



'TAGAMET' A REPUTATION MAINTAINED

It is well recognised that duodenal ulceration is peculiarly susceptible to relapse and that such relapse occurs at a frequency irrespective of type, or use, of pharmacological agents that may have promoted initial remission. Generally speaking, it is more difficult to maintain remission than it is to induce it. In fact, it has been estimated that 75-80% of duodenal ulcer patients will have at least one relapse within five years of the initial episode¹ with some patients relapsing several times in one year.

Thus great interest has centred on the long-term usage of 'Tagamet' as a means of extending remission times. Trials have now been published²⁻⁴ that emphasise how 'Tagamet' – the only drug proven to reduce the frequency of relapse – can be of use in such an application.

<p>'Tagamet'</p> <p>90.5%</p> <p>of patients remained in remission</p>	<p>placebo</p> <p>50.1%</p> <p>of patients remained in remission</p>
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Overall results from clinical trials² have shown that over 90% of the 379 'Tagamet'-treated patients remained in remission

compared with 50.1% of the 411 placebo-treated patients.

The mean duration of treatment in the 'Tagamet' group was approximately 6.3 months at a dosage of 400 mg nocte or 400 mg bd.

Symptomatic relief, reduction in gastric acid output, were maintained and ulcer recurrence significantly reduced²⁻⁴. Equally important, extensive monitoring for haematological, clinical and biochemical effects revealed no factors in these trials which are likely to limit the general use of 'Tagamet' for longer term treatment at the recommended dosage². Furthermore, over 2½ million patients have now been treated with 'Tagamet'; reports of adverse reactions received by SK&F follow a generally similar pattern to that reported in clinical trials.

Thus the patient may be usefully maintained in remission with the concomitant advantages of general well-being and ability to conduct an active working life. In fact in one study³ there was a significant difference in the number of working days lost between the 'Tagamet' and placebo groups.

'Tagamet'	placebo
2.8 days	49.3 days
per patient/year	per patient/year

A synopsis of how 'Tagamet' can be successfully applied to long-term ulcer management is available on request.

Prescribing Information

Presentations

'Tagamet' Tablets PL0002/0063 each containing 200mg cimetidine. 100. £14.29; 500. £70.00.
'Tagamet' Syrup PL0002/0063 containing 200mg cimetidine per 5ml syrup. 200ml. £6.29.

Indication

Duodenal ulcer

Dosage

Adults. 200mg tids with meals and 400mg at bedtime (10g/day) for at least 4 weeks (for full instructions see Data Sheet).

To prevent relapse. 400mg at bedtime or 400mg morning and evening for at least 6 months.

Cautions

Impaired renal function: reduce dosage (see Data Sheet). Prolonged treatment: observe patients periodically. Avoid during pregnancy and lactation.

Adverse Reactions

Diarrhoea, dizziness or rash, usually mild and transient; tiredness.
Rarely mild gynaecomastia or evidence of reversible liver damage.

References

- 1 The Natural History of Duodenal Ulcer Disease. (1976) Surg. Clin. N. Amer. 56, 1235.
- 2 Cimetidine Treatment in the Management of Chronic Duodenal Ulcer Disease. (1978) Topics in Gastroenterology. (In Press).
- 3 Maintenance Treatment of Recurrent Peptic Ulcer by Cimetidine. (1978) Lancet, i, 403.
- 4 Prophylactic Effect of Cimetidine in Duodenal Ulcer Disease. (1978) Brit. med. J., i, 1095.

Tagamet
cimetidine
 Unique control of
gastric acid secretion

Full prescribing information is available from

SK&F
a SmithKline company

Smith Kline & French Laboratories Limited
Welwyn Garden City, Hertfordshire AL7 1EY
Telephone: Welwyn Garden 2511
'Tagamet' is a trade mark
© Smith Kline & French Laboratories Limited 1978

TG AD 578

INTRALIPID* 10% INTRALIPID* 20%

Presentation

A milky-white oil in water emulsion. Intralipid contains fractionated soya bean oil 10% or 20% emulsified with fractionated egg lecithin at pH 7. It also contains glycerol.

Indications: Intralipid fat emulsions are indicated in conditions of severe depletion requiring also a high energy intake to compensate for excessive loss of calories following trauma, infection, fever, burns, etc.

Dosage and Administration

500-1,500ml daily in conjunction with intravenous amino acids are administered by slow intravenous infusion.

Infant dosage: Intralipid 10% or 20% 15-20ml per kg body weight in 24 hours.

Contra-indications

Intralipid is contra-indicated in pathological hyperlipaemia and severe liver damage.

Pharmaceutical Precautions

No drugs should be added to Intralipid prior to or during infusion.

Package Quantities

Intralipid 10%: 100ml and 500ml
Intralipid 20%: 100ml and 500ml

NHS Price:

£2.75, £6.50
£3.95, £9.55

Intralipid 10% Product Licence: 0022/0017
Intralipid 20% Product Licence: 0022/0028

VAMIN* GLUCOSE

Presentation

Clear, straw coloured solutions for intravenous use containing all essential amino acids, and a balanced mixture of non-essential amino acids in each 1,000ml (pH 5.2). Carbohydrate, as glucose (100g/l), has been added as an energy source. Electrolytes are present, but these may need supplementing according to patient needs. Nitrogen per litre: 9.4g, corresponding to about 60g of first class protein. Caloric content per litre: 650 Kcal, of which 410 Kcal are provided by glucose.

Uses

Vamin Glucose is indicated in conditions of protein depletion where oral or intragastric feeding is impossible or impracticable.

Dosage and Administration

Depending on the individual protein requirement, 0.5-2.0 litres intravenously per day.

Infant dosage: 30-40ml per kg body weight in 24 hours.

Contra-indications, Warnings, etc.

Irreversible liver damage and severe uraemia when dialysis facilities are not available. Care should be taken when administering this solution to diabetic patients.

Side effects: As with all hypertonic infusion solutions, thrombophlebitis may occur when peripheral veins are used.

Package Quantities

Bottles of 100ml, 500ml and 1,000ml.

NHS price:

£2.50, £6.75, £12.50

Product Licence: 0022/0030

*Additives contain electrolytes, trace elements, fat soluble vitamins and water soluble vitamins for adults and children.

KabiVitrum 

Full prescribing information is available from KabiVitrum Ltd., Bilton House, Uxbridge Road, Ealing, London W5 2TH.



When you start to think about IV feeding...

.....make sure its complete and balanced, like a normal healthy diet. Intralipid and Vamin provide **all** the calories, **all** the essential fatty acids and **all** the nitrogen required for anabolism and recovery.

In addition there is now a range of additives specially tailored to meet the other nutritional requirements—vitamins, electrolytes and trace elements.

INTRALIPID VAMIN

NOW AVAILABLE—ADDITIVES*



the only nutritionally-complete recovery builders.

NEW

for positive healing and relief
of symptoms of oesophageal ulcers,
erosions and oesophagitis

PYROGASTRONE

PROTECTS against gastric and bile reflux

RELIEVES symptoms of reflux oesophagitis

HEALS by local actions of carbenoxolone

Chewable Pyrogastrone tablets form a viscous alginate-antacid foam which soothes the mucosa, protects it from reflux, exerts a buffering effect against regurgitated acid and alkali, and helps to localise the action of low-dose carbenoxolone, the healing component.



In a recent study¹ Pyrogastrone was shown to give significantly better relief of symptoms of oesophagitis and healing of oesophageal ulcers than an alginate-antacid control containing no carbenoxolone*.

Each chewable, strawberry flavoured tablet contains carbenoxolone sodium B.P. 20mg, magnesium trisilicate B.P. 60 mg and dried aluminium hydroxide gel B.P. 240mg in a base containing alginic acid B.P.C. 600mg and sodium bicarbonate B.P. 210mg.

Pyrogastrone prescribing data

Indications Oesophageal inflammation, erosions and ulcers due to hiatus hernia or gastric reflux. Relief of heartburn, flatulence and other symptoms arising from these conditions. **Dosage** One tablet to be chewed three times daily immediately after meals and two tablets to be chewed at bedtime. **Length of treatment** Although Pyrogastrone quickly relieves symptoms, treatment should be continued for at least 6 weeks, but up to 12 weeks may be necessary to ensure maximum healing effect. **Contra-indications** Severe cardiac, renal or hepatic failure. Patients on digitalis glycosides (unless serum electrolyte levels are monitored regularly to detect 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.

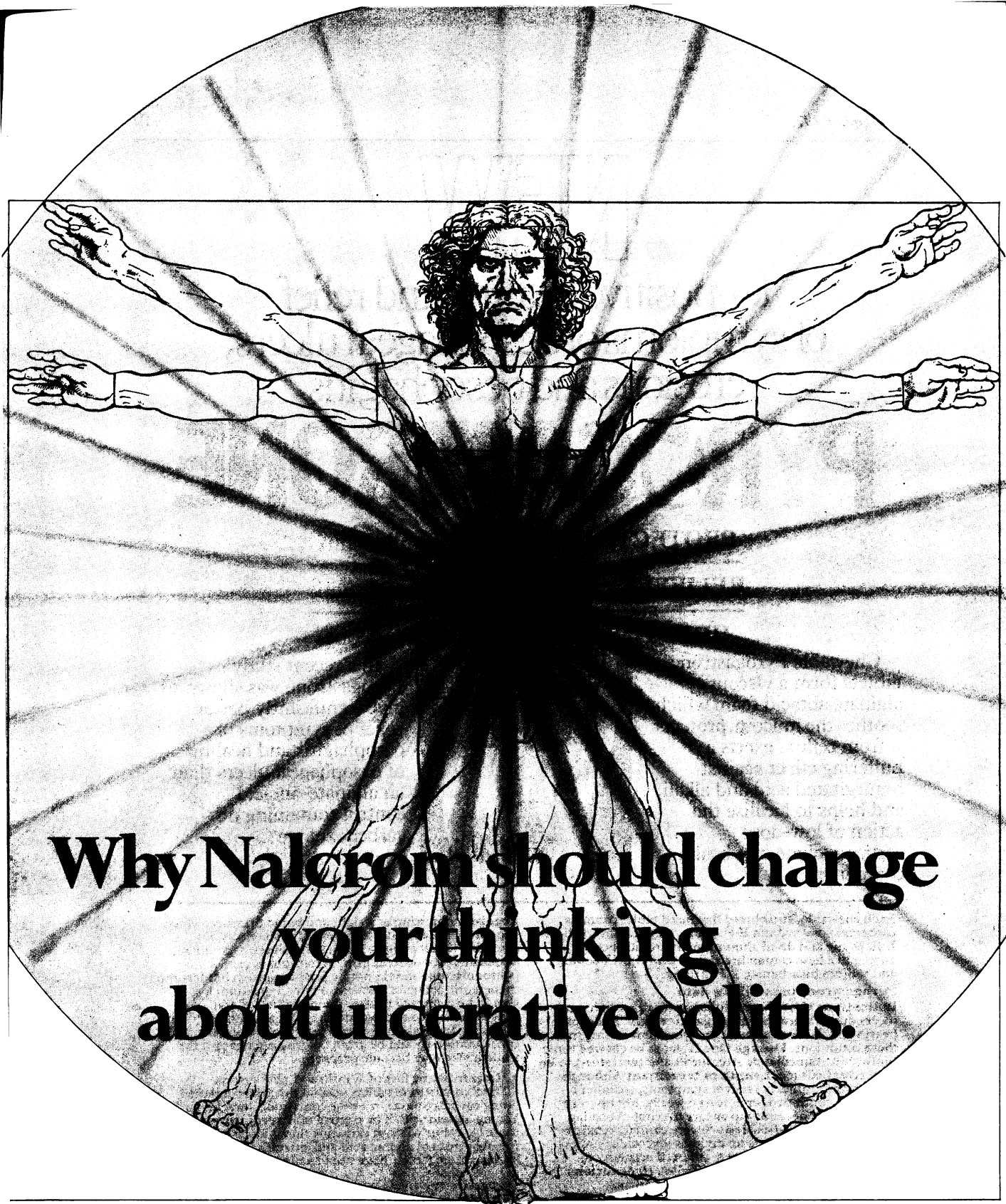
Regular monitoring of weight and blood pressure, which should indicate the development of such effects, is advisable for all patients. A thiazide diuretic should be administered if oedema or hypertension occurs (spironolactone should not be used because it hinders the therapeutic action of carbenoxolone). Potassium loss should be corrected by the administration of oral supplements. No teratogenic hazard is anticipated from the use of Pyrogastrone during pregnancy but careful consideration should be given before prescribing it for women who may become pregnant.

1. Data from the files of Winthrop Laboratories.

*The Pyrogastrone tablets used in this trial contained 20mg carbenoxolone in a base containing antacids and 200mg alginic acid. The control tablets contained the same base, but without carbenoxolone. Since this trial, the quantities of alginic acid and antacids in Pyrogastrone tablets have been trebled.

Pyrogastrone is made under licence from Biorex Laboratories Ltd., Brit. Pat. Nos. 843133 and 1390683. Pyrogastrone is a registered trade mark. Full information is available on request from Winthrop Laboratories, Surbiton-upon-Thames, Surrey.

WINTHROP



Why Nalcrom should change your thinking about ulcerative colitis.

Prescribing Information

PRESENTATION: Nalcrom is a presentation of sodium cromoglycate for oral use. It is presented in clear/clear hard gelatine capsules printed Fisons 101 in black. Each capsule contains 100mg sodium cromoglycate as a white powder.

USES: As an adjuvant in the treatment of ulcerative colitis, proctitis and proctocolitis. Sodium cromoglycate is considered to exert a stabilising effect upon mast cells capable of releasing mediators, thus preventing the local inflammatory reaction in the gastrointestinal tract.

DOSAGE AND ADMINISTRATION: Dosage Adults: Two capsules four times daily.

Children: From 2-14 years; one capsule four times daily.

Nalcrom should not be used for children under two years.

Maintenance dosage To prevent relapses dosage should be maintained indefinitely at two capsules four times daily in adults and one capsule four times daily in children.

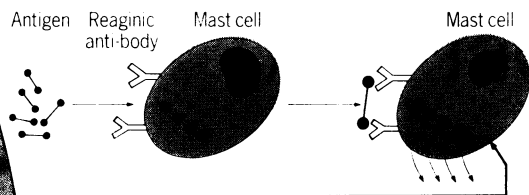
Administration The capsules may be swallowed whole or alternatively the powder contents may be dissolved in 20-30ml of water and swallowed.

Nalcrom offers a completely new approach to the management of ulcerative colitis.

And it could mean freedom from side effects often associated with the limited number of treatments now available.

Nalcrom is sodium cromoglycate.

Sodium cromoglycate is the unique drug which is used successfully in the treatment of allergic diseases, such as asthma and rhinitis.

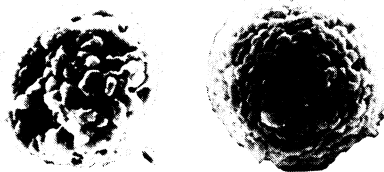


Sodium cromoglycate prevents the degranulation of mast cells caused by the interaction of antigens and reagent antibodies.

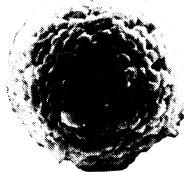
It is a potent inhibitor of mast cell degranulation. It prevents the release of inflammatory agents into sub-mucosal tissue in the lung, nose and other organs.

So it stops symptoms before they even start. And over ten years of clinical use have proved it to be a very effective drug with remarkably few serious side-effects.

Now it offers hope as a new treatment for ulcerative colitis.

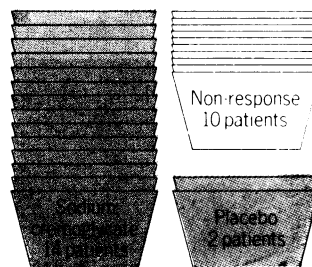


On left mast cell undergoing gross degranulation. On right mast cell stabilised after treatment with sodium cromoglycate. Photomicrographs prepared by: R & D Laboratories, Fisons Ltd., Pharmaceutical Division.



Why an anti-allergy drug?

Ulcerative colitis in its natural history and histological appearance has many features such as macrophages, mast cells and eosinophils that suggest that an allergic or immunological process may be involved. Sodium cromoglycate may have a clinically beneficial effect in these processes. So a double blind cross-over trial was carried out with 26 patients suffering from chronic proctitis¹. The 14 responders to sodium cromoglycate had a high local eosinophil count which in most cases fell in the course of treatment.



In a double-blind cross-over trial of 26 patients, 14 responded to sodium cromoglycate, 10 didn't respond and 2 responded to placebo.

Another study of 12 patients with ulcerative colitis treated with sodium cromoglycate showed a significant improvement in sigmoidoscopic appearance. And again, rectal biopsies showed a significant reduction in eosinophil counts^{2,3}.

How to find out more about Nalcrom.

Specialist representatives are available at this stage to discuss Nalcrom with hospital doctors. Simply fill in and post the coupon or write to: Fisons Limited, Pharmaceutical Division, Loughborough, Leicestershire.

Nalcrom[®]
(Sodium Cromoglycate B.P.)

References 1. Heatley, R.V. et al, 1975, "Gut," **16**, 559 2. Mani, V. et al, 1976, "Lancet," **1**, 439 3. Mani, V. et al, 1977, "Gastro enterology," **72**, 1093.

Please arrange for a specialist representative to call.

Name _____

Address _____

Further information is available on request from Fisons Limited, Pharmaceutical Division, Loughborough, Leicestershire.

FISONS[®]
Leaders in Allergy Research

G/N/10

CONTRA-INDICATIONS, WARNINGS, ETC: **Contra-indications** There are no specific contra-indications. The safety of Nalcrom during pregnancy has not yet been established.

Side-effects Nausea has been reported in a few cases.

Overdosage As Nalcrom is absorbed only to a very limited extent, no action other than medical observation should be necessary.

PHARMACEUTICAL PRECAUTIONS: Store in a dry place. Reclose the container tightly after use.

LEGAL CATEGORY: P.O.M.

PACKAGE QUANTITIES: Containers of 100 capsules.

FURTHER INFORMATION: 1. Nalcrom may be used in conjunction with steroid therapy and sulphasalazine in the treatment of acute relapses of proctocolitis and in maintaining remissions.

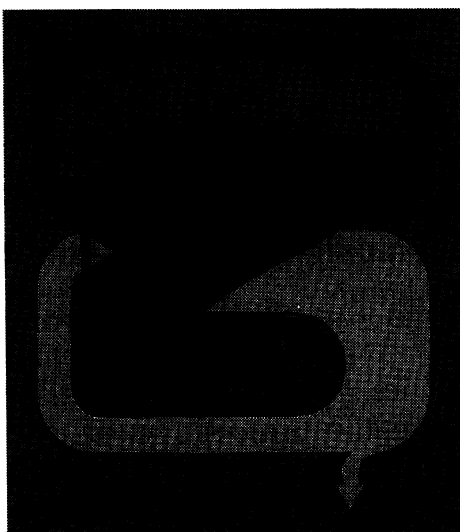
2. If steroid therapy is to be reduced or withdrawn this should be done cautiously.

3. Nalcrom may be used in patients with a history of hypersensitivity to or intolerance of sulphasalazine.

4. Dosages of 2000mg daily have been used in some cases of proctocolitis.

PRODUCT LICENCE NUMBER: PL 0113/0073.

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Sterognost-3 α [®]



Nyegaard ready made enzyme kits for
quantitation of bile acids in biological fluids.



NYEGAARD & CO. AS

Postboks 4220 Torshov, Oslo 4

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Literature

Sample

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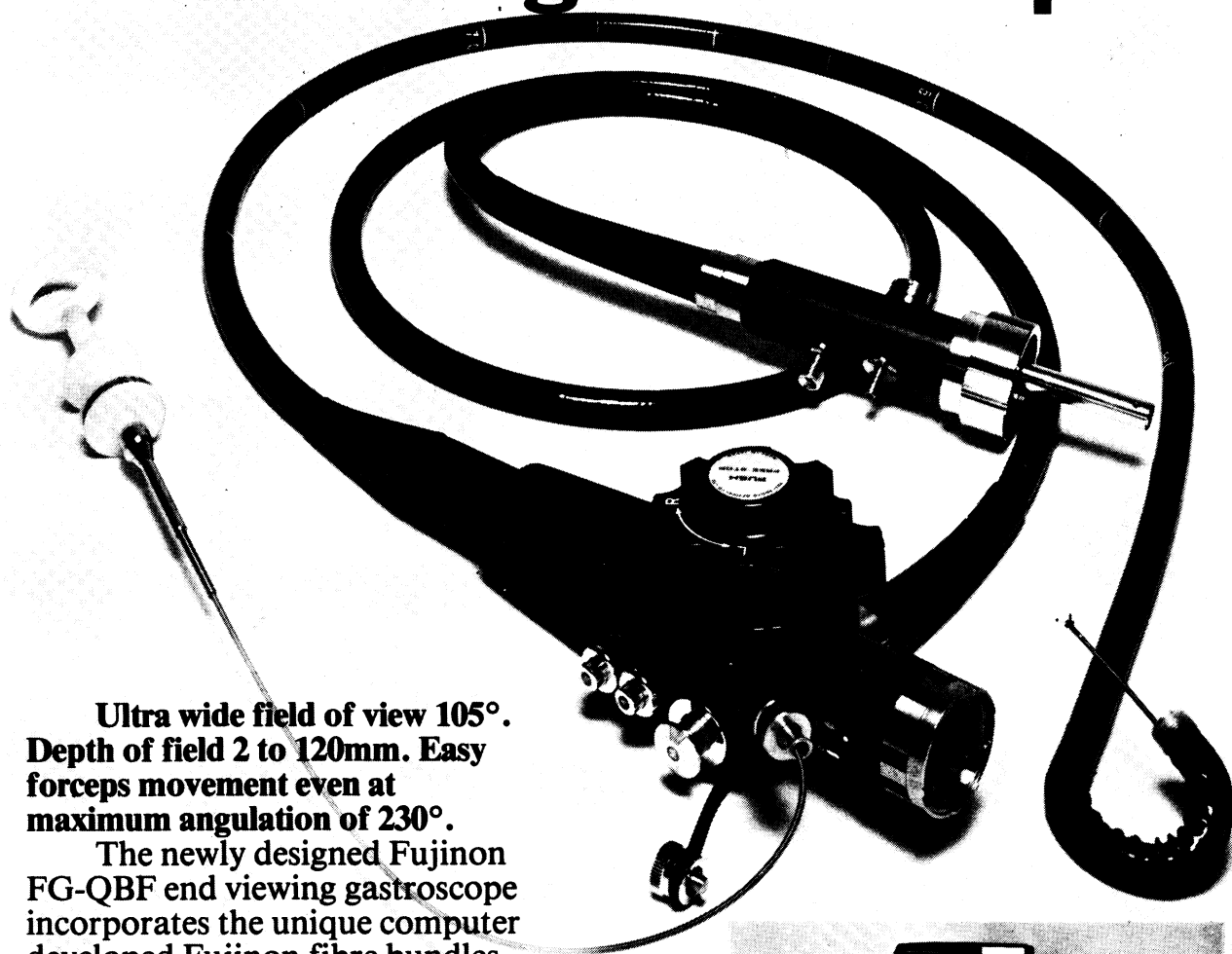
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105° Field of View

With the new Fujinon FG-QBF end viewing Gastroscope.

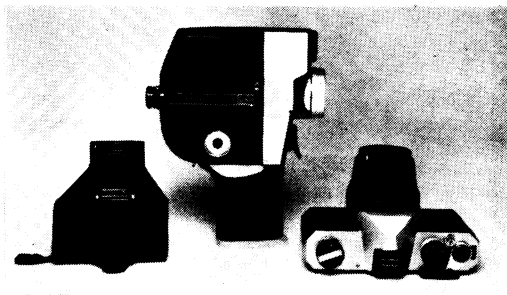


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forceps movement even at
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The newly designed Fujinon FG-QBF end viewing gastroscope incorporates the unique computer developed Fujinon fibre bundles. The image and light guides offer a large sharp image and top quality bright photography.

Great care has been taken in the re-design of the control section. Air, water and suction are operated by micro-switches which relieve the problem of sticking valves.

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**In abdominal and
gynaecological surgery,
Flagyl is revolutionising
the treatment of infection...**

and now

Flagyl Injection

for i.v. infusion



M&B May & Baker

Flagyl Injection

cause – specific,
effect . . . decisive
in most infections following
abdominal or gynaecological
surgery

**Most of these infections
are caused by anaerobes**
In both the colon and the female genital
tract, the importance of non-sporing
obligate anaerobes – commonly
occurring organisms of the normal
bacterial flora – as the major pathogens
in post-surgical infection is now
increasingly recognized.¹⁻⁸

**'Flagyl' is specifically,
intensely bactericidal to
anaerobes . . .**

The only available antimicrobial with
selective activity against obligate
anaerobes,^{2,5,9} 'Flagyl' is consistently
bactericidal to these organisms – at
readily obtained serum, tissue and
body fluid concentrations.^{1,7,10}

**. . . and thus
uncompromisingly,
spectacularly effective
against most of the
infections**

*"In all our infected patients the clinical
and microbiological response to
metronidazole was dramatic. Within
12–24 hours the temperature and pulse-
rate had usually returned to normal, the
patient looked and felt better . . . There
was a strikingly rapid disappearance of
anaerobic bacteria from pathological
discharges, which ceased to be
purulent and offensive and quickly
subsided."*²

**'Flagyl' doesn't have the
drawbacks of previous
treatments**

'Flagyl' is favourably distinguished
from previously preferred antimicrobial
treatments by reliable anaerobicidal
activity,¹¹ low toxicity^{4,7} and a
specificity of action incapable of
inducing resistance in aerobic
pathogens.^{2,4,5,12}

**'Flagyl' injection: especially
for the seriously ill**

– a conveniently given, rapidly
effective new dosage form for
anaerobic sepsis following major
surgery,⁷ quickly achieving, and
satisfactorily maintaining, high blood
levels.^{7,13}

*"... safe, easy to administer, and well
tolerated by patients..."*⁷

- bacteriologically compatible in
the body with other
antimicrobials^{1,2}
- now in oral, rectal and i.v.
presentations
- 17 years' well tolerated use in
other indications

'Flagyl'* injection prescribing information
*N.B. Metronidazole is inactive against aerobic and
facultatively anaerobic bacteria.*

Presentation
Injection (for intravenous infusion) 0.5 per cent
w/v in 100 ml bottles (500 mg metronidazole per
100 ml).

Uses

1) Treatment of infections in which anaerobic
bacteria have been identified or are suspected as
pathogens, particularly *Bacteroides fragilis* and
other species of bacteroides and including other
species for which metronidazole is bactericidal,
such as fusobacteria, eubacteria, clostridia
and anaerobic cocci.
'Flagyl' has been used successfully in: septicaemia,
bacteraemia, brain abscess, necrotising pneumonia,
osteomyelitis, puerperal sepsis, pelvic abscess,
pelvic cellulitis, peritonitis and post-operative
wound infection, from which one or more of these
anaerobes have been isolated.

2) Prevention of post-operative infections due to
anaerobic bacteria, particularly species of
bacteroides and anaerobic streptococci.

Dosage and administration

In patients with severe anaerobic infection for whom
oral medication is not possible or is contra-
indicated; it is particularly useful in emergencies
and is indicated in patients needing surgery who:

- have or are believed to have anaerobic sepsis
such as septicaemia, peritonitis, subphrenic or
pelvic abscesses.
- at operation show signs of established or
impending anaerobic sepsis.
- undergo operations in which contamination
occurs with anaerobes from the gastro-intestinal
or female genital tracts or the oropharynx.

In infants and other patients maintained on
intravenous fluids, 'Flagyl' injection may be
diluted with appropriate volumes of normal saline,
dextrose-saline, dextrose 5 per cent w/v or
potassium chloride injections (20 mmol and
40 mmol).

1. Treatment:

Adults and children over 12 years: 100 ml by
intravenous infusion eight-hourly. The injection
should be infused intravenously at the rate of 5 ml
per minute but may be administered alone or
concurrently (but separately) with other
bacteriologically appropriate anti-bacterial agents in
parenteral dosage forms. Oral medication with 400
mg three times daily should be substituted as soon
as this becomes feasible. Treatment for seven days
should be satisfactory for most patients but,
depending upon clinical and bacteriological
assessments, the physician might decide to
prolong treatment e.g. for the eradication of
infection from sites which cannot be drained or are
liable to endogenous re-contamination by
anaerobic pathogens from the gut, oropharynx or
genital tract.

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.

2. 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.

Contra-indications, warnings, etc.

There are no absolute contra-indications for the
use of 'Flagyl' injection for anaerobic antibacterial
therapy.

Precautions:

The recommended dosages, frequencies of
administration and durations of medication have
been found effective and well tolerated in nearly all
cases. However, regular clinical and biological
surveillance are advised if administration of 'Flagyl'
for more than 10 days is considered to be necessary.
Clinicians who contemplate continuous therapy, for
the relief of chronic conditions, for periods longer
than those recommended are advised to consider
the possible therapeutic benefit against the risk of
peripheral neuropathy.

Such evidence as is available suggests that patients
with various degrees of renal impairment handle
metronidazole like patients with normal renal
function. Daily dosage may, however, be halved for
patients with renal failure, if the clinician so wishes,
as such dosage has been found effective.
Patients should be advised not to take alcoholic
drinks during metronidazole therapy.

Metronidazole enhances the activity of warfarin and
if 'Flagyl' is to be given to patients receiving this
or other oral anticoagulants the dosage of the latter
should be recalibrated.

Pregnant women tolerate metronidazole well and
no adverse effect on their offspring has been
reported. As with all medicines 'Flagyl' should not
be given during pregnancy or during lactation
unless the physician considers it essential.

Side effects and adverse reactions:
No serious adverse reactions have been encountered
with the recommended regimes. There have been
occasional reports of an unpleasant taste in the
mouth, furred tongue, nausea, vomiting (very
rarely) and gastro-intestinal disturbance.
Drowsiness, dizziness, headache, ataxia, skin
rashes, pruritus, inco-ordination of movement and
darkening of the urine (due to a metronidazole
metabolite) have been reported but very rarely.
During intensive and/or prolonged metronidazole
therapy, a few instances of peripheral neuropathy
have been reported but in most cases the reaction
disappeared after treatment was stopped or when
dosage was reduced. A moderate leucopenia has
been reported in some patients but the white cell
count has always returned to normal before or after
treatment has been completed. Transient
epileptiform seizures have been reported in a few
patients undergoing intensive, high-dosage
metronidazole radiosensitisation therapy.

Pharmaceutical precautions

**THIS PRODUCT SHOULD BE PROTECTED
FROM LIGHT.**

Further information

Treatment of overdosage:

There is no specific treatment for gross overdosage of
'Flagyl'. Uneventful recovery has followed attempts
at suicide with quantities of 30 and 60 x 200 mg
tablets. Other established indications for 'Flagyl'
include urogenital trichomoniasis, giardiasis, all
forms of amoebiasis, acute ulcerative gingivitis and
acute dental infections. 'Flagyl' is also available as
tablets and, in some territories, as suppositories.

References

- 1 *Scot. Med. J.*, **22**, 155, 1977
- 2 *Br. Med. J.*, **i**, 607, 1977
- 3 Finegold, S.M., *Anaerobic Bacteria in human
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1977
- 4 *Lancet*, **ii**, 997, 1975
- 5 *S. Afr. Med. J.*, **52**, 161, 1977
- 6 *Br. Med. J.*, **i**, 318, 1976
- 7 *Ibid.*, **ii**, 1418, 1976
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- 13 Selkon, J. B., Hale, J. H., Ingham, H. R.,
Chemotherapy, Vol. 1, p. 277, Plenum Pub.
Corp., New York, 1973

Further information is available on request

*'Flagyl' is a trade mark of May & Baker Ltd
Dagenham Essex RM10 7XS for its preparations of
metronidazole.

May & Baker Ltd Dagenham Essex RM10 7XS



M&B May & Baker

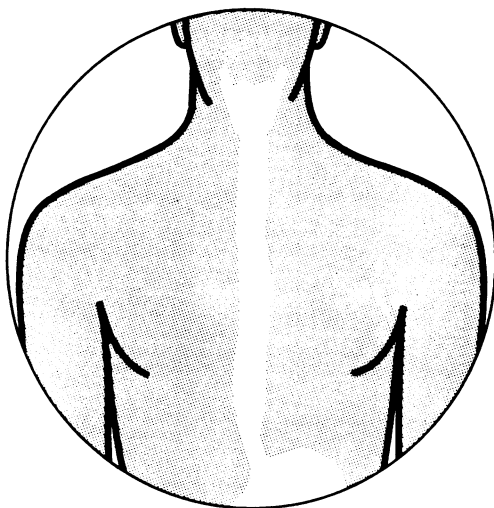
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Date of preparation or last review June 1978

**Flagyl
Injection**
the vital complement
to surgical skill

MA 6470



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Vol. 73, No 4, Part 1, 860 (Oct. 1977):

As a "how to do it" book it is very good,
and as a visual atlas it is superb...

This book is an asset to every depart-
ment of endoscopy.

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310 full colors photographs, 71 drawings

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● German

Foreword: K. Heinkel, Stuttgart
1977. ISBN 3-85698-0001-8 SFr./DM 285.-

● French

Foreword: A. Naef, Yverdon.
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Baritop Barium Sulphate available either in suspension, 100% w/v or in powder form for you to mix to the required density.

Concept Pharmaceuticals Limited, Russell House, High Street, Rickmansworth.
Data sheet and additional information available on request.

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Journal of the *Société Nationale française de Gastro-Entérologie* and its affiliates publish the work of practitioners, surgeons, radiologists and biologists specializing in hepatology and gastroenterology. Articles include reviews and original papers devoted to clinical, biological, therapeutic, radiological or anatomopathological research.

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Salazopyrin

36 years of therapeutic management.

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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.

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

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

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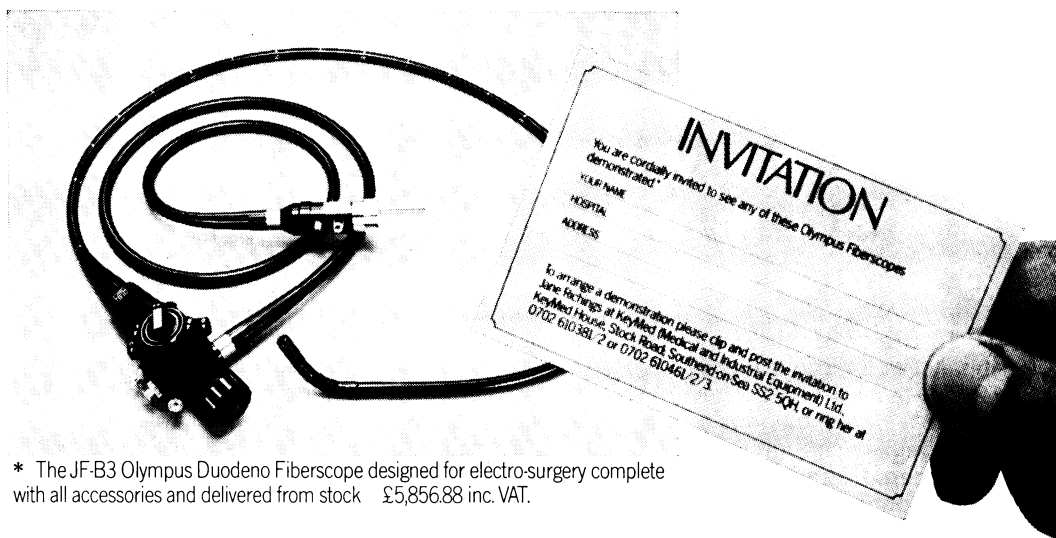
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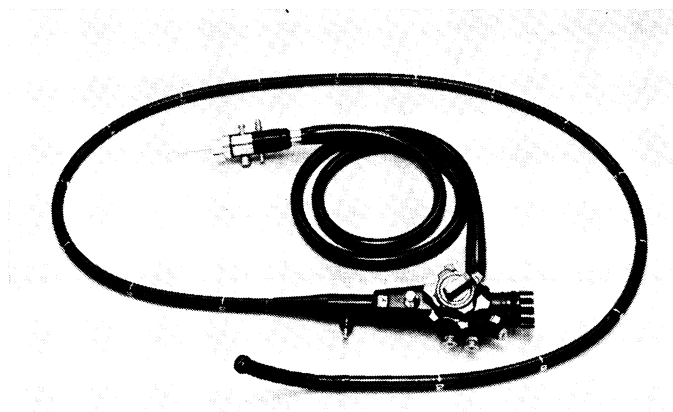


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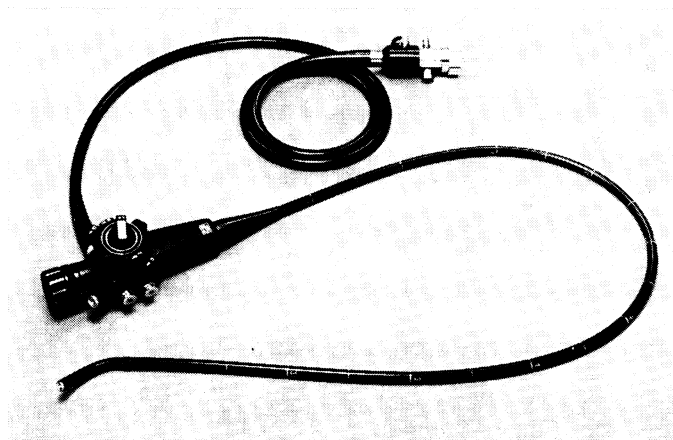
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