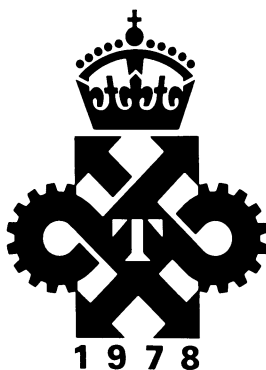


A Mark of Recognition



Two years ago, Smith Kline and French Research Institute received the Queen's Award for Technological Achievement resulting from H₂ receptor antagonist research and the development of cimetidine.

Since it became generally available over three years ago, 'Tagamet', by its unique action in reducing gastric acid, has revolutionised the treatment of disorders such as

gastric ulcer and reflux oesophagitis, where acid plays a part.

For many patients it has brought a new standard of pain relief and healing. In the United Kingdom alone 'Tagamet' has been prescribed for an estimated one million patients.

Tagamet

cimetidine



PRESCRIBING INFORMATION

Presentations

Tagamet, Tablets P10002/006, each containing 200 mg cimetidine; 100, 133, 225, 300, 464, 775.
Tagamet Syrup P10002/007, containing 200 mg cimetidine per 5 ml syrup; 200 ml, 14.29.

Indications

Duodenal ulcer, benign gastric ulcer, reflux oesophagitis.

Dosage

Duodenal ulcer: Adults, 200 mg tds with meals and 400 mg at bedtime; 10 g/day, for at least 4 weeks, for full instructions see Data Sheet. To prevent relapse: 400 mg at bedtime or 400 mg morning and evening for at least 6 months.
Benign gastric ulcer: Adults, 200 mg tds with meals and 400 mg at bedtime; 10 g/day, for at least 4 weeks, for full instructions see Data Sheet.
Reflux oesophagitis: Adults, 400 mg tds with meals and 400 mg at bedtime; 10 g/day, for 4 to 6 weeks.

Cautions

Impaired renal function: reduce dosage; see Data Sheet. Prolonged treatment: observe patients periodically. Malignant gastric ulcer may respond symptomatically. Avoid during pregnancy and lactation.

Adverse reactions

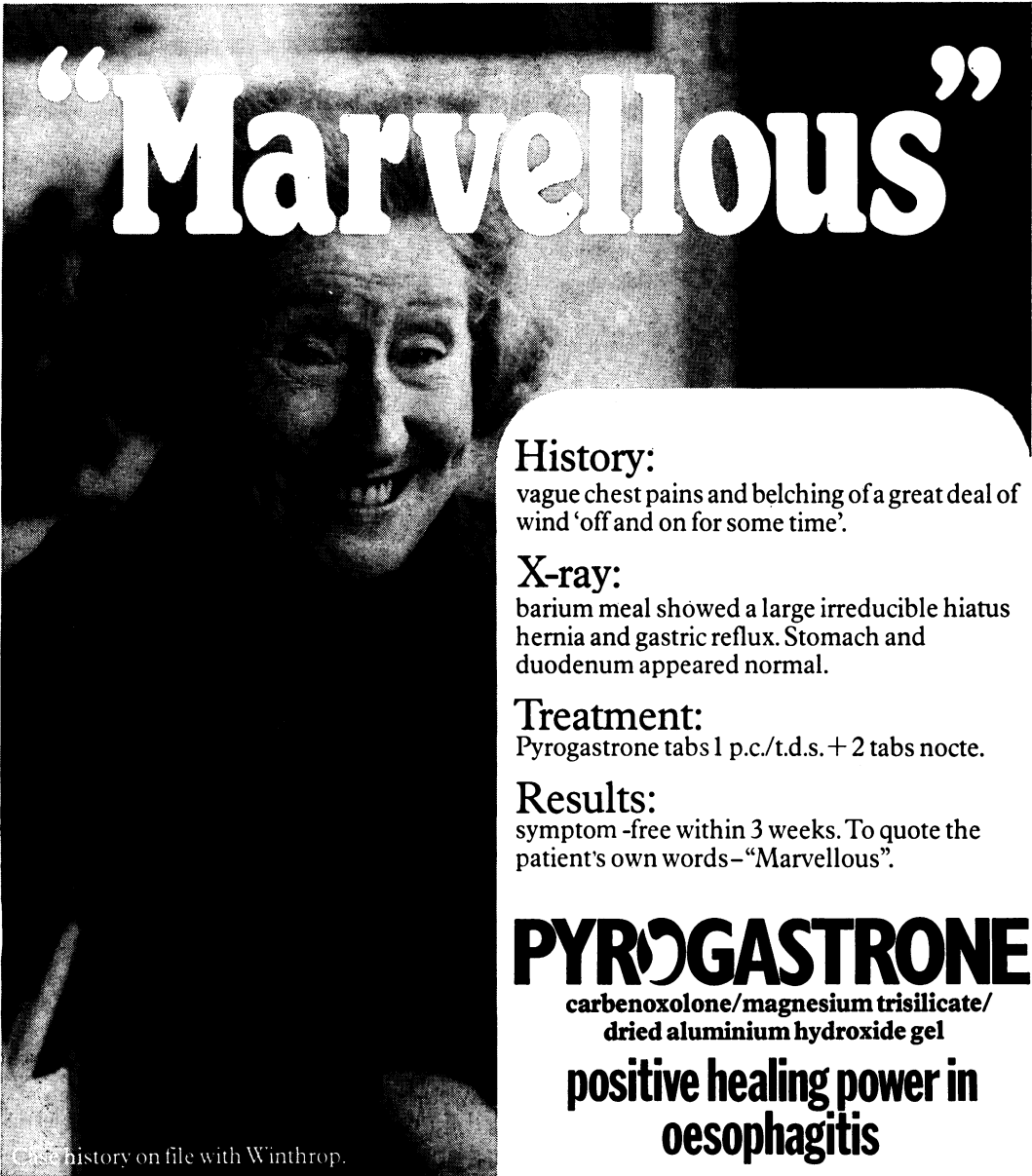
Diarhoea, dizziness, rash, tiredness. Rarely, mild gynecomastia, reversible liver damage, confusional states, usually in the elderly or very ill, antisternal epiphora.

Full prescribing information is available from:

SK&F
a SmithKline company

Smith Kline & French Laboratories Limited,
Welwyn Garden City, Hertfordshire AL7 1JY.
Telephone: Welwyn Garden City 25111.

Tagamet is a trade mark of Smith Kline & French Laboratories Limited 1980.



“Marvellous”

History:
vague chest pains and belching of a great deal of wind 'off and on for some time'.

X-ray:
barium meal showed a large irreducible hiatus hernia and gastric reflux. Stomach and duodenum appeared normal.

Treatment:
Pyrogastrone tabs 1 p.c./t.d.s. + 2 tabs nocte.

Results:
symptom-free within 3 weeks. To quote the patient's own words—"Marvellous".

PYROGASTRONE
carbenoxolone/magnesium trisilicate/
dried aluminium hydroxide gel
**positive healing power in
oesophagitis**

Case history on file with Winthrop.

Pyrogastrone (PL 0071/0138). For the treatment of oesophageal inflammation, erosions and ulcers due to hiatus hernia or other conditions causing gastric reflux and for the relief of heartburn, flatulence and other symptoms associated with reflux oesophagitis. Each tablet contains: carbenoxolone sodium B.P. 20mg, magnesium trisilicate B.P. 60mg, dried aluminium hydroxide gel B.P. 240mg, in a base containing sodium bicarbonate B.P. 210 mg and alginic acid B.P.C. 600 mg. Cartons of 100. **Adult Dosage.** One to be chewed immediately after meals, three times a day and two to be chewed at bedtime. **Basic N.H.S. Cost:** One day's treatment 56p (5 tablets). **Contraindications:** Severe cardiac, renal or hepatic failure. Patients on digitalis therapy unless serum electrolyte levels are monitored weekly to detect promptly the development of hypokalaemia. **Precautions:** Special care should be exercised with patients predisposed to sodium and water retention, potassium loss and hypertension (e.g. the elderly and those with cardiac, renal or hepatic disease) since the carbenoxolone content of Pyrogastrone can induce similar changes. Regular monitoring of weight and blood pressure which should indicate the development of such effects is advisable for all patients. A thiazide diuretic should be administered if oedema or hypertension occurs. (Spironolactone should not be used because it hinders the therapeutic action of carbenoxolone). Potassium loss should be corrected by the administration of oral supplements. No teratogenic effects have been reported with carbenoxolone sodium, but careful consideration should be given before prescribing Pyrogastrone for women who may become pregnant. Pyrogastrone is a registered trade mark. Made under licence from Biorex Laboratories Brit. Pat. No. 1390683. Further information available from:—

Winthrop Laboratories, Surbiton-upon-Thames, Surrey KT6 4PH.

WINTHROP



Ease the spasm. Ease the mind.

LIBRAXIN

clidinium bromide and chlordiazepoxide

Clidinium bromide to calm the gut. Chlordiazepoxide to calm the mind.

Indications For the control of hypersecretion, hypermotility and emotional factors associated with gastro-intestinal disorders, such as nervous dyspepsia, peptic ulcer, cardiospasm, pylorospasm, nervous or irritable colon.

Dosage 1 or 2 tablets three or four times daily. In elderly patients, it is recommended that the initial dose be 1 tablet twice daily.

Contra-indications Because of its anticholinergic effects, Libraxin should not be given to patients suffering from glaucoma or prostatic enlargement.

Precautions Patients should avoid alcohol while under treatment with Libraxin, since the individual

response cannot be foreseen. Patients' reactions (driving ability, operation of machinery, etc.) may be modified to a varying extent, depending on dosage and individual susceptibility. The established medical principle of prescribing medicaments in early pregnancy only when absolutely indicated should be observed.

Side-effects Side-effects are infrequent and are controlled by reduction of dosage. They include

drowsiness, muscle weakness, dryness of the mouth, blurring of vision, constipation and hesitancy of micturition.

Presentation Libraxin tablets containing 5mg chlordiazepoxide and 2.5mg clidinium bromide in packings of 100 and 500.

Basic NHS Cost 1 tablet 3 times daily 7.4p/day ex 500 pack.

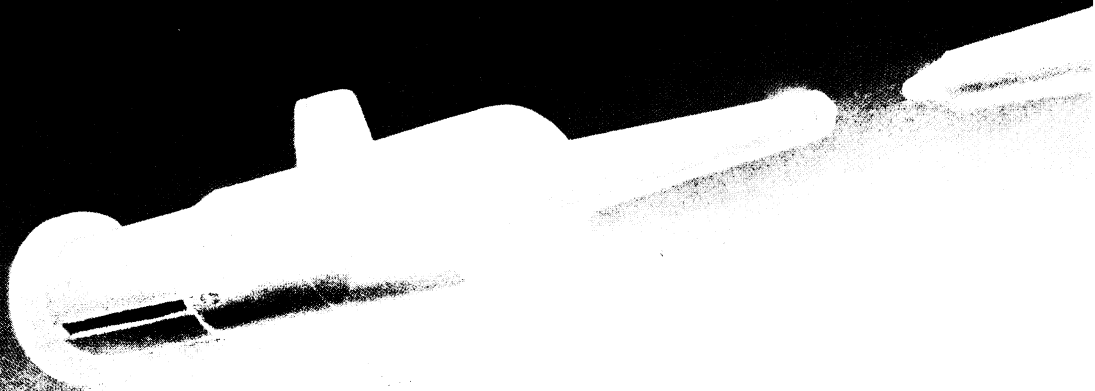
Licence Number 0031/5024

Licence Holder Roche Products Limited, PO Box 8 Welwyn Garden City, Hertfordshire AL7 3AY
Libraxin is a trade mark



ROCHE

Unique for Ulcerative

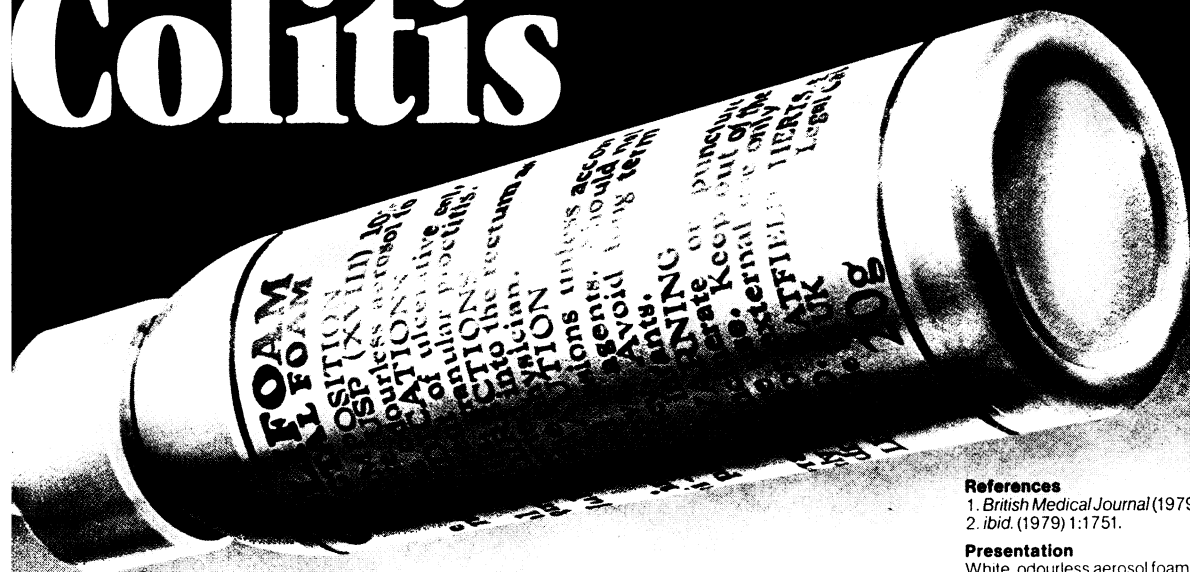


Colifoam is a unique therapy for ulcerative colitis, being a topical anti-inflammatory with exceptional benefits over the rectal enema in terms of simplicity and convenience.

Gamma photography studies^{1,2} have shown that a single dose of Colifoam remains in contact with the rectal mucosa for several hours. In one of these studies¹ the foam was seen to reach the sigmoid colon in most patients. The second study,² using a different protocol which included healthy subjects, did not confirm this finding but the authors concluded:

"Unquestionably, however, the foam is more comfortable and easier to retain

Colitis



than a retention enema, and since the patient need not be immobilised, the foam obviously has a place in outpatient practice for patients with proctitis and distal ulcerative colitis."

Colifoam: hydrocortisone acetate foam supplied in a metered dose dispenser, delivering approximately 5 ml. of Colifoam rectal foam containing 10% hydrocortisone acetate.

Colifoam

hydrocortisone acetate foam

comfort and convenience
in ulcerative colitis



References

1. *British Medical Journal* (1979) 2:822.
2. *ibid.* (1979) 1:1751.

Presentation

White, odourless aerosol foam containing hydrocortisone acetate 10%, with inert propellants.

Uses

Anti-inflammatory corticosteroid therapy for the topical treatment of ulcerative colitis, proctosigmoiditis and granular proctitis.

Dosage and Administration

One applicatorful inserted into the rectum once or twice daily for two or three weeks and every second day thereafter. Shake can vigorously before use (illustrated instructions are enclosed in each pack). One applicatorful of Colifoam provides a dose of approximately 90-110mg of hydrocortisone, similar to that used in a retention enema for the treatment of ulcerative colitis, sigmoiditis and proctitis. Satisfactory response usually occurs within five to seven days.

Contra-indications and Warnings etc.

Local contra-indications to the use of intrarectal steroids include obstruction, abscess, perforation, peritonitis, fresh intestinal anastomoses and extensive fistulas. General precautions common to all corticosteroid therapy should be observed during treatment with Colifoam. Treatment should be administered with caution in patients with severe ulcerative diseases because of their predisposition to perforation of the bowel wall. Safety during pregnancy has not been fully established.

Pharmaceutical Precautions

Do not refrigerate, incinerate or puncture the aerosol can. Shake vigorously before use. Keep out of reach of children.

Package Quantities

Aerosol canister containing 20g (14 applications) plus a plastic applicator and illustrated leaflet.

Basic NHS Cost

1.6 90

Product Licence No.

0036/0021

Further information is available on request from:

Stafford-Miller Limited,
Professional Relations Division, Hatfield,
Herts. AL10 0NZ.

“...the major cause of sepsis after surgery of
the gastrointestinal tract
or female genital
tract”.

Br.Med.J. i, 318, 1976

METRONIDAZOLE
INJECTION

**proves decisive
in anaerobic
infections**

Only with recent
improvements in bacterial culturing
techniques has the pathogenic role of anaerobes
in post-surgical infections been fully recognized.¹⁻³
Now 'Flagyl' Injection offers you a decisive means of treating
these infections – which are often life-threatening and often resistant
to established antimicrobials. The response to 'Flagyl' Injection is rapid and
dependable,² as it is consistently bactericidal to pathogenic anaerobes at tissue
concentrations easily achieved in treatment. Bacterial resistance is not a problem,^{2,4}
and 'Flagyl' is highly acceptable – as eighteen years of use in other indications has established.

Dosage: Treatment: adults and children over 12 years: 100 ml by intravenous infusion eight hourly, administered 5 ml per minute. Oral medication with 400 mg three times daily should be substituted as soon as this becomes feasible. Treatment for seven days should be satisfactory in most cases. Children under 12 years: as for adults but the single intravenous dose is based on 1.5 ml (7.5 mg metronidazole) per kg bodyweight and the oral dose on 7.5 mg per kg bodyweight. Prevention: adults and children over 12 years: 100 ml by intravenous infusion immediately before, during or after operation, followed by the same dose eight-hourly until oral medication (200 to 400 mg three times daily) can be given to complete a seven day course. Children under 12 years: as for adults but the single intravenous dose is based on 1.5 ml (7.5 mg metronidazole) per kg bodyweight and the oral dose on 3.7 to 7.5 mg per kg bodyweight. Precautions: pregnancy; lactation; clinical and biological surveillance if recommended duration of treatment exceeded; dosage may be halved for patients with renal failure; avoid alcohol; if 'Flagyl' is to be given to patients receiving oral anticoagulants the dosages of the latter should be recalibrated. Side effects and adverse reactions: occasionally an unpleasant taste, furred tongue, nausea, vomiting (very rarely), gastro-intestinal disturbance. Drowsiness, dizziness, headache, ataxia, skin rashes, pruritus, inco-ordination of movement, darkening of the urine very rarely. During intensive and/or prolonged therapy, peripheral neuropathy has been reported. A moderate leucopenia has been reported but the white cell count has always returned to normal before or after treatment has been completed. Transient epileptiform

seizures in a few patients undergoing intensive, high-dosage metronidazole radiosensitization therapy.

'Flagyl' metronidazole	
Tablets 200 mg	PL 0012/5256
400 mg	PL 0012/0084
Suppositories 500 mg	PL 0012/0113
1 gram	PL 0012/0114
Injection 0.5% w/v	PL 0012/0107

Basic NHS (as at May 1979)

Injection for i.v. infusion Bottle of 100 ml £6.40.

References 1. Willis, A.T. (1977) Scottish Medical Journal, **22**, 155. 2. Willis, A.T. et al. (1977) British Medical Journal, **i**, 607. 3. Finegold, S.M. Anaerobic Bacteria in Human Disease, Academic Press Inc. New York, 1977. 4. Willis, A.T. et al. (1975) Journal of Antimicrobial Chemotherapy, **1**, 393, 1975.

Further information is available on request.

'Flagyl' is a trade mark.
May & Baker Ltd., Dagenham,
Essex RM10 7XS.



TRADE MARK
INJECTION
**the complete
anaerobic
bicide**

M&B May & Baker

A member of the Rhône-Poulenc
Group of Companies

MA6579



In dyspepsia, antacids
only cloud the issue.

Maxolon
metoclopramide
clears it.



Maxolon protects the gastric mucosa from over-long exposure to gastric acid by promoting normal peristalsis and gastric emptying. This action contrasts with that of antacids.

By restoring the stomach's normal control, symptoms described by the patient as fullness, pain, heartburn and discomfort can be effectively treated and their recurrence prevented.

To the patient, Maxolon is the simple and convenient therapy to replace his repetitive antacid prescriptions.

Prescribing Information

Indications

Dyspepsia, heartburn and flatulence associated with the following conditions e.g., Reflux oesophagitis, Gastritis, Hiatus hernia, Peptic ulcer.

Adult Dosage (oral)

Adults 10mg
1 tablet or 10ml syrup 3 times a day.
Young adults (15-20 years) 5-10mg
½-1 tablet or 5-10ml syrup 3 times a day commencing at the lower dosage.

Note: Total daily dosage of Maxolon, especially for children and young adults should not normally exceed 0.5mg/kg body-weight.

Side-effects and Precautions

There are no absolute contra-indications to the use of Maxolon.

Various extra-pyramidal reactions to Maxolon, usually of the dystonic type, have been reported. The incidence of these reactions in children and young adults may be increased if daily dosages higher than 0.5mg/kg body-weight are administered. The majority of reactions occur within 36 hours of starting treatment and the effects usually disappear within 24 hours of withdrawal of the drug. Should treatment of a reaction be required, an anticholinergic anti-Parkinsonian drug e.g. benazepazine, or a benzodiazepine may be used. Since extra-pyramidal symptoms may occur with both

Maxolon and phenothiazines, care should be exercised in the event of both drugs being prescribed concurrently.

Raised serum prolactin levels have been observed during metoclopramide therapy; this effect is similar to that noted with many other compounds.

Maxolon's action on the gastro-intestinal tract is antagonised by anticholinergics. Although animal tests in several mammalian species have shown no teratogenic effects, treatment with Maxolon is not advised during the first trimester of pregnancy.

Following operations such as pyloroplasty or gut anastomosis Maxolon therapy should be withheld for three or four days as

vigorous muscular contractions may not help healing.

Availability and NHS Prices

Tablets 10mg (£5.84 per 100).
Syrup 5mg/5ml (£2.42 for 200ml).

A paediatric liquid presentation and ampoules for injection are also available.

Average daily cost of Maxolon tablets (ex. 500 pack) 17p. Prices correct at January 1979. Further information is available on request to the company.

Maxolon (metoclopramide) is a product of
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Brentford, England.
A branch of Beecham Group Limited.
Maxolon, BRL and the Company logo
are registered trade marks.



NEW OP-SITE SKIN CLOSURE. AN OUTSTANDINGLY SIMPLE, NON-INVASIVE TECHNIQUE.

Op-Site Skin Closures represent a major new advance in surgical wound closure and have been designed to produce significant advantages over existing methods.

Being a sutureless technique, they produce no localised tension or ischaemia at the wound edge. They eliminate foreign body reactions and the risk of infection at the puncture site.

Produced from a transparent, adhesive, polyurethane membrane, Op-Site Skin Closures are easy to apply, strong and conform readily to body contours. The fenestrations along their length allow for correct appositioning of the wound.

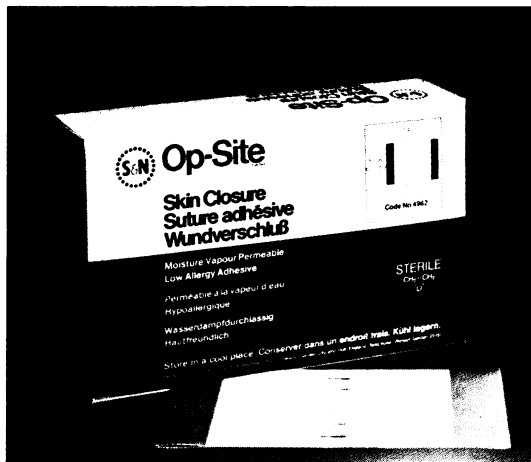
Op-Site Skin Closures are comfortable and can stay in place for up to 14 days. This, together with the non-invasive technique

employed, greatly enhances the final cosmetic effect.

Removal is painless - relieving patients, particularly children, of the anxiety normally associated with suture removal.

In clinical trials, 94 out of 100 patients were satisfactorily treated⁽¹⁾. They were infection free and enjoyed a superior cosmetic effect.

Contact Smith & Nephew Medical now for more details.



**Smith & Nephew
Medical**

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TELEPHONE (07073) 25151
Op-Site is a trademark.

1. S. Westaby BSc., MB., BS., FRC.S. "Evaluation of a new product for Sutureless Skin Closure" March 1980, Annals of the Royal College of Surgeons.

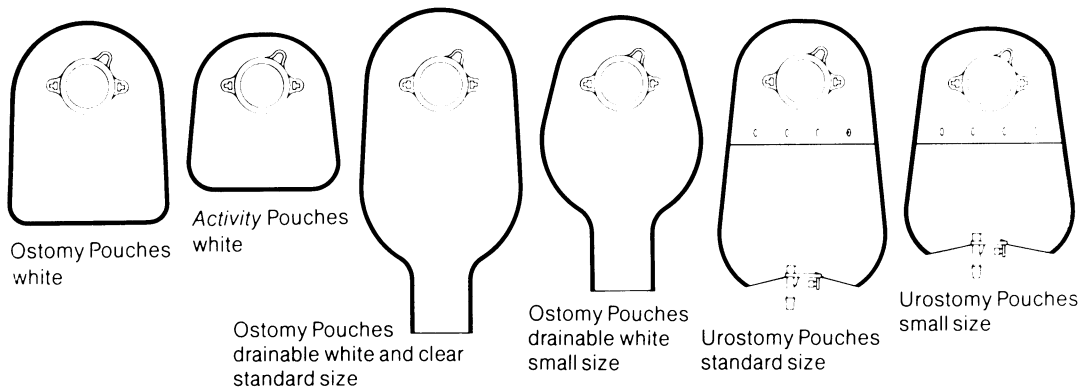
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Stomahesive™ Flange saves skin from the trauma of removing adhesive each time a pouch needs to be replaced.



Just click on the appropriate System 2 pouch for the simpler management of colostomies, ileostomies, ileal conduits and fistulae.

For further information please write to
Squibb Surgicare Limited Freeport TK 245 Regal House Twickenham Middlesex TW1 1BR

Carbenoxolone can heal gastric and duodenal ulcer

“Carbenoxolone...acts, in healing these ulcers, by restoring the gastric physiology to normal – rather than by creating a non-physiological artefact, such as that produced by antacids and H₂-receptor antagonists...”¹

2 IMPORTANT ACTIONS

1. EXTENDS LIFE-SPAN OF EPITHELIAL CELLS²

2. INCREASES MUCUS PRODUCTION³

2 IMPORTANT PRODUCTS

BIOGASTRONE

carbenoxolone

tablets for gastric ulcer

DUOGASTRONE

carbenoxolone

positioned-release capsules for duodenal ulcer

1. In "Peptic Ulcer Healing. Recent Studies on Carbenoxolone." 1978. Lancaster, MTP Press Ltd., p.1. 2. *ibid.*, pp. 9-20.
3. In 4th Symposium on Carbenoxolone. 1975. London, Butterworths, p. 161.

Biogastrone and Duogastrone are registered trade marks.

Made under licence from Biorex Laboratories, Brit. Pat. Nos. 843133 and 1093286.
Further information available from Winthrop Laboratories, Surbiton-upon-Thames, Surrey.

STATISTICS AT SQUARE ONE

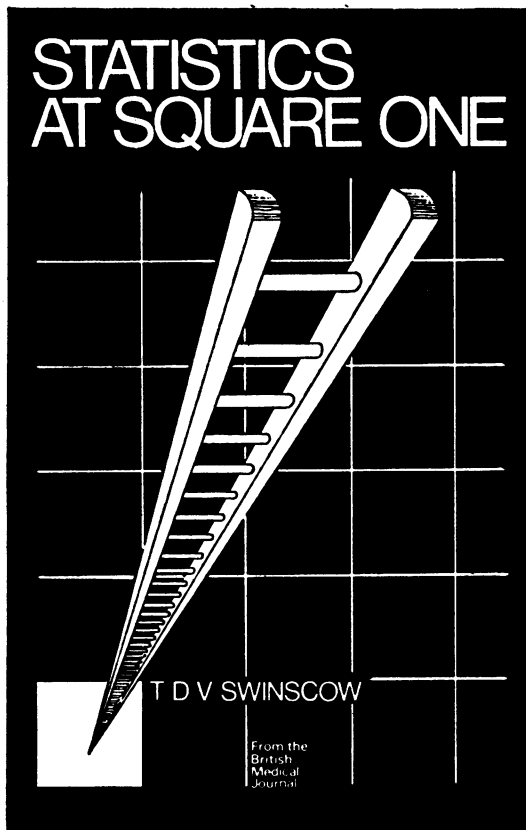
by T. D. V. SWINSCOW

from the British Medical Journal

The statistical testing of data is indispensable in many types of medical investigation and a help on countless occasions in clinical practice. This book provides step-by-step instruction. Subjects covered include standard deviation, χ^2 tests, t tests, non-parametric tests, and correlation. The book includes sections on Fisher's exact probability test and rank correlation not published in the *B.M.J.* series. Methods specially adapted to pocket calculators.

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O'Donnell, Barry, *British Medical Journal*, 1977, 1, 451.

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de Jong, Rudolph, H., *J.A.M.A.*, 1977, 237, 1874.



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