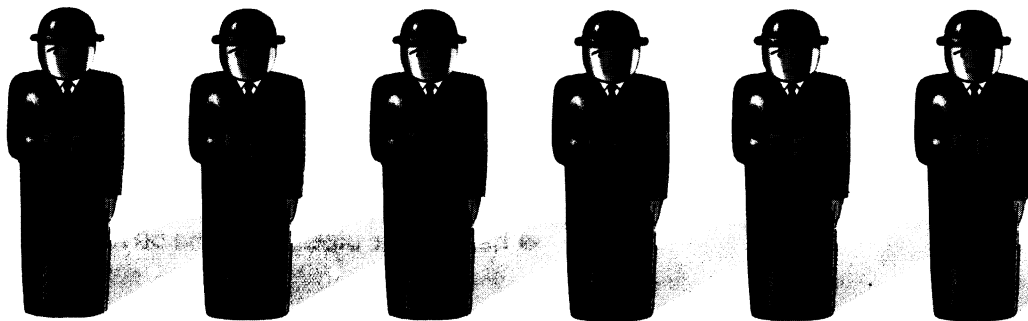
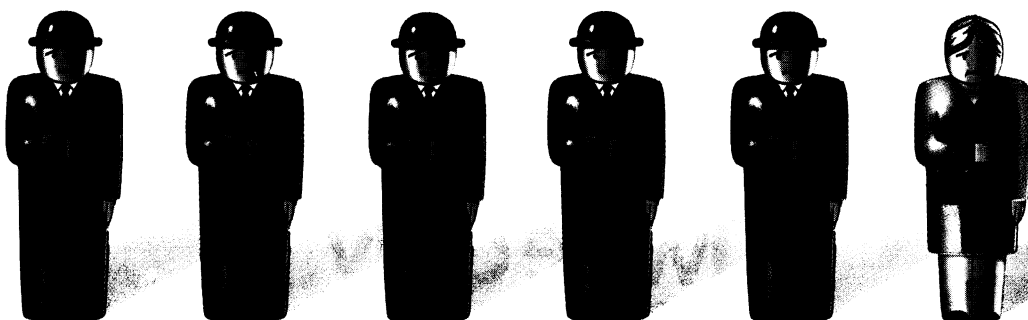


Most conventional ulcer patients can be



treated with H₂ antagonists, but...



**Now more ulcer patients may be
successfully treated with¹**

Antepsin[®]
sucralfate

Cytoprotection in action

- In patients over 55 where hypersecretion is seldom a factor²
- Those whose gastric disturbance is due to external irritants^{3,4}
- Those for whom H₂ antagonists are inadequate¹

Abbreviated Prescribing Information

Refer to data sheet for full prescribing information

Presentation: Antepsin tablets contain 1 gram sucralfate, PL0607/0045, PA149/4/2, pack size 100 tablets, £12.50. **Uses:** duodenal ulcer, gastric ulcer and chronic gastritis. **Dosage and Administration:** Adults, orally 1 gram 4 times a day to be taken one hour before meals and at bedtime. For ease of administration Antepsin tablets may be dispersed in 10-15ml of water. **Precautions:** renal dysfunction, pregnancy, nursing women (see data sheet). **Drug Interactions:** Antepsin may reduce the bioavailability of certain drugs; tetracycline,

phenytoin, cimetidine and digoxin. Administration of Antepsin with any of these drugs should be separated by two hours. Warfarin (see data sheet). **Side-effects:** constipation. **Legal Category:** POM. Date of preparation April 1985. Antepsin is a registered trade mark.

References: 1. Guslandi, M. *et al*, GUT, 1983, 24, 498. 2. Marks, I.N., Gastrointestinal Tract Disorders in the Elderly, Edinburgh, Churchill Livingstone, 1984, 79. 3. Tesler, M.A. *et al*, J. Clin. Gastroenterol., 1981, 3, (suppl.2), 175. 4. Tarnawski, A., *et al*, Gastroenterology, 1985, 88 (No5), 1609.

**STILL AVAILABLE ON THE
NHS FOR PEPTIC ULCER
AND CHRONIC GASTRITIS**



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 . **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

WE'VE
GIVEN YOU
PRECISELY
WHAT YOU
WANTED



MORE
DILUTE
HYPNOVEL

When we asked how Hypnovel could be improved, many users asked for a more dilute presentation, so that finer control of dosage, and therefore sedation, could be achieved. So the 2ml presentation was joined by an ampoule containing the same 10mg of midazolam, but in 5ml of solution. The extra 3ml of diluent makes it simpler to obtain the full benefits of Hypnovel. Proven benefits of Hypnovel include fast onset and rate of recovery, excellent amnesia and minimal venous complications!

THE
HYPNOVEL 10mg/5ml
midazolam
AMPOULE
FOR MORE PRECISE
CONTROL OF I.V. SEDATION

Prescribing Information

Indications Intravenous sedative cover. Alternative intravenous agent for induction of anaesthesia in high-risk patients. Intramuscular premedication. **Dosage and Administration** *Intravenous sedation* Usual total dose 2.5mg to 7.5mg (approx. 0.07mg/kg body-weight). *Intravenous induction of anaesthesia* Unpremedicated patients: 0.3mg/kg body-weight or more. Premedicated patients: 0.2mg/kg body-weight may be adequate. *Intramuscular premedication* (10mg/2ml ampoule only) Usual dose about 5mg (approx. 0.07-0.1mg/kg body-weight). Elderly patients are more sensitive to the effects of Hypnovel and lower doses should be used. Children over the age of seven years may receive Hypnovel for induction of anaesthesia in a dose of 0.15mg/kg body-weight. **Contra-indications** Benzodiazepine sensitivity; acute pulmonary insufficiency; respiratory depression. **Precautions** Use during pregnancy and lactation should be avoided. Patients should not drive or operate machinery for eight hours after administration. Avoid alcohol. Sedative effects of other centrally-acting

drugs may be intensified. For the administration of Hypnovel a second person should always be present and facilities for resuscitation should always be available. **Side-effects** Hypnovel is well tolerated and changes in arterial blood pressure, heart rate and respiration are usually slight. The rapid injection of a high dose can induce soft-tissue airway obstruction or apnoea of short duration. Local effects on veins are infrequent. However, pain on injection and thrombophlebitis may occur. **Presentation** Ampoules containing 10mg midazolam base as the hydrochloride in 5ml or 2ml aqueous solution, in packings of 10. **Basic NHS Cost** 76p per 10mg/5ml ampoule. 64p per 10mg/2ml ampoule. **Product Licence Numbers** 0031/0189 (10mg/5ml), 0031/0126 (10mg/2ml). **Product Licence Holder** Roche Products Limited, PO Box 8, Welwyn Garden City, Hertfordshire AL7 3AY. **Reference** 1. Anaesthesia, 1982, 37, 1002. Hypnovel is a trade mark.



1391096/286



A new trial⁽¹⁾ has shown that COLIFOAM is equal in efficacy to prednisolone enemas, but causes significantly less interference in your patients' daily lives. Published evidence now conclusively demonstrates the clear superiority of COLIFOAM compared to liquid enemas:

Efficacy. COLIFOAM is equal in efficacy to prednisolone enemas⁽¹⁾ and hydrocortisone enemas⁽²⁾. Retrograde spread increases with the extent of the disease⁽³⁾ and COLIFOAM can

reach well into the descending colon⁽⁴⁾.

Acceptability. COLIFOAM causes less interference with your patients' daily lives^(1,2,5). COLIFOAM is far easier for your patients to retain^(1,2,5).

Safety. Bioavailability data proves COLIFOAM has extremely low levels of systemic absorption⁽⁶⁾, lower than prednisolone enemas⁽⁷⁾.

Economy. COLIFOAM costs less per dose than standard proprietary enemas⁽⁸⁾.

COLIFOAM

10% Hydrocortisone acetate foam

In distal inflammatory bowel disease. A better choice every time.

References (1) Somerville KW et al. *British Medical Journal* 1985;291:866. (2) Ruddell WSJ et al. *Gut* 1980;21:885-889. (3) Farthing MCGJ et al. *British Medical Journal* 1979;2:822-824. (4) Rhodes JM. *Journal of Clinical & Hospital Pharmacy* 1983;8:219-232. (5) Gaucher P and Champignuelle B. *Revue Française de Gastroenterologie* 1983;193:35-39. (6) Barr WH et al. *Medical College of Virginia/Virginia Commonwealth University*. FDA bioavailability submission document. October 1981. (7) Lee DAH et al. *Gut* 1980;21:215-218. (8) MIMS October 1985.

Prescribing Information. **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) plus a plastic applicator and illustrated leaflet. **Basic NHS cost** 25g plus applicator, £7.25. **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. Further information is available on request. **Stafford-Miller Ltd.**, Professional Relations Division, Hatfield, Herts. AL10 0NZ.

EASY EXAMINATIONS WITH NUBAIN* ANALGESIA



- strong, effective non-MDA analgesic, suitable for use during endoscopy or colonoscopy and radiological and gynaecological investigations
- "ceiling" effect to respiratory depression reduces risks associated with opioid use¹
- minimal effect on cardiac haemodynamics when used during catheterization²
- allows more accurate diagnosis of bile duct and gut obstructions due to minimal interference with function³ and motility⁴



NUBAIN*
nalbuphine hydrochloride

Effective, comfortable
analgesia during clinical
investigations

Prescribing Information

Presentation: Nubain* Injection, 20mg of nalbuphine hydrochloride in 2ml ampoules.
Uses: For the relief of moderate to severe pain.

Dosage and Administration: 10-20mg for a 70kg individual, adjusted according to the severity of pain, physical status of the patient and concomitant medications. Nubain is not recommended for children.

Contra-Indications: Hypersensitivity to Nubain.

Precautions and Warnings: Use with care in known and potential opioid abusers. Also care in active patients who may drive or operate machinery. Caution in patients with impaired respiration. Safety for use in myocardial infarction is not yet established. Caution and dose reduction in patients with impaired renal or hepatic function. Safe use not established in pregnancy and in conditions of raised intracranial pressure. Abrupt discontinuation of chronic therapy may produce withdrawal symptoms.

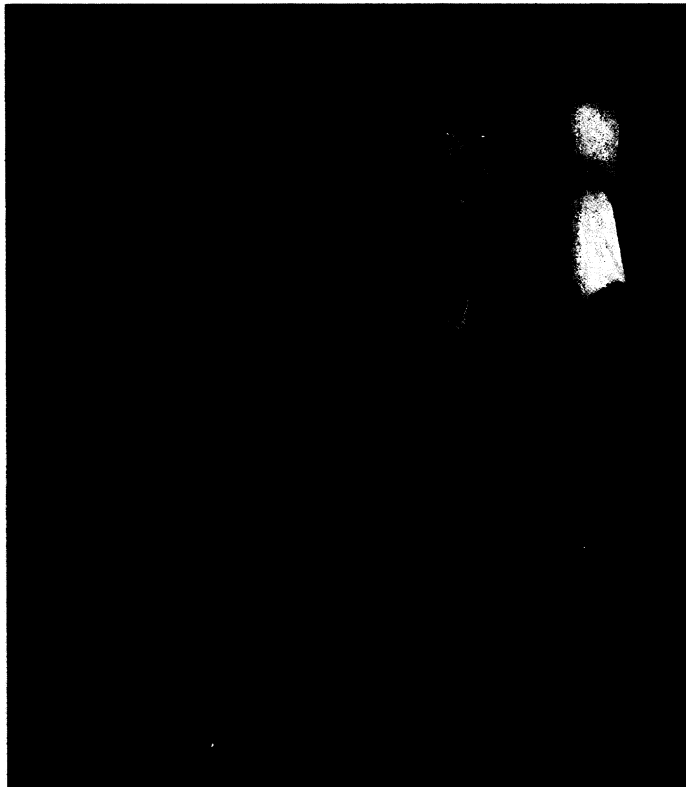
Side Effects: The most frequent reaction is sedation. Also sweating, nausea, vomiting, dizziness, dry mouth, vertigo and headache and other opioid effects may occur.
Product Licence No.: 4524/0003. **NHS Price:** £11.60 per box of 10 x 2ml ampoules.

References: 1. Julien RM. Effects of nalbuphine on normal and oxymorphone – depressed ventilatory responses to carbon dioxide challenge. *Anaesthesiology* 1982; 57: No 3A. 2. Fahmy NR, Sunder N, Soter NA. A comparison of histamine releasing properties and hemodynamic effects of morphine and nalbuphine in humans. *Anesth Analg* 1984;63:175. 3. Vatashtsky E, Haskel Y. The effect of nalbuphine (Nubain®) compared to morphine and fentanyl on common bile duct pressure. *Curr Ther Res* 1985;37:1:95-102. 4. Shah M, Rosen M, Vickers MD. Effect of premedication and diazepam, morphine or nalbuphine on gastrointestinal motility after surgery. *Br J Anaesth*. 1984;56:1235-8.
Further information is available on request from Du Pont (UK) Limited, Pharmaceuticals, Wedgwood Way, Stevenage, Hertfordshire SG1 4QN. Telephone: (0438) 734549.

Nubain* is a registered trade mark of E.I. du Pont de Nemours and Co. Inc.

Du Pont Pharmaceuticals 

HEALING POWER WHEN IT'S NEEDED MOST IN DUODENAL ULCER



Acid attack at night is now known to be one of the most important factors in the formation of duodenal ulcers.

'Tagamet' 800 mg at bedtime effectively controls this damaging nocturnal acid without disturbing the patient's normal daytime gastric physiology.

One 'Tagamet' 800 mg tablet at bedtime for four weeks is the recommended healing regimen for all duodenal ulcer patients.

And the results are impressive . . .
'Tagamet' 800 mg completely healed 79 per cent

of duodenal ulcers in four weeks and 96 per cent in eight weeks¹ whilst providing prompt and effective relief from both daytime and night-time pain.

With 'Tagamet' 800 you can offer your patients healing power precisely when it's needed.

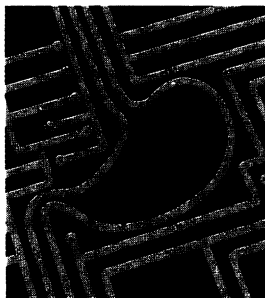
TAGAMET **CIMETIDINE** **800**

One tablet at bedtime for four weeks

Reference 1. Lambert R. In: 'Tagamet' New Dimensions. A Symposium Proceedings. XII Int Cong Gastroenterol, Lisbon, 1984;15-23.

Prescribing Information. Presentations 'Tagamet' Tablets, each containing 800 mg cimetidine (PL 0002/0128: 28 tablets, £15.78) 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, £19.20).

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. **Elderly:** As above unless markedly impaired renal function. **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).

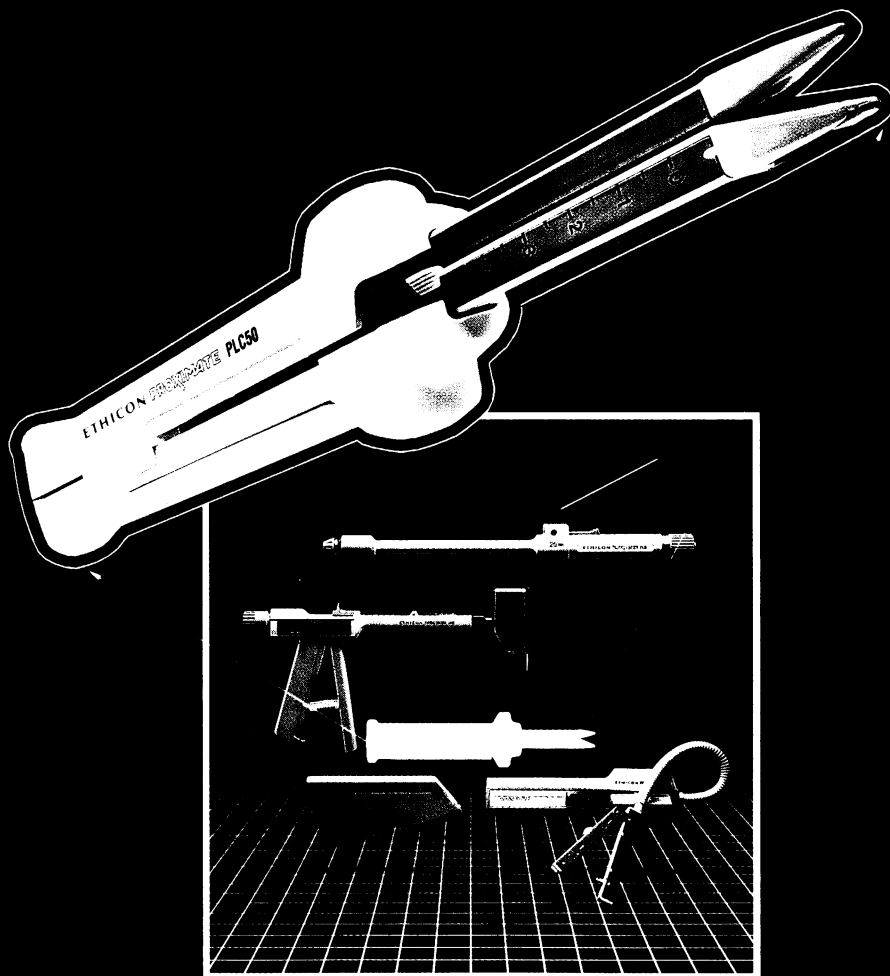


Prolonged treatment: observe patients periodically. Potential delay in diagnosis of gastric cancer (see Data Sheet). Care in patients with compromised bone marrow (see Data Sheet). Avoid during pregnancy and lactation. **Adverse reactions** Diarrhoea, dizziness, rash, tiredness. Gynaecomastia, occasional reversible liver damage, confusional states (usually in the elderly or very ill). Very rarely interstitial nephritis, acute pancreatitis, thrombocytopenia, headache, myalgia, arthralgia; very rare reports of alopecia, reversible impotence but no causal relationship established at usual therapeutic doses. **Legal category** POM. 4.3.85. Smith Kline & French Laboratories Limited, Welwyn Garden City, Hertfordshire AL7 1EY. © 1985 Smith Kline & French Laboratories Limited. 'Tagamet' is a trade mark.

SK&F

PROXIMATE[®] PLC

LINEAR CUTTER



to complete the range.

ETHICON[®]

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

*Trademark © ETHICON Ltd 1986.

A NEW CONCEPT IN SURGICAL STAPLING

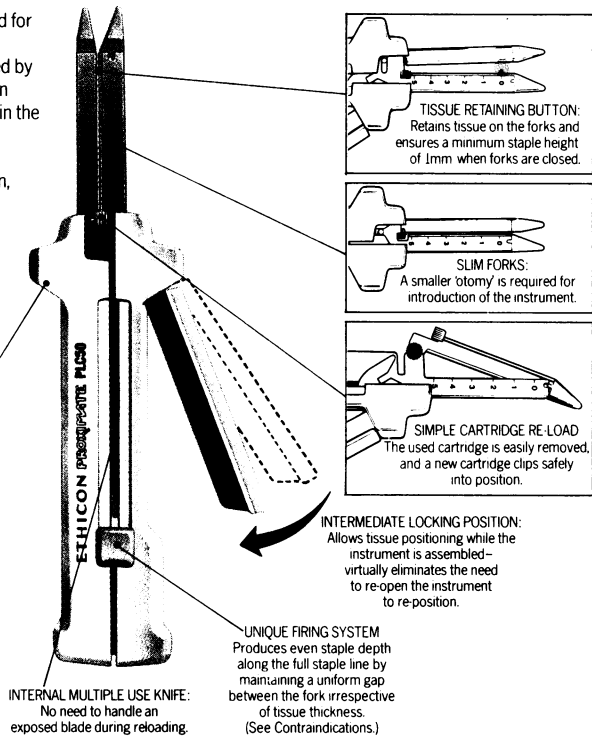
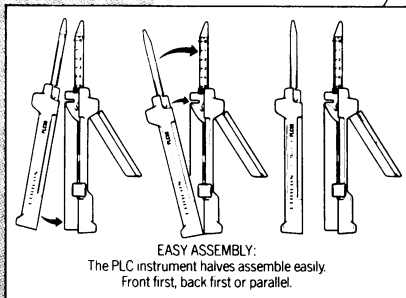
THE RE-USABLE DISPOSABLE

The unique PROXIMATE® PLC Linear Cutter is designed for multiple firings within a single patient procedure. As many surgical procedures require transection followed by anastomosis, the PROXIMATE PLC Linear Cutter has been designed to be easily reloaded giving up to 4 firings within the patient.

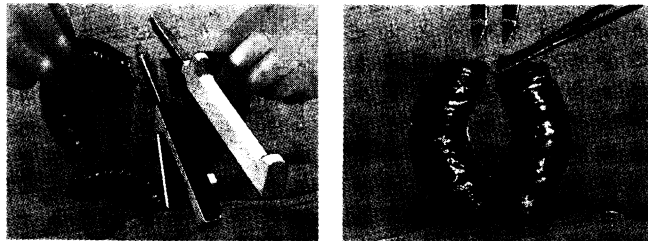
This gives the best of both worlds

DISPOSABLE: Eliminates the cost of cleaning, sterilisation, re-assembly and maintenance.

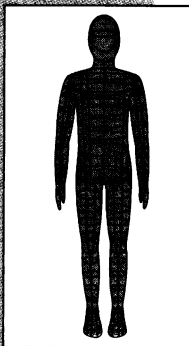
RE-USABLE: Saves the high cost and inventory space of separate instruments for each application.



FOR MULTIPLE USE THROUGHOUT A PROCEDURE



AMONG THE PROCEDURES WHERE THE PROXIMATE PLC LINEAR CUTTER MAY APPLY ARE...



PROCEDURE	APPLICATION	POTENTIAL FIRINGS
BILLROTH II GASTRECTOMY	Anastomosis of the jejunum to the gastric pouch.	1
BOWEL RESECTIONS (Functional end to end anastomosis)	Closure and transection of proximal and distal bowel. Anastomosis of the proximal and distal bowel.	3
SIDE TO SIDE ENTEROENTEROSTOMY	Anastomosis of the bowel loops.	1
JEJUNOSTOMY INVOLVING ROUX LOOP	Closure and transection of jejunum. Anastomosis of jejunum. Creation of roux-en-y jejuno-jejunostomy.	3
RIGHT HEMICOLECTOMY	Transection and closure of transverse colon and terminal ileum.	2
ILEAL CONDUIT	Closure and transection of proximal and distal ileal segment. Anastomosis of the proximal and distal ileum.	3
LOW ANTERIOR RESECTION (Side to side)	Closure and transection of the proximal colon. Anastomosis of the proximal colon and rectum.	3

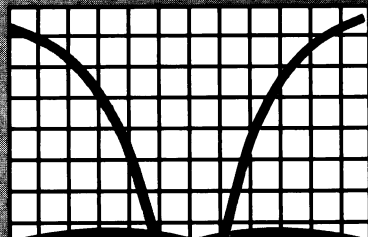
SINGLE PATIENT RE-USABLE

THE COST EFFECTIVE WAY TO STAPLE.

DE-NOL REBALANCES THE ULCER EQUATION

- Local cytoprotective action
- As effective as the H_2 antagonists
- Lower relapse rates than H_2 antagonists
- Heals 85% of H_2 antagonist failures
- Favours lower relapse rates in smokers

Key factor
Mucosal
Defence



The inescapable equation of ulcer aetiology Acid Attack v. Mucosal Defence remains the basis for our understanding of peptic ulcer. With an ulcer the acid side of the equation gains the upper hand, although it is now clear that this is more often a result of poor mucosal resistance than excessive acid secretion. An agent which enhances the mucosal defence mechanism should be the treatment of choice. The approach to ulcer therapy should thus be based on the truism:

**NO MUCOSAL BREAKDOWN,
NO ULCER.**

De-Nol

Prescribing Information De-Noltab and De-Nol

Presentation: De-Noltab is presented as flat round pink tablets, each tablet containing 120mg tri-potassium di-citrate bismuthate (calculated as Bi_2O_3). De-Nol is presented as a clear red liquid in a 560ml bottle containing 120mg tri-potassium di-citrate bismuthate (calculated as Bi_2O_3) in each 5ml. **Uses:** Ulcer healing agent. For the treatment of gastric and duodenal ulcers. **Dosage and administration:** By oral administration. Each tablet is to be crushed in the mouth and swallowed with a draught of water. Each dose of the liquid presentation is to be diluted with 15ml of water. **ADULTS:** One tablet or 5ml dose 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. The treatment course should be taken for the full 28 day period and it is important that a dose is not missed. If necessary, one further course of therapy may be given. Maintenance therapy with De-Noltab/De-Nol is not indicated. **CHILDREN:** As for adults. **Contra-indications, Warnings, etc:** De-Noltab and De-Nol should not be administered to patients with renal disorders, and on theoretical grounds the products are contra-indicated in pregnancy. **SPECIAL PRECAUTIONS:** De-Noltab and De-Nol may inhibit the efficacy of orally administered tetracyclines. **SIDE EFFECTS:** Blackening of the stool usually occurs. Darkening of the tongue, nausea and vomiting have been reported. **OVERDOSAGE:** No reports of overdosage have been received; gastric lavage and, if necessary, supportive therapy would be indicated. **Pharmaceutical precautions:** Normal pharmaceutical storage and handling are indicated. **Legal category:** P **Package quantities:** DE-NOLTAB: Foil treatment packs of 112 tablets. DE-NOL: Treatment packs of 560ml. **Basic N.H.S. Price:** De-Noltab £15.84. De-Nol £10.31. **GMS Price (Ire):** De-Noltab IR£20.99. De-Nol IR£13.66. **Further information:** Some patients with an associated gastritis may experience an initial discomfort whilst taking De-Nol liquid. Milk should not be drunk by itself during the course of treatment as this can prevent the medicine from working properly. Small quantities of milk on a breakfast cereal or in tea or coffee taken with meals are permissible. Antacids should not be taken for half an hour before or half an hour after taking a dose of De-Noltab/De-Nol as these can interfere with the action of the drug. **Product Licence Numbers:** De-Noltab: 0166/0102. De-Nol: 0166/5024. **Product Authorisation Numbers:** De-Noltab: 62/22/1. De-Nol: 62/23/1.

ASACOL™

(MESALAZINE)*

Direct delivery to the colon

For ulcerative colitis patients
who cannot tolerate
sulphasalazine¹

REFERENCES:

1. Dew M J, Barnes A D, Evans B K, et al. Treatment of ulcerative colitis with oral 5-aminosalicylic acid in patients unable to take sulphasalazine. *Lancet*, 1983, **ii**, 891.
2. Dew M J, Hughes P J, Lee M G, et al. An oral preparation to release drugs in the human colon. *Br J Clin Pharmacol*, 1982, **13**, 405-409.
3. Dew M J, Ryder R E, J Evans N, et al. Colonic release of 5-aminosalicylic acid from an oral preparation in active ulcerative colitis. *Br J Clin Pharmacol*, 1983, **16**, 185-187.
4. Dew M J, Hughes P J, Barnes A D, et al. Maintenance of remission in ulcerative colitis with oral preparation of 5-aminosalicylic acid. *Br Med J*, 1982, **285**, 1012-1014.
5. Dew M J, Barnes A D, Evans N, et al. Maintenance of remission in ulcerative colitis with 5-aminosalicylic acid in high doses by mouth. *Br Med J*, 1983, **287**, 23-24.

*Mesalazine is the British Approved Name for 5-aminosalicylic acid.

ABBREVIATED PRESCRIBING INFORMATION

PRESENTATION

Each tablet contains 400mg of mesalazine (5-aminosalicylic acid) coated for release in the terminal ileum and colon.

USES

For the maintenance of remission of ulcerative colitis in patients who cannot tolerate sulphasalazine.

DOSAGE AND ADMINISTRATION

Adults: 1-2 tablets daily in divided doses.

There is no dosage recommendation for children.

CONTRA-INDICATIONS, WARNINGS, ETC.

Contra-indications

Contra-indicated in patients who are allergic to salicylates. Children under 2 years of age.

Precautions

Medical disorders: Mesalazine is well tolerated by the elderly, frailty, renal, metabolic, hepatic, 5-aminosalicylic acid. In rare, large doses of mesalazine might infrequently produce tubular intercalation of uric acid. Although renal toxicity has been reported in patients taking Asacol, it is not recommended in patients with renal impairment, and caution should be exercised in patients with advanced renal disease or proteinuria.

ASACOL delivers 5-amino salicylic acid directly to the colon without sulphapyridine (the agent in sulphasalazine that can cause distressing side effects).²

A patented acrylic coating on **ASACOL** makes it site-selective. **ASACOL** remains intact until it reaches the colon, where pH rises above 7 and dissolves the coating, releasing the 5-ASA.

Each **ASACOL** tablet provides twice as much 5-ASA (400mg) as each tablet of sulphasalazine (200mg), which allows patients to take fewer tablets daily.

Clinical studies have shown that **ASACOL** offers efficacy comparable to that of sulphasalazine in maintaining the remission of ulcerative colitis.^{3,4}

ASACOL™

Direct Delivery to the Colon

Asacol should not be given with lactulose or similar preparations which lower stool pH and may prevent release of mesalazine.

Adverse Reactions

Adverse reactions occur in a small proportion of patients who previously could not tolerate sulphasalazine. The side-effects are predominantly gastrointestinal (nausea, diarrhoea and abdominal pain) and headache. Asacol may be associated with the exacerbation of the symptoms of colitis in those patients who have previously had such problems with sulphasalazine.

Other side-effects observed with sulphasalazine such as depression of bone marrow and of sperm count and function have not been reported with Asacol.

LEGAL CATEGORY: POM

PL: 0424/0032

Daily treatment cost: 87 pence

U.K. Patent No. 8322378

Henlow Trading Estate
Henlow, Beds. SG16 6DS



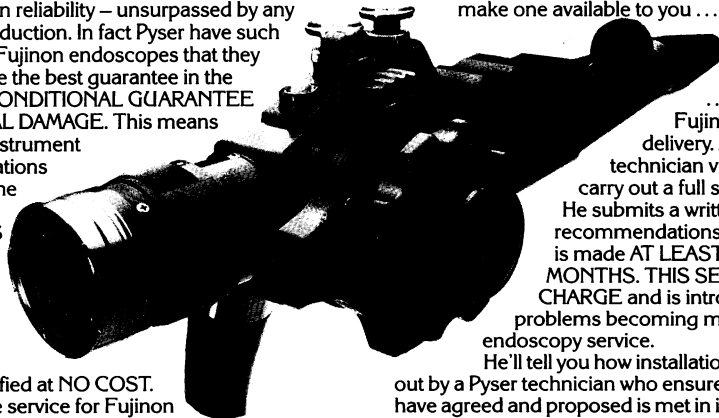
ASK THE MAN WHO USES A FUJINON ENDOSCOPE

He'll tell you about Fujinon reliability – unsurpassed by any endoscope in current production. In fact Pyser have such great confidence in their Fujinon endoscopes that they offer what we believe to be the best guarantee in the world! **12 MONTHS UNCONDITIONAL GUARANTEE INCLUDING ACCIDENTAL DAMAGE.** This means that the true cost of the instrument including revenue implications is precisely known from the outset. **18 MONTHS COVER FOR MATERIALS AND WORKMANSHIP** which means that for a period of six months extended beyond the first twelve months any fault traceable to material or workmanship will be rectified at **NO COST.**

He'll tell you about the service for Fujinon endoscopes. We recommend that you pay a visit to Edenbridge Kent to see for yourself and will be happy to arrange this.

He'll tell you that should you need a loan instrument Pyser

make one available to you ... no quibble.



He'll tell you about a **UNIQUE Pyser Service...** Endoscope Health Check ... which is operative to all

Fujinon users as they take delivery. A senior Fujinon trained technician visits customers' units to carry out a full survey of the instruments. He submits a written report with recommendations. Pyser ensures that a visit is made **AT LEAST ONCE EVERY THREE MONTHS. THIS SERVICE CARRIES NO CHARGE** and is introduced to prevent minor problems becoming major disruptions to your endoscopy service.

He'll tell you how installation of instruments is carried out by a Pyser technician who ensures that the specification we have agreed and proposed is met in its entirety. This installation includes a full demonstration of cleaning and maintenance techniques.

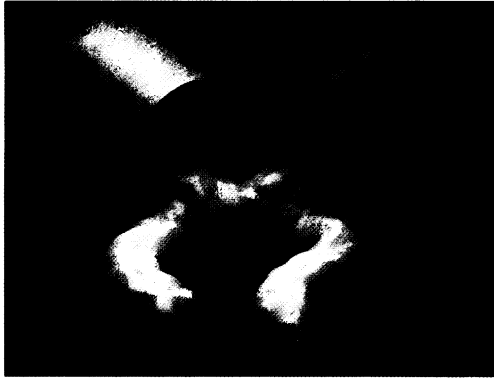
Pyser, an efficient caring organisation, distributor of Fujinon high reliability endoscopes. Ask the man who uses one!



For further information on Fujinon endoscopes contact
Felicity Findlay, Pyser Ltd., Fircroft Way, Edenbridge, Kent TN8 6HA.
Tel: Edenbridge (0732) 864111.

Created by Nature. Proven by Science.

For relief of irritable bowel and abdominal pain



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.

- 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

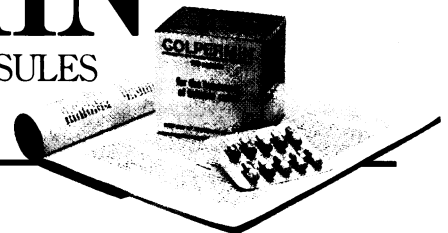
- A delayed-release preparation, Colpermin reaches the colon in an unmetabolised state, allowing it to effectively reduce colonic motility.²

- 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

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.



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. 00153341.**

UK Patent No. 2006011.

Henlow Trading Estate, Henlow, Beds. SG16 6DS

from: CORTINA INTERNATIONAL - VERONA the specialists in gastroenterology

PROBLEMS AND CONTROVERSIES IN GASTROENTEROLOGY, edited by G. DOBRILLA, G. BERTACCINI, M.J.S. LANGMAN, G. MISIEWICZ, H. SARLES, E. SOLCIA, N. TYGSTRUP - 1986, 300pp., ill., price U.S. \$ 42

ESOPHAGUS

Role of manometry and pH-metry in the evaluation of oesophageal diseases.

Problems in assessment of oesophagitis and gastroesophageal reflux.

Surgical treatment of hiatal hernia: when and how?

Treatment of haemorrhage from oesophageal varices. Propranolol in the prevention of haemorrhage from oesophageal varices: an open question.

STOMACH AND DUODENUM

Non-ulcerative dyspepsia: is treatment necessary?

Problems of endoscopic assessment of so-called duodenitis.

Chronic duodenitis and duodenal ulcer: different stages of the same disease or different diseases?

Strengthening of the mucosal barrier or reduction of aggressive factors in the medical therapy of peptic ulcer?

Cimetidine: twice or once a day in the short-term treatment of peptic ulcer?

Critical review of maintenance therapy of peptic ulcer of several years' duration.

Peptic ulcer: the problem of "non-responders".

Are drug treatments useful in treating patients with haematemesis and melaena?

Side effects or untoward effects of H₂-antagonists in gastroenterological literature?

Histamine H₂-receptor antagonists: do they interfere with ethanol metabolism in man?

Feasibility of effective drug protection against drug-induced gastroduodenal lesions.

SMALL AND LARGE BOWEL

Critical evaluation of malabsorption tests.

Infectious enterocolitis: pathogenic aspects and diagnostic implications.

Medical treatment of chronic inflammatory bowel disease: intermittent or ad infinitum?

Surgical treatment of Crohn's disease in the 1980's. A discussion of some strategic and tactical problems.

Dietary fibre in gastrointestinal disorders: do the practical results match up to theoretical expectations?

LIVER AND BILIARY TRACT

Is it useful and possible to quantitate liver disease?

Clinical significance of serum and tissue markers of viral hepatitis.

Antivirus B vaccination: indications, costs, benefits.

Chronic active hepatitis: different therapy for different aetiology?

Laparoscopy and liver biopsy in the follow-up of chronic liver disease: are these essential for the rational adjustment of therapy?

Amino acids and the catabolic state of cirrhosis.

Observations on sphincter of Oddi physiology and pathophysiology.

Abdominal ultrasonography: to what extent are the results vitiated by lack of technical expertise?

Pros and cons of the surgical treatment of biliary stones with few or no symptoms.

PANCREAS

Latest developments in the pathophysiology and treatment of acute pancreatitis.

Role of surgery in acute pancreatitis.

Tubeless tests: do they make a real contribution to diagnosis?

Latest developments in the pathophysiology and treatment of chronic pancreatitis.

TUMOURS

Precancerous lesions of the stomach.

Precancerous conditions and lesions, and early cancer of the upper digestive tract: endoscopy, treatment

and follow-up.

Gastric carcinoma after resection for benign ulcer: is screening justified?

Precancerous conditions and lesions and early cancer of the large bowel: endoscopy - treatment and follow-up. Occult blood tests in prospective screening for colorectal cancer.

Laparoscopy in staging and follow-up of tumours: is its role of secondary or essential importance?

Index.

OTHER IMPORTANT NEW AND FORTHCOMING TITLES IN GASTROENTEROLOGY:

● **ADENOMAS AND ADENOMAS CONTAINING CARCINOMA OF THE LARGE BOWEL:**

Advances in Diagnosis and Therapy, edited by C.M. FENOGLIO - PREISER - F.P. ROSSINI - 1985, 150pp., ill., price U.S. \$ 42.

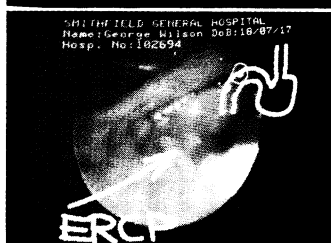
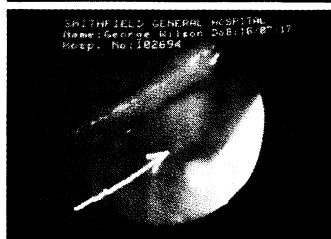
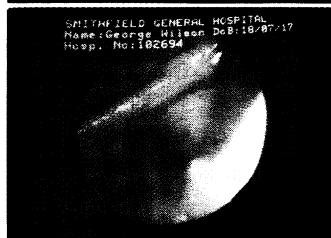
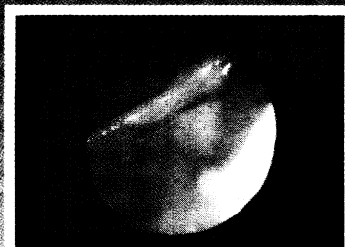
● **GASTRIC SECRETION:** a Physiological and Pharmacological Approach, edited by R. CHELI - 1986, 160pp., ill., price U.S. \$ 42.

● **TOPICS IN PEPTIC ULCER DISEASE** (Perspectives in Digestive Disease 1) edited by G. BIANCHI - PORRO, K.D. BARDHAN - 1986, 160pp., ill., price U.S. \$ 42.

Worldwide distributors: RAVEN PRESS, PUBLISHERS - 1140 AVENUE OF THE AMERICAS, NEW YORK, N.Y. 10036 U.S.A.

Italian distributor: CORTINA INTERNATIONAL - 8, VIA C. CATTANEO, 37121 VERONA (ITALY).

SEE THE EVIDENCE FOR YOURSELF

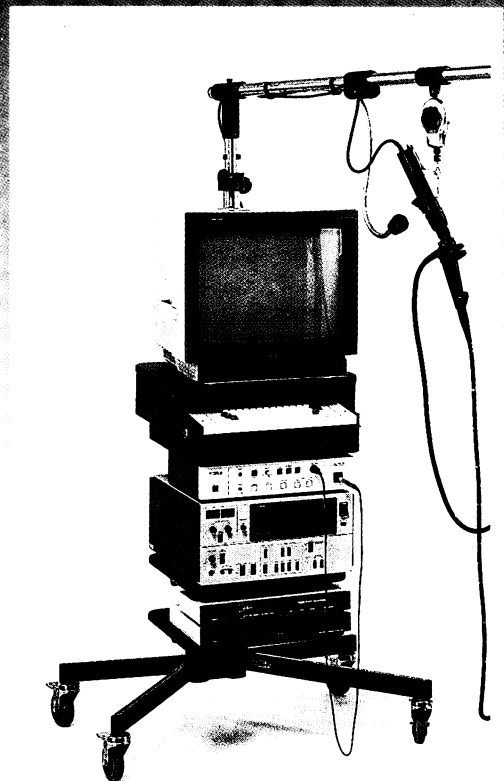


ADD a video and light to the basic set-up of instrument, camera, recorder and monitor, and you have a compact mobile system suitable for any endoscopy room.

ADD a video typewriter to the system and you can then include patient details and notes on screen so that all your endoscopic recordings are identifiable.

ADD a video light pen and you can 'draw' arrows and diagrams and highlight areas of interest on the screen.

ADD a Polaroid camera unit and you can have high quality hard copy prints within seconds.



Once you've used a KeyMed CCTV system you'll wonder how you could ever have managed without it.

KeyMed endoscopic CCTV systems are compatible with all Olympus endoscopes. For further details or to see the evidence for yourself, phone Customer Liaison on

0702 616333

KeyMed

Specialised Services to Medicine

KeyMed (Medical & Industrial Equipment) Ltd.
KeyMed House, Stock Road, Southend-on-Sea, Essex SS2 5QH.
Telex: 995283, Facsimile: (0702) 65677, Telephone: (0702) 616333 (20 lines).

with subsidiaries:

KeyMed (Ireland) Ltd.
KeyMed House, Lord Edward Court,
Bride Street, Dublin 8.

KeyMed Inc.
400 Airport Executive Park,
Spring Valley, New York 10977.

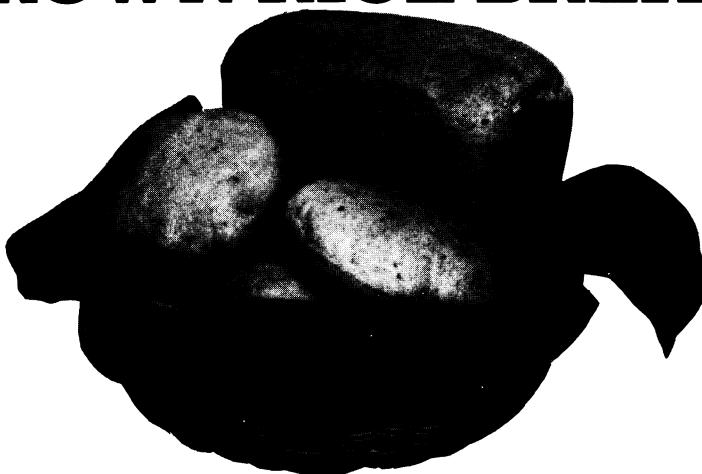
KEYMED-see it our way

NEW

ENER-G



Gluten-Free BROWN RICE BREAD



Your assurance of the finest quality dietetic food products.

ENER-G GLUTEN-FREE BROWN RICE BREAD is a nutritious alternative to wheat bread, made without sugar, lactose, milk or wheat. It is specifically formulated for people who must eliminate their consumption of gluten, eggs, milk, soy, wheat or sodium (salt).

It is a true yeast raised bread. Its texture is excellent.

ENER-G GLUTEN-FREE BROWN RICE BREAD is as filling and satisfying as a bread should be --- a true *staff of life*.

ENER-G GLUTEN-FREE BROWN RICE BREAD is high in natural fibre (dietary fibre 34.7%). This means that people with a coeliac condition can now eat more healthily.

ENER-G BROWN RICE BREAD is 100% gluten-free. It is produced from the finest gluten-free ingredients and contains no wheat starch.

ENER-G Gluten-free bread is already sliced for convenience.

ENER-G GLUTEN-FREE BROWN RICE BREAD is **PRESCRIBABLE** for the following conditions: 'Gluten-sensitive enteropathies including steathorrhea due to gluten-sensitivity, coeliac disease and dermatitis herpetiformis'.

Prescription to be marked 'as per ACBS' (Form FP10).

Available from branches of Boots and all leading chemists.



GUARANTEE
All Ener-G Foods are produced and packaged in a completely gluten-free environment. Ener-G Foods has devoted 76 years to serving special dietary needs.

**GENERAL
DESIGNS LTD.**

GENERAL DESIGNS LTD. (ENER-G U.K. DISTRIBUTOR)
P.O. Box 38E, Worcester Park, Surrey KT4 7LX
Tel: 01-337-9386 Telex 24667 (IMPEMP G)

To:- GENERAL DESIGNS LTD
P.O. Box 38E, Worcester Park, Surrey KT4 7LX
Please tick where appropriate.
I wish to remain on your mailing list.
Please send me a free sample of
ENER-G gluten-free brown rice bread.
(U.K. addresses only please)

Name _____

Title _____

Address _____

Postcode _____
(Block capitals please)



Have you heard...?

... that KeyMed guarantees its scopes unconditionally for 12 months, even against accidental damage?

... that KeyMed has probably the best-equipped endoscopy service centre in the world?

... that KeyMed service contracts reduce the time you lose the use of your scope while it is being repaired?

... that KeyMed offers you a replacement

scope while repairing yours?

... that KeyMed runs comprehensive training courses for nurses and technicians?

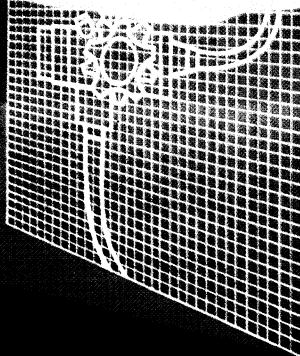
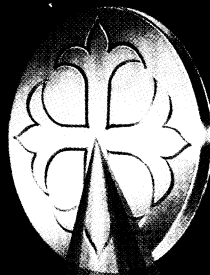
... luckily for you we're not all talk

KeyMed
Specialised Services to Medicine

KeyMed House, Stock Road,
Southend-on-Sea, Essex SS2 5QH
Telex: 995283, Facsimile: (0702) 65677,
Telephone: (0702) 616333 (20 lines)

KEYMED - see it our way

Concept and Evolution through Pilkington...



...UGI-3 Flexible Endoscope

Designed and built in Britain the UGI-3 Flexible Endoscope is the product of intense research and development. The result is an exceptional instrument with many advantageous characteristics more fully appreciable when in operation.

***Comfort and Ease of Use.** The latest developments in durable and lightweight materials have been applied throughout all stages of construction achieving a flexible, well-balanced instrument.

***Unique Bending Section.**

***Bright Imaging.** This allows clear visual examination and precise diagnosis.

***Compatible.** Suitable for most Cold Light Sources

produced by recognised manufacturers by using a simple adaptor and via its 2.8mm biopsy channel the UGI-3 will accept almost all makes of biopsy forceps, cleaning or cytology brushes and washing tubes.

***After Sales Service – Guaranteed.** †A replacement endoscope will be made available to you within 48 hours of notification should your instrument not perform to your complete satisfaction.

†Available to our customers only.



Typical photographs obtained through a UGI-3 using a 35mm SLR Camera and no-lens coupling.

You can obtain further information on the Pilkington UGI-3 Flexible Endoscopes by contacting the Medical Sales Division at the address below:



PILKINGTON

◀ Medical Systems ▶

The Focus of Medical Technology.

INTERNATIONAL MEDICAL JOURNALS IN ENGLISH

JOURNAL OF CARDIOVASCULAR SURGERY
Official Journal of the International
Cardiovascular Society.
Bi-monthly. Annual subscription, \$80.00

**JOURNAL OF SPORTS MEDICINE
AND PHYSICAL FITNESS**
Official Journal of the Federation
Internationale de Medecine Sportive.
Quarterly. Annual subscription, \$60.00

PANMINERVA MEDICA-EUROPA MEDICA
The Journal of the Italian
Medical Association.
Quarterly Review of European Medicine.
Annual subscription, \$60.00

JOURNAL OF NEUROSURGICAL SCIENCES
Official Journal of the Italian
Society of Neurosurgery.
Quarterly. Annual subscription, \$60.00

**THE JOURNAL OF NUCLEAR MEDICINE
AND ALLIED SCIENCES**
Official Organ of the Italian Society of
Biology and Nuclear Medicine.
Quarterly. Annual subscription, \$60.00

INTERNATIONAL SURGERY
Official Journal of the International
College of Surgeons.
Quarterly. Annual subscription, \$60.00

INTERNATIONAL ANGIOLOGY
Official Journal of the International Union of
Angiology.
Quarterly. Annual subscription, \$60.00

**INTERNATIONAL JOURNAL OF SPORTS
CARDIOLOGY**
Official Journal of the Italian Society of Sports
Cardiology.
Semi-yearly. Annual subscription, \$40.00

EDIZIONI MINERVA MEDICA

**Corso Bramante 83/85
10126 Torino (Italy)**

AVIATION MEDICINE

This authoritative and highly readable account of the little known speciality of aviation medicine will interest both general readers and those interested in it as a career. Comprehensive information on the management of airline passengers with particular medical conditions before, during, and after flight will help doctors faced with deciding whether or not their patient is fit to fly and with coping with a medical emergency in the air while themselves passengers on board an aircraft. The chapters on the problems of altitude, acceleration, the function of the special senses in flight, special forms of flight, and aviation psychology describe clearly and precisely the physiological and behavioural effects that flight imposes on man.

Price: Inland £5.50;
Overseas £7.50/
USA \$13.00
(Inland £5.00;
Overseas £7.00/
USA \$12.00 to
BMA members)

including postage, by air overseas

Payment must be enclosed with order

Order your copy now
From: The Publisher,
British Medical Journal,
BMA House,
Tavistock Square,
London WC1H 9JR,
or any leading bookseller