

ROTER

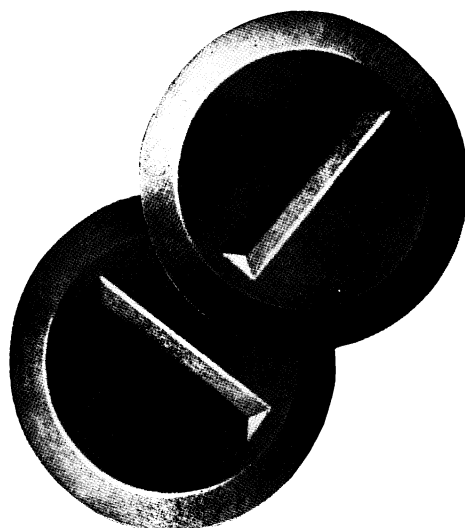
In cases of dyspepsia with or without a radiologically proven ulcer Roter will normally provide prompt symptomatic relief and lead to rapid healing of the lesion. The reputation of Roter is world wide. It is a complete treatment in itself and requires no additional antispasmodics or anticholinergics.



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



**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."

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"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

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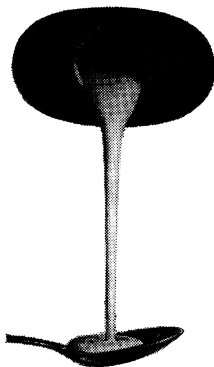
Maalox has a greater acid neutralising capacity than aluminium hydroxide gel, and its action is more prolonged.

No constipation

Because of the presence of magnesium hydroxide in Maalox, there is no danger of constipation.

More palatable—for longer

Maalox has a pleasant taste and smooth consistency. It remains acceptable long after other antacids have grown wearisome.



These three benefits give Maalox a special value in patients who must take antacids frequently or for long periods.

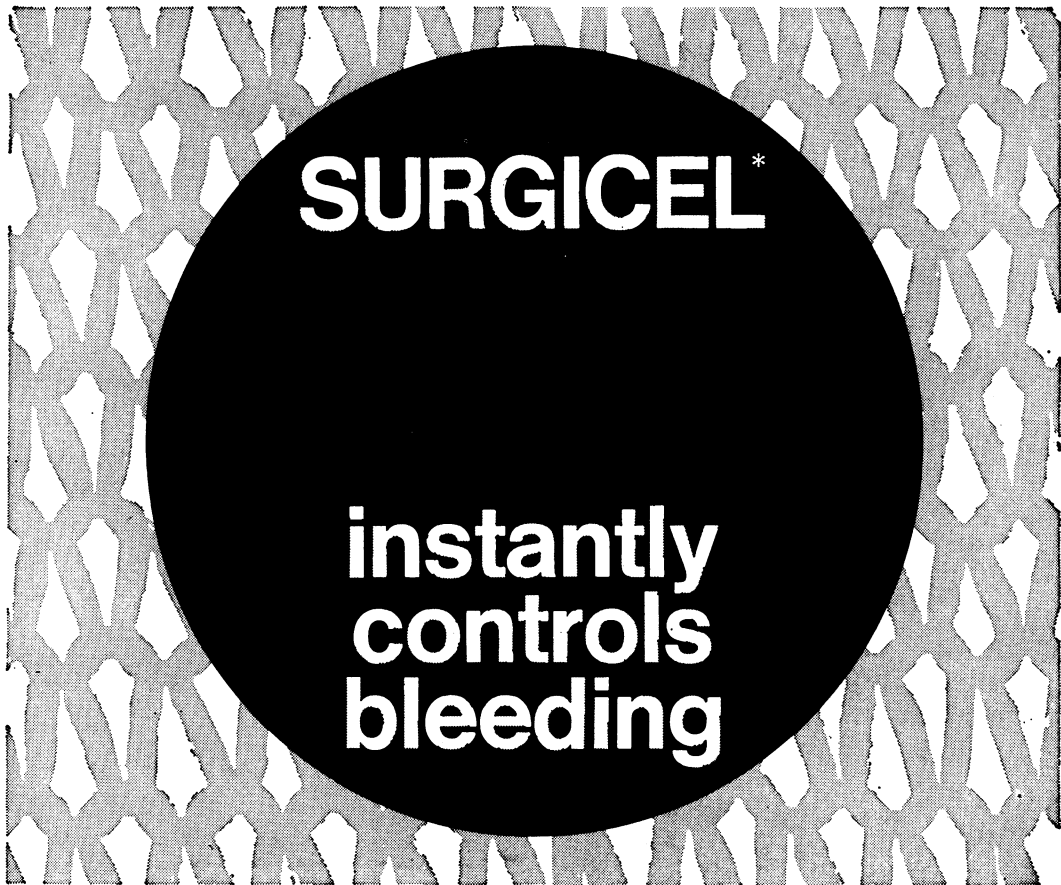
Maalox is a creamy white colloidal suspension of magnesium and aluminium hydroxide gels. It is presented in bottles of 16 fl. oz.

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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?

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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".

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buffer-milk drink
controls acid pain
at night



A cup of warm milk at bedtime or at the bedside—and NIDRIN, to transform it into a pleasant buffer antacid milk drink—gives new hope of a good night's rest to patients with peptic ulcer and hyperacidity who lose sleep through nocturnal acid pain.

NIDRIN in milk reduces reliance on sedatives and drugs for suppressing acid secretion or gastric hypermotility overnight. Nidrin adds the powerful, long-lasting buffer action of a modern antacid to the traditional demulcent effect of milk.

NIDRIN is supplied as granules containing in each dose of 14 G. (2-3 heaped teaspoonfuls) 1 G. co-dried gel of aluminium hydroxide and magnesium carbonate. Dissolved in warm milk, Nidrin forms a sweetened chocolate-flavoured drink. It can be taken at bedtime, or during the night if the patient wakes with acid pain.

In 95 G. polythene screw-cap jars

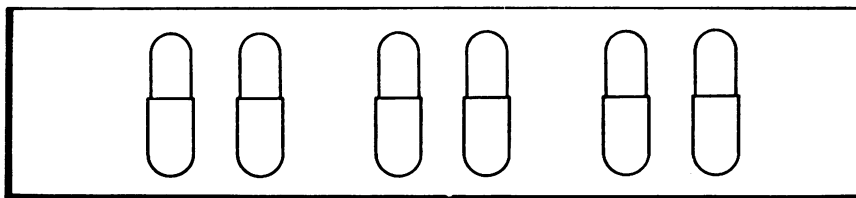
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INDICATIONS

- Fibrocystic disease**
- Pancreatic deficiency states**
- Post-gastrectomy malabsorption**
- Steatorrhoea**

COTAZYM

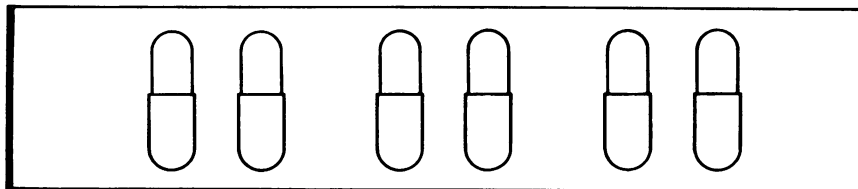


Each Cotazym capsule contains:

Lipase — sufficient to digest 17G. dietary fat
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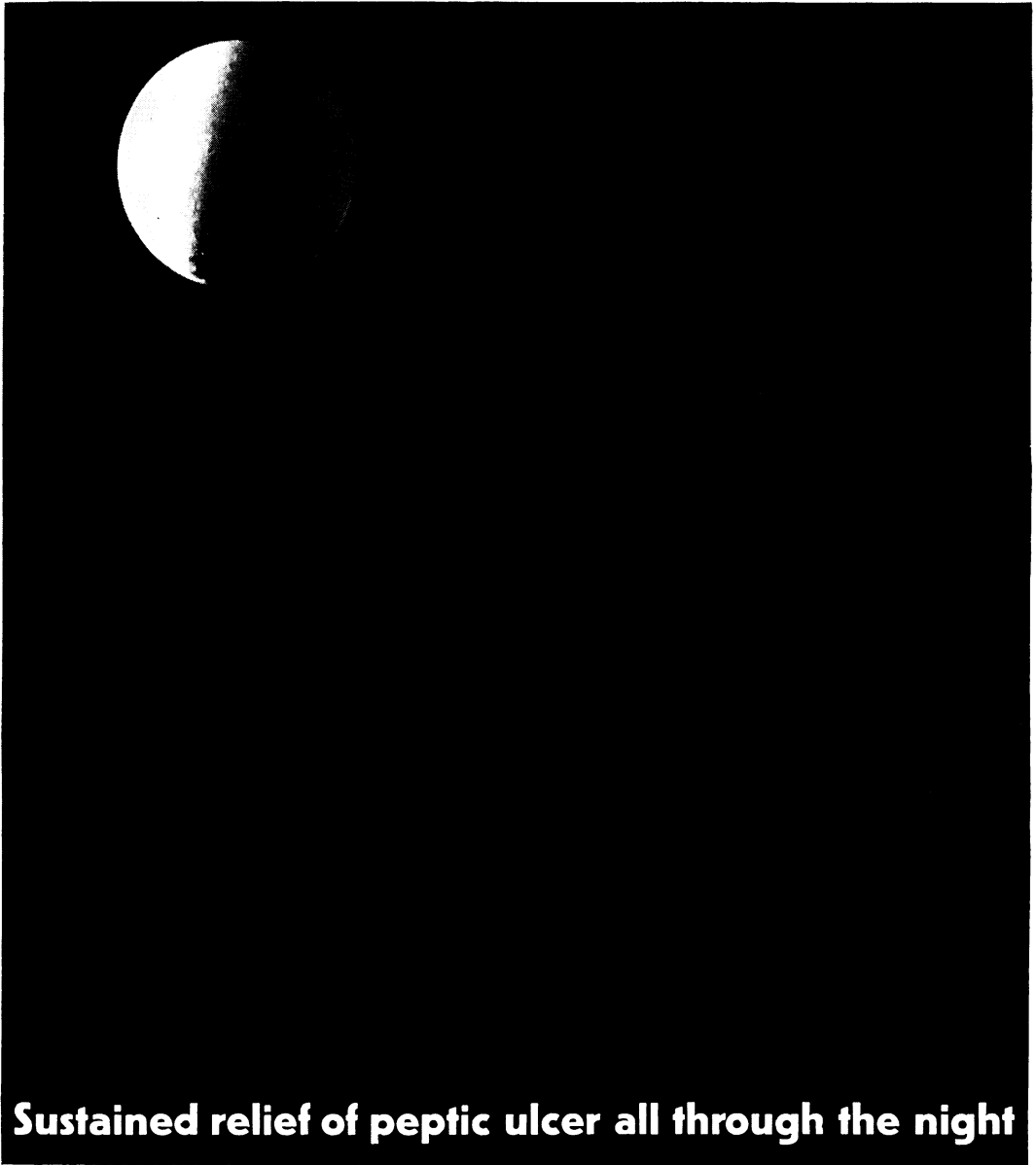
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Dosage — 1-3 capsules with each meal or as directed by the physician.





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Sustained relief of peptic ulcer is now possible by adjunctive treatment with Portyn* Templets*, the new and highly potent sustained-release anticholinergic. Each tablet contains 5 mg. benzilonium bromide, Parke-

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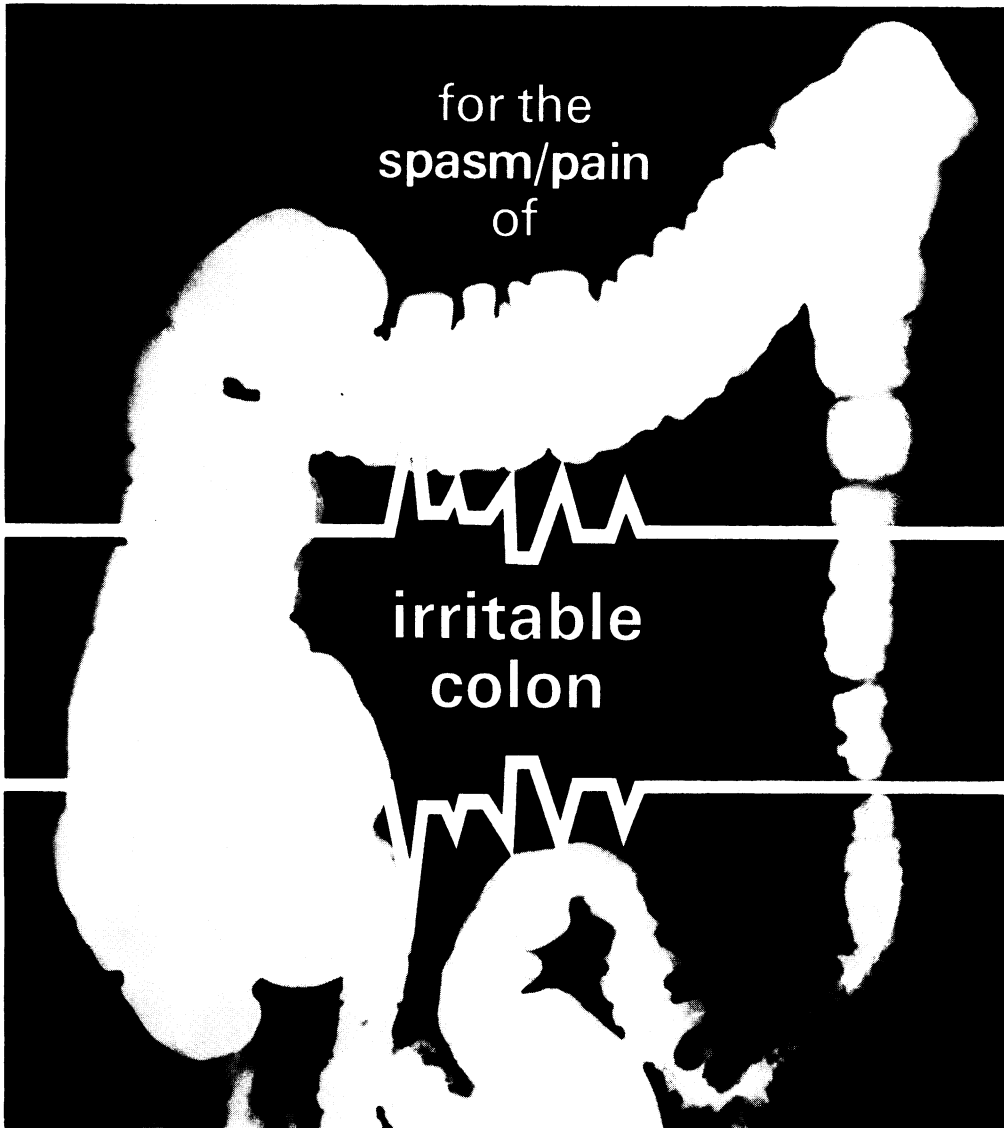
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Indications: Allergy or intolerance to human or cow's milk.¹ As basic feeding pending identification of specific food allergens.¹ Galactosaemia.^{2,3} Gluten enteropathy. Velactin may also be tried in cases of undetermined metabolic or non-specific intolerance.

References: (1) *Nutritio et Dieta* 1961; **3**, 89.
(2) *Lancet* 1959, **2** 849; 1960 **1**, 336.
(3) *Ugeskrift f. Laeger* 1960, **122**, 1229.

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BE
NEXT?



in Sonne Dysentery

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OF INFECTION

How do you select the most effective therapy?

FACT "During the last few years the most popular form of treatment has been a combination of sulph-onamide and oral streptomycin."¹

FACT "Treatment... has become more complicated since the appearance of drug-resistant strains of *Shigella sonnei*."¹

FACT "... 87% of *S. sonnei* were found to be resistant to sulphadiazine... for the antibiotics... the percentages of resistant strains were: potassium penicillin G, 93%; streptomycin, 17%; tetracycline,

12%; chloramphenicol, 11%; ampicillin, 6%; sodium colistimethate, 2%; kanamycin, 1%; neomycin, 1%."²

FACT Unlike neomycin, kanamycin does not irritate the gut wall, nor does it give rise to reactive diarrhoea.

FACT KANTREX CAPSULES ARE YOUR LOGICAL CHOICE FOR TREATING SONNE DYSENTERY wide spectrum coverage... no side effects

PRESENTATION AND PRICE Basic NHS Cost: 52/4 for 30 capsules; 172/- for 100 capsules

REFERENCES 1. Leading Article, (1965) Brit. med. J. 2:893 2. Practical Notes, (1965) Practitioner, 195:714

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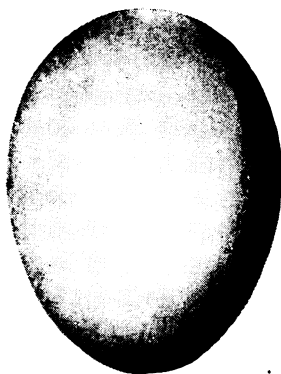
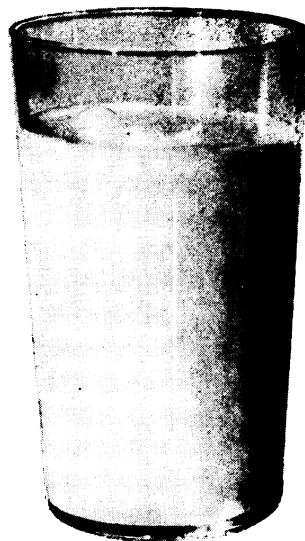


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. . . unless an adequate supply of pancreatic enzymes is available to complete digestion.

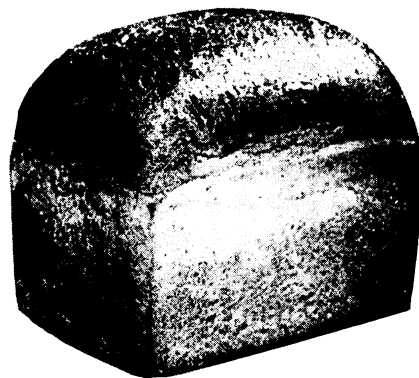


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Pancrex V

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





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Precautions: Administer with care to patients with incipient glaucoma. Contraindicated in acute glaucoma, prostatic hypertrophy, and in the presence of urinary bladder neck obstruction and in pyloric obstruction or stenosis with significant gastric retention. Robinul-PH is contraindicated in patients sensitive to phenobarbitone or with advanced hepatic or renal disease.

Packaging: ROBINUL (pink) and ROBINUL-PH (white) tablets are available in bottles of 50 and 500.

Reference: Practitioner (1965) Vol. No. 195, Pp. 335-339; Ann N.Y. Acad Sci (1962) 99:153 Amer J. Med Sci. (1963) 246:325.

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¹ (1958) *Ann. Inst. Pasteur* **95**, 194.

² (1959) *J. Bact.* **78**, 477.

³ (1957) *Klin. Wschr.* **35**, 198.

⁴ (1959) *Medizinische* **7**, 296.

⁵ (1957) *Lancet* (i), 899.



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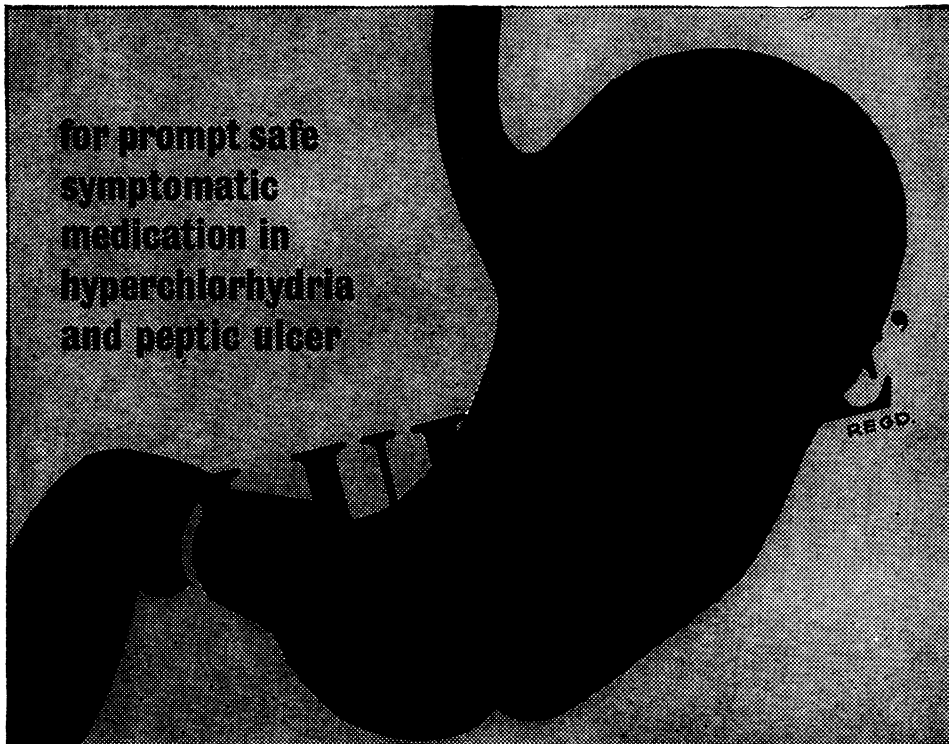
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