

Halt at the flashing light

Flashing lights and visual disturbances, classically early warnings of migraine, are signals for arresting all manifestations of an attack - at onset.

MIGRIL* acts in the minutes between initial warning and the otherwise inevitable full-blown attack.

As well as containing an effective dose of ergotamine (2mg in each tablet), enhanced by caffeine, MIGRIL contains the anti-emetic, cyclizine. Nausea and vomiting, due to migraine itself or to ergotamine, are very effectively relieved.

MIGRIL, taken at the first warning of an attack, provides a specific treatment that the patient will learn to rely on. Full information is available on request.

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Migril masters migraine

An advance in the treatment of Parkinson's Disease

Symmetrel[®] Geigy

"Functional disability, tremor, assessment of limb dexterity, and the timing of walking and of writing, all improved significantly."

Lancet. 1 7641 259 (1970)

Availability
Symmetrel[®] is available as capsules
containing 1-adamantanamine
(Amantadine) hydrochloride 100 mg

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Geigy (U.K.) Limited,
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BRITISH POSTGRADUATE MEDICAL FEDERATION

(UNIVERSITY OF LONDON)

COURSES FOR GENERAL PRACTITIONERS AND LOCAL AUTHORITY MEDICAL OFFICERS, SEPTEMBER—DECEMBER, 1970.

Applications for places on the following INTENSIVE COURSES should be made to the Secretary, British Postgraduate Medical Federation, 14 Millman Mews, London, W.C.1. unless otherwise indicated. They should state if the application is or is not made under the Scheme for N.H.S. Practitioners.

It is regretted that, owing to the increasing number of applications to be dealt with in the space of a few weeks, we can no longer accept TELEPHONE APPLICATIONS or ENQUIRIES, so please WRITE to us. Your letter will be dealt with in strict order of application.

INTENSIVE COURSES

<i>Date</i>	<i>No. of days</i>	<i>Subject</i>	<i>Hospital</i>
3rd—4th September & 7th—8th September	2 2	Summer School on Alcoholism	Brighton College of Education, Falmer. (Applications to Medical Director, Summer School on Alcoholism, 25 Camberwell Grove, S.E.5.)
14th—18th September	5	Paediatrics	Institute of Child Health, W.C.1.
21st—25th September	5	General	London Undergraduate & Postgraduate Teaching Hospitals.
28th September—2nd October	5	General	East Kent Hospitals. (Applications to Kent Postgraduate Medical Centre, Kent & Canterbury Hospital, Canterbury)
28th September—2nd October	5	Obstetrics & Paediatrics	Whittington Hospital Academic Centre, N. 19.
*5th—9th October	5	"Early Years in General Practice"	The Royal College of General Practitioners, 14 Princes Gate, Hyde Park, S.W.7.
5th—9th October	5	General	Central Middlesex Hospital, Postgraduate Medical Centre, N.W.10.
5th—10th October	5½	General	Sussex Postgraduate Medical Centre, (Applications to Secretary, Sussex Postgraduate Medical Centre, Brighton General Hospital, Brighton BN2 3EW)
12th—16th October	5	General	Whittington Hospital Academic Centre, N. 19.
12th—16th October	5	General	Windsor & District Postgraduate Medical Centre, King Edward VII Hospital, Windsor.
19th—23rd October	5	Psychiatry	Institute of Psychiatry, S.E.5.
19th—23rd October	5	Dental Anaesthesia	King's College Hospital, S.E.5.
19th—23rd October	5	General	The Medical Centre, St. Charles' Hospital, W.10.
19th—23rd October	5	Recent Advances in Treatment	Royal Northern Hospital, N.7.—Medical Centre.
19th—23rd October	5	Paediatrics	Westminster Children's Hospital, S.W.1.
19th—24th October	5½	General	Sussex Postgraduate Medical Centre. (Applications to Secretary, Sussex Postgraduate Medical Centre, Brighton General Hospital, Brighton, BN2 3EW)
26th—30th October	5	"Rehabilitation of the Physically Disabled"	Institute of Orthopaedics, W.1.
26th—30th October	5	General	University College Hospital, W.C.1.
2nd—6th November	5	Obstetrics	Sussex Postgraduate Medical Centre. (Applications to Secretary, Sussex Postgraduate Medical Centre, Brighton General Hospital, Brighton BN2 3EW)
9th—13th November	5	Rheumatic Disorders, Cardiology & Laboratory Medicine	Chelsea & Kensington Group.
9th—13th November	5	General	London Undergraduate & Postgraduate Teaching Hospitals.
9th—10th November	2	Cardiovascular & Peripheral Vascular Disease	Royal Free Hospital, W.C.1.
10th—11th November	2	Chronic Bronchitis & Asthma	Institute of Diseases of the Chest, S.W.3.
10th—11th November	2	"The Handicapped Child"	St. Mary's Hospital, W.2.
10th—11th November	2	Manipulative Techniques	St. Thomas's Hospital, S.E.1.
11th November	1	Electroencephalography & Clinical Neurophysiology	St. Bartholomew's Hospital, E.C.1.
12th November	1	Laryngology & Otology	St. Bartholomew's Hospital, E.C.1.
11th—12th November	2	"Every Day Urology"	Institute of Urology, W.C.2.
11th—12th November	2	Orthopaedics & Rehabilitation of the Amputee (Limb Fitting)	Limb Fitting Centre, Queen Mary's Hospital, Roehampton Lane, S.W.15.
12th—13th November	2	Obstetrics & Gynaecology	Institute of Obstetrics & Gynaecology, S.W.3.
12th—13th November	2	"Clinical Immunology for the General Practitioner"	Royal Northern Hospital, N.7.—Medical Centre.
12th—13th November	2	Rheumatic Diseases	Middlesex Hospital, W.1.
16th—17th November	2	Obstetrics & Gynaecology	Middlesex Hospital, W.1.
16th—17th November	2	General Medicine	Guy's Hospital, S.E.1.
18th—20th November	3	Psychiatry	York Clinic, Guy's Hospital, S.E.1.
16th—20th November	5	Obstetrics	St. Thomas's Hospital, S.E.1. and Lambeth Hospital, S.E.11.
16th—20th November	5	General	St. Mary's Hospital, Harrow Road, W. 9.
16th—20th November	5	Cardiology & Chest Disease	University College Hospital, W.C.1.
18th—20th November	3	Ophthalmology	Institute of Ophthalmology, W.C.1.
18th—20th November	3	Dental Anaesthesia (for General Practitioners with experience)	Royal Dental Hospital of London, Tooting Grove, S.W.17.
19th—20th November	2	Dermatological Manifestations of Cancer	Royal Marsden Hospital, S.W.3.
30th November—4th December	5	Psychiatry	University College Hospital, W.C.1. & Middlesex Hospital, W.1.
30th November—4th December	5	Obstetrics & Gynaecology & the problems of Planned Parenthood	St. Mary's Hospital, Harrow Road, W.9.
14th—16th December	3	Dental Anaesthesia (for General Practitioners with experience)	Royal Dental Hospital of London, Tooting Grove, S.W.17.

*Specially designed as a TRAINING COURSE. Principals and Assistants as well as Trainees may attend.

INDIVIDUAL ATTACHMENTS in:—

(a) **OBSTETRICS—residential** (b) **OTHER SPECIALTIES—non-residential**

May be arranged for one or two weeks.

(Applications to Secretary, British Postgraduate Medical Federation)

(c) **VENEREOLOGY** (Applications to Dr. C. S. Nicol, St. Thomas's Hospital, S.E.1.)

(d) **LARYNGOLOGY & OTOLOGY** (Applications to the Institute of Laryngology and Otology, Royal National Throat, Nose and Ear Hospital, Gray's Inn Road, London, W.C.1.)

Applications for places on the following **COURSES & CONFERENCES** should be made to the Hospitals unless otherwise stated.

WEEKEND COURSES & ONE-DAY CONFERENCES

<i>Date</i>	<i>Subject</i>	<i>Hospital</i>
19th—20th September	Psychiatry	Netherne Hospital, Coulsdon, Surrey.
19th—20th September	The General Practitioner Team in the 1970s	St. Helen's Hospital Medical Centre, Hastings.
26th—27th September	General	Connaught Hospital, E.17.
26th—27th September	Electrocardiography	North London Postgraduate Medical Centre, The Prince of Wales's General Hospital, N.15.
26th—27th September	Psychiatry	Goodmayes Hospital, Ilford, Essex. (Applications to Dr. G. J. Goldberg)
3rd—4th October	Paediatrics	University College Hospital, W.C.1. (Applications to Paediatric Dept.)
3rd—4th October	General	Orpington Hospital, Kent.
3rd—4th October	General	Harefield & Northwood Postgraduate Medical Centre, Mount Vernon Hospital, Northwood, Middlesex.
10th—11th October	Paediatrics	Bedford Medical Institute, Bedford General Hospital, Bedford.
10th—11th October	General	Southend General Hospital, Southend-on-Sea, Essex.
10th—11th October	Psychiatry	Postgraduate Study Centre, Joyce Green Hospital, Dartford.
15th October	Diagnosis & Management of Valvular Disease of the Heart	The Royal College of General Practitioners, 14 Princes Gate, Hyde Park, S.W.7.
16th—17th October	Environmental Medicine	St. Bartholomew's Hospital, E.C.1. (Applications to Secretary, British Postgraduate Medical Federation)
17th October	Paediatrics	Group Medical Centre, Farnham Hospital, Farnham, Surrey.
17th—18th October	Dermatology	North London Postgraduate Medical Centre, The Prince of Wales's General Hospital, N. 15.
17th—18th October	"Pain"	Epping Medical Centre, St. Margaret's Hospital, Epping, Essex.
24th October	Gynaecology	Orsett Hospital, Orsett, Nr. Grays, Essex.
24th October	Genetics in Medicine & Surgery	Colchester & North East Essex Postgraduate Medical Centre, Essex County Hospital, Colchester.
24th—25th October	Dermatology	Guy's Hospital. (Applications to Miss D. C. Phillips, Department of Postgraduate Studies, Guy's Hospital Medical School, London Bridge, S.E.1.)
24th—25th October	General	St. Nicholas Hospital, Plumstead, S.E.18.
24th—25th October	Psychiatry	Warlingham Park Hospital, Warlingham, Surrey.
24th—25th October	Malignant Disease	Guildford Medical Centre, St. Luke's Hospital, Guildford.
24th—25th October	Recent Advances in Paediatric Medicine & Surgery	Queen Mary's Hospital for Children, Carshalton, Surrey.
24th—25th October	Geriatrics	All Saints Hospital & St. Mary's Hospital, Eastbourne.
30th—31st October	Symposium on "Psychotherapists & the General Practitioner"	Sussex Postgraduate Medical Centre. (Applications to Clinical Tutor, St. Francis Hospital, Haywards Heath, Sussex)
31st October—1st November	Paediatrics	Evelina Children's Hospital, S.E.1.
31st October—1st November	Psychiatry	Bexley Hospital, Bexley, Kent.
31st October—1st November	Practice Organisation	The Royal College of General Practitioners, 14 Princes Gate, Hyde Park, S.W.7.
31st October—1st November	Obstetrics	Thorpe Coombe Maternity Hospital, E. 17.
6th November	Symposium on "Current Trends in Treatment"	Windsor & District Postgraduate Medical Centre, King Edward VII Hospital, Windsor.
7th—8th November	Symposium on "Peptic Ulceration"	Postgraduate Medical Centre, Medway Hospital, Gillingham, Kent.
7th—8th November	Paediatrics	King's College Hospital. (Belgrave Hospital for Children, S.W.9.)
7th—8th November	Clinical Pharmacology & Therapeutics	Lewisham Medical Centre, Lewisham Hospital, S.E.13.
7th—8th November	"Accidents & Emergencies" (primarily for Hospital Casualty Officers, but General Practitioners welcome)	Postgraduate Medical Centre, St. Peter's Hospital, Chertsey, Surrey.
†13th—15th November (Residence—optional)	Family Psychiatry for Family Doctors	National Association for Mental Health, 17 Portland Place, W.1.
14th November	Study Day on "Pain"	Harefield & Northwood Postgraduate Medical Centre, Mount Vernon Hospital, Northwood, Middlesex.
14th—15th November	Diagnosis & Management of Chronic Disability	Brook General Hospital Postgraduate Medical Centre, Shooter's Hill Road, Woolwich, S.E.18.
14th—15th November	"Diabetes in General Practice"	West Kent General Hospital, Maidstone.
14th—15th November	Therapeutics	Kent Postgraduate Medical Centre at Canterbury, Kent & Canterbury Hospital, Canterbury.
21st November	"The Neuroses"	Orsett Hospital, Orsett, Nr. Grays, Essex.
21st—22nd November	General Medicine	Redhill Medical Centre, Redhill General Hospital, Redhill, Surrey.
21st—22nd November	Geriatric Medicine	Forest Group. (Applications to Medical Tutor, Whipps Cross Hospital, Leytonstone, E.11.)
27th November	Medical Ophthalmology	Royal Northern Hospital, N.7. Medical Centre.
27th November	Study Day on "Psychiatry"	Windsor & District Postgraduate Medical Centre, King Edward VII Hospital, Windsor.
28th November	Study Day on "Obstetrics & Gynaecology"	Harefield & Northwood Postgraduate Medical Centre, Mount Vernon Hospital, Northwood, Middlesex.
28th—29th November	Psychiatry	Hellingly Hospital, Hailsham, Sussex.
28th—29th November	General	Education Centre, Greenwich District Hospital, S.E.10.
5th—6th December	Paediatrics	Children's Hospital, Sydenham, S.E.26.
9th December	Management of Infections	Royal Northern Hospital, N.7. Medical Centre.

‡Additional Fee payable by Doctors attending

SPECIAL NOTICE

1. A course on "Developmental Paediatrics in General Practice and Child Health Services" organised by The Society of Medical Officers of Health will be held on ten Thursdays 1st October/3rd December 1970 at the Institute of Child Health, Guilford Street, London, W.C.1. This course offers an introduction to the subject, and practice in developmental screening examinations. Attendance will be strictly limited. Applications to the Society of Medical Officers of Health, Tavistock House South, Tavistock Square, London, W.C.1.

2. An extended course on "The Scope of General Practice", which will form an introduction for trainees and young doctors, will be held at the Royal College of General Practitioners on Tuesdays, starting on 13th October, 1970, lasting for 24 weeks. Applications to the Royal College of General Practitioners, 14 Princes Gate, Hyde Park, S.W.7.



An outstanding year in British Medical History

1948 will be remembered as the year in which the National Health Service came into being.

It may also be remembered as the year in which Roter tablets first became available to the Medical Profession in the United Kingdom. In the intervening 21 years Roter has provided superlative service to those suffering from peptic ulcer and its sequelae, *and has not been superseded.*

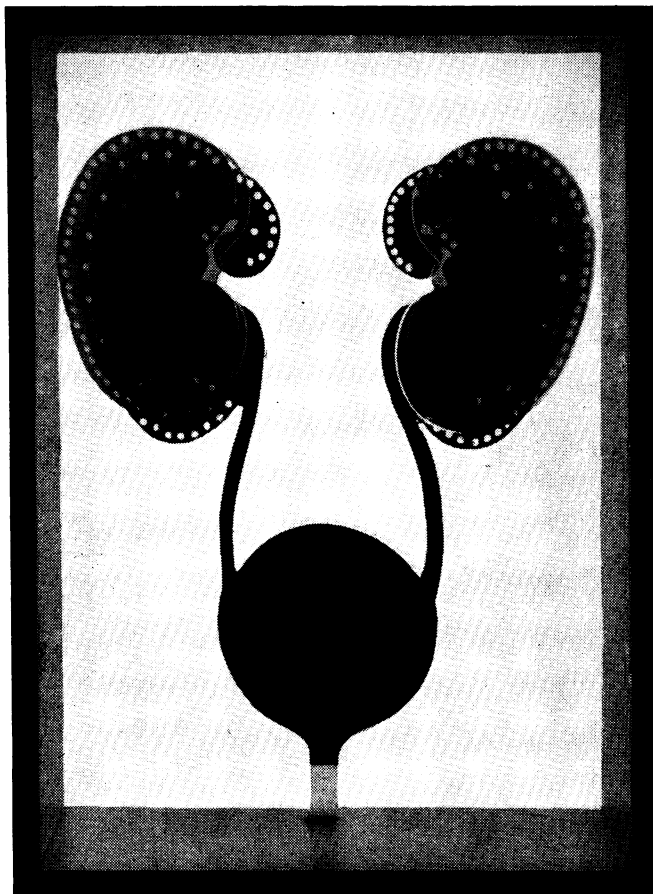
The record is impressive. Hundreds of thousands of chronic cases, both of the duodenal and gastric varieties—resistant to conventional treatment—have been relieved of their pains and miseries and given a new lease of life. Equally good service has been rendered to post-operative relapse cases.

Roter is still the most effective and economical therapy available. N.H.S. basic cost of initial treatment is 5/-d. per week and maintenance—where needed—only 2/6d. per week or less.

Roter treatment is ambulant and produces no side effects.

Literature and samples available on request from:

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'very clear reasons'[†] for using **Septtrin*** in urinary tract infections

Abstracted from a Leading Article, *Brit med J*, (1969) 1, 525[†]

■ Trimethoprim not only attains therapeutic tissue levels, but is excreted unchanged in high concentration in the urine.

■ All Gram-negative bacilli occurring in the urine, except *Pseudomonas aeruginosa*, are usually highly sensitive to it.

■ Its minimum inhibitory concentration is extremely low.

■ Trimethoprim and a sulphonamide, by blocking successive stages in the same bacterial metabolic process, exert a strong synergic effect, and this action is *bactericidal*.

The following clinical trial results in U.T.I. were obtained in hospital in-patients.

85% cure rate **SEPTRIN**

70% cure rate ampicillin

40% cure rate sulphadimidine

(Cure criterion = eradication of the original organism 1 week after treatment). *Brit med J*, (1969) 1, 541

SEPTRIN Tablets, **SEPTRIN** Paediatric Suspension and **SEPTRIN** Paediatric Tablets contain trimethoprim and sulphamethoxazole.



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Septtrin-in UTI and bronchitis

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therapy with only
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in 24 hours

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Packs: bottles of 30 and 100 tablets

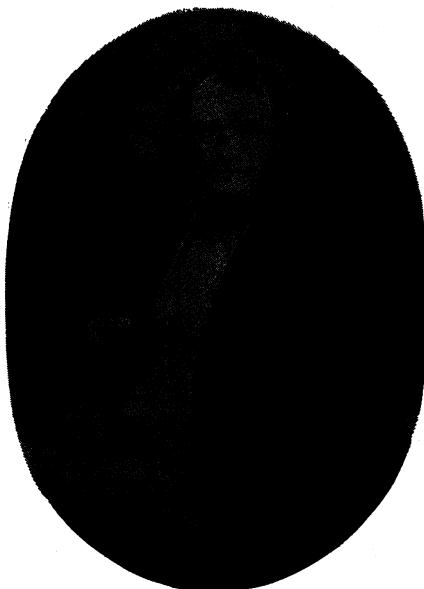
In the maintenance of sinus rhythm following D.C. reversion, the value of quinidine is well known . . . but so are the risks of peaks and troughs in serum levels from conventional methods of therapy.

Kinidin Durules are designed to greatly reduce these risks by controlling the release of quinidine, enabling therapeutic blood serum levels to be consistently maintained, on a single dose, for periods of up to 12 hrs. Kinidin Durules tablets contain quinidine bisulphate 250mg. (equivalent to quinidine sulphate 200mg.)

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Pract. 203, 1215, 357-360 (1969)

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"Good night"

"Good morning"

**"...and good
afternoon"**

In hay fever Pro-Actidil Good for up to 24 hours

Each PRO-ACTIDIL* Tablet is specially formulated
in 3 layers for prolonged antihistamine action lasting 19-24 hours.
Full information about PRO-ACTIDIL Triprolidine Hydrochloride Tablets
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Aserbine and your District Nurse



Cleaning up skin ulcers, bed-sores and the like is not the pleasantest of jobs, but it is the constant task of the District Nurse. And even the most experienced nurse may need your guidance when slough is the main reason for delay in healing. When this is the case, Aserbine Cream and Solution will often be the best answer.

If she is technically minded, it can be explained that both Aserbine Cream and Aserbine Solution maintain a pH of 2.4 at the tissue surface. This pH is ideal for the differential hydration of protein and cleavage between dead and living tissue results.

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Aserbine's unique action in cleaning-up slough can make even the unpleasant jobs rewarding.

Aserbine* is available in jars containing 100 G. cream and in polythene bottles containing 500 ml. solution. Aserbine Cream is prepared from malic acid, 0.36%; benzoic acid, 0.024%; salicylic acid, 0.006%; propylene glycol, 1.7%. Aserbine Solution is prepared from malic acid, 2.25%; benzoic acid, 0.15%; salicylic acid, 0.0375%; propylene glycol, 40.00%.

Full information is available on request.

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**No postural hypotension,
minimal side effects**



Inderal-80 brings new stability to the hypertensive patient

Smooth and gradual reduction of blood pressure. No postural or exercise hypotension. Round-the-clock control of blood pressure, even whilst supine. Effective in renal and essential hypertension. Minimal side effects. 'Inderal'-80 depends for its effect on a specific pharmacological action. Before using 'Inderal'-80, it is important that doctors should read the detailed literature for information on dosage, precautions and contraindications. We shall be glad to send you further information.

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Penbritin is being used increasingly in the treatment of urinary tract infections because it

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- is active in renal tissue as well as urine,
- has the safety of penicillin,
- offers a choice of presentations.

Penbritin's value in the treatment of urinary tract infection is confirmed by 8 years' published evidence which reveals a success rate of more than 80% in acute infections.

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Contra-indication: Penicillin allergy. **Side-effects:** As with other penicillins.

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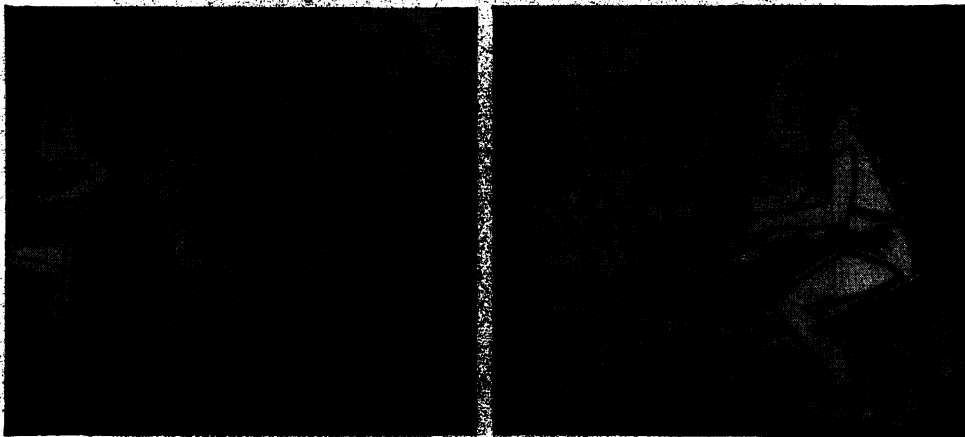


Penbritin* (ampicillin B.P.) is a product of British research at
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when acute peri-articular disorders lead to loss of work or play



is treating pain
with simple analgesics enough?

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'Indocid' is both analgesic *and* anti-inflammatory. 'Indocid' may help patients begin graded exercise sooner—and hence speed full recovery.

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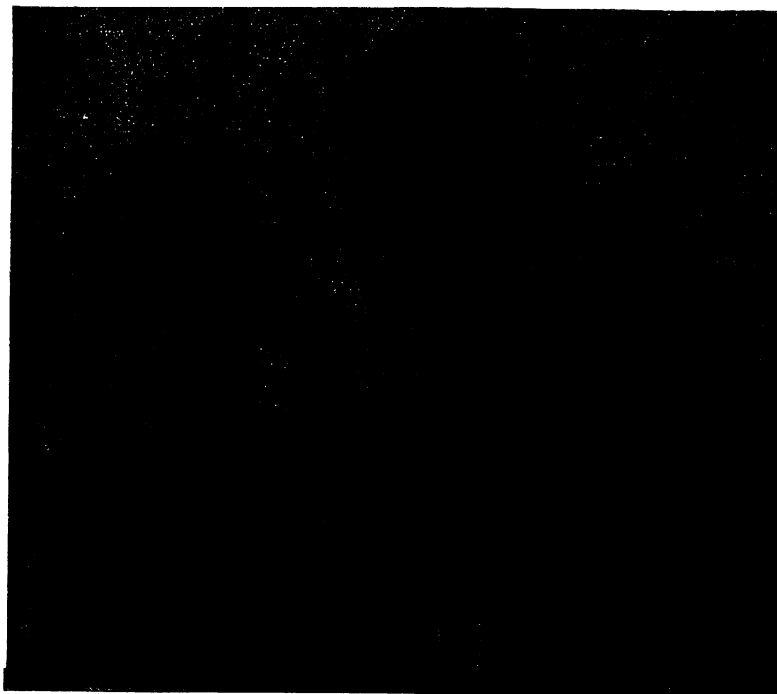
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Supplied as 25 mg and 50 mg capsules, 100 mg suppositories, and a suspension (25 mg/5 ml). Detailed information is available to physicians on request.



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*Marshall, K. F., "A topically applied salicylate gel," *Brit. Dent. J.*, 1969, 127, 139.

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Deep action increases circulation in underlying tissues at same segmental level — removing unwanted metabolites — reducing anoxia
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more to it than
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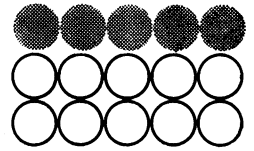
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For day-long cover of allergic symptoms

Also available Daneral 50 mg. tablets and Daneral Elixir. Full prescribing information on request. In many other countries these preparations are known under the trade name Avil and Avil Retard

References

1 *J. roy. Coll. Gen. Pract.* June 1969. 2 W. Gerbig, *Zschr. Haut-Geschl. Krk.* 1967, 42, 929



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**but the eye
is not the only target organ
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'All raised arterial pressure of any degree will damage the kidney inevitably, and the longer the hypertension persists, the more damage occurs.'¹

But there is 'Aldomet'.

'Aldomet' has already proved itself an outstanding antihypertensive. Evidence^{2,3} suggests that 'Aldomet' may also help to retard or arrest the progression of renal damage caused by hypertension.

1. *Practitioner*, 1964,193,14 (Jul) 2. *Amer. Heart J.*, 1968,76,21 (Jul)
3. *J. Amer. med. Ass.*, 1970,211,480 (19 Jan)

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TABLE III
PREFERENCE BY ORDER OF ADMINISTRATION

Order of administration	Piriton spandets one daily	Piriton spandets two daily	Daneral- S.A. tablets one daily	Daneral- S.A. tablets two daily	Equally effective	Failures	Total
Daneral-S.A. first	3	12	11	9	1	6	42
Piriton spandets first	6	13	12	14	3	6	54
Totals	9	25	23	23	4	12	96

TABLE IV
SIDE EFFECTS

	On Piriton spandets only	On Daneral- S.A. only	On both drugs	Total
Drowsiness	6	5	3	14
Tiredness	—	1	—	1
G.I.T. upset	—	1	1	2

Discussion

The original finding noted earlier is extended by this study, which shows that under the conditions of the investigation more patients preferred the longer acting preparation of pheniramine (Daneral-S.A.) to that of chlorpheniramine (Piriton spandets). The respective manufacturers' claims for duration of action and dosage are supported by the results. In particular it will be seen that few patients can be controlled on a single daily dose of Piriton spandets (9 per cent) whilst many more are controlled on Daneral-S.A. (24 per cent).

Summary

A simple comparative study in general practice of two long-acting antihistamines in the treatment of hay fever is reported. 50.2 per cent of patients preferred Daneral-S.A. and 39.8 per cent preferred Piriton spandets. Dosage preferences are recorded and the side effects of the two formulations are described.

REFERENCE

Journal of the Royal College of General Practitioners. (1969) **17**, 393.

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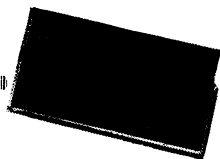
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References:

1. Multi-centre clinical trials involving nearly 6,000 patients.
Data available to the United States F.D.A., 1968.
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Pharmacologic Techniques in Drug Evaluation* (1964).
3. Gual C. *Amer. J. Obst. Gyn.* (1967) 97(4): 443-447.



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