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ROTER achieves a high cure rate and often gives effective control of even refractory chronic cases which have resisted other treatments.

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ROTER has no known side effects.

ROTER requires no supplementary medication such as sedatives or anti-spasmodics.

ROTER shows a saving in cost when compared with conventional methods of treatment.

REFERENCES

Therapie der Gegenwart, 1953, 3, 108
Gazz. Med. Ital., 1954, 113, 343
Die Medizinische, 1955, 4, 163
British Medical Journal, 1955, 2, 827
C.R.S. Biol., 1956, 150, 1019
Am J. Gastroenterology, 1957, 28, 439
Wiener Med. W., 1958, 108, 218
Ärztliche Praxis, 1958, 10, 766
Journal Lancet, 1960, 80, 37

FORMULA

Each Roter tablet contains:
Bismuth Subnitrate Roter (350 mg.), Magnesium
Carbonate (400 mg.), Sodium Bicarbonate
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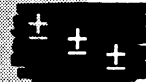
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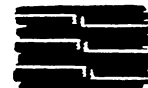
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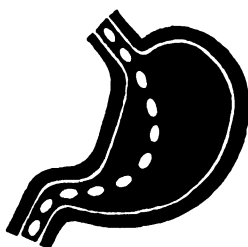
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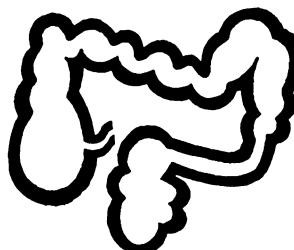
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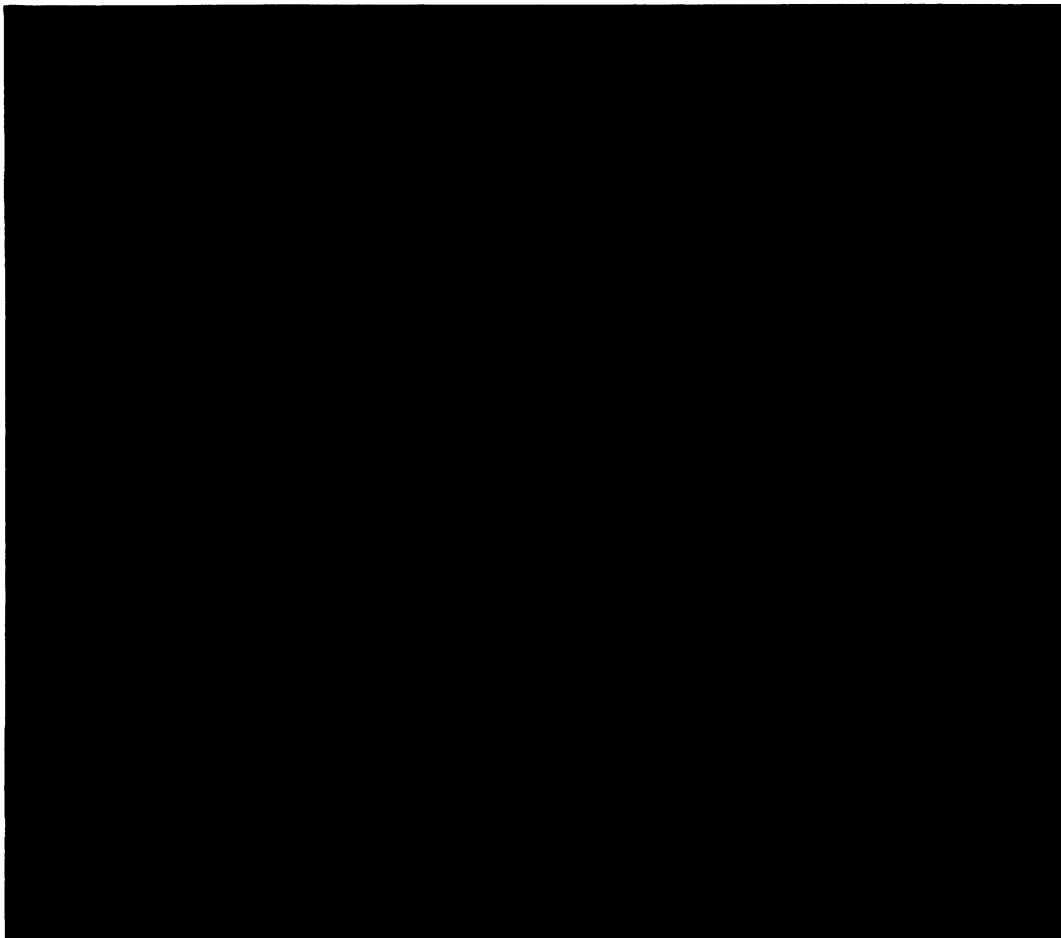
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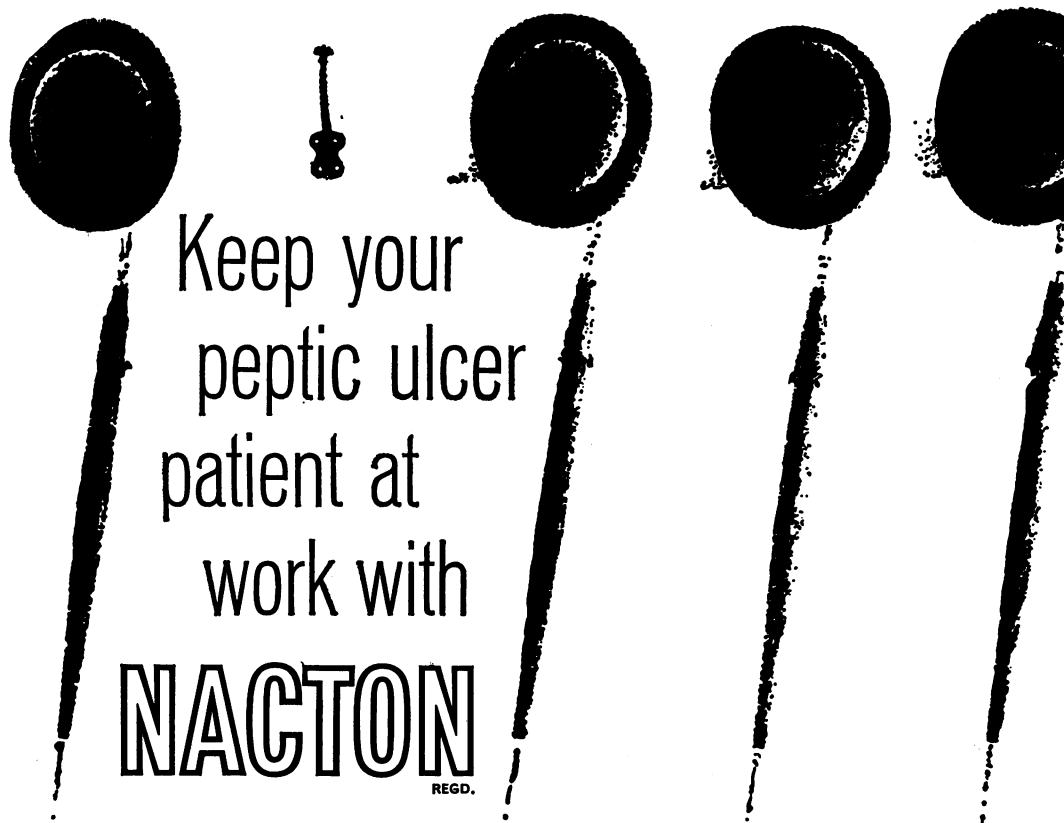
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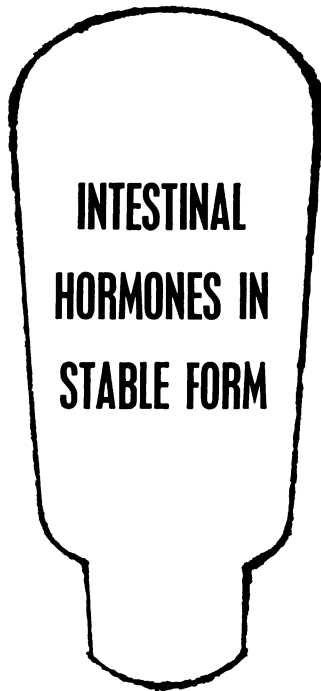
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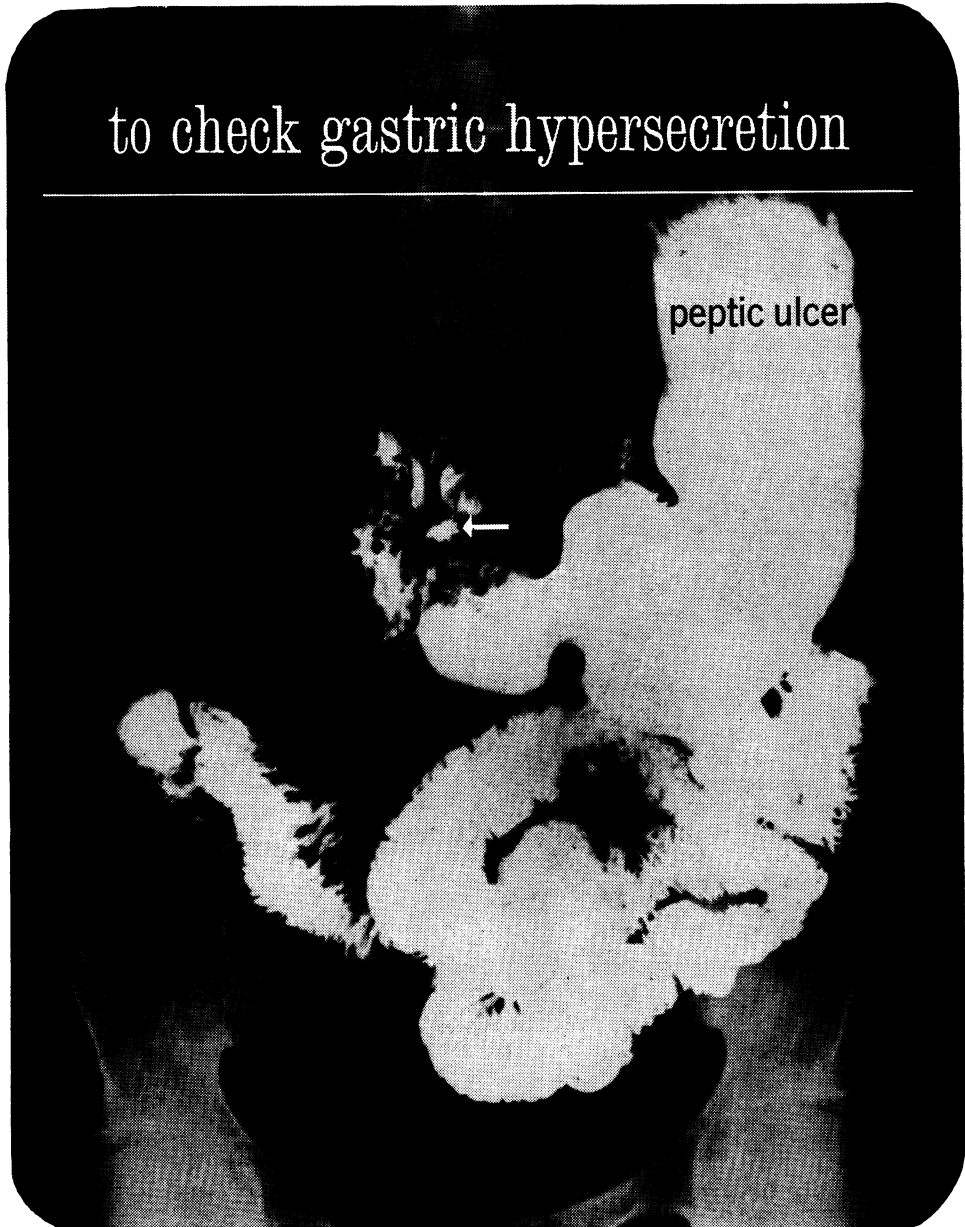
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SURGICAL PHYSIOLOGY of the GASTRO-INTESTINAL TRACT

Proceedings of a Symposium held in the
Royal College of Surgeons of Edinburgh
June 1962

Edited by

A. N. SMITH, Esq., M.D., F.R.C.S.E.

With a foreword by

JOHN BRUCE, Esq., C.B.E., P.R.C.S.E.

EXTRACT FROM PREFACE

In the last two decades notable advances have occurred in our understanding of gastro-intestinal disorders and their physiological basis. Like most other developments of recent years, this has been a consequence of the development of new methods and new tools of investigation, and of the application of modern scientific aids to a discipline governed largely by empiricism. The results have been fascinating: in respect of the gullet, pressure studies have inspired new concepts of œsophageal disease; quantitative studies of gastric secretion have inspired a more rational approach to gastric surgery, the small gut and its absorptive function in health and disease have opened a rich vein for exploration; and the importance of the functional activity of the colon and rectum has determined a new scrutiny of many of our former surgical practices and medical beliefs.

Much of the new work on gastro-intestinal problems has been carried out in isolated pockets of enthusiasm, however, and, as in other fields of medicine, it is difficult for the clinician and the scientist to remain informed of discoveries in each other's sphere of interest, or to achieve familiarity with all the potentially significant literature.

It seemed, therefore, that it would be useful and important to convene a Symposium which would call together workers interested in different facets of gastro-intestinal disease and physiology. By such means, recent developments could be reported, information exchanged and emerging concepts submitted to scrutiny and criticism. . . . This volume provides a permanent record of the Proceedings; the papers are published largely as they were presented and, as far as possible, the discussions are verbatim.

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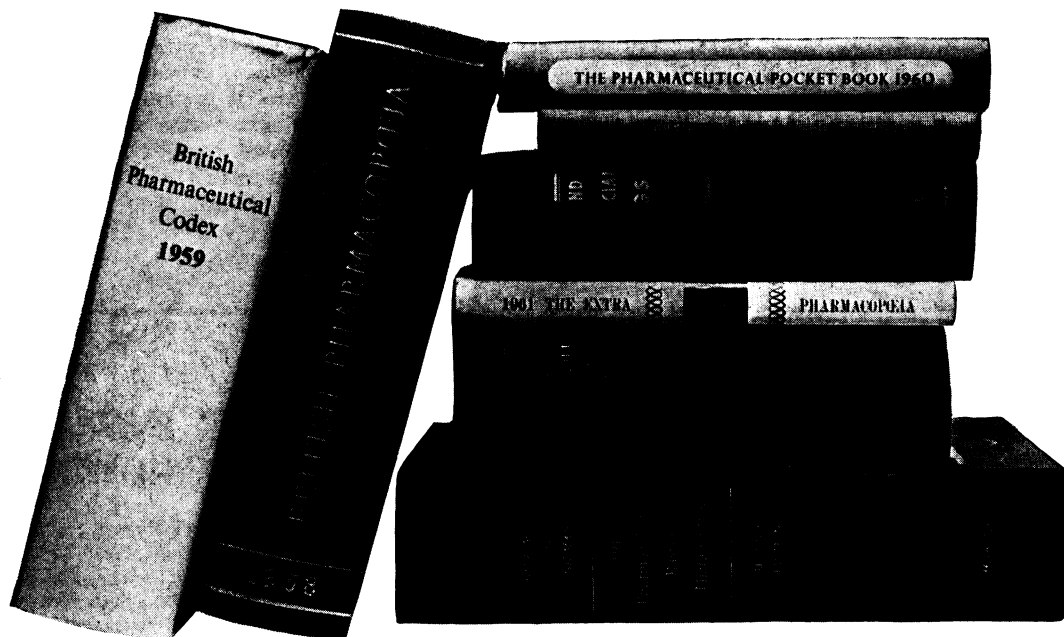
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THE POSTGASTRECTOMY SYNDROMES

by E. R. Woodward, *Univ. of Florida, Gainesville, Fla.* Doctor Woodward has separated into distinct entities the various iatrogenic disturbances which occur after gastric surgery—particularly gastric resection. The syndromes presented here include the immediate postprandial dumping syndrome, delayed postprandial dumping syndrome, afferent loop syndrome, small stomach syndrome, and postgastrectomy malabsorption. Presentation of each clinical entity is followed by its pathophysiology and concluded with treatment. Major emphasis in treatment is placed on prevention. In addition to medical therapy of these disorders, the use of reconstructive surgery in selected cases is outlined in detail. Oct. '63, 64 pp., 14 il., 3 tables (*Amer. Lec. Abdominal Viscera* edited by Lester R. Dragstedt, *Univ. of Florida*), \$3.75



THE MEDICAL TREATMENT OF PEPTIC ULCER

by George Gordon McHardy, *Louisiana State Univ., New Orleans, La.* This monograph provides a timely source of guidance for those concerned with all the clinical aspects of peptic ulcer—those related to the patient as well as his disease. Its purpose is to assemble current concepts of therapy; rationalize their application; emphasize the importance of considering each patient on an individual basis; evaluate complications, their modes of management and need for surgical correction; and depreciate procedures which lack established value. Prognosis, prevention of recurrence, recognition of and preparation for surgery and its potentialities are reviewed. Sept. '63, 88 pp., 2 tables (*Amer. Lec. Abdominal Viscera* edited by Lester R. Dragstedt, *Univ. of Florida*), \$4.75

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