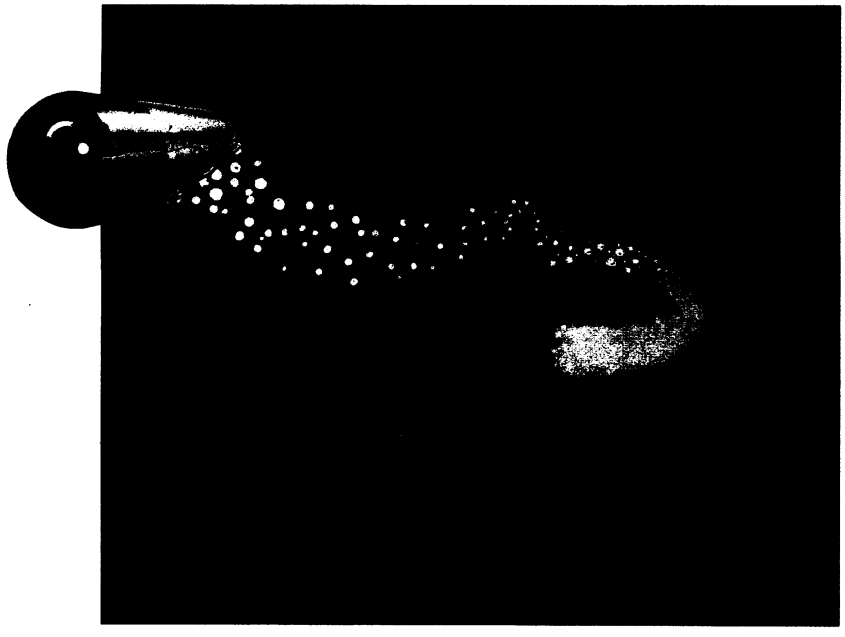
PROGRESS

In The Control Of Pancreatic Insufficiency



creon®
pancreatin

RIGHT ON TARGET – RIGHT FROM THE START

Prescribing Information – Presentation: Brown-yellow capsules containing enteric coated granules of pancreatin equivalent to: 9,000 BP units of amylase, 8,000 BP units of lipase, 210 BP units of protease. Available in packs of 100. Basic NHS price £13.33. **Indication:** Pancreatic exocrine insufficiency. **Dosage and administration:** Adults and children: Initially one or two capsules with meals, then adjust according to response. The capsules can be swallowed whole, or for ease of administration they may be opened and the granules taken with fluid or soft food, but without chewing. If the granules are mixed with food, it is important that they are taken immediately, otherwise dissolution of the enteric coating may result. **Contra-indications, Warnings, etc:** Contra-indications: Substitution with pancreatic enzymes is contra-indicated in the early stages of acute pancreatitis. Warnings: Use in pregnancy: There is inadequate evidence of safety in use during pregnancy. The product is of porcine origin. Rarely cases of hyper-uricosuria and hyper-uricaemia have been reported with high doses of pancreatin. Overdosage could precipitate meconium ileus equivalent. Perianal irritation could occur, and, rarely, inflammation when large doses are used. **Product Licence Number:** 5727/0001. **Name and address of Licence Holder:** Kali Chemie Pharma GmbH, Postfach 220, D-3000, Hannover 1, West Germany.

duphar Further information is available from:
Duphar Laboratories Limited, Gaters Hill, West End, Southampton SO3 3JD. Tel: 0703 472281.

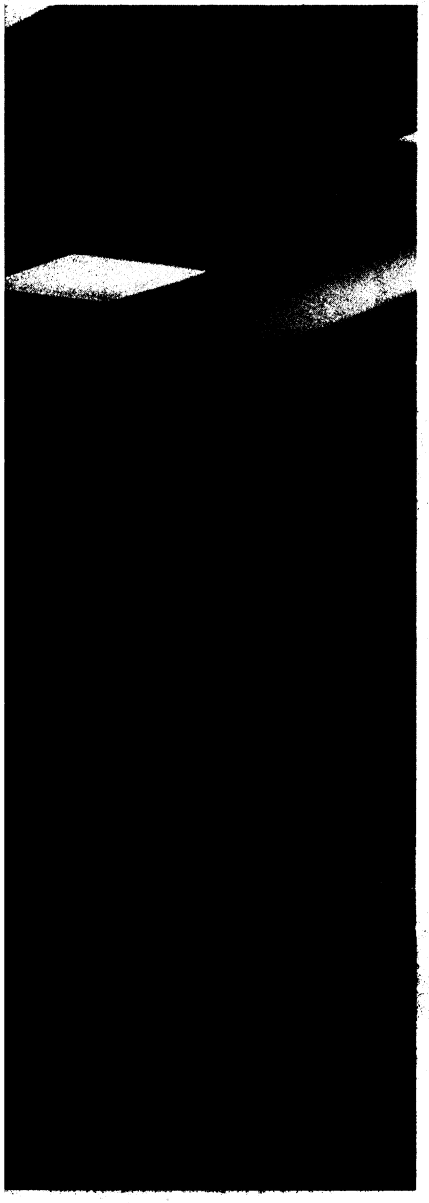
CRAd/PEI/1/89

FAST W

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

ABRIDGED PRODUCT INFORMATION ▼
Refer to Data Sheet 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.

ORKER



'Pepcid' PM,

working fast to relieve

the pain of ulcers,[1] quickly

restoring the well-being

of many patients.

This rapid relief, together

with fast, effective healing,[2]

is achieved in many patients

with a simple dosage of

just one small 40 mg

tablet at night.

PEPCID® PM 40

(famotidine) mg

ONE AT NIGHT CAN MAKE THEIR DAY

SPECIFICALLY DEVELOPED FOR THE SUPPRESSION OF NOCTURNAL ACID

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, £26.00 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. Issued December 1988.

▼Special reporting to the CSM required.

●denotes registered trademark of Merck & Co., Inc., Rahway, NJ, USA.

References

1. Rohner, H-G., and Gugler, R., *Amer. J. Med.*, 1986, *81* (Suppl. 4B), 13. 2. Dobrilla, G., *et al.*, *Scand. J. Gastroenterol.*, 1987, *22* (Suppl. 34), 21.

09-89 PCD.88.GB.3394.J.

IT MAKES LIFE WORTH LIVING.

Effective control of ulcerative colitis is only half of Colifoam's success story. As thousands of patients previously managed with aqueous enemas have found, its simplicity and ease of retention has transformed their lives.

Colifoam causes little if any disturbance to their daily routine, and enables patients to enjoy their normal social and outdoor activities!

Equally as effective as steroid enemas[1,2] Colifoam is now established as the leading treatment for ulcerative colitis.[3] It is also unique among foam treatments with an unrivalled 12 years of proven efficacy and safety in clinical practice.

COLIFOAM
10% Hydrocortisone acetate foam.

The proven choice in ulcerative colitis.

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. References 1. Somerville KW et al. British Medical Journal 1985; 291:866. 2. Ruddell WSJ et al. Gut 1980; 21:885-889. 3. Independent Research Audit. Data on File. Further information is available on request. Stafford-Miller Ltd., Professional Relations Division, Hatfield, Herts. AL10 0NZ.

VIDEO IMAGE

Spoilt for

1

The Olympus Electronic Video Information System (EVIS) uses the latest technology to transmit high-resolution electronic images direct from the distal tip to the monitor screen – a new era in endoscopy. A complete and practical system, EVIS also incorporates all the features associated with the Olympus Endoscopy System, including all-channel access and total immersibility.

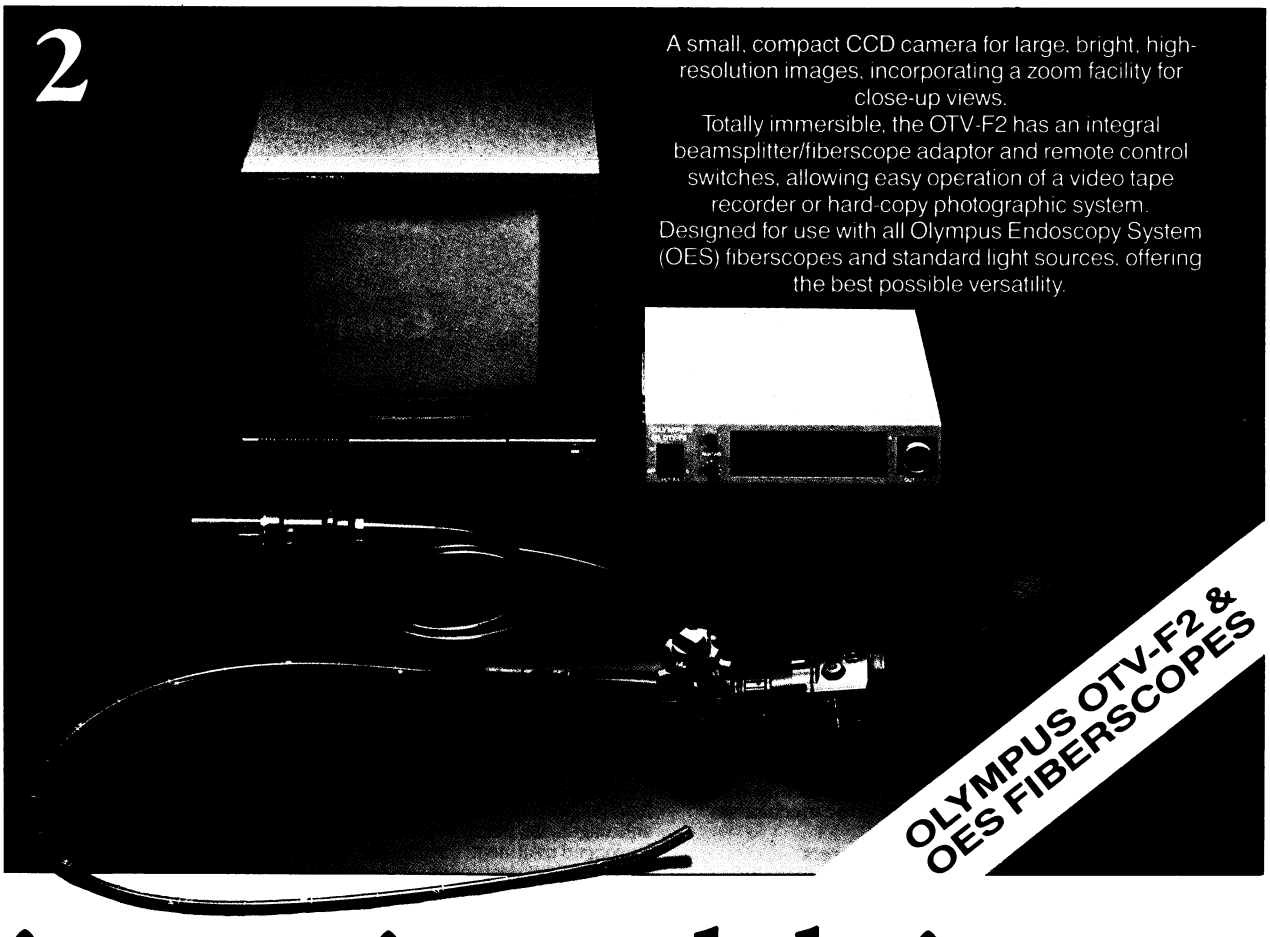
OLYMPUS EVIS

LARGER GI SCOPE RANGE NOW AVAILABLE

In the lead with OLYMPUS

ENDOSCOPY

choice



innovation and choice

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 (24 lines).

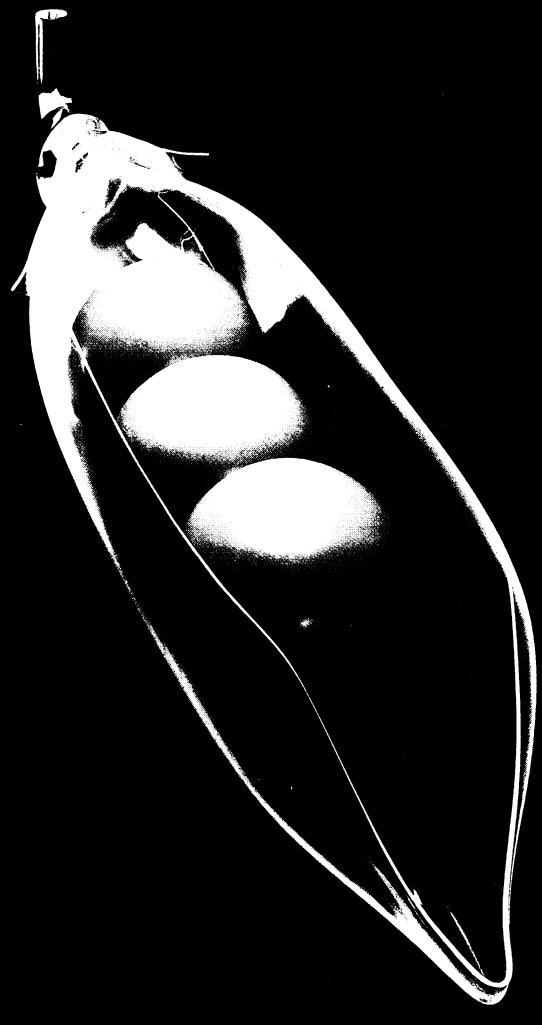
Scotland: KeyMed, Peel House, Ladywell East, Livingston EH54 6AH. Telephone: (0506) 416655

Ireland: KeyMed Ireland Ltd., KeyMed House, Lord Edward Court, Bride Street, Dublin 8. Telephone: 774855

USA: KeyMed Inc., 400 Airport Executive Park, Spring Valley, New York 10977. Telephone: (914) 425-3100

REGISTERED MANUFACTURERS DHSS

Medical Equipment



WHY PICK THIS ONE?

All H_2 antagonists achieve effective duodenal ulcer healing – so why consider 'Tagamet' 800?

Cost:
the others are up to 60% more expensive*

Experience:
'Tagamet' has been prescribed more than twice as many times as all the others put together†

Just as peas in a pod are similar but not identical so too are the H_2 antagonists. Although structurally different and with some differing properties, they act via the same mechanism to achieve effective duodenal ulcer healing.

***The price comparison is based on manufacturers' recommended 4-week duodenal ulcer healing course using a one tablet nocte regimen. Prices are taken from MIMS September 1988 and represent the cost of 28 days' treatment. 'Tagamet' 800 mg £16.58, famotidine 40 mg £26.60, nizatidine 300 mg £25.76, ranitidine 300 mg £25.60.**

†Based on SK&F estimates of H_2RA prescriptions in the UK from November 1976 to July 1988.

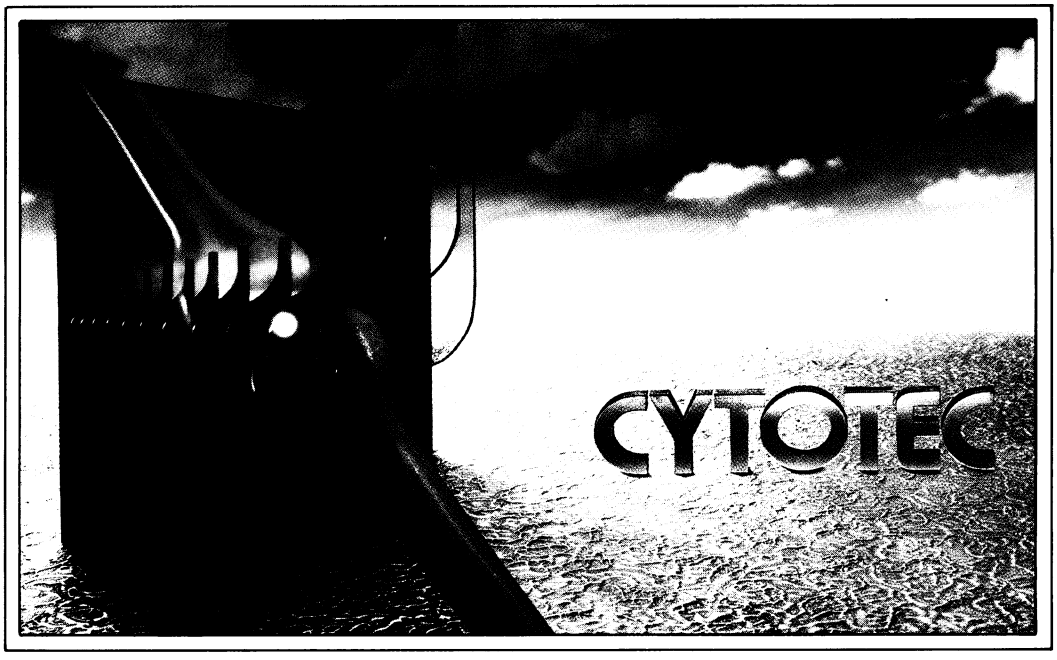
Prescribing Information. Presentations 'Tagamet Tiltab' Tablets, each containing 800 mg cimetidine (PL 0002/0128:30, 2 calendar strips of 15 tablets, £17.76). 'Tagamet' Tablets, each containing 400 mg cimetidine (PL 0002/0092:60, 4 calendar strips of 15 tablets, £18.69). 'Tagamet' Syrup, PL 0002/0073, containing 200 mg cimetidine per 5 ml, 600 ml, £23.04. **Indication** Duodenal ulcer. **Dosage** *For full dosage instructions see Data Sheet. Adults,* 800 mg once a day at bedtime, or 400 mg b.d. with breakfast and at bedtime. Treat for at least 4 weeks. To prevent relapse, 400 mg at bedtime or 400 mg morning and at bedtime. *Children:* Over 1 year: 25–30 mg/kg/day, divided. **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. 10.6.88.

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

SK&F

CYTOTEC®

GIVES 'AT RISK' ARTHRITIC PATIENTS THE PROTECTION TO STOMACH NSAIDs



CO·PRESCRIBE

CYTOTEC®

misoprostol

THE ONLY ANTI-ULCER AGENT LICENSED FOR CO-PRESCRIPTION WITH NSAIDs

CYTOTEC ▼ Abbreviated Prescribing Information
Presentation: Tablet containing misoprostol 200 micrograms. **Uses:** Healing of duodenal and gastric ulcer induced by nonsteroidal anti-inflammatory drugs (NSAID) in arthritic patients at risk, whilst continuing NSAID therapy. Prophylaxis of NSAID-induced ulcers. Healing of duodenal and gastric ulcer. **Dosage: Adults including the elderly. Healing of duodenal and gastric ulcer:** 800 micrograms daily in two or four divided doses taken with breakfast and/or each main meal and at bedtime. **Prophylaxis of NSAID-induced ulcer:** 200 micrograms twice daily, three times daily or four times daily. Refer to data sheet for additional information. **Contraindications:** Pregnant women, women of childbearing age, patients allergic to prostaglandins. **Precautions:** Cytotec does not produce hypotension in clinical studies at ulcer-healing doses, nevertheless exercise caution in disease states where hypotension might precipitate severe complications. **Adverse reactions:** Mild and transient diarrhoea may occur. Other adverse events reported included abdominal pain, dyspepsia, flatulence and nausea, although a causal relationship to Cytotec has not been established. **Basic NHS Price:** £26.00 per 112 pack. **Product Licence Number:** 0020/0115.

FOR FURTHER INFORMATION

SEARLE
GOLD CROSS

G. D. Searle & Co. Ltd., P.O. Box 53, Lane End Road, High Wycombe, Bucks. HP12 4HL.
Cytotec, Searle and Gold Cross are registered trade marks. Data Sheet with full prescribing information is available on request.

DIAL 100 AND ASK FOR

FREEFONE CYTOTEC

CY: JC108

SUCH A REVOLUTIONARY NEW TREATMENT DESERVES FAR MORE THAN THE USUAL SMALL PRINT

Indications

Cytotec is indicated for the healing of duodenal ulcer and gastric ulcer including those induced by nonsteroidal anti-inflammatory drugs (NSAID) in arthritic patients at risk, whilst continuing their NSAID therapy. In addition Cytotec can be used for the prophylaxis of NSAID-induced ulcers.

Actions

Cytotec is an analogue of naturally occurring prostaglandin E_1 which promotes peptic ulcer healing and symptomatic relief.

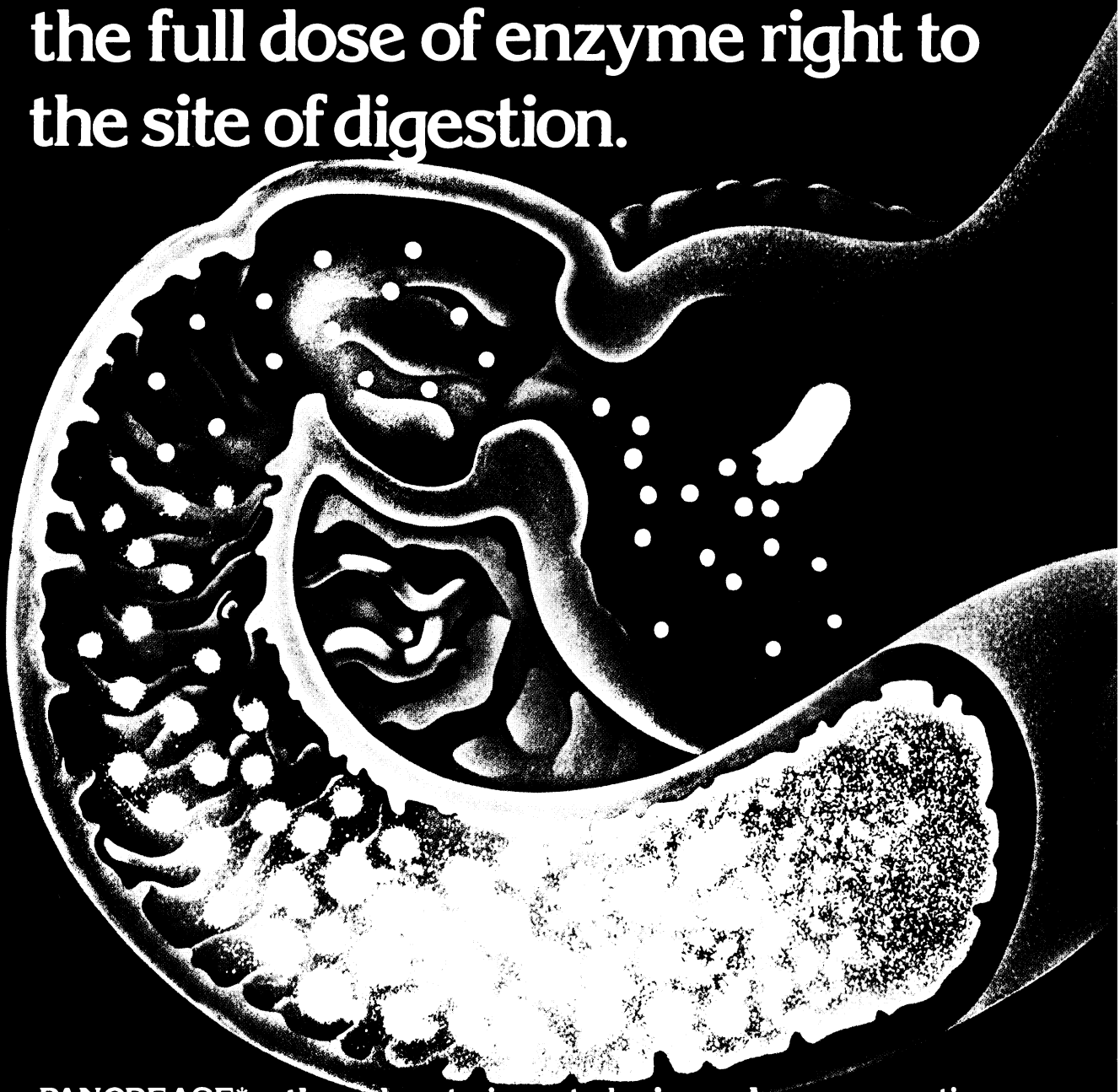
Cytotec protects the gastroduodenal mucosa both by inhibiting basal, stimulated and nocturnal acid secretion and by reducing the volume of gastric secretions, the proteolytic activity of the gastric fluid, and increasing bicarbonate and mucus secretion.

For abbreviated prescribing information see overleaf

PANCREASE* Capsules deliver

PANCREATIN BP

the full dose of enzyme right to the site of digestion.



PANCREASE* – the only enteric coated microsphere preparation.

- Protected from gastric inactivation
- Improves nutritional status
- Effective in Cystic Fibrosis and Chronic Pancreatic Insufficiency.

PRESCRIBING INFORMATION – PANCREASE* Capsules

Presentation: Hard white gelatin capsules containing enteric coated beads of pancreatin BP. Each capsule has a protease activity of not less than 330 BP Units and amylase activity of not less than 2,900 BP Units and lipase activity of not less than 5,000 BP Units. **Uses:** Exocrine pancreatic enzyme deficiency. **Dosage and administration:** For adults and children 1 or 2 capsules during each meal and one capsule with snacks. To protect the enteric coating the beads should not be crushed or chewed. **Contra-indications, warnings, etc.** Hypersensitivity to pork protein. The safety of Pancrease* during pregnancy has not yet been established. Such use is not recommended. The most frequently reported adverse reactions to Pancrease* Capsules are gastrointestinal in nature. Contact of the beads with food having a pH higher than 5.5 can dissolve the protective enteric shell. **Pharmaceutical precautions:** Keep bottle tightly closed. Store at room temperature in a dry place. Do not refrigerate. **Legal category:** P. **Package Quantities:** Containers of 100 capsules. **Basic NHS Cost:** £15.98 (for 100 capsules). **Product Licence Number:** PL 76/129.

ORTHO Cilag

Further information available from:
Ortho Cilag Pharmaceutical Ltd.,
P.O. Box 79, Saunderton,
High Wycombe, Bucks. HP14 4HJ

Prescribing Information

▼ 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 sweating. In clinical trials, the following events were observed with a higher, but not significantly different, incidence than placebo: headache, asthenia, chest pain, myalgia, abnormal dreams, somnolence, rhinitis, pharyngitis, cough, pruritis, 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 0008/0230. Capsules 300mg 0008/0231. **Basic NHS Cost:** Per 28-day calendar pack – 150mg capsules £18.44; 300mg capsules £25.76. **Date of Preparation:** June 1988. ▼ Special reporting to the CSM required. Full prescribing information is available from: Eli Lilly & Company Limited, Destra Court, Chapel Boulevard, Basingstoke, Hants RG21 2SY. Telephone: 0256 473941. 'AXID' is a Lilly trade mark.

References: 1. Simon B, *et al. Scand J Gastroenterol* 1987; 22 (Suppl. 136): 61. 2. Naccarato R, *et al. Scand J Gastroenterol* 1987; 22 (Suppl. 136): 71. 3. Hunt RH, *et al.* Topics in Peptic Ulcer Research. McColl KEL, European Nizatidine Symposium, Brussels Nov. 1987. 5. Hindmarch I, European Nizatidine Symposium, Brussels Nov. 1987. 6. Bardhan KD, *et al. Scand J Gastroenterol* 1987;

Lilly

Axid 300mg

More than just an overnight success in H_2 therapy

Axid suppresses acid through the night to provide unsurpassed efficacy in ulcer healing and relief of symptoms.[1,2] But that's only half the story. During the day Axid allows a return to virtually normal gastric physiology.[3]

Daytime acid is important for the sterilisation of food and to help protein digestion and the absorption of iron and calcium. Unlike some other H_2 antagonists Axid has minimal effect on daytime acid secretion.[3]

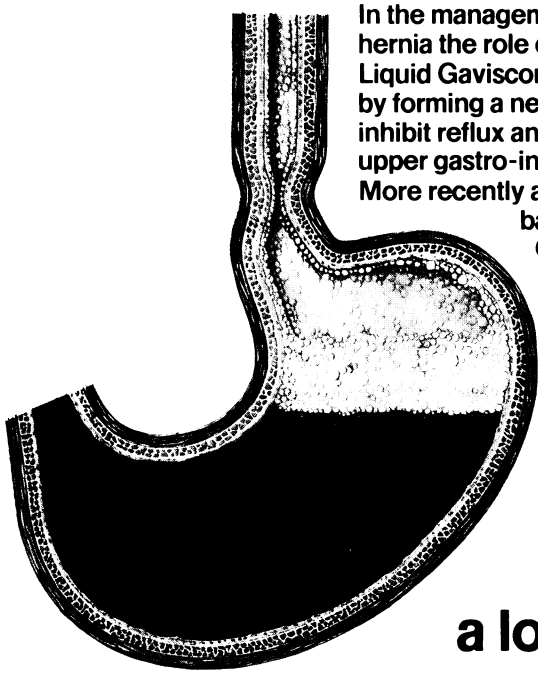
Axid offers successful pain relief and ulcer healing without disrupting daytime gastric physiology.[1,2,4,5,6] This is in keeping with the current thinking among leading gastroenterologists, and is a reason why Axid is not just an overnight success story.

AXID 1 NOCTE 300 mg

NIZATIDINE

All the H_2 antagonism your patient needs

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.

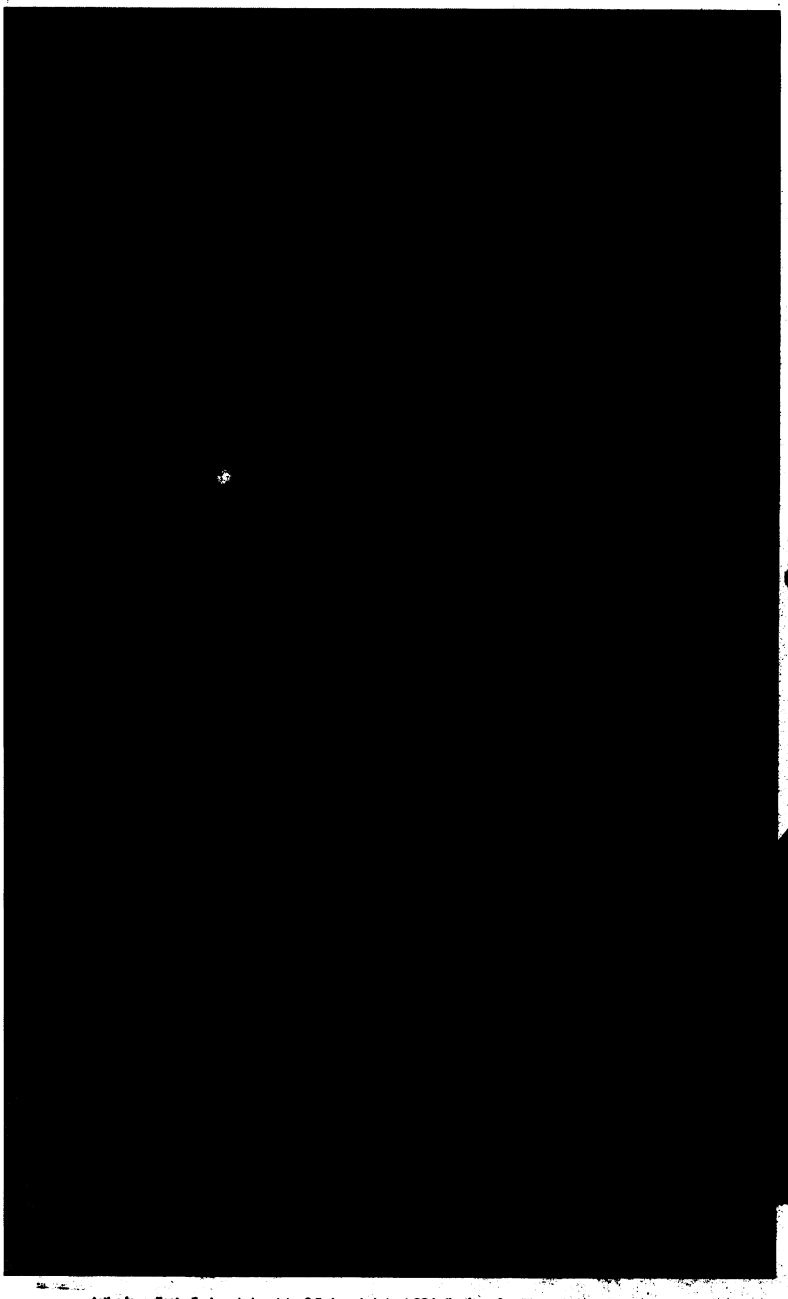
Note: 10ml liquid contains 6.2mmol sodium. **Basic NHS Cost:** As at Jan. 1988: 500ml liquid £2.88, Irish Price IR £3.72. **PL:** 44/0058. **Irish P.A. No.:** 27/12/1.

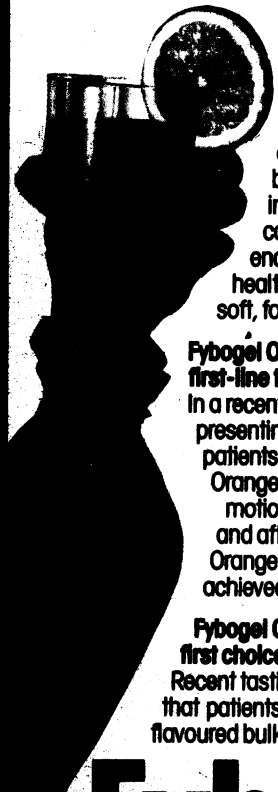
Reference

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.

For Constipation





Fybogel Orange—gentle but effective
Fybogel Orange treats constipation gently but effectively by increasing bulk in the colon and thus encouraging normal, healthy peristalsis with soft, formed stools.[1]

Fybogel Orange—rapid first-line therapy
In a recent study of 224 newly presenting constipation patients treated with Fybogel Orange, 63.1% had a motion within 24 hours—and after 48 hours of Fybogel Orange 89.9% of patients had achieved bowel movement.[2]

Fybogel Orange—the patients' first choice for flavour
Recent tasting research showed that patients prefer orange flavoured bulking agents.[3]

Active Ingredients: Each sachet contains 3.5g Ispaghula husk BP. **Indications:** Conditions requiring a high-fibre regimen. **Dosage and Administration:** (To be taken in 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 April '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. **References:** 1. Data on file, 1985, Reckitt & Colman Pharmaceutical Division. 2. Data on file, 1988, Reckitt & Colman Pharmaceutical Division. 3. Data on file, 1987, Reckitt & Colman Pharmaceutical Division. Fybogel is a trade mark. Further information is available from Reckitt & Colman Pharmaceutical Division, Dansom Lane, Hull HU8 7DS.

Fybogel Orange

Ispaghula husk BP

gently does it

WHEN LIFE'S A PAIN

PRESCRIBING INFORMATION
Presentation: Enteric-coated hard 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. **Contra indications, Precautions, Warnings, etc.:** The capsules 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:** £12.15 per 100. UK and Foreign Patents pending. Colpermin is a trade mark of Tillotts Laboratories. Further information is available from Tillotts Laboratories, Valley Road Industrial Estate, Porters Wood, St Albans, Herts AL3 6PD.
European Patent No. 0015334 **UK Patent No.** 2006011.

IRRITABLE BOWEL SYNDROME

COLPERMIN™

(enteric-coated peppermint oil) CAPSULES

A NATURAL CHOICE

Tillotts Laboratories Ltd., Valley Road Industrial Estate, Porters Wood, St Albans, Herts AL3 6PD.

COL/A3

ISSN 0399-8320

GASTROENTÉROLOGIE CLINIQUE ET BIOLOGIQUE

Gastroenterol Clin Biol, t. 12. N° 12 *December 1988*

CONTENTS

Editorial 883

LIVER AND BILIARY TRACT

Editorial:

Delta hepatitis *(in English)* 885
M. RIZZETTO

Original articles:

Serological diagnosis and epidemiology of acute delta hepatitis in Indre-et-Loire, France 887
F. DUBOIS, A. GOUDEAU. P. ROINGEARD, Y. BACQ, J.-L. GUILMOT and P. CHOUTET

Comparative study of efficiency of sclerotherapy: paravariceal quinine urea versus intravariceal polidocanol 894
P. BOURBON, J.-P. ZARSKI, E. ROUSSEAU, L. DENTANT and M. RACHAIL

Ethanol sclerotherapy of esophageal varices associated with propranolol: a study of 30 patients 899
T. POYNARD, A. AUBERT, S. NAVEAU, M. LEMMAN and J. C. CHAPUT

Endoscopic follow up of patients with esophageal varices obliterated by endoscopic sclerotherapy 906
S. BONVOISIN, T. YACOUT, P. PALIARD and A. PIBAROT

Current trend:

Alcohol dehydrogenase and aldehyde dehydrogenase isoenzymes: role in metabolism and hepatic toxicity of alcohol 912
B. FLEURY, B. NALPAS, P. COUZIGOU, A. IRON and R. E. POUPON

DIGESTIVE TRACT AND PANCREAS

View point:

Esophageal carcinoma: staging by computed tomography? 921
A. WURTZ and P. CHASTANET

Original articles:

Personality factors in chronic gastric and duodenal ulcers: a controlled study *(in English)* 926
G. MAGNI, F. DI MARIO, G. TRINCIARELLI, G. BORGHERINI, and A. SILVESTRI.

Outlet obstruction due to hypertonic striated muscle contraction 931
M. VEYRAC, G. PARELON, J. P. DAURES, P. BORIES and H. MICHEL

Sister chromatid exchanges (SCE) and cell cycle kinetics in lymphocytes of patients with colonic adenomas and carcinomas 935
I. Slavutsky, M. D. Mudry, M. Labal de Vinuesa, R. Meiss, N. Chopita and I. LARRIPA

Effect of ranitidine 300 mg, cimetidine 800 mg and placebo administered after evening meal on 24-hour intragastric *p*H in patients with duodenal ulcer. 941
A. PESTIAUX, P. OOGHE, P. PIÉRARD, J. VAN CAUTER and G. LIGNY

Vasopressin and colonic motility 946
J. C. SCHANG, F. ANGEL, G. DEVROEDE, B. STROM, M. PILOTE, M. HEBERT and M. HEMOND

Current trend:

Extra- and intracorporeal biliary lithotripsy. II: Results and clinical developments 953
T. PONCHON and R. LAMBERT

Clinical cases:

Primary sclerosing cholangitis and systemic lupus erythematosus 962
P. LAMY, D. VALLA, P. BOURGEOIS, B. RUEFF and J. P. BENHAMOU

One case of papillary cystic neoplasm of the pancreas 965
P. DE LAGAUSIE, B. MAILLET, T. VIALA, N. SUDAN and G. MONGES

Letters to the editors:

Primary biliary cirrhosis associated with mixed connective tissue disease 968
G. STAUMONT, J. L. GINESTON, J. BOYER, M. DUFFAUT and P. CASSAN

No intrahepatic hematoma after percutaneous liver biopsy in 181 patients : an echographic study 969
G. SBOLLI, F. FORNARI, G. CIVARDI, L. CAVANNA, M. DI STASI, F. PASSERINI, S. ROSSI and L. BUSCARINI

Analysis of hospitalizations over the ten years before diagnosis of alcoholic cirrhosis 970
P. CLERC, R. E. POUPON, S. CENÉE and D. LOISEAU

Duodenal dopaminoma with positive I^{131} MIBG scintiscanning 971
A. ADENIS, C. PLANE, H. YTHIER, J. MUDRY, M. HOUCKE-LECOMTE, A. CORTOT and J. C. PARIS

Left paraduodenal hernia associated with intestinal bleeding 971
G. ROSEAU, T. PERNICENI, P. PONSOT, L. PALAZZO, P. AMOUYAL and J. A. PAOLAGGI

Anal listeria monocytogenis in a man with AIDS. Case report 972
Ph. DE LA LANDE, Ph. BARTHÉLÉMY, F. GOLSTEIN and G. TERRIS

Esophageal prothesis: an unusual complication 973
J. F. SEITZ, M. GIOVANNINI, J. M. BRECQUEVILLE, L. THERVET and Y. HENIN

The « so called » rectovaginal fistulas in Crohn's disease 974
Y. FRANÇOIS, L. DESCOS and J. VIGNAL

On S. Bonfils' paper « Non-ulcer dyspepsia: rationale for therapeutic » 975
J. F. BERGMANN and C. CAULIN

Subscriptions

Annual subscription — 10 issues/year
1988 : 144 US $
Please contact : S.P.P.I.F., Z.I., B.P.22 — 41350 Vineuil (France)

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.

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.

PLATE VII

(From a Mauritian Newspaper, 1908.)

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.

Order from:
British Medical Journal (Keynes Press)
PO Box 295, London WC1H 9TE