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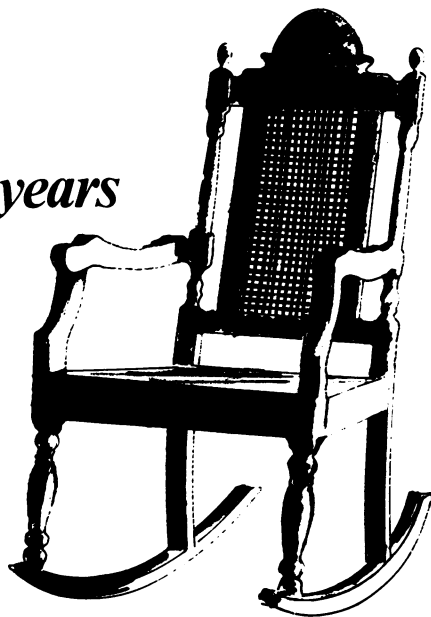
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A remarkable new study<sup>1</sup> carried out in the gastroenterology department of St. Bartholomew's Hospital now provides firm evidence of the extent to which 'Colifoam' penetrates into the colon – and how long it remains in situ.

The study involved 14 patients with ulcerative colitis. 'Colifoam' labelled with a radioactive marker was administered in the normal recommended dosage, and its penetration recorded by gamma photography.

In all of the patients with active disease the foam reached the mid-sigmoid colon, and in 78% the foam reached the proximal sigmoid colon.



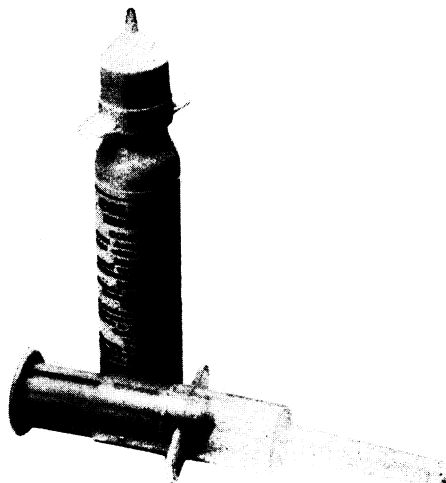
These photographs illustrate results in a typical case:

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In ulcerative colitis  
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gets to the point

#### References

1. Paper presented at Meeting of British Society of Gastro-enterology, Hull, 1979, March 29-30.
2. Practitioner (1977) 219: 103.

#### Presentation

White odourless aerosol foam containing hydrocortisone acetate 10% with inert propellants.

#### Uses

Anti-inflammatory corticosteroid therapy for the topical treatment of ulcerative colitis, proctosigmoiditis and granular proctitis.

#### Dosage and Administration

One applicatorful inserted into the rectum once to twice daily for two or three weeks and every second day thereafter. Shake can vigorously before use (illustrated instructions are enclosed in each pack).

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One applicatorful of Colifoam provides a dose of approximately 90-110mg of hydrocortisone acetate, similar to that used in a retention enema, for the treatment of ulcerative colitis, sigmoiditis and proctitis.

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Wheat.  
Fruit.



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Milk.  
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Beef.



Milk.



Tomatoes.



Wheat. Tomatoes. Seafood.



Milk.



Milk. Oranges.



Milk.



Pork. Eggs. Milk. Wheat.



Fruit.



Milk.  
Wheat.  
Eggs.



Milk.

Seafood.

# And so, at last, does an effective drug treatment.

The whole business of food allergies is, admittedly, a difficult, often unclear and sometimes contentious one.

## DIAGNOSIS: THE BASIC PROBLEM.

The symptoms of food allergies may occur in the gastro-intestinal tract, or mimic diseases in other systems.

Like, for example, chronic diarrhoea (and other chronic gastro-intestinal symptoms), urticaria and eczema.

The exact mechanism is uncertain.

But it appears that initially the allergen causes a reaction in the wall of the gut.

This, in turn, leads to gastro-intestinal symptoms or, indirectly, symptoms in other 'target' organs.

## ELIMINATION DIETS: THE EASY ANSWER.

The obvious way to treat food allergies is, of course, to eliminate offending foods.

It is no great hardship to be told to avoid eating things like tomatoes or oysters, after all.

But the root of the problem can often be more complex.

And what can you do when after investigation the causes are such that total elimination is impractical?

## TRIALS AND RESULTS.

Studies involving 104 patients with food allergy symptoms of eczema, urticaria, diarrhoea or vomiting have been published.

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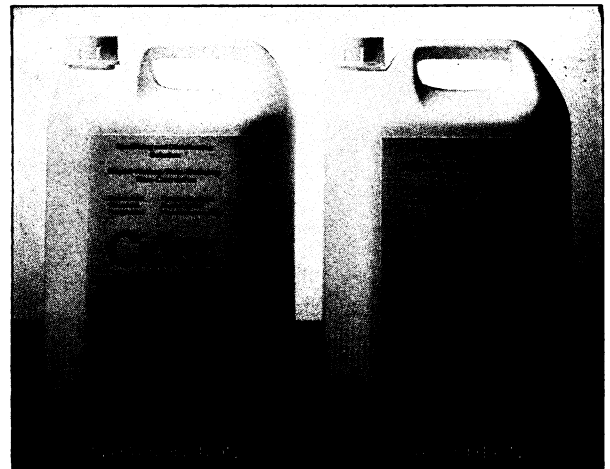
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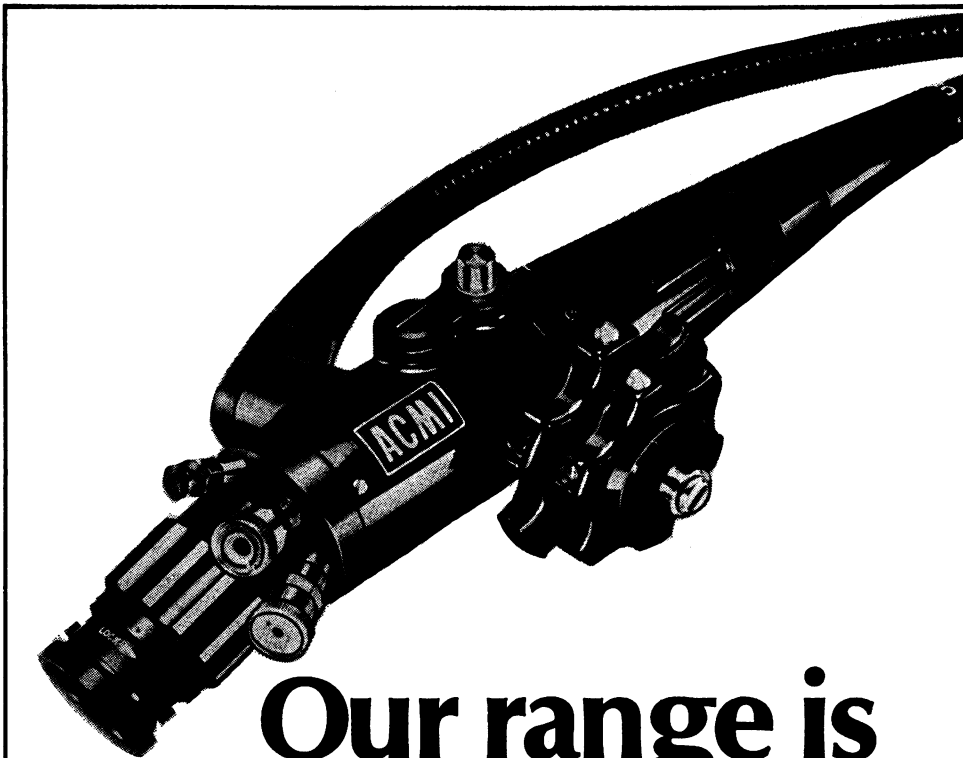
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## **Hepatitis Viruses of Man**

**Arie J. Zuckerman and Colin R. Howard**

**December 1979/January 1980, c280 pp., £16.80 0.12.083550.9**

This second volume in the series deals with the hepatitis viruses of Man. The year 1968 saw the discovery of the association between Australian antigen and hepatitis type B: five years later hepatitis A virus was identified in faecal extracts. Evidence has recently emerged of a third form of hepatitis, which may be caused by more than one virus; also there are as yet unpublished reports on the insertion of hepatitis B virus DNA fragments into *Escherichia coli* plasmid with subsequent production of clones. This volume which is not intended to be an encyclopaedic review of hepatitis virus, provides a comprehensive account of the more important published advances and exciting developments in the field of human viral hepatitis during the last decade. The subjects covered range from the history of viral hepatitis to immunopathogenesis of hepatitis B; and laboratory tests for hepatitis A and the nature of the virus. In many countries of the world the unprecedented effort which has been devoted to the problem of viral hepatitis reflects the impact of these viruses on human health and welfare. Those workers concerned include epidemiologists, virologists, molecular biologists, pathologists, immunologists, clinicians, blood transfusion services and public health authorities. These and others involved in related areas will be impressed by this thorough review of major recent developments in the study of hepatitis viruses.

*Proceedings of a Symposium held at the National Exhibition Centre, Birmingham, 20 September 1978*

## **Surgical Sepsis**

**Edited by C. J. L. Strachan and R. Wise**

**October 1979, x + 154 pp., £11.80 0.12.794378.1 (Academic Press)**

**0.8089.1208.9 (Grune & Stratton)**

The use of scientific clinical methods to determine statistically the true incidence of sepsis following abdominal surgery is relatively recent. The predominant source of such infections is now known to be endogenous, i.e. bacteria from the particular viscus—colon, stomach or gallbladder—opened during the abdominal operation. The symposium, of which this book is the proceedings, was designed to provide a platform for the review and discussion of methods currently in vogue for the prevention of abdominal wound sepsis. The speakers were chosen for the recent contributions they have made advancing the state of knowledge concerning the factors involved in wound sepsis, and included one of the 'fathers' of surgical sepsis research in the U.S.A.—Professor Harlan Stone. Their topics range from the mundane 'hot appendix' to the more esoteric and, until recently, poorly understood syndrome of pseudomembranous colitis; trials of wound guards, wound sprays or instillates of topical bacteriocides. The text will undoubtedly benefit surgeons and microbiologists as well as medical students and workers within the pharmaceutical industry, and is likely to provide the standard reference work for the next decade.

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### Original Papers

*Zucoloto, S. and Rossi, M.A.* (Sao Paulo): Effect of Chronic Ethanol Consumption on Mucosal Morphology and Mitotic Index in the Rat Small Intestine

*Bertrand, F., Veissiere, D., and Picard, J.* (Paris): Changes in Glycoproteins of Liver Plasma Membranes from Rats Treated with *D*-Galactosamine

*Track, N.S.; Creutzfeldt, C.; Litzemberger, J.; Neuhoff, C.; Arnold, R., and Creutzfeldt, W.* (Göttingen): Appearance of Gastrin and Somatostatin in the Human Fetal Stomach, Duodenum and Pancreas

*Schwartz, T.W.; Grotzinger, U.; Schoon, I.M., and Olbe, L.* (Aarhus Göteborg): Vagovagal Stimulation of Pancreatic-Polypeptide Secretion by Graded Distention of the Gastric Fundus and Antrum in Man

*Deschner, E.E. and Raicht, R.F.* (New York, N.Y.): Influence of Bile on Kinetic Behavior of Colonic Epithelial Cells of the Rat

*Webster, M.W.; Van Thiel, D.H.; Bron, K.M., and Barnes, E.L.* (Pittsburgh, Pa.): Hepatic Adenoma Associated with Portasystemic Shunting in a Young Woman

*Russell, R.I.; Atherton, S.T.; Nelson, L.M.; Robertson, E., and Lee, F.D.* (Glasgow): Effect of an Elemental Diet (Vivonex) on the Absorption Abnormalities and Histological Appearances of the Jejunum in Untreated Adult Coeliac Disease

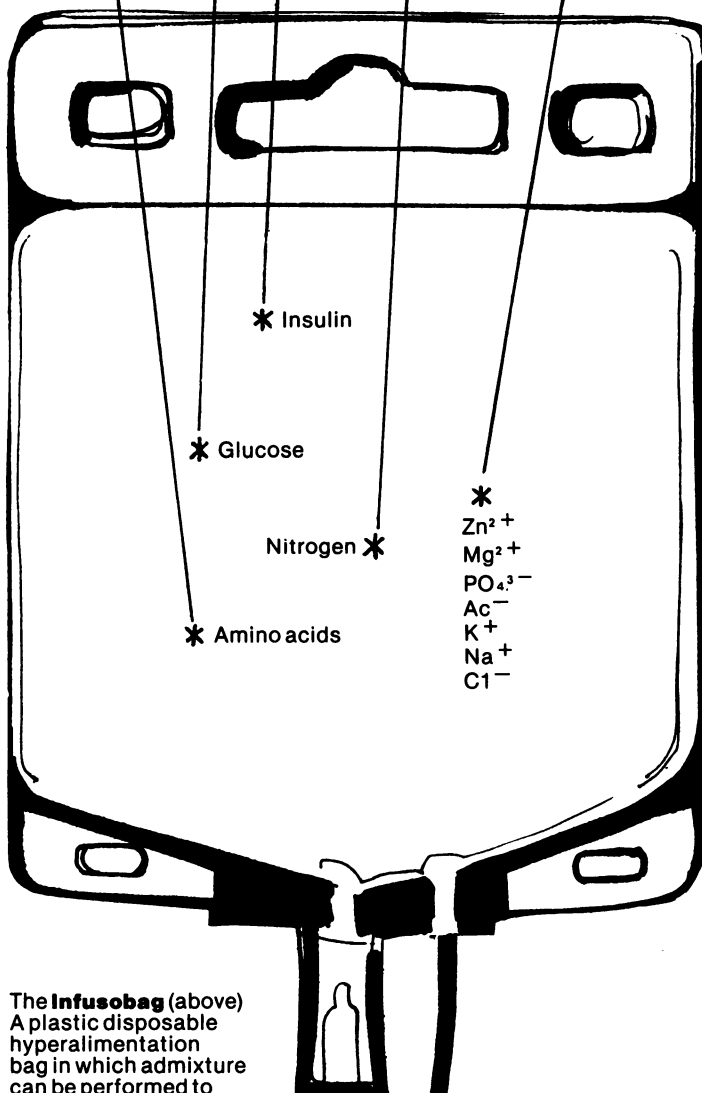


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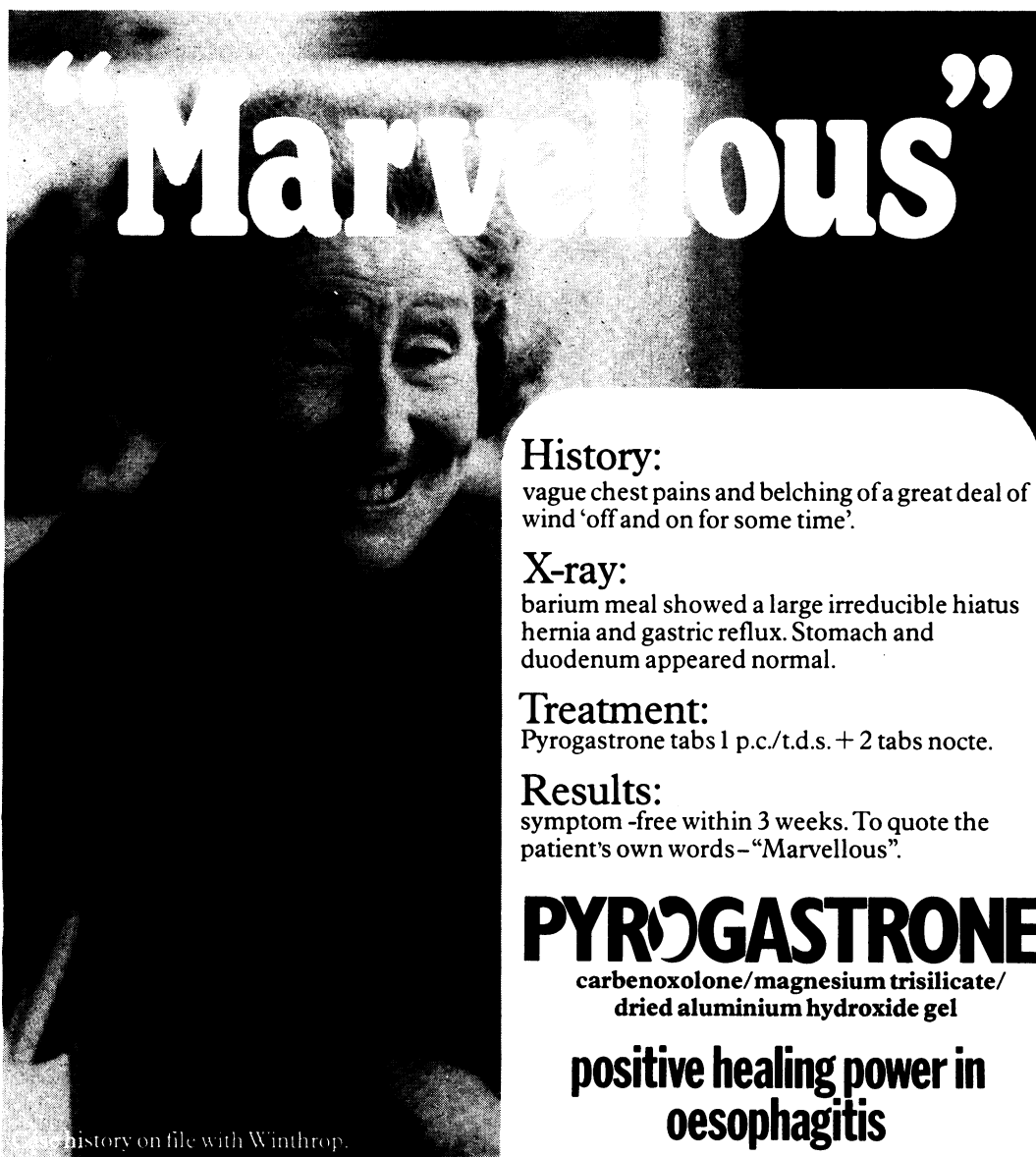
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#### Side-effects and Precautions

There are no absolute contra-indications to the use of Maxolon.

Various extra-pyramidal reactions to Maxolon, usually of the dystonic type, have been reported. The incidence of these reactions in children and young adults may be increased if daily dosages higher than 0.5mg/kg body-weight are administered. The majority of reactions occur within 36 hours of starting treatment and the effects usually disappear within 24 hours of withdrawal of the drug. Should treatment of a reaction be required, an anticholinergic anti-Parkinsonian drug e.g. benapryzine, or a benzodiazepine may be used. Since extra-pyramidal symptoms may occur with both

Maxolon and phenothiazines, care should be exercised in the event of both drugs being prescribed concurrently.

Raised serum prolactin levels have been observed during metoclopramide therapy; this effect is similar to that noted with many other compounds.

Maxolon's action on the gastro-intestinal tract is antagonised by anticholinergics. Although animal tests in several mammalian species have shown no teratogenic effects, treatment with Maxolon is not advised during the first trimester of pregnancy.

Following operations such as pyloroplasty or gut anastomosis Maxolon therapy should be withheld for three or four days as

vigorous muscular contractions may not help healing.

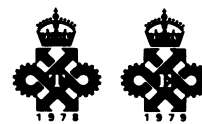
#### Availability and NHS Prices

Tablets 10mg (£5.84 per 100),  
Syrup 5mg/5ml (£2.42 for 200ml).

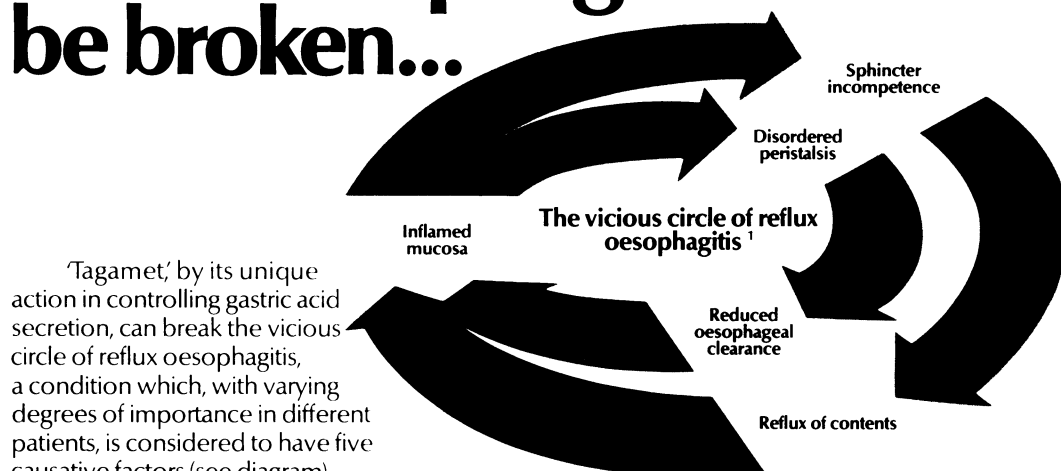
A paediatric liquid presentation and ampoules for injection are also available.

Average daily cost of Maxolon tablets (ex. 500 pack) 17p. Prices correct at January 1979. Further information is available on request to the company.

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# When the vicious circle of reflux oesophagitis needs to be broken...



'Tagamet' by its unique action in controlling gastric acid secretion, can break the vicious circle of reflux oesophagitis, a condition which, with varying degrees of importance in different patients, is considered to have five causative factors (see diagram).

The interaction of these five factors can prove difficult to break, with the incompetent lower oesophageal sphincter allowing reflux of gastric contents into the oesophagus, thus leading to mucosal inflammation.

This may affect the muscle layers leading to reduced oesophageal clearing and the completion of the vicious circle, with further gastric contents refluxing into the oesophagus causing increased inflammation.

By its direct action on the parietal cell, 'Tagamet' is uniquely

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'Tagamet' can thus have a potentially beneficial effect on 2, possibly 3, of the causative factors and hence break the vicious circle of reflux oesophagitis, which in one study brought improvement or complete healing to 50% of patients, compared with 0% on placebo.<sup>3</sup>

#### References

1. Medical management of gastro-oesophageal reflux. (1976) *Clinics in Gastroenterology*, **5**, 175
2. Cimetidine in the treatment of symptomatic gastro-oesophageal reflux. A double-blind controlled trial. (1978) *Gastroenterology*, **74**, 441
3. Oral cimetidine in reflux oesophagitis: a double-blind controlled trial. (1978) *Gastroenterology*, **74**, 821

#### PRESCRIBING INFORMATION

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'Tagamet' Tablets, PL0002/006/3 each containing 200mg cimetidine, 100, 113, 22, 500, £64.75  
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##### Dosage

Adults: 400mg t.d.s. with meals and 400mg at bedtime (1.6g/day) for 4 to 8 weeks.

##### Cautions

Impaired renal function: reduce dosage (see Data Sheet). Potentiation of oral anti-coagulants (see Data Sheet). Prolonged treatment: observe patients periodically. Avoid during pregnancy and lactation.

##### Adverse reactions

Diarrhoea, dizziness, rash, tiredness. Rarely: mild gynaecoma, reversible liver damage, confusional states (usually in the elderly or very ill), reversible interstitial nephritis.

Full prescribing information is available from

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**2** Mani, V. et al., (1976). Treatment of ulcerative colitis with oral disodium cromoglycate. *Lancet* **i**: 439.

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**7** Brown, P., Blayney, K. (1979). A therapeutic trial of disodium cromoglycate in the treatment of ulcerative colitis. Pepys and Edwards (eds), "The Mast Cell; its role in health and disease", p.673-676, Pitman Medical, London.

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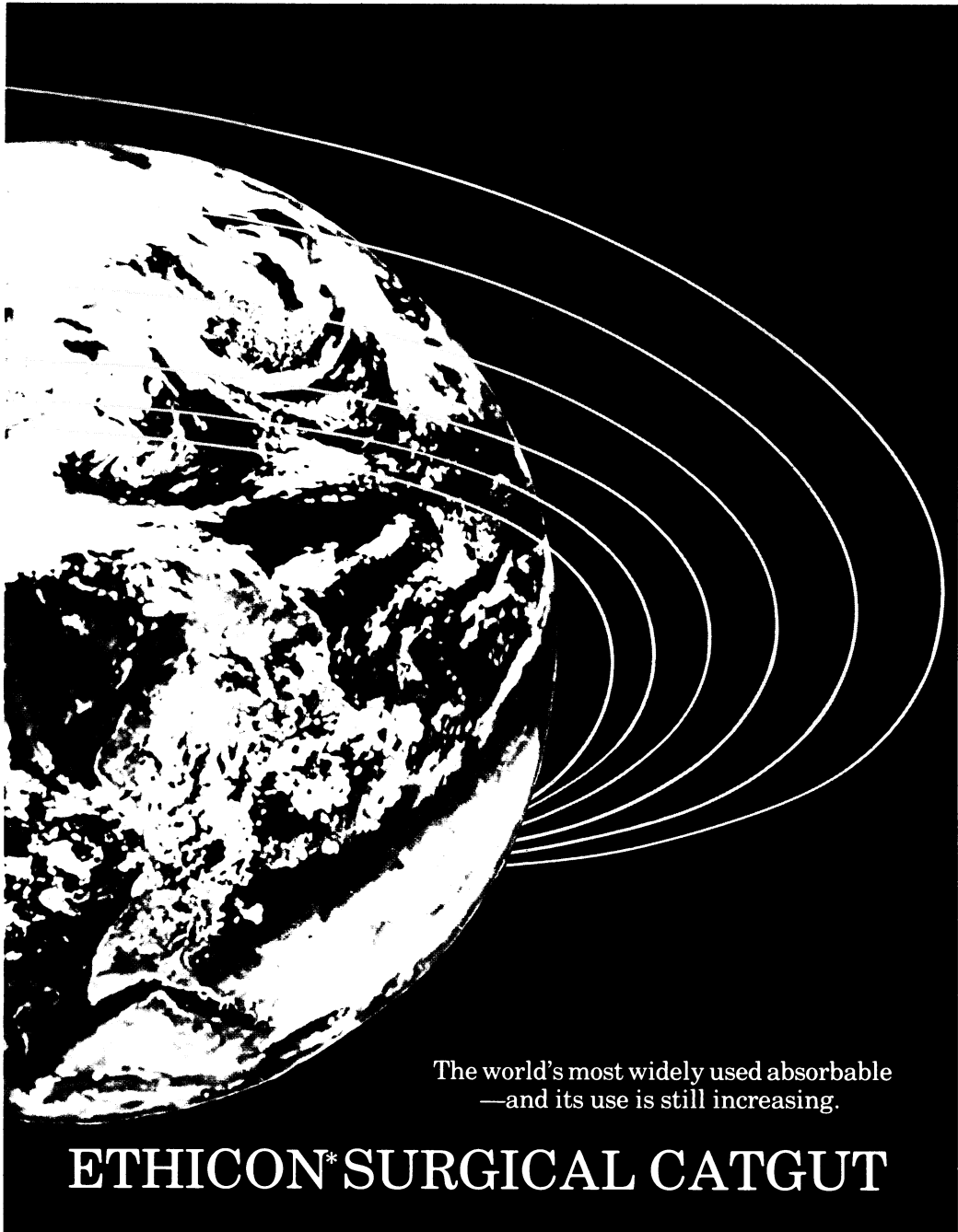
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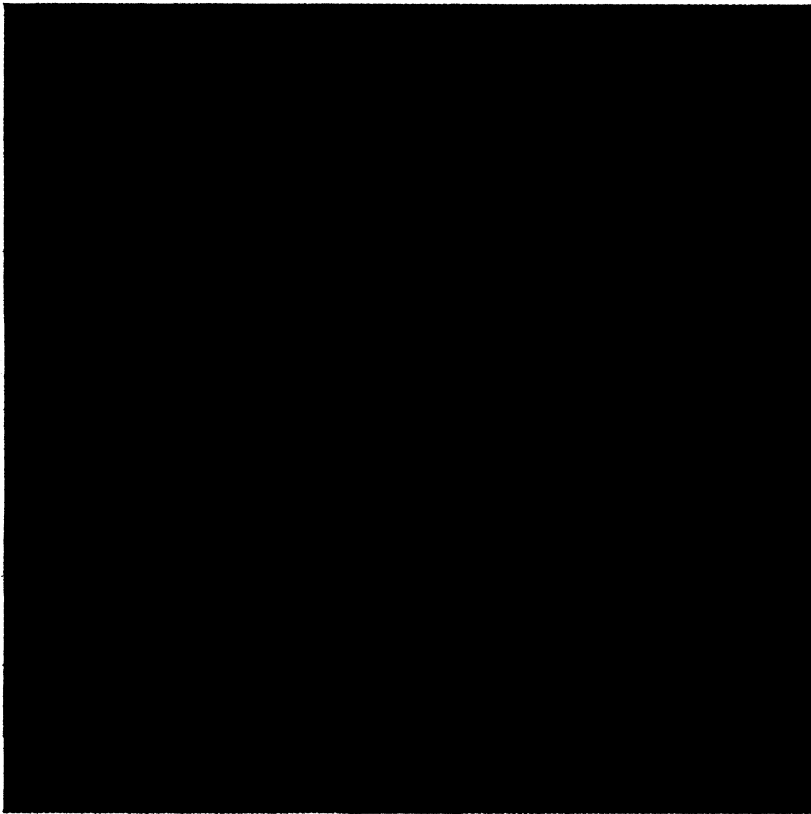
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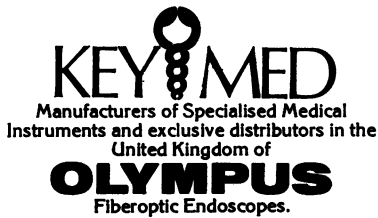


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**Plain or EN Tablets:** In acute moderate attacks 2-4 tablets 4 times a day. In severe attacks steroids should also be given. After 2-3 weeks the dose may gradually be reduced to the maintenance level of 3-4 tablets daily which should be given indefinitely.

**Suppositories:** Two inserted morning and night, the dose being gradually reduced after 3 weeks as improvement occurs.

**Children:** Reduce the adult dose on the basis of body weight.

#### Contra-indications, Warnings etc.

**Contra-indications:** Contra-indicated in sensitivity to salicylates and sulphonamides. Infants under 2 years

**Adverse Reaction:** Side effects common to salicylates or sulphonamides may occur. Most commonly these are nausea, loss of appetite and raised temperature which may be relieved on reduction of dose, use of EN tablets or

suppositories. If serious reactions occur the drug should be discontinued.

Rarely the following adverse reactions have been reported.

**Haematological:** eg. Heinz body anaemia, haemolytic anaemia leucopenia, agranulocytosis and aplastic anaemia.

**Hypersensitivity:** eg. Rash, fever.

**Gastrointestinal:** eg. Impaired folate uptake, stomatitis.

**C.N.S.:** eg. Headache, peripheral neuropathy.

**Renal:** eg. Proteinuria, crystalluria.

Also, Stevens-Johnson syndrome and lung complications. eg. Fibrosing alveolitis.

#### Precautions

Care in cases of porphyria, allergic, renal or hepatic disease, glucose 6-PD deficiency. Blood checks should be made initially and periodically.

#### Pregnancy

The benefit to risk ratio must be carefully evaluated when the drug is given during pregnancy.

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7. Gut. (1973) **14**, 923.
8. Brit. med. J. (1978) **1**, 1524.



### Pharmacia

Salazopyrin (regd.) sulphasalazine, is a product of Pharmacia (Great Britain) Ltd., Prince Regent Road, Hounslow, Middlesex TW3 4NF. Telephone: 01-572 7321. Further information is available on request to the Company.

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**Dosage:** Treatment: adults and children over 12 years: 100 ml by intravenous infusion eight-hourly, administered 5 ml per minute. Oral medication with 400 mg three times daily should be substituted as soon as this becomes feasible. Treatment for seven days should be satisfactory in most cases. Children under 12 years: as for adults but the single intravenous dose is based on 1.5 ml (7.5 mg metronidazole) per kg bodyweight and the oral dose on 7.5 mg per kg bodyweight. Prevention: adults and children over 12 years: 100 ml by intravenous infusion immediately before, during or after operation, followed by the same dose eight-hourly until oral medication (200 to 400 mg three times daily) can be given to complete a seven-day course. Children under 12 years: as for adults but the single intravenous dose is based on 1.5 ml (7.5 mg metronidazole) per kg bodyweight and the oral dose on 3.7 to 7.5 mg per kg bodyweight. Precautions: pregnancy; lactation; clinical and biological surveillance if recommended duration of treatment exceeded; dosage may be halved for patients with renal failure; avoid alcohol; if 'Flagyl' is to be given to patients receiving oral anticoagulants the dosages of the latter should be recalibrated. Side effects and adverse reactions: occasionally an unpleasant taste, furred tongue, nausea, vomiting (very rarely), gastro-intestinal disturbance. Drowsiness, dizziness, headache, ataxia, skin rashes, pruritus, inco-ordination of movement, darkening of the urine very rarely. During intensive and/or prolonged therapy, peripheral neuropathy has been reported. A moderate leucopenia has been reported but the white cell count has always returned to normal before or after treatment has been completed. Transient epileptiform

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**References** 1. Willis, A.T. (1977) *Scottish Medical Journal*, **22**, 155. 2. Willis, A.T. et al. (1977) *British Medical Journal*, **i**, 607. 3. Finegold, S.M. *Anaerobic Bacteria in Human Disease*, Academic Press Inc. New York, 1977. 4. Willis, A.T. et al. (1975) *Journal of Antimicrobial Chemotherapy*, **1**, 393, 1975.

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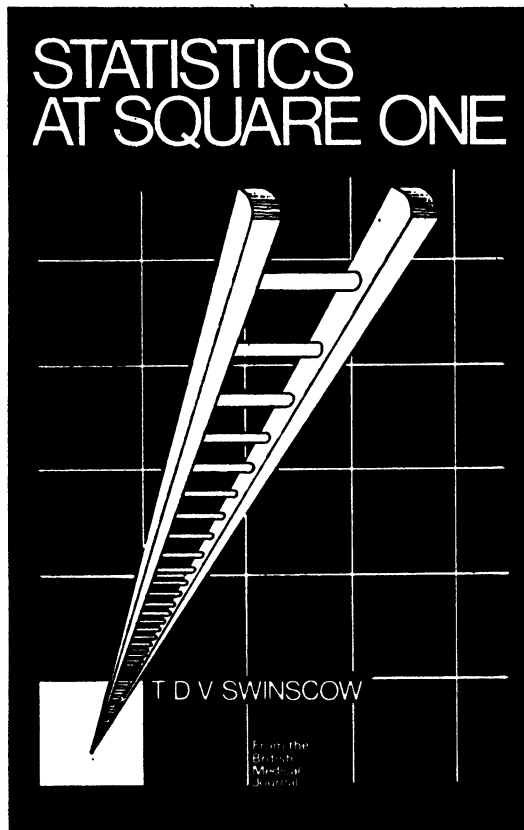
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