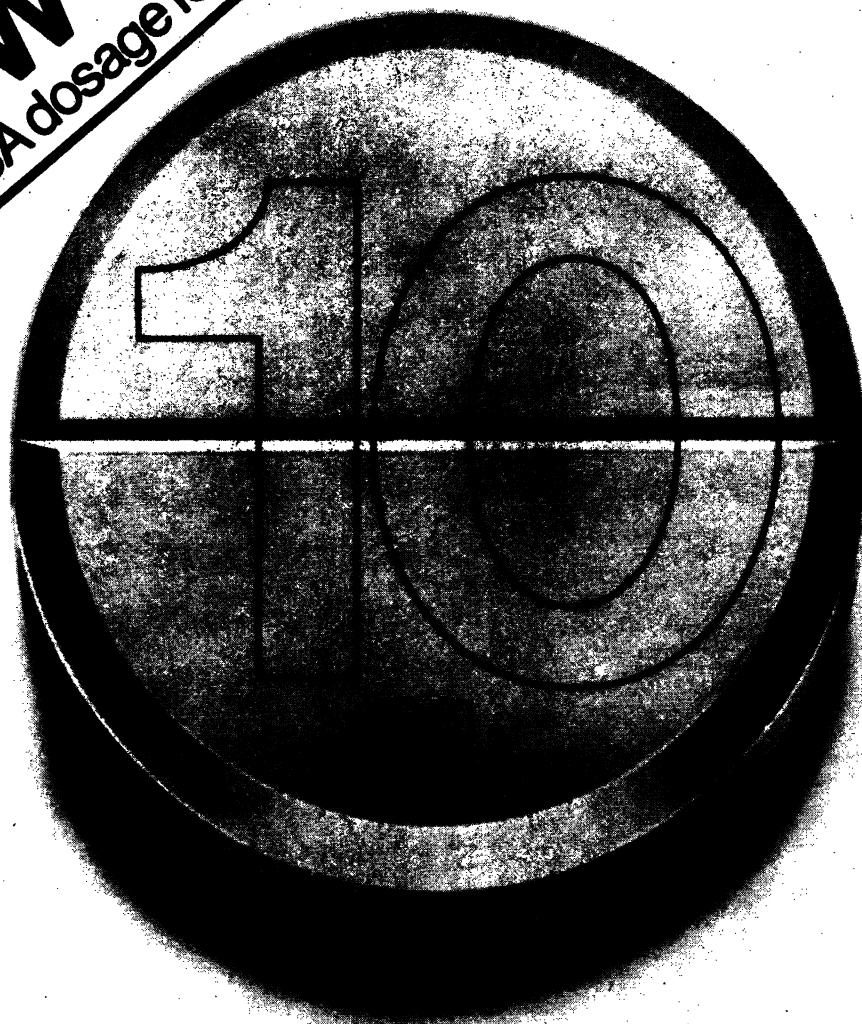


**NEW**  
unique DDSA dosage form

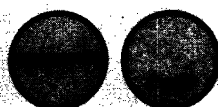


Nitrazepam 10 mg tablets  
now available, prescribed as  
**REM NOS** 10 mg

In addition to the Remnos 5 mg strength



Remnos 5 mg tablets



Remnos 10 mg tablets

**For Patient convenience**

— many patients require 2x5 Nitrazepam tablets at night. Now one tablet Remnos 10mg fulfills this need

**Prescribing convenience**

— the distinctive yellow colour of tablets Remnos 10mg clearly distinguishes this dosage form from tablets Remnos 5mg thus avoiding the likelihood of confusion

**Cost saving\***

1x100 Remnos 10mg tablets costs 10% less than 2x100 Remnos 5mg

**Nitrazepam 10mg only available as tablets Remnos 10mg**

**Availability:**

packs of 100 and 500 tablets each containing Nitrazepam BP 10mg

\*100 tablets Remnos 10mg cost £2.50

# A NEW ADVANCED INFLUENZA VACCINE

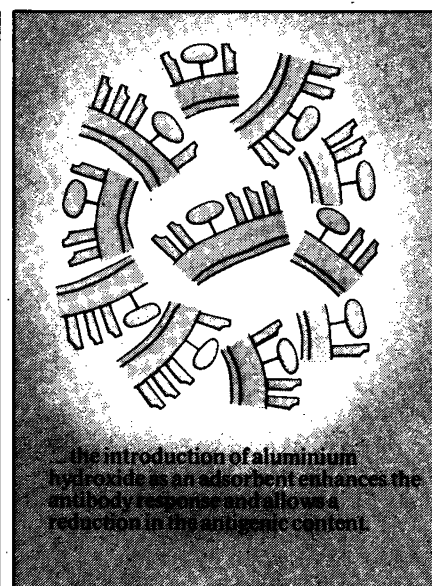
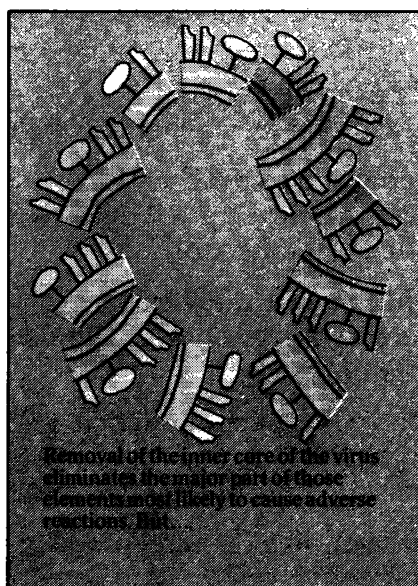
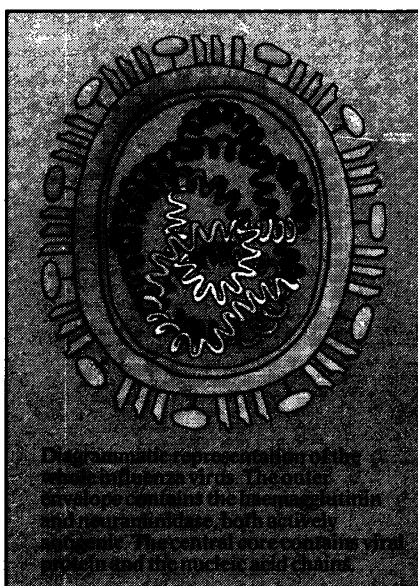
Duncan Flockhart announce the introduction, in parallel with Admune, of an entirely new highly purified adsorbed surface antigen influenza vaccine.

Fluvirin is made by an advanced process, which reduces the viral protein content to only one tenth of that found in standard whole virus vaccines. A vaccine prepared in this way has been described (Br. med. J., 1975, 1 508) as "the ultimate in purified antigens."

Fluvirin offers:-

- An even higher degree of purity
- A much lower content of viral protein
- A positive protection rate of up to 90% of vaccinated patients
- A much reduced risk of adverse reactions

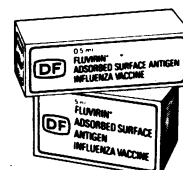
## HOW FLUVIRIN IS PREPARED



These qualities make Fluvirin especially suitable for the elderly and for the protection of patients at high risk through chronic pulmonary, cardiac, or renal disease – indeed in all patients where it is particularly important to reduce reactions to the absolute minimum.

For your patients at special risk

# FLUVIRIN



Formula and NHS price  
Each 0.5ml is prepared from:  
200 IU A/Vic/3/75 (H<sub>3</sub>N<sub>2</sub>)  
200 IU B/HK/8/73  
Ampoules of 0.5ml £1.60  
Vials of 5ml £14.70

The advanced British influenza vaccine



Fluvirin and Admune are Trade Marks of Duncan, Flockhart & Co. Limited, London E2 6LA. Made in Britain.  
Data sheet available on request.

Product licence No. 0021/0063

DF77/130/HN.



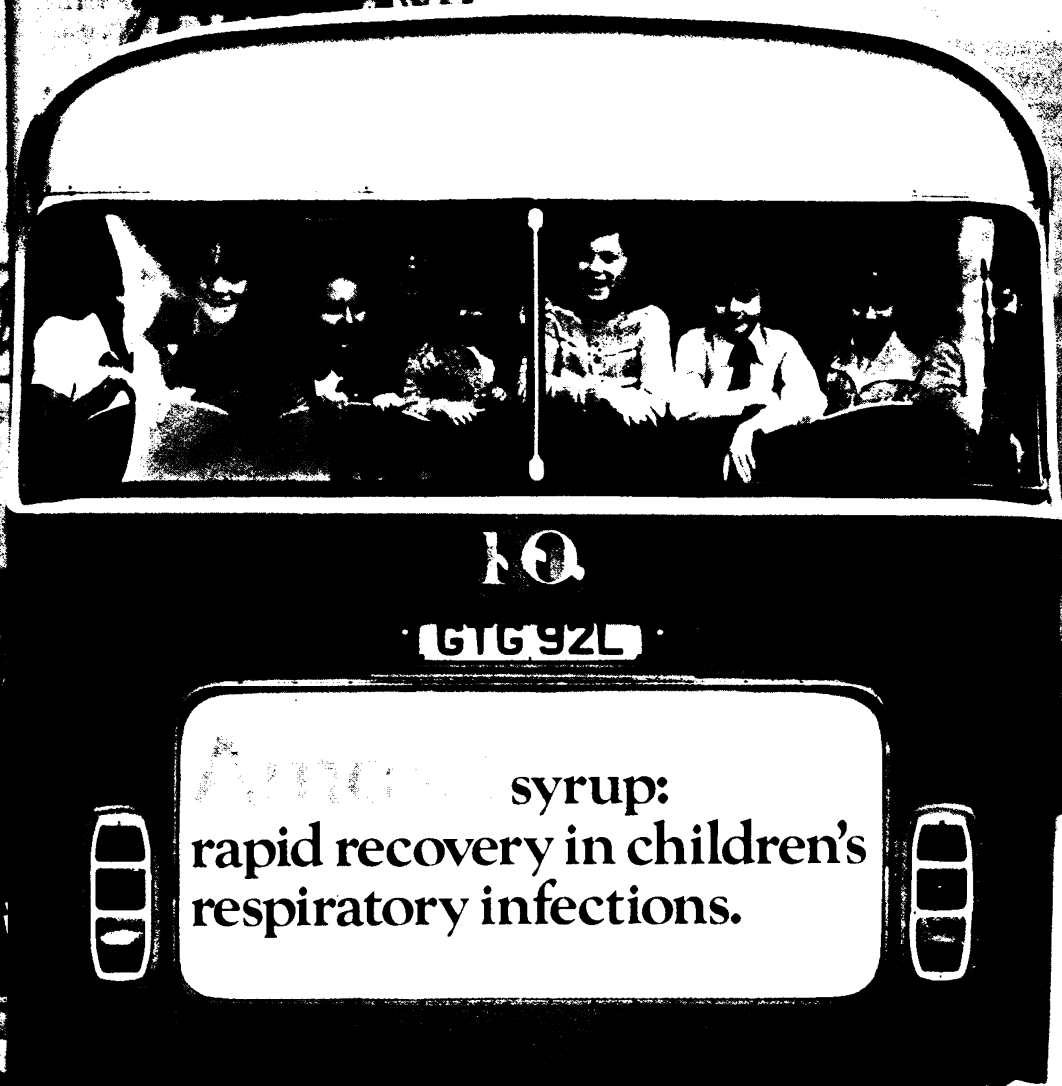
# Nystan-tp<sup>TM</sup>

(nystatin)

**for even the most recalcitrant of  
vaginal candidal infections**

NYSTAN and NYSTAVESCENT are Trade Marks of E. R. Squibb and Sons Limited  
Full prescribing information available: The Technical Services Department, E. R. Squibb and Sons Limited,  
Regal House, Twickenham, Middlesex, TW1 3QT.





Amoxil syrup:  
rapid recovery in children's  
respiratory infections.

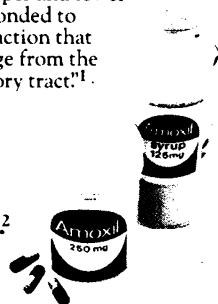
#### Rapid Recovery.

Of 243 children with various upper and lower respiratory tract infections 84% responded to Amoxil within 3 days, "...a speed of action that would prevent any permanent damage from the infective process within the respiratory tract."<sup>1</sup>

Amoxil Syrup—"well liked  
by all the children."<sup>1</sup>

Simple trouble free dosage.

Low incidence of side effects.<sup>2</sup>



makes all the difference everywhere.

Amoxil Syrup, 125mg/5ml, 250mg/5ml, 500mg/5ml, 1g/5ml, 2g/5ml, 4g/5ml, 8g/5ml, 16g/5ml, 32g/5ml, 64g/5ml, 128g/5ml, 256g/5ml, 512g/5ml, 1024g/5ml, 2048g/5ml, 4096g/5ml, 8192g/5ml, 16384g/5ml, 32768g/5ml, 65536g/5ml, 131072g/5ml, 262144g/5ml, 524288g/5ml, 1048576g/5ml, 2097152g/5ml, 4194304g/5ml, 8388608g/5ml, 16777216g/5ml, 33554432g/5ml, 67108864g/5ml, 134217728g/5ml, 268435456g/5ml, 536870912g/5ml, 1073741824g/5ml, 2147483648g/5ml, 4294967296g/5ml, 8589934592g/5ml, 17179869184g/5ml, 34359738368g/5ml, 68719476736g/5ml, 137438953472g/5ml, 274877906944g/5ml, 549755813888g/5ml, 1099511627776g/5ml, 2199023255552g/5ml, 4398046511104g/5ml, 8796093022208g/5ml, 17592186044416g/5ml, 35184372088832g/5ml, 70368744177664g/5ml, 140737488355328g/5ml, 281474976710656g/5ml, 562949953421312g/5ml, 1125899906842624g/5ml, 2251799813685248g/5ml, 4503599627370496g/5ml, 9007199254740992g/5ml, 18014398509481984g/5ml, 36028797018963968g/5ml, 72057594037927936g/5ml, 144115188075855872g/5ml, 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## IN PRINCIPLE

In essential hypertension, the peripheral resistance is increased and the cardiac output normal. The most desirable way to lower blood pressure is, therefore, to decrease the peripheral resistance and not adversely affect cardiac function. Unfortunately, the available antihypertensive drugs which reduce peripheral resistance by impairing sympathetic nerve activity or by other means, cause side effects that are unpleasant to patients.

TRANDATE lowers the blood pressure primarily by blocking alpha-adrenoceptors in peripheral arterioles and thereby reducing the peripheral resistance. The drug differs from simple alpha-adrenoceptor blockers in that it concurrently blocks beta-adrenoceptors in the heart.

This beta-blockade protects the heart from the reflex sympathetic drive normally induced by peripheral vasodilatation and so the reduction in blood pressure is achieved without cardiac stimulation. Conversely increased reflex activity modulates the beta-blocking effect of the drug on the heart and the resting cardiac output is not significantly changed.

The resultant effects of TRANDATE are that the blood pressure is decreased, the cardiac output is maintained at rest and after moderate exercise, and the barostatic reflexes remain sufficiently active to avoid side effects associated with postural hypotension in most patients.

A further advantage of TRANDATE is that it does not cause the sedation or lethargy often associated with centrally-acting antihypertensive agents.

# Tran

(lab

## A UNIQUE PROFILE

### Concurrent alpha- and beta

### Produces a more

Labetalol (Trandate)

Propranolol

### Diagram to illustrate the unique profile

*"The major haemodynamic dysfunction in uncomplicated essential hypertension is an increased peripheral vascular resistance associated with unchanged cardiac output. The desirable treatment, therefore, is to use drug treatments aimed at reducing peripheral resistance. The ideal*

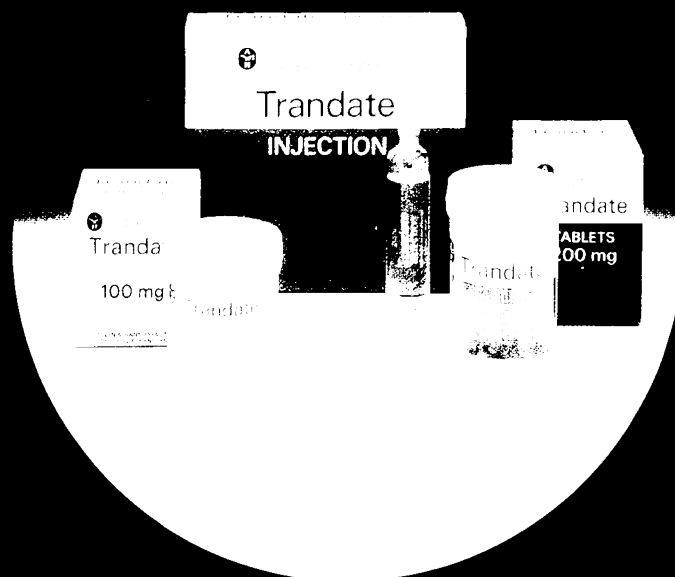
# Trandate

(labetalol)

## Trandate

$\alpha$ -adrenoceptor blockade

normal circulation



### Trandate

Trandate, the first alpha- and beta-adrenoceptor blocker, was specifically developed to treat hypertension.

Trandate Tablets (100mg and 200mg) are indicated in all grades of hypertension when oral anti-hypertensive therapy is desirable.

Trandate Injection is for intravenous use in hospitalised patients when rapid reduction of blood pressure is essential.

Trandate offers important advantages in practice

- **High efficacy across the whole spectrum of hypertension**

From the recently diagnosed mild hypertensive to drug-resistant cases including patients in hypertensive crisis.

- **Low incidence of dose-limiting side effects**

The side effects usually associated with antihypertensive therapy are greatly reduced or absent.

- **Minimum physiological disturbance**

Cardiac output is maintained and renal function is not adversely affected.

- **Single drug therapy**

Hypertension is usually controlled with Trandate alone and complicated regimens involving other antihypertensives are unnecessary.

The use of Trandate Tablets in the United Kingdom is being monitored.

Full prescribing information and details of the procedure involved in monitoring patients on Trandate are available on request.



Trandate is a trade mark of  
ALLEN & HANBURYS LTD LONDON E2 6LA

*antihypertensive drug should therefore be a vasodilator with minimal cardiac effects. Preliminary reports indicate that labetalol provides such effects. Therefore, this compound must be considered a positive development on the older beta-adrenoceptor blockers."*

*Brit. J. clin. Pharmacol., 1976, 3 (Suppl.3), 757*

Methyldopa

of action of Trandate in hypertension.



# A doctor can gain a lot from 5 years in the Royal Navy.

As a qualified doctor, you can join the Royal Navy for 5 years on a Short Career Commission.

In that time you will have the opportunity of serving at sea, in submarines, or with the Royal Marines Commandos.

And you will be able to do approved General Professional Training in one of the clinical and medical scientific disciplines at a Naval hospital or an RN establishment.

## **At sea.**

After a short Officers course at the Royal Naval College, Dartmouth, and a basic course in maritime medicine at the Institute of Naval Medicine, Alverstoke, you will normally go to sea for about 12 months.

You will be responsible for the medical care of some 250 to 500 men in your ship and advise the Captain on health and environmental problems.

You will not lose touch with modern medicine, as you can visit local hospitals in ports of call and use the teaching aids provided by your Naval tutor.

## **Postgraduate training and specialisation.**

After your sea-time, career counselling will define your postgraduate training programme.

There are opportunities for General Professional Training in preparation for careers in general practice and the hospital specialties, and in Naval Occupational and Community Medicine which includes aviation, underwater, submarine, nuclear, preventive and industrial medicine.

If you are selected for transfer to a 16-year pensionable Commission, or a permanent Commission, you could move on to recognised Higher Training programmes which include research and higher training posts in civilian units.

At Alverstoke, the Dean of Naval

Medicine co-ordinates postgraduate medical training and research.

## **Naval hospitals.**

The two largest Naval hospitals at Haslar (near Portsmouth) and Plymouth function as District General Hospitals and provide a full range of specialist services for Service personnel, their dependants, Naval Dockyard employees and also NHS civilians.

There is a full range of modern technical equipment, and the nursing and paramedical staff are highly skilled.

There are smaller hospitals in Malta and Gibraltar.

## **Salary.**

If you join immediately after registration, your salary will be £6,517 as a Surgeon Lieutenant.

You can, however, join at any age up to 39. When your postgraduate experience is taken into account you could join as a Surgeon Lieutenant Commander earning £8,258 a year.

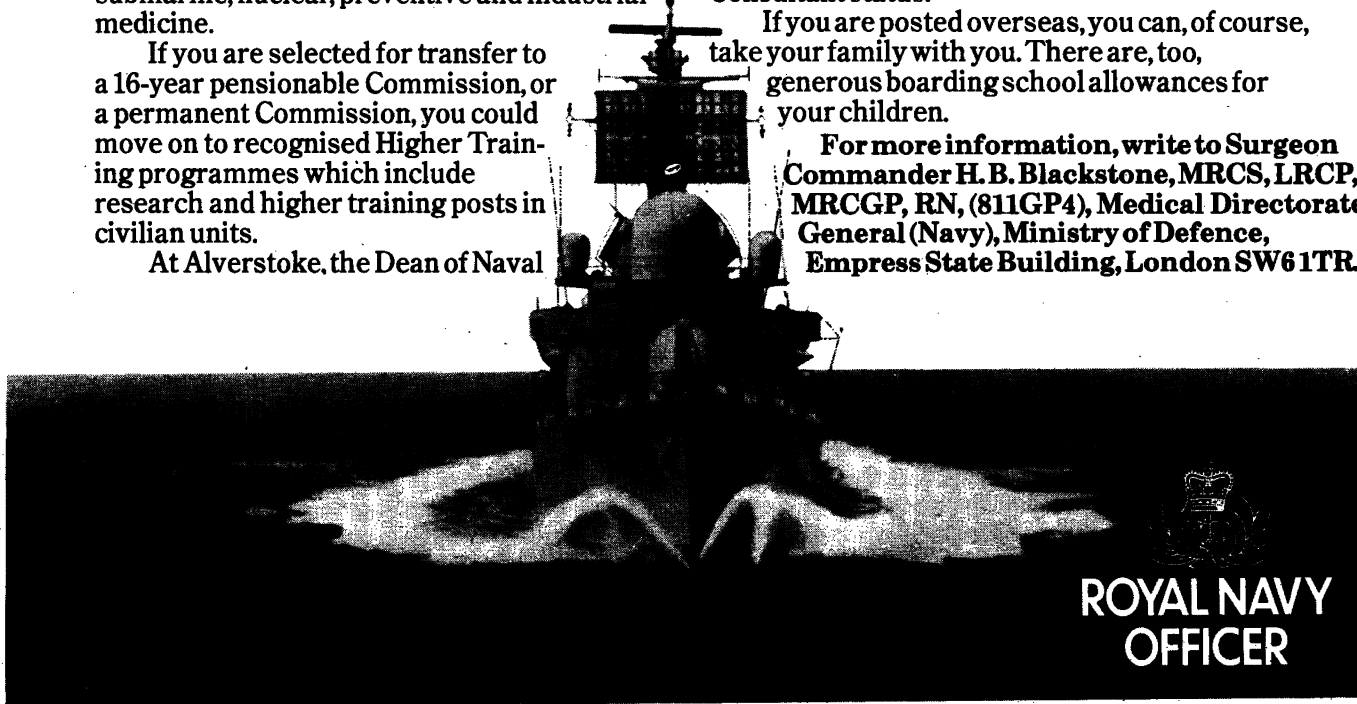
If you leave at the end of your 5 year Commission, you will receive a gratuity of £3,000.

But you may prefer to apply for extension to 8 years, or undertake a 16-year pensionable or a Full Career Commission.

The salary structure is based on an analogue computed from the average earnings of general practitioners in the NHS, with an additional X-factor. There is extra pay for recognised postgraduate qualifications and Senior Specialist or Consultant status.

If you are posted overseas, you can, of course, take your family with you. There are, too, generous boarding school allowances for your children.

For more information, write to Surgeon Commander H.B. Blackstone, MRCS, LRCP, MRCGP, RN, (811GP4), Medical Directorate General (Navy), Ministry of Defence, Empress State Building, London SW6 1TR.



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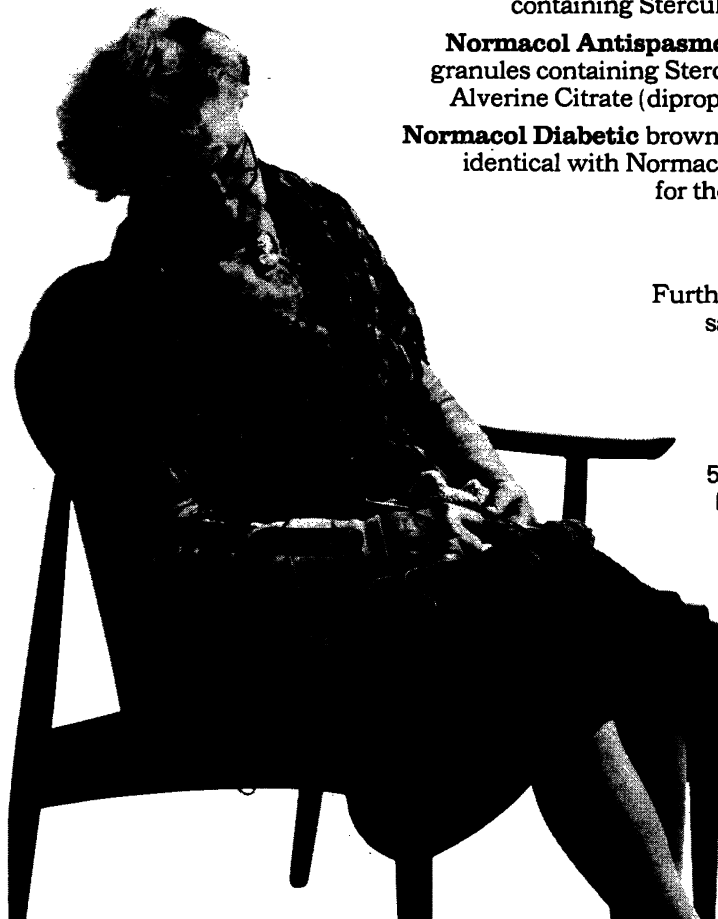
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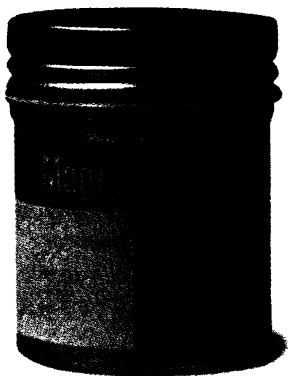
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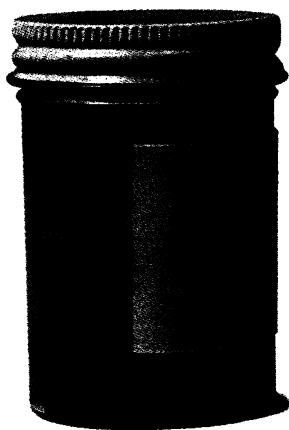
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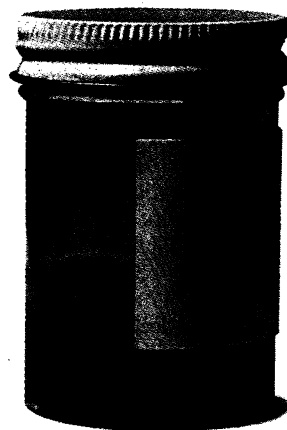




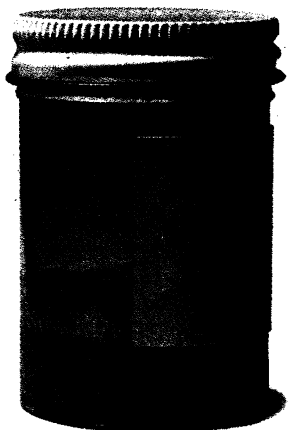
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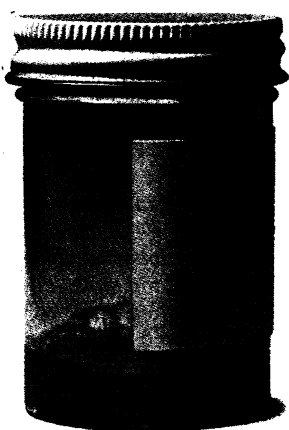
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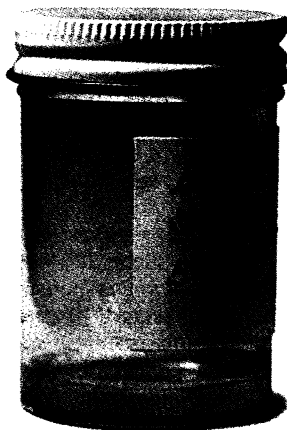
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**Magnapen:** Magnapen (ampicillin and flucloxacillin in equal parts) is available as capsules, vials for injection, and fruit flavoured syrup.

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## **'Aldomet' and exercise**

Recent work suggests that 'Aldomet' is a particularly suitable antihypertensive for active people, reducing blood pressure in all positions. In one study,<sup>1</sup> the clinicians reported '...the decrease in systolic blood pressure was statistically significant both at rest and during exercise testing.'

## **Clinical comparisons continue**

'In conclusion, metoprolol and alpha-methyldopa seem to have been equally effective in the doses studied in reducing the blood pressure in patients with mild, previously untreated essential hypertension'...<sup>2</sup>

'Subjective side effects were rare in both groups and no substantial differences were found between them.'<sup>2</sup>

**References** 1. *Concepts in the Treatment of Hypertension*, Excerpta Medica, Amsterdam, 1977, p 66

2. *Europ. J. Clin. Pharmacol.*, 1976, **10**, 375

'Aldomet' (methyldopa, MSD) is available as 125 mg, 250 mg and 500 mg tablets, and as an injection for emergency use.

'Aldomet' is contraindicated in active hepatic disease and hypersensitivity. It is important to recognise that a positive Coombs test may occur. Haemolytic anaemia and liver disorders have been reported with methyldopa therapy. Full prescribing information is available to the medical profession on request. ® denotes registered trademark.

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## CLASSIFIED ADVERTISEMENTS AND NOTICES

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Classified advertisements are welcomed and should be sent to: Mr Robert Clarke, Advertisement Manager, *The Journal of the Royal College of General Practitioners*, Update Publications Ltd., 33/34 Alfred Place, London WC1E 7DP. Copy must be received by 1st of the month preceding the month of issue to ensure inclusion. Every effort will be made to include advertisements received after this date but publication cannot be guaranteed and the advertisement may have to be held over to the following issue.

The charge for space in this section is £5 per single column centimetre, plus 25p if a box number is required. Fellows, members and associates of the Royal College of General Practitioners may claim a ten per cent reduction.

The inclusion of an advertisement in this Journal does not imply any recommendation and the Editor reserves the right to refuse any advertisement. All recruitment advertisements in this section are open to both male and female applicants.

Readers are asked to mention *The Journal of the Royal College of General Practitioners* when replying to all advertisements.

Opinions expressed in *The Journal of the Royal College of General Practitioners* and the supplements should not be taken to represent the policy of the Royal College of General Practitioners unless this is specifically stated.

### ANNUAL GENERAL MEETING

The Annual General Meeting of the Royal College of General Practitioners will be held at Imperial College, London SW7, on Saturday, 19 November 1977 at 11.00 hours.

The James Mackenzie Lecture will be delivered by Dr D. J. Pereira Gray.

The Annual College Symposium will be held on Sunday, 20 November 1977 at Baden Powell House at 9.15 a.m. The title of the Symposium is Standards and Settings in General Practice.

#### UNIVERSITY OF BRISTOL MEDICAL POSTGRADUATE DEPARTMENT ASSOCIATE ADVISERS IN GENERAL PRACTICE

Applications are invited for two appointments as Associate Advisers in General Practice in the South-West Region.

Applicants must be in active general practice, in receipt of the basic practice allowance, members of the Royal College of General Practitioners, and practise in either Cornwall or Devon.

Each appointment is for one session a week and will be paid at the current NHS consultant rate. One successful applicant will be responsible for assisting the two regional advisers in general practice, in initiating and in supporting continuing workshops for general-practitioner trainers, and intensive courses for trainers in Devon and Cornwall. The other successful applicant will assist the two regional advisers in devising and implementing ways of assessing vocational training in Devon and Cornwall.

Previous experience is not essential but will be an advantage as will previous attendance at a recognized course for course organizers.

Further details can be obtained from the address below and applications with a *curriculum vitae* and the names and addresses of two referees should be submitted not later than 25 October 1977.

Dr Michael Lennard, FRCGP  
Regional Adviser in General Practice  
South-West Region  
Medical Postgraduate Department  
21 Woodland Road  
Bristol BS8 1TE.



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**UNIVERSITY OF BRISTOL**  
**AVON VOCATIONAL TRAINING SCHEME**  
**FOR GENERAL PRACTICE**

Applications are invited for a three-year traineeship in Vocational Training for General Practice, consisting of two years' hospital training and a one-year traineeship in an approved practice.

After a short period of orientations of not more than three months in the training practice, trainees will start hospital appointments at SHO level in a Bristol hospital. Two of the rotations offered are: six months in medicine, six months in obstetrics with gynaecology, three months in paediatrics, and three months in geriatrics; the remaining six-month period in hospital will be partly or wholly elective, when opportunities will be given to gain experience in special hospital, and other departments. The trainee will complete the year in practice before or after this elective period. The third rotation will consist of four six-month appointments in the following specialties: accident and emergency, paediatrics, geriatrics, and psychiatry. A half-day release course is run during university term-time throughout the three years.

The orientation period in practice should start in June 1978, the first hospital appointments to commence on 1 August 1978.

Applicants who are suitably qualified should write giving details of previous experience, the names and addresses of two referees and quote a date when they would anticipate being able to start the preliminary orientation period in practice. Applications should be received by 30 November 1977.

It may also be possible to assist practitioners who have already partly fulfilled the necessary criteria and who wish to complete the requirements for vocational training. The course is recognized for the Vocational Training Allowance by the DHSS and also for the MRCGP.

Applications and requests for further information should be sent to:

**The Course Organizer**  
**Medical Postgraduate Department**  
**University of Bristol**  
**21 Woodland Road**  
**Bristol BS8 1TE.**

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**THE EAST LONDON GENERAL PRACTITIONER**  
**VOCATIONAL TRAINING SCHEME IN**  
**CONJUNCTION WITH THE LONDON**  
**HOSPITAL**

Applications are invited for the second four posts in this scheme, starting on 1 February 1978. Each trainee will be invited to spend one month in general practice, two years rotating in posts at The London Hospital and, finally, one year in general practice. The hospital posts include Obstetrics and Gynaecology, Geriatrics, General Medicine, Paediatrics, Psychiatry, and the Emergency and Accident Department. A half day release course is held at the East London Postgraduate Medical Centre, Bethnal Green. Applicants will be welcome to visit the training practices.

Further details may be obtained from the Course Organizer, Dr R. M. Griffiths, 35 High Street South, East Ham, London, E6 or from the Medical Staffing Officer, The London Hospital.

Applications (no forms provided), giving the names and addresses of two referees, should be received by 4 November 1977 and addressed to The Medical Staffing Officer, The London Hospital, Whitechapel E1 1BB.

**UNIVERSITY OF BRISTOL**  
**REGIONAL GENERAL-PRACTICE**  
**SUBCOMMITTEE**

**COURSE ORGANIZER — PLYMOUTH**

Applications are invited for the post of general-practitioner course organizer in Plymouth.

Applicants must be in active general practice, in receipt of the basic practice allowance, members of the Royal College of General Practitioners, and should practise within 20 miles of the centre of the City of Plymouth.

The appointment is for two sessions per week and the remuneration is that of an approved Trainer in General Practice, i.e. £1,300 p.a., at present. The successful applicant, who will need to have or to obtain approval as a trainer, will be responsible for assisting the two regional advisers and the existing course organizers in Plymouth in further developing courses for vocational trainees and general-practitioner trainers.

Previous experience is not essential but will be an advantage as will previous attendance at a recognized course for general-practitioner trainers.

Further details can be obtained from the address below and applications with a *curriculum vitae* and the names and addresses of two referees should be submitted not later than 25 October 1977.

Dr D. J. Pereira Gray, FRCGP  
 Regional Adviser in General Practice  
 (Devon and Cornwall)  
 Department of General Practice  
 Exeter Postgraduate Medical Centre  
 Barrack Road  
 Exeter EX2 5DW.



# VOCATIONAL TRAINING FOR GENERAL PRACTICE

## Devon Area Health Authority

Exeter University/Exeter Health Care District

Applications are now invited for four places starting on 1 August, 1978 for the vocational training scheme of the Department of General Practice in the Postgraduate Medical Institute of the University of Exeter. The course is designed and recognized for the MRCGP examination.

All four programmes start with a two-month introductory course in a university approved teaching practice and will then consist of four rotating three-month appointments in: accident/emergency, gynaecology, ENT, and ophthalmology. There are two fixed six-month options for the second hospital year of either, (a) paediatrics (DCH) and psychiatry, or (b) medicine/acute geriatrics and obstetrics. The remaining ten months are spent in another university approved teaching practice.

Throughout the three years a half-day

release course is held; trainees participate actively in the planning of the course and there is emphasis on small-group work.

Additional courses are available for trainees and include, an introductory course for each intake, evening group meetings, an intensive MRCGP course, and a course on management in general practice.

This is the only department of general practice outside a medical school in the British Isles.

Applications and enquiries should be made by 12 November, 1977 to:

Dr D. J. Pereira Gray  
Senior Lecturer in-Charge  
Department of General Practice  
Postgraduate Medical Institute  
Barrack Road  
EXETER, Devon EX2 5DW.

Telephone number: Exeter (0392) 31159



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References 1. *Brit.med.J.*, 1977, **1**, 1128; 2. *Brit.med.J.*, 1976, **1**, 1428.

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# What the papers say

## Shortest Acting

"With doses up to 1 mg, the natriuresis was largely complete within 3 hrs."<sup>3</sup>  
 "It (Burinex) has a short duration of action, being virtually complete in 3 hrs."<sup>4</sup>

## Fast Acting

"The rapid absorption from the gastrointestinal tract is reflected in the brisk diuresis established within the hour."<sup>1</sup>  
 "Its (Burinex Injection) onset of action is within 10 min."<sup>2</sup>  
 "Bumetanide is rapidly absorbed from the gut."<sup>3</sup>

## Clinically Effective

"Fourteen patients showed a good diuretic response on bumetanide where previous treatment with frusemide had proved either unsatisfactory or too slow."<sup>5</sup>  
 "An impressive diminution of the signs of pulmonary oedema was seen in most patients and in some the clearance of alveolar oedema was dramatic."<sup>6</sup>  
 "Based upon our experience with the use of bumetanide in several hundreds of patients and the detailed studies reported above, it may be concluded that this new diuretic agent is a very useful drug in the treatment of congestive cardiac failure."<sup>7</sup>  
 "Our study... confirms that bumetanide is a potent diuretic effective over a wide dose range and in a variety of clinical conditions."<sup>1</sup>

## Well tolerated

"Burinex was extremely well tolerated."<sup>12</sup>  
 "Bumetanide was well tolerated by patients."<sup>1</sup>  
 "Overall, bumetanide showed itself to be a safe and effective diuretic when administered to severely ill patients in a busy hospital milieu."<sup>5</sup>

## The correct amount of K

"It is known from short-term studies that 1 mg. of bumetanide increases the excretion of potassium by 10-15 mmol daily (Asbury et al, 1972; Olesen et al, 1973; Davies et al, 1974). Two tablets of the combined preparation Burinex K contain 1 mg. of bumetanide and 16 mmol of potassium."<sup>8</sup>

## At the correct time

"35% of the potassium chloride is released by one hour, the rest being released over a period of six hours."<sup>4</sup>

## The Morning OR Evening diuretic

"The rapid onset and short duration of action of loop diuretics are clearly desirable when a rapid diuresis is indicated, and when given in the evening to patients with chronic heart failure, the short duration of action can ensure a good nights sleep undisturbed by nocturia or breathlessness."<sup>9</sup>  
 "The use of potent and short-acting diuretics such as bumetanide allow the Physician and patient scope to decide upon the most appropriate time for administration and so reduce major disruptions in the patient's daily routine."<sup>10</sup>  
 "Patients who go out to work may find Burinex K given in the evening more socially acceptable."<sup>11</sup>

## Patients prefer Burinex K

"These results indicate that when long-term diuretic/potassium supplement therapy is required, Burinex K is a more acceptable regimen to the patients than one in which diuretic + Slow K are given separately."<sup>13</sup>  
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Tablets contain 0.5 mg bumetanide with a slow release core of 575 mg (7.5mEq) of potassium chloride.

1. J. Int. Med. Res., 51, 10, (1973)
2. J. Int. Med. Res., 51, 64, (1974)
3. Clin. Pharm. Ther., 35, 141, (1974)
4. J. Int. Med. Res., 2, 214, (1974)
5. Brit. J. Clin. Pharmacol., 20, 311, (1974)
6. Brit. J. Clin. Pharmacol., 20, 7, (1975)
7. Postgrad. Med. J., 51, (Suppl. 6), 64, (1975)
8. Brit. J. Clin. Pharmacol., 20, 11-14, (1975)
9. Leading Article, Brit. Med. J., 2, 521, (1975)

10. J. Int. Med. Res., 3, 241, (1975)
11. Postgrad. Med. J., 51, (Suppl. 6), 71, (1975)
12. Acta Med. Scand., 188, 119, (1973)
13. J. Int. Med. Res., 3, 104, (1975)
14. J. Int. Med. Res., 4, 37-41, (1976)

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