

If it is a gastric ulcer  
the proven way to heal it  
is with Biogastrone®



**Biogastrone®**  
carbenoxolone sodium



# The long and the short of parenteral nutrition



The pre-and post-operative patient may require calories in the form of carbohydrates. These are best provided with minimal fluid volume. Just one litre of Sorbitol 30% 'Egic' provides your patient with 1200 calories, whereas three litres of the conventional dextrose 10% solution would be needed. Also with Sorbitol 30%—the risk of venous thrombosis is dramatically reduced and there is no danger of hyperglycaemia, or reactional hypoglycaemia, it has superior antiketogenic properties over fructose and is not insulin dependent. Sorbitol 30% 'Egic'—today's intravenous carbohydrate provider.

Sorbitol 30% 'Egic' Bottles of 500ml. Complete with giving set.

**Trophysan.** Wherever oral protein intake is insufficient Trophysan provides more readily assimilable free-amino nitrogen as pure crystalline amino acids in balanced proportions plus Sorbitol, Vitamins and Minerals. Trophysan often produces an earlier return to normal oral feeding and speeds recovery.

**"In clinical practice Sorbitol has proved to be almost fully retained in the body and can replace intravenous dextrose as a carbohydrate source. Although like dextrose it yields only 4 cal. per gramme of carbohydrate, it can be safely administered as a 30 per cent solution containing 1200 cal. per litre. In a grossly infected surgical patient requiring intravenous feeding for 3 months, Sorbitol was used as the main source of calories without alteration in the patient's nitrogen balance."**<sup>1</sup>

1. Reference: "The Utilisation and Metabolism of Intravenous Sorbitol" Brit. J. Surgery (1969), 56, 653.

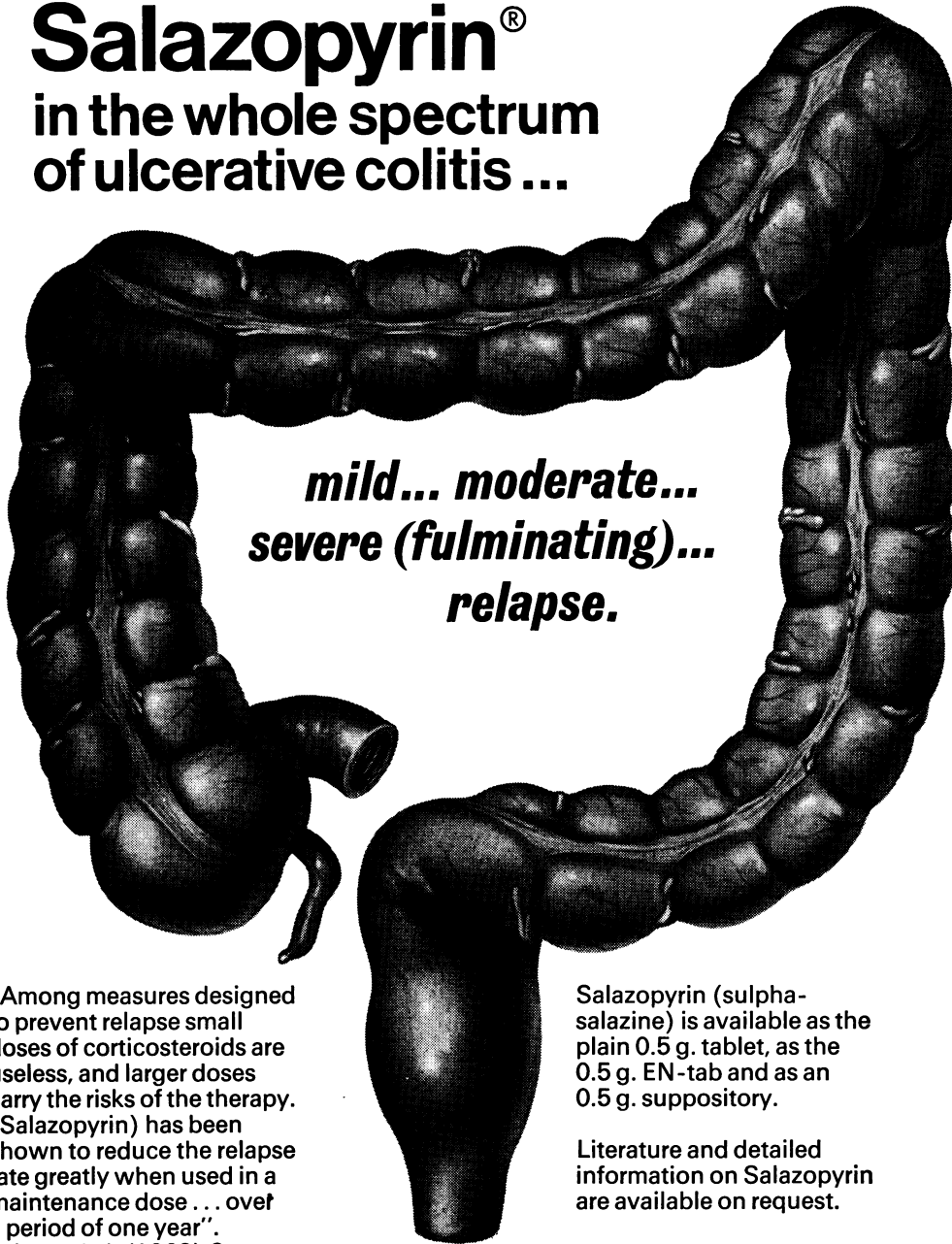
two better solutions for parenteral nutrition from Servier Laboratories ...



Full information from  
**Servier Laboratories Limited,**  
*formerly Selpharm Laboratories Ltd.*  
 Percival House, Pinner Road, Harrow,  
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*products of L'Equilibre Biologique, France*

# Salazopyrin<sup>®</sup>

in the whole spectrum  
of ulcerative colitis ...



*mild... moderate...  
severe (fulminating)...  
relapse.*

"Among measures designed to prevent relapse small doses of corticosteroids are useless, and larger doses carry the risks of the therapy. (Salazopyrin) has been shown to reduce the relapse rate greatly when used in a maintenance dose . . . over a period of one year".  
Brit. med. J. (1968) 2, 539-542, 605-607.

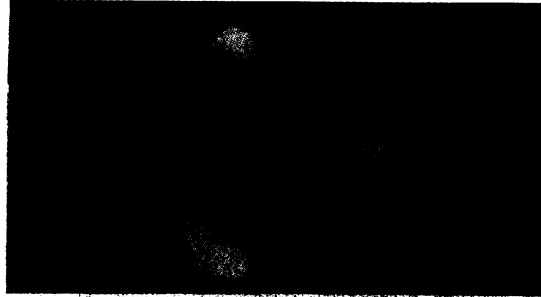
Salazopyrin (sulpha-salazine) is available as the plain 0.5 g. tablet, as the 0.5 g. EN-tab and as an 0.5 g. suppository.

Literature and detailed information on Salazopyrin are available on request.

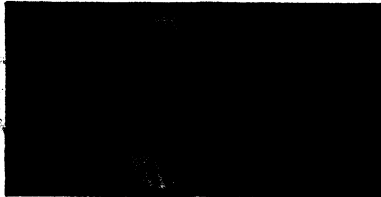
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 Pharmacia

Gastric ulcers—endoscopic photograph



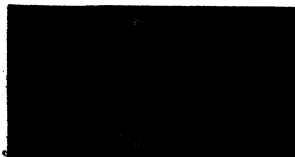
## Gefarnil brings the ulcer problem down to size.



Traditional treatment in suspected or confirmed peptic ulcer cases is mostly symptomatic—geared simply to relief of pain.

Now there is Gefarnil—the unique healing agent. Its anti-ulcer properties have already been well established in animal experiments and clinical trials<sup>1,2,3</sup>. Its sys-

temic action means that Gefarnil can reach ulcer sites in both stomach and duodenum, and while many other agents act by surface contact, merely providing an environment for healing, Gefarnil takes effect through its blood-tissue level, independent of conditions in the gut lumen.



The expected sequence of events with Gefarnil is as follows:

15 days—remission of symptoms (usual antacid/antispasmodic treatment advisable during this period)  
 30 days—ulcers no longer detectable radiographically (but may still be evident endoscopically)  
 60 days—ulcers no longer detectable endoscopically.

Only minor transient side effects occur with Gefarnil, which can thus be used with confidence not only in confirmed but also in suspected ulcer patients.

Gefarnil\* is presented as capsules, each containing 50 mg. Gefarnate, and as injection solution, 50 mg. per ml.

Further information available on request.

<sup>1</sup> Arch. int. Pharmacodyn (1964), 147, 113. <sup>2</sup> Minerva Gastroenterologica (1967), 13, 157. <sup>3</sup> 4th World Congress Gastroenterology (1970).

# Gefarnil

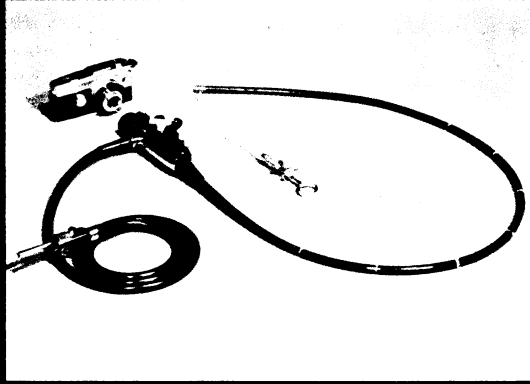
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*Working Length 1250 mm*

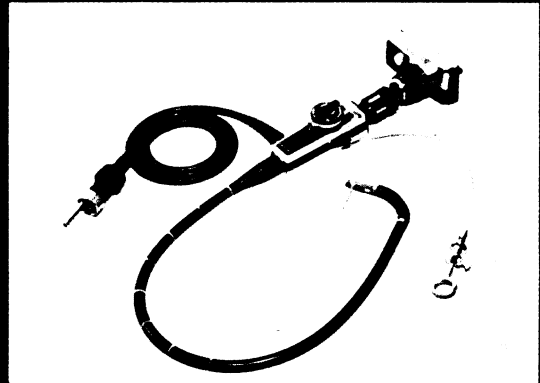
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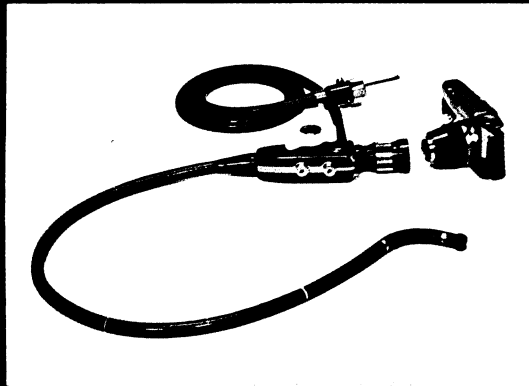
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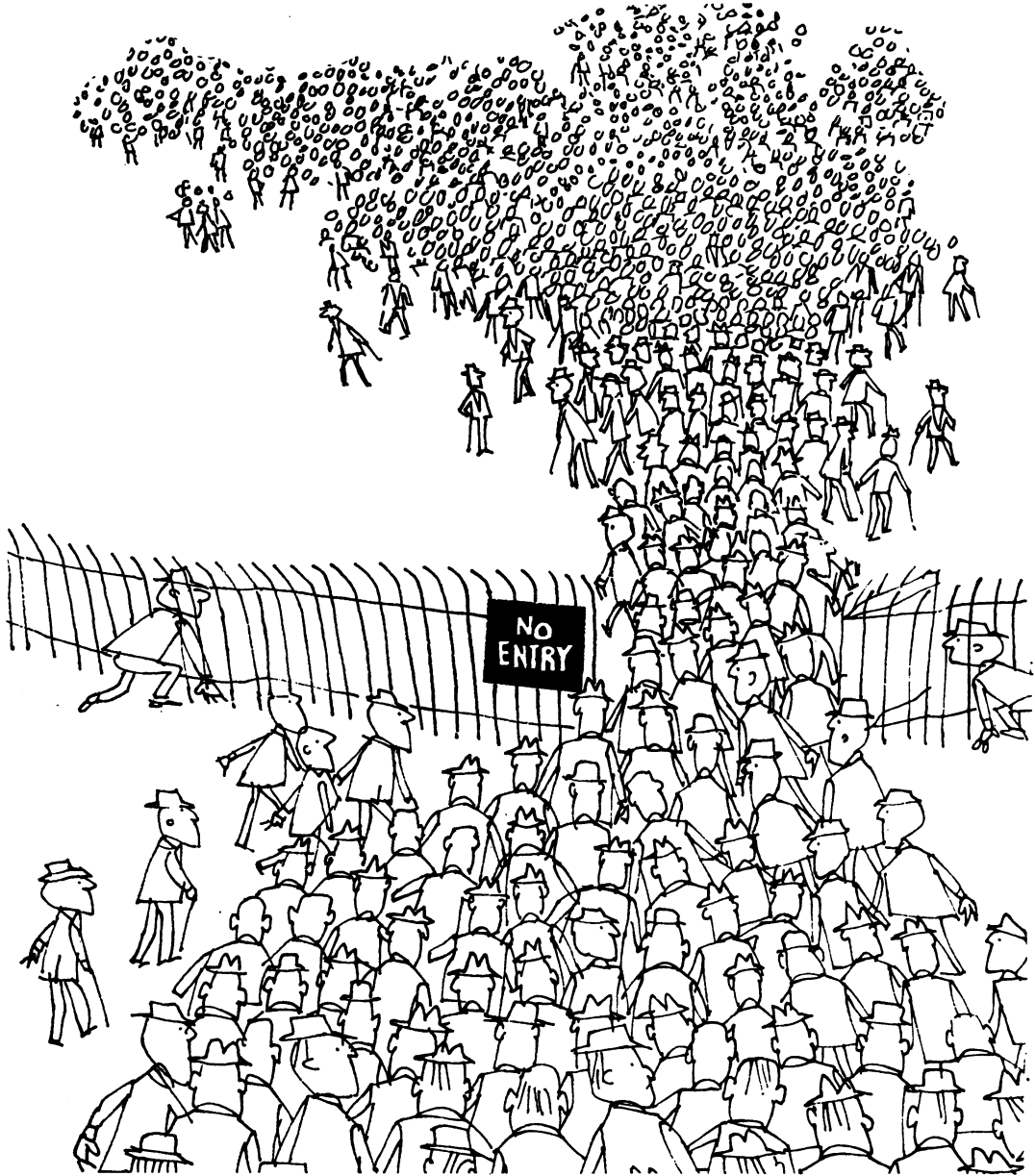
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# Duodenal and gastric ulcers

These are the facts

21 hospital trials

911 patients

69-92%

success rate

**CAVED-(S)**

No toxic side effects ever reported  
Ambulant therapy  
No dietary, smoking or alcohol  
restrictions  
Exceptionally low cost  
No salt and water retention  
No age, cardiac or respiratory  
restrictions  
No need for antacids  
Can reduce the need for surgery  
with duodenal ulcer patients

**your patient has to live  
with the suture...**





# that's why **ETHICON** puts catgut predictability first

## **GREATER WOUND SECURITY**

Individual gut ribbons bonded together and meeting exacting standards for diameter and tensile strength provide a suture that may be expected to offer more dependable holding power.

## **MORE SAFETY LONGER**

An exclusive buffering system ensures precisely controlled chrome content for even absorption.

## **STRONGER AND SMOOTHER**

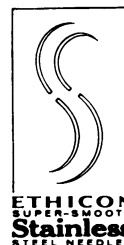
A unique spinning and bonding process provides what is virtually a monofilament suture.

## **THE RESULT—Modern ETHICON. Surgical Catgut**

A suture with a better 'hand' allowing smoother ties, more secure knots whilst retaining its integrity.

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Edinburgh



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# DUOGASTRONE<sup>®</sup> CAPSULES

carbenoxolone sodium

“... heal duodenal ulcers in ambulant patients, without recourse to expensive and overloaded hospital facilities”.

*Gut* 1970, **11**, 171-175

## Radiological and Clinical Assessment at 12 weeks.

Radiological Changes	Healed	Improved	No Change	Worse
Control Group	0	0	14	0
DUOGASTRONE Group	4	4	6	0

Final Clinical Comment	Marked Improvement	Little or No Change	Worse
Control Group	0	14	0
DUOGASTRONE Group	13	1	0

The therapeutic action of DUOGASTRONE is quite different from that of traditional remedies for peptic ulcer. It has no effect upon gastric motility or acid secretion, but appears to act directly upon the ulcerated mucosa, probably by increasing the production of adherent mucus and encouraging epithelialisation as BIOGASTRONE does in the stomach.

The therapeutic benefits of DUOGASTRONE—

- Speeds the healing of duodenal ulcers
- Relieves symptoms within a few days
- No dietary restrictions are necessary
- Patients on DUOGASTRONE therapy lead a normal, working life



Full information available on request from

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# RIFOCIN<sup>®</sup>-M

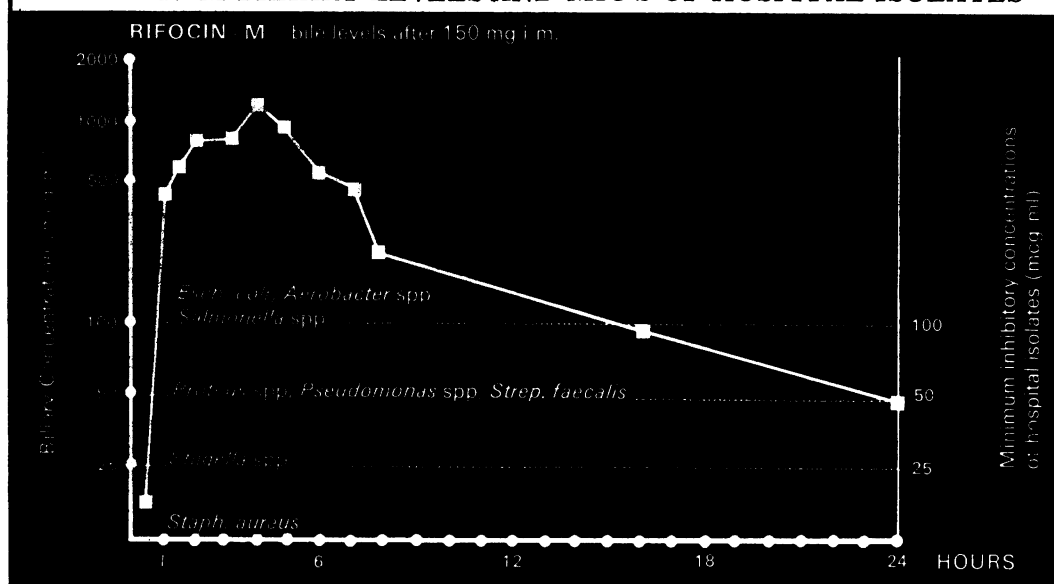
rifamide LEPETIT

## in BILIARY TRACT INFECTIONS

"... it is unique in its action in acute cholecystitis and other bacterial diseases of the biliary tract, for which it is the only specific antibiotic."<sup>1</sup>

"A much higher proportion of the organisms found in cholangitis would be expected to be inhibited by this drug than by other antibiotics that achieve effective bile levels..."<sup>2</sup>

### RIFOCIN-M BILIARY LEVELS AND MIC'S OF HOSPITAL ISOLATES



- \* Active against penicillinase-producing organisms.
- \* No cross-resistance or cross-allergenicity with other antibiotics has been demonstrated.
- \* Well tolerated. No toxic reactions have been reported.
- \* Dose: 150 mg intramuscularly every 8-12 hours.

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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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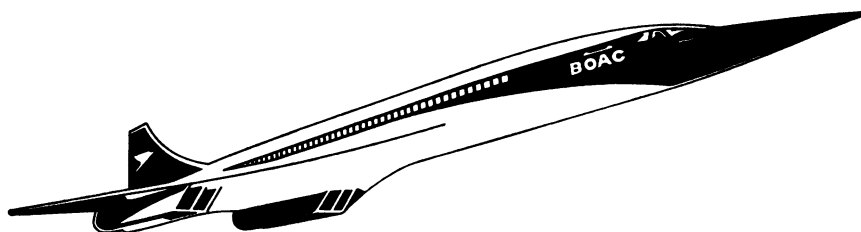
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