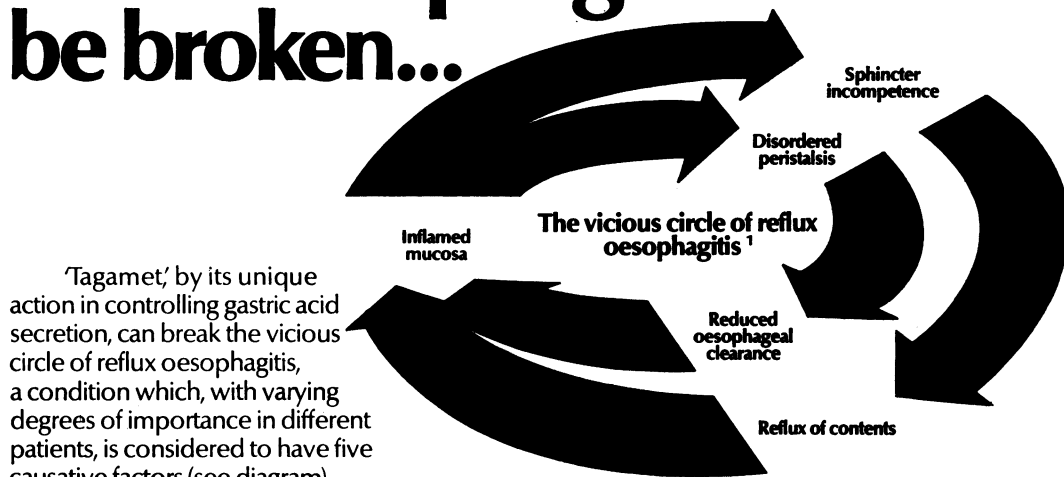


When the vicious circle of reflux oesophagitis needs to be broken...



'Tagamet,' by its unique action in controlling gastric acid secretion, can break the vicious circle of reflux oesophagitis, a condition which, with varying degrees of importance in different patients, is considered to have five causative factors (see diagram).

The interaction of these five factors can prove difficult to break, with the incompetent lower oesophageal sphincter allowing reflux of gastric contents into the oesophagus, thus leading to mucosal inflammation.

This may affect the muscle layers leading to reduced oesophageal clearing and the completion of the vicious circle, with further gastric contents refluxing into the oesophagus causing increased inflammation.

By its direct action on the parietal cell, 'Tagamet' is uniquely

effective in inhibiting both the volume and concentration of gastric acid and the volume of pepsin secreted.

Furthermore, one study has shown that 'Tagamet' can improve oesophageal sensitivity to acid.²

'Tagamet' can thus have a potentially beneficial effect on 2, possibly 3, of the causative factors and hence break the vicious circle of reflux oesophagitis, which in one study brought improvement or complete healing to 50% of patients, compared with 0% on placebo.³

References

1. Medical management of gastro-oesophageal reflux. (1976) Clinics in Gastroenterology, **5**, 175.
2. Cimetidine in the treatment of symptomatic gastro-oesophageal reflux. A double blind controlled trial. (1978) Gastroenterology, **74**, 441.
3. Oral cimetidine in reflux oesophagitis: a double blind controlled trial. (1978) Gastroenterology, **74**, 821.

PRESCRIBING INFORMATION

Presentations

'Tagamet' Tablets PL0002/0063 each containing 200mg cimetidine. 100, £13.22, 500, £64.75.
'Tagamet' Syrup PL0002/0073 containing 200mg cimetidine per 5ml syrup. 200ml, £6.29.

Indication

Reflux oesophagitis.

Dosage

Adults: 400mg t.d.s. with meals and 400mg at bedtime (1.6g/day) for 4 to 8 weeks.

Cautions

Impaired renal function: reduce dosage (see Data Sheet). Potentiation of oral anticoagulants (see Data Sheet). Prolonged treatment: observe patients periodically. Avoid during pregnancy and lactation.

Adverse reactions

Diarrhoea, dizziness, rash, tiredness. Rarely, mild gynaecomastia, reversible liver damage, confusional states (usually in the elderly or very ill), reversible interstitial nephritis.

Full prescribing information is available from

SK&F

Smith Kline & French Laboratories Limited a SmithKline company
Welwyn Garden City, Hertfordshire AL7 1EY
Telephone: Welwyn Garden 25111

'Tagamet' is a trade mark

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Tagamet

cimetidine

unique control of gastric acid secretion

Carbenoxolone can heal gastric and duodenal ulcer

“Carbenoxolone...acts, in healing these ulcers, by restoring the gastric physiology to normal – rather than by creating a non-physiological artifice, such as that produced by antacids and H₂-receptor antagonists...”¹

2 IMPORTANT ACTIONS

1. EXTENDS LIFE-SPAN OF EPITHELIAL CELLS²

2. INCREASES MUCUS PRODUCTION³

2 IMPORTANT PRODUCTS

BIOGASTRONE

carbenoxolone

tablets for gastric ulcer

DUOGASTRONE

carbenoxolone

positioned-release capsules for duodenal ulcer

1. In "Peptic Ulcer Healing. Recent Studies on Carbenoxolone." 1978. Lancaster, MTP Press Ltd., p.1. 2. *ibid.*, pp. 9-20.
3. In 4th Symposium on Carbenoxolone. 1975. London, Butterworths, p. 161.

Biogastrone and Duogastrone are registered trade marks.

Made under licence from Biorex Laboratories. Brit. Pat. Nos. 843133 and 1093286.
Further information available from Winthrop Laboratories, Surbiton-upon-Thames, Surrey.

“... the major cause of sepsis after surgery of
the gastrointestinal tract
or female genital
tract”.

Br.Med.J. i, 318, 1976

METRONIDAZOLE
INJECTION

proves decisive
in anaerobic
infections

Only with recent
improvements in bacterial culturing
techniques has the pathogenic role of anaerobes
in post-surgical infections been fully recognized.¹⁻³

Now 'Flagyl' Injection offers you a decisive means of treating
these infections – which are often life-threatening and often resistant
to established antimicrobials. The response to 'Flagyl' Injection is rapid and
dependable,² as it is consistently bactericidal to pathogenic anaerobes at tissue
concentrations easily achieved in treatment. Bacterial resistance is not a problem,^{2,4}
and 'Flagyl' is highly acceptable – as eighteen years of use in other indications has established.

Dosage: Treatment: adults and children over 12 years: 100 ml by intravenous infusion eight-hourly, administered 5 ml per minute. Oral medication with 400 mg three times daily should be substituted as soon as this becomes feasible. Treatment for seven days should be satisfactory in most cases. Children under 12 years: as for adults but the single intravenous dose is based on 1.5 ml (7.5 mg metronidazole) per kg bodyweight and the oral dose on 7.5 mg per kg bodyweight. Prevention: adults and children over 12 years: 100 ml by intravenous infusion immediately before, during or after operation, followed by the same dose eight-hourly until oral medication (200 to 400 mg three times daily) can be given to complete a seven-day course. Children under 12 years: as for adults but the single intravenous dose is based on 1.5 ml (7.5 mg metronidazole) per kg bodyweight and the oral dose on 3.7 to 7.5 mg per kg bodyweight. Precautions: pregnancy; lactation; clinical and biological surveillance if recommended duration of treatment exceeded; dosage may be halved for patients with renal failure; avoid alcohol; if 'Flagyl' is to be given to patients receiving oral anticoagulants the dosages of the latter should be recalibrated. Side effects and adverse reactions: occasionally an unpleasant taste, furred tongue, nausea, vomiting (very rarely), gastro-intestinal disturbance. Drowsiness, dizziness, headache, ataxia, skin rashes, pruritus, inco-ordination of movement, darkening of the urine very rarely. During intensive and/or prolonged therapy, peripheral neuropathy has been reported. A moderate leucopenia has been reported but the white cell count has always returned to normal before or after treatment has been completed. Transient epileptiform

seizures in a few patients undergoing intensive, high-dosage metronidazole radiosensitization therapy.

'Flagyl' metronidazole
Tablets 200 mg PL 0012/5256
400 mg PL 0012/0084
Suppositories 500 mg PL 0012/0113
1 gram PL 0012/0114
Injection 0.5% w/v PL 0012/0107

Basic NHS (as at May 1979)

Injection for i.v. infusion Bottle of 100 ml £6.40.

References 1. Willis, A.T. (1977) Scottish Medical Journal, **22**, 155. 2. Willis, A.T. et al. (1977) British Medical Journal, **i**, 607. 3. Finegold, S.M. Anaerobic Bacteria in Human Disease, Academic Press Inc. New York, 1977. 4. Willis, A.T. et al. (1975) Journal of Antimicrobial Chemotherapy, **1**, 393, 1975.

Further information is available on request.

'Flagyl' is a trade mark.
May & Baker Ltd., Dagenham,
Essex RM10 7XS.



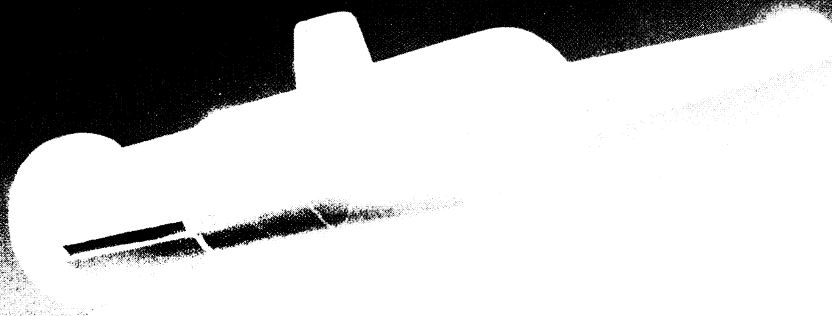
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INJECTION
the complete
anaerobic
bicide

M&B May & Baker

A member of the Rhône-Poulenc
Group of Companies

MA6579

Unique Ulcerative

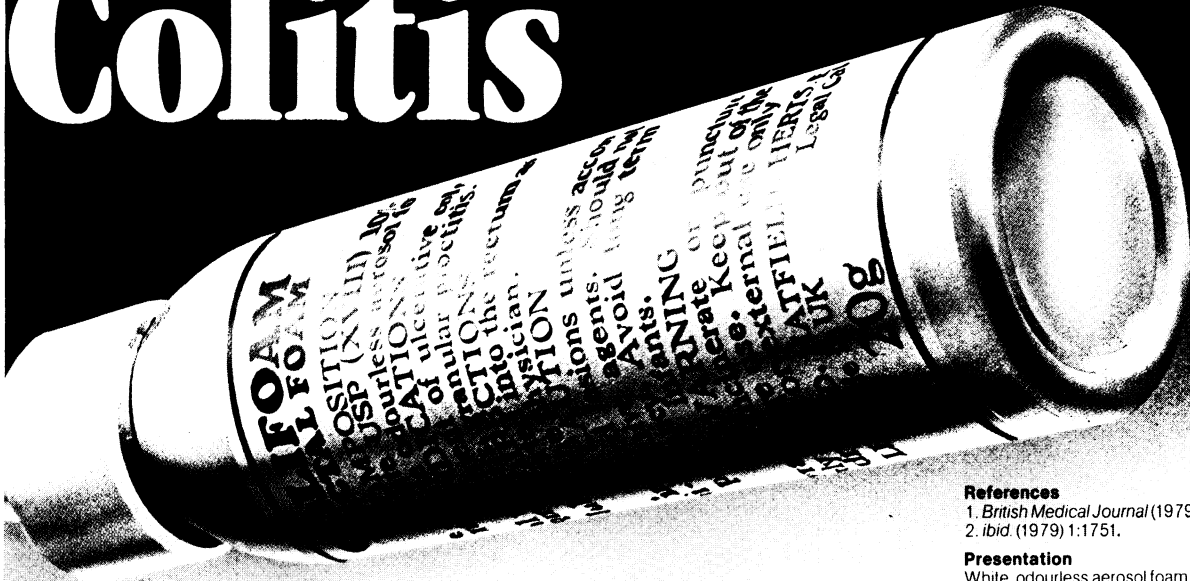


Colifoam is a unique therapy for ulcerative colitis, being a topical anti-inflammatory with exceptional benefits over the rectal enema in terms of simplicity and convenience.

Gamma photography studies^{1,2} have shown that a single dose of Colifoam remains in contact with the rectal mucosa for several hours. In one of these studies¹ the foam was seen to reach the sigmoid colon in most patients. The second study,² using a different protocol which included healthy subjects, did not confirm this finding but the authors concluded:

"Unquestionably, however, the foam is more comfortable and easier to retain

Colitis



than a retention enema, and since the patient need not be immobilised, the foam obviously has a place in outpatient practice for patients with proctitis and distal ulcerative colitis."

Colifoam: hydrocortisone acetate foam supplied in a metered dose dispenser, delivering approximately 5 ml. of Colifoam rectal foam containing 10% hydrocortisone acetate.

Colifoam

hydrocortisone acetate foam

comfort and convenience
in ulcerative colitis



References

1. *British Medical Journal* (1979) 2:822.
2. *ibid.* (1979) 1:1751.

Presentation

White, odourless aerosol foam containing hydrocortisone acetate 10%, with inert propellants.

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 in each pack). One applicatorful of Colifoam provides a dose of approximately 90-110mg of hydrocortisone, similar to that used in a retention enema for the treatment of ulcerative colitis, sigmoiditis and proctitis. Satisfactory response usually occurs within five to seven days.

Contra-indications and Warnings etc.

Local contra-indications to the use of intrarectal steroids include obstruction, abscess, perforation, peritonitis, fresh intestinal anastomoses and extensive fistulas. 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 diseases because of their predisposition to perforation of the bowel wall. Safety during pregnancy has not been fully established.

Pharmaceutical Precautions

Do not refrigerate, incinerate or puncture the aerosol can. Shake vigorously before use. Keep out of reach of children.

Package Quantities

Aerosol canister containing 20g (14 applications) plus a plastic applicator and illustrated leaflet.

Basic NHS Cost

£6.90.

Product Licence No.

0036/0021

Further information is available on request from:

Stafford-Miller Limited,
Professional Relations Division, Hatfield,
Herts. AL10 0NZ.



The Cidex solution.

It has long been recognised that different hospitals have different disinfection and sterilization requirements.

These differences, of course, arise from the degree of contamination present, the type of equipment and rate of throughput, and the cleaning/drying procedures used.

What hasn't been recognised sufficiently up till now is that these factors combine to have a cumulative effect on the use-life of cold disinfectant solutions—creating a need for solutions with different use-lives.

To meet this need there are now two solutions.

–CIDEX* Activated Glutaraldehyde Solution with a use-life of up to 14 days.

–CIDEX* Long-Life Activated Glutaraldehyde Solution with a use-life of up to 28 days.

New CIDEX* Long-Life Solution has all the trusted and well-proven benefits of 14 day CIDEX* Solution but has an effective life of 28 days where usage factors permit.

A fresh peppermint odour and blue colour differentiate CIDEX* Long-Life from green 14 day CIDEX* Solution.

WHICH CIDEX* SOLUTION TO USE

While the effects of dilution and gross protein contamination are always present, these can be minimal due to low throughput.

Under these circumstances, new CIDEX* Long-Life Solution is much more convenient and can offer substantial cost savings.

In a busy unit, however, where pressures generally do not permit drying, protein contamination and dilution can build up over a period—particularly with

bulky items, such as anaesthetic tubing, which have a high carry-over of water.

In situations such as this, 14 day CIDEX* Solution offers complete assurance of its efficacy, assurance which has been confirmed repeatedly all over the world.

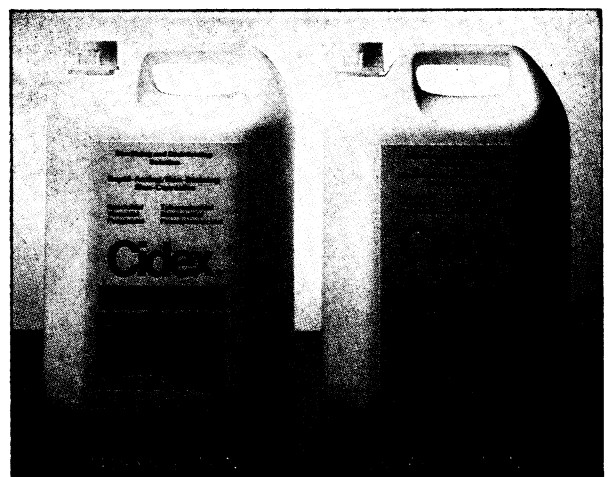
CIDEX* SOLUTIONS. NOT ONLY A CHOICE BUT A BETTER CHOICE

Both solutions have the complete range of activity which has made CIDEX* Solution the prime agent of choice for disinfection and sterilization of heat sensitive and delicate equipment.

Both have the remarkable non-corrosive properties which in laboratory tests have proven them to be less corrosive than deionised water.

14 day CIDEX* Solution in the green container. 28 day CIDEX* Long-Life Solution in the blue container.

Whatever your choice, you can be confident that CIDEX* is the safest, most cost-effective solution to your disinfecting or sterilizing problem.



A choice of CIDEX* solutions from Arbrook – now you can choose wisely.

Arbrook*



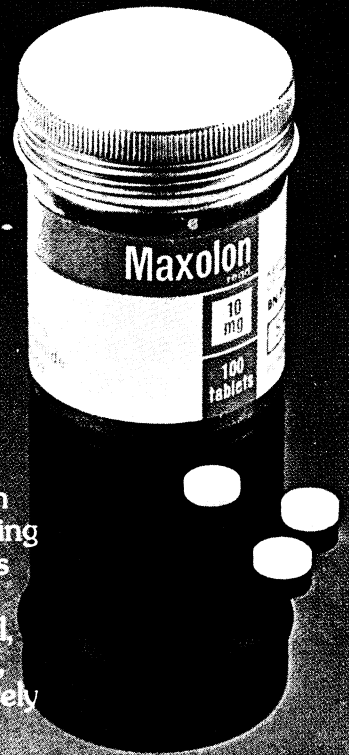
In dyspepsia, antacids
only cloud the issue.

Maxolon
metoclopramide
clears it.

Maxolon protects the gastric mucosa from over-long exposure to gastric acid¹ by promoting normal peristalsis and gastric emptying^{2,3}. This action contrasts with that of antacids.

By restoring the stomach's normal control, symptoms described by the patient as fullness, pain, heartburn and discomfort can be effectively treated and their recurrence prevented⁴.

To the patient, Maxolon is the simple and convenient therapy to replace his repetitive antacid prescriptions.



Prescribing Information

Indications
Dyspepsia, heartburn and flatulence associated with the following conditions e.g., Reflux oesophagitis, Gastritis, Hiatus hernia, Peptic ulcer.

Adult Dosage (oral)

Adults 10mg
1 tablet or 10ml syrup 3 times a day.
Young adults (15-20 years) 5-10mg
½-1 tablet or 5-10ml syrup 3 times a day commencing at the lower dosage.

Note: Total daily dosage of Maxolon, especially for children and young adults should not normally exceed 0.5mg/kg body-weight.

Side-effects and Precautions

There are no absolute contra-indications to the use of Maxolon.

Various extra-pyramidal reactions to Maxolon, usually of the dystonic type, have been reported. The incidence of these reactions in children and young adults may be increased if daily dosages higher than 0.5mg/kg body-weight are administered. The majority of reactions occur within 36 hours of starting treatment and the effects usually disappear within 24 hours of withdrawal of the drug. Should treatment of a reaction be required, an anticholinergic anti-Parkinsonian drug e.g. benapryzine, or a benzodiazepine may be used. Since extra-pyramidal symptoms may occur with both

Maxolon and phenothiazines, care should be exercised in the event of both drugs being prescribed concurrently.

Raised serum prolactin levels have been observed during metoclopramide therapy; this effect is similar to that noted with many other compounds.

Maxolon's action on the gastro-intestinal tract is antagonised by anticholinergics. Although animal tests in several mammalian species have shown no teratogenic effects, treatment with Maxolon is not advised during the first trimester of pregnancy.

Following operations such as pyloroplasty or gut anastomosis Maxolon therapy should be withheld for three or four days as

vigorous muscular contractions may not help healing.


Availability and NHS Prices
Tablets 10mg (£5.84 per 100).
Syrup 5mg/5ml (£2.42 for 200ml).

A paediatric liquid presentation and ampoules for injection are also available.

Average daily cost of Maxolon tablets (ex. 500 pack) 17p. Prices correct at January 1979. Further information is available on request to the company.

Maxolon (metoclopramide) is a product of **Beecham Research Laboratories, Brentford, England.**
A branch of Beecham Group Limited.

Maxolon, BRL and the Company logo are registered trade marks.



A unique combination of clinically important properties.

The exceptional smoothness of a PROLENE Suture allows it to slide easily through the most delicate tissue.

This permits suture line tension to be adjusted after placement, which is of particular benefit in Cardiovascular and Ophthalmic surgery.

It also aids easier removal of skin or sub-cuticular sutures even after prolonged implantation. In General surgery PROLENE Polypropylene starts strong and stays strong, providing long term wound support, whilst handling and knotting is easier than with other monofilament non-absorbables.

PROLENE* Monofilament Polypropylene

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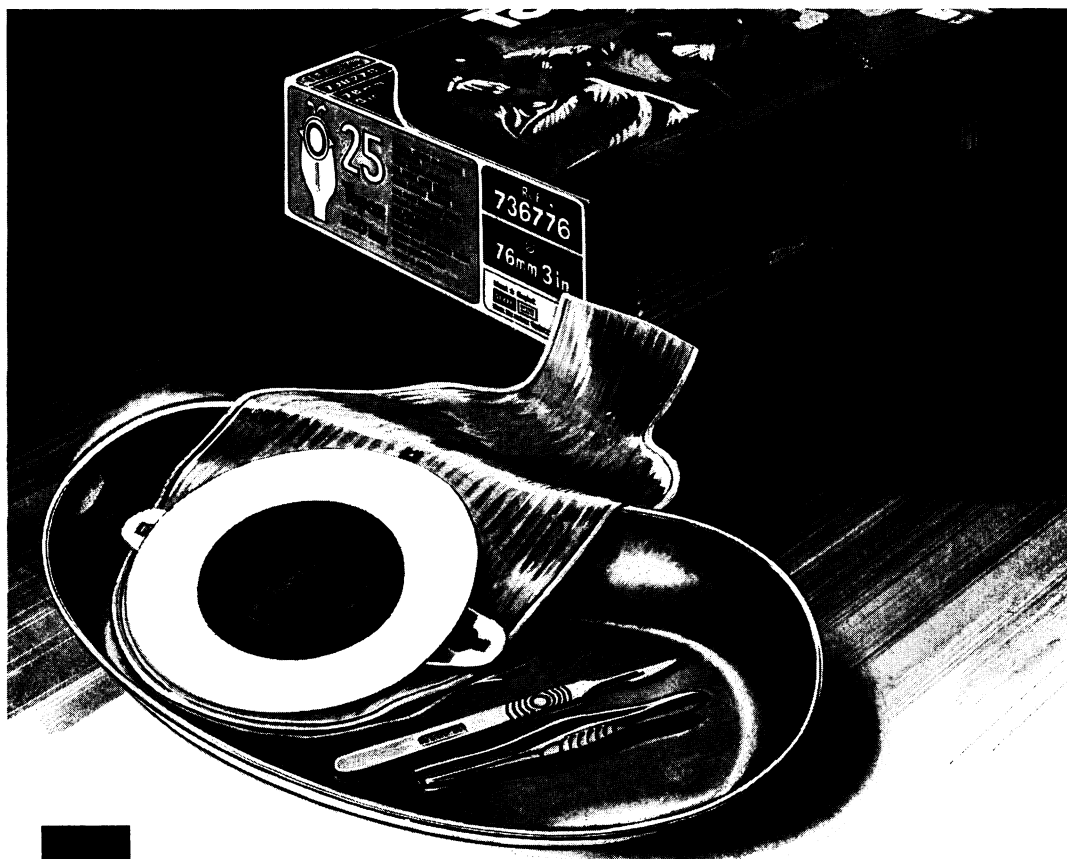
ETHICON Ltd., P.O. Box 408, Bankhead Avenue, Edinburgh EH11 4HE, Scotland.

Precautions PROLENE Polypropylene Sutures may not be resterilised more than three times by the standard autoclaving method without loss of strength. Care should be taken to avoid damaging the surface of the material with surgical instruments as this could lead to fracture of the material in use.

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PROLENE* Monofilament Polypropylene
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Topaz right from the start for all your ostomy patients.

Topaz is a new and extensive range of modern stoma pouches to suit your patients, right from the operating theatre back to a more normal life at home.

The Topaz range of stoma pouches includes:

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COLO — closed pouch for formed-stool colostomies

URO — for urinary diversion

Topaz features include charcoal flatus filters, opaque neutral-coloured bag front, and several seal/karaya options. All the technical superiority you would expect from Searle Medical, leaders in stoma care products.

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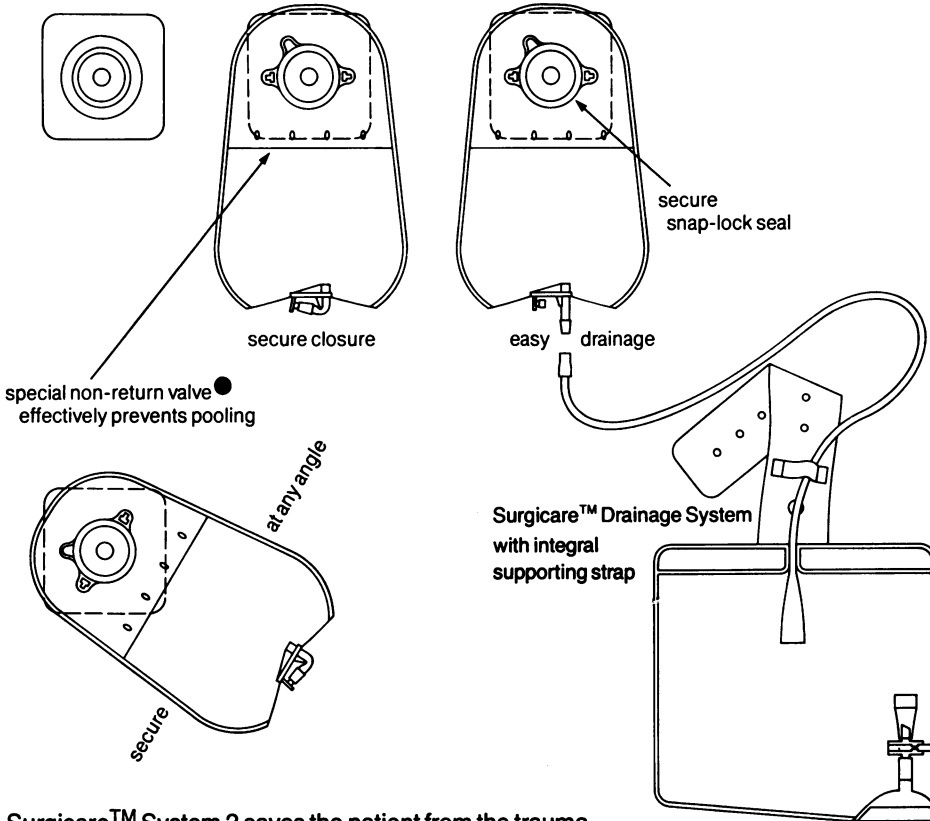
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Urostomy pouches simply snap onto the Stomahesive™ Flange



Surgicare™ System 2 saves the patient from the trauma of peeling off adhesive bags. The Stomahesive™ Flange can be left on the skin undisturbed for several days whilst the pouches are replaced as often as necessary. It makes possible a leak-free attachment of appliances to the skin thereby providing a unique degree of comfort free of irritation and soreness often associated with ordinary adhesives. Surgicare™ System 2 takes full advantage of these benefits which are particularly evident in the management of urostomies.

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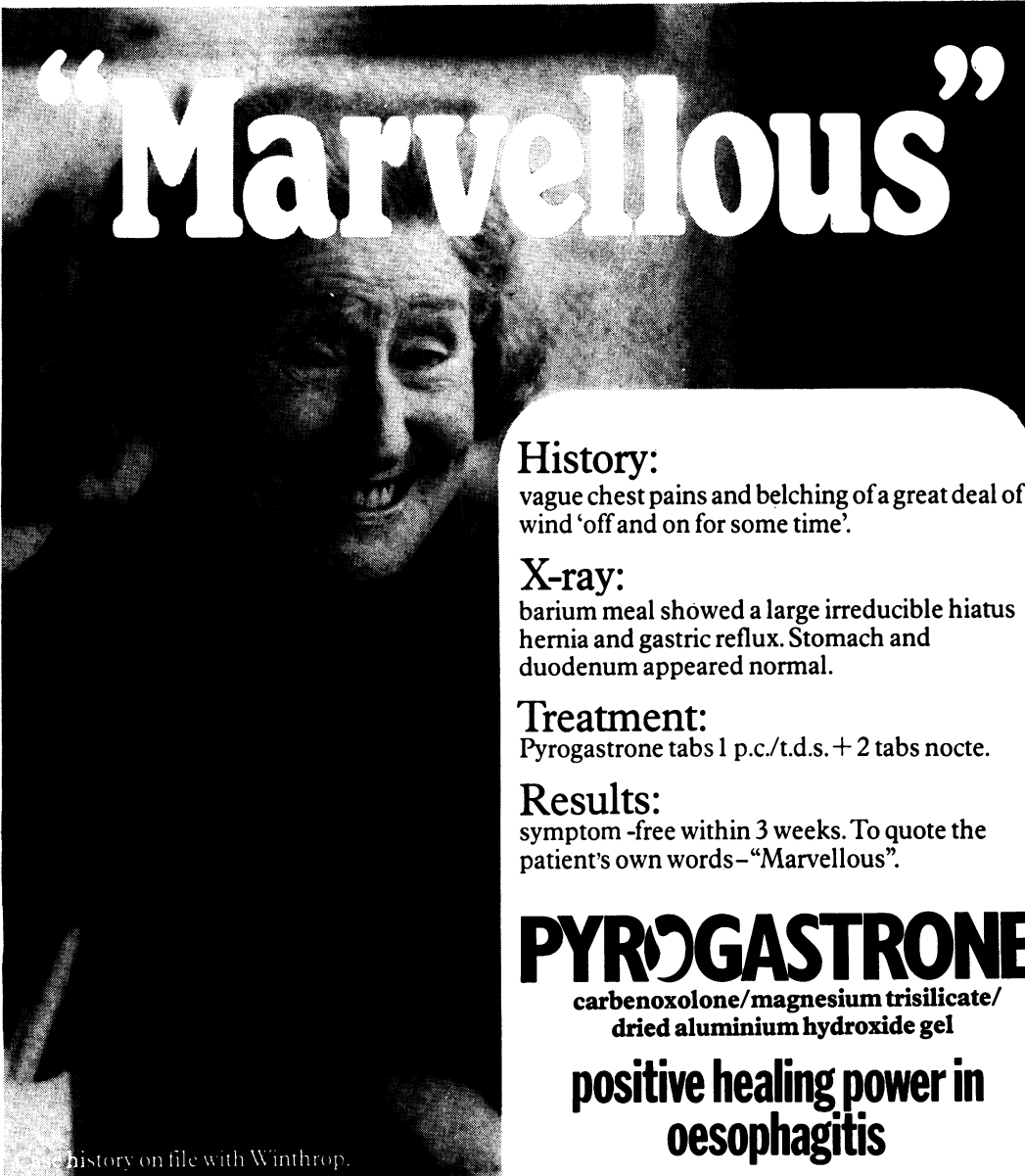
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“Marvellous”

History:
vague chest pains and belching of a great deal of wind 'off and on for some time'.

X-ray:
barium meal showed a large irreducible hiatus hernia and gastric reflux. Stomach and duodenum appeared normal.

Treatment:
Pyrogastrone tabs 1 p.c./t.d.s. + 2 tabs nocte.

Results:
symptom -free within 3 weeks. To quote the patient's own words-“Marvellous”.

PYROGASTRONE
carbenoxolone/magnesium trisilicate/
dried aluminium hydroxide gel

**positive healing power in
oesophagitis**

history on file with Winthrop.

Pyrogastrone (PL 0071/0138). For the treatment of oesophageal inflammation, erosions and ulcers due to hiatus hernia or other conditions causing gastric reflux and for the relief of heartburn, flatulence and other symptoms associated with reflux oesophagitis. Each tablet contains: carbenoxolone sodium B.P. 20mg. magnesium trisilicate B.P. 60mg. dried aluminium hydroxide gel B.P. 240mg. in a base containing sodium bicarbonate B.P. 210 mg and alginate acid B.P.C. 600 mg. Cartons of 100. **Adult Dosage.** One to be chewed immediately after meals, three times a day and two to be chewed at bedtime. **Basic N.H.S. Cost:** One day's treatment 56p (5 tablets). **Contraindications:** Severe cardiac, renal or hepatic failure. Patients on digitalis therapy unless serum electrolyte levels are monitored weekly to detect promptly the development of hypokalaemia. **Precautions:** Special care should be exercised with patients predisposed to sodium and water retention, potassium loss and hypertension (e.g. the elderly and those with cardiac, renal or hepatic disease) since the carbenoxolone content of Pyrogastrone can induce similar changes. Regular monitoring of weight and blood pressure which should indicate the development of such effects is advisable for all patients. A thiazide diuretic should be administered if oedema or hypertension occurs. (Spironolactone should not be used because it hinders the therapeutic action of carbenoxolone). Potassium loss should be corrected by the administration of oral supplements. No teratogenic effects have been reported with carbenoxolone sodium, but careful consideration should be given before prescribing Pyrogastrone for women who may become pregnant. Pyrogastrone is a registered trade mark. Made under licence from Biorex Laboratories Brit. Pat. No. 1390683. Further information available from:-

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.....in the later years

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98% Sterculia - sugar free

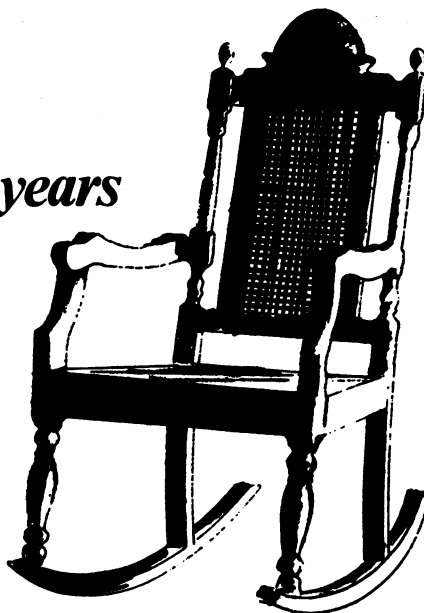
Helps to:
Lower intra-colonic pressure. Reduce distension and relieve discomfort. Restore normal bowel action.

Prescribing information:

Side effects: occasional flatulence and discomfort Dosage: 1-2 heaped teaspoonfuls once or twice daily

Basic NHS cost £1.40 per 175g

Full product information available on request



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PL 0123/0009

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