# In peptic ulcer therapy the search ends here


## Prescribing Information

**Presentation:** Antepsin Tablets 1 gram are white, oblong, biconvex, uncoated tablets scored and engraved 1239 on one side and Ayerst on the other. Each tablet contains 1 gram sucralfate, a basic aluminium salt of sucrose octasulphate. **Uses:** For the treatment of duodenal ulcer, gastric ulcer and chronic gastritis. **Dosage and Administration:** For oral administration. Adults – Usual dose 1 gram 4 times a day to be taken one hour before meals and at bedtime. Maximum daily dose 8 grams. Four to six weeks treatment is usually needed for ulcer healing but up to twelve weeks may be necessary in resistant cases. Antacids may be used as required for relief of pain, but should not be taken half an hour before or after Antepsin. Elderly – There are no special dosage requirements for elderly patients but as with all medicines the lowest effective dose should be used. Children – Safety and effectiveness in children have not been established. **Contra-Indications, Precautions, Warnings, etc.** *Contra-indications:* There are no known contra-indications. *Precautions:* 1. The product should only be used with caution in patients with renal dysfunction. 2. Although animal reproductive studies show no evidence of foetal malformations, safety in pregnant women has not been established and Antepsin should be used during pregnancy only if clearly needed. 3. It is not known whether this drug is excreted in human milk. Caution should be exercised when Antepsin is administered to a nursing woman. *Drug Interactions:* Concomitant administration of Antepsin may reduce the bio-availability of certain drugs as has been observed in animal studies with tetracycline, phenytoin and cimetidine, and in human studies with digoxin. Administration of Antepsin with any of these drugs should be separated by two hours. Since Antepsin may hinder warfarin absorption, caution should be exercised when these two drugs are used together. *Side Effects:* A low incidence of mild side effects, e.g. constipation, has been reported. *Overdosage:* There is no experience in humans with overdosage. Acute oral toxicity studies in animals, however, using doses up to 12g/kg body weight, could not find a lethal dose. Risks associated with overdosage should, therefore, be minimal. **Pharmaceutical Precautions:** No special requirements for storage are necessary. **Legal Category:** POM. **Package Quantities:** Antepsin 1 gram – Securitainers of 100. **Product Licence Numbers:** PL No. 0607/0045. PA No. 149/4/2. **Basic N.H.S. Price:** Average daily cost 50p.

*ANTEPSIN is a registered trade mark

Further information is available on request to the Company

Date of preparation January 1985

Ayerst International
Ayerst Laboratories Ltd.
South Way, Andover, Hampshire SP10 5LT
Telephone: Andover (0264) 58711

Distributors in Ireland: Ayerst Laboratories Ltd.
765 South Circular Road, Islandbridge, Dublin 8

Gastrozepin is a selective antimuscarinic agent which provides balanced control of gastric secretion without markedly affecting other peripheral receptor sites. This gastro-selective action means that, in practice, Gastrozepin is a well-tolerated drug which heals peptic ulcers.

**Gastrozepin DOES NOT . . .**
- **rely on acid reduction alone**
- **rely on pepsin reduction alone**
- **rely on mucosal protection alone**
- **profoundly affect intragastric pH**

**Gastrozepin DOES . . .**
- **relieve daytime pain**
- **relieve night-time pain**
- **reduce antacid intake**
- **heal peptic ulcers with one 50 mg tablet b.d.**

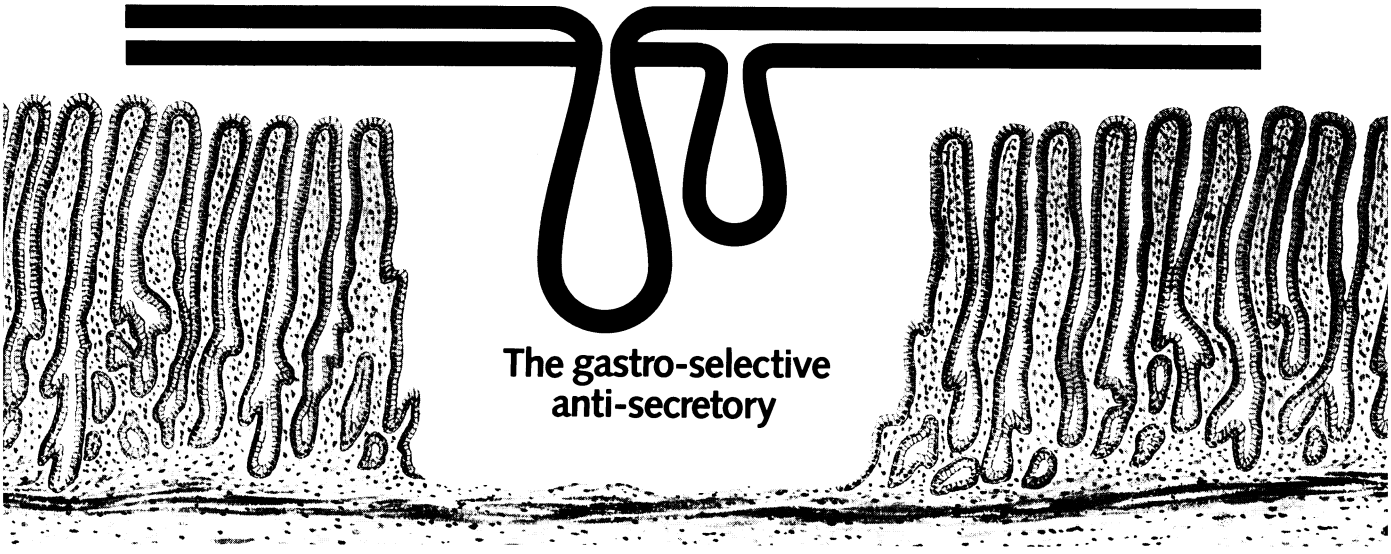
# For the treatment of peptic ulcer

## Twice daily

GASTRO SELECTIVE

# Gastrozepin®

pirenzepine



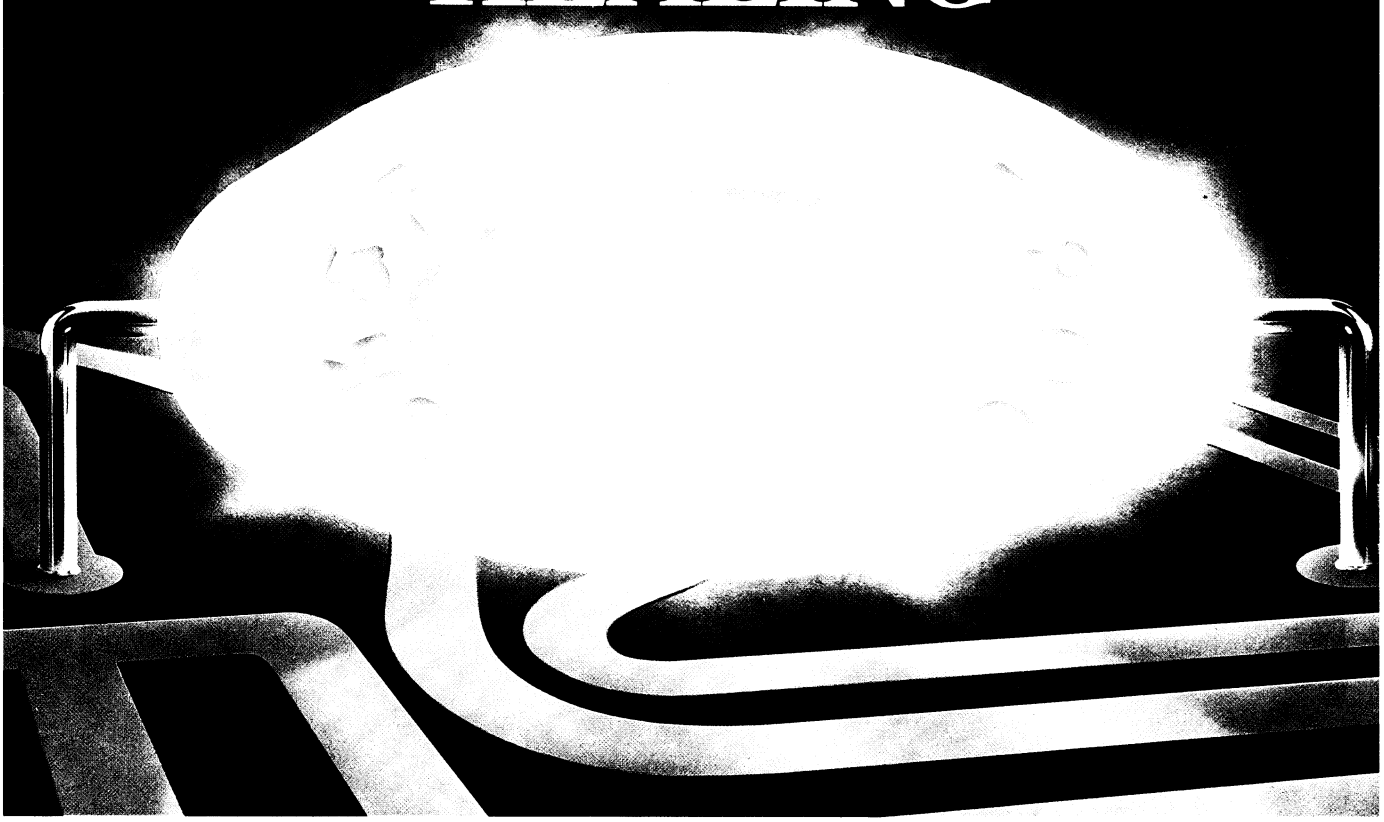
**The gastro-selective anti-secretory**

**Prescribing Information; Presentation:** White tablets each containing 50 mg of pirenzepine dihydrochloride scored on one face with "G" on one side of the score, and "50" on the other. The obverse is impressed with the symbol ℬ **Uses:** Gastrozepin is indicated in the treatment of gastric and duodenal ulcers. **Dosage:** 50 mg at bedtime and in the morning before meals. In severe cases the total daily dose may be increased to 150 mg in divided doses. Continuous therapy may be recommended for up to three months. **Contra-indications, Warnings etc:** Interaction with sympathomimetics and monoamine oxidase inhibitors and Gastrozepin is a theoretical possibility. Gastrozepin is not recommended during pregnancy although in animal experiments no teratogenic effects were noted. Breast milk concentration after therapeutic doses is unlikely to affect the infant. *Side effects:* occasionally transitory dry mouth and accommodation difficulty may occur. Treatment of overdosage entirely symptomatic. There is no specific antidote. **Basic NHS price:** 50 mg tablets, 60 £20.50. **Product Licence No.:** 50 mg tablets, PL0014/0260.

Further information is available on request
The Boots Company PLC Nottingham

Gastrozepin® Trade Mark

# THE NEW POWER IN ULCER HEALING



## A single 800 mg tablet taken at bedtime for four weeks

**TAGAMET**
CIMETIDINE **800**

## In duodenal ulcer

**Prescribing Information. Presentations** 'Tagamet' Tablets, each containing 800 mg cimetidine (PL 0002/0128: 28 tablets, £16.61) or 400 mg cimetidine (PL 0002/0092: 56 tablets, £16.61). 'Tagamet' Syrup, containing 200 mg cimetidine per 5 ml (PL 0002/0073: 500 ml, £20.43). **Indication** Duodenal ulcer. **Dosage** *Usual dosage:* Adults. *Duodenal ulcer,* 800 mg once a day at bedtime, or 400 mg b.d. with breakfast and at bedtime. To prevent relapse, 400 mg at bedtime or 400 mg morning and at bedtime. *N.B. For full dosage instructions see Data Sheet.* **Cautions** Impaired renal function: reduce dosage (see Data Sheet). Potentiation of oral anticoagulants, phenytoin and theophylline (see Data Sheet). Prolonged treatment: observe patients periodically. Potential delay in diagnosis of gastric cancer (see Data Sheet). 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, thrombocytopenia. **Legal category** POM. 27.9.84

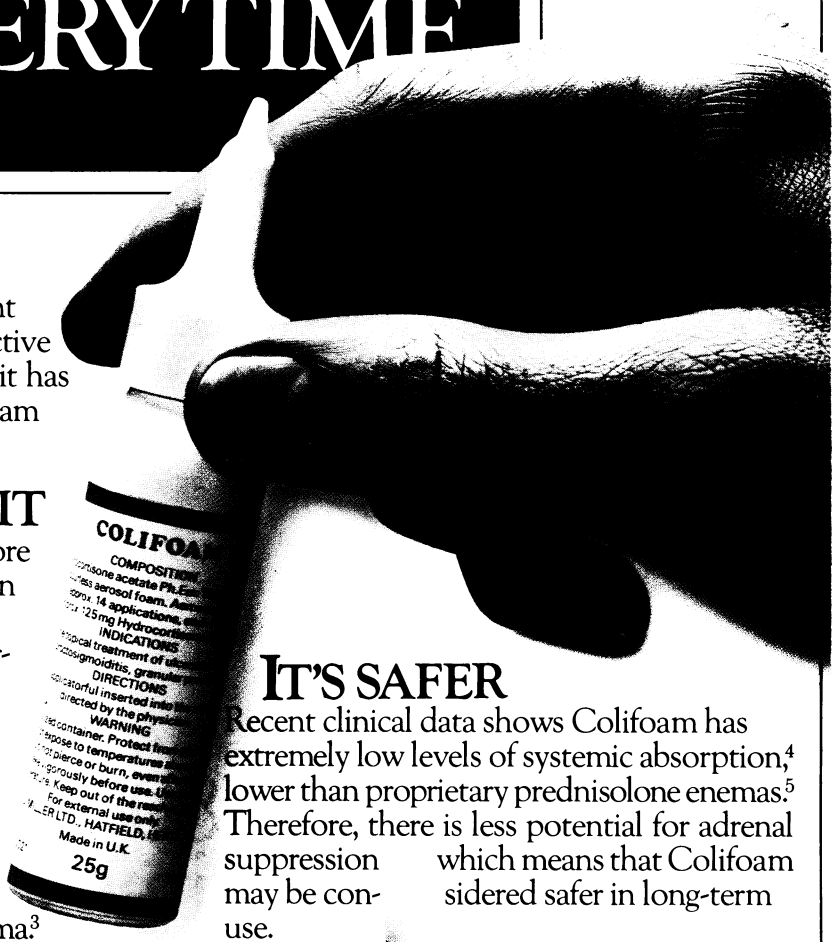


SK&F

LCN

TG:AD1684

# A BETTER CHOICE EVERY TIME




**IT WORKS** In the treatment of ulcerative colitis, Colifoam is as effective as steroid enemas. At the same time it has been shown that patients find the foam easier to retain.[1, 2]

## PATIENTS PREFER IT

Colifoam is far more comfortable, more convenient and more acceptable than enemas. Patients also find it easier to administer and that it causes less interference in their daily lives.

## IT COSTS LESS

Surprisingly, despite the fact that it's just as effective and far more comfortable, Colifoam is less expensive. In fact, it can cost up to ⅓ less per dose than a standard proprietary enema.[3]

## IT'S SAFER

Recent clinical data shows Colifoam has extremely low levels of systemic absorption,[4] lower than proprietary prednisolone enemas.[5] Therefore, there is less potential for adrenal suppression which means that Colifoam may be considered safer in long-term use.

# COLIFOAM

hydrocortisone acetate foam

## IN DISTAL INFLAMMATORY BOWEL DISEASE. A BETTER CHOICE EVERY TIME.

**Presentation** White odourless aerosol foam containing hydrocortisone acetate PhEur 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 with every pack). Satisfactory response usually occurs within five to seven days. **Contra-indications, warnings etc.** Local contra-indications to the use of intrarectal steroids include obstruction, abscess, perforation, peritonitis, fresh intestinal anastomoses and extensive fistulae. 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 disease because of their predisposition to perforation of the bowel wall. Safety during pregnancy has not been fully established. **Pharmaceutical precautions** Pressurized container. Protect from sunlight and do not expose to temperatures above 50°C. Do not pierce or burn even after use. Do not refrigerate. Shake vigorously before use. Keep out of reach of children. For external use only. **Legal category POM. Package quantities** Aerosol canister containing 25g (approx. 14 applications). **Basic NHS cost** 25g plus applicator, £7.40. **Further Information** One applicatorful of Colifoam provides a dose of approximately 125mg 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. **References 1.** Ruddell WSJ, et al. Gut 1980; 21: 885–889. **2.** O'Donoghue D. Modern Medicine, December 1981; 45. **3.** Source: Mims. **4.** Barr WH, Kline B, Beightol L, Zfass A. Medical College of Virginia/Virginia Commonwealth University. FDA bioavailability submission document October 1981. **5.** Lee DAH, et al. Gut 1980; 21: 215–218. Further information is available on request. Stafford-Miller Ltd., Professional Relations Division, Hatfield, Herts. AL10 0NZ.

# Enteric coated granules for improved enzyme delivery in pancreatic insufficiency

**creon®**
pancreatin

**Capsule dissolves in stomach**
**Granules unaffected by stomach acid**
**Enzymes released in duodenum**
**Mimics the normal digestive process**

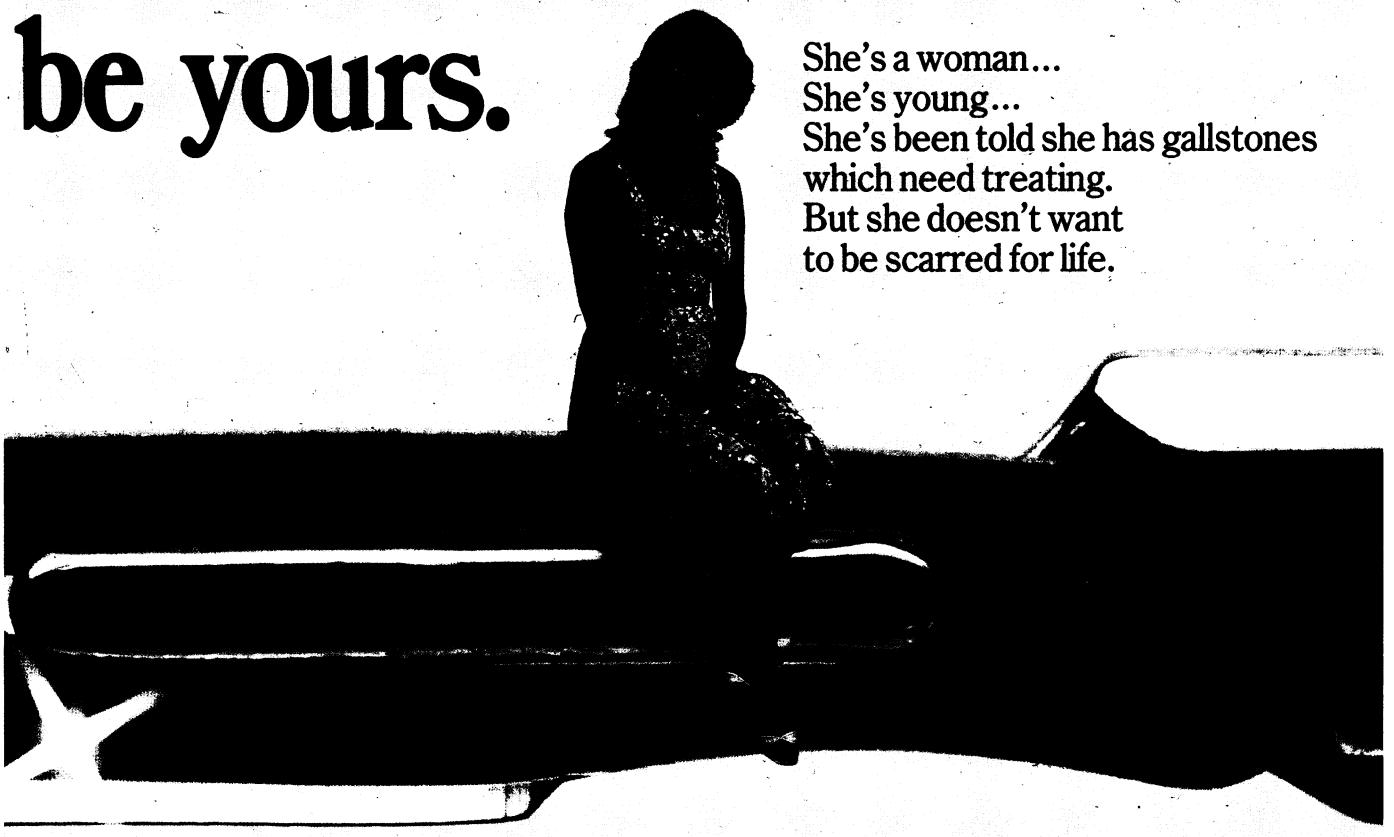
## A new release for patients with pancreatic insufficiency

**PRESCRIBING INFORMATION: Presentation:** Brown/yellow capsules containing enteric coated granules of pancreatin equivalent to: 9,000 BP units of amylase, 8,000 BP units of lipase, 210 BP units of protease. Available in packs of 100. Basic NHS price £13.33. **Indication:** Pancreatic exocrine insufficiency. **Dosage and administration:** Adults and children: Initially one or two capsules with meals, then adjust according to response. The capsules should be swallowed whole, without chewing, with a little fluid, during the meal. **Contra-indications, Warnings, etc. Contra-indications:** Substitution with pancreatic enzymes is contra-indicated in the early stages of acute pancreatitis. **Warnings:** Use in pregnancy: There is inadequate evidence of safety in use during pregnancy. The product is of porcine origin. Rarely cases of hyper-uricosuria and hyper-uricaemia have been reported with high doses of pancreatin. Overdosage could precipitate meconium ileus equivalent. Perianal irritation could occur, and, rarely, inflammation when large doses are used. **Product Licence Number** 5727/0001.

duphar

Further information is available from:
Duphar Laboratories Ltd, Duphar House, Gaters Hill, West End, Southampton SO3 3JD. Tel: (0703) 472281

# Nature is her first choice and on reflection could be yours.



She's a woman...
She's young...
She's been told she has gallstones which need treating.
But she doesn't want to be scarred for life.

Quite understandably a young woman with gallstones may not want surgery. After all, her friends are hardly likely to admire a scar. So before surgery is considered, maybe medical dissolution of the gallstones is possible, especially with a tried and tested product... CHENDOL.

CHENDOL contains chenodeoxycholic acid, a major component of human bile, so it works as nature intended... naturally.

Furthermore, unlike treatment with ursodeoxycholic acid calcification is rarely a problem.[1][2][3]

And while CHENDOL is working the symptoms of gallstones are often reduced.[4][5]

So for radiolucent gallstones in an opacifying gallbladder, medical dissolution with CHENDOL is the natural choice.

**Chendol** ® Registered Trade Mark.

chenodeoxycholic acid

**The Medical Alternative**

**Prescribing Information**

**PRESENTATION:** CHENDOL is available as tablets, each containing 250mg chenodeoxycholic acid. **INDICATIONS:** For dissolution of radiolucent cholesterol-rich gallstones in functioning gallbladders. It has a particular place in the treatment of patients in whom surgery is contra-indicated or who are anxious to avoid surgery. **DOSAGE AND ADMINISTRATION:** The present clinical evidence suggests that optimum results will be obtained on a dose level of 10-15mg per kg body weight daily, either as a single night time dose or in divided doses. It is recommended that treatment continues for three months after dissolution. **CONTRA-INDICATIONS, WARNINGS, ETC.** CHENDOL should not be administered to patients with radio-opaque calcified gallstones nor to patients with non-functioning gallbladders. CHENDOL should not be administered to women who may become pregnant, nor to patients with chronic liver disease, nor with inflammatory diseases of the small intestine and colon. **CHENDOL is generally well tolerated; the only side effects reported to date are diarrhoea and pruritis. It has been found that after a slight reduction in dose for a few days, diarrhoea ceases and the dose can then gradually be increased to the former level.** The clinician's discretion should be applied to the necessity, in individual cases, for laboratory monitoring. Chenodeoxycholic acid given in long-term studies at doses of 600mg/kg/day to rats and 1000mg/kg/day to mice, induced malignant liver cell tumours in female rats and benign liver cell tumours in female rats and male mice. The clinical significance of these findings is not known. **PHARMACEUTICAL PRECAUTIONS:** Store in a well closed container. **LEGAL CATEGORY:** POM. **PACKAGE QUANTITIES AND BASIC NHS COST:** Securitainer of 50 tablets £18.50. **PRODUCT LICENCE NO.:** 0495/0026. **DATE OF PREPARATION:** August 1984. **MEDICAL INFORMATION:** 12 Derby Road, Loughborough, Leicestershire LE11 0BB. Tel: (0509) 263113.

Further information on request from **CP Pharmaceuticals Ltd., Red Willow Road, Wrexham Industrial Estate, Wrexham, Clwyd LL13 9PX.**
A Fisons plc Company – incorporating Weddel and Charnwood Pharmaceuticals.

**References** 1) R. Raedsch et al (letter) 1981, *Lancet*, 2, 1296 2) M. C. Bateson et al, 1981, *Brit. med. J.*, 283, 645
3) F. di Mario et al, 1982, *Brit. med. J.*, 284, 1047 4) T. J. Meredith et al, 1982, *Gut*, 23, 382 5) H. J. Weis et al, 1980, *Klin. Wochenschr.*, 58, 313

NOW IN A NEW MORE CONVENIENT DOSE FORM
250mg TABLET

# INTRODUCING THE ROUTINE EXOCRINE PANCREATIC FUNCTION TEST

Until now, cost and patient discomfort have ruled out the routine investigation of persistent non-specific abdominal symptoms to estimate pancreatic digestive function. The Pancreolauryl Test is a new routine screening test for early exclusion of exocrine pancreatic digestive malfunction as a cause of steatorrhoea, and other abdominal symptoms.

### Simple test procedure

The Pancreolauryl Test is based on the hydrolysis of fluorescein dilaurate by pancreatic esterases liberating fluorescein and lauric acid; fluorescein can then be measured spectrophotometrically. Comparison of this value with that obtained after ingestion of unesterified fluorescein (i.e. fluorescein sodium) provides an index of exocrine pancreatic function.

### Accuracy confirmed in clinical trials

UK clinical trials have confirmed that the Pancreolauryl Test has sensitivity values ranging from 95-100%, with false negative values less than 0-1%[1,2]

### Avoids patient intubation

As the Pancreolauryl Test is non-invasive, patient inconvenience is kept to a minimum.

### Inexpensive laboratory procedure

No expensive reagents or special equipment are required for laboratory analysis.

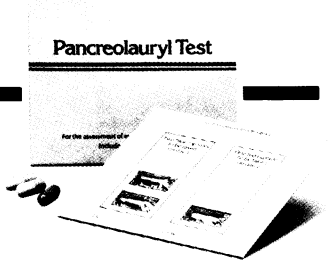
### The Pancreolauryl Test

"...a simple and acceptable screening test for the exclusion of pancreatic exocrine failure as a cause of steatorrhoea".[1]
**The Lancet 1982**

## Pancreolauryl Test

**fluorescein dilaurate and fluorescein sodium**

Accuracy without intubation




**PRESCRIBING INFORMATION.** Pancreolauryl Test ▼ **Presentation:** Two blue capsules each containing 174.25 mg (= 0.25 mmol) fluorescein dilaurate. One red capsule containing 188.14 mg (= 0.50 mmol) Fluorescein Sodium B.P. **Indications:** A screening procedure to detect abnormally low exocrine pancreatic function in patients with symptoms associated with disturbances of pancreatic digestive function e.g. recurrent diarrhoea, increased flatulence, fat intolerance and recurrent upper abdominal pain. **Dosage and Administration.** Adults: The patient can eat and drink as usual on the evening prior to the test, but no medicines containing vitamins or digestive aids should be taken. Test Day No. 1: For 10 hours after the start of the test i.e. administration of 2 blue capsules with the standard meal, all urine is collected including a final emptying of the bladder at exactly 10 hours after the start of the test. Test Day No. 2: The control red capsule can be taken the following day ensuring that the same procedure is followed. **Contraindications.** Acute necrotizing pancreatitis. Pregnancy. Not recommended for children. **Interactions with other drugs.** False negative results may arise if digestive aids or vitamins are taken concomitantly. Sulphasalazine can interfere with photometric measurements. **Pack Quantities:** 1-Test Pack (3 capsules) **Product Licence No.:** PL 232/0039. **Basic NHS Cost** (excl. VAT) £15.00. ▼ Special reporting to the CSM required. Further information available on request from International Laboratories Ltd., (Hospital Division), Charwell House, Wilsom Road, Alton, Hants, Date of Preparation 19.2.85. **References:** 1. The Lancet 1982; **ii** : 742-744. 2. J. Clin. Path. 1982; **35 (11)** : 1240-1243.

For full information on the Pancreolauryl Test, please complete and return this coupon to: International Laboratories Ltd., (Hospital Division), Charwell House, Wilsom Road, Alton, Hants GU34 2TJ.

Name _____

Title _____

Address _____

_____

_____

_____

(Block capitals please) G1

# Created by Nature. Proven by Science.

## *For relief of irritable bowel and abdominal pain*

- Irritable bowel symptoms are highly responsive to placebo, but in a recent double-blind cross-over trial, Colpermin was found to be superior to placebo in alleviating irritable bowel symptoms over a three-week period.[1]

- A delayed-release preparation, Colpermin reaches the colon in an unmetabolised state, allowing it to effectively reduce colonic motility.[2]

- Recent ultrasound studies show a consistent inhibitory effect of topical peppermint oil on colon motility and symptomatic improvement of irritable bowel patients given peppermint oil.[3]

**The unique enteric-coated Colpermin capsule is a long-acting, slow-release product containing a thixotropic paste of peppermint oil. The enteric coating permits this naturally occurring medication to be delivered direct to the distal small bowel. Recent studies confirm that Colpermin offers direct relief to the patient by effectively relaxing intestinal smooth muscle to relieve colonic pain and gaseous distension.**


**References:**

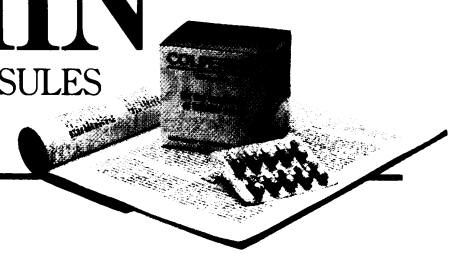
1. Rees WDW, Evans BK, Rhodes J: Treating irritable bowel syndrome with peppermint oil. *Br Med J* 2:835-836, 1979.

2. Somerville KW, Richmond CR, Bell GD: Delayed release peppermint oil capsules (Colpermin) for the spastic colon syndrome: A pharmacokinetic study. Proceedings of the British Pharmacological Society, Cambridge, April 1983. *Br J Clin Pharmacol*, to be published.

3. Taylor BA, Duthie HL, Oliveira RB, et al: Ultrasound used to measure the response of colonic motility to essential oils. Proceedings of *The International Motility Symposium* Aix-en-Provence, France, September 1983, to be published.


# COLPERMIN™

(enteric-coated peppermint oil) CAPSULES



**PRESCRIBING INFORMATION**

**Presentation:** Enteric-coated gelatin 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.

Tillotts LABORATORIES

**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:** £10.58 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.
**European Patent No. 0015334.** **UK Patent No. 2006011.**

Henlow Trading Estate, Henlow, Beds. SG16 6DS


In Irritable Bowel Syndrome

# colofac®

mebeverine

## Blessed relief

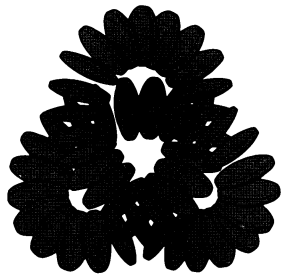
**Colofac is also indicated for the relief of gut spasm secondary to diverticular disease.**

PRESCRIBING INFORMATION. PRESENTATION: White, sugar-coated tablets each containing 135 mg mebeverine hydrochloride. Available in packs of 100. Basic NHS price £8.35. INDICATIONS: 1. Irritable Bowel Syndrome. 2. Gastro-intestinal spasm secondary to organic diseases. DOSAGE AND ADMINISTRATION: Adults and children ten years and over: One tablet three times a day, preferably 20 minutes before meals. CONTRA-INDICATIONS, WARNINGS, ETC: Animal experiments have failed to show any teratogenic effects. However, the usual precautions concerning the administration of any drug during pregnancy should be observed. PRODUCT LICENCE NO: 512/0044.

duphar Further information is available upon request to the company
Duphar Laboratories Ltd, Duphar House, Gaters Hill, West End, Southampton SO3 3JD Tel: 0703 472281

# SALAZOPYRIN® EN sulphasalazine HAS TOLERABILITY ALL WRAPPED UP

"Patients in whom sulfasalazine induces dyspeptic symptoms alone can be given EN Salazopyrin (entero-soluble) instead, and no more than 5% of these patients will be so troubled by dyspepsia that the treatment has to be discontinued."
Nielsen, O.H., Scand. J. Gastroenterol., 1982, 17, 389



## Get them into the SALAZOPYRIN habit

## DAY AFTER DAY AFTER YEAR

## 500mg q.i.d. in ulcerative colitis

PRESCRIBING INFORMATION

**Dosage and Administration** Plain or EN Tabs: In acute moderate attacks 2-4 tablets 4 times a day. In severe attacks give steroids also. Gradually reduce dose after 2-3 weeks to 3-4 tabs/day given indefinitely. Suppositories: Two morning and night reducing dose after 3 weeks with improvement. Enema: One to be given at bedtime. Preparation contains adult dose. Children: Reduce adult dose on basis of bodyweight.

**Contra-indications** Sensitivity to salicylates and sulphonamides. Infants under 2 years. Enema: 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. Rare Adverse Reactions: Haematological: haemolytic anaemia, agranulocytosis, aplastic anaemia. Hypersensitivity: eg rash, fever. Gastrointestinal: eg stomatitis, impaired folate uptake. C.N.S.: eg peripheral neuropathy. Fertility: eg reversible oligospermia. Renal: eg proteinuria, crystalluria. Also: Stevens-Johnson syndrome and lung complications, eg fibrosing alveolitis.

**Precautions** Care in porphyria, allergic, renal or hepatic disease. Glucose 6-PD deficiency. Blood checks 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 and Prices** Plain Tablets (0.5g) 100 & 500: £6.70 for 100. EN Tablets (0.5g) 100 & 500: £8.70 for 100. Suppositories (0.5g) 10 & 50: £2.80 for 10. Enemas (3.0g) 7: £12.10 for 7.
**Product Licence Numbers** Plain Tablets 0009/5006. EN Tablets 0009/5007. Suppositories 0009/5008. Enema 0009/5009.

**Pharmacia**

Further information is available on request
Pharmacia Limited, Pharmacia House
Midsummer Boulevard, Milton Keynes MK9 3HP
Telephone Milton Keynes (0908) 661101

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CONTENTS



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