

DUOGASTRONE

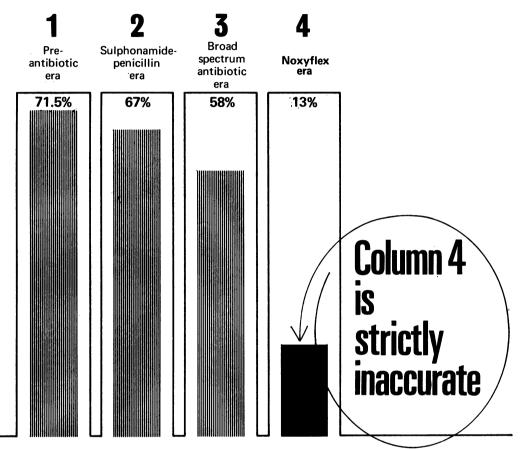
Why not do both at once?





Full details available on request J.3572

The graph below compares mortality rates due to faecal peritonitis, era by era. It is not pedantically accurate because its sources differ. But the point is fairly made.



Why inaccurate? Because column 4 refers to 23 cases of faecal peritonitis which were treated successfully with Noxyflex. But the *3 deaths which occurred were due to causes other than peritonitisas post-mortem revealed. The mortality rate due to peritonitis can therefore be regarded as zero.

* The whole graph, and the causes of the deaths referred to are the subject of the new Noxyflex folder "Why three deaths?" You will receive at least one copy!

When bacterial contamination diagnosed or suspected: Noxyflex **Geistlich** Chester

2.5G. Noxytiolin and 10 mgm. Amethocaine HC1

CAVED~S

Important Notice re: Duodenal Ulcers

The reason for the failure of chemotherapy in the treatment of duodenal ulcers may well be due to underdosage. The dosage that the condition and recurrent episodes may demand of antacids, anticholinergics, carbenoxolone or sedatives is such that the resultant side effects cannot be tolerated. Whereas the standard dose for gastric ulcers may not always be effective with duodenal

It has now been established that Caved-S tablets prescribed in doses related to the condition of duodenal ulcer patients, can result in successful long term, safe and acceptable treatment with patients who have not responded to many other forms of therapy.

A metabolic study² and more than twenty hospital trials, and treatment with more than eight million patients in over forty countries has proven Caved-S deglycyrrhizinated liquorice is free from side effects of oedema, hypokalaemia

An unpublished hospital trial, the results of which are in our hands, has been carried out with Caved-S tablets at increased dosage on forty severe duodenal ulcer patients (age range 40-65) who had all been referred for surgery has demonstrated recurrent episodes can be prevented. The report stated "Patients with severe duodenal ulcers who had been referred for surgery were divided into two groups and treated with either eight or twelve tablets daily, for eight or sixteen weeks respectively.

The higher dosage was statistically more effective than the lower dosage in preventing relapses . . . "Patients were followed up for a minimum of one year and it was concluded that,

"HIGH DOSES OF DEGLYCYRRHIZINATED LIQUORICE (CAVED-S) SHOULD BE GIVEN TO PATIENTS WITH DUODENAL ULCERS BEFORE SURGERY IS ATTEMPTED".



- (1) GUT 12: 449-451 (1971)
- (2) Digestion 4: 264-268 (1971) (3) B.M.J. 1: 154-160 (1970)

(4) GUT 10: 299-302 (1969)

Information available from: Tillotts Laboratories, 44 Lupus Street, London SW1. 01-828 3641 IV Gut March 1972

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duphalac in Ever failure

Duphalac (lactulose) is now well established as a valuable agent in the treatment of portal-systemic encephalopathy. A recent review in Gut* describes its role in these terms.

"Lactulose is a useful addition to the existing treatment of cirrhotic patients with neuropsychiatric disorders. Most patients respond particularly those with mild and relatively stable symptoms; such patients may receive lactulose indefinitely, and enjoy improved tolerance of dietary protein...

... lactulose is free from significant side effects, and therefore falls into place as a valuable alternative to antibiotics when prolonged therapy is required". • Gut,1970,11:1043-1048

The following work on Duphalac in portal systemic encephalopathy has been published:

Treatment of chronic portal-systemic encephalopathy with lactulose *Lancet*,1966, 1:890-892.

Portal-systemic encephalopathy treated with lectulose (letter) Lancet, 1966, 2: 281

Treatment of hepatic system encephalopathy with lactulose Medical Journal of Australia, 1968, 2:160-163

Treatment of portacaval encephalopathy by lactulose Presse medicale, 1968, 76: 1675-1676

Cirrhosis, hyperammonaemia and lactulose
Tijdschrift voor Gastro-Enterologie, 1968, 11: 123-139

Lactulose in the treatment of chronic portal-systemic encephalopathy: a double-blind clinical trial New England Journal of Medicine, 1969, 281: 408-412

Long-term treatment of portal-systemic encephalopathy with lactulose

Australasian Annals of Medicine, 1969, 18: 117-123

Die Behandlungen des chronischen Coma hepaticum mit Laktulose

Therapeutische Umschau und medizinische Bibliographie, 1969, 26: 275-277

Lactulose treatment of chronic hepatoportal encephalopathy: a clinical and electroencephalographic study

Acta medica Scandinavica, 1970, 187: 337-346

The value of EEG frequency analysis in hepatic encephalopathy

J. Ryl. Coll. Surg. Edinb., 1970, 15: 151-157

Some observations on the effects of treatment with lactulose on patients with chronic hepatic encephalopathy *Quarterly Journal of Medicine*, 1970, 39: 245-263

A controlled clinical trial of lactulose in hepatic encephalopathy

Gastroenterology, 1970, 59:827-832

Duphalac syrup is supplied in bottles of 200 ml and 2 litres. It contains lactulose 50% w/w, galactose 8% w/w and lactose 5% w/w.

Further information available on request.

duphar

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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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The articles are written in French and followed by a summary in French and English.

The Archives also publish summaries of the Proceedings of the Societies of which they are the

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Catheterisation of the Vater ampulla during duodenoscopic examinations. Techniques and results by R. JEANPIERRE, J. LAURENT, M. BAS, J. FAYS, R. DORNIER, M. BIGARD, F. VICARI, P. GAUCHER and F. HEULLY The indirect immunofluorescent reaction in amebiasis Report of 150 cases by A. Molinier, G. Mimoune and Mile. A. Supiot

Giant extra-gastric cystic schwannoma. Diagnostic difficulties (An observation) by J. RAUTUREAU, G. GROSS, J.-P. CLOT and G. CHOMETTE

A case of internal diverticulum of the duodenum. One case by NGUYEN DINH HOANG and NGUYEN THANH LAN

Serial radioimmunoassay of serum gastrin in a case of Zollinger-Ellison syndrome by J.-C. Croisier, M. Huguier and Mlle. G. Croisier

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