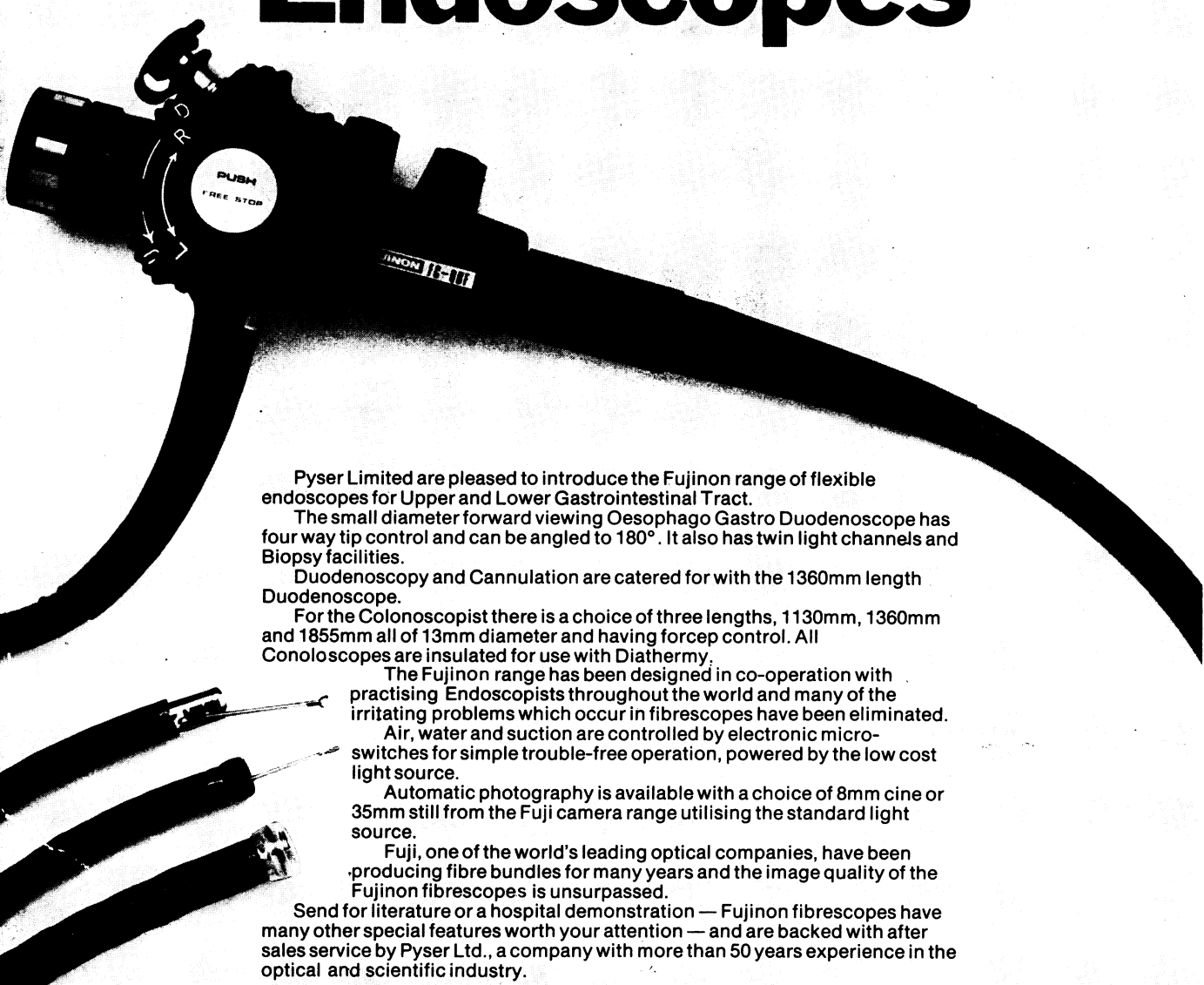


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# The discovery that will revolutionise the treatment of peptic ulcers and reflux oesophagitis



## 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**<sup>1,2,3,4</sup> (proven endoscopically) is seen in most patients after 4 weeks' treatment.

**Complete healing or marked improvement of reflux oesophagitis**<sup>5</sup> 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.<sup>6,7</sup>

### 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). *Cut*, 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)

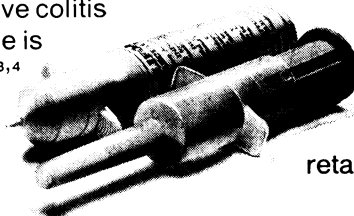


The  $H_2$  receptor antagonist  
A British Discovery

What's the difference  
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a retention enema?

# COMFORT

Colifoam is a foam aerosol with special applicator, for treating ulcerative colitis and proctitis. Its active principle is hydrocortisone 10%. Trials<sup>1,2,3,4</sup> have shown that Colifoam is just as effective as retention enemas, but much more comfortable



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## COLIFOAM

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Further information and a data sheet available on request from:  
The Professional Relations Division, Stafford-Miller Limited, Hatfield, Herts.

### Stafford-Miller

1. Practitioner. Accepted for publication 2. Rosser, R.G. Treatment of Proctosigmoiditis Scientific Exhibit presented at 121st Annual Convention of the American Medical Association, June 1972 3. Kratzer, G.L. (1970) *Amer.J.clin.Res.* 1, 111 4. Scherl, N.D. and Scherl, B.A. (1973) *Dis.colon.Rectum.* Mar/Apr.

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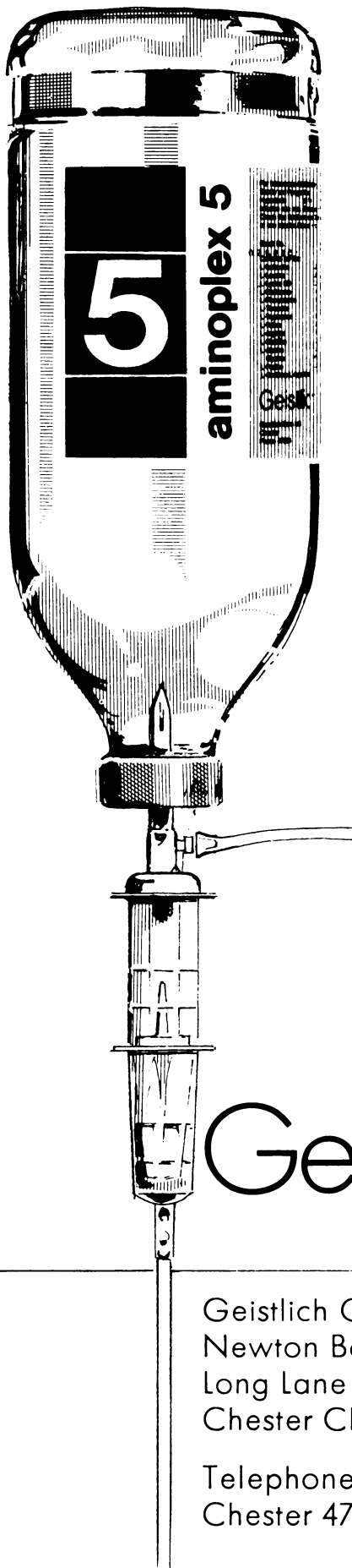
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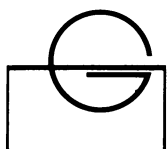
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## **Important differences between Caved-(S) (deglycyrrhizinised liquorice) and H<sub>2</sub> Receptor Antagonists in the treatment of Peptic Ulcers**

---

### **RELAPSE RATE**

Caved-(S) has proved its effectiveness in preventing relapse and recurrence of duodenal ulcers.<sup>1</sup>

---

### **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.<sup>2</sup> The deglycyrrhizinised liquorice of Caved-(S) has been demonstrated to protect the gastric mucosa against the damaging effect of bile.<sup>3</sup>

---

### **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.

# 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

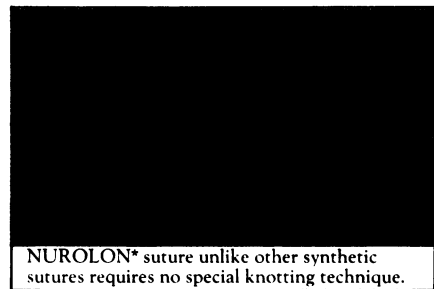
strength in vivo and tissue reactivity.

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## 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.



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SERVICE TO SURGERY

## AN IMPORTANT ANNOUNCEMENT FROM MAY & BAKER: A MAJOR, NEW INDICATION FOR 'FLAGYL'

### the treatment and prevention of anaerobic infections

#### Modern methods reveal the size of the problem

Sophisticated laboratory techniques now show the true incidence of anaerobic infections. Increasingly, these organisms are isolated from clinical specimens,<sup>1</sup> and are implicated in a wide variety of infections.<sup>1-3</sup>

#### 'FLAGYL' is the dependable answer

Free from the problems associated with other agents in this field (eg chloramphenicol) and, unlike penicillin, active against both sporing and non-sporing forms – 'Flagyl' is bactericidal to most of the clinically important, obligatory anaerobes.<sup>1</sup> 'Flagyl' has been used successfully in the following conditions: pelvic, intra-abdominal<sup>5</sup> and post-operative<sup>4</sup> infections, brain abscess<sup>6</sup> septic thrombophlebitis<sup>7</sup> and necrotizing pneumonia.<sup>8</sup>

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"... it may be concluded that the prophylactic use of metronidazole ('Flagyl') in the test group resulted in a saving to the N.H.S. of almost £2,000 ... prevention of anaerobic infection enabled the gynaecological ward to handle an additional 26 major surgical cases each year." <sup>4</sup>

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'Flagyl' has an outstanding record of efficacy and safety in over 15 years of clinical experience. It is now firmly established in the treatment of urogenital trichomoniasis, amoebiasis, giardiasis and acute ulcerative gingivitis.

#### References

1. *Drug and Therapeutic Bulletin*, **14**, 25, 1976
2. Phillips, I. and Sussman, M. p.37 *Infections with Non-Sporing Anaerobes* Published Churchill
3. Study group, *Lancet*, **ii**, 1540, 1974
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5. Willis, A.T., et al., *Br. Med. J.*, February 7, **i**, 318-321, 1976
6. Ingham, H.R., et al., *Br. Med. J.*, **iv**, 39, 1975
7. Mitre, R.J. & Rotheram, E.B., *J. Amer. Med. Assoc.*, **230**, 1168, 1974
8. Tally, F.P., et al., *Antimicrobial Agents & Chemotherapy*, **7**, 672, 1975

'Flagyl' is supplied as tablets of 200 mg and tablets of 400 mg. Full prescribing information on request

\*Trade mark of May & Baker Ltd Dagenham Essex RM10 7XS for its preparations of metronidazole.



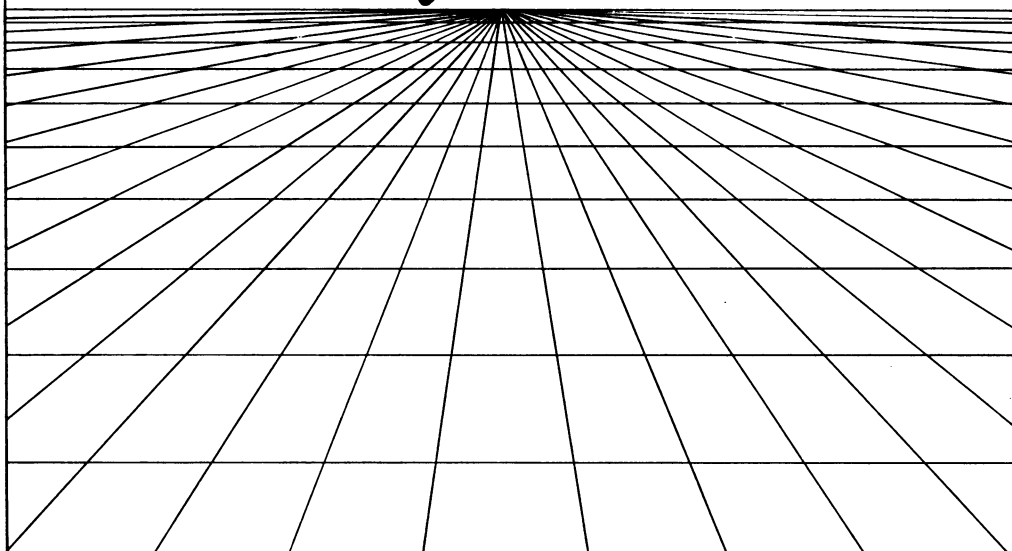
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# Salazopyrin ad infinitum!



**"It is concluded that maintenance treatment of ulcerative colitis with sulphasalazine (salazopyrin) should be continued indefinitely unless contraindicated by side effects."<sup>1</sup>**

The results of the above controlled trial carried out at the Nuffield Department of Clinical Medicine, Radcliffe Infirmary, Oxford are all the more welcome as earlier trials of cortisone<sup>2</sup> and prednisone<sup>3</sup> at standard dosages have shown them to be ineffective in reducing the number of recurrences of ulcerative colitis.

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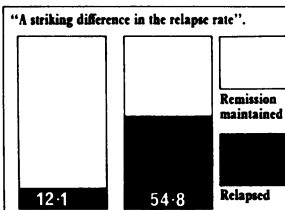
of patients with colitis, and only a few patients cannot tolerate this relatively small dose, which can be continued indefinitely since we do not know when, if ever, it can be safely stopped".<sup>4</sup>

Salazopyrin (sulphasalazine) is available as the plain 0.5g. tablet, 0.5g. EN-tab and as an 0.5g. suppository.

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Salazopyrin is a registered trade mark.



Both groups of patients had been satisfactorily maintained for 1-5 years on Salazopyrin prior to the study, in which they took Salazopyrin or placebo for 6 months.

1. Gut (1973) 14 923-926
2. Brit. med. J. (1959) 1 387-394
3. Lancet (1965) i 188-189
4. General Practitioner (1972) April 7 p11

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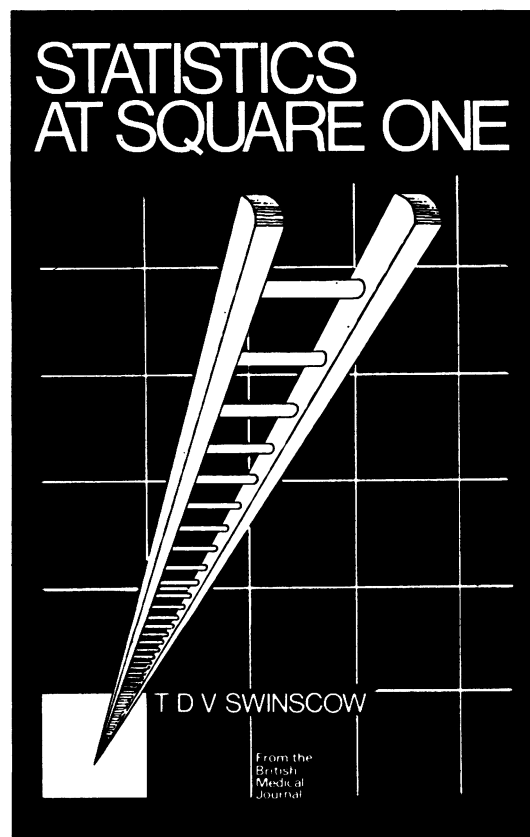


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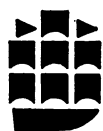
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