Recorded

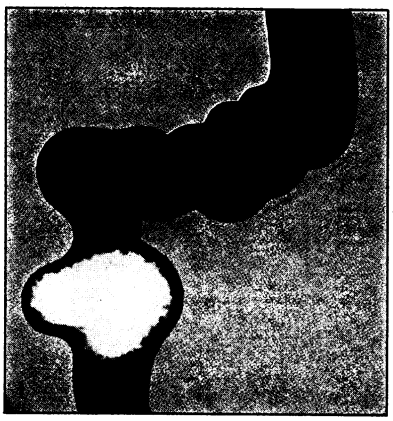
Colifoam

hydrocortisone acetate foam

A remarkable new study[1] carried out in the gastro-enterology 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..."[2]

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. **i**, 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.[1-3] 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,[2] as it is consistently bactericidal to pathogenic anaerobes at tissue concentrations easily achieved in treatment. Bacterial resistance is not a problem,[2,4] 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.

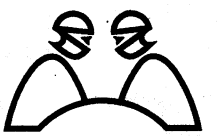
'Flagyl' metronidazole

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, **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.

Further information is available on request.
'Flagyl' is a trade mark.
May & Baker Ltd., Dagenham, Essex RM10 7XS.



TRADE MARK

INJECTION
the complete anaerobicide

M&B May & Baker

A member of the Rhône-Poulenc Group of Companies

MA6579


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.

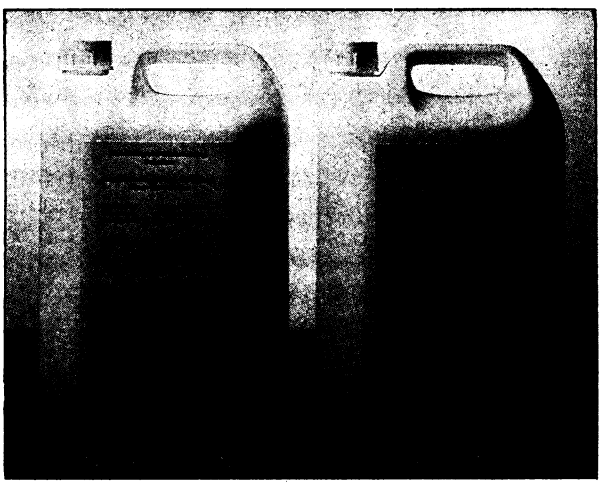
CIDEX* SOLUTIONS. NOT ONLY A CHOICE BUT A BETTER CHOICE

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.

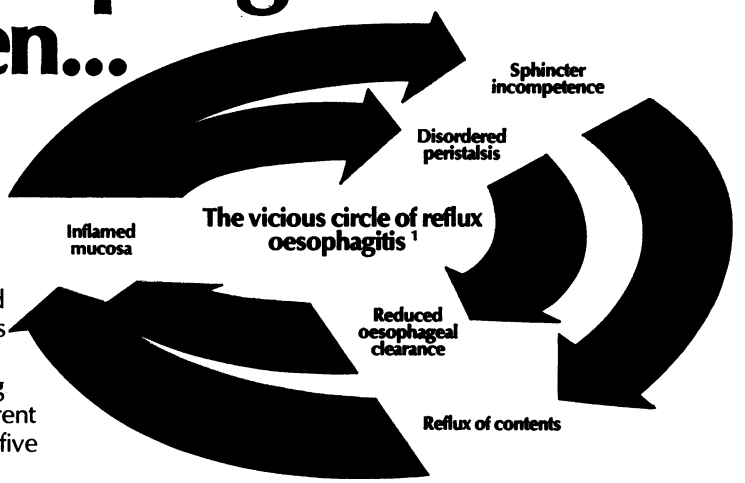
Whatever your choice, you can be confident that CIDEX* is the safest, most cost-effective solution to your disinfecting or sterilizing problem.



A choice of CIDEX* solutions from Arbrook – now you can choose wisely.

Arbrook*

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.[2]

'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.[3]

Tagamet (H2) **cimetidine**

unique control of gastric acid secretion

References
1. Medical management of gastro-oesophageal reflux. (1976) Clinics in Gastroenterology, **5,** 175.
2. Cimetidine in the treatment of symptomatic gastro-esophageal 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

'Tagamet' is a trade mark

TG:AD689

In dyspepsia, antacids only cloud the issue. Maxolon metoclopramide clears it.

Maxolon protects the gastric mucosa from over-long exposure to gastric acid[1] by promoting normal peristalsis and gastric emptying.[2,3] 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.[4]

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

1. Gut, (1969), *10*, 678-680. **2.** Postgrad. med. J., (1973), *49*, (Suppl), 29. **3.** Gut, (1974), *15*, 462-467. **4.** Brit. med. J., (1971), *2*, 25

PL 0038/0095/0098/5040/5041 BRL 4023