

# DUOGASTRONE<sup>®</sup>

## direct healing of duodenal ulcer

### Trials suggest\*

- radiological disappearance of ulcer crater
- relief of symptoms within a few days
- superiority over antacid or anticholinergic therapy
- patients can lead a normal life
- special diets are unnecessary
- even chronic cases, with a long history of symptoms, respond

Unique 'positioned release' capsules deliver the active ingredient (50 mg carbenoxolone sodium) into the duodenum.

\* Further trials are in progress to study the effects of DUOGASTRONE in long-term therapy

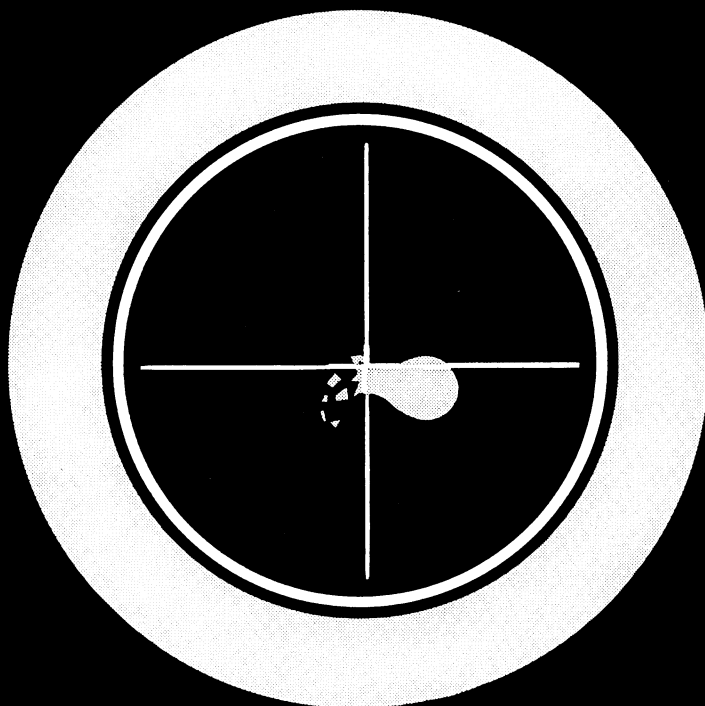


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**Duphalac**<sup>®</sup>  
Lactulose

**for a better response  
in patients  
with hepatic coma**

---

**The Lancet 23rd April, 1966**

Treatment of Chronic Portal Systemic Encephalopathy with Lactulose.

"Lactulose controlled neuropsychiatric symptoms as well as neomycin and produced no unpleasant side effects."  
... "Its action in preventing hepatic coma is presumably due to a change in bacterial flora secondary to chronic lowering of faecal pH, resulting in a decrease of production of toxic nitrogenous compounds in the colon."

---

**The Medical Journal of Australia 1968, 2:160 (July 27)**

Treatment of chronic hepatic encephalopathy with Lactulose.

"... not adequately controlled by long term neomycin therapy and dietary protein restriction. Lactulose produced marked improvement, with disappearance of flapping tremor and construction apraxia, and the patients became fully conscious and mentally more alert. This improvement continued in spite of 70-80 grammes of protein per day in their diet."

---

**Tijdschrift voor Gastro-Enterologie 11,2, 1968.**

Cirrhosis, Hyperammonaemia and Lactulose.

"Lactulose may replace neomycin with favourable results in these chronic cases, because it does not have the inconvenient side effects of neomycin such as bacterial resistance, hypersensitivity, secondary infection and moniliasis."

---

**The New England Journal of Medicine 281, 408-412, 1969**

Lactulose in the treatment of chronic portal systemic encephalopathy. A double blind clinical trial.

"... lactulose proved effective in controlling chronic portal systemic encephalopathy, enabling neomycin to be discontinued and the daily intake of protein to be doubled."

---

**Australasian Annals of Medicine Vol. 18, No. 2, May 1969**

Long-term treatment of portal systemic encephalopathy with lactulose.

"... our experience in the long term use of lactulose has been encouraging. It indicates that the drug is effective in controlling chronic and portal systemic encephalopathy and is a useful substitute for neomycin."

---

Duphalac syrup contains lactulose 50% W/W, lactose 5% W/W and galactose 8% W/W. Supplied in bottles of 200 ml. and 2 litres. Further information is available on request.

# Maxolon

## a powerful anti-emetic...

## which also restores

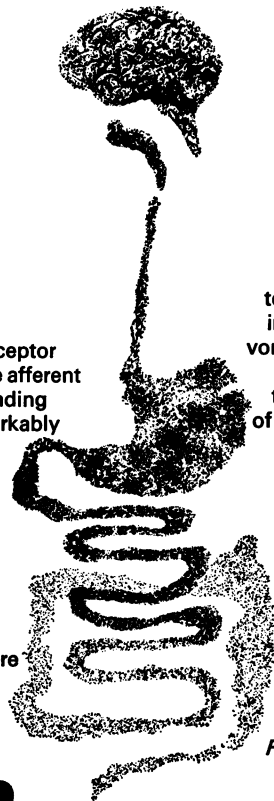
## gastric motility

### Maxolon is of proven value in nausea and vomiting...

Maxolon acts centrally on the chemoreceptor trigger zone, and also acts locally on the afferent nerves of the pylorus and duodenum leading to the vomiting centre. Maxolon is remarkably effective in the treatment of nausea and vomiting from a wide range of gastric disorders. In a clinical trial (1) Maxolon achieved an 80% reduction score in nausea and 87% in vomiting.

### ... Maxolon also restores gastric motility

This makes it unique among products used in the alimentary tract. Spasm where present is relieved and stasis gives way



to normal peristalsis. This action is of great importance in the treatment of nausea and vomiting but also leads to a consideration of further therapeutic applications. Among these are its known value in the treatment of post vagotomy symptoms, post operative gastric hypotonia, duodenal intubation and diagnostic radiology.

Maxolon has a good safety record. It does not sedate the patient, nor affect gastric or salivary secretion.

Maxolon is a unique compound—with a well proven clinical record.

Are you finding in practice how much more there is to Maxolon?

(1) Brit. J. clin. Pract. 1967, 21, 457

*Further information is available on request*

# Maxolon

*a powerful anti-emetic and so much more*



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Beecham Research Laboratories, Brentford, England.

\*regd.



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**The only Liquorice therapy free from side effects  
in all hospital trials**

## DEFINITELY HEALS GASTRIC ULCERS

TODAY'S DRUGS . . . *BMJ* 1970 . 1 . 159-160

*"of proved therapeutic value"*

*"shown . . . to have antispasmodic effect"*

*" . . . does not alter serum level of sodium potassium or chlorine  
it does not cause retention of fluid"*

*"Healing of gastric ulcers was accelerated in patients to a statistically  
significant degree"* *Gut* 1969 . 10 . 299-302

## THE EFFECTIVE THERAPY for DUODENAL ULCERS

*Duodenal ulcer cases showed marked symptomatic improvement. Statistical  
. . . beneficial effects in drug treated group.* *Gut* 1968 . 9 . 48-51

**very low cost 7 days N.H.S. treatment 6s. 9d.**

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*Med Welt* 1963 . 18 . 1031-1034

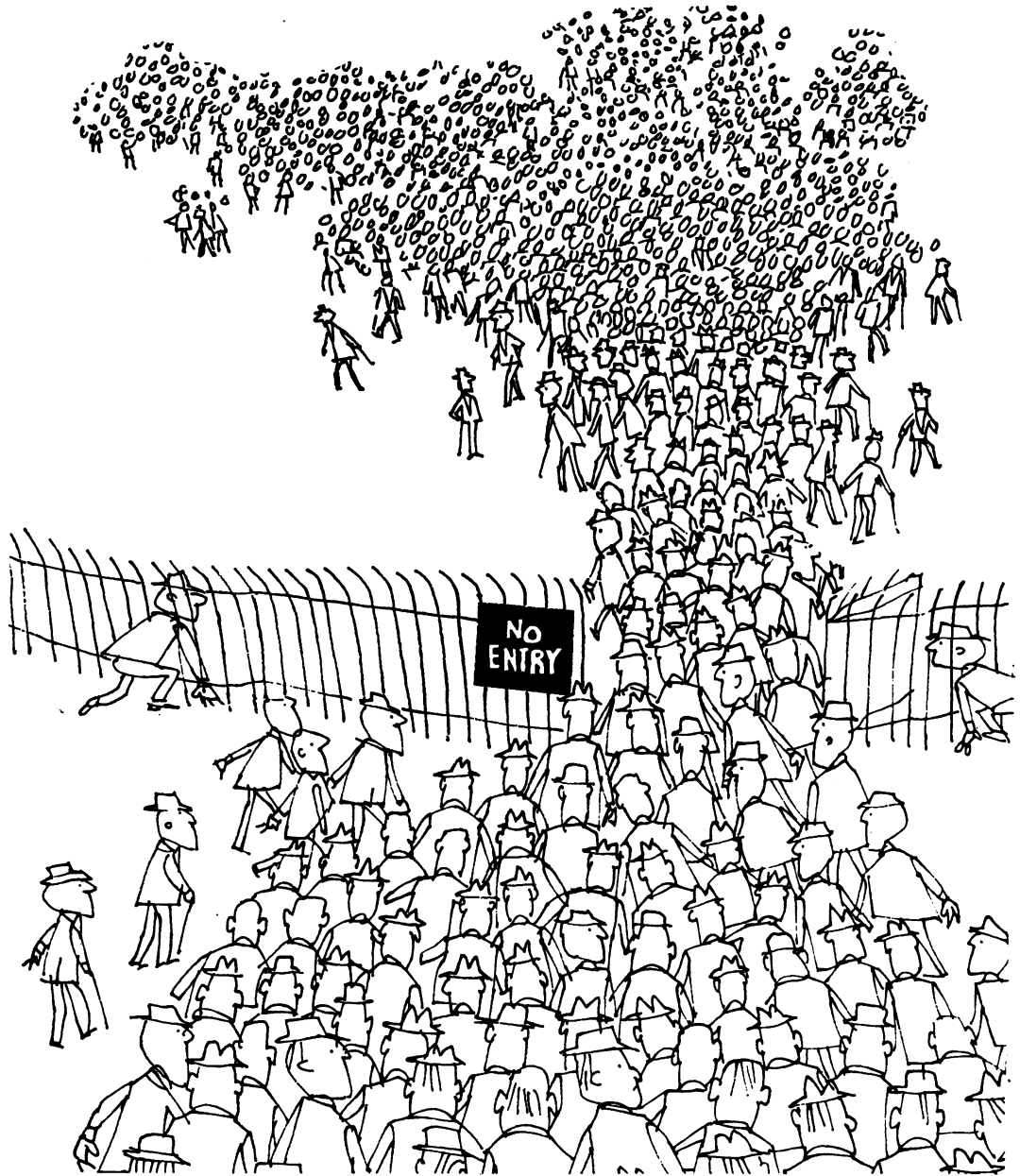
**Hospital trial with forty chronic D.U. patients (all referred for surgery)  
reports, after treatment with double the standard dose, none needed  
an operation and all were relatively symptom free over one year  
follow up. (Unpublished result)**



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# Pancrex V

*References: \* (1968), Gut, 9, 576  
Diseases of Children (1964), Blackwell, Oxford.  
Diseases of Infancy and Childhood, 8th Edn. (1962), Churchill, London.  
(1960), Lancet, 1, 365.  
(1958), Brit. med. J., 2, 1039.*

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**NEW BOOKS FROM BLACKWELL**

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**Atlas of Gastrointestinal Surgery**

Komei Nakayama M.D. 1970. 650 pages, 1500 illustrations. £21.

This beautiful atlas by a distinguished Japanese surgeon consists of detailed text and illustrations set on facing pages. The author is a pioneer and world leader in the field of oesophageal surgery, to which about one-third of this book is devoted. The design and use of instruments, surgical indications and techniques, pre- and postoperative care, and complications are all vividly described.

**Abdominal Pain: A Guide to Rapid Diagnosis**

Lars-Erik Gelin M.D., Lloyd M. Nyhus M.D. and Robert E. Condon M.D., M.S. 1969. 144 pages, illustrated. £5.

This concise new guide approaches the problem of abdominal pain as the doctor does—in terms of what the patient tells him: where it hurts, how it started and what happened since he became ill. Several illustrations and tables assist in rapid diagnosis and list the common and more unusual causes of the various types of pain. This short monograph is of inestimable value for a quick review and organised information on the acute abdomen.

**Surgery: Principles and Practice**

Jonathan E. Rhoads M.D., D.Sc., J. Garrott Allen M.D., N. Harkins M.D., Ph.D. and Carl A. Moyer M.D. *Fourth Edition*, August 1970. 1900 pages, 600 illustrations About £9.

The *Journal of the Royal College of Surgeons* described an earlier edition of this book as: '... perhaps the best documented and most comprehensive textbook of surgery in the English language.' In this new edition every effort has been made to include all the recent developments in the field and authoritative chapters cover every aspect of surgery and related subjects.

**Neoplasms of the Stomach**

Gordon McNeer M.D. and George T. Pack M.D., LL.D.(Hon.). 1967. 556 pages, 270 illustrations. £13.

Drawing heavily on the experience of 24 contributing authors, experts in such field as pathology, radiology, cytology and epidemiology, the editors combine their very wide knowledge to provide a synthesis of coordinated information on every aspect of gastric neoplasms.

**Diseases of the Liver and Biliary System**

Sheila Sherlock M.D., F.R.C.P., F.R.C.P.E., F.A.C.P.(Hon.). *Fourth Edition*, 1968 (Reprinted 1969). 832 pages, 288 illustrations (15 colour). £5 5s.

'... its fourth edition consolidates the reputation of this book as a modern classic... the author has every reason to be proud of the justifiable continuing success of her *opus magnum*.' *The Practitioner*.

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for chronic constipation...**

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bothered to answer the call to stool  
and who thus loses the bowel habit

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of a gastric ulcer carries no ultimate advantage over ambulant therapy with  
carbenoxolone.

The Practitioner, 1969, 202, 402.

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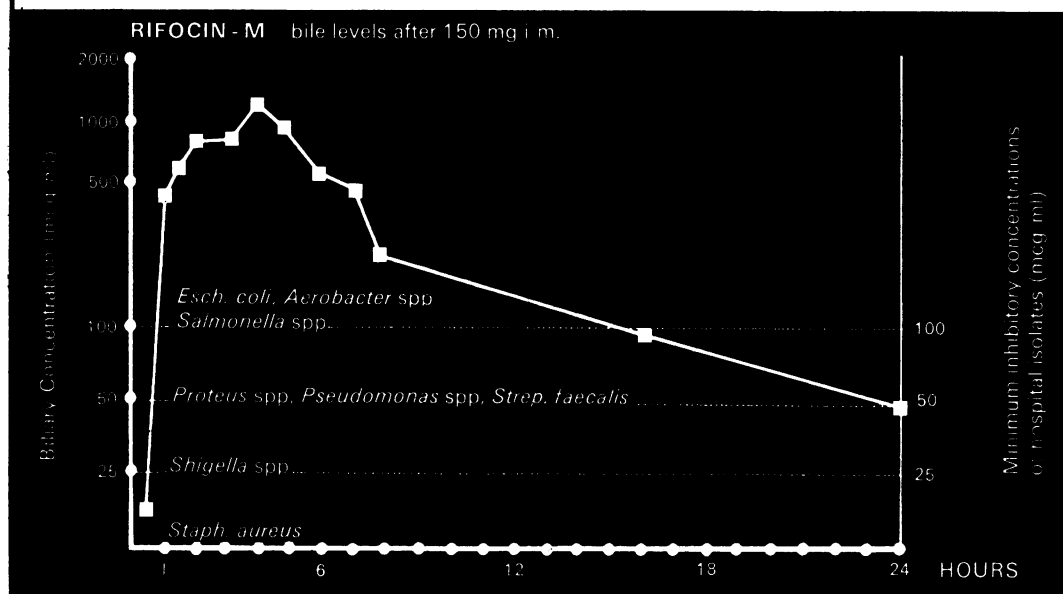
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References: 1. *Med. J. Aust.*, 1966, **1**, 1-7. 2. *Brit. J. Pharmacol.*, 1967, **31**, 506-512.

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# SCANDINAVIAN JOURNAL OF GASTROENTEROLOGY

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