

...tical precautions

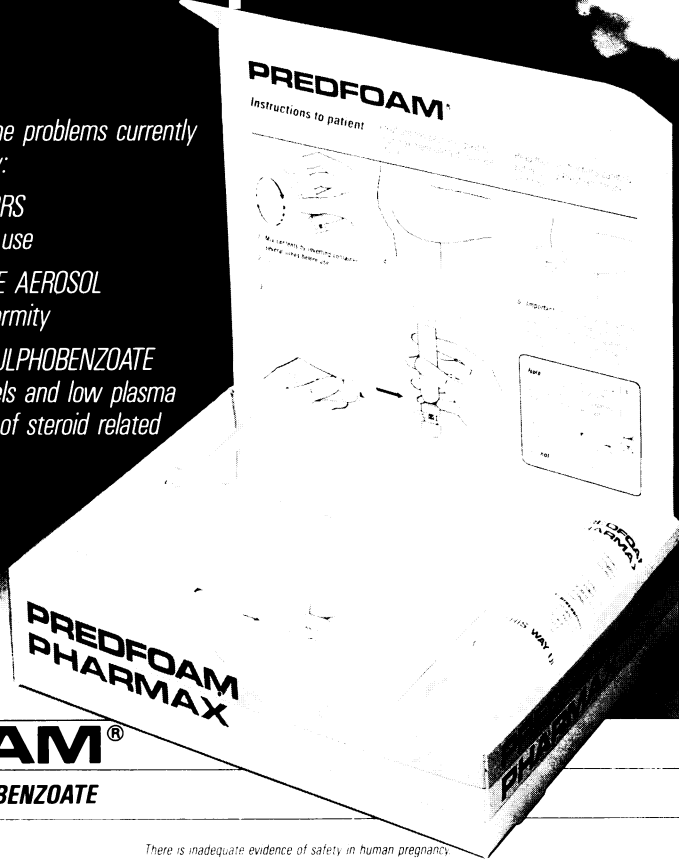
THIS WAY UP

Ulcerative Colitis?

dispose of a problem...

How Predfoam helps solve the problems currently associated with foam therapy:

- **DISPOSABLE APPLICATORS**
— Clean and simple to use
- **UNIQUE METERED DOSE AEROSOL**
— Ensures dosage uniformity
- **PREDNISOLONE METASULPHOBENZOATE**
— High local tissue levels and low plasma levels*: reduced risk of steroid related side effects



PREDFOAM®

PREDNISOLONE METASULPHOBENZOATE

Prescribing Information

Presentation: A white mucoadherent aerosol foam containing prednisolone metasulphobenzoate sodium equivalent to 20mg prednisolone per metered dose.

Uses: Treatment of proctitis and ulcerative colitis.

Dosage and Administration: One metered dose inserted rectally once or twice daily for two weeks, extending treatment for a further two weeks when a good response is obtained.

Contra-indications, warnings, etc:

Contra-indications: Local conditions where infection might be masked or healing impaired e.g. peritonitis, fistulae, intestinal obstruction, perforation of the bowel.

Side effects: The consequences of systemic absorption should be considered with extensive use over prolonged periods. As with all rectal corticosteroids, prolonged continuous use is undesirable.

There is inadequate evidence of safety in human pregnancy. Topical administration of corticosteroids to pregnant animals can cause abnormalities of foetal development including cleft palate and intra uterine growth retardation. There may, therefore be a very small risk of such effects in the human foetus. Overdosage by this route is unlikely.

Legal Category: POM

PL 0108/0101

Pack and basic NHS price: Box containing 14 fourteen-dose canisters, 14 disposable nozzles and 14 plastic bags £7.00

* Registered Trade Mark

References: (1) Data on file (Pharmax)

Full information is available on request

PHARMAX LIMITED
Bourne Road, Bexley, Kent DA5 1NX
Telephone 0322 91321



NEW

ANNOUNCING THE FIRST SPECIFICALLY DEVELOPED

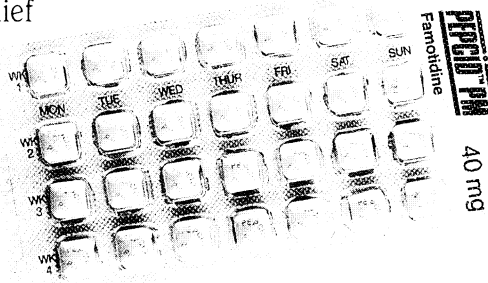
THE IMPORTANCE OF NIGHT-TIME COVER

Leading gastroenterologists say that the inhibition of nocturnal acid is the key to successful peptic ulcer therapy.^{1,2}

During the day, normal gastric acid is required for natural digestion and as protection against unwanted ingested bacteria. 'PEPCID' PM, the first H₂-receptor antagonist specifically developed for night-time use, inhibits acid production when it's not needed.

'PEPCID' PM effectively controls nocturnal acidity in most duodenal ulcer patients, providing rapid healing and swift relief of pain. 'PEPCID' PM has been shown to achieve a 90.5% healing of duodenal ulcers within four weeks⁴ and 97% of gastric ulcers within eight weeks.⁵

That's 'PEPCID' PM, a simple, once-nightly 40 mg tablet, supplied in a convenient 28-day calendar pack to help maximise compliance.



ABRIDGED PRODUCT INFORMATION

Full prescribing information is available and should be consulted before prescribing.

INDICATIONS Duodenal ulcer; prevention of relapses of duodenal ulceration; benign gastric ulcer; hypersecretory conditions such as Zollinger-Ellison syndrome.

DOSAGE In duodenal and benign gastric ulcer, 40 mg at night for four to eight weeks.

For prevention of duodenal ulcer recurrence, 20 mg at night.

Initiate antisecretory therapy of Zollinger-Ellison syndrome with 20 mg every six hours and adjust to individual response. Maximum 480 mg daily.

CONTRA-INDICATION Hypersensitivity.

PRECAUTIONS Exclude any likelihood of gastric carcinoma before using 'PEPCID' PM.

Consider reducing the daily dose if creatinine clearance falls to or below 30 ml/min.

'PEPCID' PM is not recommended in pregnancy, nursing mothers or children.

SIDE EFFECTS Rarely, headache, dizziness, constipation, diarrhoea. Less frequently, dry mouth, nausea, vomiting, rash, abdominal discomfort, anorexia, fatigue.

BASIC NHS COST 20 mg tablets, £14.00 for 28-day calendar pack and £25.00 for bottles of 50.

40 mg tablets, £26.60 for 28-day calendar pack and £47.50 for bottles of 50.

PRODUCT LICENCE NUMBERS: 20 mg tablets, 0025/0215; 40 mg tablets, 0025/0216.

Issued September 1987.

TM denotes trademark

References

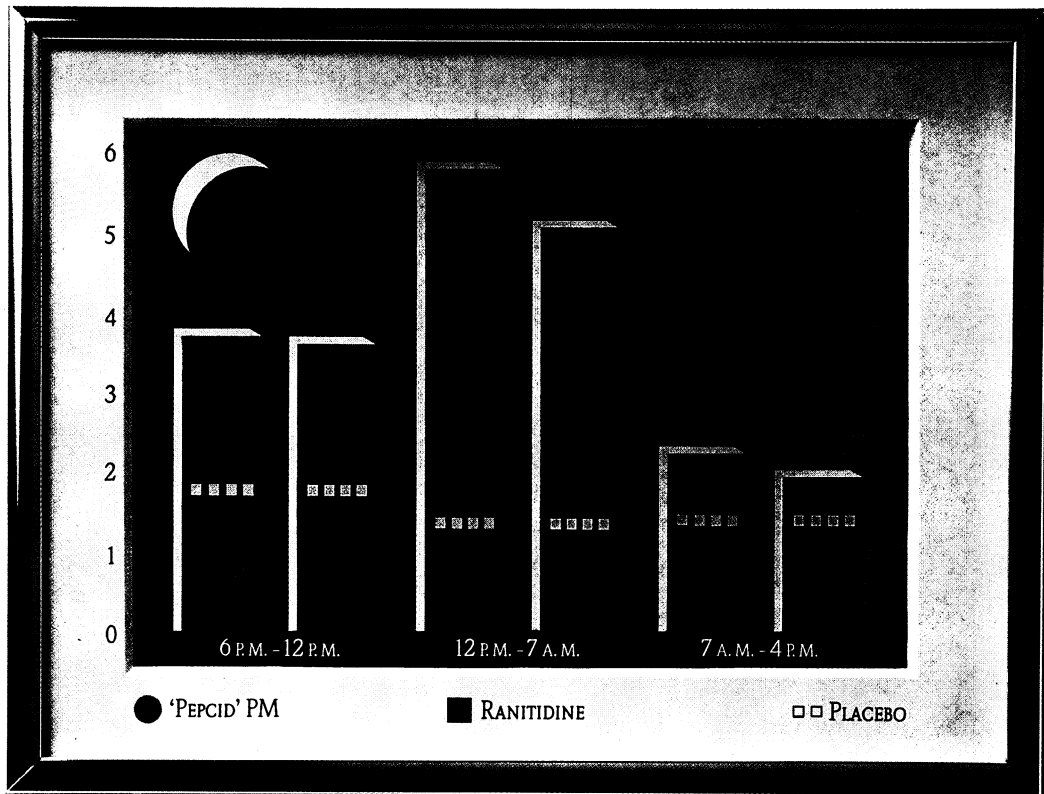
1. Gledhill, T., *et al.*, *Gut*, 1983, 24, 904.
2. Ireland, A., *et al.*, *Lancet*, 1984, ii 274.
3. Bauerfeind, P., *et al.*, *Gastroenterology*, 1986, 90(5), 1340.
4. Simon, B., *et al.*, *Digestion*, 1985, 32 (Suppl. 1), 32.
5. Paoluzi, P., *et al.*, *Digestion*, 1985, 32 (Suppl. 1), 38.



Thomas Morson Pharmaceuticals
Hertford Road, Hoddesdon, Hertfordshire
Division of Merck Sharp & Dohme Limited

H₂-RECEPTOR ANTAGONIST FOR ONCE-NIGHTLY USE

NIGHT-TIME COVER FROM A SINGLE DOSE³



Median pH values for evening, night and day

PEPCIDTM PM
40 mg (famotidine)

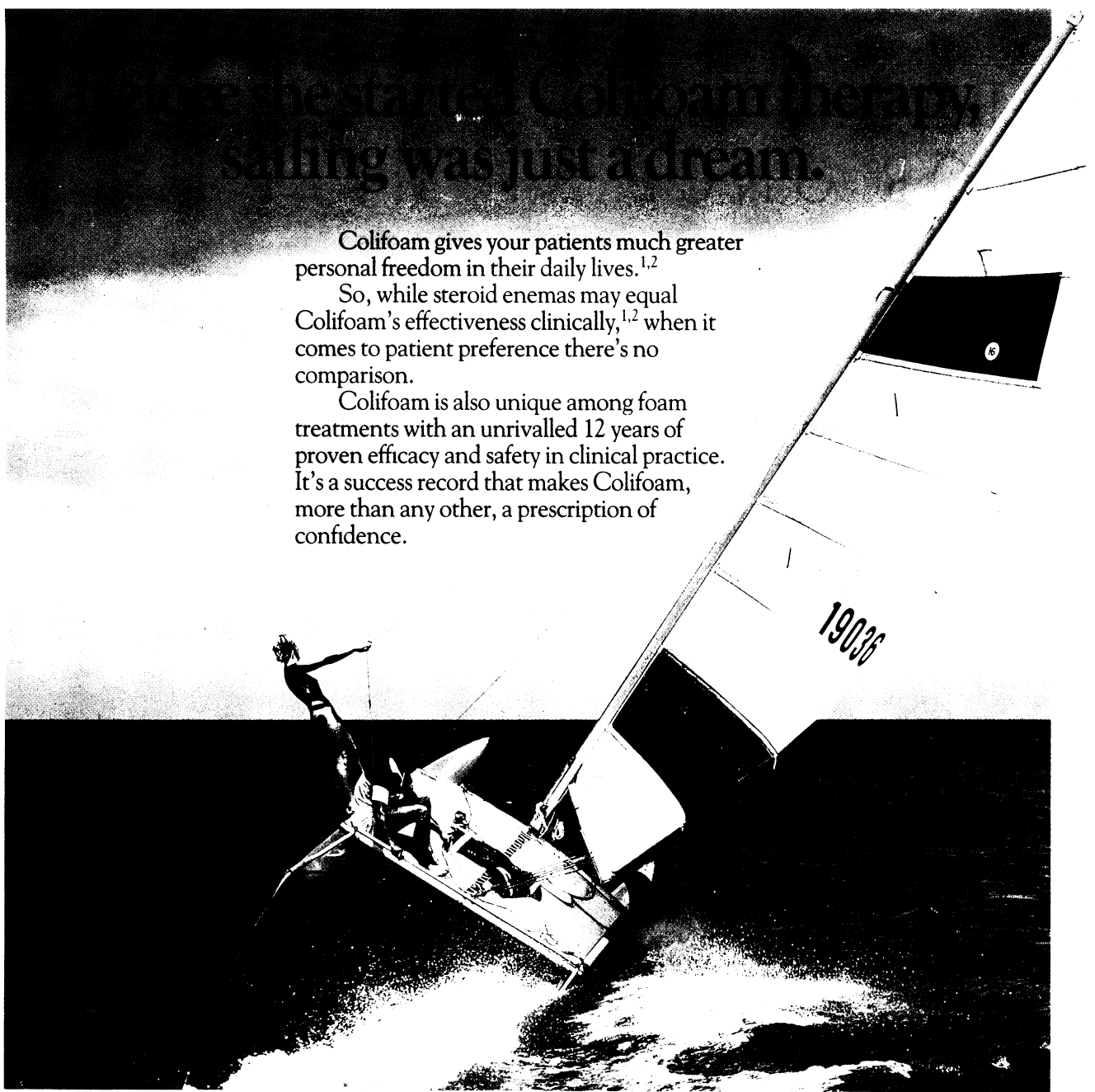
One at night can make their day

...the time when Colifoam was just a dream.

Colifoam gives your patients much greater personal freedom in their daily lives.^{1,2}

So, while steroid enemas may equal Colifoam's effectiveness clinically,^{1,2} when it comes to patient preference there's no comparison.

Colifoam is also unique among foam treatments with an unrivalled 12 years of proven efficacy and safety in clinical practice. It's a success record that makes Colifoam, more than any other, a prescription of confidence.



The proven choice in distal inflammatory bowel disease

1. Ruddell WSJ et al. *Gut* 1980; 21: 885-889 2. Somerville KW et al. *British Medical Journal* 1985; 291: 866

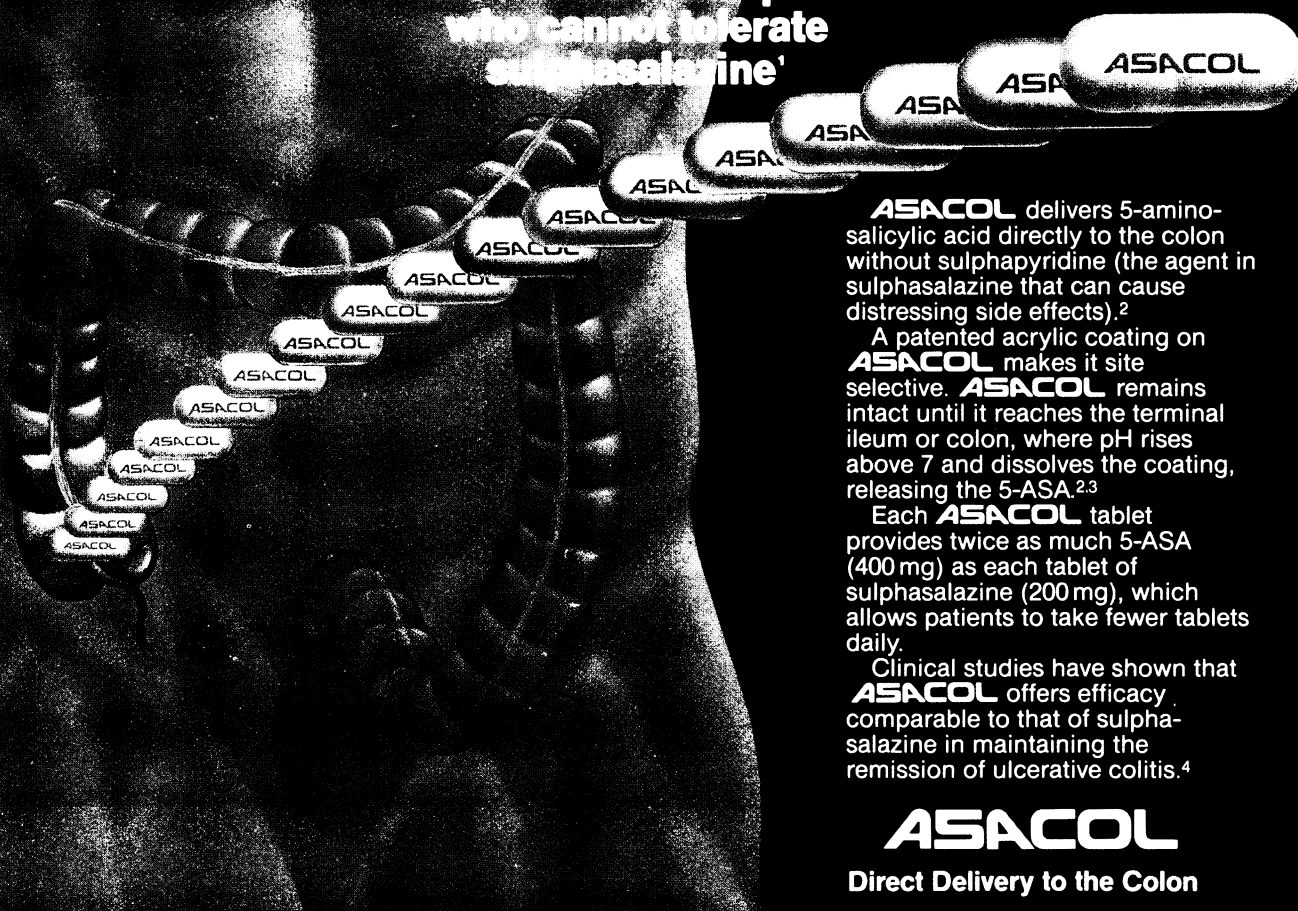
PRESCRIBING INFORMATION: Presentation: White odourless aerosol containing hydrocortisone acetate PhEur 10%. Uses: Ulcerative colitis, proctosigmoiditis and granular proctitis. Dosage and administration: One applicatorful inserted into the rectum once or twice daily for two or three weeks and every second day thereafter. Shake can vigorously before use (illustrated instructions are enclosed with pack). 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. Keep out of reach of children. For external use only. Legal category: POM. Package Quantity & Basic NHS cost: 25g canister 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.

ASACOL

(MESALAZINE)

Direct delivery to the colon

For ulcerative colitis patients
who cannot tolerate
sulphasalazine*



ASACOL delivers 5-aminosalicylic 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 terminal ileum or colon, where pH rises above 7 and dissolves the coating, releasing the 5-ASA.^{2,3}

Each **ASACOL** tablet provides twice as much 5-ASA (400 mg) as each tablet of sulphasalazine (200 mg), 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.⁴

ASACOL

Direct Delivery to the Colon

ABBREVIATED PRESCRIBING INFORMATION PRESENTATION

Red tablets containing 400 mg 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: 3 to 6 tablets daily in divided doses. There is no dose recommendation for children.

CONTRA-INDICATIONS, WARNINGS, ETC.

Contra-indications

Contra-indications: a history of sensitivity to salicylates. Children under 2 years of age.

Precautions

Renal disorder. Mesalazine is excreted rapidly by the kidney mainly as its metabolite, N-acetyl 5-aminosalicylic acid. In rats large doses of mesalazine injected intravenously produce tubular and glomerular toxicity. Although no 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 a raised blood urea or proteinuria.

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

Use during pregnancy

Use of 'Asacol' during pregnancy should be with caution, and only if, in the opinion of the physician, the potential benefits of treatment are generally greater than the possible hazards.

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: 66p-£1.31

Licence Holder:

Tillotts Laboratories, Henlow Trading Estate, Henlow, Bedfordshire SG16 6DS.

Supplier:

Smith Kline & French Laboratories Limited, Welwyn Garden City, Hertfordshire AL7 1EY

U.K. Patent No. 8322387

REFERENCES:

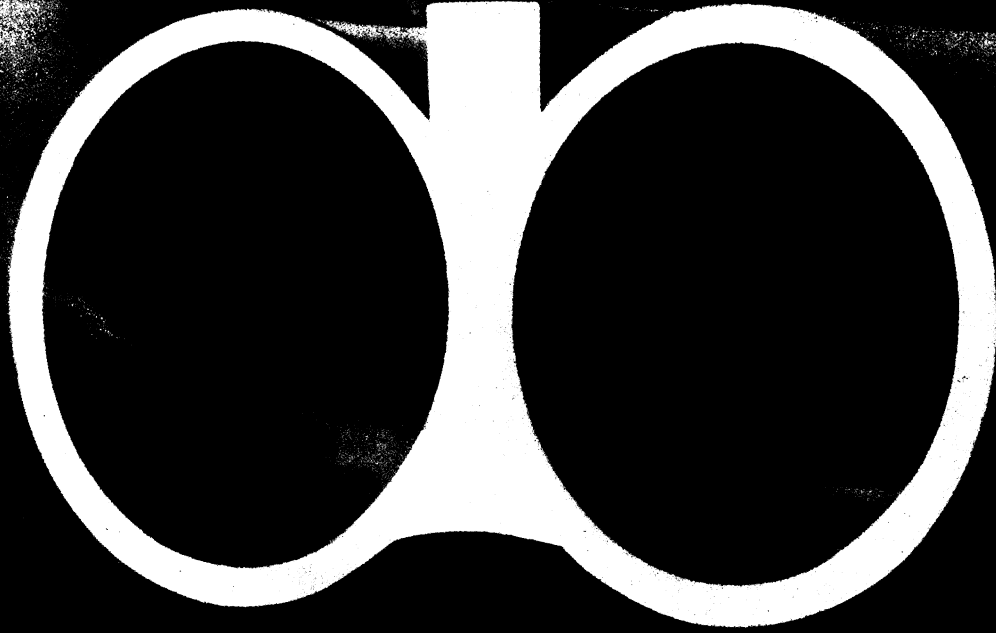
1. Dew M.J., Harries A.D., Evans B.K. et al. Treatment of ulcerative colitis with oral 5-aminosalicylic acid in patients unable to take sulphasalazine. *Lancet*, 1983, **ii**:801.
2. Dew M.J., Hughes P.J., Lee M.G. et al. An oral preparation to release drugs in the human colon. *Br. J. Clin. Pharmacol.*, 1982; **14**:405-408.
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., Harries A.D. et al. Maintenance of remission in ulcerative colitis with oral preparation of 5-aminosalicylic acid. *Br. Med. J.*, 1982; **285**:1012.
5. Dew M.J., Harries 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.

SK&F Smith Kline & French Laboratories Limited
A SMITHKLINE BECKMAN COMPANY
Welwyn Garden City, Hertfordshire AL7 1EY

© 1987 Smith Kline & French Laboratories Limited. 'Asacol' is a trade mark. ASC AD37

De-Nol gives ulcer



So they tend not t

REFERENCES: 1. Ward, M. et al, *Digestion*, 1986; 34: 173-177. 2. Bianchi Porro et al, *Scand. J. Gastro.* 1984, 19: 905-908. 3. Lee, F. et al, *Lancet* (1): 1299-1302 (1985). 4. Cipollini, F. et al, *Brit. J. Clin. Pract.* Vol 41: 4 (1987). 5. Martin, D. et al, *Lancet* (1): 7-10 (1981). 6. Hamilton, I. et al, *Gut* 27: 106-110 (1986). 7. Bianchi Porro et al, *Gut* 25: A565 (1984). 8. Konturek, S.J. et al, *Gut* 28: 201-205 (1987). 9. Marshall, B. et al, *Lancet* (1) 1984: 1311-1314. 10. Rathbone, B.J. et al, *Gut* 27: 635-641 (1986).
PRESENTATION: Each tablet or 5 ml dose contains 120 mg tri-potassium di-citrate bismuthate (calculated as Bi₂O₃). **USES:** Ulcer healing agent. For the treatment of gastric and duodenal ulcers. **DOSAGE AND ADMINISTRATION:** By oral administration. **Adults:** The more convenient dosage is two tablets or two 5 ml spoonfuls twice daily (half an hour before breakfast and half an hour before the evening meal) for 28 days. If necessary a further month's treatment may be given. Maintenance therapy with De-Nol is not indicated, but treatment may be repeated after an interval of one month. The tablets are to be taken with a draught of water and each 10 ml dose of the liquid diluted with 15 ml of water. **Children:** Not recommended.

Gist-brocades

s both barrels.

NEW FORMULATION
NEW DOSAGE 2 b.d.

De-Nol has a clinical benefit which goes beyond merely healing ulcers as effectively as the H₂ antagonists.^{1,2,3,4}

Quite simply, an ulcer healed with De-Nol is less likely to come back than one healed with an H₂ antagonist. This remarkable observation was first made in a trial published in the Lancet in 1981⁵ and has subsequently been confirmed by further clinical trials.^{3,6,7}

The reasons for this benefit appear to be twofold. Firstly, De-Nol is a cytoprotective, enhancing mucosal defence through the stimulation of mucosal prostaglandins.⁸ Secondly, De-Nol is antibacterial to Campylobacter pyloridis⁹, a bacterium recently shown to be a potential aggressive factor in the development of gastritis and ulcer disease.¹⁰

Treatment is simple now with the new formulation. As simple as swallowing two tablets, morning and evening.

 De-Noltab 2 b.d.

De-Nol[®]

tri-potassium di-citrate bismuthate

REBALANCES THE
ULCER EQUATION

CONTRA-INDICATIONS, WARNINGS: De-Nol/De-Noltab should not be administered to patients with renal disorders and, on theoretical grounds, is contra-indicated in pregnancy. **Special precautions:** De-Nol/De-Noltab may inhibit the efficacy of orally administered tetracyclines. **Side effects:** Blackening of the stool usually occurs; nausea and vomiting have been reported. Darkening of the tongue may occur with De-Nol liquid only. **Overdosage:** No reports of overdosage have been received; gastric lavage and, if necessary, supportive therapy would be indicated. **LEGAL CATEGORY:** P. **PACKAGE QUANTITIES:** De-Noltab: Treatment pack of 112 tablets. De-Nol: Treatment pack of 560 ml. **BASIC N.H.S. PRICE:** De-Noltab: £18.90. De-Nol: £12.74. **PRODUCT LICENCE NUMBERS:** De-Noltab: 0166/0124. De-Nol: 0166/5024.

Brocades/Great Britain/Limited, West Byfleet, Surrey.

Extend the range...

of pancreatic enzyme therapy
with the five flexible forms of

PANCREX[®]

(pancreatin)

Only the PANCREX range provides:



Tablets

Forte
Tablets

- More dosing options for more types and ages of patient
- Low daily cost for long-term therapy

ABRIDGED PRODUCT INFORMATION

Full prescribing information is available and should be consulted before prescribing.

Indications: Fibrocystic disease of the pancreas (cystic fibrosis), chronic pancreatitis and pancreatic steatorrhoea following pancreatectomy. May also be indicated following gastrectomy as an aid to digestion.

Minimum activity in BP Units:

PREPARATION	PROTEASE	LIPASE	AMYLASE
PANCREX V POWDER	1400/g	25,000/g	30,000/g
PANCREX GRANULES	300/g	5,000/g	4,000/g
PANCREX V CAPSULES	430	8,000	9,000
PANCREX V CAPSULES '125'	160	2,950	3,300
PANCREX V TABLETS	110	1,900	1,700
PANCREX V FORTE TABLETS	330	5,600	5,000

Dosage:

PANCREX V POWDER: 1/2-2g swallowed dry or mixed with water or milk, 4 times daily with meals.

PANCREX GRANULES: 5-10g swallowed dry or mixed with water or milk, 4 times daily before meals.

PANCREX V CAPSULES: Infants - contents of 1-2 capsules mixed with feeds. Older children/adults - 2-6 capsules, 4 times daily with meals.

PANCREX V CAPSULES '125': Neonates 1-2 capsules with feeds
PANCREX V TABLETS: 5-15 tablets, 4 times daily before meals
PANCREX V FORTE TABLETS: 6-10 tablets, 4 times daily before meals.

Main Contra-indications/Warnings:

If Pancrex V is mixed with feeds or liquids, the mixture should be consumed within one hour.

In the case of newborn infants high dosage of Pancrex V may result in irritation around the mouth and anus. Barrier creams will prevent such local irritations.

Rare cases of hyperuricosuria have been reported after taking extremely high doses of Pancreatin.

Basic NHS Cost: Pancrex V Powder 100g £6.53, 250g £13.90. Pancrex V Capsules 100 £3.71, 500 £14.37. Pancrex V Capsules '125' 500 £10.89. Pancrex Granules 100g £4.78, 500g £19.16. Pancrex V Tablets 100 £1.79, 500 £4.79. Pancrex V Forte Tablets 100 £3.23, 500 £12.46.

Product Licence Numbers: Pancrex V Powder 0051/5004, Pancrex V Capsules 0051/5043, Pancrex V Capsules '125' 0051/5104, Pancrex Granules 0051/5003, Pancrex V Tablets 0051/5002, Pancrex V Forte Tablets 0051/5000.

Paines & Byrne Limited
Bilton Road, Greenford, Middlesex UB6 7HG



(pancreatin)

How to stop your ulcer therapy going up in smoke

Numerous reports have linked cigarette smoking and peptic ulcer disease. Cigarette smoking has an adverse effect on healing rates of duodenal ulcer in patients treated with antacid, cimetidine or ranitidine.¹ It is best for your patient to try to stop smoking but success is not guaranteed.

However recent trials^{2,3} have shown that duodenal ulcer healing rates with Antepsin are unaffected by smoking.

A comparative study showed that healing rates in smokers treated with Antepsin (81.6%) were significantly ($p < 0.05$) better than in smokers treated with cimetidine (62.5%)²

So if your ulcer patient can't or won't give up smoking remember . . .



Antepsin[®] sucralfate heals smokers' ulcers

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.

References

1. Richardson C.T. Am J Med 1985; 79 (Suppl 2C): 1-7
2. Lam S.K. et al Data presented at the World Congress of Gastroenterology, Brazil 1986
3. Brandstater G. Am J Med 1985 79. (Suppl 2C): 36-38

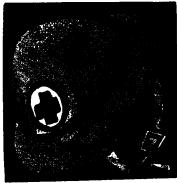
Date of preparation: December 1985.
Antepsin is a registered trade mark.

533/12/86



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

So what has Lilly ever done for Britain?



Well, where should we start? The Second World War seems as good a place as any. By 1942 around one third of the production capacity of our newly-built Basingstoke factory was devoted to producing medicines for Britain's armed forces.

From foot powders to burn treatment, products manufactured by Lilly played their part in Britain's war effort. Today we are contributing more than ever to Britain.

Our Part in Building Basingstoke

In 1939 we opened our first manufacturing plant in Britain, at Basingstoke. In those days the town had a population of less than 20,000. Today it is a busy commercial centre of 90,000 people.

As one of Basingstoke's biggest and longest-established employers, we are proud of our role in the town's growth and current success.



Just the Job for Liverpool

At Speke on Merseyside, our antibiotics processing plant provides much needed jobs for 900.

In fact, our Speke General Manager was recently awarded an OBE for his outstanding contribution to alleviating the problems of Merseyside.

Add in our other UK operations, including our research centre in Surrey, and Lilly Industries Limited employs over 2,000 people throughout Britain.

Leaving aside our contribution to the economy's well-being, we also do a considerable amount for the nation's health.

As one of the world's leading pharmaceutical companies, we have discovered and developed numerous important drugs.

The Health of the Nation

An Indispensable Discovery from Lilly

It was Lilly who pioneered the Vinca Alkaloid group of compounds. These are widely used in Britain in the treatment of childhood leukaemia and are described by the Oxford Textbook of Medicine as 'indispensable.'



Where Research Becomes Reality

Lilly Industries Limited, Kingsclere Road, Basingstoke, Hampshire RG21 2XA Telephone: Basingstoke (0256) 473241.

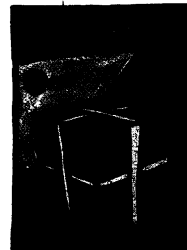


Thanks in part to this discovery, a condition that once almost always condemned young sufferers to death now has a vastly improved prognosis.

Then there was our work in the development of oral antibiotics. Before their introduction, administering antibiotics was a laborious and costly process. Expensive for the NHS and painful for the patient. With our help, the discomfort of both parties has been considerably lessened.

Where Research Becomes Reality

More recently, in 1982, we introduced genetically engineered human insulin manufactured in our plant in Speke. The benefit to patients with diabetes in Britain and around the world is unquestionable.



Exporting to the World

The success of our products is based, to a great extent, on research. UK research personnel located at our Erl Wood Research Centre in Surrey have contributed greatly to many of our worldwide projects, a prime example of Britain's expertise in the pharmaceutical field.

Lilly Industries Limited ranks among Britain's top exporters. Products manufactured here are distributed around the world, netting millions for Britain's balance of payments each year.

And what of profits? As an American company, do all the financial benefits wing their way back across the Atlantic? Not at all.

Investing in Britain

Our investment in Britain now tops over £140 million. In the last five years alone we have ploughed back £80 million. What is more, with our continued commitment to innovative pharmaceutical fields such as rDNA technology, we'll be spending a lot more in Britain in the next few years.

Employment, economic growth, investment and expertise. Just a few of the things an American pharmaceutical company has done for Britain.

INTRODUCING

NEW
AXID
NIZATIDINE



The new H₂ antagonist
that starts life
with a once-daily dosage.

Axid

Acid control by night

A single Axid capsule in the evening suppresses acid production only during the night when mucosal damage may occur.

Axid produces a high degree of efficacy in both pain relief and healing of duodenal and gastric ulcers,¹⁻³ together with a minimal suppression of daytime gastric acid.⁴

Axid causes minimal interference with other body systems; daytime serum gastrin

levels are unaffected,⁵ anti-androgenic effects are rare⁶ and Axid does not bind to the P450 cytochrome system in the liver.⁷

Axid has been shown to have a favourable side effects profile in trials with over 3,800 patients.⁸

Axid has simple dosage parameters. A half-life of 1½ hours⁹ (1.9 hours in patients over 65 years of age) means that dosage

Lilly

Minimal suppression of
daytime gastric acid



adjustment is only necessary in patients with moderate to severe renal impairment, (creatinine clearance <50ml/min). Axid has not been shown to interact with a

number of commonly administered drugs.⁸

A one-capsule, once-daily dosage and calendar pack presentation make patient compliance with Axid very easy.

NEW

AXID

NIZATIDINE

ONCE A DAY H₂ ANTAGONIST

PRESCRIBING INFORMATION APPEARS OVERLEAF

NEW

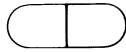
AXID

NIZATIDINE

One capsule in the evening

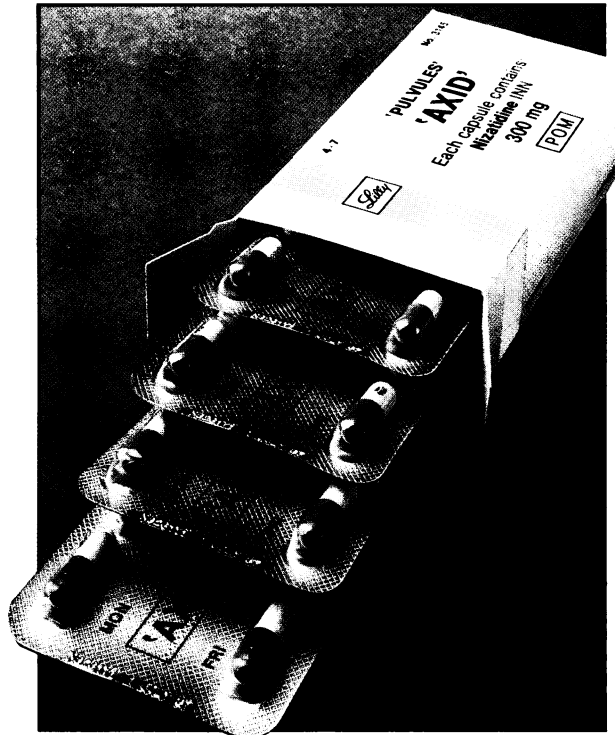


300mg in the evening for ulcer healing



150mg in the evening for maintenance therapy

- A highly effective H₂ antagonist¹⁻³
- A favourable side effects profile⁸
- Once daily dosage
- Minimal suppression of daytime gastric acid⁴



▼ ABBREVIATED PRESCRIBING INFORMATION

Presentation: Capsules containing 150mg or 300mg nizatidine INN. **Uses:** For the treatment of duodenal and benign gastric ulcer, and prevention of duodenal ulcer recurrence. **Dosage and Administration:** (For full information, see data sheet). Axid is administered orally. **Adults:** For duodenal and benign gastric ulcer, the recommended daily dose is 300mg in the evening for 4 or, if necessary, 8 weeks. For prevention of duodenal ulcer recurrence, the recommended daily dose is 150mg in the evening. **The elderly:** Normally dosage modification is not required except in patients who have moderate to severe renal impairment. **Children:** Not recommended. **Patients with impaired renal function:** Moderate renal impairment (creatinine clearance less than 50ml/min), the dose should be reduced by 50% to 150mg in the evening. Severe renal impairment (creatinine clearance less than 20ml/min), the dose should be reduced by 75% to 150mg on alternate days. Prevention of duodenal ulcer recurrence in moderate renal impairment (creatinine clearance less than 50ml/min), the dose may be reduced to 150mg on alternate days. Severe renal

impairment (creatinine clearance less than 20ml/min), the dose may be reduced to 150mg every third day. **Contra-indication:** Known hypersensitivity to H₂-receptor antagonists. **Warnings:** Usage in pregnancy: The safety of nizatidine for use during pregnancy has not been established. **Usage in lactation:** Administer to nursing mothers only if considered absolutely necessary. **Drug interactions:** No interaction has been observed between nizatidine and aminophylline, theophylline, chlordiazepoxide, diazepam, metoprolol, warfarin or lorazepam. Nizatidine does not inhibit the hepatic cytochrome P450-linked

drug metabolising enzyme system. **Precautions:** Patients with impaired liver or kidney function should be treated with caution (see data sheet). **Side-effects:** Possible side-effects include headache, asthenia, chest pain, myalgia, abnormal dreams, somnolence, rhinitis, pharyngitis, cough, pruritus, sweating and reversible, asymptomatic elevations of transaminases. **Overdose:** There is no experience of overdose in humans. Tested at very high doses in animals, nizatidine has been shown to be relatively non-toxic. **Treatment:** Symptomatic and supportive therapy is recommended. Activated charcoal may reduce nizatidine absorption and haemodialysis may

remove absorbed nizatidine. **Legal Category:** POM. **Product Licence Numbers:** Capsules 150mg 0006/0230. Capsules 300mg 0006/0231. **Basic NHS Cost:** Per 28-day calendar pack – 150mg capsules £11.52; 300 mg capsules £23.04. **Date of Preparation:** August 1987

▼ Special reporting to the CSM required. Full prescribing information is available from:

Eli Lilly & Company Limited
Kingsclere Road
Basingstoke,
Hampshire RG21 2XA
Telephone: (0256) 473241

References

1. Simon B et al. Scand J Gastroenterol 1987; 22: 61
2. Naccaratto R et al. Ibid 71
3. Cerulli MA et al. Ibid 79
4. Dammann HG et al. Ibid 50.
5. Kovacs TOG et al. Ibid 41
6. Van Thiel DH et al. Ibid 24
7. Klotz U. Ibid 18
8. Cloud ML. Ibid 29
9. Callaghan JT et al. Ibid 9

'AXID' is a Lilly trade mark.



WHERE RESEARCH BECOMES REALITY

NEW

For the relief of symptoms of DUMPING SYNDROME

"The favourable effect of the addition of guar gum to the meals of patients suffering from the dumping syndrome is based on the normalization (i.e. slowing down) of the passage of food from the stomach to the duodenum and jejunum, and hence the slowing down of the absorption of nutrients, especially monosaccharides, and the prevention of a rapid postprandial increase in intraluminal osmolarity in the duodenum".⁶

- ★ slows gastric emptying¹⁻³
- ★ reduces hyperglycaemia and hyperinsulinaemia⁴⁻⁵
- ★ helps improve patient comfort, food tolerance and nutritional status⁶⁻⁷

Guarem[®]

Guar 5g

References: 1 Jenkins et al **Br.Med.J.** 1978, 1, 1392 2 Blackburn et al **Clin.Sc.** 1984, 66, 329 3 Leeds et al **Lancet** 1981, 1, 1075 4 Jenkins **Proc.Soc.Exp.Biol.** 1985, 180, 422 5 Fuessi et al **Pract.Diab.** 1986, 3, 258 6 Harju & Larmi **J.Parent.Ent.Nutr.** 1983, 7, 470 7 Harju & Makela **Amer.J.Gastroent.** 1984, 79, 861

Clinical Information

Action. Guar gum which is derived from natural sources is a high molecular weight polysaccharide, galactomannan. In solution it (i) increases gastric transit time and (ii) slows the rate of absorption of other carbohydrates leading to a reduction in post prandial hyperglycaemia and insulin secretion. Guar gum is not absorbed and remains chemically unchanged until it reaches the colon where it is broken down before excretion. **Indication.** The relief of the symptoms of the 'dumping syndrome'. **Dosage & Administration.** Adults One 5g sachet to be taken with each main meal. The contents of a sachet are preferably sprinkled evenly over a meal or stirred into suitable foods (e.g. tomato juice, yoghurt, muesli, etc), in which case the food should be accompanied by a drink of 150ml (½ tumbler). **Contra-indications, Warnings, etc.** To avoid any risk of oesophageal obstruction or rupture, this

product should not be given to patients with a history of oesophageal disease or difficulty in swallowing. While Guarem may be expected to reduce malabsorption, usual monitoring of nutritional status should be continued. Guarem should not be ingested as dry granules. **Side-Effects.** Gastro intestinal symptoms (flatulence, diarrhoea) are quite common at the commencement of treatment. These can be reduced or avoided by initiating treatment gradually, in accordance with advice on the pack. **Presentation.** Sachets, each containing guar gum granules 5 grams. The fine pale cream granules are tasteless and readily water-miscible. Cartons of 100 sachets. **Product Licence Numbers.** PL0237/0023 & 0026 PA 3/61 Further information available from Rybar Laboratories Ltd., Amerstam, Bucks, UK.

Rybar

Olympus Endoscopy System

THE GOLD



- an evolution in endoscopy

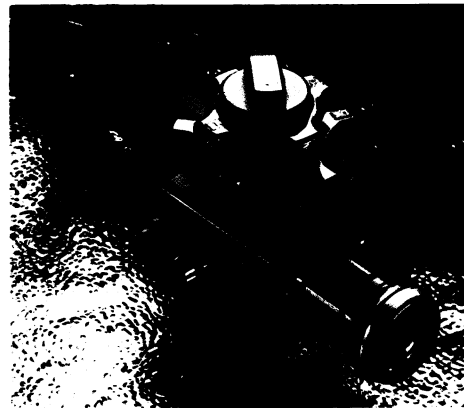
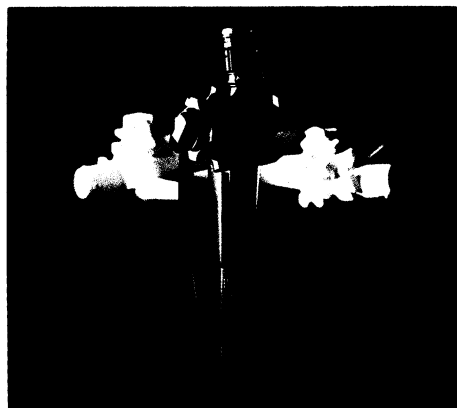


The evolution of the Olympus Endoscopy System (OES) 10 series has resulted in a new range — OES-20 — destined to become the 'Gold Standard' in endoscopy.

OES-20 is the culmination of a four year development programme, resulting in instruments which represent a significant advance in fiberscope technology.

High resolution optics, lighter in weight, improved durability, outstanding handling and insertion characteristics are just some of the exciting features offered by the unique OES-20 range of fiberscopes.

The Olympus Endoscopy System — OES-20.



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 (24 lines).

Scotland: KeyMed, Peel House, Ladywell East, Livingston EH54 6AH. Telephone: (0506) 416655

Ireland: KeyMed Ireland Ltd., KeyMed House, Lord Edward Court, Bride Street, Dublin 8. Telephone: 774855

USA: KeyMed Inc., 400 Airport Executive Park, Spring Valley, New York 10977. Telephone: (914) 425-3100

The Gold Standard - Seeing is believing

INFLAMMATORY BOWEL DISEASE

TREATMENT

AD·INFINITUM

NOT

AD·NAUSEAM

Salazopyrin EN-tabs®

enteric coated sulphasalazine

Salazopyrin EN-tabs 'ad infinitum' may mean therapy for life, but it may also mean a 4-fold reduction in relapse rate.¹

Success depends on continued compliance,² – compliance on tolerability. That is why Salazopyrin EN-tabs are enteric-coated to reduce local gastric effects,³ like dyspepsia and nausea.

To encourage your patients to continue therapy even when they are in remission, prescribe Salazopyrin EN-tabs.

It's therapy 'ad infinitum' rather than 'ad nauseam'.

References 1. Dissanayake AS, Truelove SC, Gut, 1973;14:923-96 · 2. Van Hees PAM, J Clin Gastroenterol, 1982;4:333-36 · 3. Nielsen OH, Scand J Gastroenterol, 1982;17:389-93.

PRESCRIBING INFORMATION

Presentation Orange elliptical convex film coated tablets containing 0.5g sulphasalazine (USP) with Pharmacia logo on one side. **Uses** - 1. Induction and maintenance of remission of Ulcerative Colitis. 2. The treatment of active Crohn's disease. **Dosage and Administration** - Salazopyrin EN-tabs should not be broken or crushed. **A. ULCERATIVE COLITIS Adults Severe** - 2-4 tablets four times a day given in conjunction with steroids as part of an intensive management regime. The night time interval between doses should not exceed eight hours. In severe disease rapid passage of the tablets may reduce the effect of the drug. **Mild/moderate** - 2-4 tablets four times a day given in conjunction with steroids. **Maintenance** - With induction of remission reduce the dose gradually to four tablets per day in divided doses. This dosage should be continued indefinitely, since discontinuance even several years after an acute attack has been shown to be associated with a four fold increase in the risk of relapse. **Children** - The dose is reduced in proportion to body weight. **Severe** - 40-60mg/kg per day. **Mild/Moderate** - 40-60mg/kg per day. **Maintenance** - 20-30mg/kg per day. **B. CROHN'S DISEASE** in active Crohn's disease. Salazopyrin EN-tabs should be administered as for severe ulcerative colitis. **Contra-indications** Sensitivity to sulphonamides and saicylates. Infants under 2 years of age. **Precautions** Blood checks and LFTs should be carried out monthly for 3 months. Care in renal or hepatic disease, in glucose-6-phosphate deficiency and porphyria. **Adverse Effects** The most commonly encountered reactions are nausea, headache, rash, loss of appetite and raised temperature. The following adverse reactions have been reported: Haematological: Heinz body anaemia, methaemoglobinuria, hypoprothrombinaemia, haemolytic anaemia, leucopenia, agranulocytosis, aplastic anaemia, megaloblastic anaemia, thrombocytopenia. Hypersensitivity reactions: Generalised skin eruptions, Stevens-Johnson syndrome, exfoliative dermatitis, epidermal necrolysis, pruritus, urticaria, photosensitisation, anaphylaxis, serum sickness, drug fever, periorbital oedema, conjunctival and scleral injection, arthralgia, allergic myocarditis, polyarteritis nodosa, LE phenomenon and lung complications with dyspnoea, fever, cough, eosinophilia, fibrosing alveolitis. Gastro-intestinal reactions: Stomatitis, parotitis, pancreatitis, hepatitis. CNS reactions: Vertigo, tinnitus, peripheral neuropathy, ataxia, convulsions, insomnia, mental depression and hallucinations. Fertility: Oligospermia, reversible on discontinuance of drug. Renal reactions: Crystalluria, haematuria, proteinuria and nephrotic syndrome. **Pregnancy and Lactation** Long term clinical usage and experimental studies have failed to reveal any teratogenic or icteric hazards. Amounts of drug in milk should not present a risk to a healthy infant. **Presentation and Legal Status** POM - PLO009/S007R. EN-tabs 125 (special pack for the disabled) £11.94. EN-tabs 500 £42.58. Further information available from Pharmacia Ltd., Pharmacia House, Midsummer Boulevard, Milton Keynes MK9 3HP. Salazopyrin and EN-tabs are registered trade marks. 1 March 1987.

DO BUGS CAUSE ULCERS?

Photograph by permission of Dr. David Hopwood.

Recent work has shown that a bacterium, *Campylobacter pyloridis*, is present on the gastric mucosa of almost all peptic ulcer patients.¹ Its eradication or recolonisation seems to be related to healing and relapse.² The evidence is strong but not yet conclusive.

De-Nol is the only peptic ulcer healer which has been shown to be antibacterial

to *Campylobacter pyloridis*.³ Other agents such as the H₂ antagonists, at best have no effect.⁴

We do know that De-Nol gives healing rates equal to the H₂ antagonists,^{5,6} and has been shown to reduce relapse rates without maintenance therapy.^{7,8}

Whether it's the bugs or not, De-Nol is the logical choice.

De-Nol[®]

tri-potassium di-citrate bismuthate

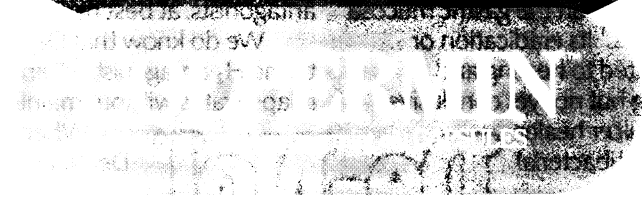
REBALANCES THE ULCER EQUATION.

References: 1. Marshall, B.J. et al, *Lancet* 1 (1984) 1311-1315. 2. Axon, A.T., *BMJ*. 293 (1986) 772. 3. Humphries, H. et al, *Gastroenterology* 90 (1986) 1470. 4. Tytgat, G.N.J. et al, *Scand. J. Gastro.* 21 (suppl. 122) (1986) 22-29. 5. Hamilton, I. et al, *Gut* 24 (1983) 1148-1151. 6. Lee, F.I. et al, *Lancet* (June 8, 1985) 1299-1302. 7. Martin, D. et al *Lancet* 1 (1981) 7-10. 8. Bianchi Porro, G. et al, *B.S.G.* April 1984.

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 Bi₂O₃). De-Nol is presented as a clear red liquid in a 560ml bottle containing 120mg tri-potassium di-citrate bismuthate (calculated as Bi₂O₃) 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 £18.00. De-Nol £12.74. **GMS Price (Eire):** De-Noltab IR£19.03. De-Nol IR£12.38. **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.

Gist-brocades

Brocades/Great Britain/Limited, West Byfleet, Surrey.



Pain
due to
acids

For the treatment of irritable bowel syndrome

THIXOTROPIC PASTE FORMULATION FOR SUSTAINED RELIEF

First Line Therapy . . . Naturally

PRESCRIBING INFORMATION

Presentation: Enteric-coated hard gelatin capsule. Each contains 0.2ml 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.

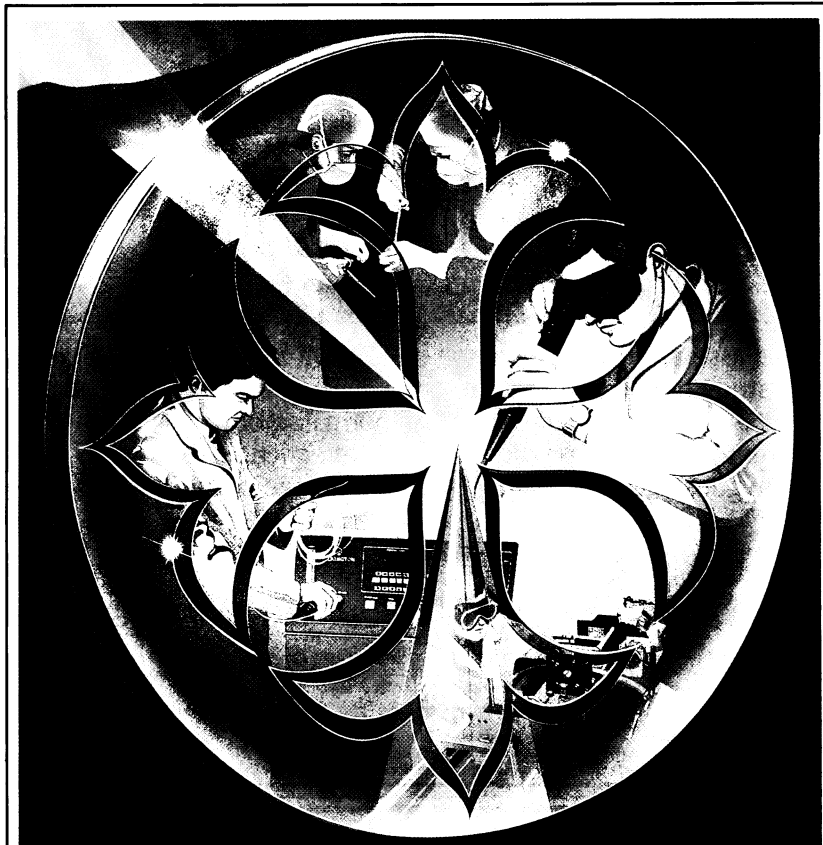
Contra-indications, Precautions, Warnings, etc.: The capsule should not be broken or chewed. Patients who already suffer from heartburn, sometimes experience an exacerbation of these symptoms when taking the capsule. Treatment should be discontinued in these patients. **Adverse effects:** Heartburn, 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

Tillotts
LABORATORIES

Henlow Trading Estate,
Henlow, Beds. SG16 6DS

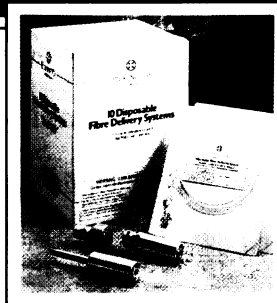
— THE SYMBOL OF MEDICAL PROGRESS. —



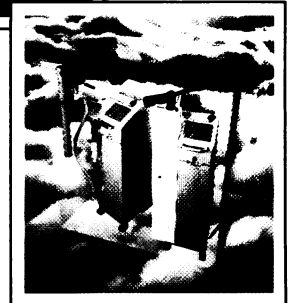
Fiberlase 100. A multi-discipline Nd YAG Laser, controllable from 3-100W.



Full range of Accessories to cover all disciplines.



The world's first sterile disposable fibre. No need for cleaving/repair.



CO₂ Lasers. 25W Dedicated Gynaecology & 35W General Surgery.

Pilkington Medical Systems, a British company, is at the forefront in medical laser technology, achieving worldwide success with its comprehensive range of Nd YAG and CO₂ medical laser systems.

The company's ongoing programme of clinical trials confirms its commitment to healthcare. New applications for medical lasers are being explored and innovative surgical techniques established.

Purchasers of Pilkington Medical Systems lasers are assured of an exceptional package which sees the installation, medical training and back-up servicing carried out by Pilkington's qualified Engineering and Medical team.



PILKINGTON

◀ Medical Systems ▶

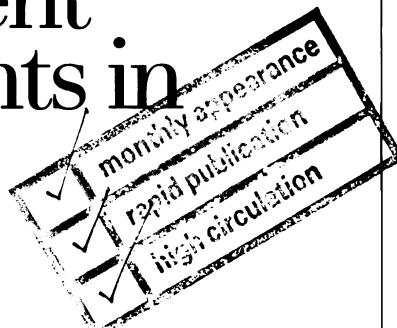
HELPING YOU TO CARE

The introduction of Fiberpack, a unique laser purchasing method from Pilkington Medical Systems, helps you own a medical laser without so much as a down payment. Only your commitment to purchase our disposable fibre delivery system is required and as the world's first completely sterile delivery system both you and your patients will appreciate the benefits.

Our global network of distributors and representatives will be delighted to supply you with further information of Fiberpack or the Pilkington medical laser range.

You need look no further than the symbol of medical progress.

Regular and effective digestion of recent developments in gastroenterology



DIGESTION

International Journal of Gastroenterology

Editor-in-Chief
W. Creutzfeldt, Göttingen

Assistant Editor
U.R. Folsch, Göttingen

Bibliographic data
1988: Volumes 39, 40, 41
4 issues per volume
Language: English
ISSN 0012-2823
Listed in bibliographic services,
including *Current Contents*®

Subscription rates per volume
(surface postage included)
Institutional subscription:
Sfr. 204.- / DM 282.- / US \$ 136.00
Personal subscription:
Sfr. 142.80 / DM 183.20 / US \$ 95.20
DM / US \$ prices subject to change.
Orders can be placed at agencies, bookstores, or directly with the Publisher
S. Karger AG
P.O. Box
CH-4009 Basel (Switzerland)
or
S. Karger Publishers, Inc.
79 Fifth Avenue
New York, NY 10003 (USA)

'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.

Digestion

- Please send examination copy
 Please enter my subscription
beginning with vol. _____

- Institutional subscription
 Personal subscription
 Check enclosed
 Please bill me

Name and exact postal address:

 **KARGER**

KI 87252 A

GASTROENTÉROLOGIE CLINIQUE ET BIOLOGIQUE

Gastroenterol Clin Biol, t. 11.

N° 6-7

June-July 1987

CONTENTS

LIVER AND BILIARY TRACT

Editorial:

- Calcium and cellular death** 445
A. MALLAT, C. PAVOINE, S. LOTERSZTAJN et
F. PECKER

Original articles:

- Assessment of intraductal biopsy and brush cytology
in the etiological diagnosis of biliary strictures** 449
P. PALIARD, T. PONCHON, M. LABADIE, F. BERGER,
P. A. BRET, E. MAIZA, M. BRETAGNOLLE, A. CHA-
VAILLON and P. J. VALETTE
- The splenogastrorenal shunt in portal hypertension.
A poorly recognized entity. A report of 6 cases and
review of the literature** 453
J. F. BRETAGNE, P. DARNAULT, J. L. RAOUL, Y. GAN-
DON, R. DUVAUFERRIER, B. LAUNOIS and J. GASTARD

Current trend:

- Serum lipoproteins during progression of alcoholic liver
injury** 460
J.-P. PIGNON, E. BARAONA, T. POYNARD, J.-C. CHA-
PUT and C. S. LIEBER

DIGESTIVE TRACT AND PANCREAS

Editorial:

- Steroid-dependant and steroid-resistant forms of Crohn's
disease** 473
R. MODIGLIANI

Original articles:

- Elemental diet in the management of steroid-dependent
and steroid-resistant patients with Crohn's disease** .. 477
Y. LE QUINTREC, J. COSNES, M. LE QUINTREC,
J. F. CONTOU, P. BAUMER, J. BELLANGER and
J. P. GENDRE
- Is the reduction of intragastric sialic acid output an evi-
dence for gastric protective properties?** 483
J. VATIER, C. POITEVIN and M. MIGNON
- Diet and cancer of the pancreas** 488
L. RAYMOND, F. INFANTE, A. J. TUYNS, M. VOIROL,
and A. B. LOWENFELS
- Colorectal cancer prophylaxis: level of public awareness.
Degree of cooperation of patients for a general practice-
screening program** 493
R. BOST, H. ISNARD, A. UHRY and J. CONNARD

Current trend:

- Traveller's diarrhea** 500
J. F. LEFEBVRE, M. GARRET and M. CERF

Clinical cases:

- Perisinusoidal fibrosis in idiopathic thrombocytopenic
purpura** 510
M. E. LAFON, P. BIULAC-SAGE, M. LONGY, E. PEREZ,
A. DE MASCAREL, J. A. GRIMAUD and C. BALABAUD
- Intestinal candidiasis with perforation. Favorable issue.** 514
D. FISCHER, D. LABAYLE, J. M. VERSAPUECH,
D. GRANGE and F. KEMENY

Letters to the editors:

- Primary biliary cirrhosis associated with autoimmune
thrombopenic purpura and pleuropericarditis** 518
P. CALÈS, J. P. VINEL, J. J. VOIGT, M. DE FORNI,
F. OKSMAN, B. CHAMONTIN, M. DUFFAUT, J. PRIS,
and J. P. PASCAL
- Unilateral pleural effusion as the first manifestation of
methyldopa-induced liver cirrhosis** 519
Ph. HUMBERT, C. BIRGEN, J. L. DUPOND and D. VUIT-
TON
- Pirprofen-induced acute benign hepatitis** 520
J. PIROTTE, R. SERVAIS and P. SCHURGERS
- Highly selective portal decompression: a Lille's exclu-
sivity?** 521
M. VANKEMMEL, E. LEBLANC, C. GOACHET and
F. MARTIN
- Sugiura procedure: is the Japanese mystery clarified?** 522
F. LACAINE
- Sugiura procedure. Answer to the Lacaine's letter** 523
F. KAHWAJI, C. SMADJA, D. GRANGE and D. FRANCO
- Intraoperative electron beam irradiation for carcinoma
of the pancreas** 524
M. HUGUIER, M. SCHLIENGER, S. HOURY and R. CHAR-
RON
- Propionibacterium acnes isolement from cervical lymph
node in Whipple's disease** 524
M. VERDIER, D. JAUBERT, M. SEBALD, G. MONGES
and A. MORILLON
- Protein losing enteropathy complicating taenia saginata
infestation** 526
Y. MERROUCHE, I. ROYER, J. G. GOBERT and L. GUIL-
LEVIN
- Digestive hemorrhage revealing an « Elastica disease »** ... 526
B. MESNARD, P. BONNIÈRE, A. GÉRARD, J. F. COLOM-
BEL, A. CORTOT and J. C. PARIS

Subscriptions

Annual subscription — 10 issues/year

1987 : 144 US \$

Please contact : S.P.P.I.F., Z.I., B.P.22 — 41350 Vineuil (France)

Review: Primary Sclerosing Cholangitis	<i>E. Schrumpf, O. Fausa & E. Aadland</i>	641
Metabolism of Estrone Sulfate by Normal Human Pancreatic Tissue in Vitro	<i>R. Fernstad, Å. Pousette & K. Carlström</i>	644
Chronic Gastritis in Cholecystectomized Patients	<i>H. Hyvärinen, P. Sipponen & M. Kekki</i>	649
Primary Sclerosing Cholangitis: A Long-Term Follow-up Study	<i>E. Aadland, E. Schrumpf, O. Fausa, K. Elgjo, A. Heiko, T. Aakhus & E. Gjone</i>	655
Long-Term Survivors after Variceal Haemorrhage. Follow-up of a Controlled Study of Endoscopic Sclerotherapy versus Conservative Management	<i>C. Söderlund</i>	665
Short-Chain Fatty Acids and Succinate in Feces of Healthy Human Volunteers and Their Correlation with Anaerobe Cultural Counts	<i>G. J. Meijer-Severs & E. van Santen</i>	672
Initial Mass Screening for Colorectal Cancer with Faecal Occult Blood Test. A Prospective Randomized Study at Funen in Denmark	<i>O. Kronborg, C. Fenger, O. Søndergaard, K. M. Pedersen & J. Olsen</i>	677
Cholecystokinin Secretion in Pregnancy	<i>G. Rådberg, J. F. Rehfeld, P. Cantor, A. Järnfelt-Samsioe, G. Samsioe, M. Asztely & J. Svanvik</i>	687
Fecal Bile Acids Related to Small-Bowel Length before and after Ileal Exclusion	<i>P. Koivisto, M. Lempinen & T. A. Miettinen</i>	691
Fat Inhibits Meal-Stimulated Gastric Acid Secretion after Prostaglandin Synthesis Inhibition by Indomethacin in Man	<i>M. H. Mogard, V. Maxwell & J. H. Walsh</i>	696
Paracetamol Medication and Alcohol Abuse: A Dangerous Combination for the Liver and Kidney	<i>H. Denison, J. Kaczynski & S. Wallerstedt</i>	701
Gastric Acid Secretion in the Totally Isolated, Vascularly Perfused Rat Stomach. A Selective Muscarinic-1 Agent Does, Whereas Gastrin Does Not, Augment Maximal Histamine-Stimulated Acid Secretion	<i>P. M. Kleveland, H. L. Waldum & H. Larsson</i>	705
Symptoms and Endoscopic Findings in the Diagnosis of Gastroesophageal Reflux Disease	<i>F. Johnsson, B. Joelsson, K. Gudmundsson & L. Greiff</i>	714
Diagnosis of Acute Pancreatitis: A Proposed Sequence of Biochemical Investigations	<i>H. J. Thomson, P. O. Obekpa, A. N. Smith & W. G. Brydon</i>	719
The Effects of Omeprazole on Gastro-oesophageal Sphincter Pressure, Intragastric pH, and the Migrating Motor Complex in Fasting Healthy Subjects	<i>S. A. Pedersen, K. Kraglund & L. Vinter-Jensen</i>	725
Intestinal Epithelial Function and Villus Surface Area in Rats with Bile Fistulae	<i>Ø. Bergesen, H. Schjønsby, K.-J. Andersen & L. Schjerven</i>	731
Insulin-Induced Gastric Ulcers in the Rat	<i>J. Axelson, R. Håkanson & J. L. Hedenbro</i>	737
Esophageal Collagen Content and Mechanical Strength after Endoscopic Sclerotherapy of Esophageal Varices. An Experimental Study in Rabbits	<i>L. S. Jensen, S. Laurberg, C. O. Juhl & T. T. Andreassen</i>	743
Flow Cytometric DNA Studies in Normal Human Gastric Mucosa, Gastritis, and Resected Stomachs	<i>S. Ødegaard, J. Høstmark, D. W. Skagen, E. Schrumpf & O. D. Lærum</i>	750
Interdigestive Motility Pattern in Subjects with Duodenogastric Bile Reflux	<i>P. A. Testoni, L. Fanti, S. Passaretti, E. Masci, M. Guslandi & A. Tittobello</i>	757
Secretory State and Acute Gastric Mucosal Injury in Sepsis	<i>S. Arvidsson, K. Fält & U. Haglund</i>	763

Abstracted in *Excerpta Medica*

Indexed in *Current Contents* and *Index Medicus*

Spanish edition distributed by Sanidad Ediciones, S.A.

Chinese edition distributed by The Shanghai Institute of Digestive Diseases

ISSN 0036-5521

Annual subscription (ten issues per year) NOK 1,600,-/USD 267.00

Publisher: Norwegian University Press (Universitetsforlaget/AS), P.O. Box 2959 Tøyen, Oslo 6, Norway.
U.S. office: Publications Expediting Inc., 200 Meacham Ave., Elmont, NY 11003, USA.