

# ROTER

In cases of dyspepsia with or without a radiologically proven ulcer Roter will normally provide prompt symptomatic relief and lead to rapid healing of the lesion. The reputation of Roter is world wide. It is a complete treatment in itself and requires no additional antispasmodics or anticholinergics.

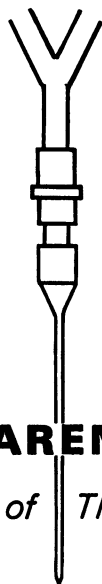


**FORMULA:** Each Roter tablet contains: Bismuth Subnitrate Roter (350 mg.), Magnesium Carbonate (400 mg.), Sodium Bicarbonate (200 mg.) and Cortex Rhamni Frangulae (25 mg.).

**PACKINGS OF ROTER TABLETS:** Tins of 40 and 120, also dispensing sizes, 360 and 720 (P.T. exempt).

## ROTER IN PEPTIC ULCER

# AMINOSOL 10% + INTRALIPID (FAT EMULSION)



**FOR COMPLETE PARENTERAL NUTRITION**

*... without risk of Thrombophlebitis*



*literature and suggested regimes on request*

**PAINES & BYRNE LTD., GREENFORD, MIDDLESEX**  
*pre-eminent in Parenteral Nutrition*

# Lomotil does just one thing, it stops diarrhoea

... patients began to feel more comfortable ... after approximately one hour.'

*J.med.Ass.Ga., 50,485*

Most diarrhoeas are non-specific in origin. Lomotil (brand of diphenoxylate hydrochloride with atropine sulphate) provides the rapid, symptomatic control needed in such cases.

In diarrhoea of specific origin, Lomotil conserves electrolytes and prevents dehydration while antibacterial treatment takes effect.

Lomotil curbs the intestinal hypermotility characteristic of diarrhoea. It is effective in virtually all types of diarrhoea — acute, chronic or recurrent.

*Lomotil is a registered trade mark*

THE RAPID-ACTING ANTI-DIARRHOEAL

**Lomotil**  
Searle



## LONGER-LASTING DRIP THERAPY

Gastrils—first ever antacid pastilles. Gastrils do not break up in the mouth like tablets; they dissolve slowly and smoothly, so give sustained drip therapy for the treatment of peptic ulcer.

Gastrils contain a co-dried gel of aluminium hydroxide and magnesium carbonate, a buffer antacid comparable in activity to freshly prepared liquid aluminium hydroxide gel. Gastrils rapidly buffer gastric pH to an optimum level, and keep it there, without risk of acid rebound.

To relieve the tedium of constant antacid therapy, every Gastrils prescription is dispensed in equal quantities of two delicious flavours—mint and fruit. Few antacids are as effective as Gastrils—none is as good to take!

# GASTRILS

## ANTACID PASTILLES

**INDICATIONS** Hyperacidity, peptic ulcer, gastritis, heartburn, oesophagitis and hiatus hernia.

**FORMULA** Each pastille contains 500 mg. co-dried gel of aluminium hydroxide and magnesium carbonate.

**BASIC N.H.S. COST** 24 individually wrapped Gastrils in carton 3/-.  
24 individually wrapped Gastrils from dispensing pack: 2/6½d. Gastrils are prescribable on form E.C.10

*'Gastrils' is a registered trade mark of T. J. Smith & Nephew Ltd.*



**Smith & Nephew  
Pharmaceuticals Limited**

WELWYN GARDEN CITY · HERTFORDSHIRE · ENGLAND



### What is SURGICEL\*?

SURGICEL is a haemostatic gauze made from oxidised regenerated cellulose. In the presence of blood, SURGICEL swells and turns into a gelatinous mass, forming an aggregate in the mouth of blood vessels and so assisting the normal process of clotting.

### Where is SURGICEL used?

One of the most dramatic fields of usefulness for oxidised regenerated cellulose is found in Cardio-vascular Surgery. To arrest haemorrhage in surgery; wounds of the liver, spleen and kidney; Haemophilic conditions and other blood clotting defects.

### The Advantages of SURGICEL

**rapid, reliable action**—controls capillary bleeding. Effective in minimal amounts.  
**easy to handle**—no preparation required

before use; easily sutures in place; conforms to contours of the viscera. SURGICEL does not adhere to gloves or instruments.

**complete absorption**—trials show that there is no gross evidence of SURGICEL 44 days after use and only minimal tissue reaction. SURGICEL causes no toxicity, intolerance or sensitivity reactions; it does not deteriorate on storage.

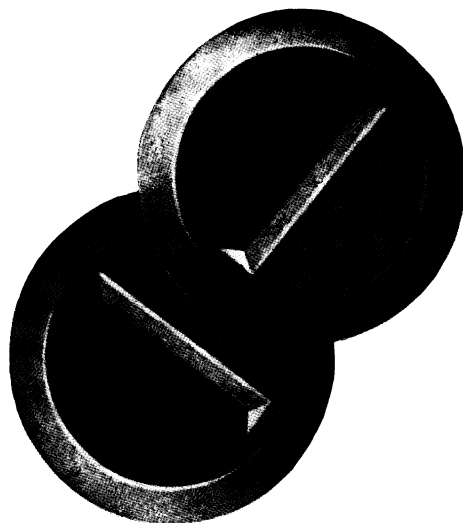
### Presentation

SURGICEL is supplied sterile in Cartons of 3 vials available in the following sizes: strips of 2" x 14"; 4" x 8"; 2" x 3". For Dental Surgery—cartons of 12 sterile vials ½" x 2".

\*trademark

**ETHICON**  
 LIMITED

Bankhead Avenue, Sighthill, Edinburgh 11



**2 TABLETS TWICE A DAY—  
PROVEN MAINTENANCE THERAPY**

**In Ulcerative Colitis**

---

available as a 0.5 g. tablet, either plain or enteric coated

**FIRST DEMONSTRATION . . . RESULTS SIGNIFICANT**

*"This is the first demonstration in a formal trial that any treatment reduces the relapse-rate in ulcerative colitis, 24 out of 34 patients taking 2 g. of sulphasalazine daily remained free of symptoms for a year. This result is significantly different from that obtained in a comparable group of patients who received a placebo."*

**PREFERABLE TO SYSTEMIC CORTICOSTEROIDS**

*"We have shown that sulphasalazine, 0.5 g. four times daily, is often effective in maintaining remission . . . and it therefore appears preferable to systemic corticosteroid drugs for this purpose."*

**REMISSION FOR ONE YEAR**

*"24 patients remained in symptomatic remission for a year while taking 2 g. of sulphasalazine daily, whereas only 8 remained symptom-free in the placebo group."*

**NORMAL MUCOSA**

*"2 of the 24 patients who remained symptom-free for a year while on sulphasalazine had a haemorrhagic mucosa at the end of the trial. The remaining 22 patients had a non-haemorrhagic mucosa which in many cases appeared normal."*

**MINIMAL SIDE EFFECTS**

*"In the present trial, using a dose of 2 g. daily, only 3 patients out of 34 had to discontinue treatment because of side-effects."*

**WHITE CELL COUNT**

*"In the patients treated with sulphasalazine there was no difference in the haemoglobin level before and after treatment; but the mean white-cell count was lower after six months or a year than at the start of treatment, though in no patient was it less than 4500 per c.mm."*

The Lancet Jan 23rd 1965 · Vol I · Pages 185-188

# SALAZOPYRIN



PHARMACIA  
(GREAT BRITAIN) LTD

Literature and further information are supplied on request

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# The success of BIOGASTRONE (carbenoxolone sodium) in gastric ulcer

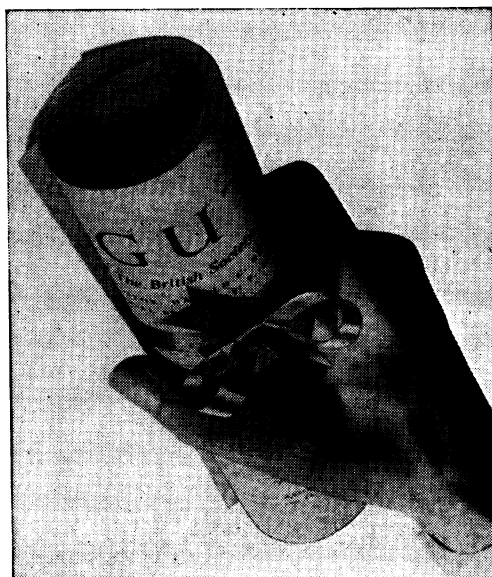
## further proof in 1965



**“It is the only drug therapy for gastric ulcer which has been demonstrated conclusively to accelerate healing,**

**which can be achieved with patients remaining up and about, often at work, and with minimum change in diet”**

from editorial synopsis: GUT (1965) 6:19



In 1959, the first clinical trial of Biogastrone\* was begun in patients with gastric ulcer. The results indicated that Biogastrone significantly reduced the size of ulcer niche.

**“It is suggested that Biogastrone promotes the healing of gastric ulcers.”**

Lancet (1962) ii: 793

Now, in a further trial, the same author proves beyond any doubt that Biogastrone is successful in assisting gastric ulcers to heal. The average degree of healing was similar in both trials—72 and 78% in the Biogastrone groups and 35 and 39% for the control.

**“It is concluded that carbenoxolone sodium [Biogastrone] facilitates the healing of gastric ulcers.”**

Gut (1965) 6: 19

More detailed information from  
**Berk Pharmaceuticals Limited, Catteshall Lane  
Godalming, Surrey.**

\* trade mark BR 3775/J817

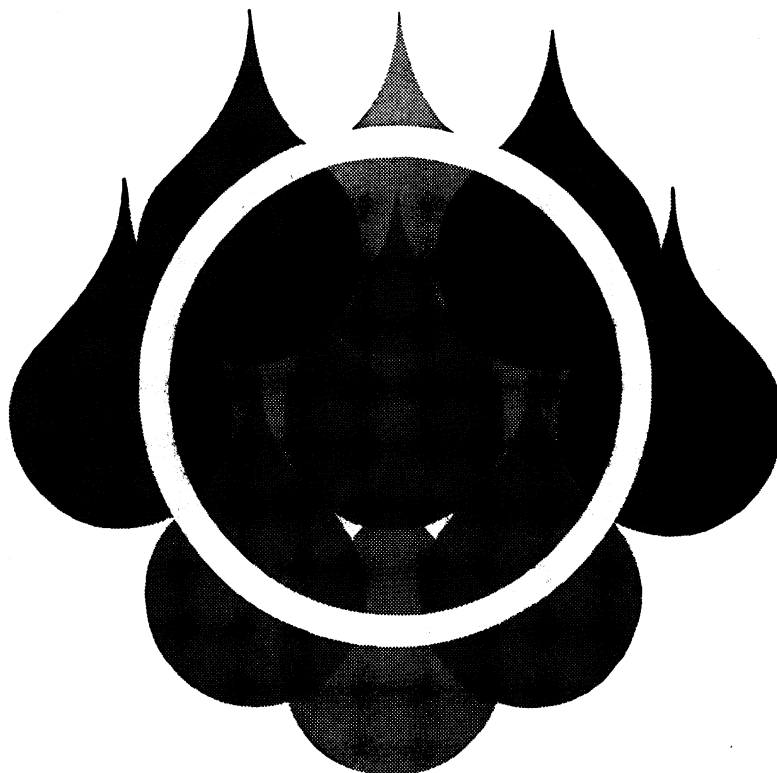
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# **\*Prodexin** regd.

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continuous drip control of ulcer  
by tablet

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**PRODEXIN** tablets give all the benefits of continuous intragastric drip therapy<sup>1</sup> without any of its disadvantages.

The slow suck down tablets are specially formulated to give prolonged antacid buffer effect, unaffected by stomach emptying rate.<sup>2</sup>

Immediate relief of pain is achieved by rapidly raising pH to 2 neutralising excess acid and controlling the acid secretion by slowly building up the pH to a desirable level of pH3.5 and pH4.5

**DOSAGE:**

For continuous therapeutic effect one tablet at a time should be sucked slowly.  
For peptic ulcer one or more tablets an hour.

**References:**

1. Practitioner (1954), 173, 46.
2. Post Grad. med. J. (1960) 36, 722.

\*Aluminium Glycinate 0.9G.  
Light Magnesium Carbonate B.P. 0.1G.

---

**PRODEXIN** is a product of British research at

**Beecham Research Laboratories**



# don't use Merbentyl to inhibit gastric secretion

## because

Merbentyl is not an antisecretory drug. Do use it to control gastrointestinal spasm because here Merbentyl is a remarkably effective antispasmodic. Moreover, Merbentyl is so selective that its use is rarely followed by side effects commonly seen with other drugs used for this purpose. It can even be administered to patients with chronic simple glaucoma or prostatic hypertrophy.

Merbentyl (dicyclomine hydrochloride B.P.C.) was first described in 1947, and has been widely used clinically to control gastrointestinal spasm and hypermotility in many countries for over 12 years. It acts both on the neuroreceptor sites innervated by post-ganglionic parasympathetic fibres, and directly on smooth muscle tissue.

### Indications

- 1 Primary functional disorders of the gastro-intestinal tract: spastic colon, pylorospasm, post-cholecystectomy syndrome.
- 2 Adjunctive therapy in organic disorders, e.g. ulcerative colitis, diverticulitis.
- 3 Infant colic (here the drug is regarded as specific therapy).

**Low NHS. cost** An average week's treatment—2/8d.

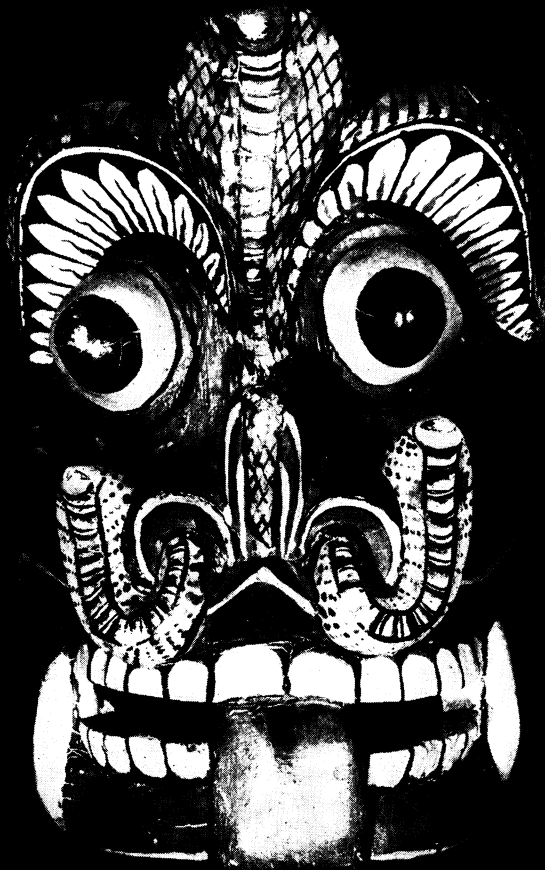
**Merbentyl tablets** each tablet contains 10mg. dicyclomine hydrochloride B.P.C. Recommended adult dosage, 2 t.d.s.

*Also available with phenobarbitone and as Merbentyl Syrup.*

Full clinical information available on request.



Merrell-National (Laboratories) Limited, 20 Savile Row, London, W.1.



## a masked disease

### **Pancreatitis** may be difficult to differentiate

from a coronary thrombosis, perforated peptic ulcer, a dissecting aneurysm of the aorta or acute cholecystitis, but when the diagnosis is established, TRASYLOL the proteinase inactivator is indicated.

TRASYLOL specifically inhibits the proteolytic enzymes of the pancreas, and administered in adequate dosage arrests the autodigestive processes.

A recent analysis of all cases of pancreatitis, those treated with TRASYLOL showed a reduction in mortality from 22% to 9%.

TRASYLOL is therefore indicated in the treatment of acute pancreatitis, pancreatic fistulae, and pancreatitis accompanying disorders of the gall bladder and bile ducts.

# TRASYLOL<sup>®</sup>

Proteinase Inactivator



® Registered trade mark of **BAYER LEVERKUSEN GERMANY**  
U.K. Subsidiary **FBA PHARMACEUTICALS LTD**, Haywards Heath, Sussex



**In peptic ulcer and functional gastro-intestinal disease,  
NEW sustained-release anticholinergic PORTYN TEMPLETS  
inhibit gastric secretion, gastro-intestinal spasm or hypermotility**

The sustained-release feature of PORTYN\* TEMPLETS\* provides the advantages of less frequent dosage and fewer and more mild side effects than with the immediate release form. Only one PORTYN TEMPLET twice daily at 12-hour intervals provides sustained inhibition of gastric secretion and gastro-intestinal hypermotility.

*Available in bottles of 15 and 100.*

**PORTYN TEMPLETS**

*\*Trade mark*

PORTYN TEMPLETS each contain 35 mg. benzilium bromide, Parke-Davis, (5 mg. for immediate release and 30 mg. for gradual release)

**PARKE-DAVIS** HOUNSLOW · LONDON · TELEPHONE: HOUNSLOW 2361

## ANTIBIOTICS AND THE INTESTINAL FLORA

Treatment with broad spectrum antibiotics suppresses the normal flora, which may be replaced by abnormal resistant organisms causing diarrhoea.

This change can be prevented or reversed by the implantation of *Lactobacillus acidophilus* which has been rendered antibiotic-resistant, and is thus able to multiply freely under these abnormal conditions. The products of growth of this organism are inimical to that of many other bacteria<sup>1,2</sup> and thus contribute to its rapid preponderance over other species.

Oral treatment with antibiotic-resistant *L. acidophilus* in the form of ENPAC has been shown to eliminate *Candida* from the faeces of infants with antibiotic-induced diarrhoea, with relief of symptoms succeeded by rapid gain in weight<sup>3,4</sup> and greatly to reduce the numbers of staphylococci in the faeces of patients treated with tetracyclines.<sup>5</sup>

<sup>1</sup> (1958) *Ann. Inst. Pasteur* 95, 194.

<sup>2</sup> (1959) *J. Bact.* 78, 477.

<sup>3</sup> (1957) *Klin. Wschr.* 35, 198.

<sup>4</sup> (1959) *Medizinische* 7, 296.

<sup>5</sup> (1957) *Lancet* (i), 899.

ENPAC

## LACTOBACILLUS ACIDOPHILUS PREPARATION

Samples and literature will be sent to the medical profession on request to:—

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## BRITISH POSTGRADUATE MEDICAL FEDERATION

(University of London)

### GASTROENTEROLOGY

A ten-week POSTGRADUATE COURSE IN GASTROENTEROLOGY, limited to twelve selected students will be held at various London Hospitals, starting on 4th October 1965. Application forms may be obtained from the British Postgraduate Medical Federation, 18 Guilford Street, London, W.C.1. Apply immediately. Applications from Registrars in the National Health Service who are able to obtain the necessary study leave will be welcomed.

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