

# **Carbenoxolone can heal gastric and duodenal ulcer**

“Carbenoxolone...acts, in healing these ulcers, by restoring the gastric physiology to normal – rather than by creating a non-physiological artifice, such as that produced by antacids and H<sub>2</sub>-receptor antagonists...”<sup>1</sup>

## **2** IMPORTANT ACTIONS

1. EXTENDS LIFE-SPAN OF EPITHELIAL CELLS<sup>2</sup>

2. INCREASES MUCUS PRODUCTION<sup>3</sup>

## **2** IMPORTANT PRODUCTS

**BIOGASTRONE**  
carbenoxolone  
tablets for gastric ulcer

**DUOGASTRONE**  
carbenoxolone  
positioned-release capsules for duodenal ulcer

1. In "Peptic Ulcer Healing. Recent Studies on Carbenoxolone." 1978. Lancaster, MTP Press Ltd., p.1. 2. *ibid.*, pp. 9-20.  
3. In 4th Symposium on Carbenoxolone. 1975. London, Butterworths, p. 161.

Biogastrone and Duogastrone are registered trade marks.

Made under licence from Biorex Laboratories. Brit. Pat. Nos. 843133 and 1093286.  
Further information available from Winthrop Laboratories, Surbiton-upon-Thames, Surrey.

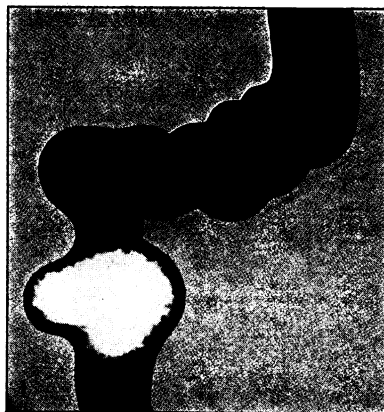
# Recorded Colifoam

hydrocortisone acetate foam

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:

1. Immediately after instillation. There is already good penetration through the rectum.
2. After 1 hour. 'Colifoam' has now reached the sigmoid colon.
3. After 6 hours. 'Colifoam' is present in high concentration throughout the sigmoid colon, including the proximal segment.

This study confirms the relevance of 'Colifoam' therapy in patients with ulcerative colitis throughout the sigmoid colon: that means a high proportion of new cases, and a significant proportion of all ulcerative colitis sufferers. Indeed, it is noteworthy that retrograde spread of the foam was greatest in patients with more extensive disease.

'Colifoam' offers these patients the benefits of anti-inflammatory therapy

# Delivery



in a form that is much more acceptable than the outmoded retention enema.

“Of the twenty patients, 19 found Colifoam easy to use and more comfortable to insert than a steroid enema...”<sup>2</sup>

#### References

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

In ulcerative colitis  
**Colifoam**  
gets to the point

#### 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).

Satisfactory response usually occurs within five to seven days.

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.

#### Contra-indications and Warnings, etc.

Local contra-indications to the use of intrarectal steroids include obstruction, abscess, perforation, peritonitis, fresh intestinal anastomoses and extensive fistulas.

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 diseases because of their predisposition to perforation of the bowel wall.

Safety during pregnancy has not been fully established.

#### Package Quantities

Aerosol canister containing 20g (14 applications) plus a plastic applicator and illustrated leaflet. Basic NHS cost £6.27.

#### Product Licence No.

0036/0021

Further information is available on request.

**Stafford-Miller Ltd.**, Professional Relations Division, Hatfield, Herts.

“...the major cause of sepsis after surgery of  
the gastrointestinal tract  
or female genital  
tract”.

Br.Med.J. 1, 318, 1976

METRONIDAZOLE

# INJECTION

**proves decisive  
in anaerobic  
infections**

Only with recent improvements in bacterial culturing techniques has the pathogenic role of anaerobes in post-surgical infections been fully recognized.<sup>1-3</sup> Now 'Flagyl' Injection offers you a decisive means of treating these infections—which are often life-threatening and often resistant to established antimicrobials. The response to 'Flagyl' Injection is rapid and dependable,<sup>2</sup> as it is consistently bactericidal to pathogenic anaerobes at tissue concentrations easily achieved in treatment. Bacterial resistance is not a problem,<sup>2,4</sup> and 'Flagyl' is highly acceptable—as eighteen years of use in other indications has established.

**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

seizures in a few patients undergoing intensive, high-dosage metronidazole radiosensitization therapy.

'Flagyl' metronidazole  
Tablets 200 mg PL 0012/5256  
400 mg PL 0012/0084  
Suppositories 500 mg PL 0012/0113  
1 gram PL 0012/0114  
Injection 0.5% w/v PL 0012/0107

**Basic NHS (as at May 1979)**

Injection for i.v. infusion Bottle of 100 ml £6.40.

**References** 1. Willis, A.T. (1977) Scottish Medical Journal, 22, 155. 2. Willis, A.T. et al. (1977) British Medical Journal, 1, 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.

Further information is available on request.


'Flagyl' is a trade mark.

May & Baker Ltd., Dagenham,  
Essex RM10 7XS.

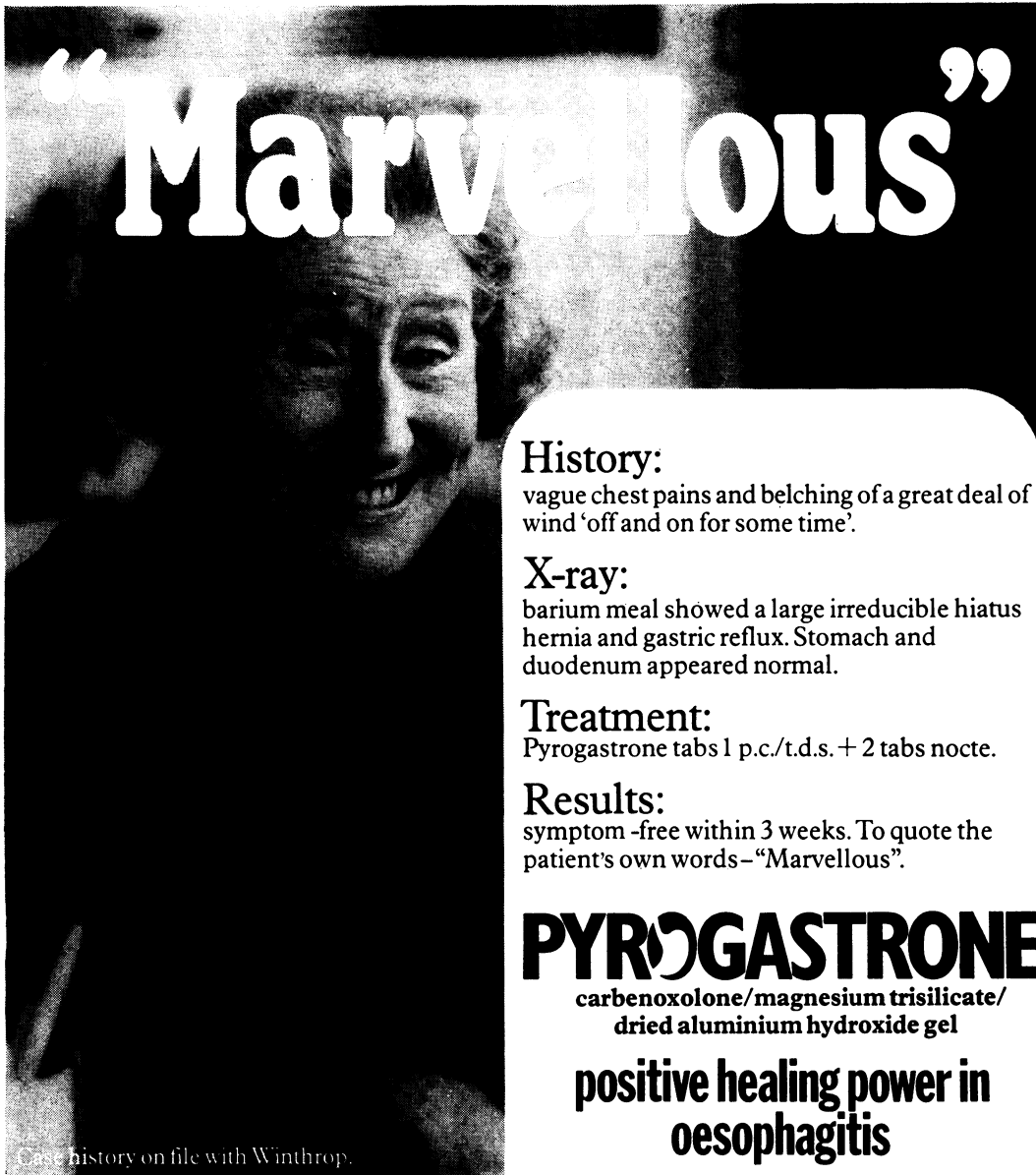


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**the complete  
anaerobicide**

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Group of Companies 

MA6579



**“Marvellous”**

**History:**  
vague chest pains and belching of a great deal of wind 'off and on for some time'.

**X-ray:**  
barium meal showed a large irreducible hiatus hernia and gastric reflux. Stomach and duodenum appeared normal.

**Treatment:**  
Pyrogastrone tabs 1 p.c./t.d.s. + 2 tabs nocte.

**Results:**  
symptom-free within 3 weeks. To quote the patient's own words—"Marvellous".

**PYROGASTRONE**  
carbenoxolone/magnesium trisilicate/  
dried aluminium hydroxide gel

**positive healing power in  
oesophagitis**

Case history on file with Winthrop.

**Pyrogastrone** (PL 0071/0138). For the treatment of oesophageal inflammation, erosions and ulcers due to hiatus hernia or other conditions causing gastric reflux and for the relief of heartburn, flatulence and other symptoms associated with reflux oesophagitis. Each tablet contains: carbenoxolone sodium B.P. 20mg, magnesium trisilicate B.P. 60mg, dried aluminium hydroxide gel B.P. 240mg, in a base containing sodium bicarbonate B.P. 210 mg and alginate acid B.P.C. 600 mg. Cartons of 100. **Adult Dosage.** One to be chewed immediately after meals, three times a day and two to be chewed at bedtime. **Basic N.H.S. Cost:** One day's treatment 56p (5 tablets). **Contraindications:** Severe cardiac, renal or hepatic failure. Patients on digitalis therapy unless serum electrolyte levels are monitored weekly to detect promptly the development of hypokalaemia. **Precautions:** 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 and blood pressure which should indicate the development of such effects is advisable for all patients. A thiazide diuretic should be administered if oedema or hypertension occurs. (Spironolactone should not be used because it hinders the therapeutic action of carbenoxolone). Potassium loss should be corrected by the administration of oral supplements. No teratogenic effects have been reported with carbenoxolone sodium, but careful consideration should be given before prescribing Pyrogastrone for women who may become pregnant. Pyrogastrone is a registered trade mark. Made under licence from Biorex Laboratories Brit. Pat. No. 1390683. Further information available from:—

**Winthrop Laboratories**, Surbiton-upon-Thames, Surrey KT6 4PH.

WINTHROP



**The Cidex  
solution.**

It has long been recognised that different hospitals have different disinfection and sterilization requirements.

These differences, of course, arise from the degree of contamination present, the type of equipment and rate of throughput, and the cleaning/drying procedures used.

- What hasn't been recognised sufficiently up till now is that these factors combine to have a cumulative effect on the use-life of cold disinfectant solutions—creating a need for solutions with different use-lives.

To meet this need there are now two solutions.

–CIDEX\* Activated Glutaraldehyde Solution with a use-life of up to 14 days.

–CIDEX\* Long-Life Activated Glutaraldehyde Solution with a use-life of up to 28 days.

New CIDEX\* Long-Life Solution has all the trusted and well-proven benefits of 14 day CIDEX\* Solution but has an effective life of 28 days where usage factors permit.

A fresh peppermint odour and blue colour differentiate CIDEX\* Long-Life from green 14 day CIDEX\* Solution.

### WHICH CIDEX\* SOLUTION TO USE

While the effects of dilution and gross protein contamination are always present, these can be minimal due to low throughput.

Under these circumstances, new CIDEX\* Long-Life Solution is much more convenient and can offer substantial cost savings.

In a busy unit, however, where pressures generally do not permit drying, protein contamination and dilution can build up over a period—particularly with

bulky items, such as anaesthetic tubing which have a high carry-over of water.

In situations such as this, 14 day CIDEX\* Solution offers complete assurance of its efficacy, assurance which has been confirmed repeatedly all over the world.

### CIDEX\* SOLUTIONS. NOT ONLY A CHOICE BUT A BETTER CHOICE

Both solutions have the complete range of cidal activity which has made CIDEX\* Solution the prime agent of choice for disinfection and sterilization of heat sensitive and delicate equipment.

Both have the remarkable non-corrosive properties which in laboratory tests have proven them to be less corrosive than deionised water.

14 day CIDEX\* Solution in the green container. 28 day CIDEX\* Long-Life Solution in the blue container.

Whatever your choice, you can be confident that CIDEX\* is the safest, most cost-effective solution to your disinfecting or sterilizing problem.



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# Arbrook\*

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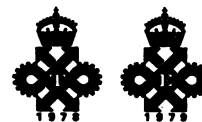
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# When the vicious circle of reflux oesophagitis needs to be broken...



'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

effective in inhibiting both the volume and concentration of gastric acid and the volume of pepsin secreted.

Furthermore, one study has shown that 'Tagamet' can improve oesophageal sensitivity to acid.<sup>2</sup>

'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

##### Presentations

'Tagamet' Tablets PL0002/0063 each containing 200mg cimetidine. 100, £13.22, 500, £64.75.  
'Tagamet' Syrup PL0002/0073 containing 200mg cimetidine per 5ml syrup. 200ml, £6.29.

##### Indication

Reflux oesophagitis.

##### 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 anticoagulants (see Data Sheet). Prolonged treatment: observe patients periodically. Avoid during pregnancy and lactation.

##### Adverse reactions

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

Full prescribing information is available from

**SK&F**

Smith Kline & French Laboratories Limited a SmithKline company  
Welwyn Garden City, Hertfordshire AL7 1EY  
Telephone: Welwyn Garden 25111

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# Tagamet

cimetidine

unique control of gastric acid secretion



In dyspepsia, antacids  
only cloud the issue.

**Maxolon**  
metoclopramide  
clears it.



Maxolon protects the gastric mucosa from over-long exposure to gastric acid<sup>1</sup> by promoting normal peristalsis and gastric emptying.<sup>2,3</sup> This action contrasts with that of antacids.

By restoring the stomach's normal control, symptoms described by the patient as fullness, pain, heartburn and discomfort can be effectively treated and their recurrence prevented.<sup>4</sup>

To the patient, Maxolon is the simple and convenient therapy to replace his repetitive antacid prescriptions.

#### Prescribing Information

**Indications**  
Dyspepsia, heartburn and flatulence associated with the following conditions e.g., Reflux oesophagitis, Gastritis, Hiatus hernia, Peptic ulcer.

**Adult Dosage (oral)**  
Adults 10mg  
1 tablet or 10ml syrup 3 times a day.  
Young adults (15-20 years) 5-10mg  
½-1 tablet or 5-10ml syrup 3 times a day commencing at the lower dosage.

**Note:** Total daily dosage of Maxolon, especially for children and young adults should not normally exceed 0.5mg/kg body weight.

#### 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.

Maxolon (metoclopramide) is a product of **Beecham Research Laboratories**, Brentford, England.  
A branch of Beecham Group Limited  
Maxolon, BRL, and the Company logo are registered trade marks.

# In the management of Ulcerative Colitis, has Nalcrom altered your thinking?

When Nalcrom first appeared, it certainly made a lot of people think again about the management and aetiology of ulcerative colitis.

Nalcrom, as you probably know, is a presentation of sodium cromoglycate.

And sodium cromoglycate is the unique drug which is used successfully in the treatment of mast-cell-mediated diseases (such as asthma and rhinitis). Because it inhibits mast-cell degranulation.

When it was introduced as an adjuvant in the treatment of ulcerative colitis, trials and theory showed that it offered hope of a new approach to management. First in the improvement of the histological and sigmoidoscopic appearance of the rectal mucosa. (1) (2) (3) (4) (5) (6) (8) Second, in the way it reduced symptoms and made patients actually feel better. (1) (2) (3) (4) (5) (6) (7)

Yet despite this, there may be a discrepancy in the way clinicians view the problem and the way patients feel when they use Nalcrom.

So perhaps its time to review the facts.  
Perhaps using different therapeutic criteria.

If you feel the subject needs more discussion, post the coupon.

Then we could get a specialist representative to call on you.

1 Heatley, R. V. et al., (1975). Disodium cromoglycate in the treatment of chronic proctitis. *GUT* **16**: 559.

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

3 Malolepszy, J. et al., (1977). Sodium cromoglycate therapy in ulcerative colitis. *Acta Allergologica* **32**, suppl. 1: 82-86.

4 Tunturi-Hihnal, H. et al., (1978). Disodium cromoglycate in the treatment of colitis ulcerosa. VI World Congress of Gastroenterology, Madrid, June 1978, p.58.

5 Piovanetti, Y. et al., (1978). Effects of cromolyn on inflammatory bowel disease. *Paediatr. Res.* **12**: 440.

6 Sidorov, J. J., Marcon, N. E. (1979). Long term, high dosage disodium cromoglycate in ulcerative colitis proctitis. Pepys and Edwards (eds), "The Mast Cell; its role in health and disease," p.725-731, Pitman Medical, London.

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.

8 Fox, H. et al., (1979). Morphological changes in rectal biopsies from patients with ulcerative colitis during disodium cromoglycate therapy. Pepys and Edwards (eds), "The Mast Cell; its role in health and disease," p.702-709, Pitman Medical, London.

Please get a representative to call

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Fisons Limited, Pharmaceutical Division,  
Loughborough, Leicestershire LE11 0BB.

**Nalcrom**<sup>®</sup>  
SODIUM CROMOGLYCAT E B.P.



**Fisons** Leaders in Allergy Research. Pharmaceutical Division, Derby Road, Loughborough, Leicestershire LE11 0BB. **Presentation:** capsules containing sodium cromoglycate 100mg. **Dosage and administration:** chronic inflammatory bowel disease—two capsules four times daily in adults, and one capsule four times daily in children from 2-14 years. To be taken before meals. The capsules may be swallowed whole or dissolved in hot water and diluted with cold to drink. **Contra-indications:** There are no specific contra-indications. **Warnings:** The safety in pregnancy and the treatment of children under two years has not yet been established. **Side effects:** Nausea, skin rashes and joint pains have been reported in a few cases. **Overdosage:** No action other than medical observation should be necessary. **Basic NHS cost:** £17.14 per 100 capsules. **PL:** 0113/0073. <sup>®</sup>Registered Trade Mark.

# New for Urostomy!

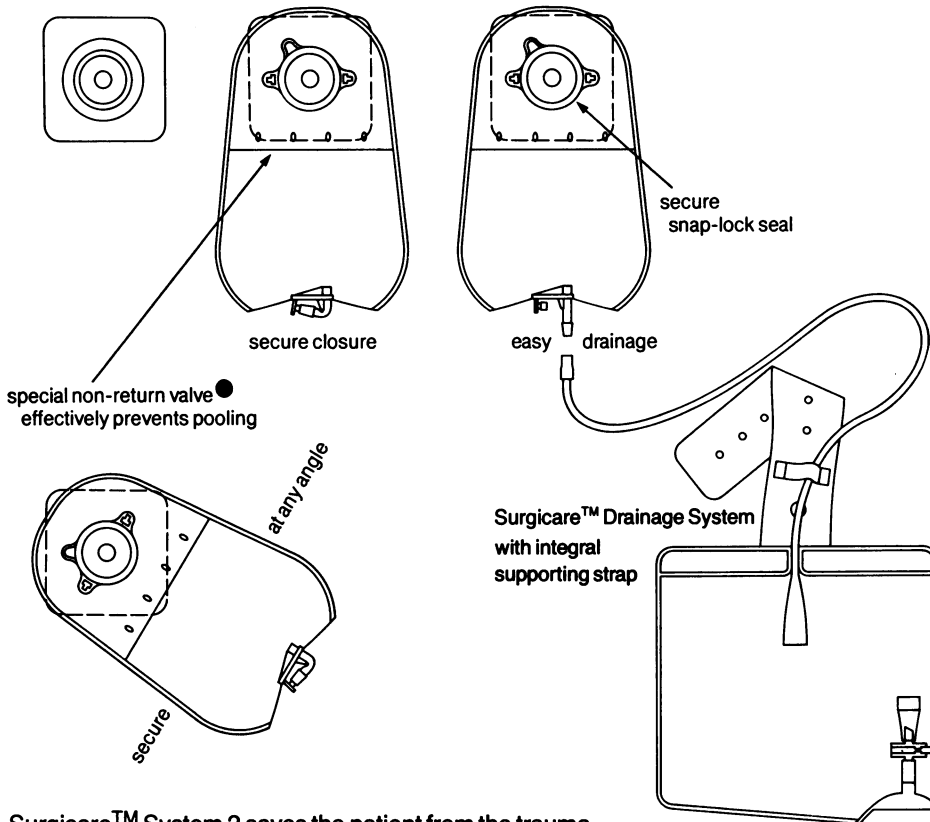
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● The non-return valve permits easy access of urine to the lower part of the pouch and efficiently prevents the return of urine to pool in the area of the stoma thus the Stomahesive™ wafer is protected from the breakdown effects of urine and remains secure and leak-free for several days.

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# PHARMACIA, THE MANUFACTURERS OF SALAZOPYRIN, WISH TO DRAW THE ATTENTION OF ALL PRACTISING PHYSICIANS AND SURGEONS TO SOME IMPORTANT NEW INFORMATION.

## Crohn's Disease

Various clinical trials and publications<sup>1,2,3,4,5</sup> have now demonstrated that the benefits of Salazopyrin may be successfully extended to the management of active Crohn's Disease.

## Ulcerative Colitis

Recent work has stressed that the ideal maintenance dose in ulcerative colitis is 2g per day,<sup>6</sup> and that such maintenance should be extended indefinitely to minimise the risk of relapse.<sup>7</sup> Cessation of therapy increases relapse risk four-fold regardless of time<sup>7,8</sup> since the acute attack, or whether placebo<sup>7</sup> or high fibre diet<sup>8</sup> are substituted.

# Salazopyrin

sulphasalazine

36 years of therapeutic management.

### Prescribing Information

#### Dosage and Administration

**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.

### References

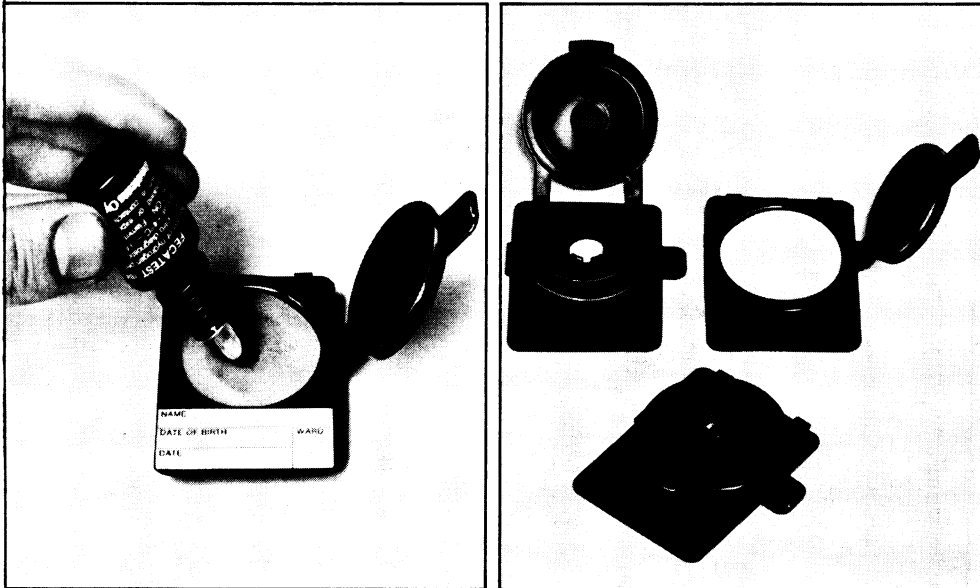
1. Scand. J. Gastroenterol. (1974) **9**, 549.
2. Scand. J. Gastroenterol. (1976) **13**, 161.
3. Brit. med. J. (1975) **2**, 297.
4. Proceedings of a workshop on Crohn's Disease, Leyden - 23-25 October, 1975. Ed. Weterman, Pena and Booth. Excerpta Medica, Amsterdam, p. 183-185.
5. Gastroenterology (1977); **72**, 1153.
6. Gut, (1977) **18**, 421.
7. Gut, (1978) **19**, 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 1NE. Telephone: 01-872-7321. Further information is available on request to the Company.

# Now available in Britain **FECATEST®**



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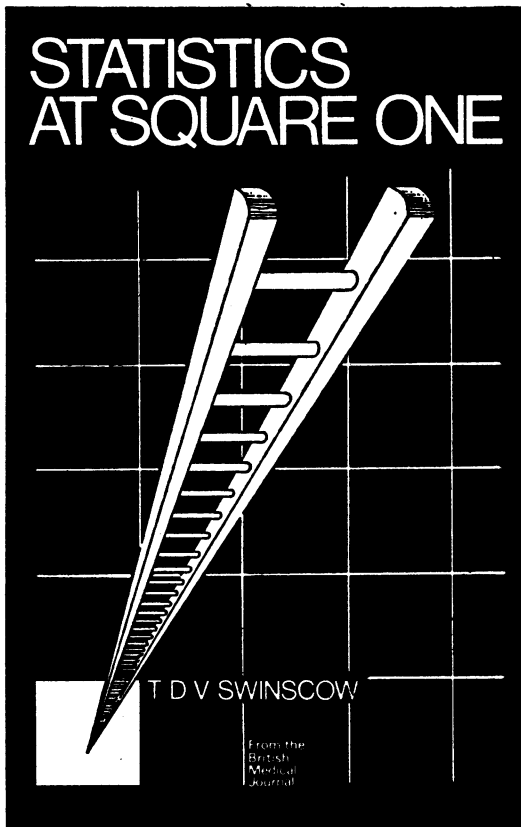
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