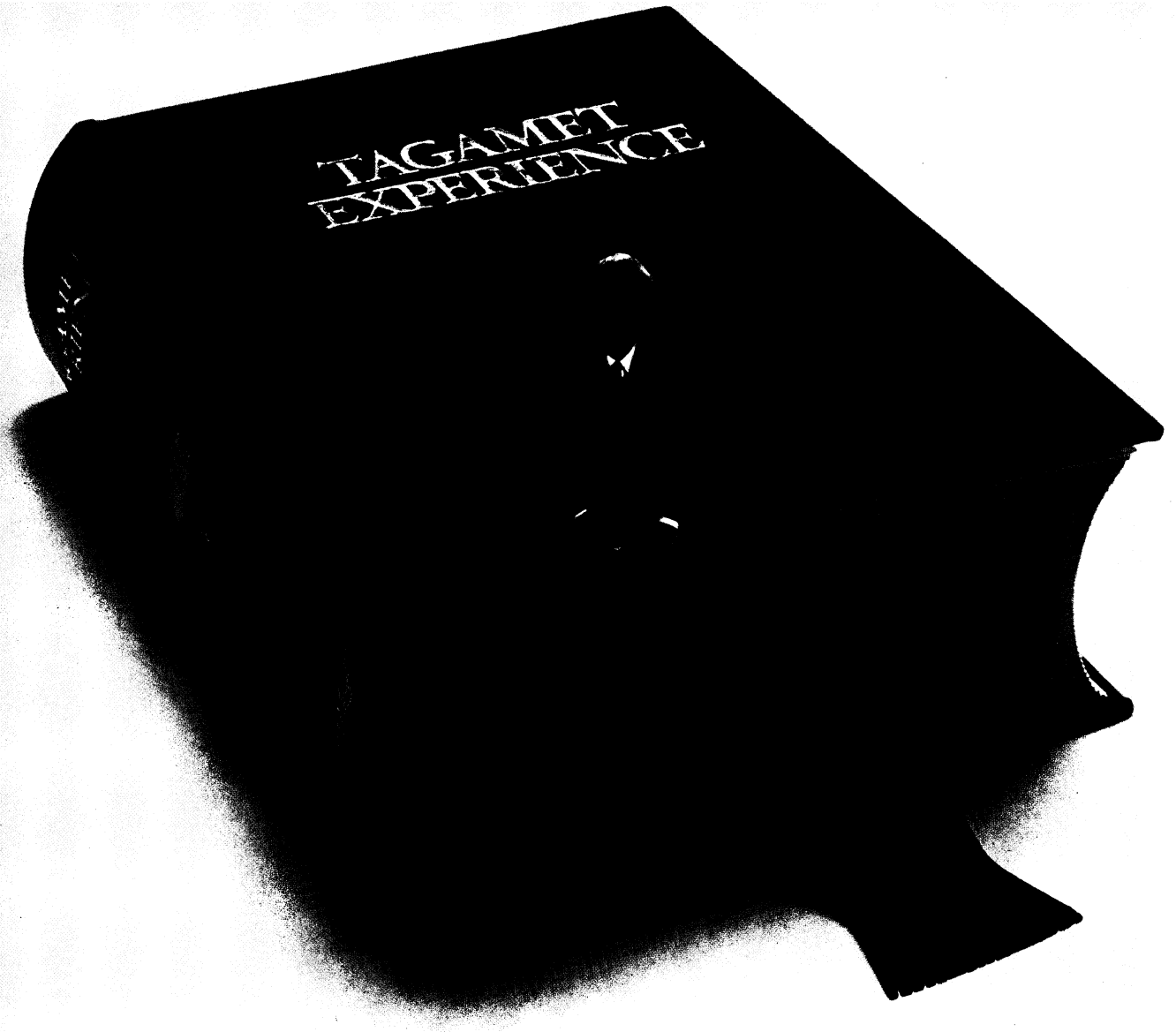


Confident prescribing demands a solid basis

Your decision to prescribe 'Tagamet' is supported by more than just highly effective therapy. Since its introduction in 1976 'Tagamet' has generated more experience than most other standard therapies.

Your patient is probably not concerned that he is just one of an estimated 15,000,000 who have now been treated with 'Tagamet' worldwide; that the use of 'Tagamet' is being systematically monitored on a scale probably larger than that of any other drug; nor that nearly 4,000 publications reflect the status of 'Tagamet' as one of the most widely studied drugs in medical history.

All of these facts determine your confidence when you decide to prescribe 'Tagamet'.

Your patient's concern is simply that it works.

Tagamet
cimetidine

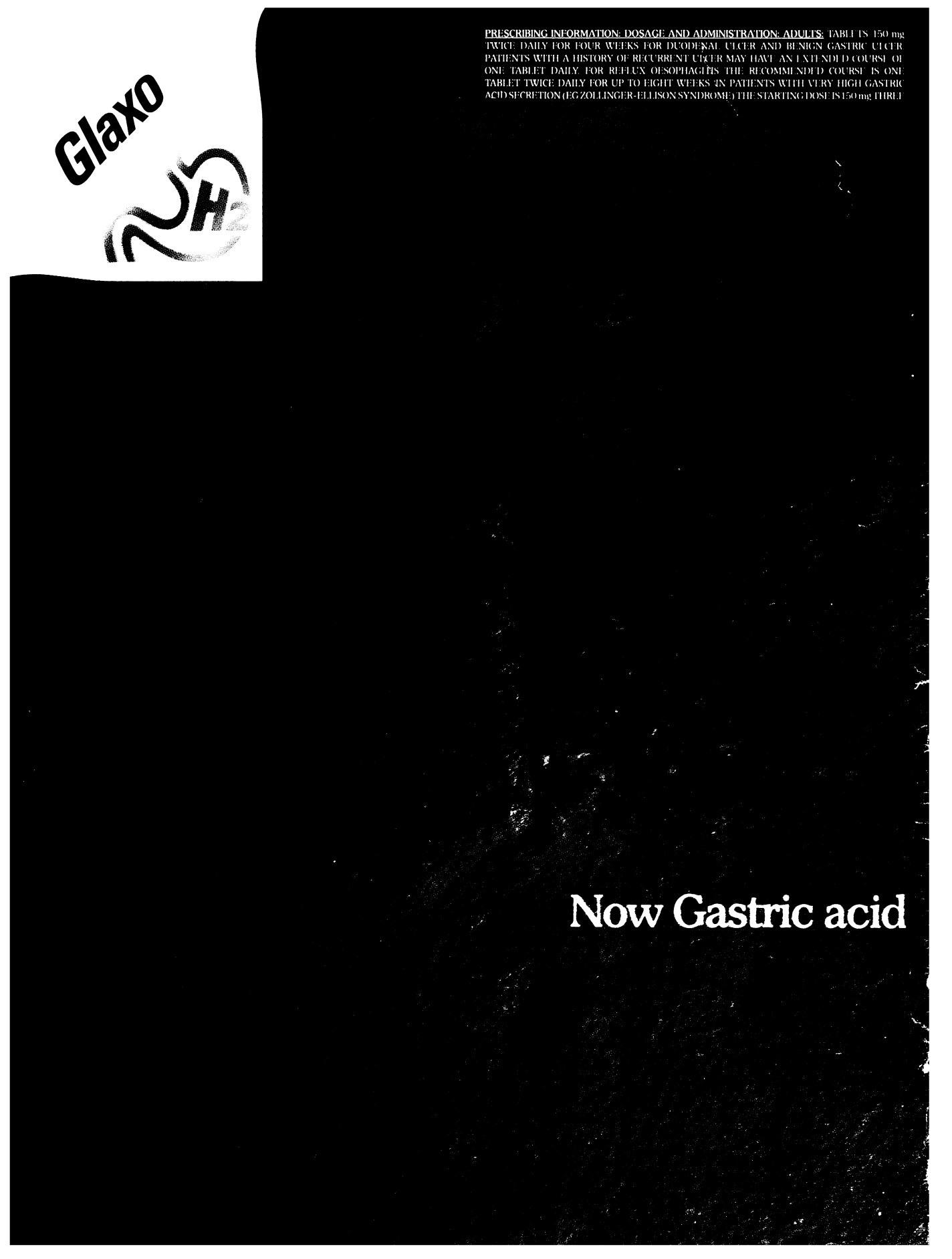
puts you in control of gastric acid

Prescribing Information
Presentation 'Tagamet' Tablets, PL 0002/0063, each containing 200 mg cimetidine. 112 (treatment pack), £14.51; 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, 400 mg b.d., with breakfast and at bedtime, or 200 mg t.d.s. with meals and 400 mg at bedtime (1.0 g/day) for at least 4 weeks (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 phenytoin (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 gynaecomastia, reversible liver damage, confusional states (usually in the elderly or very ill), interstitial nephritis, acute pancreatitis.
Legal category POM. 1:2:82.

Glaxo

H_2

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. FOR REFLUX OESOPHAGITIS THE RECOMMENDED COURSE IS ONE TABLET TWICE DAILY FOR UP TO EIGHT WEEKS IN PATIENTS WITH VERY HIGH GASTRIC ACID SECRETION (EG ZOLLINGER-ELLISON SYNDROME) THE STARTING DOSE IS 150 mg THREE



Now Gastric acid

TIMES DAILY AND THIS MAY BE INCREASED, AS NECESSARY, TO WITHIN THE RANGE 600 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 OBSERVED 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_2-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.

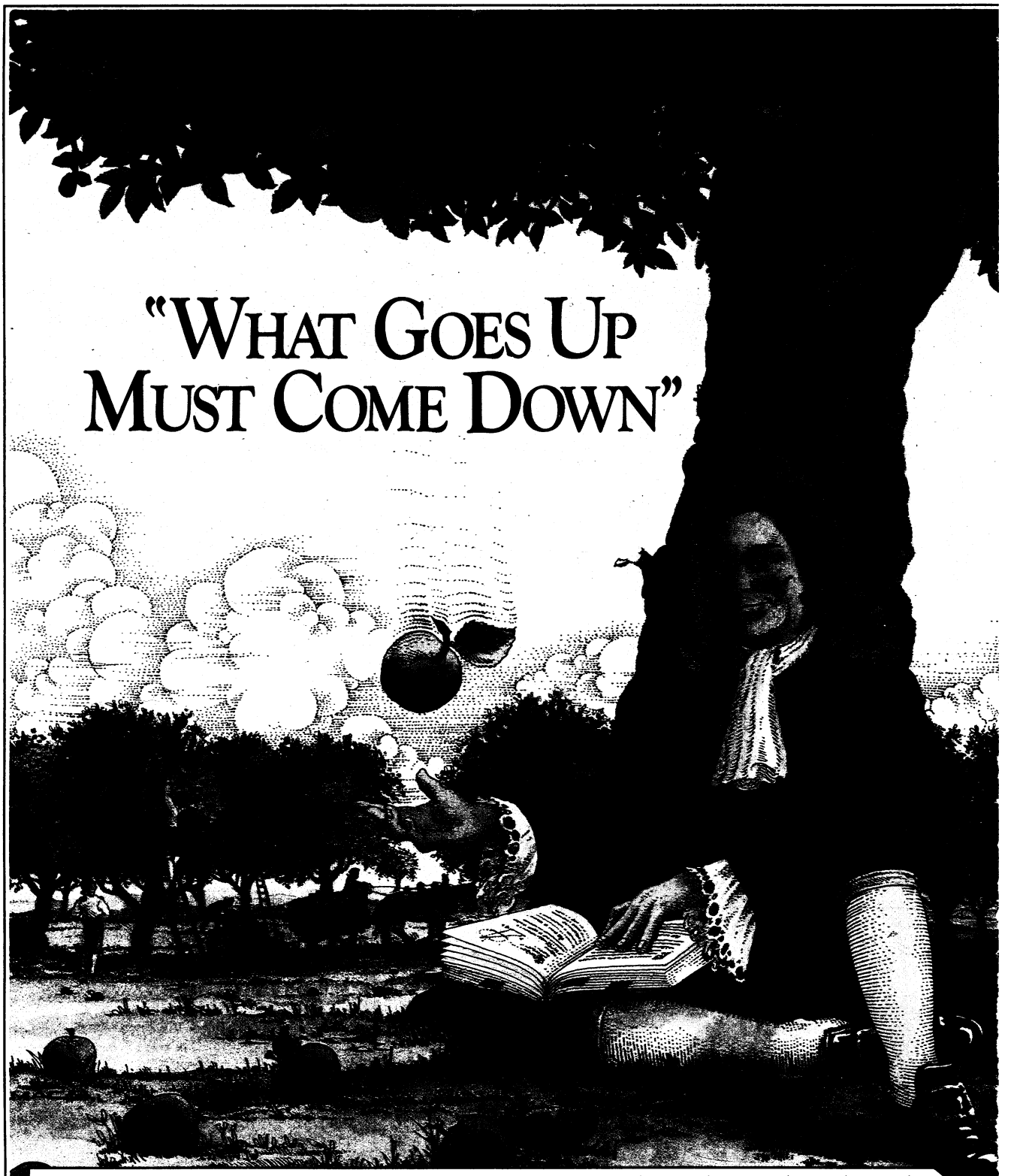
Zantac Injection ampoules are also available, containing 50 mg ranitidine in 5 ml for intravenous injection or infusion, for use in acute cases where oral therapy is inappropriate.

has a new H_2 blocker to worry about.

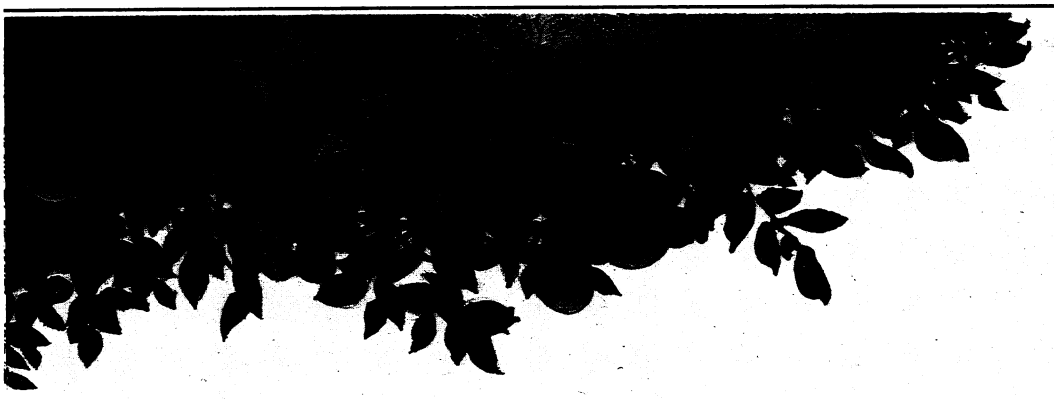
Zantac

RANITIDINE

"WHAT GOES UP MUST COME DOWN"



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 the bowel wall. Safety during pregnancy has not been fully established. Pharmaceutical



WRONG.

Isaac Newton got it wrong. At least as far as COLIFOAM is concerned.

In a comparative trial (Ruddell WSJ et al. Gut 1980; 21:885) involving 30 patients with distal colitis: "Eight patients in the enema group reported difficulty in retaining the treatment, whereas none of the 15 patients receiving the foam [COLIFOAM] experienced any difficulty,..."

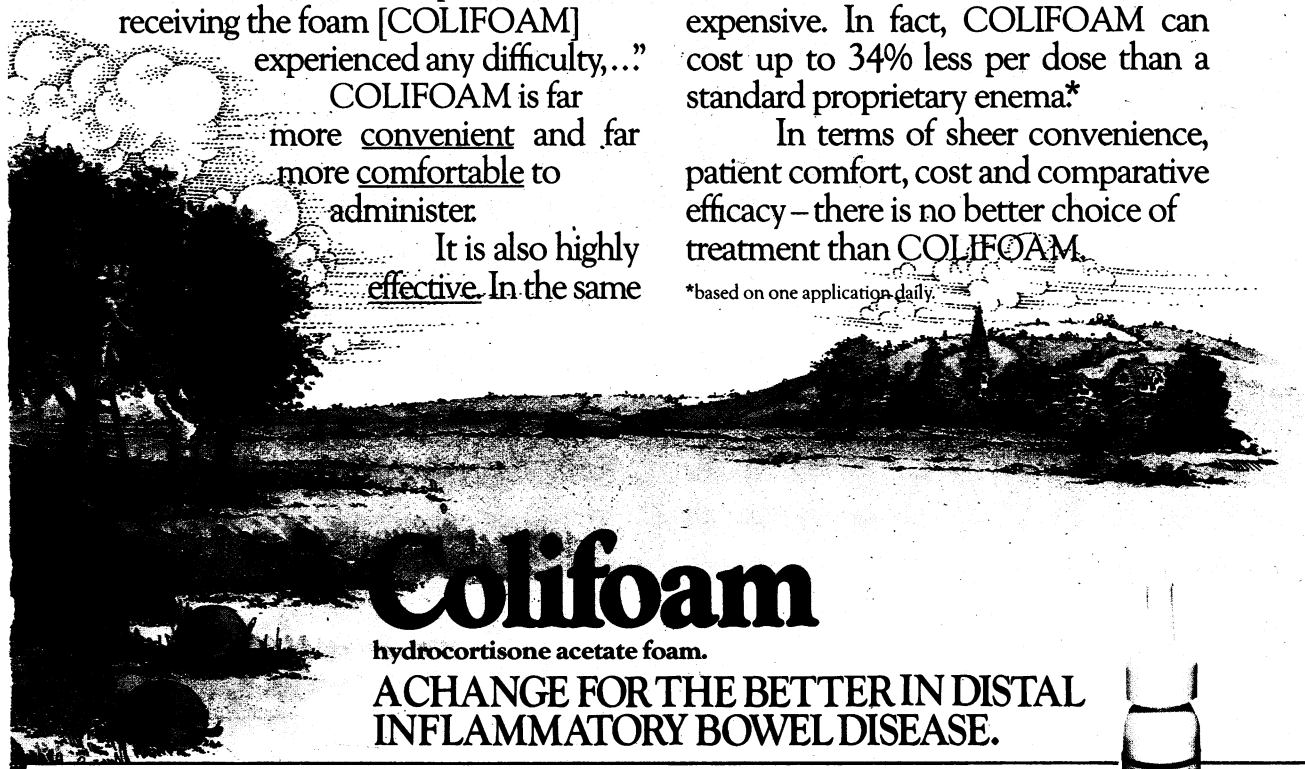
COLIFOAM is far more convenient and far more comfortable to administer.

It is also highly effective. In the same trial, COLIFOAM was shown to provide a slightly better objective improvement. The patients themselves reported an extremely significant preference ($p.<0.05$) for the modern COLIFOAM treatment.

Surprisingly, these superior benefits do not mean that it is more expensive. In fact, COLIFOAM can cost up to 34% less per dose than a standard proprietary enema.*

In terms of sheer convenience, patient comfort, cost and comparative efficacy – there is no better choice of treatment than COLIFOAM.

*based on one application daily.



Colifoam

hydrocortisone acetate foam.

A CHANGE FOR THE BETTER IN DISTAL INFLAMMATORY BOWEL DISEASE.

precautions Do not refrigerate, incinerate 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 20g (14 applications) plus applicator, £7.58.
Further information is available on request.
Stafford-Miller Ltd.,
Professional Relations Division,
Hatfield, Herts. AL10 0NZ.

"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
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.

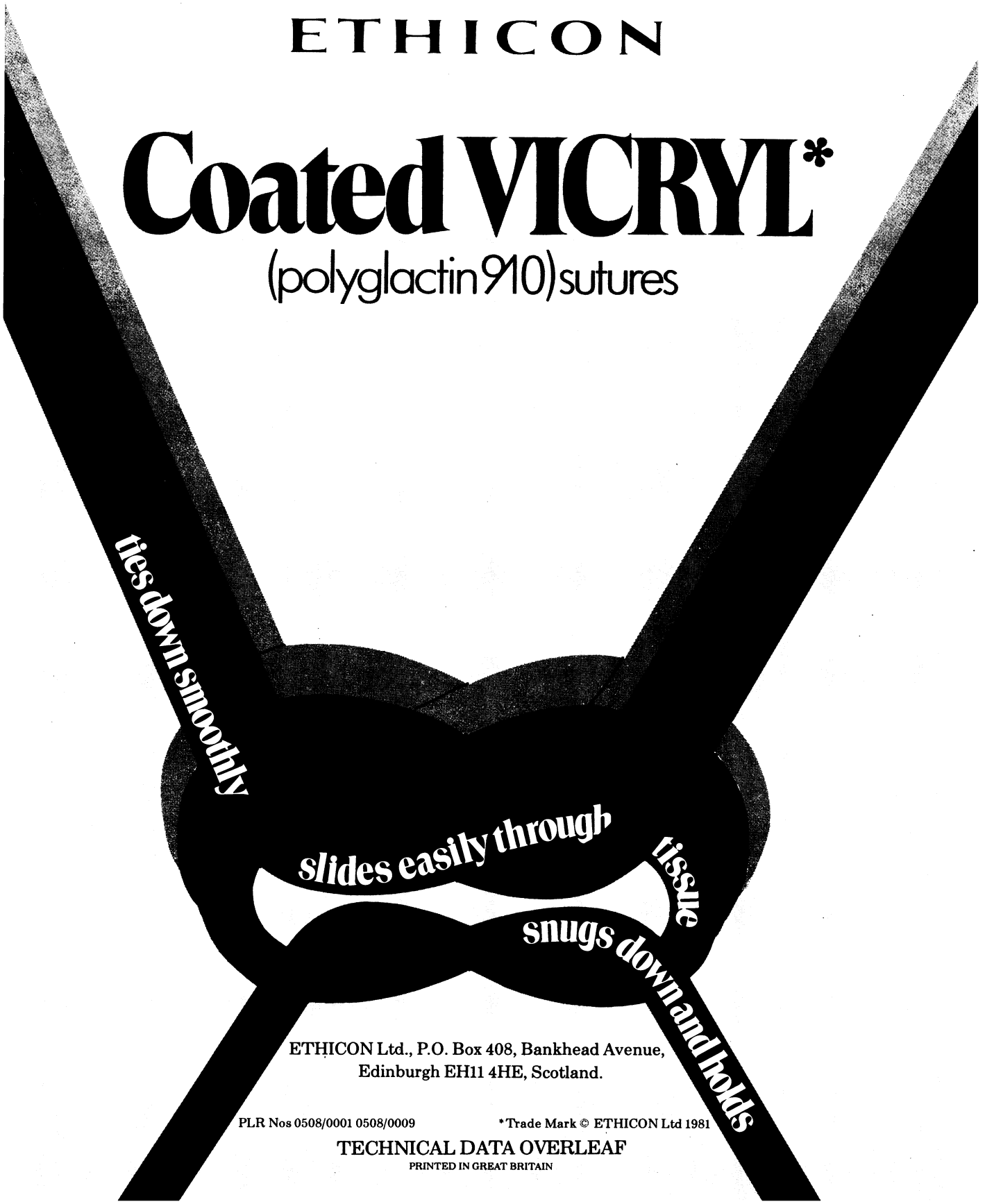
Beecham Research Laboratories
Brentford, England.
Maxolon and the BRL logo are trade marks.
PL 0038/0095 0098 5040 5041.

BRL 4026

ETHICON

Coated VICRYL*

(polyglactin 910) sutures



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

PLR Nos 0508/0001 0508/0009

TECHNICAL DATA OVERLEAF

PRINTED IN GREAT BRITAIN

TECHNICAL DATA

STERILISED ABSORBABLE SYNTHETIC SUTURE COATED POLYGLACTIN 910 VICRYL*

Presentation The basic VICRYL (Polyglactin 910) Suture is prepared from a copolymer of glycolide and lactide. The substances are derived respectively from glycolic and lactic acids. The empirical formula of the copolymer is $(C_2H_2O_2)m(C_3H_4O_2)n$.

Coated VICRYL (Polyglactin 910) Sutures are obtained by coating the braided suture material with a mixture composed of a copolymer of glycolide and lactide and an equal amount of calcium stearate. This coating does not affect the biological properties of the suture.

VICRYL (Polyglactin 910) Sutures are coloured by adding D & C Violet No 2 during polymerisation of the lactide and glycolide. Suture may also be manufactured in the undyed form.

These sutures are relatively inert, nonantigenic, nonpyrogenic and elicit only a mild tissue reaction during absorption.

Action Two important characteristics describe the in vivo behaviour of absorbable sutures. The first of these is tensile strength retention and the second absorption rate or loss of mass.

Subcutaneous tissue implantation studies of both VICRYL and Coated VICRYL Suture in rats show at two weeks post-implantation approximately 55% of its original tensile strength remains, while at three weeks approximately 20% of its original strength is retained.

Intramuscular implantation studies in rats show that the absorption of these sutures is minimal until about the 40th post-implantation day. Absorption is essentially complete between the 60th and 90th days.

Uses VICRYL and Coated VICRYL synthetic absorbable sutures are intended for use where an absorbable suture or ligature is indicated.

Dosage and Administration
By implantation.

Contraindications, Warnings, etc.
These sutures, being absorbable, should not be used where extended approximation of tissues under stress is required.

Sutures placed in skin and conjunctiva may cause localised irritation if left in place for longer than 10 days and should be removed as indicated.

The safety and effectiveness of VICRYL (Polyglactin 910) and Coated VICRYL Sutures in neural tissue and in cardio-vascular tissue have not been established.

Pharmaceutical Precautions
Do not re-sterilise.

Legal Category P Pharmacy medicine sold to surgeons and hospitals through surgical dealers.

Package Quantities Various lengths of material packaged in sealed aluminium foil sachets. This primary pack is contained in a peel-apart secondary pack. The unit of sales is 12 packs contained in a film wrapped drawer style carton.

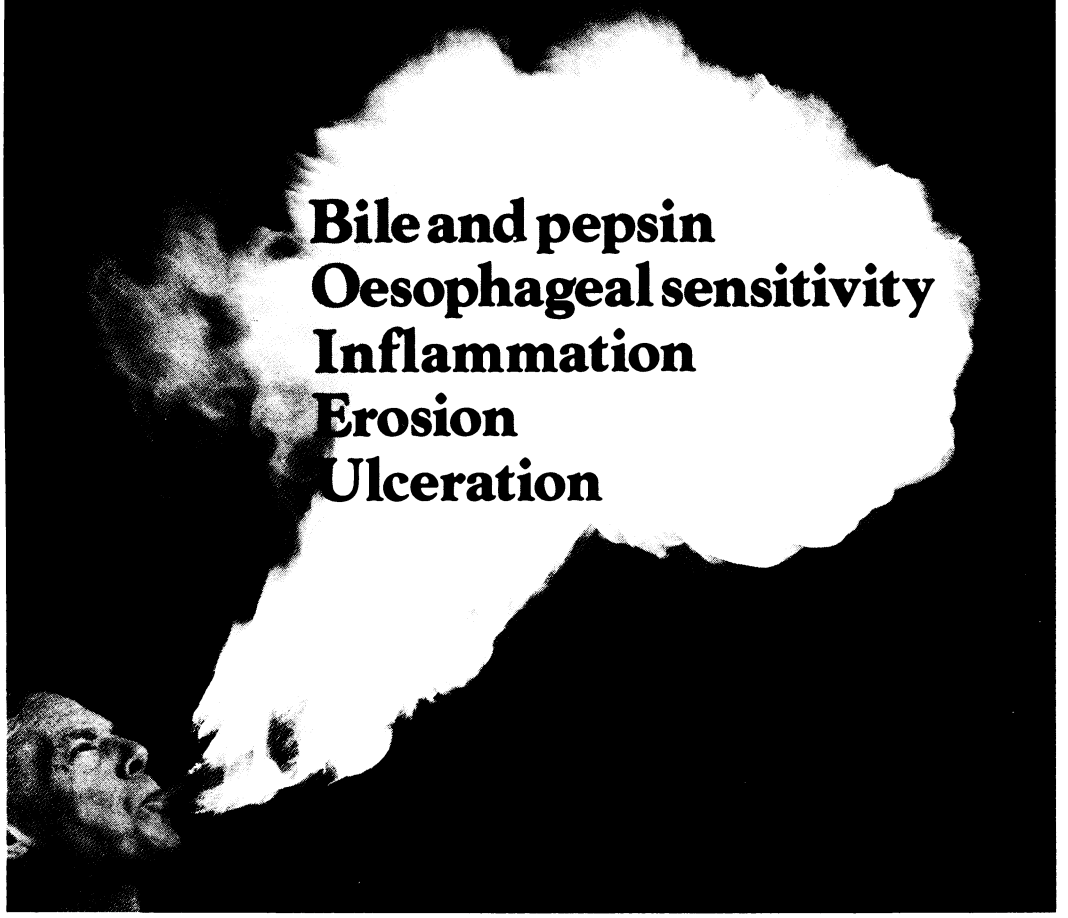
Adverse Reactions No suture related adverse reactions were reported during clinical trials, although a number of minor reactions were classified as being of unknown cause.

Product Licence Nos PL 0508/0001
PL 0508/0009

ETHICON LTD.
PO BOX 408, BANKHEAD AVE
EDINBURGH EH11 4HE

*Trademark

Reflux oesophagitis
more than a little bit of acid



PYROGASTRONE

carbenoxolone/magnesium trisilicate/dried aluminium hydroxide gel

more than an antacid –a positive healing treatment

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

COLPERMIN CALMS THE IRRITABLE BOWEL

enteric-coated peppermint oil

Now for the first time, the well-proven therapeutic agent peppermint oil, can be delivered direct to the colon.

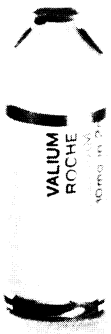
Colpermin, a newly developed enteric-coated capsule, delivers the oil precisely where it is needed. This provides an improved, rapid, and highly effective method of relieving spasmodic pain, distension and disturbed bowel habit - the dominant symptoms of the irritable bowel syndrome.

Presentation: Enteric coated gelatine capsule. Each contains 0.2 ml standardised peppermint oil B.P. Ph. Eur. **Uses:** For the treatment of symptoms of discomfort and of abdominal colic and distension experienced by patients with irritable bowel syndrome. **Dosage and Administration:** One capsule three times a day, preferably before meals and taken with a small quantity of water. The capsules should *not* be taken immediately after food. The dose may be increased to two capsules, three times a day when discomfort is more severe. The capsules should be taken until symptoms resolve, usually within one or two weeks. At times when symptoms are more persistent, the capsules can be continued for longer periods of between 2 to 3 months. There is no experience in the use of these capsules in children under the age of 15 years. **Contraindications, Warnings, etc. Precautions:** The capsule should not be broken or chewed. Patients who already suffer from heartburn, sometimes experience an exacerbation of these symptoms when taking the capsule. Treatment should be discontinued in these patients. **Adverse effects:** Heartburn, sensitivity reactions to menthol which are rare, and include erythematous skin rash, headache, bradycardia, muscle tremor and ataxia. **Product Licence:** PL 0424/0009. **Basic NHS Cost:** £10.00 per 100. UK and Foreign Patents pending. Colpermin is a trade mark of Tillotts Laboratories. Further information is available from Tillotts Laboratories, Henlow Trading Estate, Henlow, Beds.

Tillotts LABORATORIES

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.[1] 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[2] and avoidance of analgesics leads to faster recovery times.[3] 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.[4] Neuroleptanalgesia has also been used to good effect with intravenous Valium Roche.[5] The amnesic effect of intravenous Valium Roche undoubtedly contributes to the excellent acceptance by patients and their willingness to undergo repeat procedures.[6] 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.[7] This is true also for many poor-risk patients including those with liver disease in whom intravenous Valium Roche has been extensively used.[8-10] 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
0·2mg/kg body-weight. The usual adult dose is 10–20mg 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* (0·5ml 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 10mg diazepam in 2ml and 20mg in 4ml, in packings of 10.

Product Licence Numbers
0031/0068 (ampoules 10mg)
0031/5128 (ampoules 20mg)

Basic NHS Cost
Ampoules 10mg x 10 £2·44
20mg 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 Gastroent. 1976;66:523
8. Amer J med Sci. 1974;267:151
9. Gut 1976;17:975
10. Advanced Medicine 1978 No 14 p19

Intravenous Valium Roche

diazepam

where experience counts

ROCHE

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

J954199/780

DIGESTION

International Journal of Gastroenterology

Reporting investigative physiology, metabolic studies and clinical work

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.

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Regularly listed in bibliographic services, including 'current contents®'.

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[1] 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[2] 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

[illegible] 22 [illegible]
[illegible] 77 84 [illegible]

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.

SCANDINAVIAN JOURNAL OF Gastroenterology

CONTENTS

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