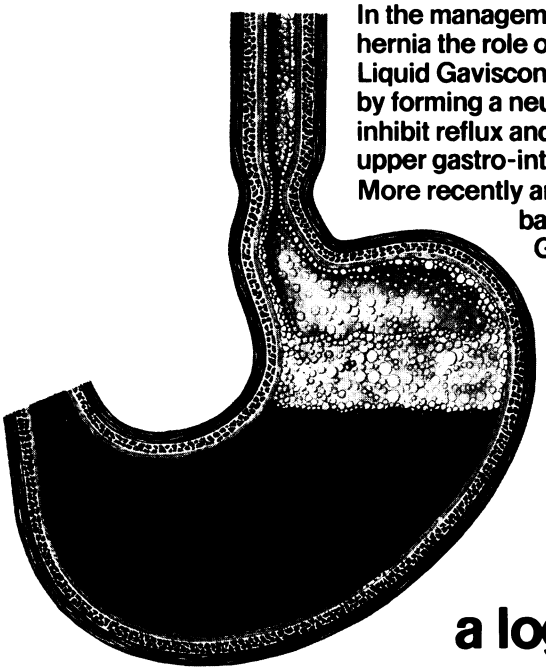
STRENGTH AGAINST REFLUX[1]



In the management of reflux oesophagitis and hiatus hernia the role of Liquid Gaviscon is well established. Liquid Gaviscon deals with reflux simply and physically by forming a neutral layer or 'raft' on gastric contents to inhibit reflux and so bring effective relief of reflux-related upper gastro-intestinal symptoms.

More recently an in-vitro comparison[1] using computer-based techniques, has shown that Liquid Gaviscon produces a 'raft' more resistant to upward pressures than any other alginate-containing compound tested.

Liquid Gaviscon®

Sodium Alginate BPC, Sodium Bicarbonate Ph.Eur., Calcium Carbonate Ph.Eur.

a logical choice in reflux

Prescribing Information
Active Ingredients: Sodium Alginate BPC 500mg, Sodium Bicarbonate Ph.Eur. 267mg per 10ml; Calcium Carbonate 160mg per 10ml dose. **Indications:** Heartburn, including heartburn of pregnancy, dyspepsia associated with gastric reflux, hiatus hernia and reflux oesophagitis. **Contra-indications:** None known. **Dosage and Administration:** Adults, children over 12: 10-20ml liquid after meals and at bedtime. Infants: not recommended. Children under 12: 5-10ml liquid after meals and at bedtime.

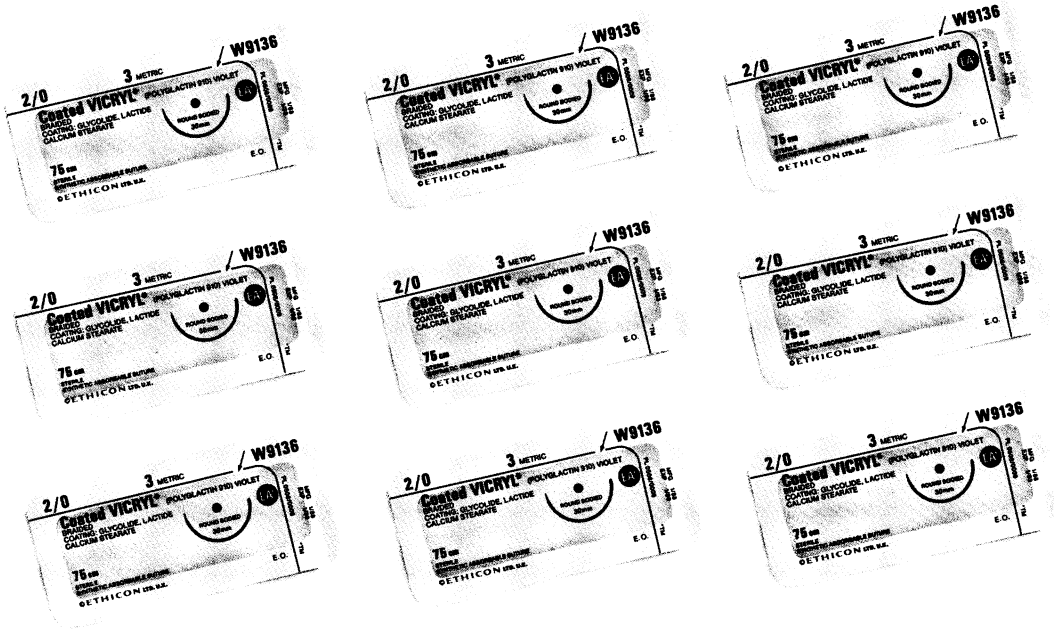
Note: 10ml liquid contains 6.2mmol sodium. **Basic NHS Cost:** As at Jan. 1988: 500ml liquid £2.88, Irish Price IR £3.72. **PL:** 44/0058. **Irish P.A. No.:** 27/12/1.

Reference

1. Washington, N. *et al., Int. J. Pharmaceut.* (1986) **28,** 139-143

Further information is available on request.
Reckitt & Colman Pharmaceutical Division,
Hull HU8 7DS.
®Registered trade mark.

Coated VICRYL*
(polyglactin 910)



More and more Surgeons are turning to Coated VICRYL.

Coated VICRYL*
(polyglactin 910) braided sutures

ETHICON
a Johnson & Johnson company

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Edinburgh EH11 4HE, United Kingdom.
*Trademark © ETHICON Ltd 1988.

Re-educate the constipated bowel

FYBOGEL ORANGE

Ispaghula husk B.P.

gently does it

Active ingredients: Each sachet contains 3.5g Ispaghula husk BP. **Indications:** Conditions requiring a high-fibre regimen. **Dosage and Administration:** (To be taken with water) Adults and children over 12: One sachet morning and evening. Children under 12: One half to one level 5ml spoonful depending on age and size, morning and evening. **Contra-indications, Warnings, etc.:** Fybogel is contra-indicated in cases of intestinal obstruction and colonic atony. **Basic NHS Price:** At Feb. '88 60 sachets £4.24, Eire: 60 sachets IR £4.92. **PL No.:** Fybogel Orange 44/0068, Fybogel 44/0041. **Irish P.A. No.:** Fybogel Orange 27/2/2, Fybogel 27/2/1. Fybogel is a registered trademark. Further information is available from: Reckitt & Colman Pharmaceutical Division, Hull HU8 7DS.

Routes to relief of reflux oesophagitis

Alginate protection

Designed to protect the oesophagus by impeding gastro-oesophageal reflux, the alginate component of Pyrogastrone is derived from the knotted wrack seaweed (Ascophyllum nodosum).

Buffering antacids are added for symptom relief.

Active healing

Added to an alginate antacid, low-dose carbenoxolone can enhance the rate of symptom relief and significantly increase healing of oesophagitis.[1] This active healing component of Pyrogastrone is synthesised from glycyrrhizic acid, a constituent of liquorice root.

Pyrogastrone

carbenoxolone, aluminium hydroxide and magnesium trisilicate in an alginate base

merging the routes to relief

See prescribing information overleaf.

24-h-pH-Metry will become Routine in Gastroenterology

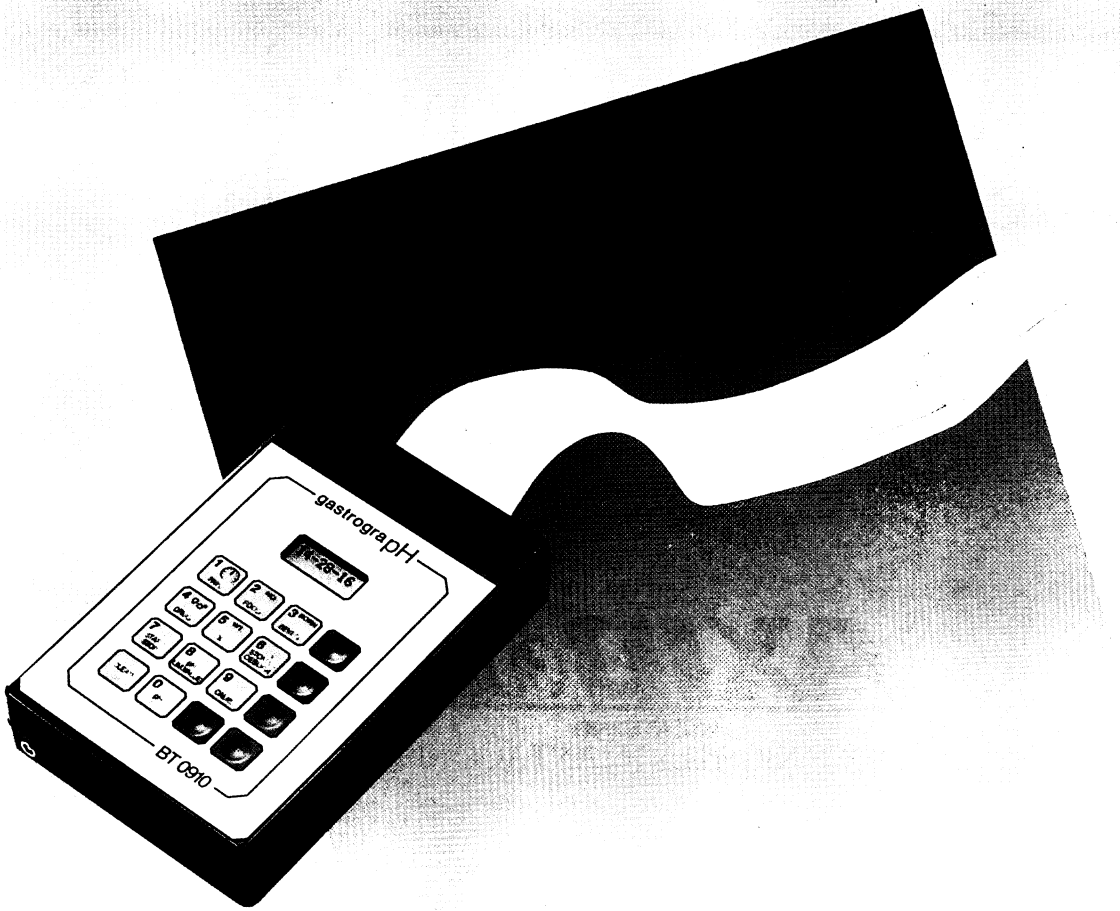
using the new Gastrograph pH with Combination Antimony Electrode (no skin reference)

For the Practitioner:

No Computer or other ancillary equipment is necessary. The Gastrograph pH is its own Computer, pH-Meter and Printer – all combined in one. The printout is available in minutes.

For the Investigator:

The printout can be complemented by transferring the data to another PC. Either you can use your own statistics on the raw data – or we also supply statistics packages for a single patient, groups of 20 patients or groups of 200 patients, including graphics.



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Axid produces effective ulcer healing[2-4] whilst allowing the stomach to work virtually normally during the day.

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AXID 300mg

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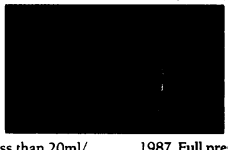
ONCE NIGHTLY H_2 ANTAGONIST

▼ ABBREVIATED PRESCRIBING INFORMATION. **Presentation:** Capsules containing 150mg or 300mg nizatidine INN. **Uses:** For the treatment of duodenal and benign gastric ulcer, and prevention of duodenal ulcer recurrence. **Dosage and Administration:** (For full information, see data sheet). Axid is administered orally. *Adults:* For duodenal and benign gastric ulcer, the recommended daily dose is 300mg in the evening for 4 or, if necessary, 8 weeks. For prevention of duodenal ulcer recurrence, the recommended daily dose is 150mg in the evening. *The elderly:* Normally dosage modification is not required except in patients who have moderate to severe renal impairment. *Children:* Not recommended. *Patients with impaired renal function:* Moderate renal impairment (creatinine clearance less than 50ml/min), the dose should be reduced by 50% to 150mg in the evening. Severe renal impairment (creatinine clearance less than 20ml/min), the dose should be reduced by 75%, to 150mg on alternate days. Prevention of duodenal ulcer recurrence in moderate renal impairment (creatinine clearance less than 50ml/min), the dose may be reduced to 150mg on alternate days. Severe renal impairment (creatinine clearance less than 20ml/min), the dose may be reduced to 150mg every third day. **Contra-indication:** Known hypersensitivity to H_2-receptor antagonists. **Warnings:** *Usage in pregnancy:* The safety of nizatidine for use during pregnancy has not been established. *Usage in lactation:* Administer to nursing mothers only if considered absolutely necessary. *Drug interactions:* No interaction has been observed between nizatidine and aminophylline, theophylline, chlordiazepoxide, diazepam, metoprolol, warfarin or lorazepam. Nizatidine does not inhibit the hepatic cytochrome P450-linked drug metabolising enzyme system. **Precautions:** Patients with impaired liver or kidney function should be treated with caution (see data sheet). **Side-effects:** Possible side-effects include headache, asthenia, chest pain, myalgia, abnormal dreams, somnolence, rhinitis, pharyngitis, cough, pruritus, sweating and reversible, asymptomatic elevations of transaminases. *Overdosage:* There is no experience of overdose in humans. Tested at very high doses in animals, nizatidine has been shown to be relatively non-toxic. *Treatment:* Symptomatic and supportive therapy is recommended. Activated charcoal may reduce nizatidine absorption and haemodialysis may remove absorbed nizatidine. **Legal Category:** POM **Product Licence Numbers:** Capsules 150mg 0006/0230. Capsules 300mg 0006/0231. **Basic NHS Cost:** Per 28 day calendar pack – 150mg capsules £13.44; 300mg capsules £25.76. **Date of Preparation:** August 1987. **Full prescribing information is available from:** Eli Lilly & Company Limited, Dextra Court, Chapel Hill, Basingstoke, Hampshire RG21 2SY. Telephone: (0256) 473241. **References:** 1. Dammann HG *et al,* Scand J Gastroenterol 1987; 22: 56. 2. Simon B *et al,* Ibid 61. 3. Naccaratto R *et al,* Ibid 71. 4. Cerulli MA *et al,* Ibid 79. 'AXID' is a Lilly trademark.



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The latest Keynes Press publication marks the ninetieth anniversary of a major breakthrough in tropical medicine

This day designing God
Hath put into my hand
A wondrous thing. And God
Be praised. At His command,

I have found thy secret deeds
Oh million-murdering Death.

I know that this little thing
A million men will save—
Oh death where is thy sting?
Thy victory oh grave?

Not many scientists are moved to verse by the fruits of their research, but few results are as momentous as the one celebrated by Ronald Ross in *The Great Malaria Problem and its Solution.* Adapted from Ross's memoirs, this Keynes Press edition gives the full story of Ross's discovery of the mode of transmission of malaria by the Anopheles mosquito. Engagingly written, it is the frank and accurate picture of four years' painstaking work, full of hope, despair, elation, frustration, and what Ross describes as the "sacred passion for discovery." It also shows the close and moving scientific partnership between Ross and Patrick Manson, the "father of tropical medicine", as evidenced in the 155 letters exchanged between them over this period.

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PLATE VII

(From a Mauritian Newspaper, 1908.)

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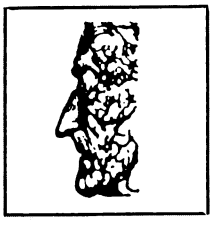

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