

**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:

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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 Bi_2O_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.


The Old Retainer



Time to say Goodbye?

Presentation White to off-white oval tablet containing 100 mg of salicylic acid. **Uses** Anti-inflammatory and analgesic therapy for the topical treatment of rheumatoid arthritis, bursitis, tendinitis, and granulation tissue. **Dosage and administration** Apply the ointment to the site of the lesion 2 or 3 times daily for two or three weeks, or every second day thereafter. Shake jar vigorously before use. Illustration of a tablet on insert only. **Response** Local response usually within

five to seven days. **Contra-indications and Warnings, etc.** Local contra-indications to the use of this product include: 1) local abrasion, abrasion, perforation, or peeling; 2) fresh lacerations, ruptures, infections, and 3) acute pyoderma. **Precautions** Avoid contact with eyes and mucous membranes. **Adverse reactions** Local irritation and allergic reactions. **How to use** Apply to the site of the lesion 2 or 3 times daily for two or three weeks, or every second day thereafter. Shake jar vigorously before use. Illustration of a tablet on insert only. **Response** Local response usually within



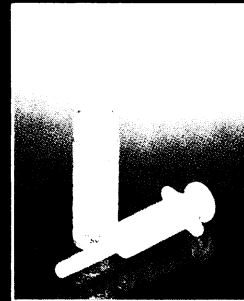
For many years the retention enema has been the best way to get topical steroid therapy into the rectum and distal colon to relieve inflammatory bowel disease. Thousands of colitis sufferers are familiar with its benefits – and also its drawbacks, mainly the sheer inconvenience and discomfort of administering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

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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.

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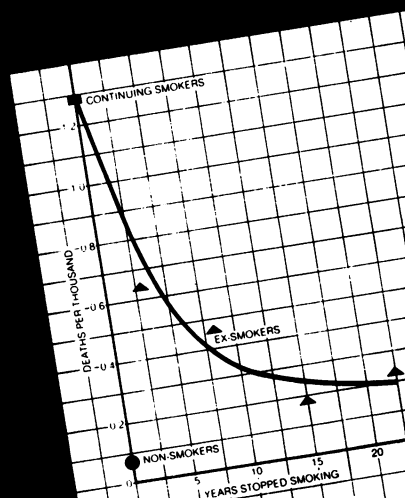
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Edited by **John R Bennett**, Consultant Physician, Hull Royal Infirmary

This title describes the operative techniques which may be carried out through flexible fiberoptic endoscopes or by instruments guided under radiological control. Each chapter is written by an expert in the field and gives detailed information on the procedures involved. The book is of particular value to physicians and surgeons working in gastroenterology, and also of interest to radiologists concerned with gastrointestinal investigation and therapy.

April 1981 240 x 159 mm 272 pp illustrated
Hb 0 412 22070 9 £20.00

Colonoscopy

Edited by **R H Hunt**, Department of Gastroenterology, Royal Naval Hospital, Haslar, and **J Waye**, Mount Sinai Medical School, New York

The editors present a comprehensive account of techniques and clinical practice in colonoscopy, assembled from an international body of contributors. In the first part there are chapters on technique, including fiberoptic sigmoidoscopy, and all aspects of preparation. The next chapters deal with clinical aspects of colonoscopy, including paediatric practice and the use of emergency colonoscopy. A colour atlas with 188 endoscopic images of characteristic appearances completes the book, which will be invaluable to all those involved in the diagnosis and treatment of colonic disease.

July 1981 240 x 159 mm 424 pp plus 32 pp colour plates
Hb 0 412 22710 X £30.00

Wound Healing

Thomas T Irvin, Consultant Surgeon, Royal Devon and Exeter Hospital

An authoritative account of the basic principles, current concepts and surgical management of wound healing which covers treatment techniques, materials for reparative surgery, and advice on the control and care of wound infections. Separate chapters deal with wound healing in abdominal surgery, plastic surgery, orthopaedic surgery and the management of major traumatic wounds. This title will be welcomed both by trainee surgeons preparing for professional examinations and by those already established.

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The Publisher, *Journal of Clinical Pathology*,
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WC1H 9JR

FULL PRESCRIBING DATA DESTOLIT* 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, Hour-slow, Middlesex TW5 9QY.

A subsidiary of The Dow Chemical Company

Date of Preparation: January 1981.

Destolit*
URSODEOXYCHOLIC ACID

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

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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.

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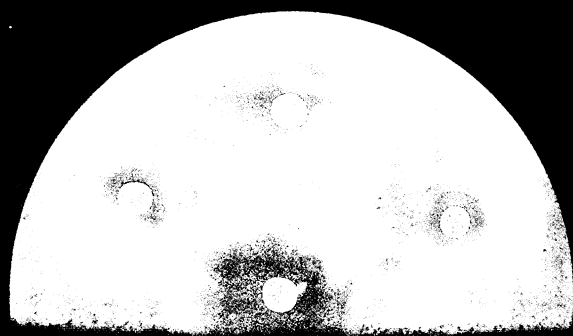
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Please clip and send to Lepetit Pharmaceuticals Limited
for Destolit information package.

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Address _____

**Combines the spectrum of
penicillin and aminoglycosides
without their restrictions in use**



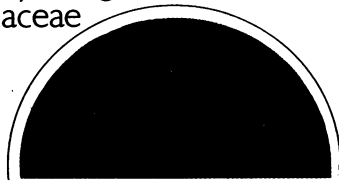
Claforan cefotaxime
the cephalosporin
with a world of difference

The new first line antibiotic

High activity

Claforan is a new highly active injectable antibiotic with exceptional beta-lactamase stability. It is the first beta-lactam antibiotic to have greater activity than gentamicin or tobramycin against coliforms, other Enterobacteriaceae and Proteus spp.

Against most gram negative species, Claforan is 100 times more active than other cephalosporins and ampicillin. And against cephalosporin-resistant species, Claforan is up to 1000 times more active than cefuroxime and cefoxitin.



Safety in renal failure

Seriously ill patients often have deteriorating renal function which poses problems in the dosing of antibiotics. With Claforan, there is no need to reduce dosage, except in very severe renal failure (creatinine clearance GFR < 5) because of increased hepatic elimination when the normal renal route becomes impaired.

Wide spectrum

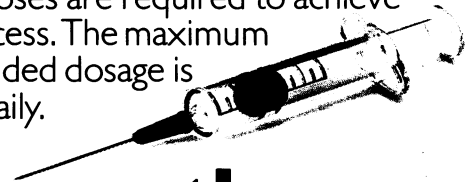
The gram negative spectrum of Claforan is unparalleled. Because of its outstanding activity against Klebsiella spp., E. coli, Haemophilus influenzae, Proteus spp. and Neisseria, the in vitro spectrum has been described as 'unique.' In addition, Claforan is the first cephalosporin to be active against Pseudomonas.

The gram positive spectrum covers Staph. aureus (including penicillin and ampicillin resistant strains) and many streptococci including Strep. pneumoniae.

The combined gram negative and gram positive spectrum of Claforan covers a wide range of clinically important organisms.

Simple dosage

A simple twice daily dosage (1 gram b.d.) is recommended in moderate infections because Claforan's high activity maintains therapeutic concentrations in body tissues and fluids. For serious infections, particularly where Pseudomonas is present or suspected, higher and more frequent doses are required to achieve clinical success. The maximum recommended dosage is 12 grams daily.



the ceph

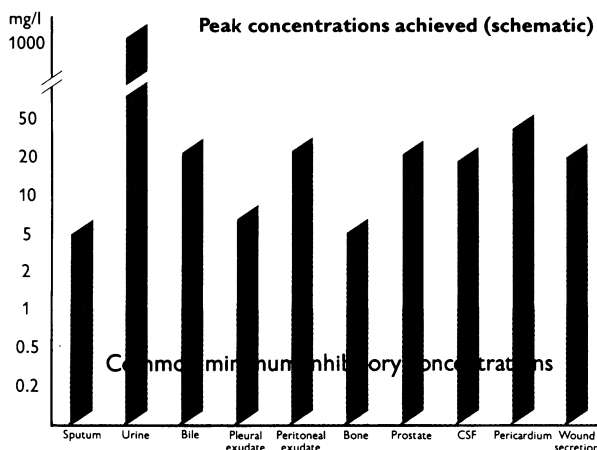
Reference 1. Hamilton-Miller, J. M. T. et al., J. Antimicrob. Chemother., 1978, 4, 437.
Presentation Vials containing 500mg, 1g or 2g of cefotaxime as cefotaxime sodium. **Indications** Infections before identification of the organism. Infections caused by bacteria of established sensitivity, including chest infections, septicaemia, urinary tract infections, soft tissue infections, obstetric and gynaecological infections, bone and joint infections, meningitis, gonorrhoea.
Dosage Claforan is administered i.m. or i.v. **Adults** Moderate infections: 1g 12-hourly. Severe infections: up to 12g daily in 3 or 4 divided doses. For infections caused by sensitive

Pseudomonas spp. doses of more than 6g daily are usually required. **Children** 100-150mg/kg/day in 2 to 4 divided doses. Up to 200mg/kg/day may be given in very severe infections.
Dosage in renal impairment Reduced dosage is only required in severe renal failure (GFR < 5 ml/min) when, after an initial loading dose of 1g, the daily dose is halved without change in frequency of dosing. **Contra-indications** Known allergy to cephalosporins.
Precautions Cephalosporin antibiotics may usually be given safely to patients who are hypersensitive to penicillins. Special care is indicated in patients who have had an anaphylactic

from Roussel

Extensive penetration

Following administration of Claforan, bactericidal levels are maintained for up to 12 hours in body tissues and fluids including serum, urine, sputum, bile, pleural exudate, peritoneal exudate, bone, prostatic tissue, pericardium and cerebrospinal fluid.



Clinical success

Claforan is probably the most widely researched antibiotic prior to introduction, with over 300 published papers, many from the United Kingdom.

Before sensitivity results...

Claforan is ideal for first line treatment because of its wide spectrum combined with high activity and excellent penetration. Life-threatening infections such as septicaemia and meningitis have shown remarkably high response rates to Claforan, even as monotherapy.

In serious gram negative sepsis...

Claforan's remarkable gram negative spectrum rapidly eradicates the causative organisms present in urinary tract, respiratory tract and other sites. Its high antibacterial activity coupled with excellent penetration provide bactericidal fluid and tissue levels over prolonged periods, making Claforan particularly suitable for treatment of gram negative infections.

Claforan

cefotaxime

alosporin with a world of difference

response to penicillin. Patients with severe renal dysfunction—see previous. Cephalosporin antibiotics at high dosage should be given with caution to patients receiving aminoglycoside antibiotics or potent diuretics such as frusemide. At recommended doses, enhancement of nephrotoxicity is unlikely with Claforan. A false-positive reaction to glucose may occur with reducing substances. Claforan should not be mixed in the syringe with aminoglycoside antibiotics. The safety of Claforan in human pregnancy has not been established. **Side effects** Adverse reactions are rare and generally mild and transient, but include diarrhoea, candidiasis,

rashes, fever, eosinophilia, leukopenia, transient rises in liver transaminase and alkaline phosphatase, transient pain at the site of injection and phlebitis. **Product licence number** 0109/0074 ▼ **Package quantities and basic N.H.S. price** Vials of 500mg, 1g and 2g in packs of 10. One day's treatment (1g b.d.) £9.00. **Date of preparation** March 1981.

Further information available from: Roussel Laboratories Ltd., Roussel House, Wembley Park, Middlesex HA9 0NF.



"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

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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 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

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PL 0038/0095 0098 5040 5041.

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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

ROCHE

response cannot be foreseen. 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

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2

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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.

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WINTHROP

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M. C. Bateson MD, MRCP and
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This practical guide to the investigation of digestive diseases has been completely revised, and contains much new material. The current role of ultrasonography and the logical investigation of pancreatic disease and chlorestatic jaundice are covered fully.

Contents: intubation; upper digestive endoscopy; gastrointestinal bleeding; oesophagus; stomach; absorption; small intestine; large intestine; pancreas; biochemistry of liver disease; liver biopsy and radiology; gallbladder; ascites; stool microscopy and culture.

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C. I. Bartram MB, MRCP, FRCR and
Parveen Kumar MD, MRCP.
August 1981. 288 pages, 425 illustrations.
£16.00

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.

Contents: techniques of radiological evaluation; oesophagus; stomach and duodenum; small bowel; large bowel; pancreas; liver; biliary tract and jaundice; gastrointestinal haemorrhage; the 'acute' abdomen.

Blackwell Scientific Publications

Gastrointestinal and Related Hormones

The Proceedings of a Symposium organised by The Association of Clinical Pathologists

Edited by G. Walters and S. R. Bloom

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