

DUOGASTRONE[®]

direct healing of duodenal ulcer

Trials suggest*

- radiological disappearance of ulcer crater
 - relief of symptoms within a few days
 - superiority over antacid or anticholinergic therapy
 - patients can lead a normal life
 - special diets are unnecessary
 - even chronic cases, with a long history of symptoms, respond
- Unique 'positioned release' capsules deliver the active ingredient (50 mg carbenoxolone sodium) into the duodenum.

* Further trials are in progress to study the effects of DUOGASTRONE in long-term therapy

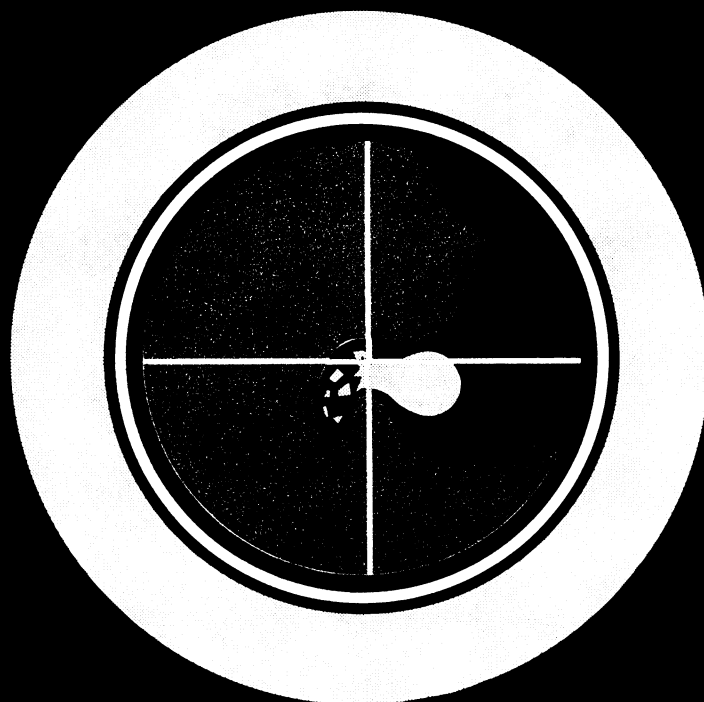


Full information available on request from

Berk Pharmaceuticals Limited Godalming Surrey England

Made under licence from Biorex Laboratories Ltd., London. Brit. Pat. Nos. 843,133 & 1,093, 286

® Regd. Trade Mark



The pharmacological actions of Maxolon are unique and unrelated to any other compound in medical use: it is neither an anti-histamine nor a phenothiazine. Unlike other anti-emetics and anti-nauseants, Maxolon controls nausea and vomiting by THREE specific routes, as illustrated.

Local irritation of the stomach and duodenum, often associated with gastro-intestinal disorders or intolerance to certain essential drugs, can induce nausea and vomiting. Maxolon decreases the sensitivity of the afferent nerves to the vomiting centre and thus effectively controls nausea and vomiting of local origin.

Maxolon has proved its success in clinical practice. In the indications for which it is recommended the percentage reductions in symptom scores were 80% and 87% for nausea and vomiting respectively. *Brit. J. clin. Pract.*, (1967), 21, 457.



Maxolon alleviates vomiting of systemic origin by decreasing the sensitivity of the chemoreceptor trigger zone, the region of the brain sensitive to blood borne emetics.

Is Maxolon just another anti-emetic?

Maxolon has a unique and interesting action on the stomach and small intestine. Where gastric emptying is disturbed, spasm is relieved and normal motility restored. Maxolon therefore relieves nausea and vomiting in cases where spasm and stasis of the stomach contents contribute to local irritation.

Further information is available on request.

Maxolon is indicated in nausea and vomiting due to:

Gastro-intestinal disorders. Intolerance to essential drugs. Post-operative conditions. Congestive heart failure. Malignant disease. Uraemic conditions. Deep X-ray or Cobalt therapy.

Contra-Indications and Precautions

Safety in pregnancy is not yet established. As both Maxolon and the phenothiazines may cause benign transient dystonia, such as restlessness of the limbs, care should be exercised in the event of both drugs being prescribed concurrently.

DOSAGES

Adults

Oral: One tablet (10 mg.) or two 5 ml. teaspoonfuls of syrup (5 mg./5 ml.) three times daily.
I.M.: One ampoule (10 mg.) one to three times daily, depending on the severity of the condition.
I.V.: One ampoule (10 mg.) when required.

Children 5-14 years

Half to one 5 ml. teaspoonful of syrup (2½-5 mg.) three times daily.

Reduce dosage if drowsiness occurs.



Maxolon



Maxolon* (metoclopramide) is a product of Beecham Research Laboratories, Brentford, England.

*regd

The preferred steroid Cortenema is the first suspension of hydrocortisone to be presented for use as a retention enema. For local treatment of ulcerative colitis, hydrocortisone is preferable to prednisolone.* It produces the desired therapeutic effect with less risk of systemic side effects due to absorption.

Ready-to-use unit dose Cortenema is presented as a one-piece disposable unit made up of a soft plastic bottle with a lubricated nozzle. Each bottle contains a unit dose - 60 ml of solution (equivalent to 100 mg hydrocortisone as alcohol).

One-squeeze instillation No holding up, no rolling up. One slow, steady squeeze of the Cortenema bottle is sufficient to discharge the entire dose into the rectum.

No regurgitation The nozzle of the Cortenema bottle incorporates a non-return valve to prevent regurgitation of the enema.

Easier for the patient Cortenema is now the most convenient enema available for self-administration in ulcerative colitis. It is more acceptable to the patient, much easier to apply and therefore increases the probability of successful therapy.

*Reference: *Brit. med. j.* (1960), 1, 464.
Full information is available on request.
Bengue & Company Limited, Alperton,
Wembley, Middlesex.

CORTENEMA

the new hydrocortisone retention enema



**ONE SQUEEZE
INSTILLS THE ENEMA.**

RIFOCIN[®]-M

rifamide

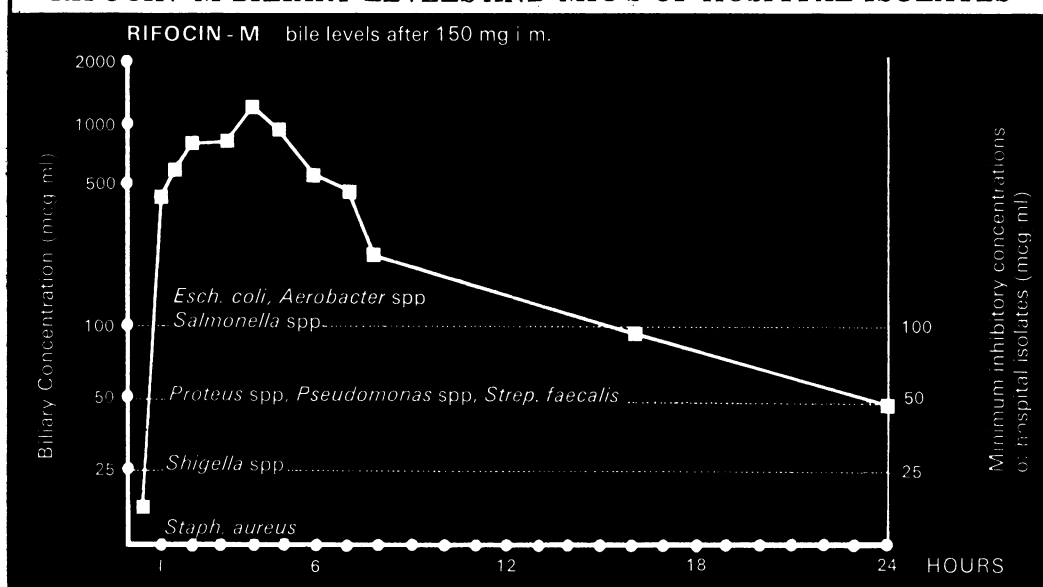
LEPETIT

in BILIARY TRACT INFECTIONS

"... it is unique in its action in acute cholecystitis and other bacterial diseases of the biliary tract, for which it is the only specific antibiotic."¹

"A much higher proportion of the organisms found in cholangitis would be expected to be inhibited by this drug than by other antibiotics that achieve effective bile levels..."²

RIFOCIN-M BILIARY LEVELS AND MIC'S OF HOSPITAL ISOLATES



* Active against penicillinase-producing organisms.

* No cross-resistance or cross-allergenicity with other antibiotics has been demonstrated.

* Well tolerated. No toxic reactions have been reported.

* Dose: 150 mg intramuscularly every 8-12 hours.

RIFOCIN-M (rifamide) is a member of the RIFAMYCINS—a new group of antibiotics discovered and developed in the Research Laboratories of LEPETIT.

References: 1. *Med. J. Aust.*, 1966, **1**, 1-7. 2. *Brit. J. Pharmacol.*, 1967, **31**, 506-512.

Full information is available on request.



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BIOGASTRONE®

carbenoxolone sodium

Specific healing effect

'Carbenoxolone has a specific effect, facilitating healing of gastric ulcer, and is not merely yet another symptomatic measure'. *Brit med J*, 1965, 2: 1274

Patients remain up and about

'It is the only drug therapy for gastric ulcer which has been demonstrated conclusively to accelerate healing, which can be achieved with patients remaining up and about, often at work, with minimum change in diet'. *Gut*, 1965, 5: 19

conclusively shown to heal gastric ulcers

without bed rest or dietary restrictions

Tablets of 50 mg carbenoxolone sodium.
Please write for full prescribing information.



Berk Pharmaceuticals Limited Godalming Surrey England

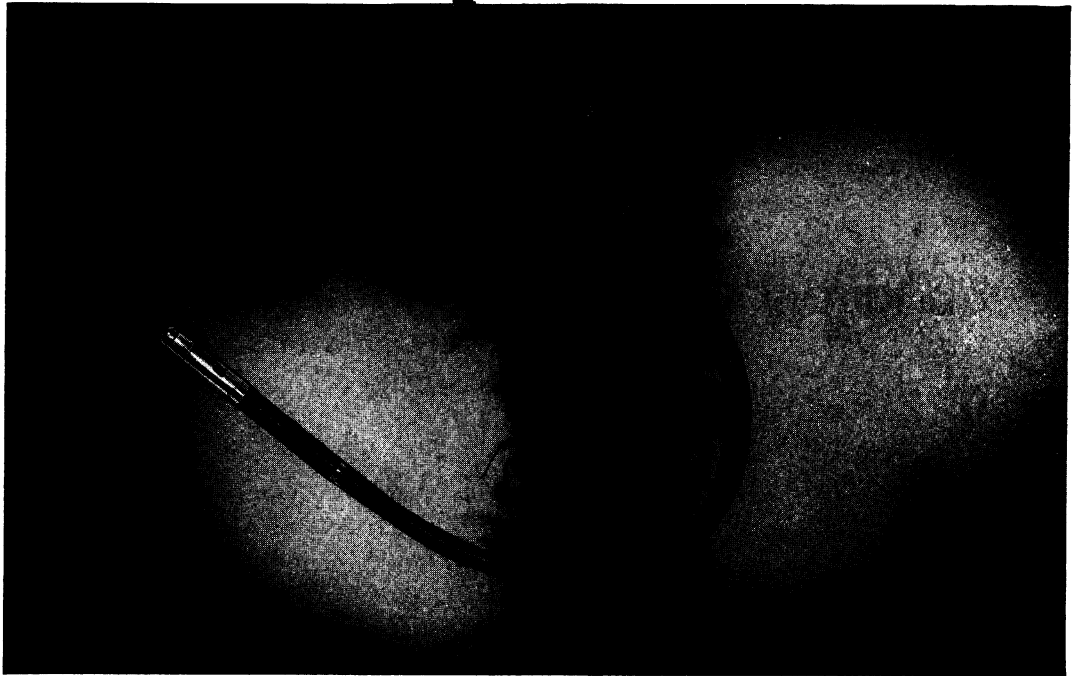
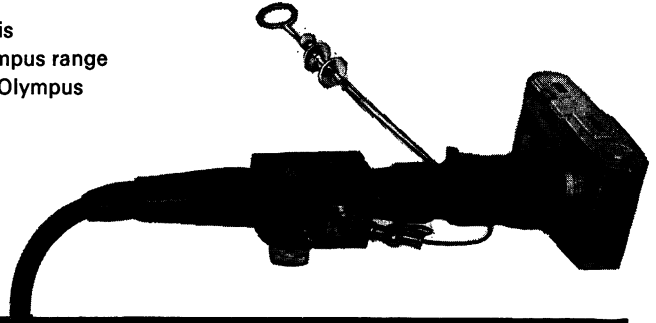
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for inside information

Accurate early diagnosis of gastric diseases is enormously simplified by the use of the Olympus range of gastrocameras and fiberscopes. With the Olympus gastrocameras all the main anatomical features of the stomach interior can be photographed, and also directly observed, and biopsies and cytological examinations can be carried out, too.



Olympus Gastro Fiberscope Model GFB, for biopsy examination under direct visual control. The process can be simultaneously photographed for records.

Olympus Gastrocamera with Fiberscope Model GTFa, direct endoscopic observation and colour photography by the unique intra-gastric camera of the gastric mucous membrane.

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Olympus Oesophageal Fiberscope EFS, for observation and photography of walls of the oesophagus, plus biopsy.

Other models include the **Olympus Gastro Fiberscope Model GFS**, observation and sequence photography. **Olympus Gastro Fiberscope Model GFC** for cytological gastric examination.

And other special purpose gastrocameras.

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CAVED - (S)

Cedona Liquorice Therapy Tablets
THE ANSWER TO

PEPTIC ULCERS

British Hospital Double Blind Trials
Establish Impressive Results

CAVED-(S)

**DEFINITELY HEALS GASTRIC ULCERS
THE EFFECTIVE THERAPY
FOR DUODENAL ULCERS**

The only Liquorice therapy free from side effects
offers

- no salt and water retention
- no contra-indications
- no dietary, alcohol or smoking restrictions
- no bed rest necessary
- no additional antacids
- rapid response
- accelerated healing
- low recurrence rate
- good responses with chronic cases and patients aged 12/90 years

**FIRST SUCCESSFUL DUODENAL ULCER TRIAL
ACCEPTED BY A GASTROENTEROLOGICAL
JOURNAL**

**CAVED-(S) IS VERY LOW IN COST
7 DAYS, N.H.S. TREATMENT = 6/9^p**



Refs: GUT (1968), 9, 48-51; J. Ther. Clin. Res. (1968), 1, 2 363-366;
GASTROENTEROLOGY Vol 55. No. 3, 437

Requests for Representative to call, or for Samples and Literature to:

TILLOTTS LABORATORIES, 94 Marsham Street, London S.W.1

ANTIBIOTICS AND THE INTESTINAL FLORA

Treatment with broad spectrum antibiotics suppresses the normal flora, which may be replaced by abnormal resistant organisms causing diarrhoea.

This change can be prevented or reversed by the implantation of *Lactobacillus acidophilus* which has been rendered antibiotic-resistant, and is thus able to multiply freely under these abnormal conditions. The products of growth of this organism are inimical to that of many other bacteria^{1,2} and thus contribute to its rapid preponderance over other species.

Oral treatment with antibiotic-resistant *L. acidophilus* in the form of ENPAC has been shown to eliminate *Candida* from the faeces of infants with antibiotic-induced diarrhoea, with relief of symptoms succeeded by rapid gain in weight^{3,4} and greatly to reduce the numbers of staphylococci in the faeces of patients treated with tetracyclines.⁵

¹ (1958) *Ann. Inst. Pasteur* 95, 194. ² (1959) *J. Bact.* 78, 477. ³ (1957) *Klin. Wschr.* 35, 198.
⁴ (1959) *Medizinische* 7, 296. ⁵ (1957) *Lancet* (i), 899.



ENPAC

LACTOBACILLUS ACIDOPHILUS PREPARATION

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When given at the same time as pre-medication containing atropine or scopolamine, administration of a “Broncaine” Lozenge swiftly and reliably induces sustained oropharyngeal anaesthesia during instrumentation of the upper alimentary tract or tracheo-bronchial tree.

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