Now you
can heal
NSAID-associated
ulcers without
stopping anti-arthritic
treatment...



A joint venture undertaken with confidence

PRESCRIBING INFORMATION: INDICATIONS: DUODENAL ULCER, BENIGN GASTRIC ULCER, ULCERS ASSOCIATED WITH NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDs), REFLUX OESOPHAGITIS, CHRONIC EPISODIC DYSPEPSIA. DOSAGE: ADULTS: THE USUAL DOSAGE IS 150MG TWICE DAILY IN THE MORNING AND EVENING. ALTERNATIVELY, PATIENTS WITH DUODENAL ULCERATION, GASTRIC ULCERATION OR REFLUX OESOPHAGITIS MAY BE TREATED WITH A SINGLE BEDTIME DOSE OF 300MG. IN ULCERS FOLLOWING NON-STEROIDAL ANTI-INFLAMMATORY DRUG THERAPY, OR ASSOCIATED WITH CONTINUED NON-STEROIDAL ANTI-INFLAMMATORY DRUGS OR IN THE MANAGEMENT OF REFLUX OESOPHAGITIS UP TO EIGHT WEEKS' TREATMENT MAY BE NECESSARY. CHRONIC EPISODIC DYSPEPSIA: 150MG TWICE DAILY FOR SIX WEEKS; INVESTIGATE EARLY RELAPSERS AND NON-RESPONDERS. (SEE DATA SHEET FOR FULL DOSAGE INSTRUCTIONS.) CONTRA-INDICATIONS: PATIENTS WITH KNOWN HYPERSENSITIVITY TO RANITIDINE. PRECAUTIONS: EXCLUDE THE POSSIBILITY OF MALIGNANCY IN GASTRIC ULCER BEFORE INSTITUTING THERAPY, ESPECIALLY IN MIDDLE AGED PATIENTS WITH RECENTLY CHANGED DYSPEPTIC SYMPTOMS. SUPERVISION OF PATIENTS WITH PEPTIC ULCERS AND ON NSAID THERAPY IS RECOMMENDED ESPECIALLY IF ELDERLY. REDUCE DOSAGE IN THE PRESENCE OF SEVERE RENAL FAILURE (SEE DATA SHEET). IN ELDERLY. REDUCE DOSAGE IN THE PRESENCE OF SEVERE RENAL FAILURE (SEE DATA SHEET). IN ELDERLY. REDUCE DOSAGE IN THE PRESENCE OF SEVERE RENAL FAILURE (SEE DATA SHEET). IN ELDERLY. REDUCE DOSAGE IN THE PRESENCE OF SEVERE RENAL FAILURE (SEE DATA SHEET). IN ELDERLY. REDUCE DOSAGE IN THE PRESENCE OF SEVERE RENAL FAILURE (SEE DATA SHEET). IN ELDERLY. REDUCE DOSAGE IN THE PRESENCE OF SEVERE RENAL FAILURE (SEE DATA SHEET). IN ELDERLY. REDUCE DOSAGE IN THE PRESENCE OF SEVERE RENAL FAILURE (SEE DATA SHEET). IN THE PRESENCE OF SEVERE RENAL FAILURE (SEE DATA SHEET).

RARELY, REVERSIBLE MENTAL CONFUSION STATES, USUALLY IN VERY ILL OR ELDERLY PATIENTS. RARE CASES OF LEUCOPENIA AND THROMBOCYTOPENIA, USUALLY REVERSIBLE, AGRANULOCYTOSIS AND PANCYTOPENIA. HYPERSENSITIVITY REACTIONS, ANAPHYLACTIC SHOCK. RARE CASES OF BREAST SYMPTOMS IN MEN. AS WITH OTHER H, RECEPTOR ANTAGONISTS RARE CASES OF BRADYCARDIA AND A-V BLOCK (SEE DATA SHEET). PRESENTATIONS; ZANTAC 150 TABLETS EACH CONTAINING 150MG RANTIDINE (PRODUCT LICENCE NUMBER 0004/0379, 60 TABLETS £29 · 76); ZANTAC 300 TABLETS £27 · 43); ZANTAC SUSPERSIBLE TABLETS EACH CONTAINING 150MG RANTITIDINE (PRODUCT LICENCE NUMBER 0004/0302, 30 TABLETS £27 · 43); ZANTAC DISPERSIBLE TABLETS EACH CONTAINING 150MG RANTITIDINE (PRODUCT LICENCE NUMBER 0004/0298, 60 TABLETS £31 · 25); ZANTAC SYRUP EACH 10ML DOSE CONTAINING 150MG RANTITIDINE (PRODUCT LICENCE NUMBER 0004/0310, 300ML BOTTLE £22 · 32). PRODUCT LICENCE HOLDER: GLAXO OPERATIONS U.K. LIMITED, GREENFORD, MIDDLESEX UB6 OHE. ZANTAC IS A GLAXO TRADE MARK

FURTHER INFORMATION IS AVAILABLE ON REQUEST FROM: GLAXO LABORATORIES LIMITED GREENFORD, MIDDLESEX UB6 0HE TEL: 01-422 3434

Glaxo 🏶



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

ABRIDGED PRODUCT INFORMATION ▼

ABRIDGED PRODUCT INFORMATION V
Refer to Data Sheet before prescribing.

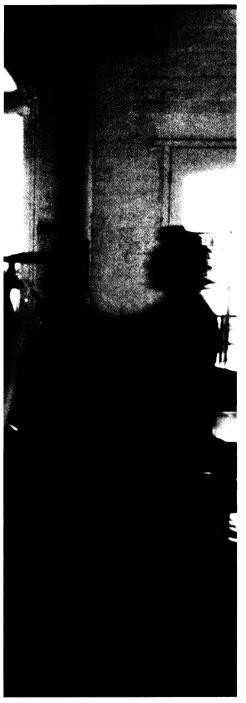
INDICATIONS Duodenal ulcer: prevention of relapses of
duodenal ulceration: benign gastric ulcer: hypersecretory
conditions such as Zollinger-Ellison syndrome.

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.

PRECAUTIONS Exclude any likelihood of gastric carcinoma before using 'Pepcid' PM. Consider reducing the daily dose if



'Pepcid' PM,

working fast to relieve the pain of ulcers, 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.



ONE AT NIGHT CAN MAKE THEIR DAY



creatinine clearance falls to or below 30 ml/min. 'Pepcid' PM is not recommended in pregnancy, nursing mothers or

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.

Issued March 1989.

▼ Special reporting to the CSM required.

® denotes registered trademark of Merck & Co., Inc., Rahway.

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

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, Colifoam is now established as the leading treatment for ulcerative colitis. It is also unique among foam treatments with an unrivalled 12 years of proven efficacy and safety in clinical practice.



The leading topical treatment for 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 I. 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, Broadwater Road, Welwyn Garden City, Herts. AL 7 3SP.

A NEW CLASS
OF ACID CONTROL
in erosive oesophagitis

Losec is an entirely new class of acid-suppressing agent, one that works in a fundamentally different way from current therapies.

For example, H₂- antagonists can only inhibit one type of receptor responsible for acid secretion, still leaving others available for stimulation.

Losec, the first proton pump inhibitor, acts on the final step of acid production and therefore controls intragastric acidity irrespective of stimulus.

Clinical studies have consistently shown that once daily Losec is highly effective in the healing of erosive oesophagitis.²⁸

In just 4 weeks Losec can heal about 30% more patients than conventional doses of ranitidine or cimetidine, also achieving more rapid and effective symptom relief.²⁴

ONCE DAILY

omeprazole, Astra

A superior choice to H₂-antagonists⁻²⁻⁴

*Conventional healing courses of ranitidine or cimetidine in erosive reflux oesophagitis. (Mims, September 1989)

Abbreviated Prescribing Information. SPECIAL REPORTING TO CSM REQUIRED

Presentation: Losec capsules containing 20mg omeprazole. Indications: Healing of erosive reflux oesophagitis. Symptom relief is rapid, and the majority of patients are healed after 4 weeks Treatment of patients with benign peptic ulcers unresponsive to an adequate dose and duration of conventional therapy. Zollinger-Ellison syndrome. Dosage and Administration: Adults (including elderly). For erosive reflux oesophagitis 20mg Losec once daily for 4 weeks. If not fully healed, healing usually occurs during a further 4 weeks' treatment. Losec has also been used in a close of 40mg once daily in patients with reflux oesophagitis refractory to other therapy. Healing usually occurred within 8 weeks. For duodenal ulcer 20mg Losec once daily for 4 weeks. For gastric ulcer 20mg Losec once daily for 8 weeks. In severe cases increase to 40mg Losec once daily Long-term maintenance treatment with Losec is not recommended. Zollinger-Ellison syndrome The recommended initial dosage is 60mg Losec once daily. Adjust individually and continue as long as clinically indicated. Patients are usually effectively controlled on doses of 20-120mg daily. With doses above 80mg daily, the dose should be divided and given twice daily. Children: There is no experience of the use of Losec in children. Impaired renal or bepatic function. Adjustment is not required. Patients with severe liver disease should not require more than 20mg Losec daily Contra-indications, Warnings, etc: No known contra-indications to the use of Losec. When gastric ulcer is suspected, the possibility of malignancy should be excluded before treatment with Losec is instituted, as treatment may alleviate symptoms and delay diagnosis. Avoid in pregnancy unless there is no safer alternative. Breast feeding should be discontinued if the use of Losec is considered essential. Losec is well tolerated. Nausea, headache, diarrhoea, constipation and flatulence have been reported but are rare. Skin rashes have occurred in a few patients. These events have usually been mild and transient and there has been no consistent relationship with treatment. Losec can delay the elimination of diazepam, phenytoin and warfarin. Monitoring of patients receiving warfarin or phenytoin is recommended and a reduction of warfarin or

phenytoin dose may be necessary when omeprazole is added to treatment. No evidence of an interaction with theophylline, propranolol or antacids. *Animal Toxicology*: Gastric ECL-cell hyperplasia and carcinoids, localised to the oxyntic mucosa, have been observed in life-long studies in rats. These changes have been related to sustained hypergastrinaemia. No treatment related mucosal changes have been observed in patients treated continuously for periods up to + years. **Pharmaceutical Precautions**: Use within one month of opening. Replace cap firmly after use. Dispense in original containers. **Legal Category**: POM. **Package Quantities and Basic NHS Cost**: Bottles of 5 capsules. £6.49; Bottles of 28 capsules, £36.36. **Product Licence Number**: PL001*70238. **Product Licence Holder**: Astra Pharmaceuticals Ltd., Home Park Estate. Kings Langley, Herts WD+8DH.

References

1. Wallmark B et al 181 Atlas of Science: Pharmacology 1987; 1:158-61, 2. Sandmark S et al Scand J Gastroenterol 1988;23 625-32, 3. Zeitoun P et al Lancet 1987;11:621-2, 4. Bate CM et al. Gut 1989; 30 (Presented at BSG September 1989), 5. Hetzel D J et al Gastroenterology 1988; 95 903-12. 6. Havelund T et al Brit Med J 1988; 296 89-92. T. Vantrappen G et al Dig Dis Sci 1988; 33 523-9. 8. Lundell L et al Gastroenterology 1989; 96 (5 pt 2) A310.



ASTRA

For further information please contact Astra Pharmaceuticals Ltd Telephone: (092⁻⁻) 66191

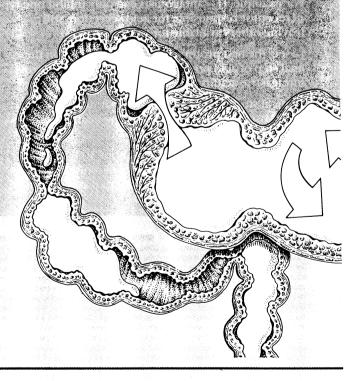
Losec is a registered trade mark

OESOPHAG

TOO MUCH ACID?

Correct featment storegy stories is that gain seson regeal failux of pase its australity too much acid.

There is no evidence that increased destric held secretion is associated with this disorder.

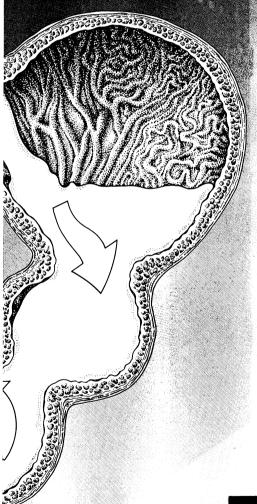


V

PRESCRIBING INFORMATION. Presentation and Packaging: White, biconvex, scored tablets, engraved CIS/10 on one side and JANSSEN on the reverse in packs of 112. Each tablet contains 10 mg of cisapride. Properties: Prepulsid is the first of a new class of drug capable of correcting abnormal motility throughout the GI tract. Indications: GASTRO-OESOPHAGEAL REFLUX DISEASE. Treatment of the symptoms such as heartburn, regurgitation and healing of mucosal lesions. IMPAIRED GASTRIC EMPTYING. Relief of the symptoms such as epigastric pain, early satiety, anorexia, bloating and nausea associated with delayed gastric emptying secondary to systemic sclerosis and autonomic neuropathy of diabetes. Dosage and administration: ADULTS AND CHILDREN TWELVE YEARS AND OVER. Gastro-oesophageal reflux: 10 mg Prepulsid tds preferably 15

minutes before food. Night time symptoms can be treated with an extra 10 mg dose at bedtime. A 12 week course is recommended for healing oesophagitis. Impaired gastric emptying: 10 mg Prepulsid tds or qds. An initial course of 6 weeks is recommended but longer treatment may be required. Use in Children: Not recommended in children under 12. Use in Elderly: Dose as for adults, but monitor response. Abnormal renal or liver function: Initially the dose should be halved. Contra-indications, warnings etc. Contra-indicated in pregnancy and in patients in whom gastro intestinal stimulation might be dangerous. eg gastrointestinal haemorrhage, mechanical obstruction or perforation. Warnings: It is not a divisable to take Prepulsid whilst breastfeeding. Drug interactions: The absorption from the stomach of concomitantly administered drugs may be diminished,

EAL REFLUX



ORIACID IN THE

Characteristically, patients with GORD have inappropriate relaxation of the lower oesophageal sphincter allowing gastric acid into the oesophagus.

Coupled with poor oesophageal clearing, this leads to prolonged acid-mucosal contact time — the important factor in heartburn and oesophagitis.

Prepulsid* is the first of a new class of GI prokinetic drug. It enhances lower oesophageal sphincter tone, improves oesophageal clearing and gastric emptying. Prepulsid* enables, for the first time, treatment of both the underlying condition and the disease.

Prepulsid* reduces the duration of reflux episodes — effectively treating heartburn and healing oesophagitis.

Prepusion of the Prepublic Prepublic

SIMPLE. YET HIGHLY EFFECTIVE

whereas absorption of drugs from the small intestine may be accelerated. For drugs that require careful individual titration, such as anticonvulsants, it may be useful to measure their plasma concentrations. In patients receiving anticoagulants, the prothrombin time may be increased. Prepulsid does not effect psychomotor performance nor does it induce sedation or drowsiness. However, the sedative effects of benzodiazepines and alcohol may be accelerated when administered concomitantly with Prepulsid. The effects of Prepulsid are antagonized by anticholinergic drugs. Side effects: Abdominal cramps, borborygmi and loose stools (diarrhoea) are mainly mild and transient and rarely require discontinuation of treatment. Reports of headaches, lightheadedness and convulsions

have been received infrequently. **Overdosage:** Treatment should include gastric lavage, close observation and general supportive measures. **Pharmaceutical Precautions:** Store at room temperature and protect from light. **Product Licence Number:** Prepulsid 10mg tablets. PL 0242/0136. **Basic NHS cost:** 112 tablets — £36.00. (correct at time of printing).

Further information available from:-

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Help free the ulcerative colitis patient



mesalazine* (5-aminosalicylic acid)

IN MILD TO MODERATE ACUTE **ULCERATIVE COLITIS**

Effective acute therapy¹ Effective maintenance therapy² No sulphapyridine side effects

Prescribing Information: Presentation: 'Asacol' Tablets, PL 0002/0173, each containing 400 mg mesalazine (5-aminosalicylic acid) coated with a pH-dependent resin (Eudragit S) formulated to release the active ingredient in the terminal ileum and colon. 120 (6 blister packs of 20 tablets), £28.58. Uses: For the treatment of mild to moderate acute exacerbations of ulcerative colitis. For the maintenance of remission of ulcerative colitis. Dosage and administration: Adults: Acute disease: 6 tablets a day in divided doses, with concomitant corticosteroid therapy where clinically indicated. Maintenance therapy: 3 to 6 tablets a day in divided doses. Children: There is no dose recommendation. Elderly: Use with caution and only where renal function is normal. Contra-indications: A history of sensitivity to salicylates. Severe renal impairment (GFR less than 20 ml/min). Children under 2 years of age. Precautions: Not recommended in patients with renal impairment. Caution in patients with a raised blood urea or proteinuria. Avoid during pregnancy. Do not give with lactulose or similar preparations which lower stool pH. **Adverse reactions**: Headache, nausea, abdominal pain, diarrhoea. Exacerbation of the symptoms of colitis. Rarely, reversible pancreatitis. Legal category: POM. 14.8.89.

- 1. Riley SA et al. Gut 1988;29:669-74.
- 2. Riley SA et al. Gastroenterology 1988;94:1383-9

* mesalazine is the British approved name of 5-aminosalicylic acid





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.

LOGIC IN MEDICINE

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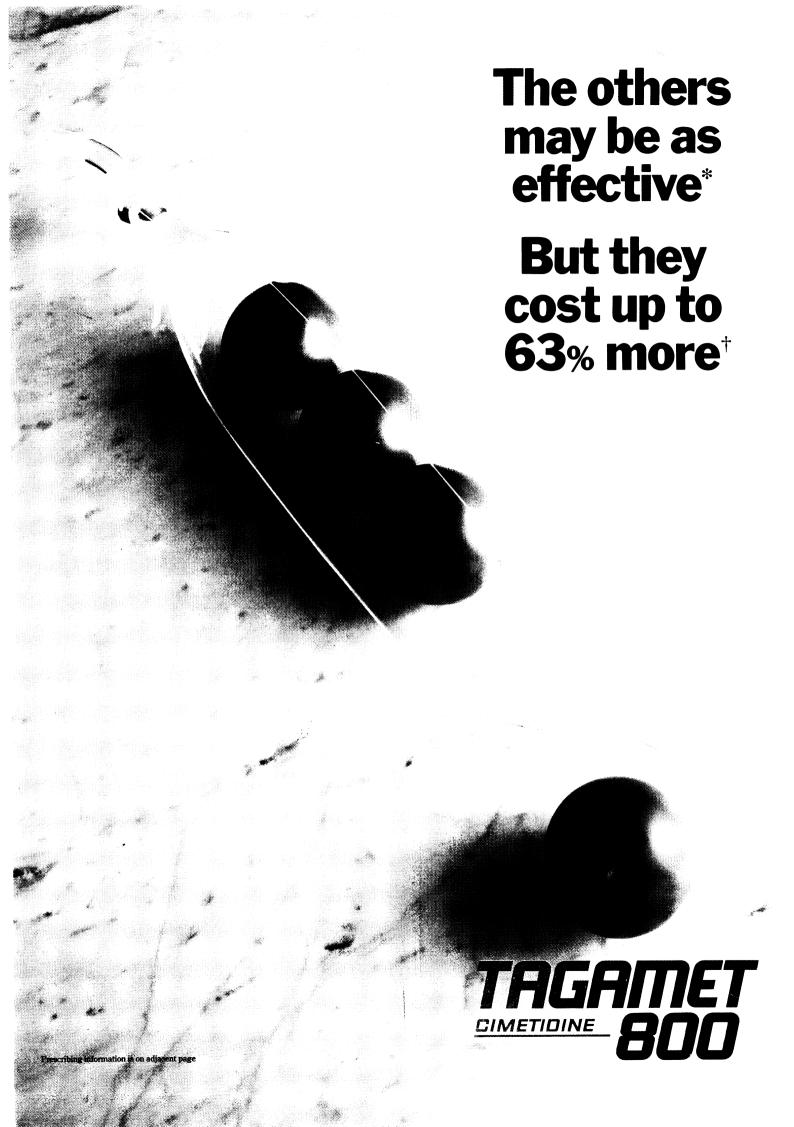
TAGAMETIDINE 800

*A literature search of clinical studies including at least 50 patients per treatment group showed that the mean 4-week healing rates for duodenal ulcers treated with a one tablet nocte healing regimen were similar for all the marketed H₂ antagonists¹⁻²⁰ †Prices derived from MIMS, October 1989, based on manufacturers' recommended 4-week one tablet nocte healing regimens.

References: 1. Bijlsma JWJ. Aliment Pharmacol Therap 1988;2S:75-83. 2. ibid 85-96. 3. Simon B et al. J Clin Gastroenterol 1986;8:367-70. 4. Lee FI et al. Gut 1986;27: 1091-5. 5. Granata F. Ital J Gastroenterol 1985;7:208-10. 6. Brackmann HP et al. Therapiewoche 1984;34:5232-7. 7. Gibinski K et al. Gastroenterol 1985;88:1393. 8. Dobrilla G et al. Scand J Gastroenterol 1987;22 (Suppl 134):21-8. 9. Simon B et al. Scand J Gastroenterol 1987;22 (Suppl 136): 61-70. 10. Bovera E et al. Hepato-gastroenterol 1987;34: 269-72. 11. Marks IN, Wright JP. S Afr Med J 1987;72:18-20. 12. Rampal P et al. Gastroenterol 1988;94:A167. 13. Kogut DG et al. Gastroenterol 1988;94:A167. 13. Kogut DG et al. Gastroenterol 1988;94:A233. 14. Merki H et al. Am J Gastroenterol 1988;83:362-4. 15. Reynolds JC. Gastroenterol 1988;94:A374. 16. Bianchi Porro G et al. J Clin Gastroenterol 1987;9 (Suppl 12):14-18. 17. Gitlin N et al. Gastroenterol 1987;9:248-53. 18. Mann SG, Cottrell J. Ital J Gastroenterol 1987;19 (Suppl 30):68. 19. Dyck WP et al. Scand J Gastroenterol 1987;22 (Suppl 136):47-55. 20. Delattre M et al. Curr Ther Res 1985;37:677-84. 1989, based on manufacturers' recommended 4-week 20. Delattre M et al. Curr Ther Res 1985;37:677-84.

Prescribing Information. Presentation 'Tagamet Tiltab'
Tablets, PL 0002/0128, each containing 800 mg cimetidine.
30 (2 calendar strips of 15 tablets), £17.76. 'Tagamet'
Tablets, PL 0002/0092, each containing 400 mg cimetidine.
60 (4 calendar strips of 15 tablets), £18.69. Uses Duodenal and benign gastric ulceration including that accordanced with and benign gastric ulceration, including that associated with NSAIDs. Other conditions where reduction of gastric acid by 'Tagamet' is beneficial: persistent dyspeptic symptoms, particularly meal-related, including such symptoms associated with NSAIDs. Dosage and administration For full dosage instructions see Data Sheet. Adults: Duodenal or benign gastric ulceration, 800 mg once a day at bedtime. Otherwise usually 400 mg b.d. with breakfast and at bedtime. If inadequate, 400 mg q.d.s. with meals and at bedtime (1.6 g/day). Treat for at least 4 weeks (6 weeks in benign gastric ulcer, 8 weeks in ulcer associated with continued NSAIDs). To prevent relapse of peptic ulcer, usually 400 mg at bedtime or else 400 mg morning and at bedtime. Children: Over 1 year: 25-30 mg/kg/day, divided. Contra-indication Hypersensitivity to cimetidine. Precautions Impaired renal function: reduce dosage (see Data Sheet). Potentiation of oral anticoagulants, phenytoin and theophylline (see Data Sheet). Prolonged treatment: observe patients regularly. Potential delay in diagnosis of gastric cancer (see Data Sheet). Regularly observe patients with a history of peptic ulcer and on NSAIDs, especially if elderly. 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, agranulocytosis, headache, myalgia, arthralgia, sinus bradycardia, tachycardia, heart block, aplastic anaemia; very rare reports of alopecia, reversible impotence but no causal relationship established at usual therapeutic doses. Legal category POM. 7.3.89. Smith Kline & French Laboratories Limited Welwyn Garden City, Hertfordshire AL7 1EY © 1989 Smith Kline & French Laboratories Limited Tagamet, 'Tiltab' and the appearance of the tablets are trade marks.



Two new titles from the BMJ's series of books of general interest by medical writers





Not a Moment to Lose by Sir David Smithers

Sir David Smithers, former president of the British Institute of Radiology and of the Royal College of Radiologists, was for 30 years professor of radiotherapy at the Royal Marsden Hospital. But that is only half the story. He is also a man who believes that "one should aspire to be a realist but retain a sense of wonder, a rationalist who is prepared to jump to conclusions, and a critical visionary who remains sensible of the humour of the human situation". Recounting how he has lived according to these principles, David Smithers describes, in addition to his medical career, his experiences as a broadcaster, traveller, rose grower, and observer of human nature.

Inland £14.95; Abroad £17.50. BMA members: Inland £13.95; Abroad £16.50

One Man's Medicine by Professor Archie Cochrane

Archie Cochrane was one of Britain's most influential thinkers on health care and the quality of health services. His 30 years' association with the Rhondda Fach—and his work there on reducing the suffering inflicted on whole communities by pneumoconiosis—is almost legendary. Ironically, this was nearly overshadowed later in his life by the spectacular success of his Rock Carling monograph *Effectiveness and Efficiency*, which proved to be a seminal work and influenced thinking about the assessment of medical treatment and procedures throughout the world.

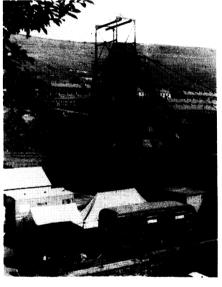
What kind of man was he, and what led him to such a career? In One Man's Medicine (written in collaboration with Max Blythe) Archie Cochrane recalls with candour and perception the dilemmas and disasters that beset his early ambitions for a career in clinical medicine and research; his undergoing psychoanalysis with Theodor Reik in Germany in the early 1930s; his support for the republicans in Spain; and his four years as a prisoner of war in Salonica (for which he usually blamed Evelyn Waugh).

A rich and rewarding book, One Man's Medicine sums up the life and opinions of a remarkable man.

Inland £14.95; Abroad £19.00 BMA members: Inland £13.95; Abroad £18.00

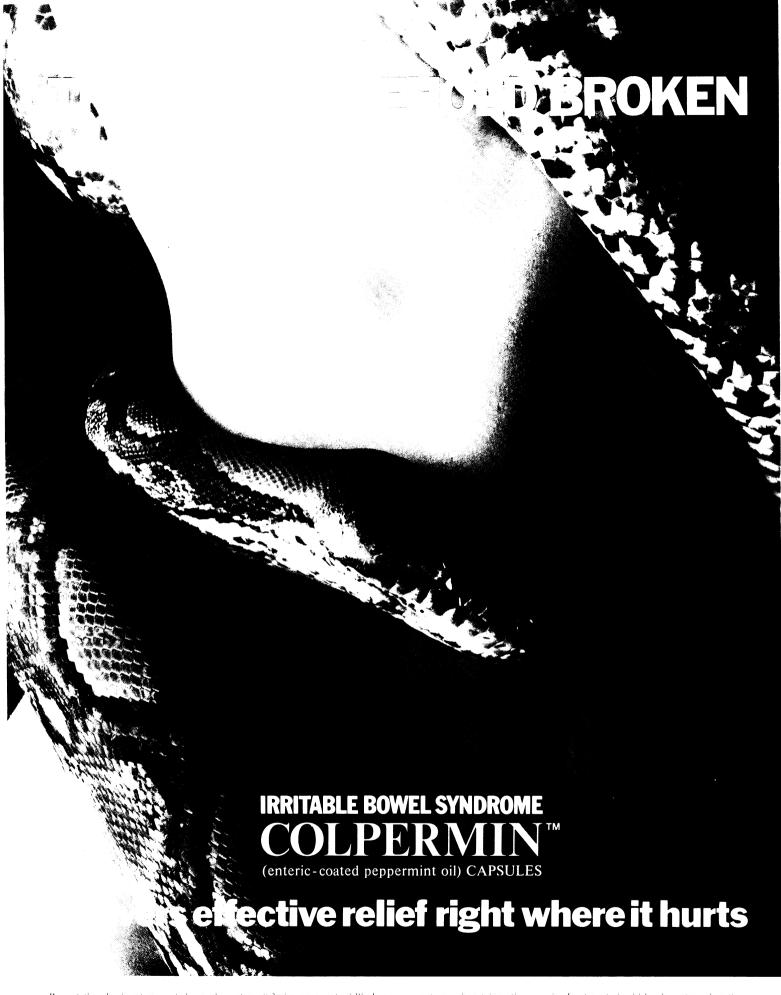
Together with the Nuffield Provincial Hospitals Trust, the BMJ has reprinted *Effectiveness and Efficiency*. This new edition also includes a brief note written by Archie Cochrane reflecting upon the monograph some two years after its publication, and the obituary written with such honesty by himself.

Inland £9.95; Abroad £12.50 BMA members: Inland £8.95; Abroad £11.50



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The x-ray service of the Medical
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Research Unit visiting Tylorstown
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already suffer from hearthurn sometimes experience an exacerbation of these

Presentation: Each enteric-coated capsule contains 0,2ml peppermint oil Ph. Fur. Uses: Treatment of symptoms of irritable bowel syndrome. Dosage and Administration: Adult dose: 1-2 capsules three times a day, 30 minutes to one hour before food. Not to be taken immediately after food. The capsules should be taken until symptoms resolve, usually within one or two weeks. There is no experience of use in children under the age of 15 years. Contra-indications, warnings, etc. Precautions: Do not break or cliew the capsules. Patients who dready suffer from hearthurn sometimes experience an exacerbation of these.

Symptoms when taking the capsule. Treatment should be discontinued in these patients. Do not take indigestion remedies at the same time of day as this treatment. Adverse effects: Hearthurn; sensitivity reactions to menthol, which are rate and include erythematous skin rash, headarche, bradycardia, muscle trentor and ataxia. Pharmaceutical Precautions: Store in a cool place Avoid direct similarity. The per loop of the capsules of the capsules. The contraction of the capsules of the ca

Polyethylene glycol 3350, sodium sulphate, sodium bicarbonate, sodium chloride, potassium chloride



Today's choice for a clean colon

for colonoscopy, colonic surgery, barium enema

- **■** Bowel cleansing Superior bowel cleansing to standard regimens (1,2)
- Safety Negligible water and electrolyte disturbance (3).
- Well tolerated (1,2,4) Pleasantly flavoured.
- Economy Shortens preoperative

Abbreviated Prescribing Information: Presentation: An off-white powder, packed in 4 sachets. Each sachet contains: Polyethylene Glycol 3350 59.00g, Sodium Sulphate Abbreviated Prescribing Information: Presentation: An off-white powder, packed in 4 sachets. Each sachet contains: Polyethylene Glycol 3550 59.00g, Sodium Sulphate 5.685g, Sodium Bicarbonate 1.685g, Sodium Chloride 1.465g, Potassium Chloride 0.7425g. Uses: Bowel preparation before colonoscopy, colonic surgery, radiological examination and other related procedures. Dosage and Administration: Reconstituted solution for oral administration. Adults (including the elderly): The contents of one sachet to be dissolved in 1 litre of water. 250ml to be drunk rapidly every 10-15 minutes until all the solution has been consumed. The procedure to be repeated with all four sachets or until the rectal effluent is clear. The solution from all 4 sachets should be drunk within 4-6 hours. No dosage changes need be made for patients with renal insufficiency. If administered by nasogastric tube the rate of administration should be 20-30ml/minute. Children: Not recommended. Contra-indications, Warnings etc.

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References 1 Fleites RA et al 1985 Surgery 98 4: 708-717; 2 Ernstoff JJ et al 1983

Gastroenterology 84: 1512-1516; 3 Davis GR et al 1980 Gastroenterology 78: 991-995; 4 Beck DE et al 1985 Southern Med J 78: 1414-146.



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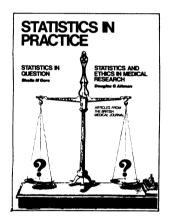


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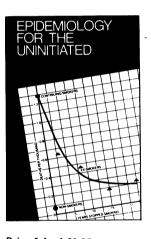
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