

NEW FROM PHARMACIA

# Phadebas IsoAmylase Test

ACHIEVE THE FULL DIAGNOSTIC  
BENEFITS OF MEASURING  
TISSUE-SPECIFIC  $\alpha$ -AMYLASE.

Phadebas<sup>®</sup> IsoAmylase Test provides a method for differentiating between pancreatic type isoamylases and isoamylases from other tissues. In clinical situations this test

- gives a result that reflects only pancreatic  $\alpha$ -amylase activity
- gives information even when the total  $\alpha$ -amylase level is normal or slightly elevated
- supports the diagnosis of acute pancreatitis in patients with abdominal pain
- provides information in chronic pancreatitis and cystic fibrosis

- provides a time course of chronic pancreatitis by serial analysis
- rules out that a high post operative total  $\alpha$ -amylase level is a result of pancreatic involvement
- indicates if the pancreas is involved in mumps



**Pharmacia (G.B.) Limited**  
Prince Regent Road Hounslow  
Middlesex TW3 1NE  
01-572 7321

Please send full information on Phadebas IsoAmylase Test

Name \_\_\_\_\_  
Establishment \_\_\_\_\_  
Address \_\_\_\_\_

**Pharmacia (G.B.) Limited**  
Prince Regent Road  
Hounslow  
Middlesex  
TW3 1NE

# new books from Blackwell

## Diseases of the Liver and Biliary System

Sheila Sherlock DBE, FRCP. Sixth Edition, April 1981. 640 pages, 406 illustrations. £24.00

Such exciting and fundamental advances have taken place since publication of the fifth edition that the book has been virtually rewritten. Outmoded views have been replaced by fresh concepts and the emphasis is on the latest techniques in investigation and treatment. As a result of vigorous pruning the book is now shorter but it contains 151 new illustrations and several hundred new references.

## Practical Handbook of Liver Disease

David R. Triger MA, BMBCh, DPhil, FRCP. Summer 1981. 208 pages, 12 illustrations. About £12.50

With a firm emphasis on clinical instruction, this text provides a guide to the practical aspects of the management, diagnosis and treatment of liver conditions, together with an up-to-date account of the developments in the field of liver disease. Although useful to the specialist gastroenterologist and hepatologist, the bias is towards providing a clinical account for the general physician.

## The Practice of Biliary Surgery

G.A. Kune MBBS, FRACS, FRCS, FACS and A. Sali MBBS, PhD, FRACS. Second Edition, 1980. 478 pages, 276 illustrations. £32.50

Since the publication of the first edition of this book, considerable advances have been made in the diagnosis and treatment of biliary tract conditions; recent developments have greatly improved existing techniques and made them safer; new equipment has increased the accuracy of radiological diagnosis. These, and many other areas are covered in detail for the practising surgeon, physician, gastroenterologist and radiologist.

## The Clinical Diagnosis of Gastrointestinal Disease

Edited by A. Kerr Grant MB, BS, FRACP and A.P. Skyring MB, BS, FRACP. 1981. 432 pages, 134 illustrations. £18.50

This approach to clinical diagnosis investigates the effectiveness of current diagnostic techniques. The text instructs the reader in the refining of diagnostic procedures as well as giving the disease processes.

## Clinical Radiology in Gastroenterology

C.I. Bartram MB, MRCP, FRCR and Parveen Kumar MD, MRCP. Summer 1981. 216 pages, 425 illustrations. About £21.50

The book analyses the role of radiology, including ultrasound and CT scanning, in disorders of the gastrointestinal tract, liver and pancreas. The radiological findings are discussed and illustrated with many clear line diagrams and the emphasis throughout expresses the value of radiological investigation of gastrointestinal problems.

## Clinical Investigation of Gastrointestinal Function

M.C. Bateson MD, MRCP and I.A.D. Bouchier MD, FRCP. Second Edition, Summer 1981. 240 pages, 13 illustrations. Paper, about £9.50

## Practical Gastrointestinal Endoscopy

P.B. Cotton MD, FRCP and C.B. Williams BM, FRCP. 1980. 200 pages, 233 illustrations. £13.50

## Topics in Gastroenterology: 8

Edited by S.C. Truelove MA, MD, FRCP and H.J. Kennedy MB, BS, MRCP. 1981. 384 pages, 29 illustrations. Paper, £16.00




# 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 Ciliofoam. Treatment should be administered with caution in patients with severe ulcerative diseases because of their predisposition to perforation.



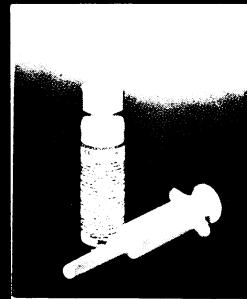
For many years the retention enema has been the best way to get topical steroid therapy into the rectum and distal colon to relieve inflammatory bowel disease. Thousands of colitis sufferers are familiar with its benefits – and also its drawbacks, mainly the sheer inconvenience and discomfort of administering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

the bowel wall. Safety during pregnancy has not been fully established. **Pharmaceutical precautions** Do not refrigerate, incubate or puncture the aerosol can. Shake vigorously before use. Keep out of reach of children. **Package quantities** Aerosol canister containing 20g (14 applications) plus a plastic applicator and illustrated leaflet. 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. **Product Licence No.** 0036/0021 **Basic NHS Cost** £7.58. \*Clark ML Practitioner 1977, 219–103.

Further information is available on request  
**Stafford-Miller Ltd., Professional Relations Division, Hatfield, Herts. AL10 0NZ**

# 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.

#### 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

- 1 Brit med J. 1976, 2, 20
- 2 Brit. J Hosp Med. 1976, 16, 7
- 3 Scand J Gastroent. 1979, 14, 747
- 4 Scand J Gastroent. 1978, 13, 33
- 5 Gut. 1976, 17, 655
- 6 Brit. J Hosp Med. 1971, 6 (Suppl.), 52
- 7 Amer J Gastroint. 1976, 66, 523
- 8 Amer J med Sci. 1974, 267, 151
- 9 Gut. 1976, 17, 975
- 10 Advanced Medicine. 1978, No 14, p19

ROCHE

Roche Products Limited  
PO Box 8, Welwyn Garden City  
Hertfordshire AL7 3AY

Valium is a trade mark  
J954199/780

# Intravenous Valium Roche

diazepam

where experience  
counts

When  
heartburn  
has to stop

# PYROGASTRONE

carbenoxolone/magnesium trisilicate/dried aluminium hydroxide gel

## positive healing power

### 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.<sup>1,2</sup>

### 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.<sup>1,2</sup>

For the treatment of oesophageal inflammation, erosions and ulcers due to hiatus hernia or other conditions causing reflux and for the relief of heartburn, flatulence and other symptoms associated with reflux oesophagitis. Each tablet contains:— Carbenoxolone Sodium B.P. 20 mg Magnesium Trisilicate B.P. 60 mg Dried Aluminium Hydroxide Gel B.P. 240 mg in a base containing Sodium Bicarbonate B.P. 210 mg and Alginate Acid B.P.C. 600 mg. Adult Dosage. One to be chewed immediately after meals, three times a day and two to be chewed at bedtime. Supplied in cartons of 100. PL 0071/0138 Basic N.H.S. Cost: One day's treatment 64p. (5 tablets). Pyrogastrone should not be prescribed for patients suffering from severe cardiac, renal or hepatic failure. It should not be given to patients on digitalis therapy unless serum electrolyte levels are monitored weekly and measures taken to prevent the development of hypokalaemia. 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 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, Bit. Pat. No. 1390683.

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

WINTHROP

KEY  MED

Now we have something  
to make **YOU**  
feel better!



Write for details **NOW!**

KEY  MED

KeyMed House, Stock Road, Southend-on-Sea, SS2 5QH, England.  
Telephone: 0702 616333. Telegrams: KEYMED. Telex: 995283.



# **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**

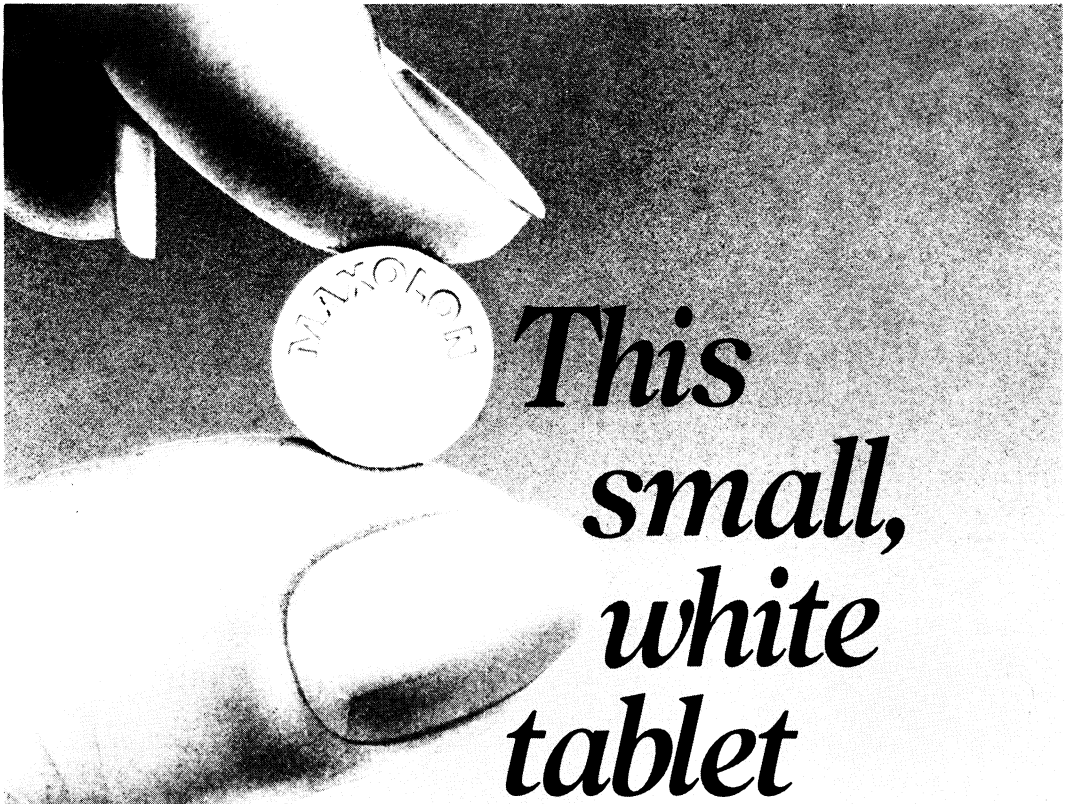
carbenoxolone

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.



*This  
small,  
white  
tablet  
relieves flatulence,  
heartburn, nausea  
and vomiting.*

# **Maxolon**

metoclopramide

Further information is available on request to the company.



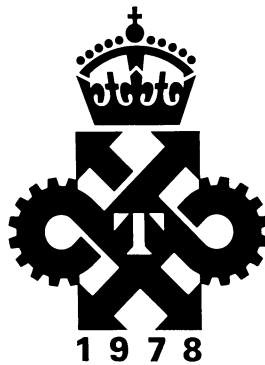
**Beecham Research Laboratories**

Brentford, England A branch of Beecham Group Limited

Maxolon and the BRL logo are trade marks.

BRL 4027

# A Mark of Recognition



Two years ago, Smith Kline and French Research Institute received the Queen's Award for Technological Achievement resulting from H<sub>2</sub> receptor antagonist research and the development of cimetidine.

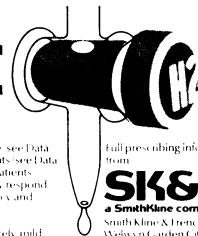
Since it became generally available over three years ago, 'Tagamet', by its unique action in reducing gastric acid, has revolutionised the treatment of disorders such as duodenal ulcer, benign

gastric ulcer and reflux oesophagitis, where acid plays a part.

For many patients it has brought a new standard of pain relief and healing. In the United Kingdom alone 'Tagamet' has been prescribed for an estimated one million patients.

# Tagamet

cimetidine



**PRESCRIBING INFORMATION**

**Presentations**

'Tagamet' Tablets (P1000) 200mg (each containing 200mg cimetidine) 100 (35.27 x 80) (64 x 7) 'Tagamet' Syrup (P1000) 200 (containing 200mg cimetidine per 5ml syrup) 200ml (26.29)

**Indications**

Duodenal ulcer benign gastric ulcer reflux oesophagitis.

**Dosage**

Duodenal ulcer: Adults: 200mg tds 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. Benign gastric ulcer: Adults: 200mg tds with meals and 400mg at bedtime. 10g/day, for at least 6 weeks, for full instructions see Data Sheet. Reflux oesophagitis: Adults: 400mg tds with meals and 400mg at bedtime. 10g/day, for 4-6 weeks.

**Cautions**

Impaired renal function: reduce dosage (see Data Sheet). Potential of oral anti-coagulants (see Data Sheet). Prolonged treatment: observe patients periodically. Malignant gastric ulcer may respond symptomatically. Avoid during pregnancy and lactation.

**Adverse reactions**

Diarhoea, dizziness, rash, tiredness, headache, mild gynaecomastia, reversible liver damage, confusion, states usually in the elderly or very ill, interstitial nephritis.

Full prescribing information is available from:



a SmithKline company

SmithKline & French Laboratories Limited, Welwyn Garden City, Hertfordshire AL7 1JY. Telephone: Welwyn Garden City 25111.

'Tagamet' is a trade mark.

© Smith Kline & French Laboratories Limited 1980

# SURGICARE System 2

Trademark

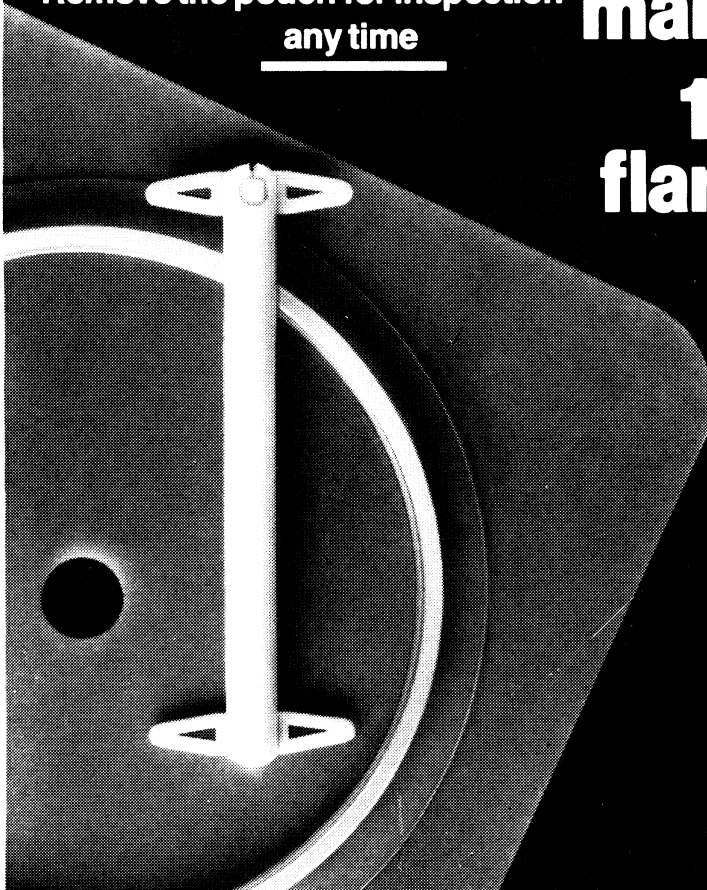
# Now!

for the **big** problems of stoma and fistula management

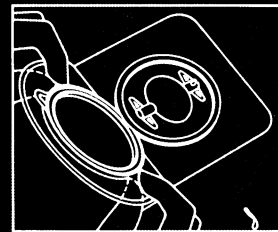
Protect the skin all the time

Remove the pouch for inspection any time

## 100 mm flange



So practical



### Squibb Surgicare Limited

141-149 Staines Road  
Hounslow Middlesex TW3 3JB  
Telephone 01-572 7422  
Made in England  
Authorised user of the trademarks

Please send for further information

GUT ST/FIS

Name

Address

No stamp required/address to **Squibb Surgicare Limited** Freepost TK245  
Squibb House 141-149 Staines Road Hounslow Middlesex TW3 3JB

BLOCK CAPITALS



**NUROLON Braided Polyamide 66.**

The synthetic suture that handles  
with ease.

Yet, it will deliver all the advantages  
you expect from a synthetic.

Compared to silk, there's less tissue  
reaction. This is an advantage in intestinal  
anastomosis and aids fine scars in skin  
healing.

Stronger than silk in tissue, it ensures  
long-term support in herniorrhaphy.

**ETHICON**

ETHICON Ltd., P.O. Box 408, Bankhead Avenue, Edinburgh EH11 4HE, Scotland.

Reporting investigative physiology, metabolic studies and clinical work

# Digestion

International Journal of Gastroenterology

*Digestion is a leading medical journal publishing research reports on diseases and pathophysiology of the gastrointestinal tract, liver and pancreas and on gastrointestinal endocrinology. Papers cover investigative physiology in humans and animals, metabolic studies, and extensive clinical work on the etiology, diagnosis, and therapy of human diseases. The journal's coverage of studies on the metabolism and effects of therapeutic drugs carries considerable value for clinicians and investigators beyond the immediate field of gastroenterology.*

Editor-in-Chief  
W. Creutzfeldt, Göttingen

- Appears monthly in issues of 56 pages
  - 2 annual volumes contain 6 issues each
  - Language of publication: English
  - No book reviews
  - ISSN 0012-2823
  - Subscription rates  
Institutions: SFr. 196.- / DM 220.- / US \$ 112.00 per volume  
Individuals: SFr. 137.20 / DM 154.- / US \$ 78.40 per volume
- All rates include postage

## Vol. 21, No. 2, 1981

### Original Papers

- A Study of the Effect of Antral Distension on Gastric Acid Secretion in Man  
Schöön, I.-M.; Lundqvist, G.; Rehfeld, J.F., and Olbe, L. (Göteborg/Uppsala/Aarhus)
- Antinuclear and Pancreatic Acinar Cell Antibodies in Pancreatic Diseases  
Lankisch, P.G.; Koop, H.; Seelig, R., and Seelig, H.P. (Göttingen/Karlsruhe)
- Effect of Coffee on Human Lower Oesophageal Function  
Salmon, P.R.; Fedail, S.S.; Wurzner, H.P., Harvey, R.F., and Read, A.E. (Bristol/Orbe)
- Influence of Short- and Long-Term Feeding of an  $\alpha$ -Amylase Inhibitor (BAY e 4609) on the Exocrine Pancreas of the Rat  
Fölsch, U.R.; Grieb, N.; Caspary, W.F., and Creutzfeldt, W. (Göttingen)
- Effect of Pancreatic Duct Ligation on the Hamster Intestinal Mucosa. Variation of Several Hydrolases  
Senegas-Balas, F.; Balas, D.; Bouisson, M., and Ribet, A. (Toulouse/Limoges)
- The Role of Catecholamines in the Control of Gastrin and Acid Secretion during Insulin Hypoglycaemia in Man  
Järhult, J., Hamberger, B.; Lanthén, G.; Ors, M., and Uvnäs-Wallensten, K. (Lund/Stockholm)
- In vitro* Inhibition of Rat Intestinal Surface Hydrolysis of Disaccharides and Dipeptides by Guaran  
Elsenhans, B.; Süfke, U.; Blume, R., and Caspary, W.F. (Göttingen)
- Bombesin Delays Gastric Emptying in the Rat  
Scarpignato, C. and Bertaccini, G. (Parma)

### Case Reports

- Primary Intestinal Lymphangiectasia. Case Report with Radiol  
Bujanover, Y.; Liebman, W.M.; Goodman, J.R., and T  
Hymenolepiasis: an Unusual Cause of Diarrhoea in Wester  
Cooper, B.T.; Hodgson, H.J.F., and Chadwick, V

1981: Volumes  
21 and 22



**KARGER**

S. KARGER AG, BASEL  
P.O. Box, CH - 4009 Basel  
(Switzerland)

Enter subscription 1981 Digestion (ISSN 0012-2823)

Individual

Institutional

Please send sample copy

Name \_\_\_\_\_

Address \_\_\_\_\_

City/Postal code \_\_\_\_\_

State/Country \_\_\_\_\_

Member of \_\_\_\_\_

# SCANDINAVIAN JOURNAL OF Gastroenterology

## CONTENTS

Volume 15, No 6, September 1980

Review: <i>The Role of Phospholipase A in Acute Pancreatitis</i> T. J. Nevalainen	641
<i>Progression of Gastritis at a Population Level. Comparison of a Long-Term Follow-up with Stochastic Analysis of Cross-Sectional Data</i> M. Kekki, T. Ihamäki, M. Saukkonen, K. Varis & M. Siurala	651
<i>Serum Cholic and Chenodeoxycholic Acid Conjugates and Standard Liver Function Tests in Various Morphological Stages of Alcoholic Liver Disease</i> P. Tobiasson & B. Boeryd	657
<i>Spino-Vagal Nonadrenergic Inhibition of Gastric Motility Elicited by Abdominal Nociceptive Stimulation in the Cat</i> H. Glise & H. Abrahamsson	665
<i>Reflex Adrenergic Inhibition of Gastric Motility by Nociceptive Intestinal Stimulation and Peritoneal Irritation in the Cat</i> H. Glise, B.-O. Lindahl & H. Abrahamsson	673
<i>Crohn's Disease of the Duodenum</i> P. J. Frandsen, S. Jarnum & J. Malmstrøm	683
<i>Sclerosing Cholangitis in Ulcerative Colitis</i> E. Schruppf, K. Elgjo, O. Fausa, E. Gjone, F. Kolmannskog & S. Ritland	689
<i>Correlation between Exocrine Pancreatic Secretion and Serum Concentration of Human Pancreatic Polypeptide in Chronic Pancreatitis</i> B. N. Andersen, C. Hagen, H. C. Klein, F. Stadil & H. Worning	699
<i>Gray-Scale Ultrasonography and Jaundice</i> I. Suramo, S. Hyvärinen & M. Kairaluoma	705
<i>Effect of Arginine Infusion on Endogenous Pancreatic Glucagon and Gastric Acid Secretion in Duodenal Ulcer Patients and Normal Subjects</i> F. B. Loud, P. Kirkegaard, J. Christiansen & J. J. Holst	711
<i>The Effect of Topical N-Acetyl-5-Aminosalicylic Acid in Ulcerative Colitis</i> C. P. Willoughby, J. Piris & S. C. Truelove	715
<i>Prognostic Value of the Pentagastrin and Insulin Tests after Proximal Gastric Vagotomy</i> M. Hauer-Jensen, E. Carlsen & L. S. Semb	721
<i>Exocrine Pancreatic Function, Fecal Fat, and Blood Glucose in Patients with Pancreatitis</i> P. Rolny & R. Jagenburg	727
<i>High Incidence of Extrahepatic Carcinomas in Idiopathic Hemochromatosis</i> R. W. Ammann, E. Müller, J. Banský, G. Schüller & W. H. Häcki	733
<i>Morphological and Histochemical Changes in the Mucosa of the Continent Ileostomy Reservoir 6-10 Years after its Construction</i> L. O. Nilsson, N. G. Kock, I. Lindgren, H. E. Myrvold, B. M. Philipson & C. Åhrén	737
<i>Effect of Cimetidine Treatment on Parietal and Chief Cell Sensitivity to Histamine and on Catabolism of Histamine in Duodenal Ulcer Patients</i> E. Aadland, A. Berstad & G. Granerus	749
<i>Somatostatin and Gastrin Release from Canine Stomach</i> H. Koop, E. F. Coelle, C. McIntosh, T. Degenhardt, H. D. Becker, R. Arnold & W. Creutzfeldt	755
<i>The Fine Structure of Colonic Submucosal Nerves in Patients with Chronic Laxative Abuse</i> J. F. Riemann, H. Schmidt & W. Zimmermann	761

Abstract in *Excerpta Medica*  
Indexed in *Current Contents*

ISSN 0036-5521

Annual subscription (eight issues per year) N.kr. 500,-/US\$100.00

Publisher: Universitetsforlaget, P.O. Box 2959 Tøyen, Oslo 6, Norway.

U.S. address: P.O. Box 258, Irvington-on-Hudson, NY 10533, USA.