

If you are going into the interior you'll need our help

Exploring the oesophagus, penetrating far into the deepest duodenum, negotiating the serpentine sigmoid or snaring the perfidious polyps of the colon, you'll need equipment you can rely on: supported by unsurpassed service from KeyMed of Southend. Olympus endoscopes – the best in the world.

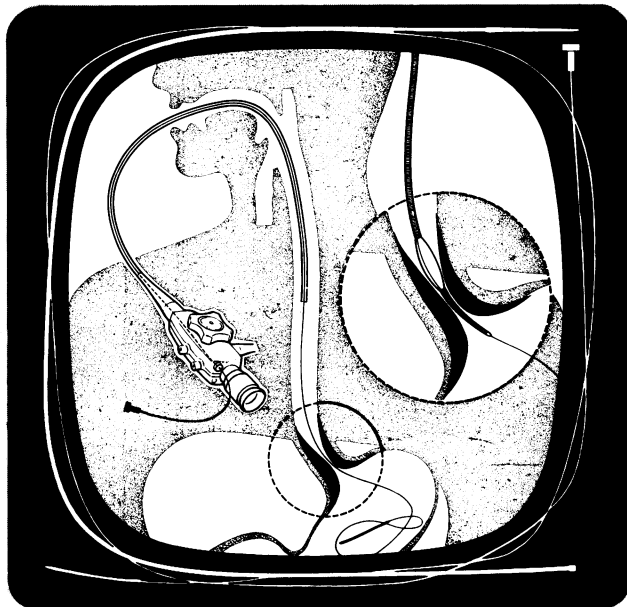
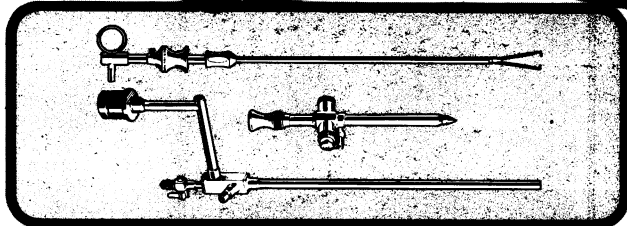
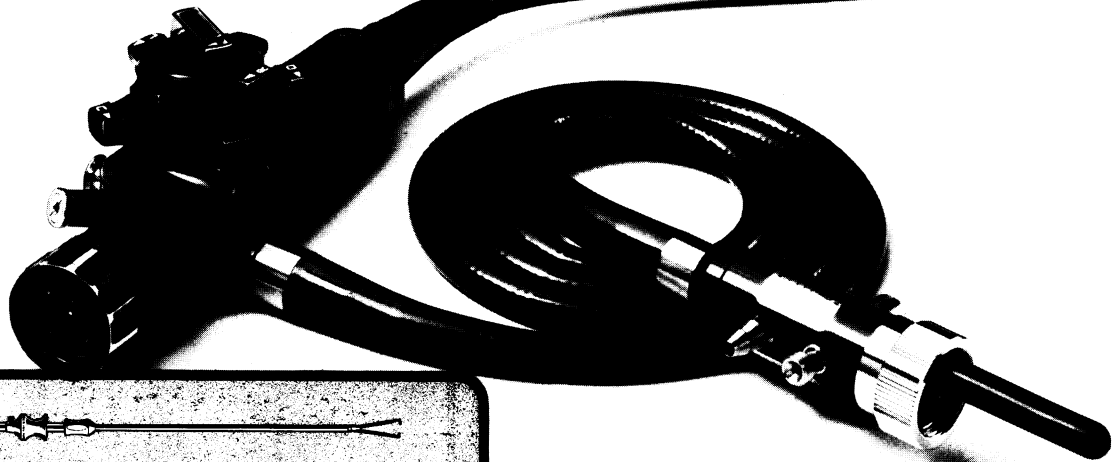
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a combination unsurpassed in endoscopy in the world

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Instruments for Gastroenterology from **KEY MED**

The **Olympus GIF model D3** will satisfy the most exacting requirements of precision endoscopy. As in all models, Olympus optical engineering arranges the glass fibres in a perfect mosaic to ensure precise, distortion free images. In the model D3, enormous tip deflection in two dimensions combined with a 70° viewing angle and new dimension in optical quality allows complete and detailed examination of every corner of the stomach.



The JF B2 duodenoscope A uniquely designed instrument specifically for cannulation of the ampulla of Vater.

Colonic examination is readily performed through the rectum with the **Olympus CF type MB2** Colonofibrescope. The easily-inserted flexible tube takes a range of accessories for many therapeutic procedures.

The Olympus TCF type 2L twin-channel colonofibrescope provides all the superb features of Olympus optical engineering, plus an extra channel allowing simultaneous use of two accessories.

The Eder Operating Laparoscopy Set includes telescope, forceps, trocars and cannulas as well as diathermy connection, a Verres needle and a light guide. If required, each item may be purchased separately.

Dilation of the oesophagus for insertion of Olympus endoscopes can be achieved safely and simply with the **Eder-Puestow 'Stringless' Dilator**.

A full range of accessories to fit all the Olympus endoscopes enables many surgical procedures to be carried out.

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KEY MED specialised medical equipment limited

KeyMed House Stock Road Southend on Sea SS2 5QH England

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Delivery from stock of these and other instruments takes hours rather than weeks, and servicing of the complete range of fibroscope equipment is carried out at KeyMed House in our specially equipped laboratory by our own team of highly skilled technicians.

THE END OF THE RETENTION ENEMA IN ULCERATIVE COLITIS THERAPY

New

hydrocortisone acetate rectal foam

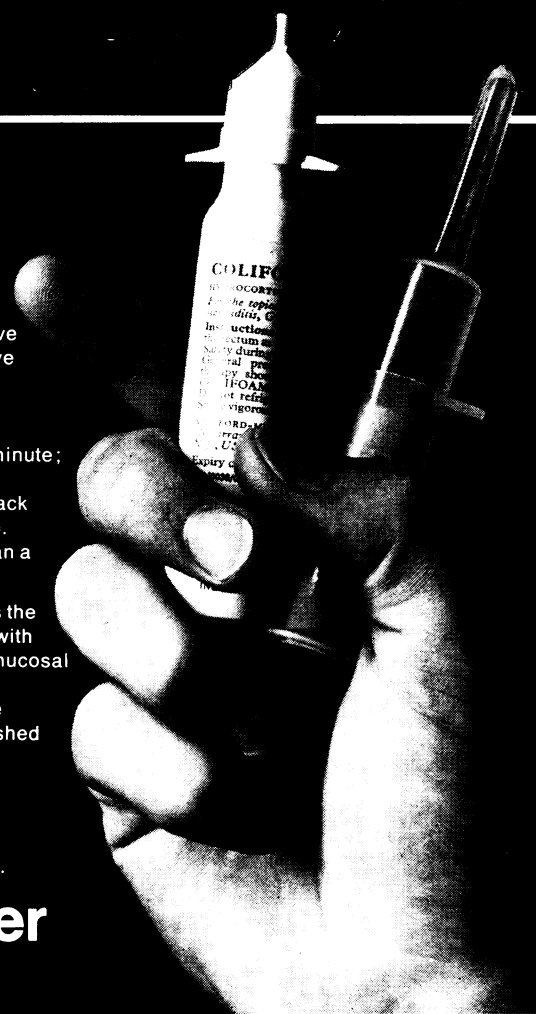
Retention enemas are messy to administer, uncomfortable and difficult for the patient to retain.

Now Colifoam offers a better alternative in the treatment of ulcerative colitis and proctitis. It presents effective topical steroid therapy as an aerosol foam. Colifoam has several practical advantages: the patient can instil a dose (only 5 ml.) in less than half a minute; the foam is easily retained without leakage problems, and the compact pack with applicator is easy to carry around. Yet Colifoam is no more expensive than a retention enema.

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Further information and data sheet available on request.
Professional Relations Division
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1 Scientific Exhibit, 121st Annual Convention of American Medical Association, June 1972 2 Dis Colon Rectum, Mar/Apr (1973) 3 Amer J Clin Res., 1 (iii) 1970

Pitman Medical

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JOHN WALKER-SMITH, MD, MRCP, FRACP

A review of diseases of the small intestine in children with emphasis upon a discussion of their causes, clinical manifestations and the newer techniques which are used in diagnosis, as well as modern methods of management, particularly those which are dietetic. A considerable amount of new work has been done in this field in recent years, much of which has not yet appeared in standard paediatric texts—yet it is the author's thesis that disease of the small intestine occurring in childhood should be regarded as a major part of the whole field of paediatrics. Attention has been focussed on the commoner and more important diseases, but a full bibliography is given. The book is intended for the Consultant Paediatrician and Paediatric Surgeon, and the Paediatric Registrar and House Officer as a practical guide. It also emphasises the difference in the clinical spectrum of such diseases in adult and child life, and it will thus be a valuable general source of reference.

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THE LIQUORICE STORY

Part 2

The liquorice plant is a leguminous shrub which grows to a height of several feet. It sends down a tap root, and develops a veritable thicket of runners, which may be 25 ft. long, so when the root is dug it is not eradicated, and enough runners remain to carry on propagation and produce another crop several years later.

In its normal habitation the foliage on the stems resemble that of an ash twig, and in colour and texture they more closely resemble small laburnum leaves and are mauve in colour.

However, in Pontefract the plant rarely flowered and only once in the present century were seed pods produced, which showed signs that it was growing beyond its natural limits.

After the root has been lifted, the extract of the liquorice is obtained by shredding or grinding the root in hot water, followed by evaporation of the solution, and both the spent liquorice and the extract are used for several purposes.

The by product of liquorice has been used as the main ingredient in foam fire extinguishers. Another use is in the cultivation of mushrooms, as well as in the making of insulation board.

There are three main uses for the liquorice extract. The first is in the Tobacco Industry, especially in America, where it is used in the production of chewing tobacco as well as in ordinary tobacco.

The second and most commonly known use is in the Confectionery Industry, and the third and most important is in pharmaceuticals.

Liquorice has been widely used as a flavouring agent for other drugs. However, over recent years it has been realised that liquorice has a powerful antispasmodic effect on the muscles of the stomach and intestine. There was however, a serious disadvantage which was the constituent glycyrrhizinic acid. This can cause side effects such as oedema (salt and water retention and potassium depletion) as well as other harmful side effects. Cedona Pharmaceuticals in Holland investigated the problem, and developed an exclusive method of extracting the harmful glycyrrhizinic acid, but retaining its ulcer healing properties together with its natural antispasmodic effect. When glycyrrhizinic acid is removed by other methods the spasmolytic effect and healing



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AVAILABLE ON REQUEST.**

properties are lost. The main constituent of Caved-(S) is the liquorice, which is processed by the exclusive Cedona method. Therefore, Caved-(S) tablets retain the ulcer healing properties, without the side effects normally associated with liquorice.

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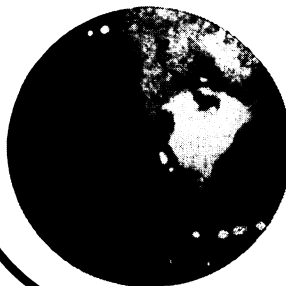
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