


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



ETHIC N

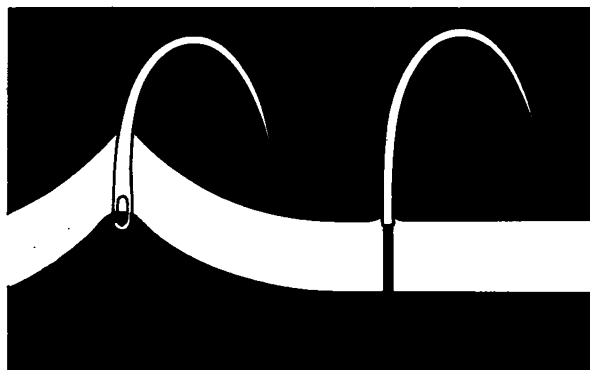
Who can justify the cost?



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.

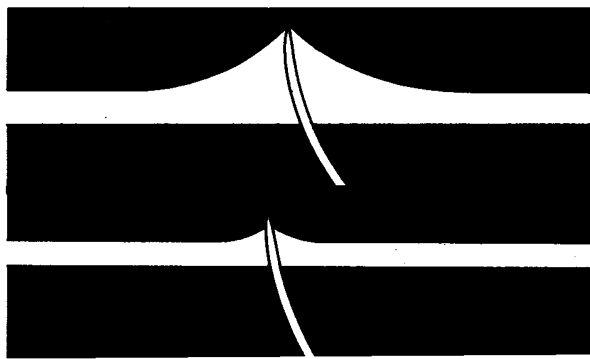
MINIMAL TRAUMA

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.



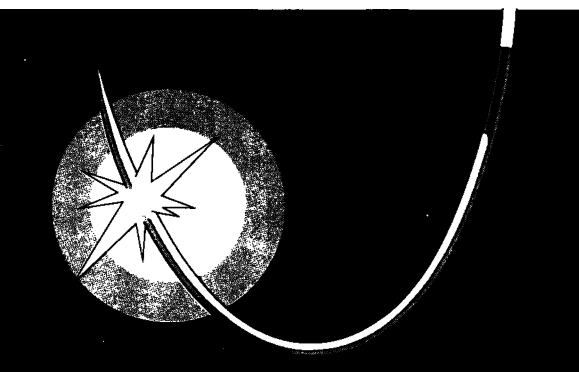
here are certain undisputed facts.

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.

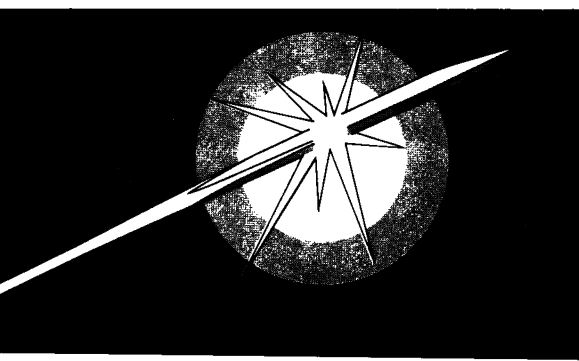
These are advantages which are hard to put in straight financial terms.

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)

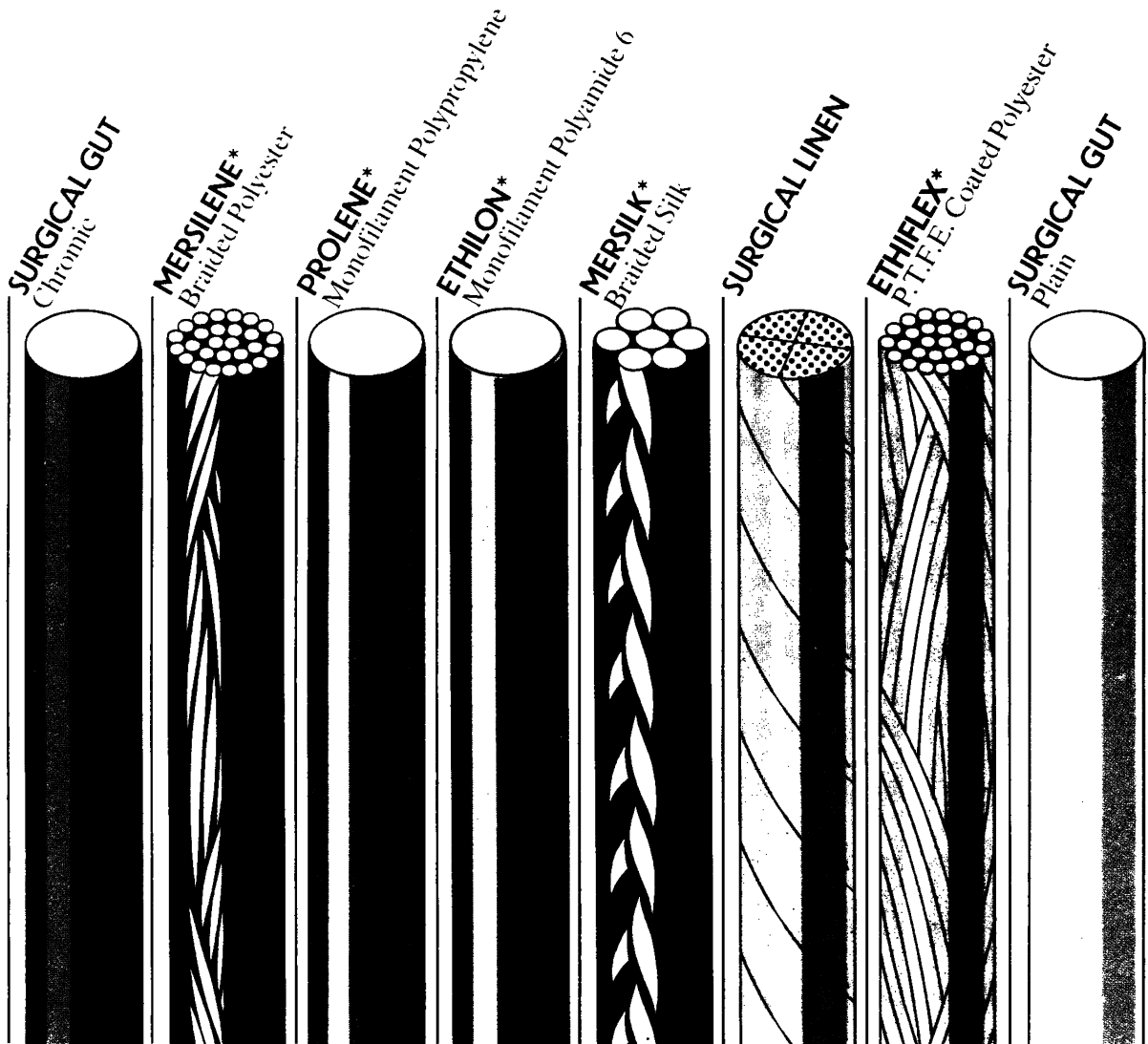
A range of stainless steel straight cutting needles. The points are precision-honed to penetrate more easily and needles are tempered for optimum strength and flexibility.

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

sterile packs. Absorbable and non-absorbable, materials made to the most exacting standards, assuring you of dependability you can count on, case after case, day after day, year after year.



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With several alternative treatments.

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Bronchodilator aerosols are normally used only during the attack and may leave the lungs open to damage before they take effect.

Moreover, they don't always work and there is a possibility of misuse and overdosage.

Steroids always present the danger of side effects and should probably be reserved for those patients for whom there is no alternative.

Only Intal prevents the attack and eliminates these problems.

With Intal, there is no danger of side effects, no risk of misuse and no diminution of therapeutic effect.

Put them on Intal.

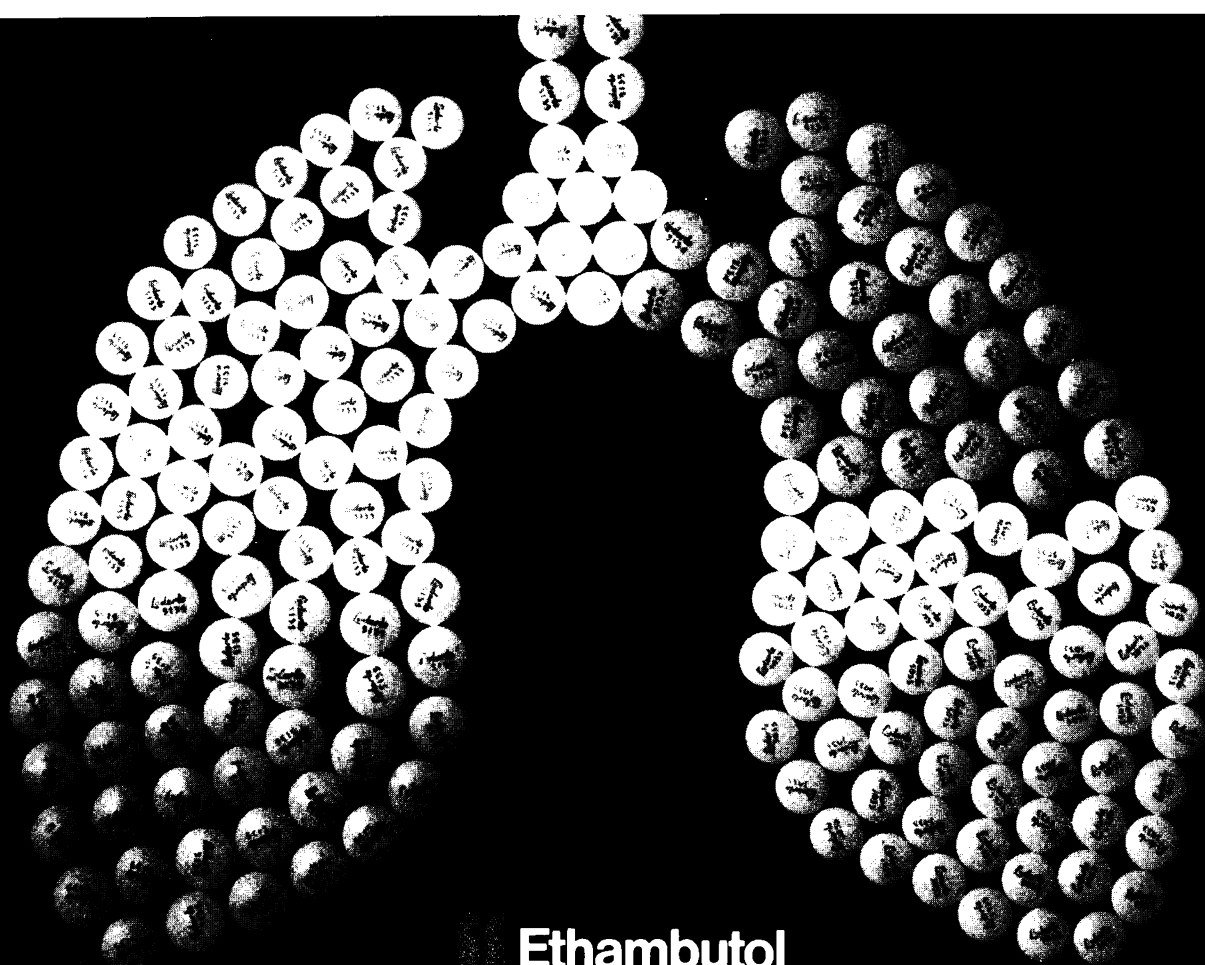
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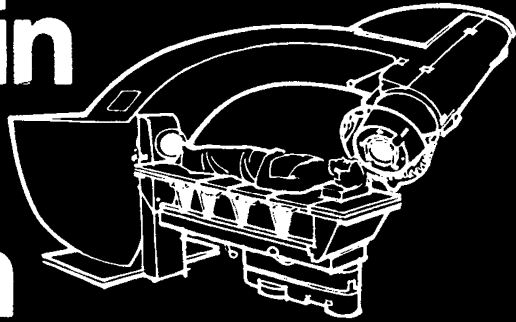
Full information is available on request

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† Amer. Rev. Resp. Diseases (1972), **105**, 135-136.

Bleomycin and Radiation



**a useful combination
in the treatment of
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carcinomas.**

As adjunctive therapy to radiation, bleomycin has been shown to be of value in the treatment of squamous cell carcinoma.

'With combination of Bleo (bleomycin) treatment and X-ray we have obtained an accumulative effect which, in itself, has given surprisingly good results and when used as preoperative treatment offers the possibility of making an increasing number of otherwise inoperable cases, surgically accessible.'

(1972) *Tid. for Norske. Laeg.*, 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.



The supply of bleomycin is restricted to centres with special experience in the chemotherapy of malignant disease.

A number of dosage schedules for bleomycin plus radiation are presently in clinical use and are available on request.

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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.

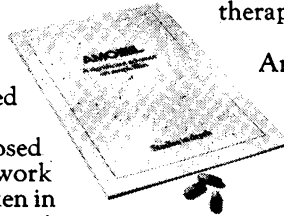
Better tolerated

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.



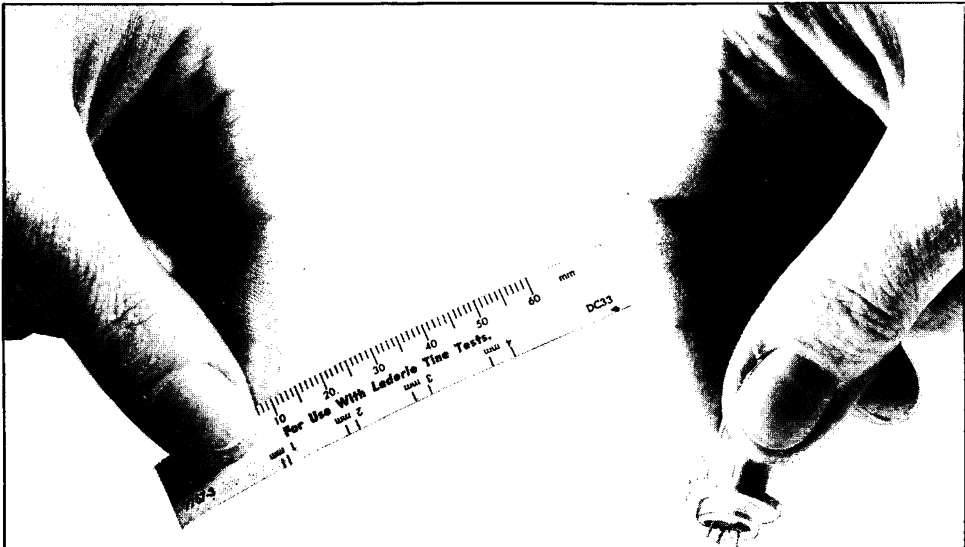
AMOXIL

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.), amoxicillin, is available from:

 **Bencard**
Freepost, Brentford, Middlesex.



What sort of yardstick do you use in Tuberculin Testing?

If you are not using the one we supply with the Lederle Tine Test, you could be wasting a lot of time.

Each test takes only five seconds.

You simply snap off the protective cap and apply the sterile coated tines to the subject's forearm. A 'positive' result produces an

area of induration measuring 5 mm or greater when read 48 to 72 hours after application.

There are no solutions to make up, no dilutions to perform and no worries about storage or stability. Contrast this with the elaborate procedures of the intermediate Mantoux or the

application of undiluted tuberculin via the Heaf gun.

Yet the Tine Test is equally as accurate, equally as sensitive.

Rapid, accurate, simple..... when it comes to assessing tuberculin sensitivity, surely it has to be the Lederle Tine Test.

Lederle Old Tuberculin Tine Test*

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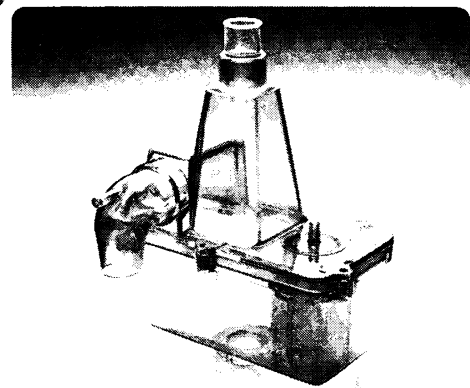
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The M 675 offers a unique separate nebuliser chamber which can be removed from the machine unit and sterilised. The water for nebulisation never even comes into contact with the machine.

The M 675 produces a high vapour output with the majority of particles 3 microns in size.

The unit is designed for use with disposable and re-usable delivery systems and may also be used as a highly effective drug delivery system. The high output makes it particularly suitable for ventilator sterilisation.



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Fifth Fleischner Society Symposium on Diseases of The Chest

The Fleischner Society announces its Fifth Symposium on Diseases of The Chest to be held at the St. Francis Hotel, San Francisco, California, May 28-31, 1975. The instructional format used in previous years will be changed for the 1975 course and will emphasize tutorial sessions and case presentations. The faculty will be drawn from membership of the Fleischner Society, a multidisciplinary international organization of physicians interested in chest diseases.

Registration fee—\$200. A lower registration fee will be charged to residents and fellows.

For further information write to:

Norman Blank, M.D.
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Stanford University Medical Center
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