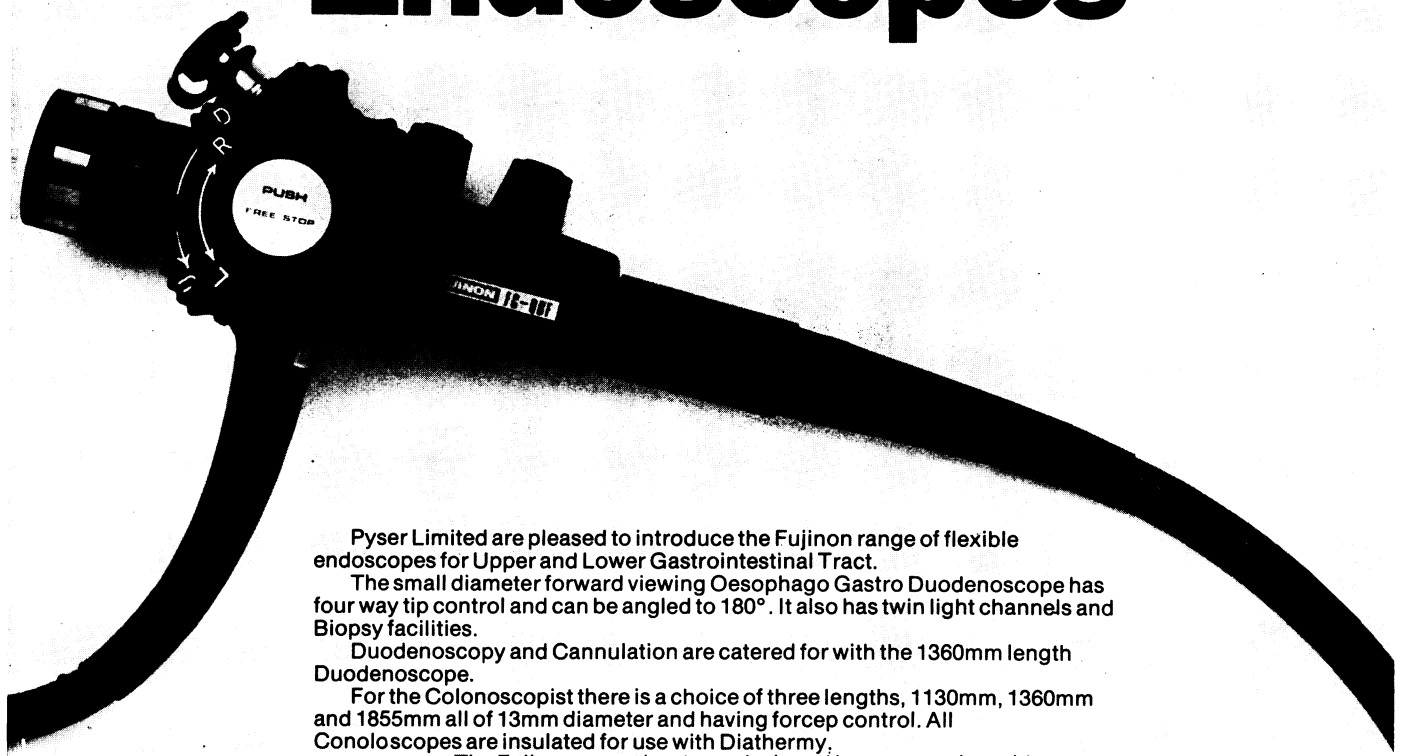
The new Fujinon Endoscopes

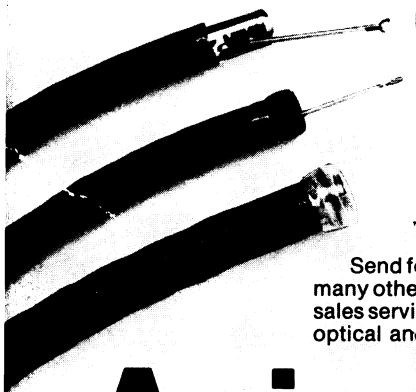


Pyser Limited are pleased to introduce the Fujinon range of flexible endoscopes for Upper and Lower Gastrointestinal Tract.

The small diameter forward viewing Oesophago Gastro Duodenoscope has four way tip control and can be angled to 180°. It also has twin light channels and Biopsy facilities.

Duodenoscopy and Cannulation are catered for with the 1360mm length Duodenoscope.

For the Colonoscopist there is a choice of three lengths, 1130mm, 1360mm and 1855mm all of 13mm diameter and having forcep control. All Conoloscopes are insulated for use with Diathermy.



The Fujinon range has been designed in co-operation with practising Endoscopists throughout the world and many of the irritating problems which occur in fibrescopes have been eliminated.

Air, water and suction are controlled by electronic micro-switches for simple trouble-free operation, powered by the low cost light source.

Automatic photography is available with a choice of 8mm cine or 35mm still from the Fuji camera range utilising the standard light source.

Fuji, one of the world's leading optical companies, have been producing fibre bundles for many years and the image quality of the Fujinon fibrescopes is unsurpassed.

Send for literature or a hospital demonstration — Fujinon fibrescopes have many other special features worth your attention — and are backed with after sales service by Pyser Ltd., a company with more than 50 years experience in the optical and scientific industry.

An important advance in Endoscope design

FUJINON

Sole UK Distributor: Pyser Ltd., Edenbridge, Kent

For full information please contact:
Pyser Ltd., Endoscope Division, 102 College Road, Harrow, Middlesex HA1 1BQ. Tel: 01-427 2278

The discovery that will revolutionise the treatment of peptic ulcers and reflux oesophagitis

A real breakthrough

Due to its dramatic reduction of gastric acid secretion 'Tagamet' has achieved quite remarkable results in peptic ulcers and reflux oesophagitis.

Complete healing of duodenal and gastric ulcers[1,2,3,4] (proven endoscopically) is seen in most patients after 4 weeks' treatment.

Complete healing or marked improvement of reflux oesophagitis[5] has frequently been obtained within 8 weeks.

Early symptomatic relief is normally achieved in patients receiving 'Tagamet' treatment.

Furthermore, 'Tagamet' is well tolerated with minimal side effects which, together with its convenient dosage, means 'Tagamet' is well suited to everyday treatment.

'Tagamet'–for patients with suspected or confirmed benign gastric or duodenal ulcer or reflux oesophagitis, and for patients in whom the reduction of acid secretion is likely to be beneficial.

The discovery

Until recently, one aspect of gastric physiology remained paradoxical–histamine was known to be a potent stimulant of gastric acid, yet conventional antihistamines were totally inactive in this area. Confronted by this apparent anomaly investigators began to suspect that there might in fact be two types of receptor site for histamine–one mainly for allergic reactions (H_1) and the second for gastric acid secretion (H_2).

In 1964, the SK&F research team set out to find a new class of therapeutic agent by chemical modification of the histamine molecule. They were seeking an agent capable of blocking the action of histamine at the H_2 receptor site, just as conventional antihistamines do at the H_1 site. After 12 years of extensive research, this search has resulted in the development of 'Tagamet', the H_2 receptor antagonist, with the fundamental property of controlling gastric acid secretion[6,7]

References:

1. Cimetidine in the treatment of active duodenal and prepyloric ulcers, (1975), *Lancet*, ii, 161.
2. Short-term and maintenance cimetidine treatment in severe duodenal ulceration. The Second International Symposium on Histamine H_2 Receptor Antagonists, London, October 1976. In Press.
3. Healing of gastric ulcer during treatment with cimetidine, (1976), *Lancet*, i, 337.
4. Treatment of gastric ulcer by cimetidine. The Second International Symposium on Histamine H_2 Receptor Antagonists, London, October 1976. In Press.
5. Cimetidine in the treatment of oesophagitis. The Second International Symposium on Histamine H_2 Receptor Antagonists, London, October 1976. In Press.
6. 24-hour control of intragastric acidity by cimetidine in duodenal ulcer patients, (1975), *Lancet*, ii, 1069.
7. Inhibition of food-stimulated gastric acid secretion by cimetidine, (1976), *Gut*, 17, 161.

'Tagamet' (cimetidine) is available as 200 mg film-coated tablets, 200 mg/5 ml syrup and 200 mg/2 ml parenteral.

SK&F

Full prescribing information is available from Smith Kline & French Laboratories Limited Welwyn Garden City, Hertfordshire AL7 1EY

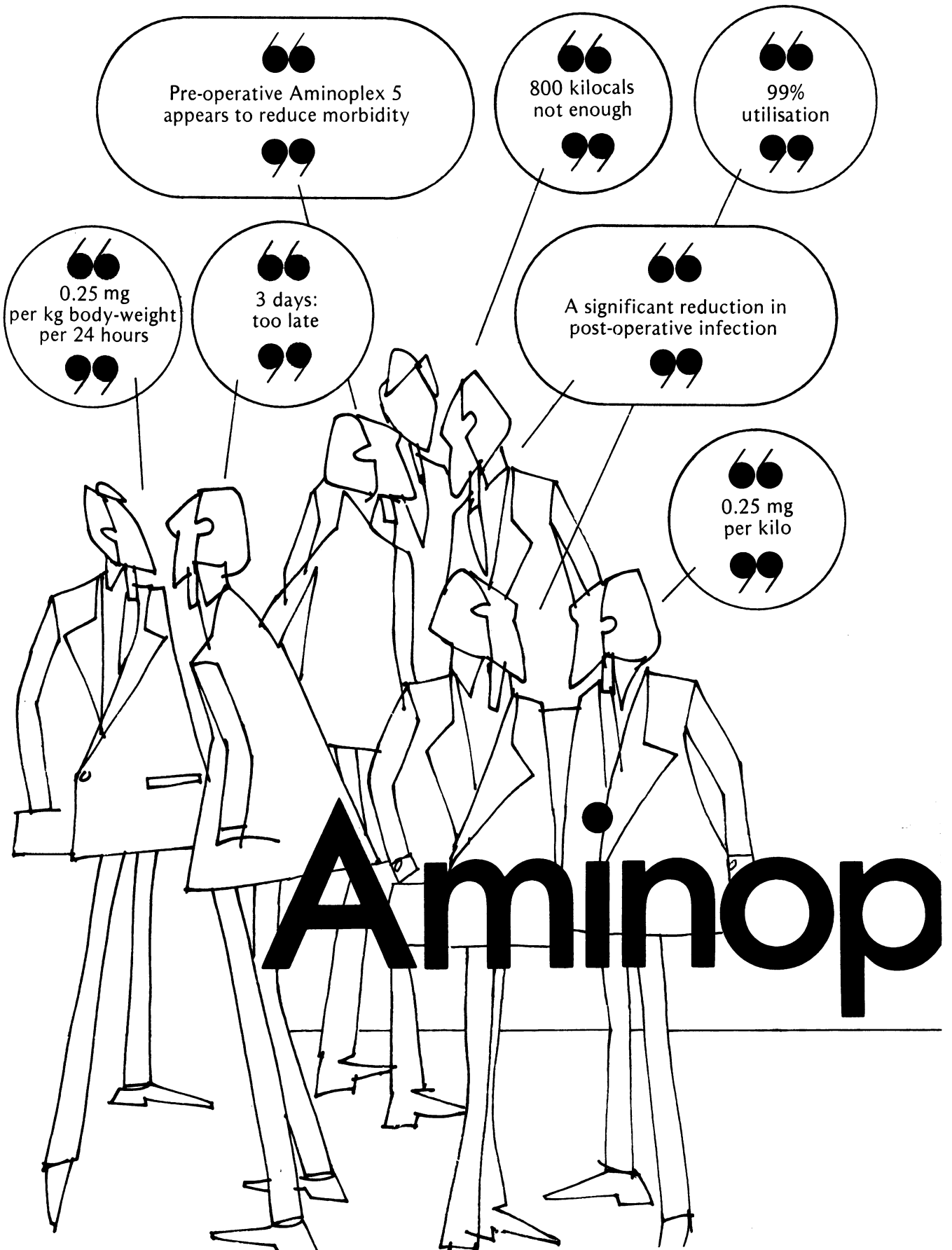
'Tagamet' is a trade mark

Tagamet

(cimetidine, SK&F)

The H_2 receptor antagonist
A British Discovery

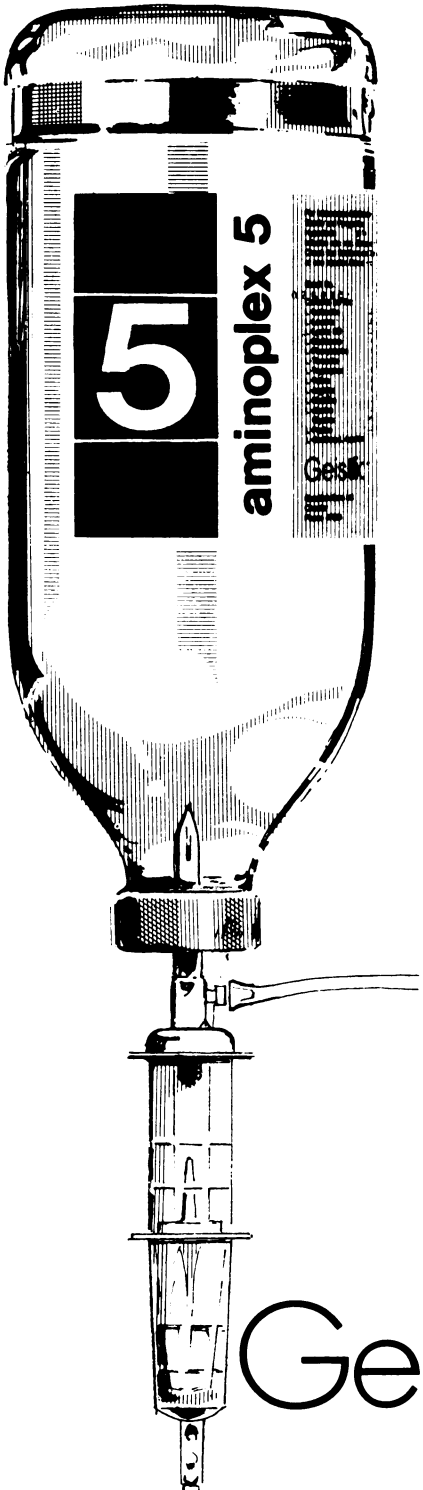
TG AD496


Pre-operative Aminoplex 5 appears to reduce morbidity
800 kilocals not enough
99% utilisation
0.25 mg per kg body-weight per 24 hours
3 days: too late
A significant reduction in post-operative infection
0.25 mg per kilo
Aminop

Nutrition: recovery

"The practical advantage of intravenous feeding solutions which contain amino acids and calorie source in the same bottle is that of simplicity. The use of a 'one bottle' solution does not remove the responsibility for assessing the requirements of a patient, **neither does it prevent the meeting of those requirements**"

— a principle supported by more biochemistry on more ill patients than any other regime of parental nutrition



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Important differences between Caved-(S) (deglycyrrhizinised liquorice) and H_2 Receptor Antagonists in the treatment of Peptic Ulcers

RELAPSE RATE

Caved-(S) has proved its effectiveness in preventing relapse and recurrence of duodenal ulcers.[1]

PROTECTION OF MUCOSAL BARRIER

It is now assumed that bile salts may play an important role in the pathogenesis of gastric ulcer by breaking the gastric mucosal barrier and allowing back diffusion of hydrogen ions.[2] The deglycyrrhizinised liquorice of Caved-(S) has been demonstrated to protect the gastric mucosa against the damaging effect of bile.[3]

ANTACIDS

Treatment of peptic ulcers with Caved-(S) gives the patient rapid symptomatic relief, and therefore additional antacids are not required.

Caved-(S) is an effective therapy for the treatment of peptic ulcers and is considerably lower in cost.

Caved-(S) – effective and low cost treatment for peptic ulcers and allied conditions.

Caved-(S) – dosage can be adjusted according to the severity of the condition.

Caved-(S) – does not require additional antacid therapy.

Caved-(S) – no reported side effects.

REFERENCES

1. Tewari, S.N. and Wilson, A.K. (1973: The Practitioner, 210, 820.
2. Ivey, K.J. (1971): Gastroenterology, 61, 247.
3. Morris, T.J. et al (1974): Digestion; 11, 355.

TILLOTTS LABORATORIES, Unit 24, Henlow Trading Estate, Henlow, Beds. Tel. 0462 813933.

SYNTHETICS AND SILK

Whilst the ease of handling and knot tying characteristics of braided silk have maintained its wide acceptance as a suture material, synthetic non-absorbable materials do possess other advantages related to strength in vivo and tissue reactivity.

Aware of this ETHICON* have developed a synthetic non-absorbable which handles and knots like silk. The material, NUROLON* Polyamide 66, achieves this unique combination of properties by the use of a special braid construction and a wax impregnation process.

NUROLON* suture unlike other synthetic sutures requires no special knotting technique.

MEETING THE CHALLENGE

Suture requirements and wound closure techniques are constantly subject to re-evaluation and change. At ETHICON we are very much a part of this process and welcome the challenge it offers. We put our considerable research, development and manufacturing resources to work to produce still better needle designs and suture materials.

ETHICON TRADEMARK

SERVICE TO SURGERY

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