

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.

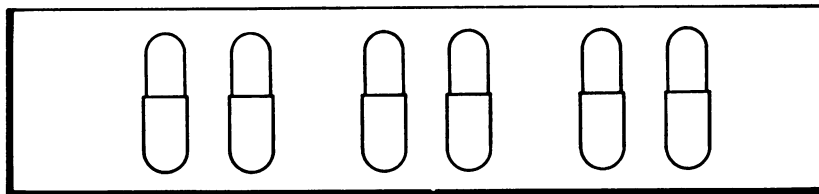


FORMULA: Each Roter tablet contains: Bismuth Subnitrate Roter (350 mg.), Magnesium Carbonate (400 mg.), Sodium Bicarbonate (200 mg.) and Cortex Rhamni Frangulae (25 mg.).

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

ROTER IN PEPTIC ULCER

A remarkably simple treatment in pancreatic enzyme replacement



Hitherto there has not been any reliable method of determining lipase activity in pancreatic extracts — none that ensured adequate control of fat digestion. This is now possible with Cotazym.

Cotazym (concentrated hog pancreas extract) enables known amounts of lipase to be administered easily and control to be established rapidly and accurately.

Cotazym is effective at lower dosage than has previously been possible and has, moreover, greater therapeutic activity. It has no offensive odour or taste and this, together with the simple method of its administration, makes it extremely acceptable to patients.

INDICATIONS

Fibrocystic disease
Pancreatic deficiency states
Post-gastrectomy malabsorption
Steatorrhoea

COTAZYM

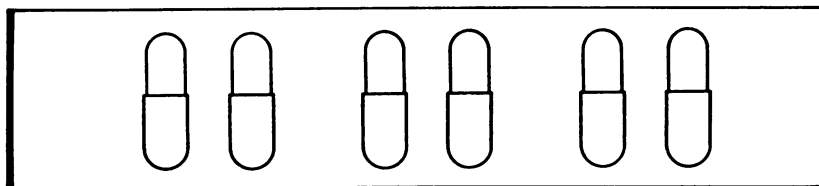


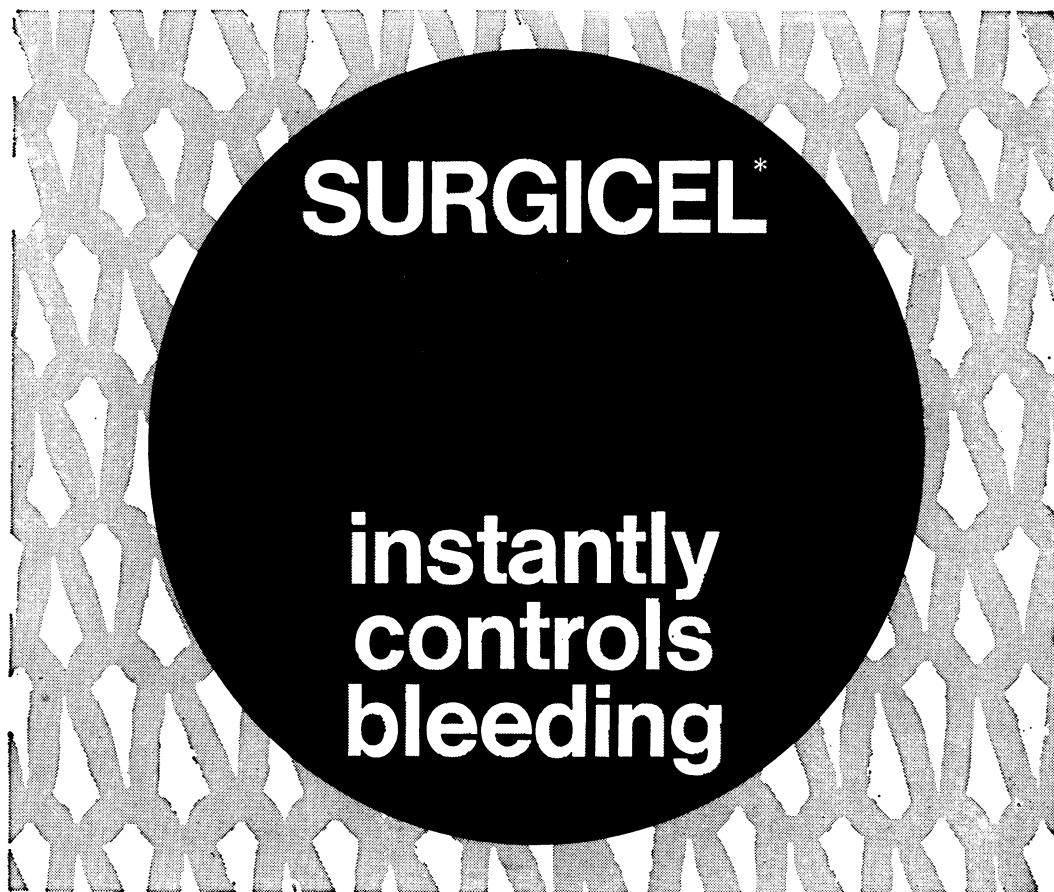
Each Cotazym capsule contains:

Lipase — sufficient to digest 17G. dietary fat
Trypsin — sufficient to digest 34G. dietary protein
Amylase — sufficient to digest 40G. dietary starch

Bottles of 100 capsules

Dosage — 1-3 capsules with each meal or as directed by the physician.





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.

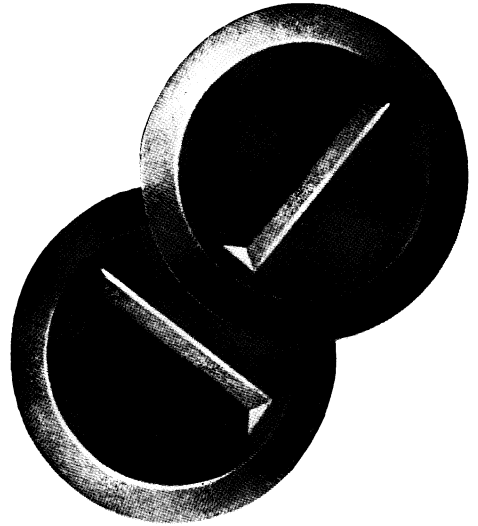
Presentation

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

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**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."

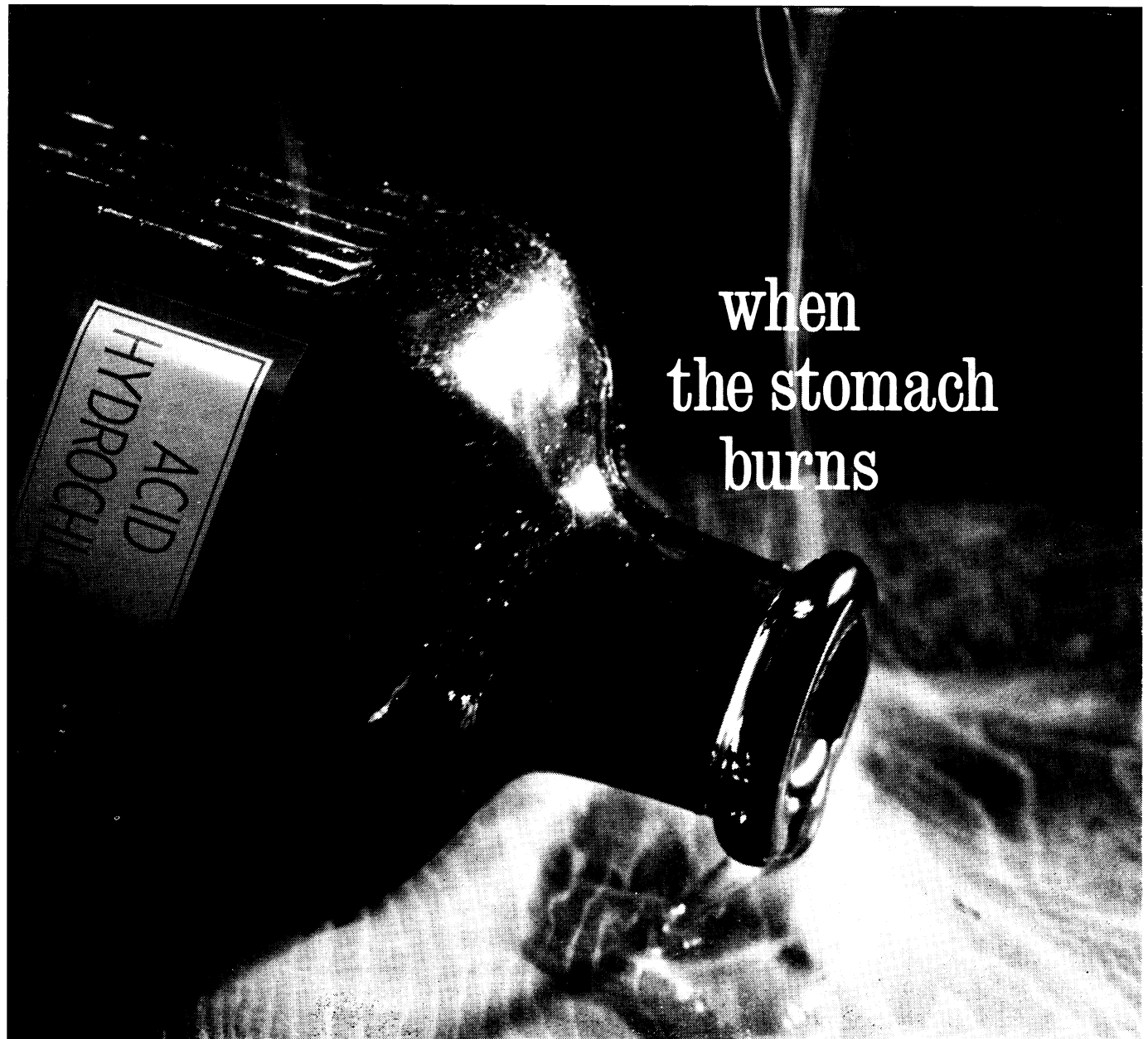
The Lancet Jan 23rd 1965 · Vol I · Pages 185-188

SALAZOPYRIN



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the stomach
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Greater, more lasting antacid effect

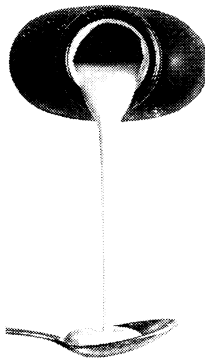
Maalox has a greater acid neutralising capacity than aluminium hydroxide gel, and its action is more prolonged.

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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BE
NEXT?



in Sonne Dysentery

KANTREX*
CAPSULES

**STOP THE SPREAD
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 sulphadiazine and oral streptomycin."¹

FACT "Treatment... has become more complicated since the appearance of drug-resistant strains of *Shigella sonnei*."²

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

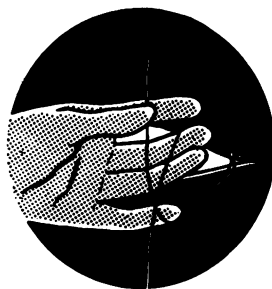
PRESENTATION AND PRICE Basic NHS Cost: 52/4 for 30 capsules; 172/- for 100 capsules

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

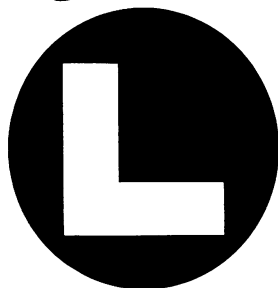
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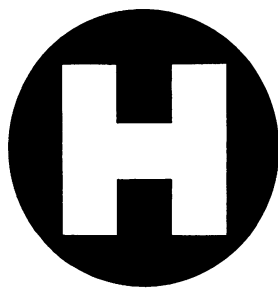
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Gastrils—first ever antacid pastilles. Gastrils do not break up in the mouth like tablets; they dissolve slowly and smoothly, so give sustained drip therapy for the treatment of peptic ulcer.

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.

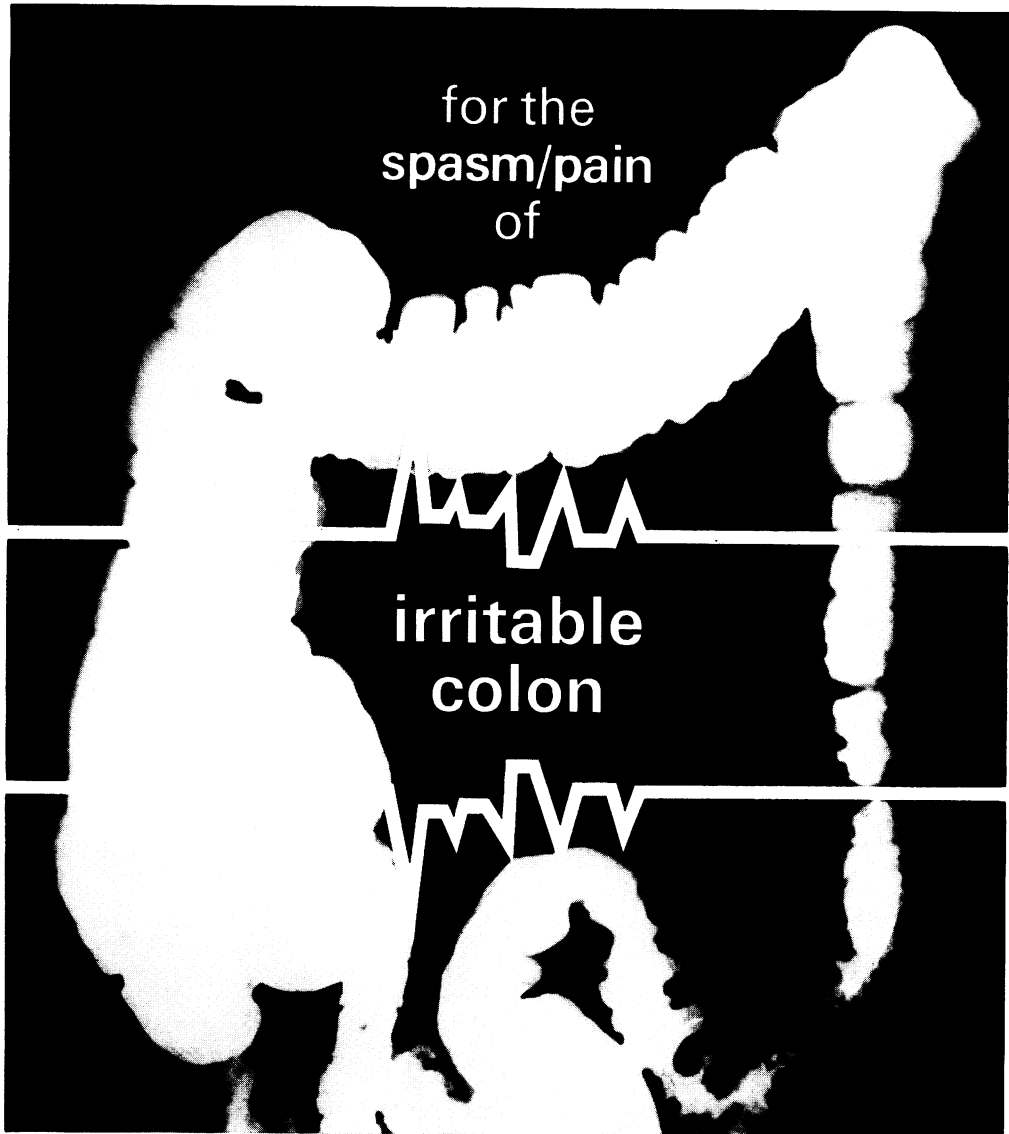
BASIC N.H.S. COST 24 individually wrapped Gastrils in carton 3/-.
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Whether you call it 'spastic colon', 'mucous colitis', or 'irritable colon' the clinical picture is the same—a chronic colonic disturbance with spasm/pain, disordered bowel habit (constipation or diarrhoea) and sometimes the passage of mucus per rectum.

Merbentyl (dicyclomine hydrochloride tablets B.N.F.) can relieve spasm/pain and help restore normal bowel activity in a very short space of time.

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Usual adult dose
2 tablets, three times daily

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An average week's treatment—2s. 8d.

Also available with phenobarbitone and as Merbentyl Syrup.

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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

NIDRIN

NEW

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 teaspoonsful) 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

NIDRIN
night antacid milk drink



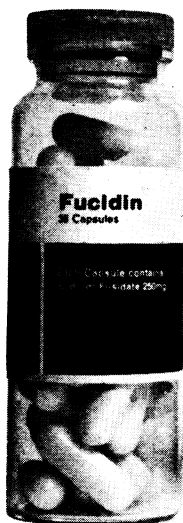
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Robinul[®] glycopyrronium bromide (glycopyrrolate ROBINS)

Patent No. 865,453

Robinul-PH[®] (Robinul with phenobarbitone)

Robinul acts quickly in relieving ulcer pain and establishes a near-ideal healing environment at the ulcer site. Robinul reduces or eliminates the free HCl under both basic conditions and conditions of stress by virtue of a "medical vagotomy". By exerting a more specific pharmacological action on the gastro-intestinal tract than any other organ system, blurred vision, dry mouth etc. are avoided or occur only rarely when Robinul is given in the recommended dosage range.

Indications: In addition to its primary indications for duodenal and gastric ulcer, Robinul is indicated for other G-I conditions which may benefit from anticholinergic therapy. Robinul-PH is indicated when these situations are complicated by mild anxiety or tension.

Dosage: Should be adjusted according to individual patient response. Average dose is 1 or 2 tablets three times a day, in the a.m., early p.m.,

and at bedtime. In acute conditions with severe manifestations, larger dosage of plain Robinul may be indicated until symptoms subside. Thereafter, dosage should be reduced to the minimum required for maintenance of symptomatic relief.

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.

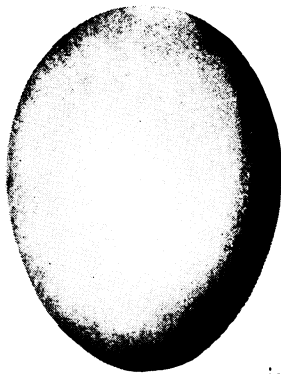
Packaging: ROBINUL (pink) and ROBINUL-PH (white) tablets are available in bottles of 50 and 500.

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

A-H-ROBINS A. H. Robins Company Limited, Horsham, Sussex.

No nourishment here . . .

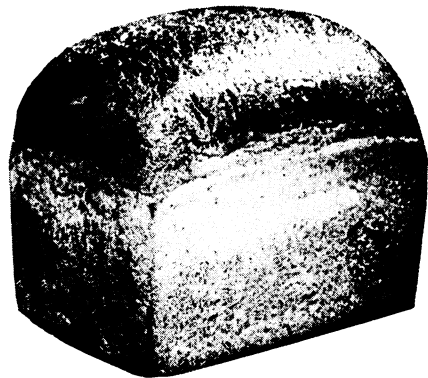
. . . unless an adequate supply of pancreatic enzymes is available to complete digestion.



Pancrex V is the most effective preparation for replacing pancreatic secretion in the gut. It is indicated in cystic fibrosis of the pancreas, chronic pancreatitis, pancreatectomy, post-cholecystectomy and in all digestive disorders where a relative deficiency of pancreatic enzymes is a contributory factor. Pancrex V is activated, whole dried pancreas

having a tryptic activity approximately equal to 5 times that of Pancreatin B.P.

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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A readily assimilated milk substitute
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Velactin contains no gluten or lactose. The biological value of the soya protein has been improved by the addition of DL-Methionine to make it equivalent to that of first-class animal protein.

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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.

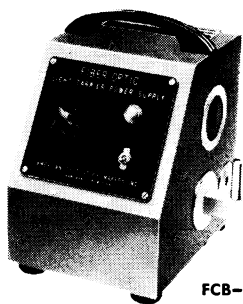
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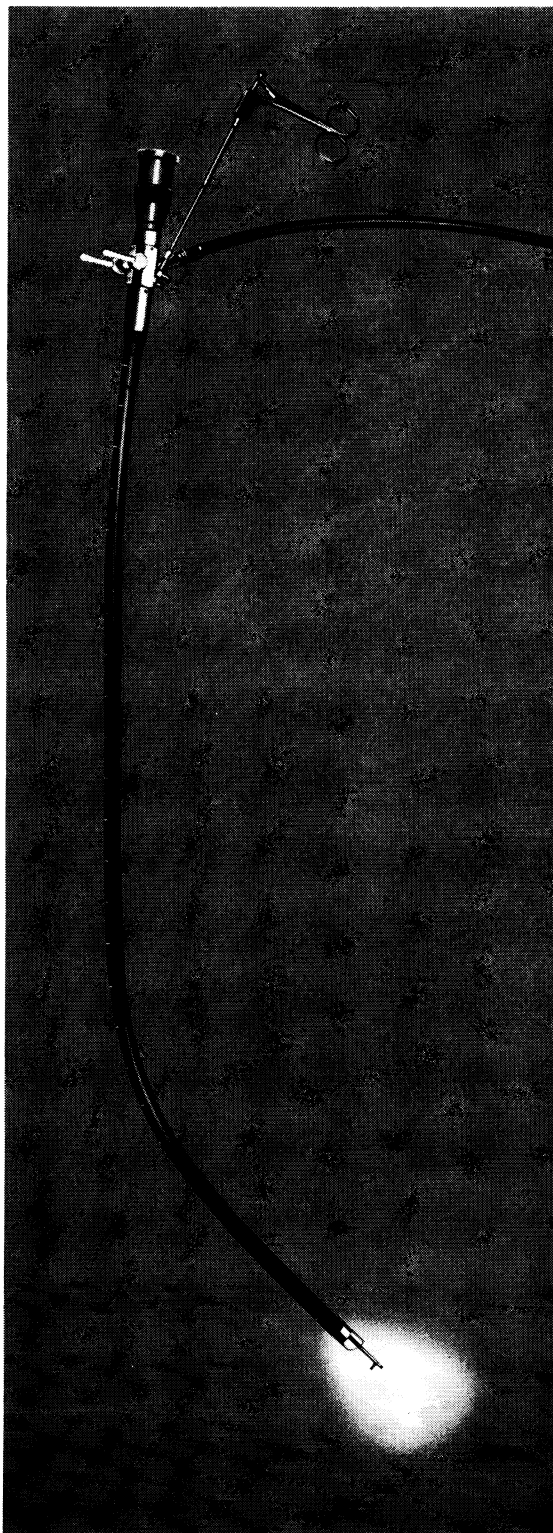
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Treatment with broad spectrum antibiotics suppresses the normal flora, which may be replaced by abnormal resistant organisms causing diarrhoea.

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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^{3,4} and greatly to reduce the numbers of staphylococci in the faeces of patients treated with tetracyclines.⁵

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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OXFORD UNIVERSITY PRESS

Just published

**The Genetics of
Gastro-Intestinal Disorders**

R. B. McCONNELL T.D., M.D., M.R.C.P.

*Consultant Physician, United Liverpool Hospitals and Broadgreen Hospital, Liverpool;
Lecturer in Clinical Medicine, University of Liverpool, and Research Assistant, Nuffield
Unit of Medical Genetics, Department of Medicine, University of Liverpool*

This, the second volume in the series Oxford Monographs on Medical Genetics, is designed to provide the gastro-enterologist with information about the influence of heredity in the conditions which he meets in practice. It is comprehensive and there are few gastro-intestinal disorders which are not discussed. Also dealt with are some conditions which, though not strictly gastro-intestinal, often present with symptoms referable to the alimentary tract. No attempt is made to deal with the principles of human and medical genetics nor with the research techniques and statistical methods used in the study of heredity.

Aspects of the subject which have been of particular interest to the author receive special attention. The physiology of the blood group substances in saliva and gastric juice, and the part which heredity plays in gastric and duodenal ulcer and in carcinoma of the stomach are dealt with in considerable detail.

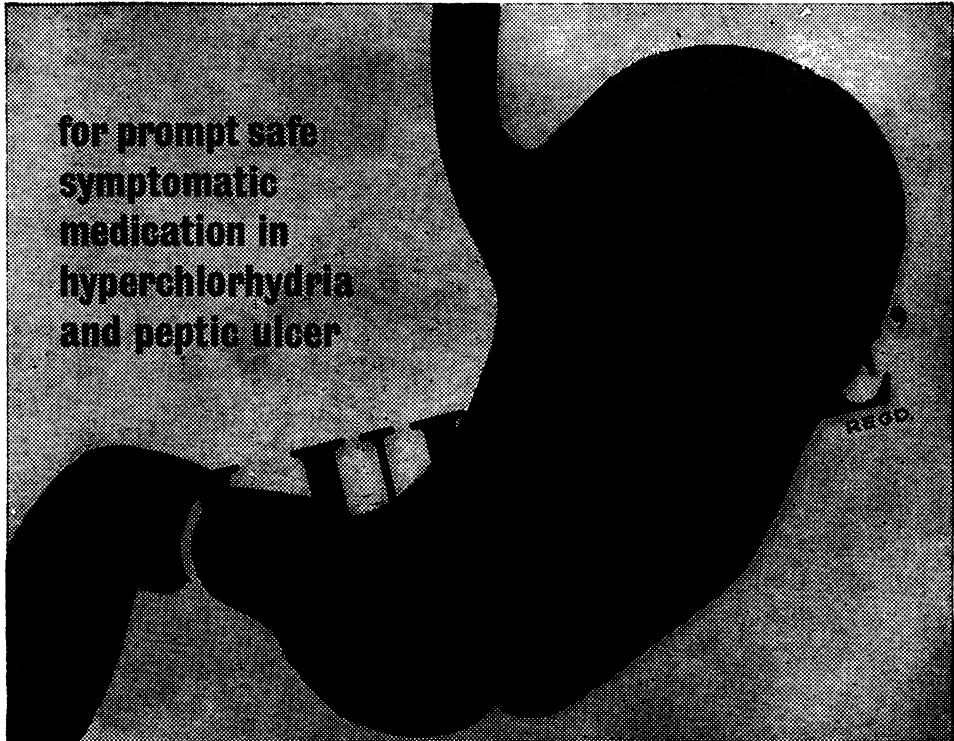
When dealing with the more common conditions the author only discusses their incidence in various communities and races, familial distribution and other hereditary evidence, and the environmental factors concerned in aetiology. With some rare, often wholly genetic, conditions, however, he also includes the clinical signs and symptoms and any therapy which is possible.

The various parts of the gastro-intestinal tract and their disorders and the general conditions with gastro-intestinal symptoms are considered in separate chapters. In addition there are chapters dealing with the genetics of the many conditions which can cause jaundice or gastro-intestinal bleeding.

294 pages

47 illustrations

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