

ROTER

IN PEPTIC DISORDERS

does more than just relieve pain



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

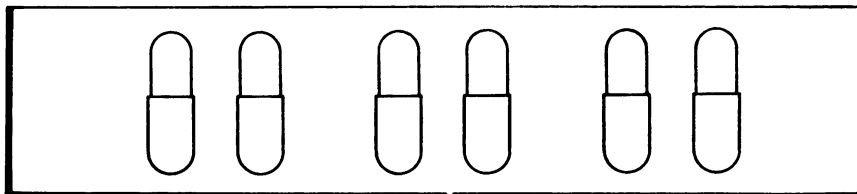
Strengths: Tins of 40 and 120, also
of 360 and 720 (VAT exempt).

ROTER tablets quickly overcome the pain and discomfort of minor gastric disturbances, but their true value is most evident in their control and frequent healing of peptic ulcer in both the early and the advanced or chronic stages. With Roter therapy, hospitalisation or surgery is mostly avoided; the patient remains ambulant and uncommitted to a restricted or prescribed diet; and recurring medical attention is usually obviated. Roter is worth remembering for your "gastric" patients.

Literature will be supplied on request from:-

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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

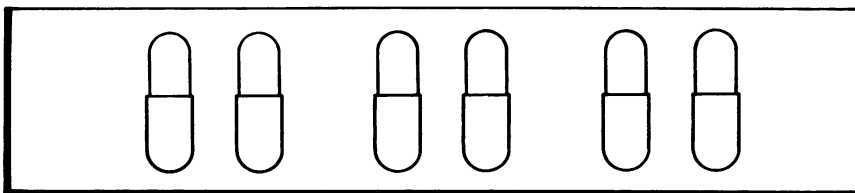


Each Cotazym capsule contains:

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; Haemophiliac 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

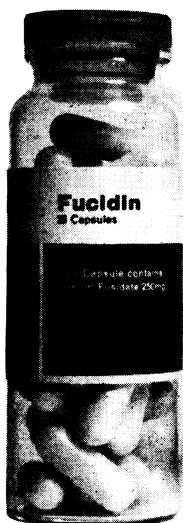
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a new anti-emetic

from Beecham Research Laboratories

Maxolon

Maxolon is an effective anti-emetic against vomiting of central or local origin.

Maxolon may be given orally or by injection.

Maxolon does not have undesirable effects on the Central Nervous System, and gastric and salivary secretions are unaffected.

Indications:

Nausea and vomiting due to:
Gastro-intestinal disorders.

Intolerance to essential drugs.

Malignant disease.

Uraemic conditions.

Post-operative conditions.

Deep X-ray or Cobalt therapy.

N.B. Maxolon is not so effective in vomiting of labyrinthine origin such as travel sickness, vertigo and Ménière's disease.

Formula:

Maxolon (approved name metoclopramide) is chemically

N-(diethylaminoethyl)-2-methoxy-4-amino-5-chlorobenzamide monohydrochloride. This new compound is in no way similar to existing medicaments in gastro-enterology.

Contra-indications:

Although animal tests in several mammalian species have shown no teratogenic effects, Maxolon, like all new drugs, is not recommended during the early weeks of pregnancy.

Adult dosage:

Oral: 1 tablet (10mg.) or two teaspoonfuls (10mg.) of syrup, three times daily.

I.M.: 1-3 ampoules (10-30mg.) daily depending upon the severity of the condition.

I.V.: 1 ampoule (10mg.) when required.

Information on other dosages is available on request from the Company's Medical Department.

Possible side-effects: Constipation may occur in a small percentage of patients. Symptoms of overdose are drowsiness and restlessness of the limbs.

Precaution: As both Maxolon and the phenothiazines may occasionally cause benign transient dystonia, care should be exercised in the event of both drugs being prescribed concurrently.

Availability:



Tablets: containing 10mg. metoclopramide, in canisters of 20.



Syrup: containing 5mg. metoclopramide in 5ml., in bottles of 100ml.



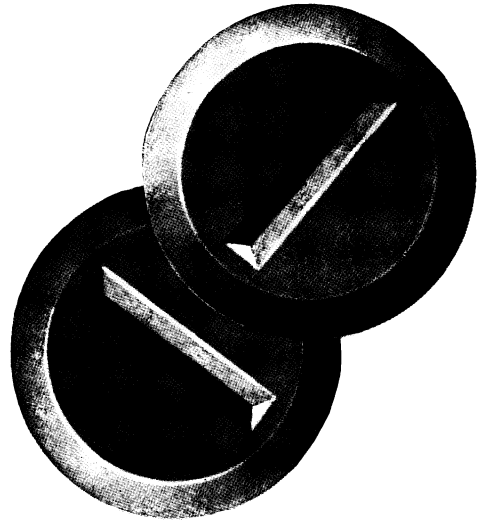
Ampoules for injection: 2ml. ampoules containing 10mg. metoclopramide, in boxes of 10.



Maxolon* is a product of
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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

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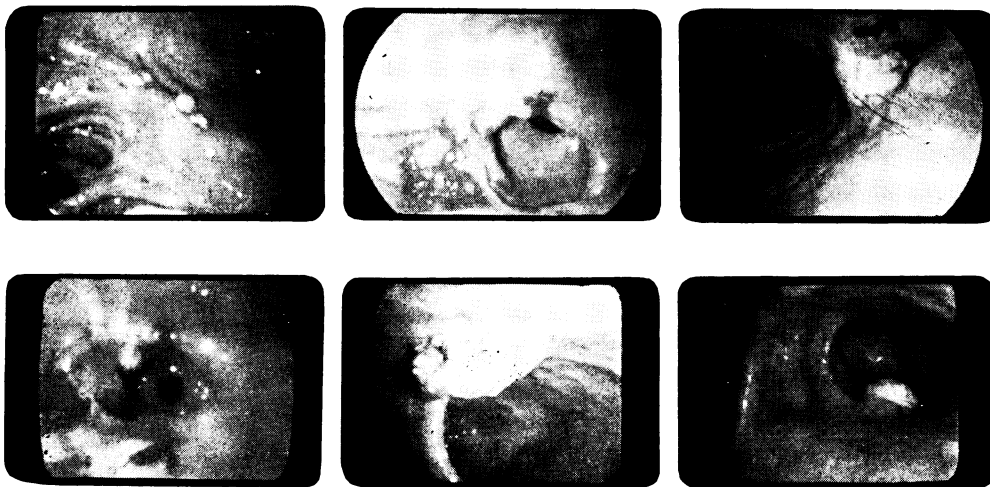
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'Carbenoxolone has a specific effect, facilitating the healing of gastric ulcer, and is not merely yet another symptomatic measure'. *Brit med J.* 1965 2:1274

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Tablets of 50mg carbenoxolone sodium.
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Hyperacidic and ulcer-prone— one of the many dyspeptic patients who are always coming back to your surgery for an antacid. His is a long-term problem, which calls for a long-term antacid. Not only an antacid with prolonged action but one he can live with. Handy and unobtrusive, easy to take and with a texture and flavour he doesn't easily tire of. Gastrils, in fact.

Gastrils are slow-dissolving acacia gum base pastilles each containing 500 mg. co-dried gel of aluminium hydroxide and magnesium carbonate. Sucking produces an even flow of antacid and demulcent that continues regardless of stomach emptying.

Presentation: to avoid monotony, two flavours, mint and fruit. Individually wrapped: in cartons of 24 or from the dispensing pack (always equal quantities of each flavour).

Basic N.H.S. cost of 24 pastilles from the dispensing pack, 2/6½d.

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

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GASTRILS

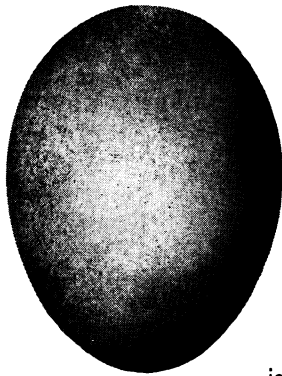
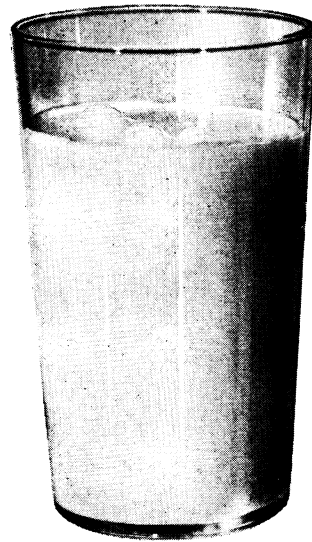
give prolonged relief from acid pain

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No nourishment here . . .

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

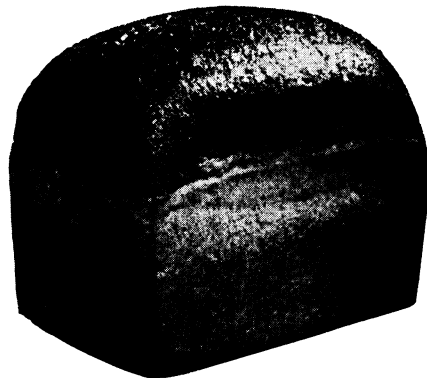


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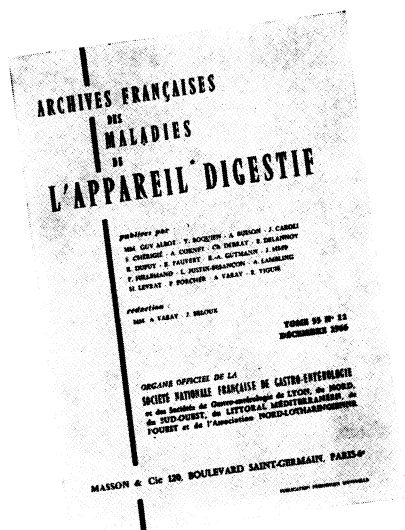
having a tryptic activity approximately equal to 5 times that of Pancreatin B.P.

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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official organ, the texts of conferences or communications which are presented to them, Proceedings of Congresses or Colloquia, book and journal reviews.

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SOME ARTICLES

RECENTLY PUBLISHED

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Les cholangio-jéjunostomies intrahépatiques gauches, par C. COUINAUD.

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PEPTIC ULCER PROBLEMS? CAVED - (S)

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Munch med. Wochr. No. 23, 1952

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Swiss Ther Rev. XX.7. (1963)
Press Med., No. No. 35, 1963

Med. Welt., No. 18, 1963

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Electrophoresis of Lactate Dehydrogenase, Alkaline Phosphatase and Non-specific Esterase in Jejunal Biopsies of Controls and Patients with Malabsorption Syndrome—F. PARADISI and F. CAVAZUTTI (Modena): Histological Changes in Exocrine Rat Pancreas after Water Deprivation—A. R. BECK and K. ATERMAN (Buffalo, N.Y.): Intestinal Obstruction and Mucoviscidosis—Editorial: Effect of Thiazide Preparations on the Pancreas.

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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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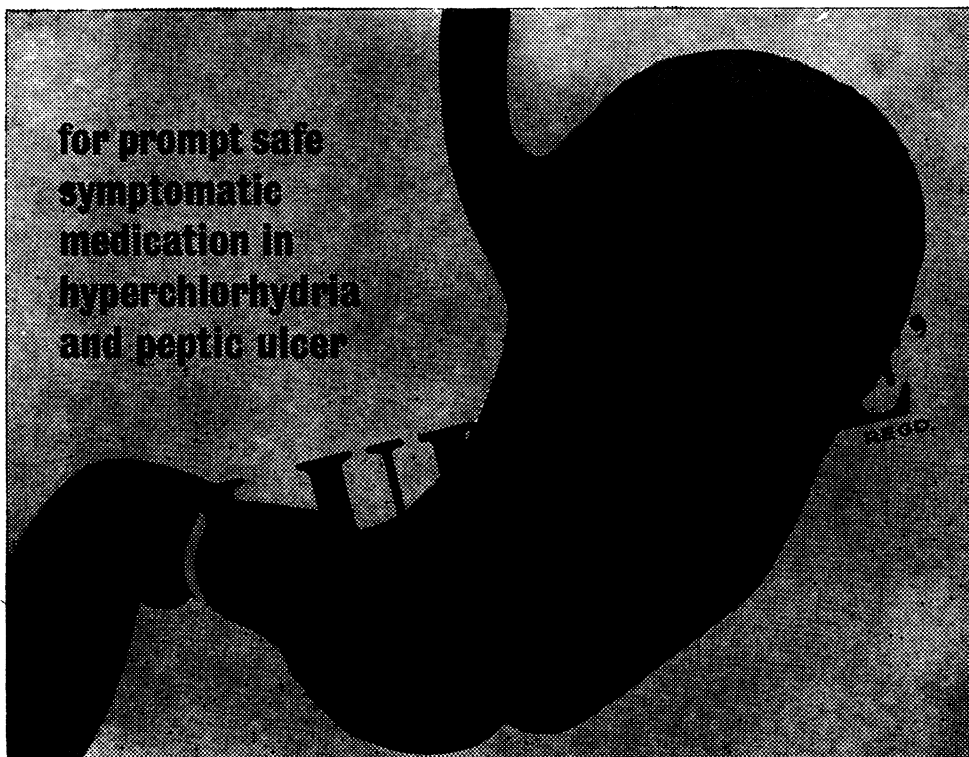
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