

## 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,<sup>4</sup> 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>

#### Positive benefits to the hospital unit

"... 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>

#### Backed by an unrivalled reputation

'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
4. Study group, *J. Antimicrobial Chemotherapy*, **1**, 393-401, 1975
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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# 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), *Cur.*, 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.

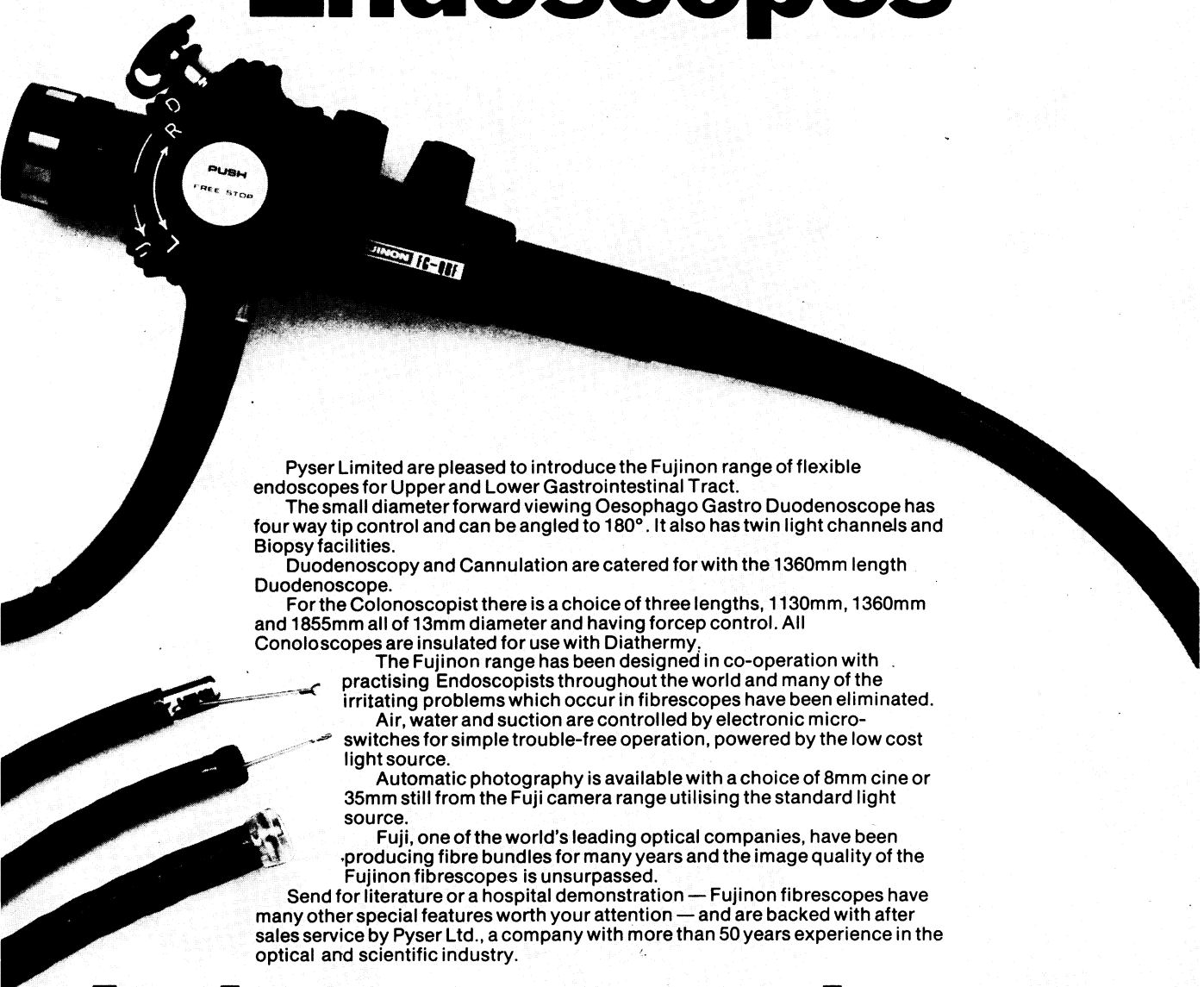
# Tagamet

(cimetidine, SK&F)

**The  $H_2$  receptor antagonist**  
**A British Discovery**



# The new Fujinon Endoscopes



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

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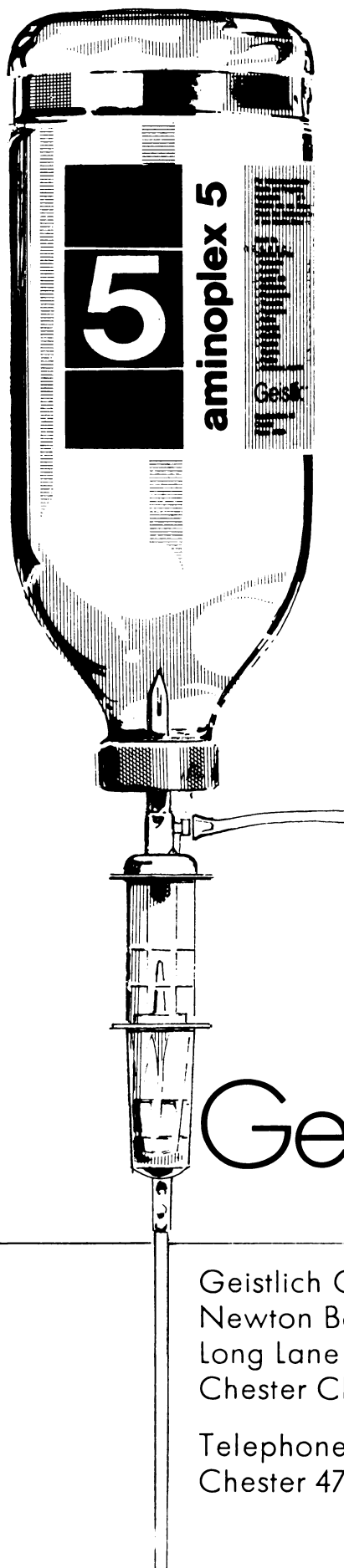
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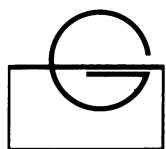
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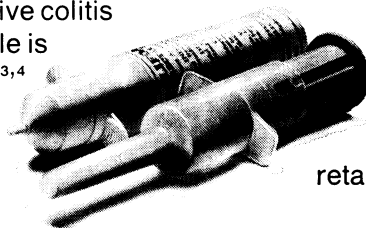
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What's the difference  
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a retention enema?

# 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



for patients. They prefer Colifoam because it avoids the need to instil large volumes of liquid into the rectum, it's quick and simple to apply, and it's easily retained without embarrassing leakage or staining.

## COLIFOAM

hydrocortisone acetate foam

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.



## De-Nol passes the acid test for ulcer therapy

Healing of the ulcer and prompt relief of symptoms are two of the main aims of ulcer therapy. Endoscopically controlled clinical trials from centres around the world show that De-Nol meets these aims, confirming the benefits of De-Nol therapy.

**\* De-Nol heals up to 90% of gastric and duodenal ulcers**

Endoscopy confirms that De-Nol increases the rate of ulcer healing.

**\* De-Nol gives early relief of pain**

Patients generally obtain relief of symptoms within the first few days of treatment.

**\* De-Nol is free from serious side effects**

Over a quarter of a million courses of De-Nol have now been prescribed.

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## De-Nol\* unique therapy for gastric and duodenal ulcers

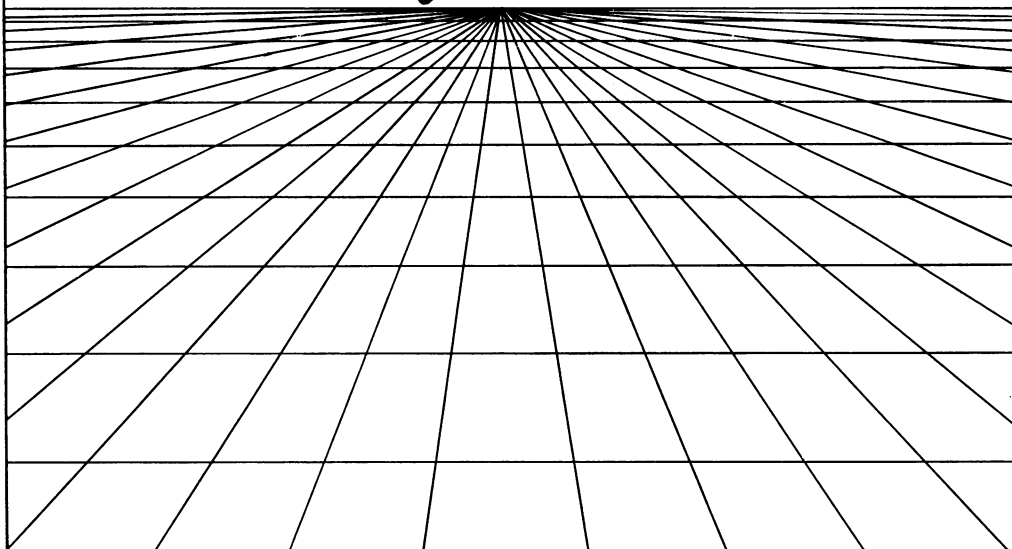
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# Salazopyrin ad infinitum!



**"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.

"Fortunately, Sulphasalazine tablets, 0.5 grams 4 times a day will prevent relapses in the majority

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>

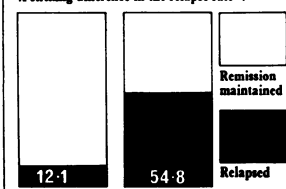
Salazopyrin (sulphasalazine) is available as the plain 0.5g. tablet, 0.5g. EN-tab and as an 0.5g. suppository.

Literature and detailed information on Salazopyrin are available on request.

"The patients who received dummy tablets had more than four times the relapse rate of those receiving sulphasalazine".<sup>1</sup> (Salazopyrin).

Salazopyrin is a registered trade mark.

"A striking difference in the relapse rate".



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 p 11

Further information on request from:-  
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# SYNTHETICS AND SILK

THE CHALLENGE  
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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

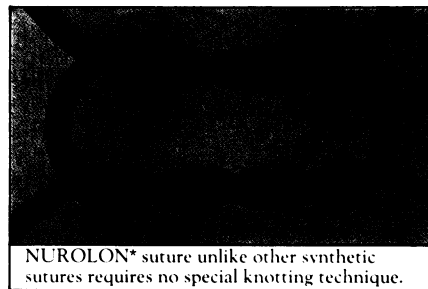
strength in vivo and tissue reactivity.

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.

## 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.



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

**ETHICON**  
SERVICE TO SURGERY

# Advantages of Caved-(S) (deglycyrrhizinised liquorice) in the treatment of Peptic Ulcers

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## RELAPSE RATE

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

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## PROTECTION OF MUCOSAL BARRIER

It is now assumed that bile salts may play an important rôle 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  
other than rare cases  
of mild diarrhoea.

## 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.

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