

in the treatment of
peptic ulcer

ROTER

has particular
advantages



ROTER achieves a high cure rate and often gives effective control of even refractory chronic cases which have resisted other treatments.

ROTER in many cases obviates the need for hospitalization or surgical intervention.

ROTER helps patients to keep ambulant and symptom-free with a minimum of medication and with few, if any, dietary restrictions.

ROTER in general practice enables the physician to take adequate care of his gastric cases without frequent or prolonged supervision.

ROTER has no known side effects.

ROTER requires no supplementary medication such as sedatives or anti-spasmodics.

ROTER shows a saving in cost when compared with conventional methods of treatment.

REFERENCES

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FORMULA

Each Roter tablet contains:
Bismuth Subnitrate Roter (350 mg.), Magnesium Carbonate (400 mg.), Sodium Bicarbonate (200 mg.) and Cortex Rhamni Frangulae (25 mg.).

PACKINGS OF ROTER TABLETS

Tins of 40 and 120, also dispensing sizes, 360 and 720 (P.T. exempt). Basic N.H.S. price: Under 1/- for 10 tablets.

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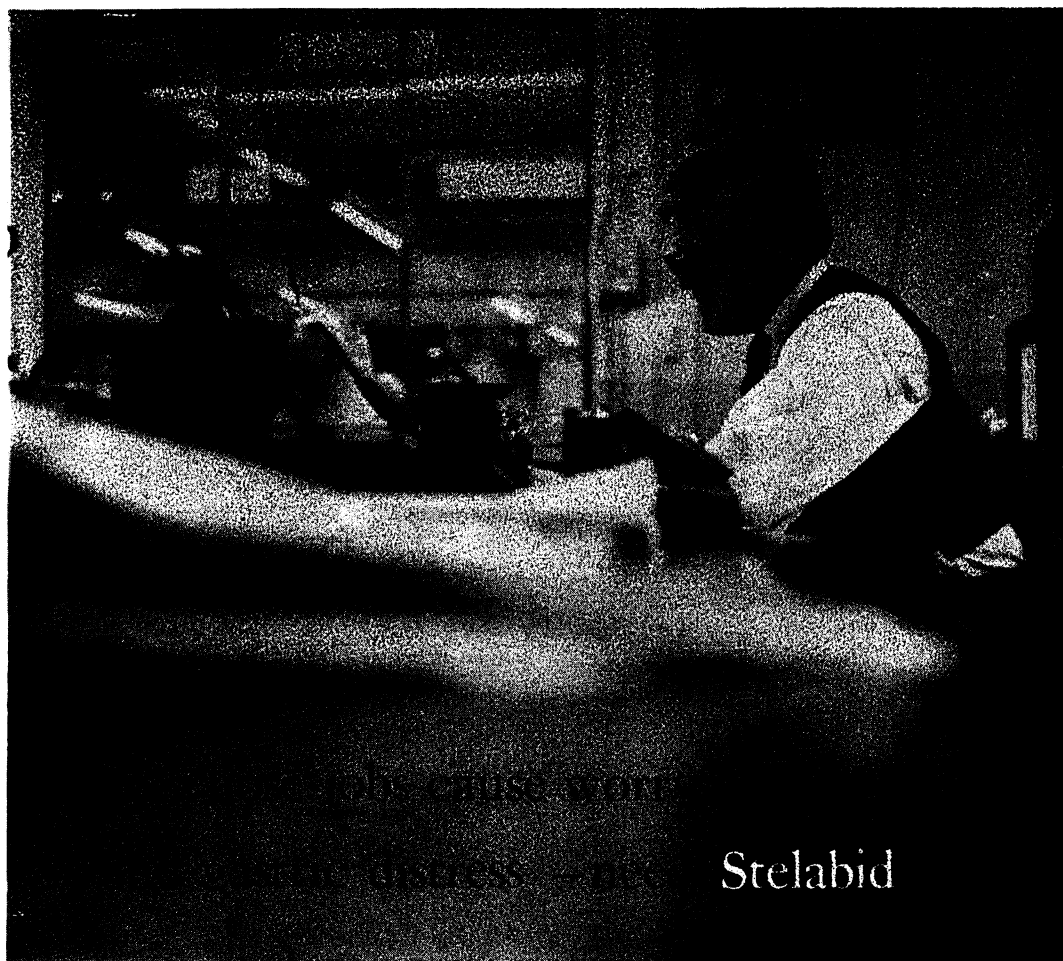
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is more and more in evidence in the
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It will rapidly restore and
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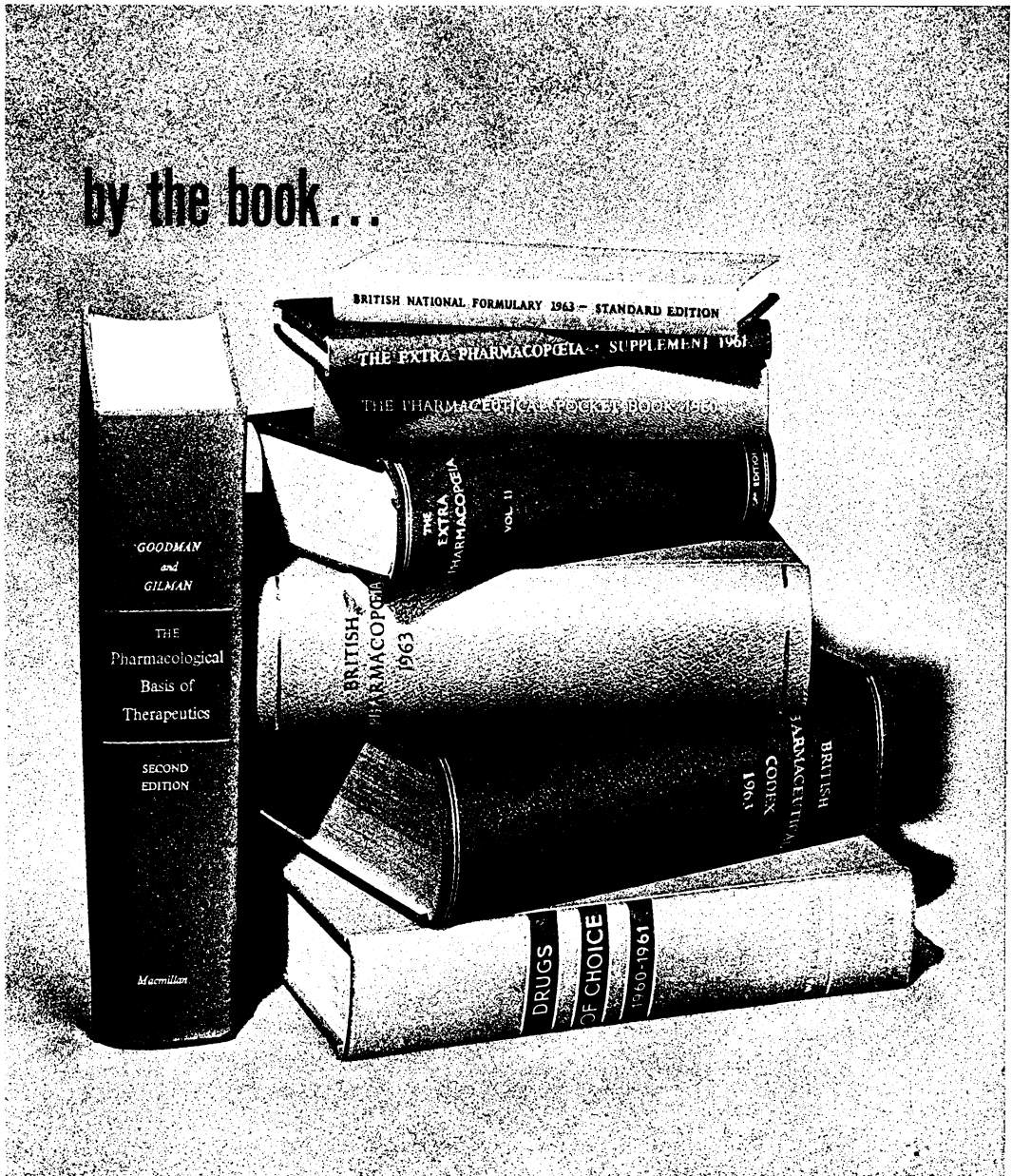
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MANUAL OF SURGICAL TECHNIQUE

by Warner F. Bowers, *New York Medical College, New York City*; Thomas H. Hewlett, *Univ. of Colorado, Denver, Colo.*; and George J. Thomas, *Brooke General Hospital, Fort Sam Houston, Texas*. A step-by-step, how-to-do-it manual for general surgeon, surgical resident, and surgical specialist. *Covers all common operations* in neuro, plastic, vascular, nose and throat, orthopedic, gynecologic, and urologic surgery as well as all procedures in the abdomen and thorax. *Not just "speciality" operations of the authors but all generally accepted procedures are pictured and described.* A section on basic technique covers all aspects and types of wound closure, incision placement, bowel suture, plastic flaps and pedicles, technique of local and regional anesthesia, and debridement of wounds. Oct. '63, 328 pp. (8½ × 11), 185 il. \$14.00

THE POSTGASTRECTOMY SYNDROMES

by E. R. Woodward, *Univ. of Florida, Gainesville, Fla.* Doctor Woodward has separated into distinct entities the various iatrogenic disturbances which occur after gastric surgery—particularly gastric resection. The syndromes presented here include the immediate postprandial dumping syndrome, delayed postprandial dumping syndrome, afferent loop syndrome, small stomach syndrome, and postgastrectomy malabsorption. Presentation of each clinical entity is followed by its pathophysiology and concluded with treatment. Major emphasis in treatment is placed on prevention. **In addition to medical therapy of these disorders, the use of reconstructive surgery in selected cases is outlined in detail.** Oct. '63, 64 pp., 14 il., 3 tables (*Amer. Lec. Abdominal Viscera* edited by Lester R. Dragstedt, *Univ. of Florida*), \$3.75



THE MEDICAL TREATMENT OF PEPTIC ULCER

by George Gordon McHardy, *Louisiana State Univ., New Orleans, La.* This monograph provides a timely source of guidance for those concerned with all the clinical aspects of peptic ulcer—those related to the patient as well as his disease. Its purpose is to assemble current concepts of therapy; rationalize their application; emphasize the importance of considering each patient on an individual basis; evaluate complications, their modes of management and need for surgical correction; and deprecate procedures which lack established value. **Prognosis, prevention of recurrence, recognition of and preparation for surgery and its potentialities are reviewed.** Sept. '63, 88 pp., 2 tables (*Amer. Lec. Abdominal Viscera* edited by Lester R. Dragstedt, *Univ. of Florida*), \$4.75

THE LOWER ESOPHAGEAL VESTIBULAR COMPLEX

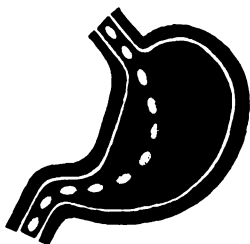
by Costantino Zaino, Maxwell H. Poppel, and Harold G. Jacobson, *all of New York Univ., New York City*, and Harold Lepow, *Albert Einstein College of Medicine, New York City*. To explain hitherto controversial aspects concerning the anatomy, physiology, pathology and roentgen findings of the lower esophagus, *Doctor Zaino and his co-authors have reinvestigated this area in terms of basic anatomy . . . relating these findings to the normal and abnormal roentgen images.* An entire chapter is dedicated to the roentgen diagnosis of hiatal insufficiency and hiatal hernia. Pertinent functional and organic lesions are reviewed such as invaginations, segmental spasm, and the lower esophageal rings including Schatzki's ring. April '63, 288 pp., 137 figs., \$12.75

NEW FOR ULCERATIVE COLITIS

SALAZOPYRIN

EN-tabs

THE SULPHONAMIDE OF PROVED THERAPEUTIC VALUE, IN MORE ACCEPTABLE FORM



Because of their special enteric coating and convenient, easily-swallowed shape, the new Salazopyrin EN-tabs are better tolerated. They dissolve easily in the small intestine, so reducing gastric upset or nausea to a minimum. It is now

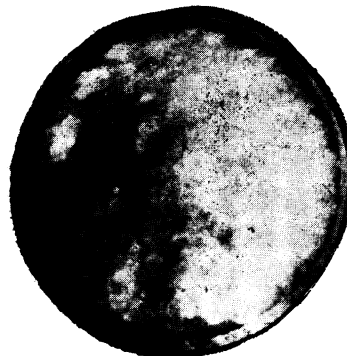


possible to give the full therapeutic dose of Salazopyrin to practically every patient. Clinical trials indicate that EN-tabs are as effective as the uncoated tablets — which are still available.



In ulcerative colitis, Salazopyrin gives prompt symptomatic remission in a high proportion of cases. On the left a patient with marked mucosal ulceration who had periodic diarrhoea

Formula: Each tablet of Salazopyrin, coated or uncoated, contains 0.5 G. of salicylazosulphapyridine/sulphasalazine.



for six years with 8 to 10 bloody stools per day. On the right the same patient 10 days later after rest, diet and Salazopyrin. He had 2 to 3 non-bloody stools per day.

Presentation: Salazopyrin EN-tabs in bottles of 100 tablets. Salazopyrin (plain) in bottles of 100 and 500 tablets.

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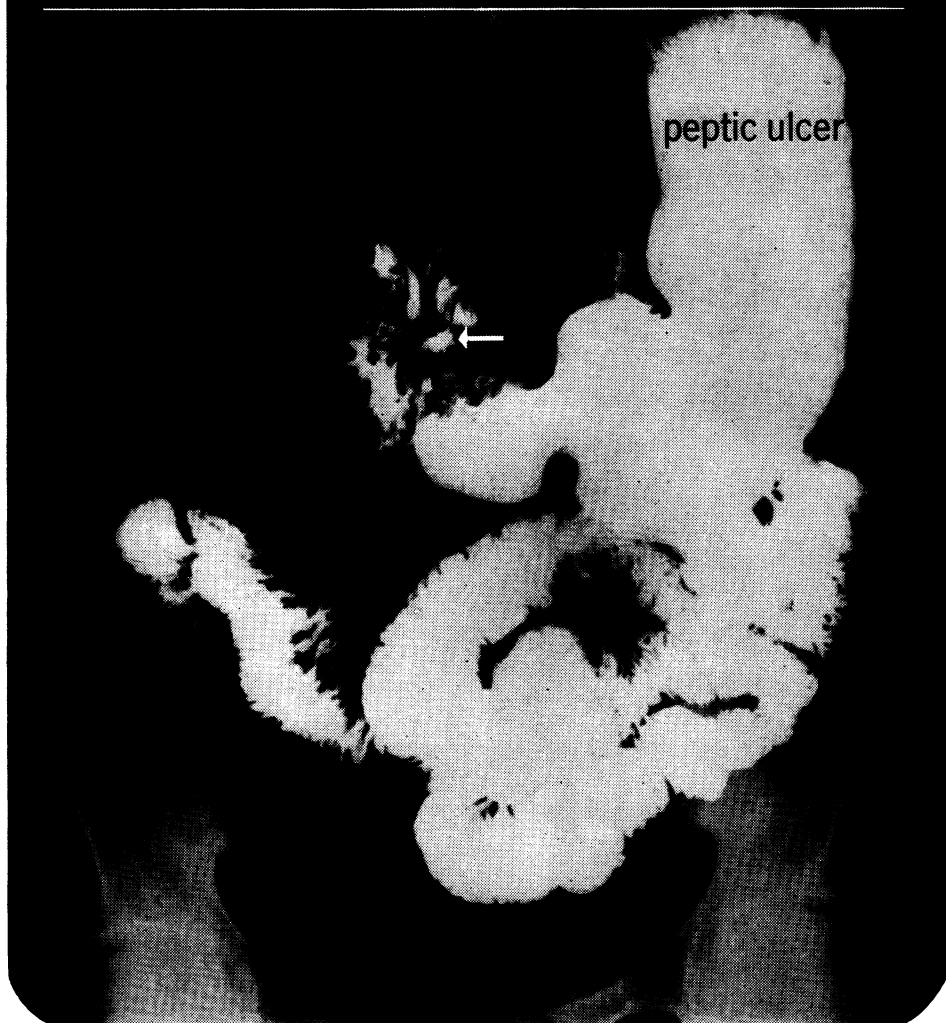
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EN-tabs

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to check gastric hypersecretion



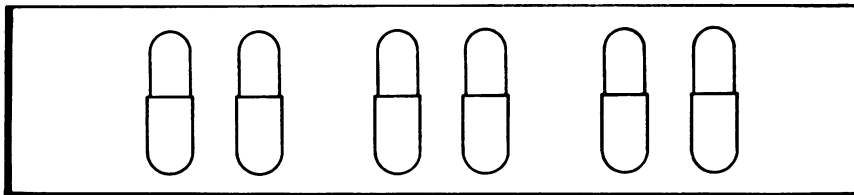
PORTYN* is a potent agent for effectively controlling gastric secretion, gastro-intestinal motility and spasm. This action is achieved with the minimum of unwanted anticholinergic effects. PORTYN Kapseals* each contain 10 mg. benzilonium bromide and are supplied in packages of 30 and 250.

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A remarkably simple treatment in pancreatic enzyme replacement



Hitherto there has not been any reliable method of determining lipase activity in pancreatic extracts — none that ensured adequate control of fat digestion. This is now possible with Cotazym.

Cotazym (concentrated hog pancreas extract) enables known amounts of lipase to be administered easily and control to be established rapidly and accurately.

Cotazym is effective at lower dosage than has previously been possible and has, moreover, greater therapeutic activity. It has no offensive odour or taste and this, together with the simple method of its administration, makes it extremely acceptable to patients.

INDICATIONS

Fibrocystic disease
Pancreatic deficiency states
Post-gastrectomy malabsorption
Steatorrhoea

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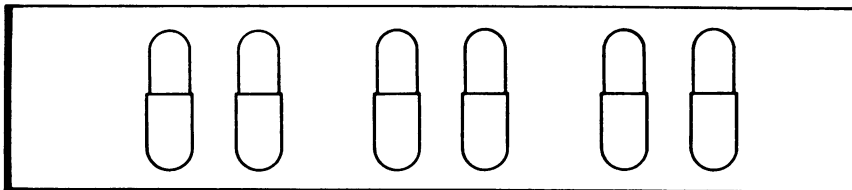


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Lipase — sufficient to digest 17G. dietary fat
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Bottles of 100 capsules — Basic N.H.S. Price 33/4d

Dosage — 1-3 capsules with each meal or as directed by the physician.

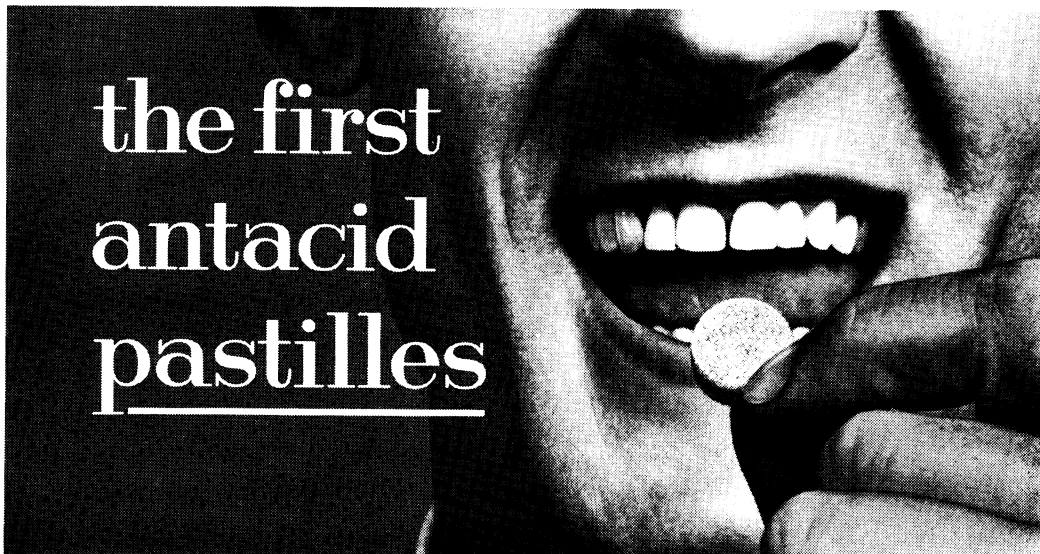


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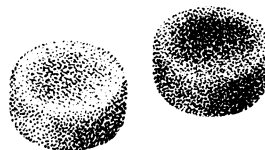
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pastilles



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Equal quantities of mint and fruit Gastrils are dispensed on every prescription. Each pastille contains 500 mg. co-dried gel of aluminium hydroxide and magnesium carbonate. Basic N.H.S. cost of 24 Gastrils from the dispensing pack is 2/6½d. Subject to Purchase Tax.

Gastrils are indicated in hyperacidity, peptic ulcer, gastritis, heartburn, oesophagitis and hiatus hernia.



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don't use Merbentyl to inhibit gastric secretion

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Merbentyl is not an antisecretory drug. Do use it to control gastrointestinal spasm because here Merbentyl is a remarkably effective antispasmodic. Moreover, Merbentyl is so selective that its use is rarely followed by side effects commonly seen with other drugs used for this purpose. It can even be administered to patients with chronic simple glaucoma or prostatic hypertrophy.

Merbentyl (dicyclomine hydrochloride B.P.C.) was first described in 1947, and has been widely used clinically to control gastrointestinal spasm and hypermotility in many countries for over 12 years. It acts both on the neuroreceptor sites innervated by post-ganglionic parasympathetic fibres, and directly on smooth muscle tissue.

Indications

- 1 Primary functional disorders of the gastro-intestinal tract: spastic colon, pylorospasm, post-cholecystectomy syndrome.
- 2 Adjunctive therapy in organic disorders, e.g. ulcerative colitis, diverticulitis.
- 3 Infant colic (here the drug is regarded as specific therapy).

Low NHS. cost An average week's treatment—2/8d.

Merbentyl tablets each tablet contains 10mg. dicyclomine hydrochloride B.P.C. Recommended adult dosage, 2 t.d.s.

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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. This organism itself forms an antibiotic which may contribute to its rapid preponderance over other species. ^{1, 2}

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.



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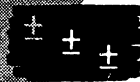
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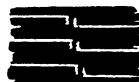
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