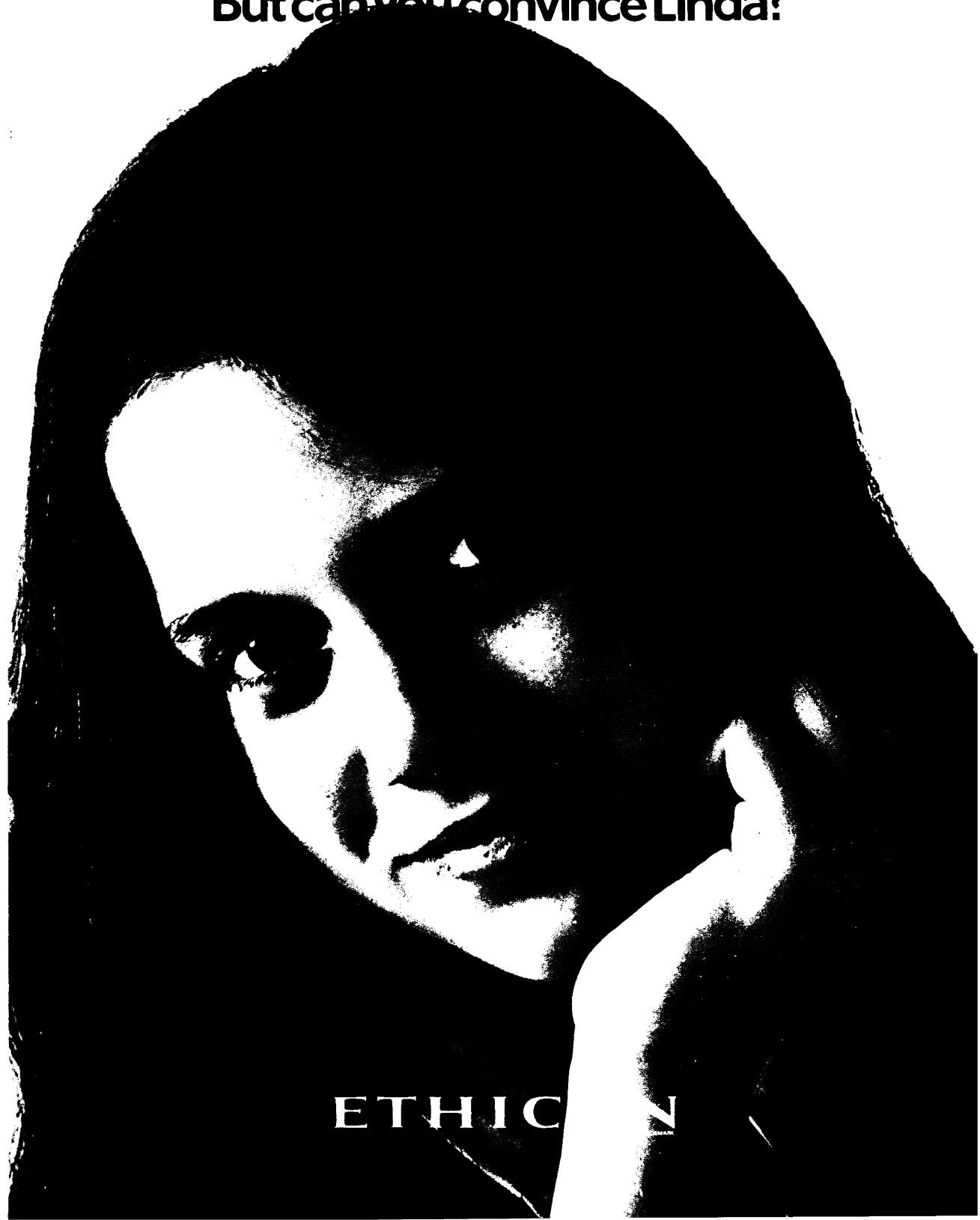


**You may convince yourself that
eyeless needled sutures are a luxury
But can you convince Linda?**



ETHIC N

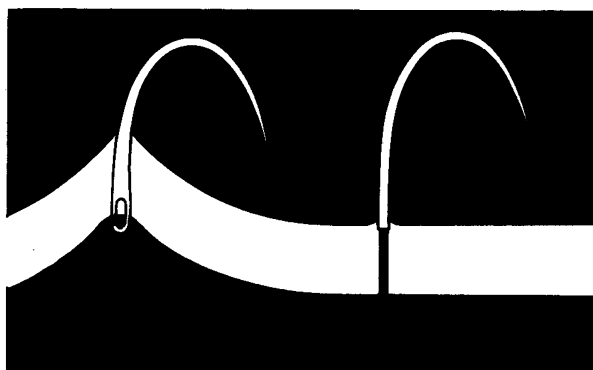
Who can justify the cost?



Eyeless needled sutures have helped minimise Linda's Appendicectomy incision scar and the effect, in later life will be appreciated. However, justification on a straight pound for pound, penny for penny basis is almost as hard to cost as skill.

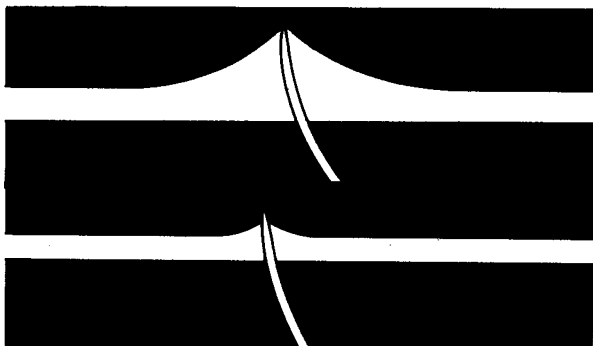
MINIMAL TRAUMA

ETHICON swaged needle draws a single strand suture through tissue easily. No dull or broken needles, no frayed or torn sutures and no large eye or double strand to pull through friable tissue.



SUPER SMOOTH PASSAGE

ETHICON super-smooth needles pass easily, with minimal resistance through the toughest tissue. You get a sharp new needle every time.



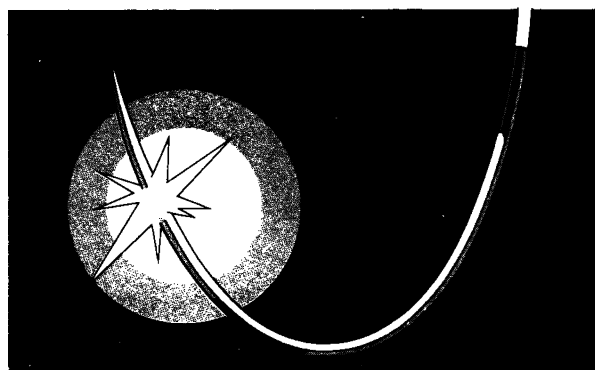
There are certain undisputed facts.

With ETHICON* eyeless needled sutures, you can count on getting a new sharp needle every time.

You won't be wasting the valuable time required by skilled personnel for the preparation of an eyed needle from one operation to another. You'll have less risk of needle breakage or fraying and torn sutures.

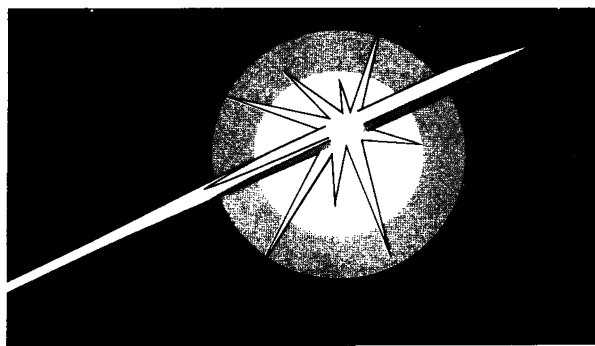
These are advantages which are hard to put in straight financial terms.

ETHICON eyeless needled sutures in cuticular work save time...reduce inventory...minimise trauma.



ETHICON SLIM BLADE

A needle with an elongated cutting blade providing the smooth controlled penetration plastic surgeons so much desire when working on skin. Extended flats incorporated into the body ensure stability in a needle holder.



ETHICON STRAIGHT CUTTING NEEDLES (Sim's)

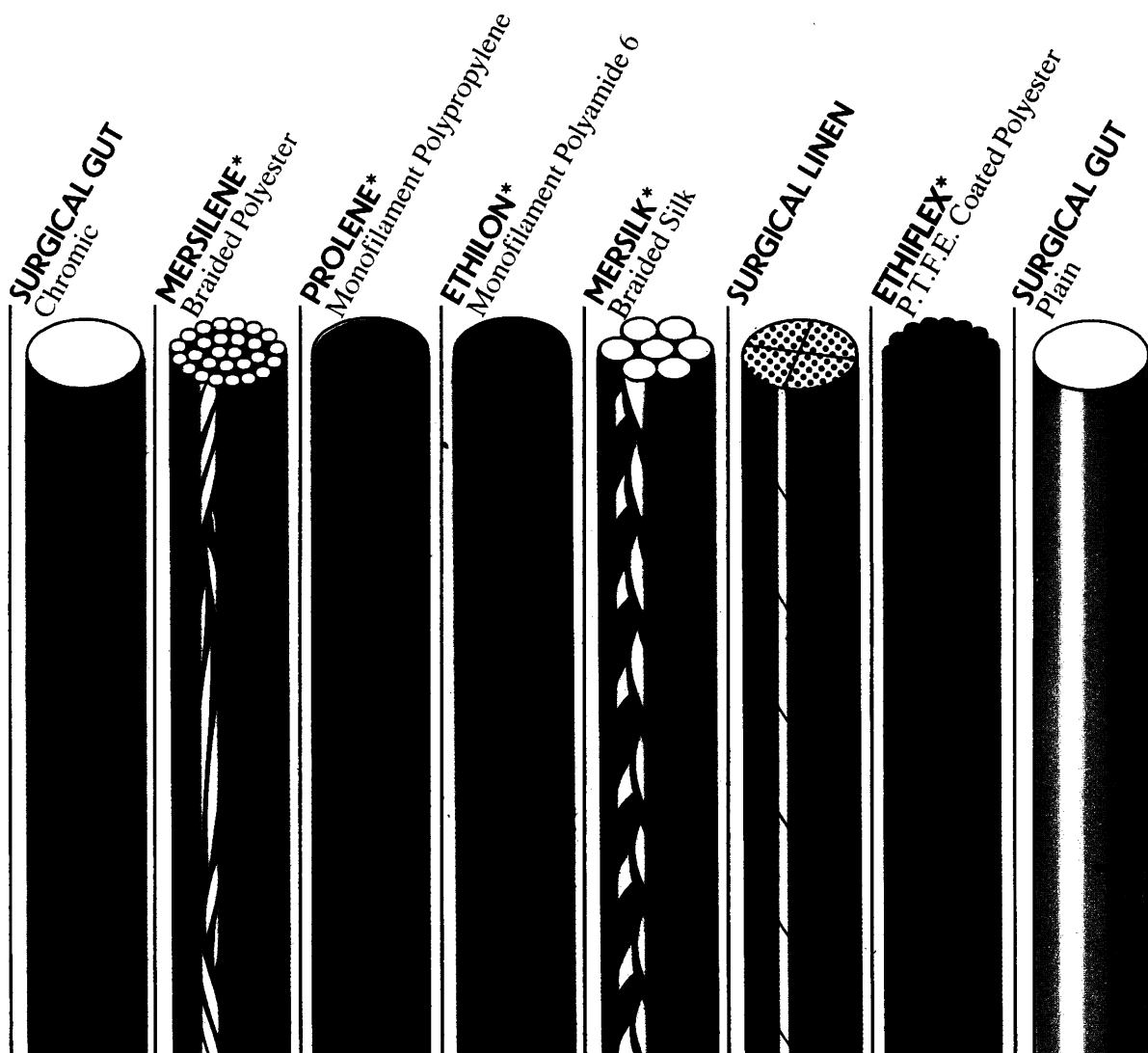
A range of stainless steel straight cutting needles. The points are precision-honed to penetrate more easily and needles are tempered for optimum strength and flexibility.

The perfect needle matched to the perfect suture.

Choose from 8 tried and tested suture materials, each designed for specific surgical tasks, each securely swaged to a needle of your choice.

ETHICON eyeless needled sutures are supplied in easy to use

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Studies in depth

Amoxil compared with ampicillin

When Amoxil was first introduced to the Medical Profession in May 1972 it was hailed as the successor to ampicillin. Since then research teams and clinical trial workers all over the world have reported that Amoxil is superior to ampicillin. Some of their reports have been in areas which were anticipated, but others have confirmed important superiorities which could not be predicted. These reports are obviously of considerable interest to the discerning clinician, and inevitably there have been many requests for a compendium of the available work. This is now available and will be sent upon request to interested clinicians. Brief summaries of the main areas considered in the compendium are given below.

More effective than ampicillin

There is evidence that Amoxil is more effective than ampicillin and this is particularly well illustrated in respiratory infections. Indeed, some reports have confirmed that Amoxil can succeed where ampicillin has failed^{1,2,3}

Absorption unaffected by food

Early reports confirmed that Amoxil is twice as well absorbed as ampicillin, giving a peak serum concentration of 5.3 µg/ml⁴ as opposed to ampicillin's 2.3 µg/ml⁵. Further work has shown that if both drugs are taken in the non-fasting state the overall absorption

of Amoxil over the following 6 hour period is not significantly reduced, whereas that of ampicillin is reduced by nearly a third.

Amoxil's absorption characteristics mean that it is taken t.d.s. as opposed to ampicillin's q.d.s., and that the patient need not remember to take every dose in the fasting state.

Superior penetration

Studies at the Brompton Hospital⁶ have shown that whereas ampicillin penetrates well into purulent sputum it penetrates very poorly into mucoid sputum. These workers have shown that Amoxil penetrates equally well into both purulent and mucoid sputum, and suggest that this may have far-reaching consequences in the treatment of respiratory infections.

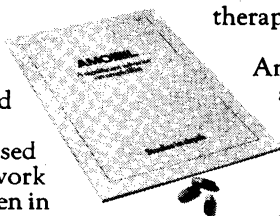
Better tolerated

Although ampicillin is generally well tolerated, rashes and diarrhoea can be an irritating nuisance. A review of published literature indicates that Amoxil produces substantially less rash and diarrhoea than ampicillin.

Greater potency

An ingenious series of experimental infections in mice has demonstrated that Amoxil exerts "... a more rapid bactericidal effect than ampicillin and this could be correlated with the difference in therapeutic effect."⁷

Further studies comparing Amoxil in depth with other leading antibiotics are in preparation. If you would like to receive a copy of the booklet "Amoxil - a significant advance on ampicillin" please write to the Freepost address given below. No stamp is required.



AMOXIL

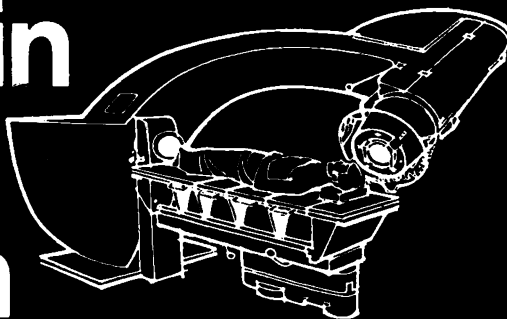
Better than ampicillin in practice.

References: (1) Brit. J. Dis. Chest., (1972), 66, 185. (2) S.A. med. J., (1973), 47, 717. (3) Chemotherapy, (1973), 18, (Suppl.), 19. (4) Brit. med. J., (1972), 3, 13. (5) Antimicrobial Agents and Chemotherapy (1970), 438. (6) To be published (7) Antimicrobial Agents and Chemotherapy, (1970), 416.

Full information on Amoxil (regd.), amoxycillin, is available from:

 **Bencard**
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(1972) *Tid. for Norske. Læg.*, 92, 2247-2250.

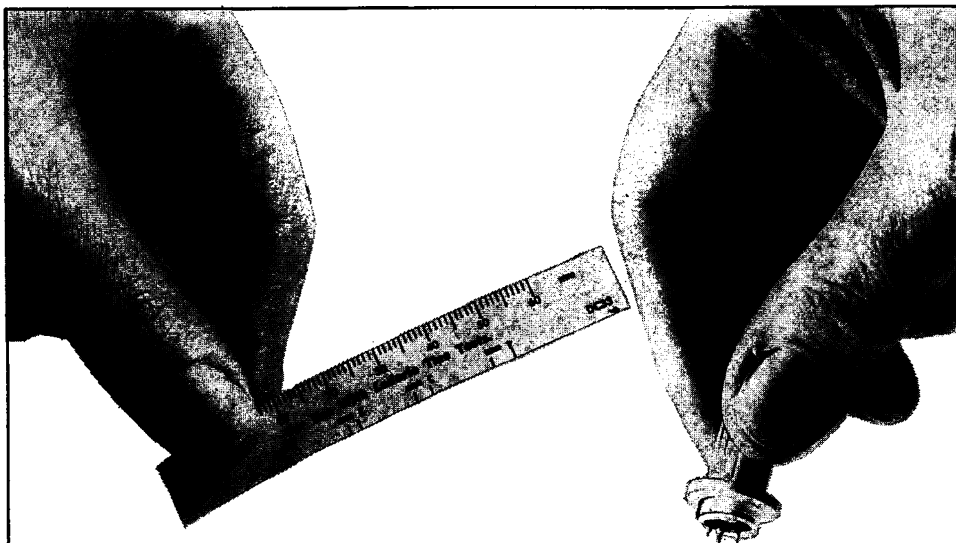
Bleomycin may be injected intramuscularly and has been shown to have no toxic effect on bone marrow and no immunosuppressive action. No cases of cross resistance with other currently used oncolytic agents have been reported.

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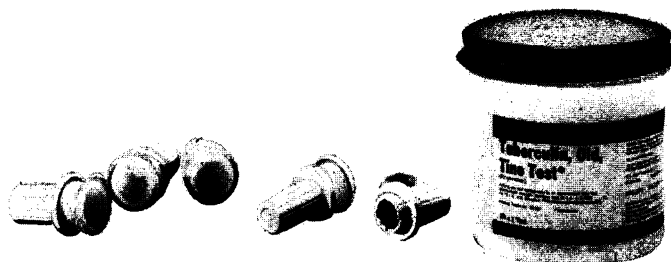
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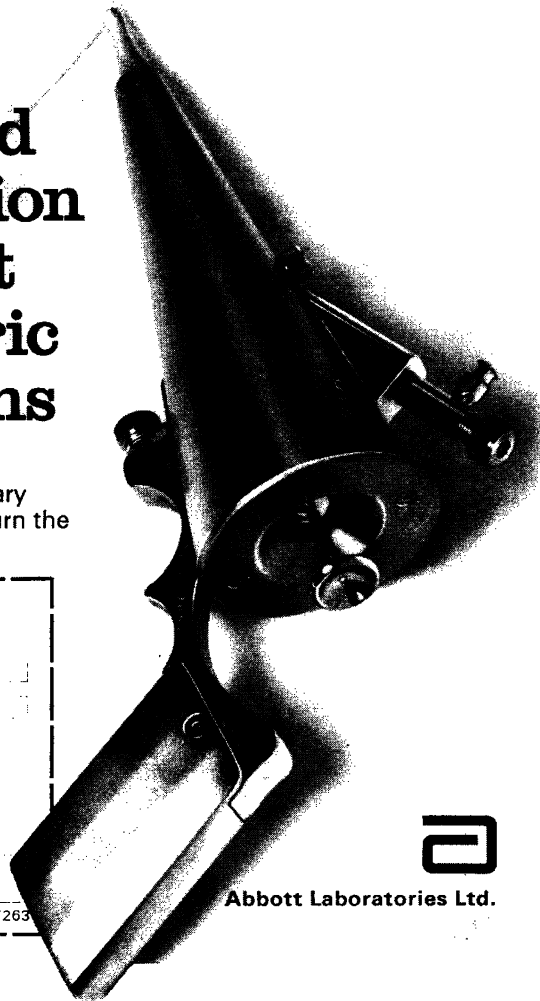
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Disorders of the lungs due to occupation are a growing problem. The increasing complexity of modern industry has resulted in a proliferation of substances which, if inhaled, may temporarily or permanently affect the lungs, and which result in disability and diagnostic difficulty.

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The book emphasizes that occupational disorders of the lungs are an integral part of thoracic and general medicine, especially in regard to differential diagnosis and treatment.

The text is profusely illustrated with macro- and microsections, chest radiographs and diagrams.

Contents. Introductory Considerations, Elements of Geology and Geochemistry, Inhaled Particles and their Fate in the lungs, Fundamentals of Pathogenesis and Pathology, The Chest Radiograph, Inert Dusts, Diseases due to Free Silica, Pneumoconiosis due to Coal and Carbon, Diseases due to Asbestos and other Silicates, Beryllium Diseases, Diseases due to Organic (Non-mineral) Dusts, Miscellaneous Disorders, Appendix, Index.

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