

dispose of a problem...

- ■ How Predfoam helps solve the problems currently associated with local therapy:
 - DISPOSABLE APPLICATORS
 - Clean and simple to use
 - UNIQUE METERED DOSE AEROSOL
 - Ensures dosage uniformity
 - PREDNISOLONE METASULPHOBENZOATE
 - High local tissue levels' 10-100 times those produced by enema formulations of prednisolone

PREDFOAM. instructions to patient

PREDNISOLONE METASULPHOBENZOATE

Prescribing Information

Presentation: A white mucoadherent aerosol foam containing prednisolone metasulphobenzoate sodium equivalent to 20mg prednisolone per metered

Uses: Treatment of proctitis and ulcerative colitis.

Dosage and Administration: One metered dose inserted rectally once or twice daily for two weeks, extending treatment for a further two weeks when a good response is obtained.

Contra-indications, warnings, etc.

Contra-indications: Local conditions where infection might be masked or healing impaired e.g. peritonitis, fistulae, intestinal obstruction, perforation of

Side effects. The consequences of systemic absorption should be considered with extensive use over prolonged periods. As with all rectal corticosteroids, prolonged continuous use is undesirable.

There is inadequate evidence of safety in human pregnancy

Topical administration of corticosteroids to pregnant animals can cause abnormalities of foetal development including cleft palate and intra-uterine growth retardation. There may therefore be a very small risk of such effects in the human foetus. Overdosage by this route is unlikely.

Legal Category : POM

PL 0108/0101

Pack and basic NHS price: Box containing 1 fourteen-dose canister, 14 disposable nozzles and 14 plastic bags £7.00

Registered Trade Mark

References: (1) McIntyre, P.B. et al. (1985) GUT 26 822-824 (2) Rodrigues, C. et al. (1987) Lancet, June 27th, 1497.

Full information is available on request PHARMAX LIMITED



Bourne Road, Bexley, Kent. DA5 1NX Telephone 0322 91321



SPECIFICALLY DEVELOPED

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 H₂-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 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

- Neterences

 1. Gledhill, T., et al., Cut, 1983, 24, 904.

 2. Ireland, A., et al., Lancet, 1984, II, 274.

 3. Santana, 1. 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.

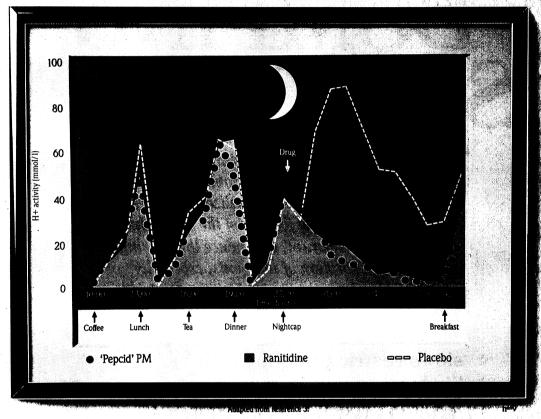


Thomas Morson Pharmaceuticals Hertford Road, Hoddesdon, Hertfordshire Division of Merck Sharp & Dohme Limited



FOR ONCE-NIGHTLY USE

NIGHT-TIME COVER FROM A SINGLE DOSE³



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



One at night can make their day

For the relief of symptoms of

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 duodenum⁶, 99

- ★ slows gastric emptying¹⁻³
- ★ binds bile acid8
- ★ reduces hyperglycaemia and hyperinsulinaemia⁴⁻⁵
- **★** helps improve patient comfort, food tolerance and nutritional status⁶⁻⁷



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

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 hyperplycaemia 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 Changes &
Administration. Adults One 59 scate to be taken with each main meal. The contents of a sachet are
preferably sprinked eventy over a meal on the plate or stirred into suitable foods (e.g. bimad) unice,
yoghurf, muesii, e.d.; in which case the flood should be accompanied by a drink of 150ml (76 tumbler).
Contra-indications, Warnings, etc. To avoid any risk of desophageal 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 inspected 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 quary guing granules 5 grams. The fine pale cream granules are tasteless and readily water-miscible. Cartons of 100 sachets. Product Licene Numbers. PLOS770023 & 0056. PA 36.ff. Further information available from Rybar Laboratories Ltd., Amersham, Bucks, UK. Kybar



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.

Prescribing Information

Presentation: White, sugar-coated tablets each containing 135m 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. Gastro-

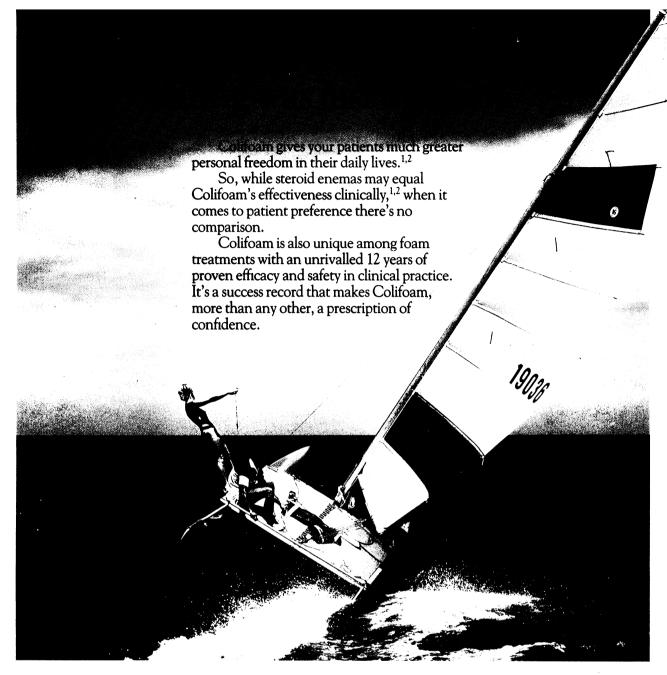
intestinal spasm secondary to organic diseases. Dosage and Administration: Tablets: Adults and children ten years and over: One tablet three times a day, preferably 20 minutes before meals. Suspension: Adults and children ten years and over: 15ml (150mg) three times a day, preferably 20 minutes before meals. Contra-indications, warnings, etc: Animal experiments have failed to show any terato-

genic 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,

duphar so3 3JD. Telephone: 0703 472281 C/Hosp Ad/1/88





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

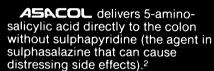
PRESCRIBING INFORMATION: Presentation: White odourless aerosol containing hydrocortisone acetate PhEur 10%. Uses: Ulcerative colitis, proctosigmoiditis and granular proctitis. Dosage and administration: One applicatorful inserted into the rectum once or twice daily for two or three weeks and every second 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 Coliforam. 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 to 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 Coliforam 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.: 0336/0021. Further information is available on request. Stafford-Miller Ltd., Professional Relations Division, Hatfield, Herts. AL10 0NZ.



(MESALAZINE)

Direct delivery

For ulcerative colitis patients who cannot tolerate sulphasalazine'



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.23

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

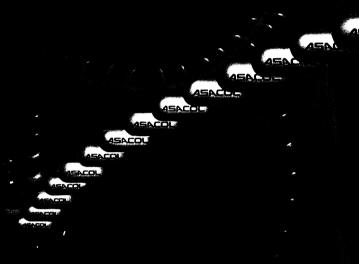
Direct Delivery to the Colon

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;
- 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.
- 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

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

€ 1987 Smith Kline & French Laboratories Limited, 'Asacol' is a trade mark. ASC AD37



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

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.

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. 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

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

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, L. 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 Bi₂O₃). 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. Not 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.



Initial treatment with De-Nol. rather than H₂ antagonist, heals ulcers iust as effectively. 1,2 significantly reduces the relapse.3,4 risk of And without the for need maintenance therapy.5

The mechanism underlying this important clinical benefit would appear to be a combination of De-Nol's cytoprotective properties with an antibacterial activity against Campylobacter pylori, 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.





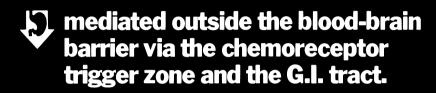
CONTRA-INDICATIONS, WARNINGS: De-Nol/De-Noltab should not be administered to patients with renal disorders and, on theoretical grounds, is contra-indicated in pregnancy. Special precautions: De-Nol/De-Noltab may inhibit the efficacy of orally administered tetracyclines. Side effects: Blackening of the 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.

REBALANCES THE ULCER EQUATION

The Evoxin Effect







resolves gastric stasis, accelerates emptying.



relieves dyspeptic nausea more effectively than metoclopramide.^{1,2}



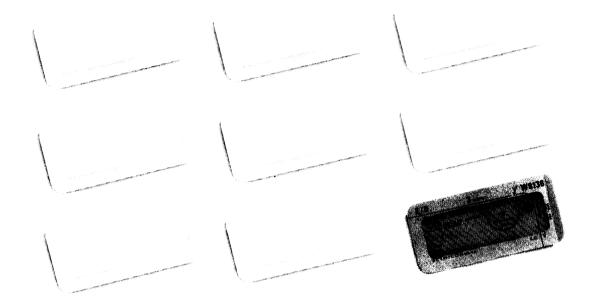
Evoxin

domperidone

a move in the right direction for relief of dyspeptic nausea

Coated VICRYL^{*}

(polyglactin 910)



Surgeons are turning to Coated VICRYL.



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 AdministrationBy 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.

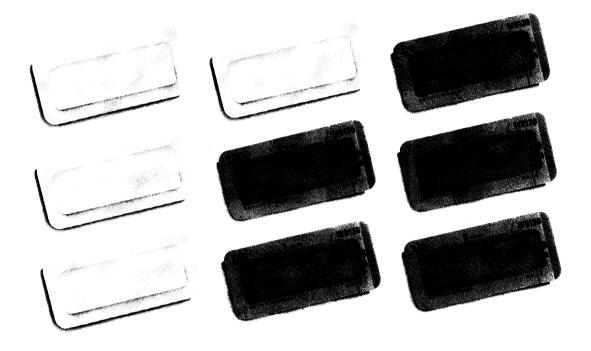
Product Licence No 0508/0009 Br. Pat. No. 1583390

> Date of Preparation of Data Sheet April 1981 Revised ** 1987

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

Coated VICRYL^{*}

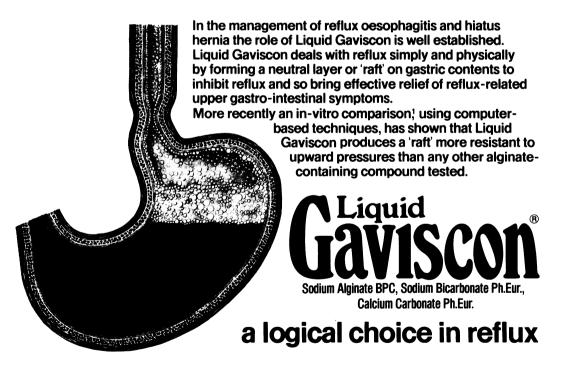
(polyglactin 910)



More Surgeons are turning to Coated VICRYL.



STRENGTH AGAINST 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. Children under 12: 5-10ml liquid after meals and at bedtime.

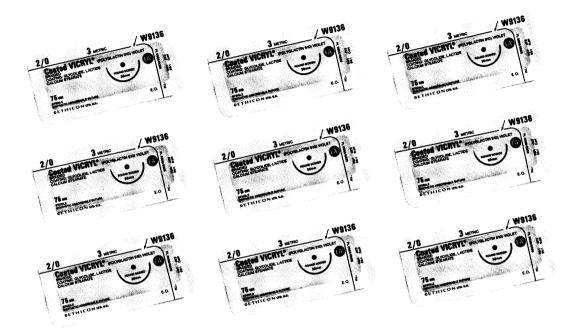
Note: 10ml liquid contains 6.2mmol sodium. Basic NHS Cost: As at Jan. 1988: 500ml liquid £2.88, Irish Price IR £3.72. PL: 44/0058. Irish P.A. No.: 27/12/1.

Reference

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.



Re-educate the constipated bowel



Ispaghula husk B.P.

pontly 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.



The BMJ's new series of books of general interest by medical writers

Not Always on the Level by E J Moran Campbell. Romantic memories of a Yorkshire childhood; hilarious ones of student days in London; a detailed and fascinating account of Campbell's pioneering work in respiratory physiology; and a painfully honest description of what it is like to a manic depressive.

Price: Inland £14.95: Abroad £18.50; USA\$30.00 BMA members: Inland £13.95; Abroad £17.50; USA\$28.00

Recollections and Reflections by Douglas Black, who recalls episodes from his remarkable career—in which he has been professor of medicine at Manchester University, chief scientist at the DHSS, and president of the Royal College of Physicians—and reflects on the practice and progress of medicine, university teaching and administration, public service, and life in general.

Price: Inland £14.95; Abroad £17.50; USA\$29.00 BMA members: Inland £13.95; Abroad £16.50; USA\$27.00

Doctors in Science and Society by Christopher Booth, who examines the lives and times of some eighteenth century medical scientists and the role of their present day successors. A must for anyone interested in the past and future of medical science.

Price: Inland £14.95; Abroad £19.50; USA\$32.00 BMA members: Inland £13.95; Abroad £18.50; USA\$30.00

All prices include postage, by air abroad Please enclose payment with order

ORDER FROM: British Medical Journal PO Box 295, London WC1H 9TE or any leading medical bookseller

Pyrogastrone Tablets

carbenoxolone, aluminium hydroxide and magnesium trisilicate in an alginate base

For the treatment of oesophageal inflammation, erosions and ulcers due to hiatus hernia or other conditions causing gastro-oesophageal reflux, and for the relief of heartburn, flatulence and other symptoms associated with reflux oesophagitis. Each tablet contains Carbenoxolone Sodium BP 20mg, Dried Aluminium Hydroxide PhEur 240mg and Magnesium Trisilicate BP 60mg in a base containing Sodium Bicarbonate BP 210mg and Alginic Acid BPC 600mg. Each tablet contains 59.2mg (2.6mmol) Na. **Adult dosage:** One tablet to be chewed immediately after meals, three times a day, and two to be chewed at bedtime.

Elderly: Not recommended for patients over 75 years of age; otherwise as for adults, but see

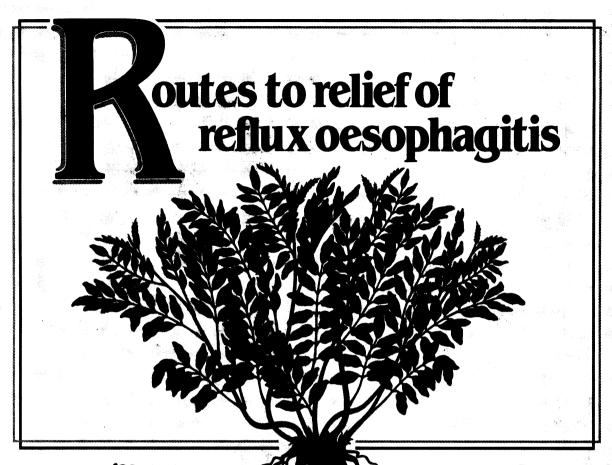
"precautions".

Children: Not recommended.
Cartons of 100 foil-packed tablets. Basic NHS cost of one day's treatment £1.16 (5 tablets). PL 0071/0138.
Contra-indications: Hypokalaemia, cardiac, renal

or hepatic failure. Precautions: Pyrogastrone should not be given to patients on digitalis therapy unless serum electrolyte levels are monitored weekly and measures taken to prevent the development of hypokalaemia. Special care should be exercised with patients predisposed to sodium and water retention, potassium loss and hypertension (e.g. the elderly and those with cardiac, renal or hepatic disease) since the carbenoxolone content of Pyrogastrone can induce similar changes. Regular monitoring of weight, blood pressure and clinical state, which should indicate the development of such effects is advisable for all patients. If hypokalaemia occurs Pyrogastrone should be withdrawn and potassium loss should be corrected by the administration of supplements. Although animal studies have shown no hazard, there is inadequate evidence of the safety of carbenoxolone in human pregnancy. Pyrogastrone should therefore be avoided in those who are pregnant. Pyrogastrone is a registered trade mark. Made under licence from Biorex Laboratories Ltd., England. Brit. Pat. No. 1390683. Further information available from Winthrop Laboratories, Onslow Street, Guildford, Surrey GUI 4YS.

1. Curr. Med. Res. Opin. 1978; 5/8: 637-644





A lginate 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. 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

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

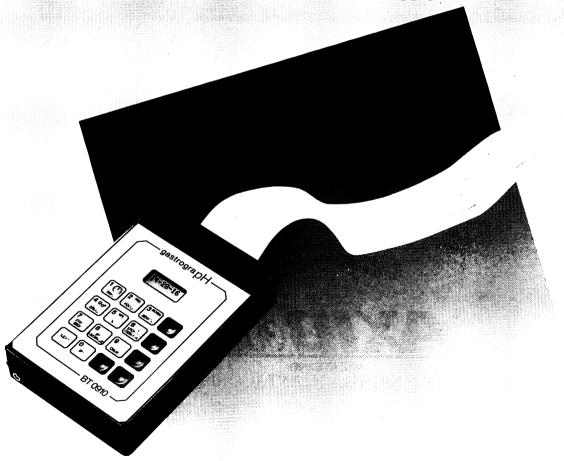
new GastrograpH

Tandan Pada Salah dara

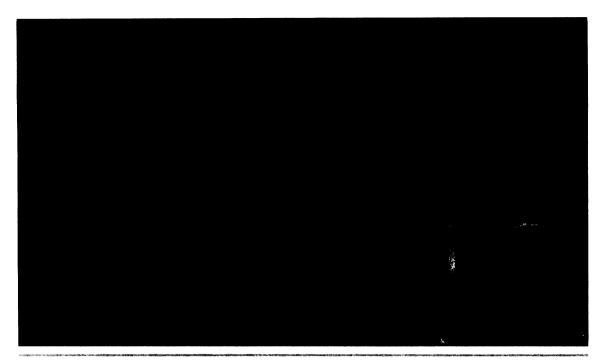
No Computer or other ancillary equipment's necessary. The Castrograph is its own Computer, pH-Meter and Printer – all combined in one. The printout is available in minutes.

P

The printout can be complemented by transferring the data to another 10. Rither 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.



MIC AG, Medical Instruments Corporation, CH 4502 Solothurn, POB 706, Friedhofplatz 16, Tel. 41-65-234355-56, Telex 931486 mic ch, FAX 41-65-221792



Lets ulcers heal by night and the stomach work by day

A single evening dose of Axid suppresses acid production only during the night1 when mucosal damage may occur.

Because of its short half-life, Axid then produces minimal suppression of daytime gastric acid.

Axid produces effective ulcer healing²⁻⁴ whilst allowing the stomach to work virtually normally during the day.



▼ 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 lacer 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 Soml/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 H₂-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 haemodalaysis may remove absorbed nizatidine. Legal Category: POM Product Licence Numbers: Capsules 150mg 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, Chaple Hill, Basingstoke, Hampshire

Company Limited, Dextra Court, Chapel Hill, Basingstoke, Hampshire RG21 25Y. 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. Cerulii MA et al., Ibid 79. 'AXID' is a Lilly trademark.



GASTROENTÉROLOGIE CLINIQUE ET BIOLOGIQUE

Gastroenterol Clin Biol, t. 12.

Nº 1

January 1988

Extrahepatic digestive surgery in cirrhotic patients: mor-CONTENTS tality, morbidity, preoperative prognostic factors... 43 J. P. ZARSKI, P. BICHARD, P. BOURBON, A. TOUR-NERY, J. DEMONGEOT and M. RACHAIL DIGESTIVE TRACT AND PANCREAS Current trend: Editorial: Drug hepatotoxicity: actualization of a data bank of hepatic injuries and related drugs..... 48 Reflux esophagitis in 1987..... 2 M. BIOUR, R. POUPON, Y. CALMUS, J.-D. GRANGÉ, A. Blum and S. Bonfils J.-D. HAMEL, V.-G. LÉVY, F. BODIN and G. CHEYMOL Clinical cases: Distal constipation, straining at stools, and fecal Arteriovenous malformation of the caecum: report of 3 two cases treated by embolization..... 61 Ph. DENIS D. PARIENTE, P. CAUQUIL, C. GALLAIRE and A. ROCHE Original articles: Esophageal papillomatosis in an adult woman..... 66 F. FÉKÉTÉ, O. CHAZOUILLÈRES, V. GANTHIER, Terminal constipation with abdominopelvic asynchro-G. Molas and F. POTET nism: analysis of etiological, clinical and manometric Liver damage after administration of metapramine... findings, and of the results of biofeedback therapy J. C. BARBARE, J. P. LATRIVE, E. KALOUSTIAN, Y. EMERY, L. DESCOS, P. MEUNIER, D. LOUIS, G. Broquie, C. Legendre and R. Poupon G. VALANCOGNE and G. WEIL Persistence of circadian rhythms in gastric acid, gastrin, Letters to the editors: and pancreatic polypeptide secretions despite loss of cortisol and body temperature rhythms in man under Usefulness of manometry in colonic inertia...... 12 stress (in English)..... B. BASSOTTI D. RIGAUD, J. P. ACCARY J. CHASTRE, M. MIGNON, Constipation: the role played by depression is underes-J. P. LAIGNEAU, A. REINBERG and S. BONFILS timated by gastroenterologists..... 74 B. MAROY and PH. MOULLOT Famotidine has no significant effect on gonadal function in man (in English)..... 19 75 Answer: J. Frexinos..... V. SAVARINO, M. GIUSTI, P. SCALABRINI, D. BESSA-Action of cisapride on the orocecal transit time of an RIONE, M. R. MAGNOLIA, G. PERCARIO and G. CELLE dyspeptogenic meal in the healthy subject...... 75 M. A. BIGARD, B. DURIVAUX and B. FRAITAG The usefulness of computed tomography in esophageal carcinoma. A prospective and « blind » study..... 23 IgA linear bullosa dermatitis associated with Crohn's B. GAYET, J. FRIJA, J. CAHUZAC and F. FÉKÉTÉ 76 C. BARBERIS, M. S. DOUTRE, P. BIOULAC-SAGE, Current trend: E. POMPOUGNAC, C.BEYLOT and A. QUINTON Cholelithiasis in cirrhosis: prevalence and risk factors in Epidemiologically linked cancers: risk factors for colo-29 rectal cancer?..... 150 patients..... B. DESAINT, J. F. CADRANEL, A. PAUWELS, J. TURK, O. INK, L. BEAUGERIE, J. C. RIERA and J. P. ÉTIENNE M. CONRAD, C. FLORENT and V.-G. LÉVY Drug hepatotoxicity: data bank accessible by minitel LIVER AND BILIARY TRACT J. P. Vinel, C. Meskens, P. Calès, J. P. Caucanas and J. P. PASCAL Editorial: Piroxicam-induced hepatitis..... Cholelithiasis in cirrhosis: yes, but why?..... 37 K. HONEIN, P. ATTALI, G. PELLETIER and O. INK T. Davion and J. P. Capron Maprotiline-induced benign acute hepatitis..... 80 A. PRUDENT, B. MARCHETTI, D. PIGNOL, G. LACROIX, G. BOUCKSON and M. LEGRÉ Cirrhosis and cholelithiasis in France. A postmortem Obstructive jaundice: a rare complication of solitary non-39 parasitic liver cyst..... 80 D. SAMUEL, E. SATTOUF, C. DEGOTT and J. KALOUCHE, F. DUPARC, B. BOKOBZA, Y. SURLE-J. P. BENHAMOU MONT, F. MICHOT and P. TENIERE

Subscriptions

Annual subscription — 10 issues/year 1988 : 144 US \$

Please contact: S.P.P.I.F., Z.I., B.P.22 — 41350 Vineuil (France)

SELECTIVE ANTISPASMODIC

FREES THE IBS PATIENT FROM THE GRIP OF SPASM



Further information is available from: Norgine
Norgine Limited, 116-120 London Road, Oxford OX3 9BA.
Norgine is a British company

Spasmonal and Norgine are trademarks



493UK/78A/O1M

ABC OF AIDS

EDITED BY MICHAEL W ADLER

Today's most widely known and perhaps most generally feared disease, AIDS presents particular problems for non-specialist doctors. So far treatment of patients with AIDS has been largely confined to specialist centres so that, although the disease will inevitably spread, few doctors have had much experience of managing it. The ABC of AIDS provides essential details on the development of the epidemic, management of early HIV infection, tumours, and the respiratory, neurological, and gastrointestinal manifestations. It discusses the treatment of infections and the prospects for vaccines and prevention as well as outlining programmes for counselling, nursing, and the control of infection. Edited by Michael Adler, a leading authority on the topic, the ABC of AIDS is a vital guide that no medical practitioner can afford to be without.

The facts and the future

Price: Inland £9.95 Abroad £12.50/USA\$21.00 BMA members: Inland £8.95 Abroad £11.50/USA\$19.00 including postage, by air abroad

Payment must be enclosed with order

Order from British Medical Journal P.O. Box 295 London WC1H 9TE or any leading bookseller The latest Keynes Press publication marks the ninetieth anniversary of a major breakthrough in tropical medicine

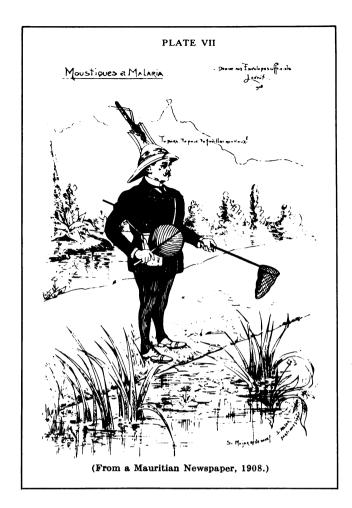
This day designing God
Hath put into my hand
A wondrous thing. And God
Be praised. At His command,

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 then, over this period.

Fully illustrated, and with an introduction by L J Bruce-Chwatt, emeritus professor of tropical public health at the University of London, this unique volume provides a fascinating insight into the process of scientific research as well as a self portrait of one of the most impressive and colourful individuals in the history of tropical medicine.



THE KEYNES PRESS



The Keynes Press Limited editions of medical classics, handsomely printed and bound.

Price: Inland £45.00; Abroad £52.00; USA \$73.00, including postage.

SCANDINAVIAN_ JOURNAL OF GUSTIVEINTEROLOGY

JOURNAL OF GUSTIVETHERINGLY	VOLUME 23, NO. 2, MARCH 198 CONTENT	
Review: Role of Epidermal Growth Factor in Gastro- protection and Ulcer Healing	S. J. Konturek 12	9
A Multicentre Comparison of Trimoprostil and Cimetidine in the Treatment of Duodenal Ulcer	U.K. Trimoprostil Study 13 Collaborative Group	4
Ulcerative Colitis. Cancer Surveillance in an Unselected Population	J. Rutegård, L. Åhsgren, 13 R. Stenling & K. G. Janunger	9
Effect of Pirenzepine on Oesophageal, Gastric, and Enteric Motor Function in Man	E. E. Soffer, D. Kumar, 14 K. Mridha, A. Das-Gupta, J. Britto & D. L. Wingate	6
Effect of Pentagastrin and Cimetidine on Gastric Blood Flow Measured by Laser Doppler Flowmetry	O. C. Lunde, K. Kvernebo & 15 S. Larsen	
Comparison of the Effect of Single and Repeated Administrations of a Protease Inhibitor (Camostate) on Pancreatic Secretion in Man	G. Adler, A. Müllenhoff, 15 T. Bozkurt, B. Göke, I. Koop & R. Arnold	8
Alternating Proliferative Capacity in the Rat Gastrointestinal Mucosa. Effects of E ₂ Prostaglandins and Indomethacin	A. Uribe, C. Rubio & 16 C. Johansson	
51Cr-EDTA/14C-Mannitol Intestinal Permeability Test. Clinical Use in Screening for Coeliac Disease	K. J. Fotherby, E. P. Wraight & 17 G. Neale	
Degradation of Amino Acids to Short-Chain Fatty Acids in Humans. An in Vitro Study	H. S. Rasmussen, K. Holtug & 17 P. B. Mortensen	
Maintenance Ranitidine Treatment after Haemorrhage from a Duodenal Ulcer. A 3-Year Study	W. R. Murray, G. Cooper, 18 G. Laferla, P. Rogers & M. Archibald	3
Raised Plasma Thromboxane B ₂ Levels in Experimental Acute Necrotizing Pancreatitis in Rats. The Effects of Flunarizine, Dazoxiben, and Indomethacin	B. van Ooijen, R. J. T. Ouwendijk, W. J. Kort, F. J. Zijlstra, J. E. Vincent, J. H. P. Wilson & D. L. Westbroek	8
Prostanoid Imbalance in Experimental Acute Necrotizing Pancreatitis in Rats	B. van Ooijen, W. J. Kort, 19 F. J. Zijlstra, J. E. Vincent, J. H. P. Wilson & D. L. Westbroek	13
Are Endoscopic and/or Histologic Findings in Gastroduo- denal Mucosa a Predictor of Clinical Outcome in Peptic Ulcer Disease? A 1-Year Follow-up Study after Initial Healing with Either Cimetidine or Medium-Dose Antacid	KÅ. Jönsson, G. Bodemar, 19 K. Norrby, A. Walan, C. Tysk & Ten Other Investigators	19
A Microscopic and Immunodiagnostic Search for Giardiasis in Patients with Gastrointestinal Disorders	M. C. Allison, E. L. Green, 20 D. N. Bhattacharya, A. Smith & R. E. Pounder	19
Peptic Ulcer Bleeding in Patients with and without Dyspepsia	R. Jorde, P. G. Burhol & 21 J. A. Johnson	3
Abnormalities of the Migrating Motor Complex in Diabetics with Autonomic Neuropathy and Diarrhea	C. P. Dooley, H. M. El Newihi, 21 A. Zeidler & J. E. Valenzuela	7
The Pentagastrin-Induced Gastric Acid Response in Humans Microbial Flora and Bile Acid Metabolism in Patients with an Ileal Reservoir	R. Leth, L. Olbe & U. Haglund 22 P. M. N. Y. H. Go, 22 M. P. Van Dieijen-Visser, B. I. Davies, J. Lens & P. J. Brombacher	
Low-Dose Antacids and Pirenzepine in the Treatment of Patients with Non-Ulcer Dyspepsia and Erosive Prepyloric Changes. A Randomized, Double-Blind, Placebo-Con- trolled Trial	R. Weberg & A. Berstad 23	7
The Effects of Famotidine, 40 mg at Night, on 24-Hour Intragastric Acidity and Plasma Gastrin Concentration in Healthy Subjects	S. Lanzon-Miller, 24 R. E. Pounder, S. G. Ball, D. J. Dalgleish, J. Coward & A. O. Jackson	4
Intestinal Absorption of Phosphatidylcholine and Triglyceride after Ileal Resection	B. Åkesson & Å. Nilsson 25	1

Abstracted in Excerpta Medica
Indexed in Current Contents and Index Medicus
Spanish edition distributed by Sanidad Ediciones, S.A.
Chinese edition distributed by The Shanghai Institute of Digestive Diseases

ISSN 0036-5521

Annual subscription (ten issues per year) USD 292.00



The abstract theory of theories has highly practical applications, and the authors explore the uses of computer technology and artificial intelligence systems as well as "fuzzy logic," "relevant logic," and the logic of economics and ethics. A book for all who wish to clear their minds of cant.

Just published

Price: Inland £5.95; Abroad £7.50; USA \$11.50 BMA members: Inland £5.45; Abroad £7.00; USA \$10.50 (including postage, by air abroad)

Payment must be enclosed with order

ORDER YOUR COPY NOW FROM British Medical Journal, PO Box 295 London WC1H 9TE or any leading medical bookseller

Think about it

You make a clinical diagnosis. Do you ever consider the thought processes by which you arrived at it? Medical students and practitioners are often concerned with examples of diagnostic logic, but seldom consider them in the context of a general philosophy. Is diagnostic logic out on a limb, or is it based on the same principles as logic in general?

In Logic in Medicine doctors and philosophers combine to provide a coherent system of diagnostic logic with a broader view of the science and art of reasoning.

