

# The many faces of Crohn's disease. And one face of its treatment.

Salazopyrin has long been established as standard treatment for ulcerative colitis and there is now further evidence to support its use as a first-line therapy for active Crohn's disease.

Now a double-blind study<sup>(1)</sup> has shown that 62% of Salazopyrin-treated patients responded favourably (at least 25% reduction in Crohn's disease activity) compared with only 8% of patients given placebo.

This supports the findings of a major study<sup>(2)</sup> in the USA, the NCCDS\* involving some 569 patients, which compared Salazopyrin with azathioprine and prednisone both as short-term treatments to suppress acute disease and as long-term prophylactics against relapse. For active disease both Salazopyrin and prednisone were superior to placebo and in patients not previously treated with drugs or surgery, only Salazopyrin was superior to placebo.

Salazopyrin was also by far the least toxic of the drugs tested, which "...together with evidence of its usefulness, particularly for control of disease involving the colon, indicates sulphasalazine as the drug of choice for initial therapy of such patients."

National Cooperative Crohn's Disease Study.

## SALAZOPYRIN sulphasalazine

**YOUR BEST STARTING POINT IN ACTIVE  
CROHN'S DISEASE.**

### 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.

**Enema:** One enema should be given daily preferably at bed time. This preparation contains an adult dose of Salazopyrin. Patient instructions are enclosed in each box.

#### 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. **Enema only:** Sensitivity to parabens.

**Adverse Reactions:** 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, enema or suppositories. If serious reactions occur the drug should be discontinued. Rarely the following adverse reactions have been reported:

**Haematological:** e.g. Heinz body anaemia, haemolytic anaemia, leucopenia, agranulocytosis and aplastic anaemia.  
**Hypersensitivity:** e.g. Rash, fever.  
**Gastrointestinal:** e.g. Impaired folate uptake, stomatitis.  
**C.N.S.:** e.g. Headache, peripheral neuropathy.  
**Fertility:** Reversible oligospermia.  
**Renal:** e.g. Proteinuria, crystalluria.  
Also: Stevens-Johnson syndrome and lung complications e.g. 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 and Lactation:

While the ingestion of drugs in these situations may be undesirable, the severe exacerbations of the disease which can occur commends the continuance of therapy. Long clinical usage and experimental studies have failed to reveal teratogenic or icteric hazards. The amounts of drug present in the milk should not present a risk to a healthy infant.

#### Packages & Prices:

Plain Tablets (0.5g): 100 & 500: £5.85 for 100  
EN Tablets (0.5g): 100 & 500: £7.60 for 100  
Suppositories (0.5g): 10 & 50: £2.35 for 10  
Enemas (3.0g): 7: £9.80 for 7.

#### Product Licence Numbers:

Plain Tablets 0009/5006 EN Tablets 0009/5007  
Suppositories 0009/5008 Enema 0009/0023.

1) Gut (1981) 22: 404-409

2) Gastroenterology (1979) 77: 847 et seq



**Pharmacia**

Salazopyrin (regd) sulphasalazine, is a product of Pharmacia (Great Britain) Ltd, Prince Regent Rd, Hounslow, Middlesex TW3 1NE. Tel: 01-572 7321  
Further information is available on request from the Company.



**Glaxo**



PRESCRIBING INFORMATION: DOSAGE AND ADMINISTRATION: ADULTS: TABLETS 150 mg TWICE DAILY FOR FOUR WEEKS FOR DUODENAL ULCER AND BENIGN GASTRIC ULCER. PATIENTS WITH A HISTORY OF RECURRENT ULCER MAY HAVE AN EXTENDED COURSE OF ONE TABLET DAILY AT BEDTIME. FOR REFLUX OESOPHAGITIS THE RECOMMENDED COURSE IS ONE TABLET TWICE DAILY FOR UP TO EIGHT WEEKS. IN PATIENTS WITH VERY HIGH GASTRIC ACID SECRETION (e.g. ZOLLINGER-ELLISON SYNDROME) THE STARTING DOSE IS 150 mg THREE

**Now Gastric acid has**

TIMES DAILY AND THIS MAY BE INCREASED, AS NECESSARY, TO 900 mg PER DAY INJECTION. ZANTAC MAY BE GIVEN AS A SLOW INTRAVENOUS INJECTION OF 50 mg WHICH MAY BE REPEATED EVERY SIX TO EIGHT HOURS OR AS AN INTRAVENOUS INFUSION AT A RATE OF 25 mg PER HOUR FOR TWO HOURS REPEATABLE AT SIX TO EIGHT HOUR INTERVALS. **SIDE EFFECTS:** NO SERIOUS ADVERSE EFFECTS HAVE BEEN REPORTED. **PRECAUTIONS:** WHERE GASTRIC ULCER IS SUSPECTED, THE POSSIBILITY OF MALIGNANCY SHOULD BE EXCLUDED BEFORE THERAPY IS INSTITUTED. PATIENTS RECEIVING PROLONGED TREATMENT SHOULD BE EXAMINED PERIODICALLY. DOSAGE SHOULD BE REDUCED IN THE PRESENCE OF SEVERE

RENAL IMPAIRMENT (SEE DATA SHEET). AS WITH ALL DRUGS, ZANTAC SHOULD BE USED DURING PREGNANCY AND NURSING ONLY IF STRICTLY NECESSARY. **CONTRA-INDICATIONS:** THERE ARE NO KNOWN CONTRA-INDICATIONS TO THE USE OF ZANTAC. **BASIC NHS COST (EXCLUSIVE OF VAT):** 60 TABLETS £27.43, BOX OF 5 x 5 ml AMPOULES £3.21. **PRODUCT LICENCE NUMBERS:** 150 mg TABLETS 4-0279, 50 mg 5 ml AMPOULES 4-0280. FURTHER INFORMATION ON ZANTAC (TRADE MARK) IS AVAILABLE FROM: GLAXO LABORATORIES LIMITED, GREENFORD, MIDDLESEX UB6 0HE.

Zantac is the new histamine H<sub>2</sub>-antagonist from Glaxo, developed to add important benefits to the treatment of acid peptic disease.

### Highly effective

Zantac's molecular structure confers important advantages in terms of specificity and duration of action.

Primarily however, Zantac promotes rapid, effective ulcer healing with sustained pain relief, both day and night.

### Simple dosage regimens

Zantac was specially developed for B.D. dosage. The recommended treatment course for duodenal ulcer and benign gastric ulcer, is one 150 mg tablet twice daily for four weeks.

For extended maintenance therapy, the dosage is just one tablet taken nightly.

In the management of reflux oesophagitis, one tablet twice daily, for up to eight weeks, is recommended.

### Highly specific action

Due to its innovatory molecular structure, Zantac does not cause problems with endocrine or gonadal function, or adverse effects on the central nervous system – even in elderly patients.

Similarly, as Zantac does not interfere with liver enzyme function, there are no unwanted effects on the metabolism of drugs such as diazepam and warfarin which may be prescribed concomitantly.

Zantac Injection ampoules are also available, containing 50 mg ranitidine in 5 ml for intravenous injection or infusion, for use in acute cases where oral therapy is inappropriate.

**a highly specific H<sub>2</sub> blocker to contend with.**

# Zantac

RANITIDINE

# Diseases of Connective Tissue

*The Proceedings of a Symposium organized by  
The Royal College of Pathologists*

**Edited by D. L. Gardner**

**The cells**—Fibroblasts ● Chondrocytes ● Synoviocytes ● The muscle cell ● **Extra-cellular materials**—Collagens ● Collagen and elastin fibres ● Basement membrane ● Proteoglycans of cartilage ● **Disease mechanisms**—Diseases of the collagen molecule ● Molecular abnormalities of collagen ● Lysosomes and the connective-tissue diseases ● **Genetic disease**—HLA system and rheumatic disease ● Replacement therapy in the mucopolysaccharidoses ● Genetic disease and amyloid ● **Inflammation and fibrosis**—Rheumatoid arthritis—a virus disease? ● Systemic lupus erythematosus—an autoimmune disease? ● Hepatic cirrhosis—a collagen formative disease? ● Fibrosis of lung—an environmental disease? ● **Kettle Memorial Lecture**—Atherosclerosis—disease of old age or infancy? ● **Structural and metabolic disease**—New knowledge of connective tissue ageing ● New knowledge of osteoarthritis ● New knowledge of intervertebral disc disease ● New knowledge of the pathogenesis of gout ● New knowledge of chondrocalcinosis ● **A consensus**—Connective tissue diseases: A consensus

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The Publisher, *Journal of Clinical Pathology*,  
B.M.A. House, Tavistock Square, London  
WC1H 9JR

## FULL PRESCRIBING DATA DESTOLIT<sup>®</sup> URSODEOXYCHOLIC ACID

### Presentation

Plain white tablet containing 150 mg ursodeoxycholic acid.

### Uses

'Destolit' is indicated for the dissolution of radiolucent (i.e. non-radio opaque) cholesterol gallstones in patients with a functioning gallbladder.

### Dosage

The daily dose for most patients is 3 or 4 tablets of 150 mg according to body weight. This dose should be divided into 2 administrations after meals, with one administration always to be taken after the evening meal.

A daily dose of about 8 to 10 mg/kg will produce cholesterol desaturation of bile in the majority of cases. The measurement of the lithogenic index on bile-rich duodenal drainage fluid after 4-6 weeks of therapy may be useful for determining the minimal effective dose. The lowest effective dose has been found to be 4 mg/kg.

The duration of treatment required to achieve gallstone dissolution will usually not be extended beyond 2 years and should be monitored by regular cholecystograms. Treatment should be continued for 3-4 months after the radiological disappearance of the gallstones.

Any temporary discontinuation of treatment, if prolonged for 3-4 weeks, will allow the bile to return to a state of supersaturation and will extend the total time required for litholysis. In some cases stones may recur after successful treatment.

### Contra-indications, Warnings etc.

In common with all drugs, it is advised that ursodeoxycholic acid should not be given during the first trimester of pregnancy. (In the rabbit, embryotoxicity has been observed, but this has not been seen in the rat.) Treatment in women of child bearing age should only be undertaken if measures to prevent pregnancy are used. Non-hormonal contraceptive measures are recommended. In cases of conception during treatment, therapy should be discontinued. Active gastric or duodenal ulcers are contra-indications, as are hepatic and intestinal conditions interfering with the enterohepatic circulation of bile acids (ileal resection and stoma, regional ileitis, extra and intra-hepatic cholestasis, severe, acute, and chronic liver diseases). A product of this class has been found to be carcinogenic in animals. The relevance of these findings to the clinical use of ursodeoxycholic acid has not been established. Excessive dietary intake of calories and cholesterol should be avoided; a low cholesterol diet will probably improve the effectiveness of 'Destolit' tablets. It is also recommended that drugs known to increase cholesterol elimination in bile, such as oestrogenic hormones, oral contraceptive agents and certain blood cholesterol lowering agents should not be prescribed concomitantly.

Side effects: 'Destolit' is normally well tolerated. Diarrhoea has been found to occur only occasionally.

No significant alterations have so far been observed in liver function.

Overdosage: It is unlikely that overdosage will cause serious adverse effects. Diarrhoea may occur and it is recommended that liver function tests be monitored: ion-exchange resins may be useful to bind bile acids in the intestines.

### Pharmaceutical precautions

'Destolit' tablets have a shelf life of 3 years under normal room temperature storage conditions.

**Legal category:** POM.

**Package quantities:** Blister packs of 60 tablets.

**Basic NHS Price:** £19.40.

**Further information:** Nil.

**Product licence number:** 0341/0022.

### Name and address

Lepetit Pharmaceuticals Limited, Meadowbank, Bath Road, Hounslow, Middlesex TW5 9QY.

A subsidiary of The Dow Chemical Company.

**Date of Preparation:** January 1981.

**Destolit<sup>®</sup>\***  
URSODEOXYCHOLIC ACID

\*Destolit is a trade mark of The Dow Chemical Company.

**UDCA  
NOW AVAILABLE**



# THE NEW WAVE IN GALLSTONE DISSOLUTION.

Destolit – ursodeoxycholic acid – a naturally occurring bile acid.

Indicated for use with cholesterol gallstones, the different chemical structure of Destolit enables you to use an effective therapy that causes no cathartic side effect.

- \* For the dissolution of cholesterol stones in a functioning gall bladder.
- \* Reported effective in up to 80% of appropriate patients.
- \* Diarrhoea is very uncommon.
- \* No adverse reports on liver function.
- \* Simple dosage aids patient compliance.

## DISSOLVES GALLSTONE PROBLEMS

Lepetit Pharmaceuticals Limited, Meadowbank,  
Bath Road, Hounslow, Middlesex TW5 9QY  
A subsidiary of The Dow Chemical Company

**Destolit\***  
**URSODEOXYCHOLIC ACID**

Please clip and send to Lepetit Pharmaceuticals Limited  
for Destolit information package.

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
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# HEALING OF PEPTIC ULCER

"by restoring gastric  
physiology to normal"<sup>1</sup>

"Carbenoxolone . . . acts by restoring gastric physiology to normal in strengthening the mucosal barrier, rather than by creating a non-physiological situation of hypochlorhydria, such as antacids and H<sub>2</sub> receptor antagonists produce."<sup>1</sup>

1. XI Int. Cong. Gastroenterology,  
Hamburg, June 1980.

- Increased mucus production
- Reduced epithelial cell loss
- Reduced peptic secretion and activity



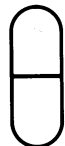
## BIOGASTRONE

carbenoxolone  
for gastric ulcer



## DUOGASTRONE

carbenoxolone  
for duodenal ulcer



Further information available from Winthrop Laboratories, Surbiton-upon-Thames, Surrey KT6 4PH. See prescribing data overleaf.

WINTHROP

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*Bloom & Polak*

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## Drugs and Disease

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Edited by  
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*including postage*

The Publishing Manager, JOURNAL OF  
CLINICAL PATHOLOGY, BMA House,  
Tavistock Square, London WC1H 9JR

## BIOGASTRONE

carbenoxolone  
for gastric ulcer

Carbenoxolone sodium BP 50 mg tablets.  
PL 0071/5902. Bottles of 100. Basic NHS cost: 1  
week's treatment £2.21 (21 tablets)—£4.42 (42  
tablets).

**Adult dose:** 2 tablets t.i.d. after meals for the first  
week then 1 tablet t.i.d. until ulcer is healed  
(usually 4-6 weeks).

## DUOGASTRONE

carbenoxolone  
for duodenal ulcer

Carbenoxolone sodium BP. 50 mg  
position-release capsules. Bottles of 28.  
PL 0071/5903. Basic NHS cost: 1 day's treatment  
(4 capsules) 85p.

**Adult dose:** 1 capsule swallowed whole and  
unbroken with liquid q.i.d., 15-30 minutes before  
meals. Patients may continue to take antacids  
but anticholinergic drugs should be  
discontinued. Treatment should continue for 6-12  
weeks.

**Safety factors: Biogastrone and  
Duogastrone**

**Contra-indications.** Severe cardiac, renal or  
hepatic failure. Patients on digitalis therapy,  
unless serum electrolyte levels are monitored  
weekly and measures taken to prevent the  
development of hypokalaemia.

**Precautions.** Special care should be exercised  
with patients pre-disposed to sodium and water  
retention, potassium loss and hypertension (e.g.  
the elderly and those with cardiac, renal or  
hepatic disease) since carbenoxolone can  
induce similar changes. Regular monitoring of  
weight and blood pressure, which should  
indicate 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 Biogastrone, Duogastrone or  
Pyrogastrone for women who may become  
pregnant.

Biogastrone and Duogastrone are registered  
trade marks.

Made under licence from Biorex Laboratories,  
Brit. Pat. No. 1093286.

Further information available from Winthrop  
Laboratories, Surbiton-upon-Thames, Surrey  
KT6 4PH.

WINTHROP

# The Old Retainer.



## Time to say Goodbye?

**Presentation** White odourless aerosol foam containing hydrocortisone acetate 10%. **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 or 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. **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



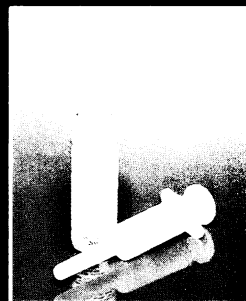
For many years the retention enema has been the best way to get topical steroid therapy into the rectum and distal colon to relieve inflammatory bowel disease. Thousands of colitis sufferers are familiar with its benefits – and also its drawbacks, mainly the sheer inconvenience and discomfort of administering it.

Now there is an alternative to the retention enema – another form of topical therapy, comparable in efficacy but far easier for the patient to use. Colifoam: a unique foam presentation of hydrocortisone which is easily administered using a simple plastic applicator.

## More acceptable than steroid enema

Clark\* reported on a clinical trial of Colifoam in 20 patients with inflammatory bowel disease. Proctitic symptoms were controlled in 17, and 11 out of 12 patients who had previously been treated with prednisolone enemas, found Colifoam "... easier and more convenient to use". Three of these patients found Colifoam the more effective treatment and the others thought there was no difference in efficacy between Colifoam and steroid enemas.

**N.B. A dose of Colifoam costs far less than a dose of a proprietary prednisolone retention enema.**



# Colifoam

**hydrocortisone acetate foam**

**a welcome alternative to the retention enema for distal inflammatory bowel disease**

Pharmaceutical precautions

Package quantities

Product Licence No. 100/017 Basic NHS Cost

Stafford-Miller Ltd.



"I feel I'm so full I could burst!  
 With this overblown stomach I'm cursed."  
 The Doctor smiled sweetly,  
 Then murmured discreetly,  
 "Well, we'd better try Maxolon first."

For relief from  
 heartburn and flatulence

# Maxolon

metoclopramide

## 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  
 1/2-1 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 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 (£7.70 for 100).  
 Syrup 5mg/5ml (£2.78 for 200ml).  
 A paediatric liquid presentation and ampoules for injection are also available.  
 Average daily cost of Maxolon tablets 23p.  
 Prices correct at January 1981.

Further information is available on request to the company.



**Beecham Research Laboratories**

Brentford, England. A branch of Beecham Group Limited.  
 Maxolon and the BRL logo are trade marks.

PL 0038/0095 0098 5040 5041.

BRL 4026



**Ease the spasm. Ease the mind.**

**LIBRAXIN**  
clidinium bromide and chlordiazepoxide

**Clidinium bromide to calm the gut. Chlordiazepoxide to calm the mind.**

**Indications** For the control of hypersecretion, hypermotility and emotional factors associated with gastro-intestinal disorders, such as nervous dyspepsia, peptic ulcer, cardiospasm, pylorospasm, nervous or irritable colon.

**Dosage** 1 or 2 tablets three or four times daily. In elderly patients, it is recommended that the initial dose be 1 tablet twice daily.

**Contra-indications** Because of its anticholinergic effects, Libraxin should not be given to patients suffering from glaucoma or prostatic enlargement.

**Precautions** Patients should avoid alcohol while under treatment with Libraxin, since the individual



response cannot be forecast. Patients' reactions (driving ability, operation of machinery, etc.) may be modified to a varying extent, depending on dosage and individual susceptibility. The established medical principle of prescribing medicaments in early pregnancy only when absolutely indicated should be observed.

**Side-effects** Side-effects are infrequent and are controlled by reduction of dosage. They include

drowsiness, muscle weakness, dryness of the mouth, blurring of vision, constipation and hesitancy of micturition.

**Presentation** Libraxin tablets containing 5mg chlordiazepoxide and 2.5mg clidinium bromide in packings of 100 and 500.

**Basic NHS Cost** 1 tablet 3 times daily 7.4p/day ex 500 pack.

**Licence Number** 0031/5024

**Licence Holder** Roche Products Limited, PO Box 8 Welwyn Garden City, Hertfordshire AL7 3AY  
Libraxin is a trade mark

# HIATUS HEARTBURN & OESOPHAGITIS



## PYROGASTRONE

carbenoxolone/magnesium trisilicate/dried aluminium hydroxide gel

### positive healing power

#### Prompt symptom relief

- Pyrogastrone quickly soothes the sensitive mucosa
- suppresses gastro-oesophageal reflux and protects against further acid/bile attack
- relieves heartburn, dyspepsia, dysphagia, regurgitation and retrosternal pain.

#### Complete oesophageal healing

- Pyrogastrone exerts a unique direct healing action on the oesophagus
- resolves mucosal inflammation, erosion and ulceration
- gives exceptionally high rates of endoscopic healing.

Pyrogastrone is a registered trade mark. Made under licence from Biorex Laboratories; Brit. Pat. No. 1390683. Full information available from:— Winthrop Laboratories, Surbiton-upon-Thames, Surrey.

**WINTHROP**



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Wisdom and reliability are the fruit of experience. With over 15,000,000 patients and more than 3,700 publications, Tagamet has generated more experience in its nine years of development with five years of widespread use than many other standard therapies.

When you need reliable control of gastric acid, you can be confident that Tagamet offers something in addition to highly effective therapy.

That something is experience.

**Tagamet**  
puts you in control of gastric acid

### Prescribing Information

**Presentations** Tagamet Tablets, PL 0002/0063, each containing 200 mg cimetidine, 100, £13.22; 500, £64.75. Tagamet Syrup, PL 0002/0073, containing 200 mg cimetidine per 5 ml, 200 ml, £6.29.  
**Indications** Duodenal ulcer, benign gastric ulcer, reflux oesophagitis.  
**Dosage** Duodenal ulcer: Adults, 200 mg t.d.s. with meals and 400 mg at bedtime (1.0 g/day) for at least 4 weeks; 400 mg b.d., with breakfast and at bedtime, is also effective (for full instructions see

Data Sheet). To prevent relapse, 400 mg at bedtime or 400 mg morning and at bedtime for at least 6 months. Benign gastric ulcer: Adults, 200 mg t.d.s. with meals and 400 mg at bedtime (1.0 g/day) for at least 6 weeks (for full instructions see Data Sheet). Reflux oesophagitis: Adults, 400 mg t.d.s. with meals and 400 mg at bedtime (1.6 g/day) for 4 to 8 weeks.  
**Cautions** impaired renal function: reduce dosage (see Data Sheet). Potentiation of oral anticoagulants and some benzodiazepines

(see Data Sheet). Prolonged treatment: observe patients periodically. Exclude malignancy in gastric ulcer. Care in patients with compromised bone marrow (see Data Sheet). Avoid during pregnancy and lactation.

**Adverse reactions** Diarrhoea, dizziness, rash, tiredness. Rarely, mild gynaeomastia, reversible liver damage, confusional states (usually in the elderly or very ill), interstitial nephritis, acute pancreatitis. 23.3.81.



Smith Kline & French Laboratories Limited, Welwyn Garden City, Hertfordshire AL7 1EY. © 1981 Smith Kline & French Laboratories Limited  
'Tagamet' is a trade mark

TG.AD41



**Can De-Nol.....  
heal peptic ulcers as  
effectively as cimetidine  
with a lower relapse rate,  
an established safety  
record and at an  
economic price?**

# De-Nol

**Tripotassium dicitrato bismuthate.**

# can.

For further information contact:

**Brocades (Great Britain) Ltd**  
Brocades House, Pyrford Road West Byfleet  
Surrey KT14 6RA. Telephone: Byfleet 45536.

**References** Kang, J.Y. & Piper, D.W., *Aust. N.Z. Med.*, **10**, 111 (1980). Tanner et al. *Med. J. Aust.*, **1**, 1-2 (1979). Cowen et al. *Aust. N.Z. Med.*, **10**, 364-365 (1980). Martin et al, *Lancet*, 3rd January 1981, 7-10. Martin, D.F., *Mod. Med.*, April 1980.

De-Nol contains 120mg tri-potassium di-citrato bismuthate (as  $\text{Bi}_2\text{O}_3$ ) per 5ml. For the treatment of gastric and duodenal ulcers. Oral administration, usually 5ml diluted with 15ml water four times a day on an empty stomach, half an hour before each of the three main meals and two hours after the last meal of the day. Contra-indicated theoretically in cases of severe renal insufficiency and in pregnancy. De-Nol may inhibit the efficacy of orally administered tetracyclines. Blackening of the stool usually occurs and darkening of the tongue has been reported. 28 day (560ml) treatment pack £10.19 P/L No. 0166/5024.

#### Indications

intravenous sedative cover before and during unpleasant surgical and medical procedures

#### Dosage

0.2 mg/kg body weight. The usual adult dose is 10-20 mg but more may be needed on occasions. In elderly patients half the usual adult dose.

#### Administration

With the patient in the supine position, the injection should be given slowly (0.5 ml Valium Roche ampoule solution per half minute) into a large vein of the antecubital fossa until the patient becomes drowsy, his speech becomes slurred and there is ptosis. He should still be able to respond to requests. Provided these conditions for administration are adhered to the rare possibility of hypotension or apnoea occurring will be greatly diminished. A second person should be present and resuscitation facilities should be available.

#### Precautions and side-effects

Patients should not be allowed to leave the surgery until one hour at least has elapsed from the time of injection and should always be accompanied by a responsible adult, with a warning not to drive or operate machinery for the rest of the day and to avoid alcohol. In patients with organic cerebral changes or with cardiorespiratory insufficiency IV injections of Valium Roche should not be employed unless in an emergency or in hospital if indicated and then should be given slowly and in reduced dosage. The possibility of intensified sedative effects and severe respiratory and cardiovascular depression should be considered if central depressant drugs are given, particularly by parenteral route, in conjunction with Valium Roche for Injection. Valium Roche should not be given in early pregnancy unless absolutely indicated. Intravenous injection may be associated with local reactions, including thrombophlebitis.

#### Presentation

Ampoules containing 10 mg diazepam in 2 ml and 20 mg in 4 ml, in packings of 10.

#### Product Licence Numbers

0031/0068 (ampoules 10 mg)  
0031/5128 (ampoules 20 mg)

#### Basic NHS Cost

Ampoules 10 mg x 10 £2.44  
20 mg x 10 £3.61

#### References

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# Intravenous Valium Roche



## the preferred sedative for gastro-intestinal endoscopy

Vast would be an apt description of the experience with intravenous Valium Roche in gastro-intestinal endoscopy – an experience which covers the range of procedures and patients of all age groups.\* Endoscopy without premedication is for many patients an unpleasant experience.<sup>1</sup> Intravenous Valium Roche sedation improves patient acceptance without impairing their ability to co-operate. Keeping medication to a minimum is particularly important for out-patients<sup>2</sup> and avoidance of analgesics leads to faster recovery times.<sup>3</sup> In certain circumstances where prolonged intubation is required or pain from an operative procedure likely, the addition of a narcotic analgesic such as pethidine may be desirable.<sup>4</sup> Neuroleptanalgesia has also been used to good effect with intravenous Valium Roche.<sup>5</sup> The amnesic effect of intravenous Valium Roche undoubtedly contributes to the excellent acceptance by patients and their willingness to undergo repeat procedures.<sup>6</sup> The shortness of the amnesic effect is a boon for the operator too when treating out-patients. Age is no barrier to intravenous Valium Roche sedation for gastro-intestinal endoscopy.\* Whether the patient is six weeks or 103-years-old favourable results have been obtained.<sup>7</sup> This is true also for many poor-risk patients including those with liver disease in whom intravenous Valium Roche has been extensively used.<sup>8-10</sup> The dosage must, of course, be adjusted to the patient's needs and the necessary precautions observed.

\*Annotated bibliography of references available on request.

# Intravenous Valium Roche

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