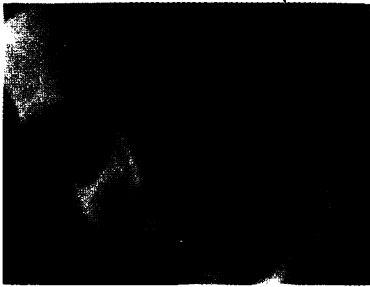


**You may convince yourself that
eyeless needled sutures are a luxury
But can you convince Linda?**



ETHIC N

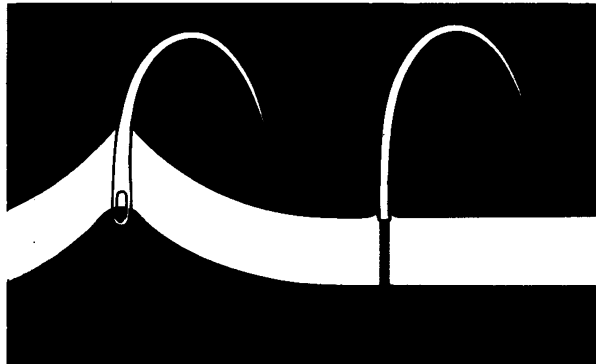
Who can justify the cost?



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.

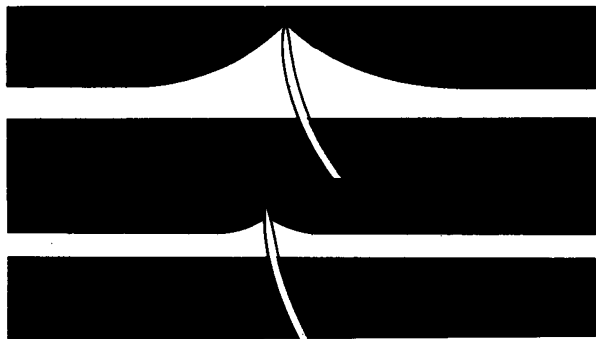
MINIMAL TRAUMA

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.



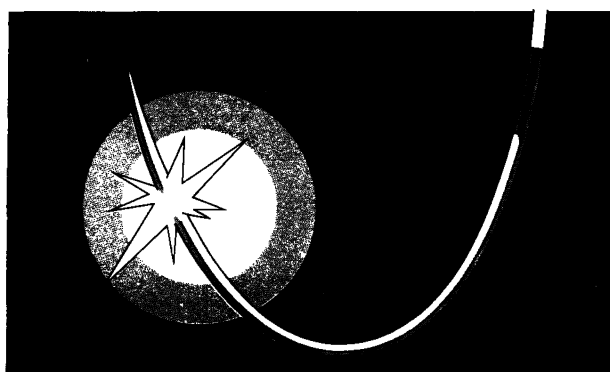
There are certain undisputed facts.

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.

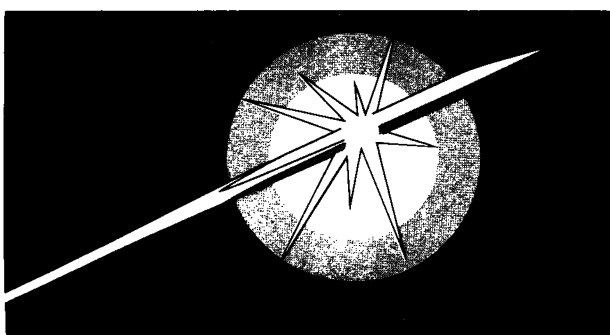
These are advantages which are hard to put in straight financial terms.

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)

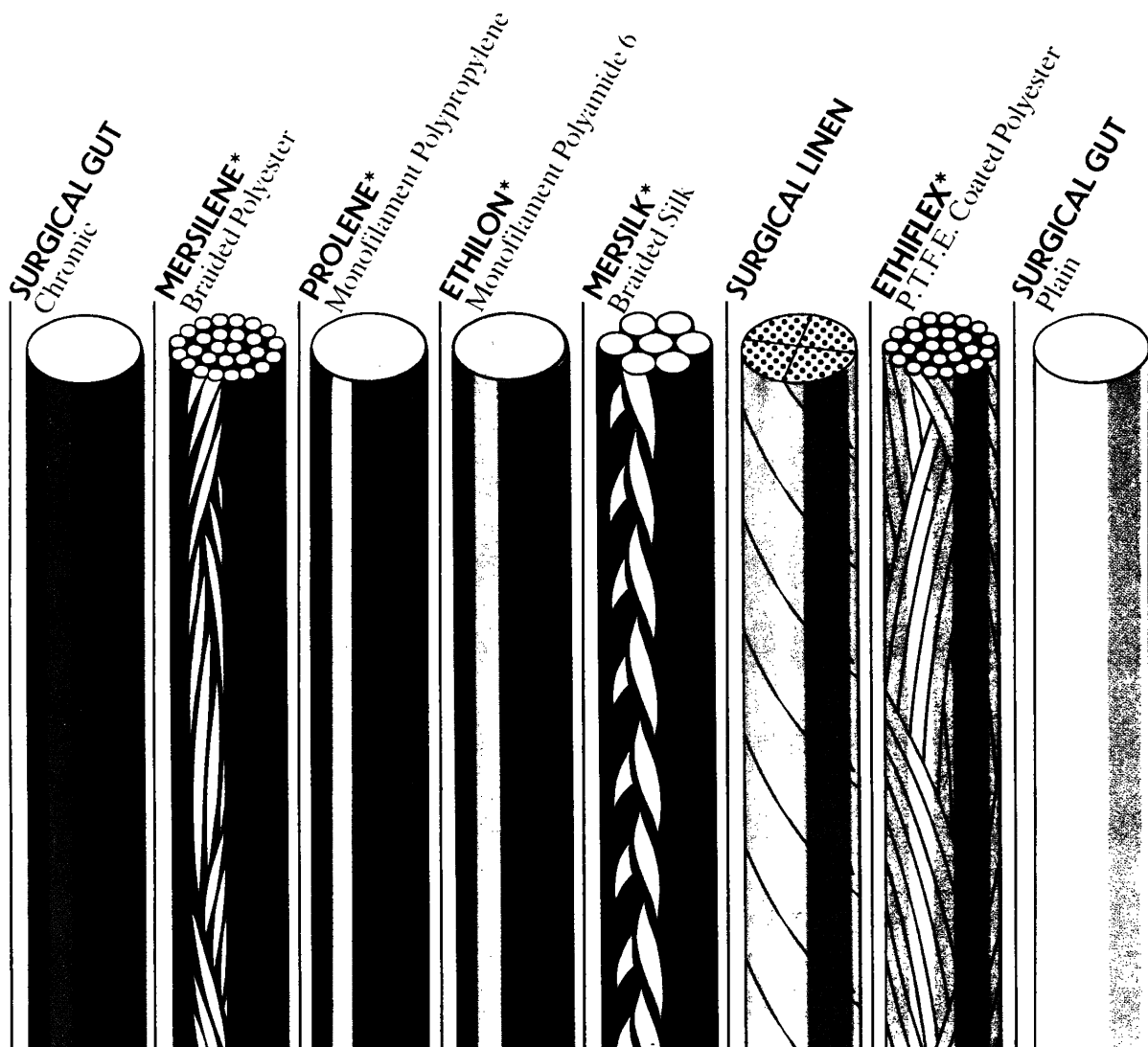
A range of stainless steel straight cutting needles. The points are precision-honed to penetrate more easily and needles are tempered for optimum strength and flexibility.

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

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.



© ETHICON LTD 1974 Trade mark

ETHICON

Leadership in wound repair

ETHICON LTD., Bankhead Avenue, Edinburgh EH11 4HE, Scotland.

Are your asthmatics under too much pressure?

Older patients may be particularly susceptible to tissue damage from asthmatic attacks. And aerosol therapy, used when the attack is under way, may not be of much help.

Bronchodilators do not always work. They may not get through to the affected areas and consequently succeed only in hyperventilating unaffected parts. The patient may panic, overdose, and there is now danger of cardiac stimulation.

With steroids there is always the risk of untoward effects and they should probably be reserved for those patients for whom there is no alternative.

Only Intal prevents asthmatic attacks 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.
Give them a fighting chance.

Intal[®]
SODIUM CROMOGLYCATE BP
for older asthmatics



Further information available on request from:
FISONS LIMITED—PHARMACEUTICAL DIVISION, Loughborough, Leicestershire, England.

The unique
MEDITECH
Soft, Steerable
Catheter
System

for controlled
catheterisation
in both adult
and paediatric
investigations

For detailed information or a demonstration of this revolutionary system, please complete and return the coupon below.

To Abbott Laboratories Ltd.,
Queenborough, Kent ME11 5EL.

Please arrange a Medi-Tech demonstration

Send detailed information

Name _____

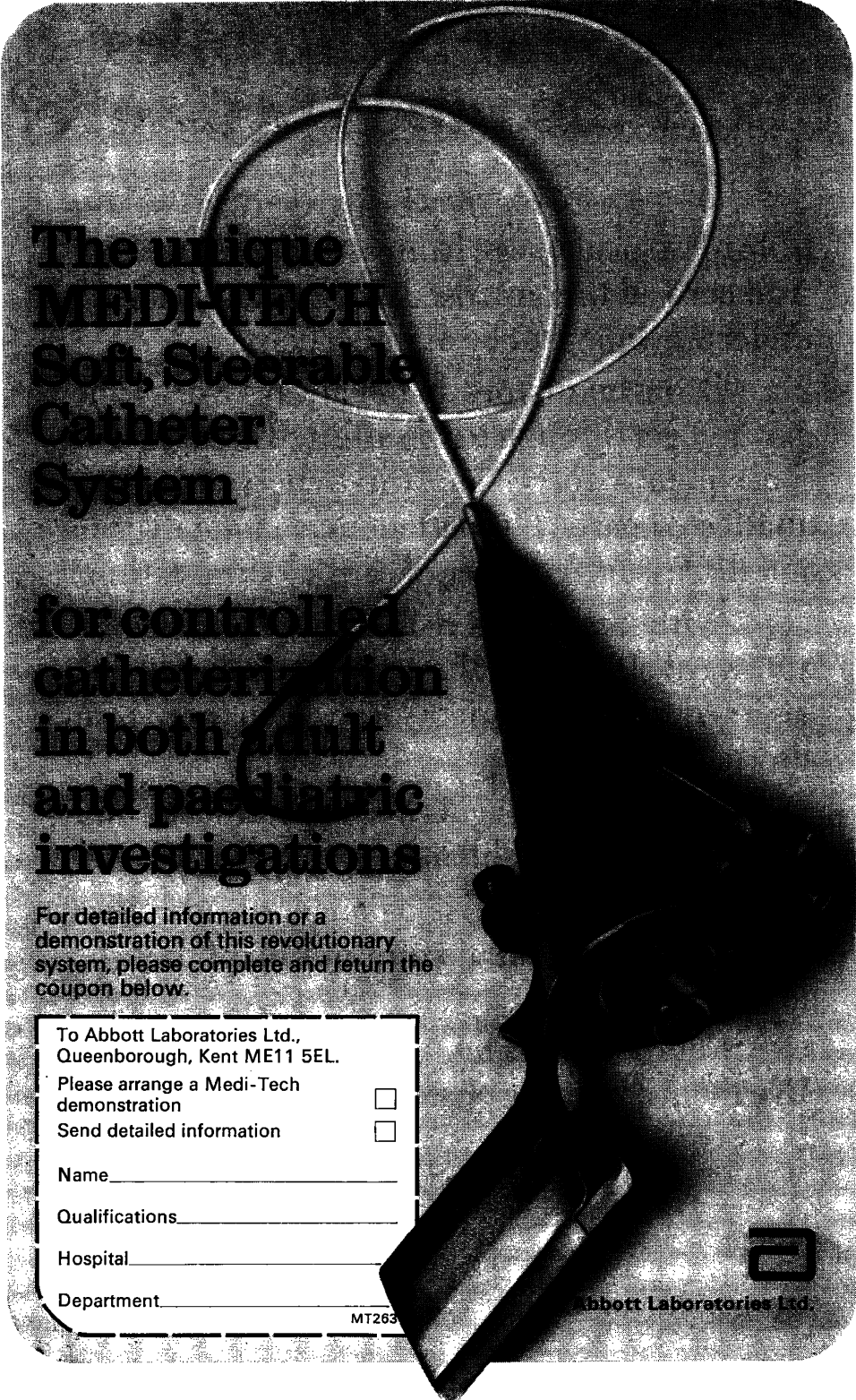
Qualifications _____

Hospital _____

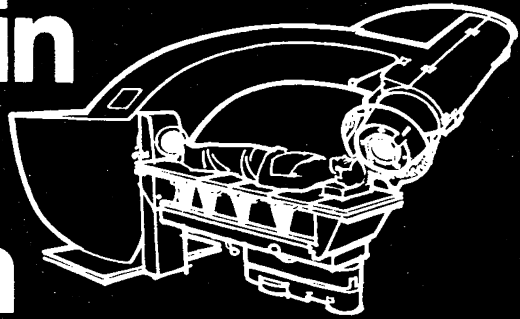
Department _____

MT263

Abbott Laboratories Ltd.



Bleomycin and Radiation



**a useful combination
in the treatment of
squamous cell
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.

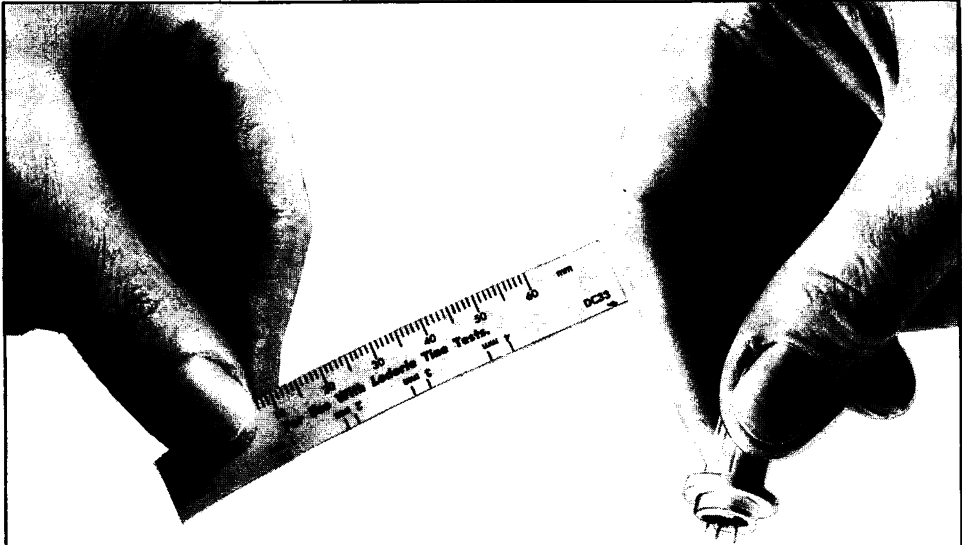
Bleomycin may be injected intramuscularly and has been shown to have no toxic effect on bone marrow and no immunosuppressive action. No cases of cross resistance with other currently used oncolytic agents have been reported.

Lundbeck

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.

Lundbeck Limited
48 Park Street
Luton
Bedfordshire LU1 3HS
Telephone Luton 411482



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*

Full information is available on request

Lederle

Lederle Laboratories

Research for British Medicine:
Cyanamid of Great Britain Ltd.,
Fareham Road, Gosport, Hampshire.



*Trade Mark



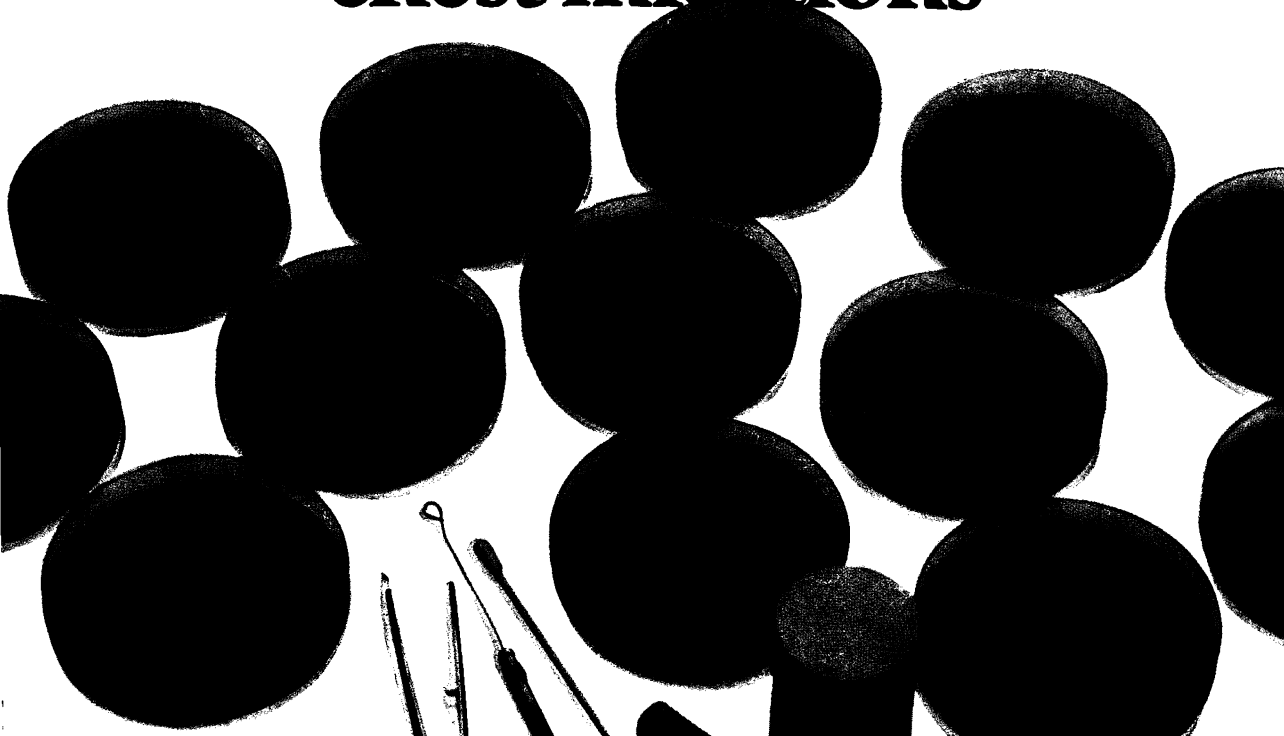
**everybody benefits from
Dexon* sutures**



Cyanamid of Great Britain Limited,
Fareham Road, Gosport, Hants., PO13 0AS

*Trademark.

An excellent spectrum in chest infections



Sensitivity of the principal respiratory pathogens – *H. influenzae*, pneumococci and other streptococci – is only one of several factors that make Amoxil an excellent antibiotic for the treatment of chest infections.

Amoxil's outstanding oral absorption¹ – not greatly affected by food – ensures that adequate serum concentrations are available to bring about a rapid and decisive response in bacterial infections.

In the treatment of exacerbations of infection in chronic bronchitis, bactericidal activity in the sputum is considered an important feature.² This is unobtainable with the tetracyclines and is only attainable with ampicillin in purulent sputum. Amoxil achieves bactericidal levels in both purulent and mucoid sputum, at half the required ampicillin dosage.³ Thus bactericidal activity in the sputum is feasible at any stage of treatment. The clinical results achieved, even in those patients who had failed to respond to previous chemotherapy, was described as gratifying.³ This led the authors³ to suggest that Amoxil may penetrate the bronchial mucous membrane more easily than ampicillin.

Other advantages offered by Amoxil include a simple t.d.s. dosage – plus the degree of safety associated with penicillin therapy, and a wide selection of highly acceptable oral presentations.

Extensive British clinical trials have demonstrated Amoxil's efficacy in a wide variety of indications including lobar and bronchopneumonia as well as exacerbations of infection in chronic bronchitis. Increasing use is confirming that Amoxil represents practical antibiotic therapy at its best.

URTI Chest infections UTI Skin and soft tissue infections

AMOXIL

an excellent antibiotic for routine treatment

1. Brit. med. J, 1972, 3, 139.
2. Chemotherapy of Chronic Bronchitis, E.U.P. Ltd., 1968, p. 67.
3. Brit. J. Dis. Chest, 1972, 66, 185.

Prescribing information

Dosage: Adults 250 mg three times a day.
Children – up to 10 years: 125 mg three times a day. In the case of severe infections the dosage should be doubled.

Contra-indication: Amoxil is a penicillin and should not be given to penicillin-hypersensitive patients.

Side effects: In clinical trials involving more than 1,500 patients no serious side effects were reported. Those side effects which were encountered were of a mild transitory nature.

Further information on Amoxil (amoxycillin) is available on request from: Bencard, Freepost, Great West Road, Brentford, Middlesex.

 Bencard

Just a minute...



The M403 Electronic Spirometer

- Provides digital display of **FVC, FEV, PEFR** in a single breath test.
- Provides direct measurement of MBC (MVV).
- Is simple to operate and easy to read (readings stored in memory system).
- Is accurate even at low flow rates.
- Requires no costly paper in normal use.
- May be used with strip chart or flow-volume recorder (also available).
- Is lightweight (10lb) and portable.

...Respiratory function in just a minute



SANDOZ "... to the aid of man"

For further information please contact
SANDOZ PRODUCTS LTD
 Medical Equipment Division
 Somers Road, Industrial Estate,
 Somers Road,
 RUGBY,
 Warwicks.
 Telephone No. Rugby (0788) - 78121

XII INTERNATIONAL CONGRESS ON DISEASES OF THE CHEST

**Royal Festival Hall
London, England
July 7-12, 1974**

Sponsored by the American College of Chest Physicians and the International Academy of Chest Physicians and Surgeons

THEME

The interface between heart and lung disease is the theme for the XII International Congress on Diseases of the Chest. Through joint planning between the American College of Chest Physicians' Scientific Program Committee and the British Advisory Committee, an international faculty of chest specialists will present the latest information on cardiopulmonary medicine and surgery.

BRITISH ADVISORY COMMITTEE: NORMAN R. BARRETT, FRCS., Honorary President, STUART C. LENNOX, FRCS., Chairman General Arrangements and Clinic visits, MARGARET TURNER-WARWICK, DM., FRCP., Chairman British Scientific Program, JOHN R. BELCHER, FRCS., KENNETH M. CITRON, MD., FRCP., J. F. GOODWIN, MD., FRCP., NEVILLE C. OSWALD, MD., FRCP., J. PEPYS, MD., FRCP., LYNNE REID, MD., FRCP., JOHN E. STARK, MRCP.

REGISTRATION INFORMATION: Mr Stuart C. Lennox, FRCS.,
Brompton Hospital, Fulham Road,
London SW3 6HP

HIGHLIGHTS

PULMONARY TOPICS

Lung Cancer
Management of Asthma
Pulmonary Function Testing
Chemotherapy of Pulmonary Infections
Management of Acute Respiratory Failure
Tuberculosis

THORACIC AND CARDIOVASCULAR SURGERY

Coronary Heart Disease—Medical versus Surgical Treatment
Rheumatic Valvular Disease
Aortic Aneurysms
Lung Transplantation

CARDIOLOGIC TOPICS

Hypertension
Pacemakers
Cardiomyopathies
Non-invasive Techniques

The Pathology of Trauma

The Proceedings of a Symposium organised by the Royal College of Pathologists

Edited by S. Sevitt and H. B. Stoner

The ecology of trauma NORMAN CAPENER

Circulatory effects S. M. HILTON ○ The microcirculation in shock A. L. STALKER ○ Electrolyte and body water changes after trauma
CECIL T. G. FLEAR ○ Clinical control in shock G. WALTERS ○ Electronic and computer monitoring in shock JOHN C. A. RAISON

Metabolic changes DAVID CUTHBERTSON ○ Energy metabolism after injury H. B. STONER ○ Protein metabolism following injury
J. W. L. DAVIES ○ Tissue fuel and weight loss after injury J. M. KINNEY, J. H. DUKE, JR., C. L. LONG and F. E. GUMP ○ The problems of acidosis GABRIEL G. NAHAS

Coagulation, thrombosis, and embolism A. A. SHARP ○ Thrombosis and embolism after injury S. SEVITT ○ Coagulation and fibrinolysis after injury P. T. FLUTE ○ The significance of coagulative and thrombotic changes after haemorrhage and injury R. M. HARDAWAY

Fat embolism F. HAMPSON ○ The syndrome of fat embolism and its origin GYORGY SZABO ○ Genesis of fat emboli A. J. WATSON ○ Disturbances of pulmonary functions in patients with fat embolism C. PRYS-ROBERTS, R. GREENBAUM, J. F. NUNN and G. R. KELMAN

Head injuries PETER DANIEL ○ Brain-stem lesions after head injury B. E. TOMLINSON ○ Lesions in the cerebral hemispheres after blunt head injury SABINA J. STRICH ○ Secondary ischaemic brain damage after head injury W. BRYAN JENNETT ○ Hypothalamic and pituitary injury C. S. TREIP ○ Some aspects of electroencephalographic disturbances following head injury ELMAN W. POOLE
○ The function of the central nervous system after haemorrhage ARISZTID G. B. KOVÁČH

Price £2.00 (U.S.A. \$6.00) including postage

This publication can be ordered from

The Publishing Manager, BRITISH MEDICAL JOURNAL, B.M.A. House,
Tavistock Square, London, WC1H 9JR, or through any leading bookseller.

Cardiovascular Research

The contents of the May 1974 issue are set out below

Factors influencing indices of left ventricle contractility in the conscious dog: Dennis M. Davidson, James W. Covell, Christopher I. Malloch, and John Ross, Jr.

Evaluation of canine left ventricular contractility: George Benzing, III, James Stockert, Edwin Nave, Y. G. Tsuei, and Samuel Kaplan

A qualitative analysis of pulmonary hypertension: a role for accelerative forces: Walter H. Herbert and Edward Yellin

Pulsatile flow in pulmonary artery, capillary, and vein in the dog: Warren G. Guntheroth, Richard Gould, John Butler, and Edwin Kinnen

Turbulent blood flow and the effects of erythrocytes: William A. Munter and Paul D. Stein

Relation between the minimum RR interval during atrial fibrillation and the functional refractory period of the AV junction: Jacques Billette, Réginald A. Nadeau, and Fernand Roberge

Influence of progesterone on membrane potential and peak tension of myocardial fibres: J. Mendoza and W. C. De Mello

The effect of haemodynamic changes on maximum blood flow acceleration at the aortic root in the anaesthetized, open-chest dog: D. C. W. Chung, J. H. Chamberlain, and R. G. F. L. Seed

Physiological studies in arteriomegaly: K. G. Callum, Judith I. Gaunt, M. Lea Thomas, and N. L. Browse

Elasticity of human aortic valve cusps: J. E. C. Wright, and Y. L. Ng

The use of the basic fuchsin stain in the recognition of early myocardial ischaemia: A. Nayar, and E. G. J. Olsen

Autoregulatory escape and post-escape hyperaemia in a capillarion model: Yutaka Kikuchi and Simon Rodbard

Effect of intra-aortic balloon counter-pulsation in experimental myocardial injury following acute coronary occlusion. Biochemical, ultrastructural and physiological aspects: K. Šiška, A. Ziegelhöffer, M. Fedeleşová, V. Holec, J. Slezák, J. Styk, D. Pancza, and I. Gabauer

Total and regional coronary blood flow during acute coronary occlusion in anaesthetized and conscious dogs:

Raúl J. Domenech

Adrenergic mechanisms in canine hindlimb circulation: James M. Brungardt, Kenneth G. Swan, and David G. Reynolds

Instruments and techniques

A practical method for removing catheter distortions from indicator-dilution curves: Kenneth H. Norwich, Christopher Pinto, John E. Morch, and Samuel Zelin

A chronically implanted cuff for occlusion of dog's pulmonary artery during exercise: R. G. S. Platts and P. Wilson

Annual Subscription (six issues) Inland £8.00; Abroad £8.75 (U.S.A. \$22.75)

(Combined Subscription with British Heart Journal, Inland £18.00; Abroad £19.75 (U.S.A. \$50.25))

ORDER YOUR SUBSCRIPTION NOW

Subscriptions can be ordered direct from the Subscription Manager, Cardiovascular Research, B.M.A. House, Tavistock Square, London, WC1H 9JR, or through any leading subscription agent or bookseller.

The Cell and Cancer

The Proceedings of a Symposium organized by the Royal College of Pathologists

Edited by A. R. Currie

Experimental alteration of the phenotype of animal cells *in vivo* CHARLES B. HUGGINS

The cell—Molecular pathology of the cancer cell JOHN PAUL and IVOR HICKEY ● Human genetic markers as tracers of tumour histogenesis PHILIP J. FIALKOW ● Cell hybridization and cancer J. F. WATKINS ● The mitotic cycle and cell population control L. F. LAMERTON ● Some studies on early embryonic development relevant to the study of cancer H. R. WOODLAND ● Ligand-induced redistribution of membrane macromolecules: some possible implications for cancer MARTIN C. RAFF and STEFANELLO de PETRIS ● Death in normal and neoplastic cells A. H. WYLLIE ● Lysosomes in cancer cells A. C. ALLISON

The neoplastic cell—The effects of steroid hormones and carcinogens on the interaction of membranes with polysomes B. R. RABIN, CAROL A. BLYTH, DELMA DOHERTY, R. B. FREEDMAN, ANNE ROOBOL, G. SUNSHINE, and D. J. WILLIAMS ● Effects of tumour viruses on cell growth M. G. P. STOKER ● Hormones and neoplasia A. P. M. FORREST

Tumour immunity—The lymphoid system and experimental neoplasias A. J. S. DAVIES, B. J. WESTON, R. L. CARTER, and T. A. CONNORS ● The role of macrophages in tumour immunity PETER ALEXANDER ● The role of circulating antibody in the control of metastases M. G. LEWIS

Tumour differentiation—Differentiation in breast cancer STRETTON YOUNG, LILLIAN S. C. PANG, and IAIN GOLDSMITH ● Tumours of the lymphoreticular system: nomenclature, histogenesis and behaviour N. F. C. GOWING ● Enzymes and histological differentiation of tumours C. C. BIRD

Tumour-associated products—Nature and significance of the antigens associated with human gastrointestinal tumours P. BURTIN ● Clinical value of tumour-associated antigens A. MUNRO NEVILLE ● Tumour-associated hormonal products J. LANDON, J. G. RATCLIFFE, LESLEY H. REES, and A. P. SCOTT

Price £2.25 (U.S.A. \$6.75) including postage

This publication can be ordered now from

The Publishing Manager, BRITISH MEDICAL JOURNAL, B.M.A. House,
Tavistock Square, London WC1H 9JR.