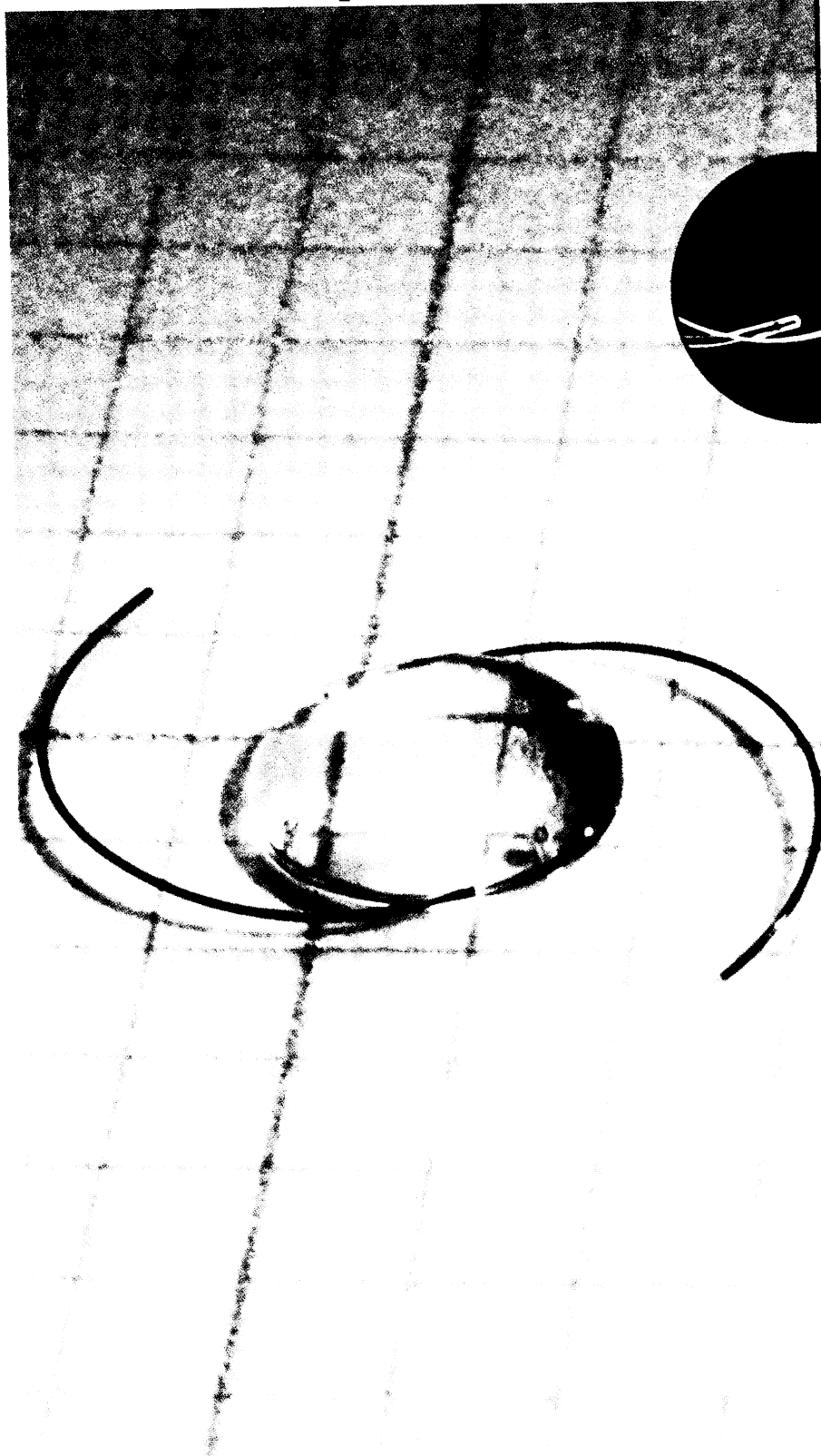


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Examine the Simcoe II lens, the second-generation Simcoe posterior chamber lens from CILCO. You'll see visible improvements ... shortened loops, choice of blue or clear polypropylene loops and four manipulation holes.

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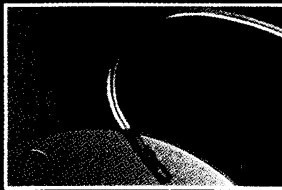
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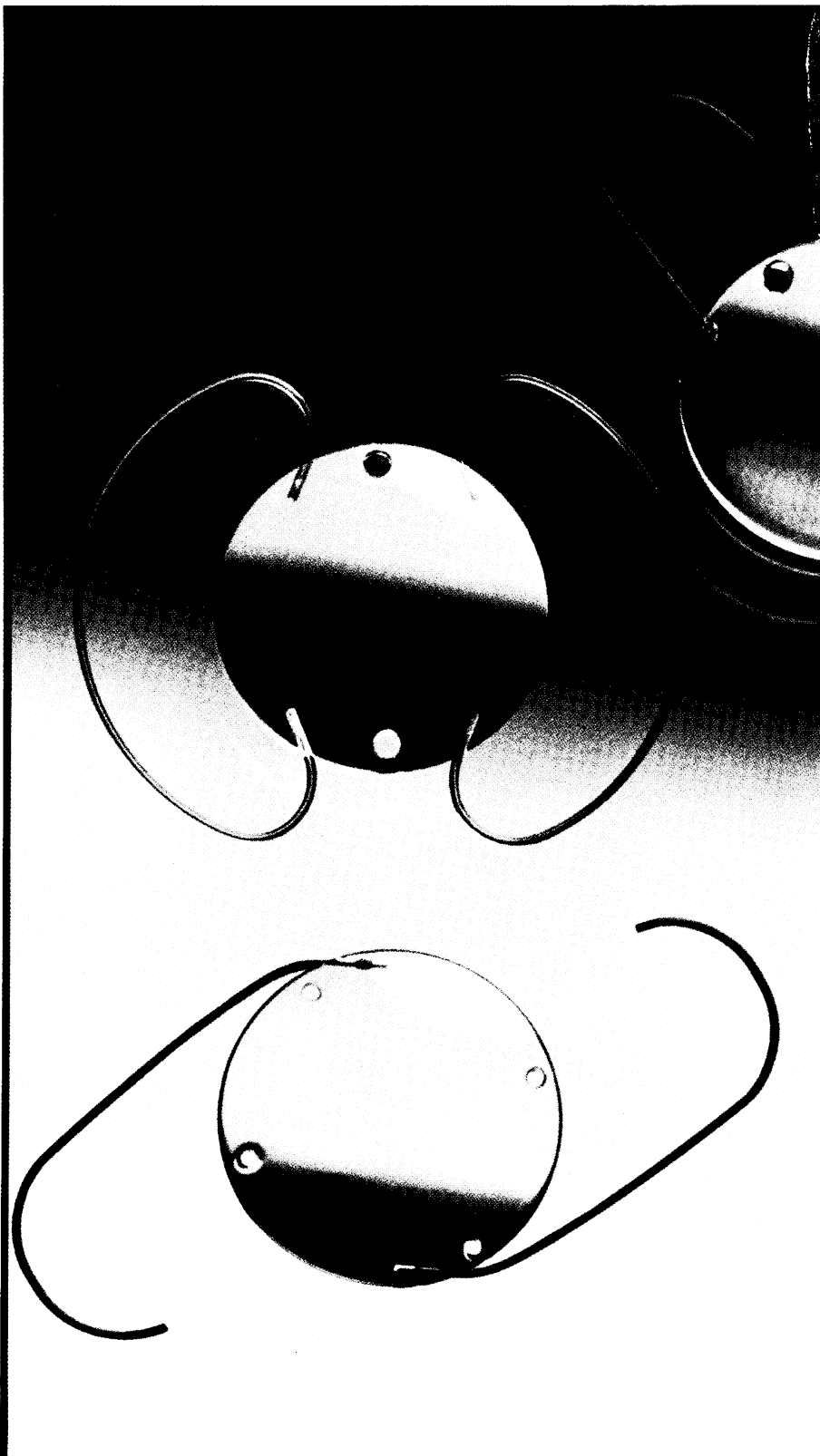
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COMMUNICATION AND COMPLIANCE IN A HOSPITAL SETTING edited by David J. Withersty, *West Virginia Univ. School of Medicine, Morgantown, West Virginia*. (13 Contributors) '80, 208 pp., 11 il., 4 tables, \$18.50

FACULTY DEVELOPMENT THROUGH WORKSHOPS by Carole J. Bland, *Univ. of Minnesota Medical School, Minneapolis, Minnesota*. Foreword by Theodore J. Phillips. '80, 232 pp., cloth-\$15.50, paper-\$11.50

OPHTHALMOLOGICAL CONSIDERATIONS IN THE REHABILITATION OF THE BLIND edited by Charles W. Hoehne, *State Commission for the Blind, Austin, Texas*; John G. Cull, *San Antonio, Texas*; and Richard E. Hardy, *Virginia Commonwealth Univ., Richmond, Virginia*. (28 Contributors) Techniques and approaches that can be incorporated into existing service programs are emphasized. The ophthalmologist's role in new rehabilitation patterns, ophthalmic advances in the restoration of sight, and low vision aids programs are among the topics covered. a review in the *American Journal of Ophthalmology* stated, "... for information concerning... ophthalmology's role in the rehabilitation of those with loss of vision, this book is an excellent guide." '80, 336 pp., 5 il., 6 tables, \$24.75

SO, YOU HAVE A RETINAL DETACHMENT: A Guide for Patients by Fred M. Wilson, *Indiana Univ. School of Medicine, Indianapolis, Indiana*. '78, 136 pp., 53 il., \$9.75, spiral (paper)

NEUROLOGY OF THE VISUAL SYSTEM (8th Ptg.) by David G. Cogan, *Harvard Medical School, Boston, Massachusetts*. This book covers neurological disorders affecting the visual system, including vascular diseases, inflammations, degenerations, and tumors. The effects of poisons and injuries are also discussed. The text follows an anatomic order: retina, optic nerve, chiasm, tract, geniculocalcarine radiation, primary and association centers of the brain. A reviewer for *JAMA* referred to this book as "Most impressive... an excellent, modern, and concise text on sensory neuro-ophthalmology." '80, 424 pp., 220 il. (3 in color), \$22.25

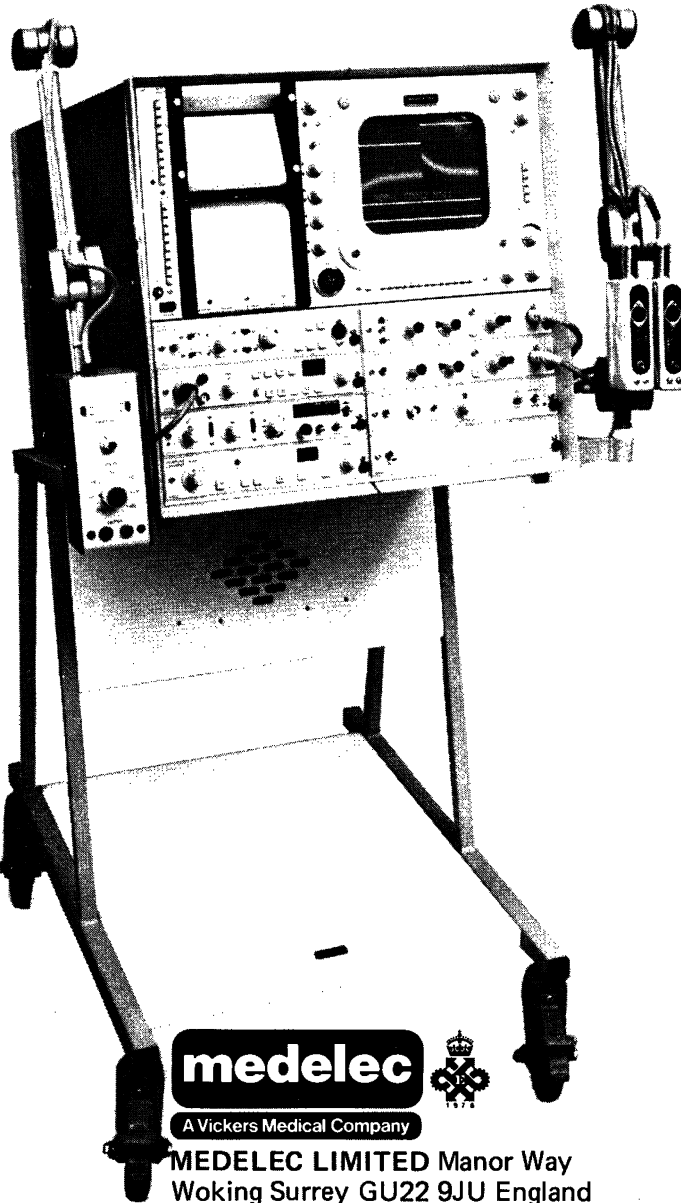
COMMUNICATIONS IN A HEALTH CARE SETTING edited by Myron G. Eisenberg and Judith Falconer, *both of VA Medical Center, Cleveland, Ohio*; and Lafaye C. Sutkin, *VA Medical Center, Loma Linda, California*. '80, 288 pp., 11 il., 4 tables, \$19.75

INTRAOCULAR LENSES by Ronald A. Schachar, *Texoma Eye Institute, Denison, Texas*. This guide to intraocular lens surgery discusses the materials from which intraocular lenses are fabricated, outlines the advantages and disadvantages of each type of material, provides data on currently available intraocular lenses, and includes an analysis of how lenses will change as advances in polymer chemistry are made. Other topics focus on the pros and cons of extracapsular and intracapsular surgery, management of post-operative complications, and the complementary nature of the continuous wear contact lens and the intraocular lens. '79, 144 pp., 53 il., \$18.50

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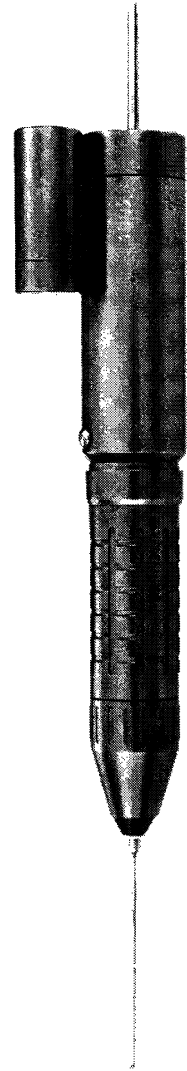
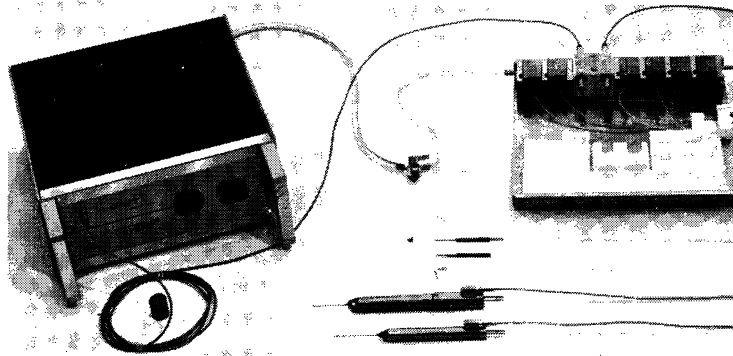
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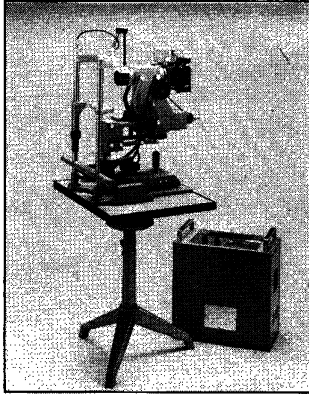
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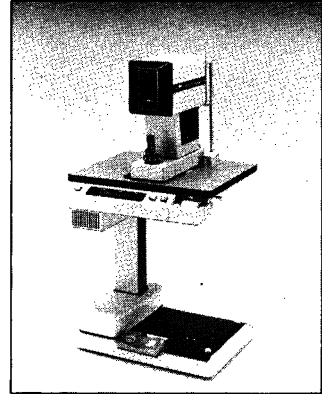
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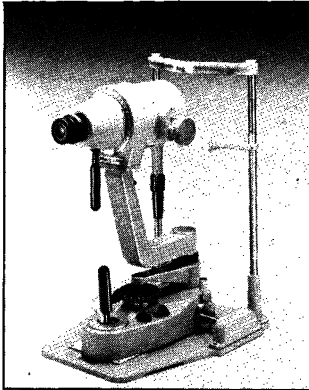
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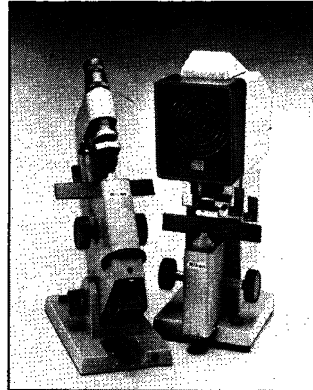
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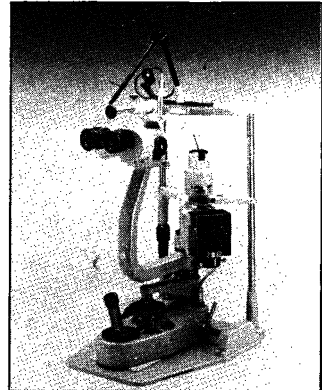


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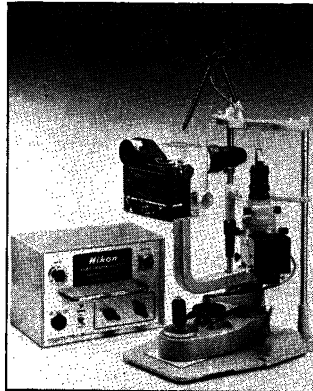


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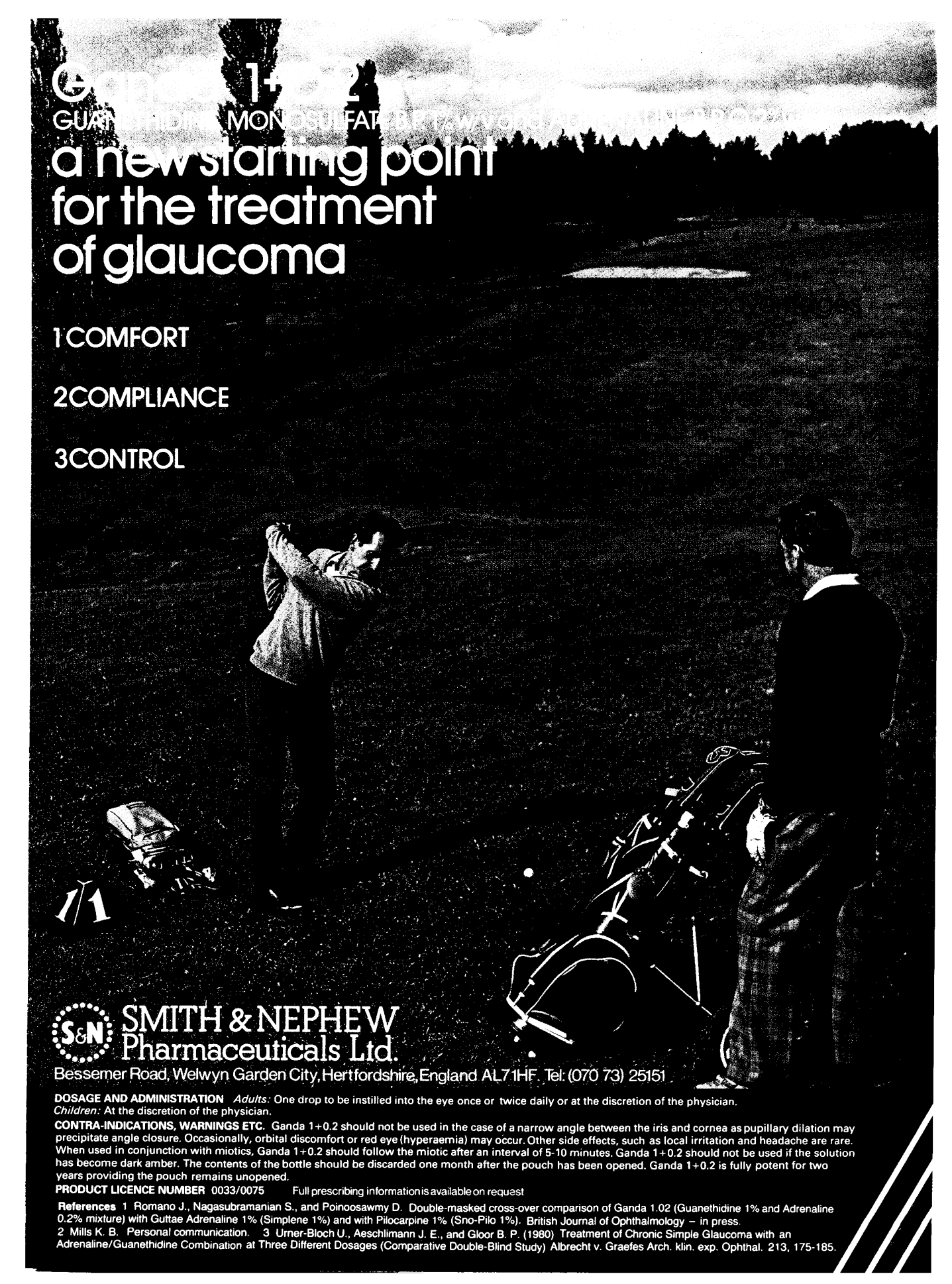
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References 1 Romano J., Nagasubramanian S., and Poinosawmy D. Double-masked cross-over comparison of Ganda 1.02 (Guanethidine 1% and Adrenaline 0.2% mixture) with Guttae Adrenaline 1% (Simplene 1%) and with Pilocarpine 1% (Sno-Pilo 1%). *British Journal of Ophthalmology* - in press.

2 Mills K. B. Personal communication. 3 Urner-Bloch U., Aeschlimann J. E., and Gloor B. P. (1980) Treatment of Chronic Simple Glaucoma with an Adrenaline/Guanethidine Combination at Three Different Dosages (Comparative Double-Blind Study) *Albrecht v. Graefes Arch. klin. exp. Ophthalm.* 213, 175-185.



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Product Licence numbers

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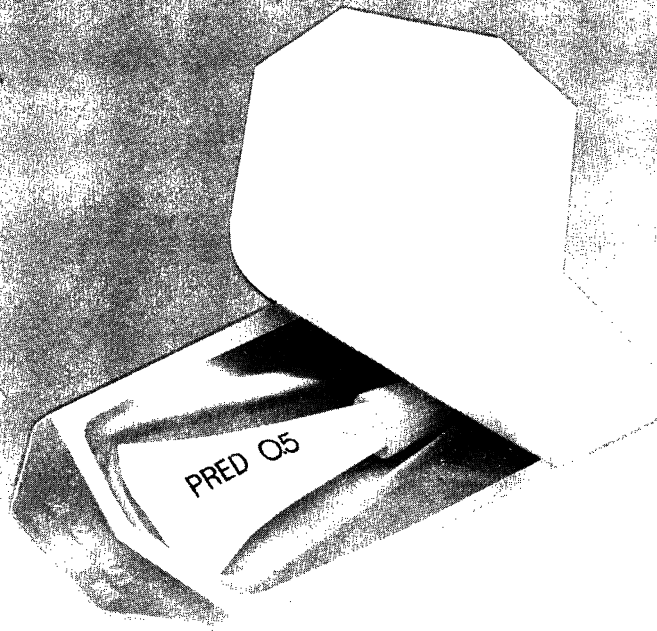
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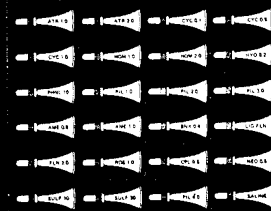
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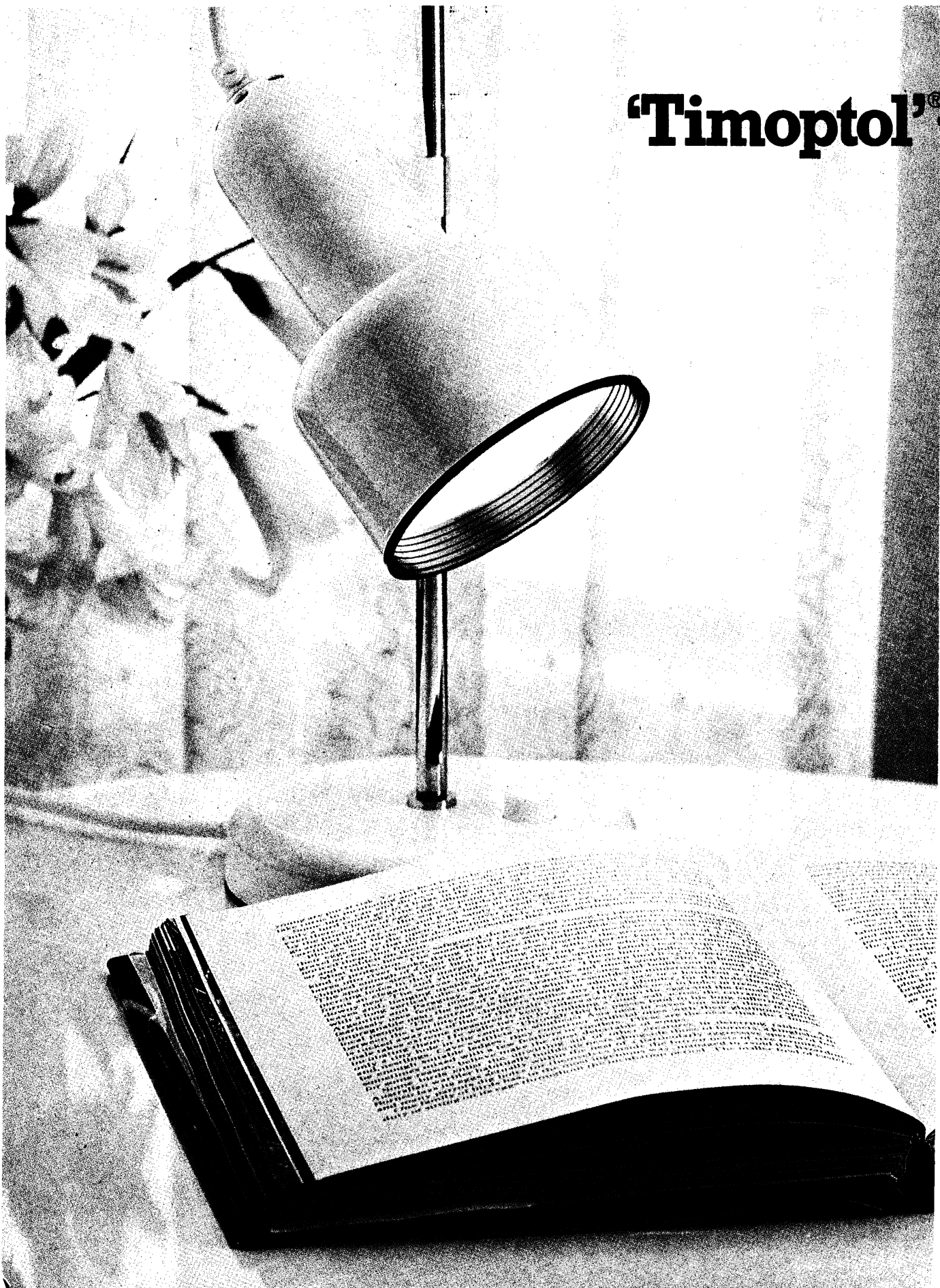
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Prescribing Information

Indications Ophthalmic Solution TIMOPTOL (timolol maleate, MSD) is a non-selective beta-adrenergic-receptor blocking agent used topically in the reduction of elevated intra-ocular pressure in various conditions including the following: patients with ocular hypertension; patients with chronic open-angle glaucoma including aphakic patients; patients with secondary glaucoma

Dosage and administration Recommended therapy is one drop 0.25% solution in the affected eye twice a day. If clinical response is not adequate, dosage may be changed to one drop 0.5% solution in each affected eye twice a day. If the intra-ocular pressure is maintained at satisfactory levels many patients can then be placed on once-a-day therapy. Because of naturally occurring diurnal variations in intra-ocular pressure, satisfactory response is best determined by measuring the intra-ocular pressure at different times during the day.

Clinical trials have shown the addition of TIMOPTOL to be useful in patients who respond inadequately to maximum anti-glaucoma drug therapy.

In the event that further control of intra-ocular pressure is needed, concomitant therapy with miotics, adrenaline, and systemically administered carbonic anhydrase inhibitors may be instituted.

When patients are being transferred from other anti-glaucoma agents, on the first day continue with the agent(s) already being used and add one drop of 0.25% TIMOPTOL in the eye twice a day. On the following day, discontinue the previously used anti-glaucoma agent(s) completely and continue with TIMOPTOL. If a higher dosage of TIMOPTOL is required, substitute one drop of 0.5% solution in the eye twice a day. When TIMOPTOL is to be added to other anti-glaucoma therapy, administer one drop of 0.25% TIMOPTOL in the eye twice a day. If a higher dosage of TIMOPTOL is required substitute one drop of 0.5% solution in the eye twice a day.

Contra-indication Hypersensitivity to Ophthalmic Solution TIMOPTOL.

Precautions Ophthalmic Solution TIMOPTOL should be used with caution in patients with known contra-indications to systemic use of beta-adrenergic-receptor blocking agents such as patients with bronchospastic disease, and congestive heart failure.

There have been reports of skin rashes and/or dry eyes associated with the use of systemically administered beta-adrenergic-receptor blocking drugs. The reported incidence is small and in most cases the symptoms have cleared when treatment was withdrawn. Discontinuation of the drug should be considered if any such reaction is not otherwise explicable. Cessation of therapy involving the beta-blockade should be gradual.

Although TIMOPTOL has been used in a small number of patients wearing contact lenses made of polymethylmethacrylate (PMMA), and there have been no reports of adverse effects, at present, experience is too limited to enable a conclusion on safety to be made.

Use in pregnancy TIMOPTOL has not been studied in human pregnancy. The use of Ophthalmic Solution TIMOPTOL requires that the anticipated benefit be weighed against possible hazards.

Use in children Since clinical studies in children have not been conducted, TIMOPTOL is not currently recommended for use in children.

Side effects Ophthalmic Solution TIMOPTOL is usually well tolerated. Occasionally signs and symptoms of mild ocular irritation have been reported. Local hypersensitivity reactions have occurred rarely.

Slight reduction of the resting heart rate (mean reduction 2.9 beats/minute, standard deviation 10.2) has been observed in some patients. Rarely, episodes of acute bronchospasm have been reported in patients with bronchospastic disease (see "Precautions").

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References:
1. Doig, W. M. *Res. & Clin. Forums*, 1980, 2(1), 167
2. Maclure, G. M. *ibid.*, p.171
3. Jones, D. E. P., *et al.* *ibid.*, p.179
4. Nagasubramanian, S. *ibid.*, p.159
5. *Proceedings of the International Symposium on Glaucoma, XXIII International Congress of Ophthalmology, Kyoto, Japan, May 12, 1978*, p.28

Bibliography

- Aasved H, Seland J H, and Sjaagovd J. E. Timolol maleate in treatment of open-angle glaucoma. *Acta Ophthalmol.* 1979, 57, 709
- Airaksinen, P. J. The long-term hypotensive effect of timolol maleate compared with the effect of pilocarpine in simple and capsular glaucoma. *Acta Ophthalmol.* 1979, 57, 425
- Arita M. Ocular pharmacology of timolol maleate. *Glaucoma Royal Society of Medicine International Congress and Symposium Series (No 21)*, Academic Press (London) and the Royal Society of Medicine, 1979, p.109
- Ashburn, F. S., Jr, Gillespie, J. E., Kass, M. A., and Becker, B. Timolol plus maximum tolerated anisoylamine produced a one-year follow-up study. *Surv Ophthalmol.* 1979, 23(6), 389 (May-June)
- Bischoff P. Erfahrungsm: Timolol in der Glaucom. *Therapie Klin Monatsbl Augenheilk.* 1978, 173, 202
- Bischoff P. Long-term results with timolol in the treatment of glaucoma and ocular hypertension. *Glaucoma: Royal Society of Medicine International Congress and Symposium Series (No 21)*, Academic Press (London) and the Royal Society of Medicine, 1979, p.263
- Boger, W., Pulfaffio, G. A., Steiner, R. F., and Langston, D. P. Long-term experience with timolol ophthalmic solution in patients with open-angle glaucoma. *Ophthalmol.* 1978, 85, 259
- Boger, W. P., Steiner, R. F., Pulfaffio, G. A., and Pavan-Langston, D. Clinical trial comparing timolol ophthalmic solution to pilocarpine in open-angle glaucoma. *Am J Ophthalmol.* 1978, 86, 8
- Boles-Carenini, B., and Brogliatti, B. Preliminary results of timolol in various types of glaucoma. *Glaucoma: Royal Society of Medicine International Congress and Symposium Series (No 21)*, Academic Press (London) and the Royal Society of Medicine, 1979, p.175
- Bonomi, L., Perletti, S., Nova, E., Bellucci, R., and Massa, F. Beta-adrenergic blocking agents and intraocular pressure: comparative evaluation of twelve drugs. *Glaucoma: Royal Society of Medicine International Congress and Symposium Series (No 21)*, Academic Press (London) and the Royal Society of Medicine, 1979, p.99
- Botemanns, C. H. G. Maintenance therapy with timolol ophthalmic solution in patients with elevated IOP and open angles requiring treatment. *Glaucoma: Royal Society of Medicine International Congress and Symposium Series (No 21)*, Academic Press (London) and the Royal Society of Medicine, 1979, p.159
- Coakes, R. L., and Brubaker, R. T. The mechanism of timolol lowering intraocular pressure in the normal eye. *Arch. Ophthalmol.* 1978, 96, 2045
- Dausch, D., and Honegger, H. Long-term study of the effects of timolol ophthalmic solution on aqueous outflow and intraocular pressure. *Proceedings of the International Symposium on Glaucoma, XXIII International Congress of Ophthalmology, Kyoto, Japan, May 12, 1978*, p.5
- Demally P. The place of timolol maleate in the treatment of residual elevated intraocular pressure following surgery for congenital glaucoma. *Journal of French Ophthalmology*, 1979, 2(10), 543
- Demally P. Review of clinical results with timolol. *Glaucoma: Royal Society of Medicine International Congress and Symposium Series (No 21)*, Academic Press (London) and the Royal Society of Medicine, 1979, p.113
- Demally P., Etienne, R., Hau, J., *et al.* Timolol maleate ophthalmic solution: a new beta blocking agent for the medical treatment of chronic simple open-angle glaucoma. *Proceedings of the International Symposium on Glaucoma, XXIII International Congress of Ophthalmology, Kyoto, Japan, May 12, 1978*, p.13
- Demally P., Lehner, M., and Duperré J. A new beta-blocking agent in the treatment of chronic glaucoma. Timolol maleate. *Bull Soc. Ophthal Paris*, 1976, 76, 801 (in French)
- Diamond G. R., Werblin, T., Richter, R., *et al.* Extended clinical studies using timolol in patients with ocular hypertension and chronic open-angle glaucoma. *Glaucoma*, 1979 (in press)
- Doig, W. M. Clinical experience with timolol in primary open angle glaucoma. *Res & Clin Forums*, 1980, 2(1), 167
- Francois, J., and Goss, F. Ultrasonographic study of the effect of timolol on the eye. *Glaucoma: Royal Society of Medicine International Congress and Symposium Series (No 21)*, Academic Press (London) and the Royal Society of Medicine, 1979, p.197
- Galin, M. A. The question of ocular hypertension. *Glaucoma: Royal Society of Medicine International Congress and Symposium Series (No 21)*, Academic Press (London) and the Royal Society of Medicine, 1979, p.47
- Goethals, M., and Missotten, L. Long-term trial of timolol in different forms of glaucoma. *Bull Soc belge Ophthal.* 1977, 79, 95
- Goethals, M., and Missotten, L. Recent results of timolol in glaucoma. *Glaucoma: Royal Society of Medicine International Congress and Symposium Series (No 21)*, Academic Press (London) and the Royal Society of Medicine, 1979, p.129
- Heel, R. C., Brogden, R. N., Speight, T. M., and Avery, G. S. Timolol. A review of its therapeutic efficacy in the topical treatment of glaucoma. *Drugs*, 1979, 17, 38
- Hervén, I. International symposium on glaucoma conclusions. *Glaucoma: Royal Society of Medicine International Congress and Symposium Series (No 21)*, Academic Press (London) and the Royal Society of Medicine, 1979, p.243
- Johnson, S. H., Brubaker, R. F., and Trautman, J. C. Absence of an effect of timolol on the pupil. *Invest Ophthalmol Vis Sci* 1978, 17, 924
- Jones, D. E. P., Norton, D. A., and Davies, D. J. G. The response of primary open angle glaucoma to topical timolol therapy. *Res & Clin Forums*, 1980, 2(1), 179
- Katz, I. M. Beta-blockers and the eye: an overview. *Ann Ophthalmol.* 1978, 10, 847
- Katz, I. M. Blindness from Glaucoma in the United States: when should treatment be initiated? *Glaucoma: Royal Society of Medicine International Congress and Symposium Series (No 21)*, Academic Press (London) and the Royal Society of Medicine, 1979, p.15
- Katz, I. M. Treatment of chronic open-angle glaucoma with timolol maleate ophthalmic solution. *Proceedings of the International Symposium on Glaucoma, XXIII International Congress of Ophthalmology, Kyoto, Japan, May 12, 1978*, p.29
- Katz, I. M., and Berger, E. T. Effects of its pigmentation on release of ocular pressure to timolol. *Surv Ophthalmol.* 1979, 23(6), 395 (May/June)
- Katz, I. M., Hubbard, W. A., Getson, A. J., and Gould, A. L. Intraocular pressure decrease in normal volunteers following timolol ophthalmic solution. *Invest Ophthalmol.* 1976, 15, 489
- Kerry, E., and Hervén, I. Glaucoma treatment with timolol. *Acta Ophthalmol.* 1978, 56, 705
- Kitazawa, Y. The effects of timolol maleate on the intraocular pressure variation in primary open angle glaucoma. *Glaucoma: Royal Society of Medicine International Congress and Symposium Series (No 21)*, Academic Press (London) and the Royal Society of Medicine, 1979, p.203
- Kreigstein, G. K. Timolol acute v chronic intra-ocular pressure responses. *Res & Clin Forums*, 1980, 2(1), 189
- Kupfer, C. The role of clinical drug trial methodology with respect to studies of new drugs. *Clinical trials of timolol. Surv Ophthalmol.* 1979, 23(6), 389 (May/June)
- Lui, L. L., Galin, M. A., Obstbaum, S. A., and Katz, I. Long-term timolol therapy. *Surv Ophthalmol.* 1979, 23(6), 377 (May/June)
- Maclure, G. M. Sympathetic beta-blocking agents with special reference to topical timolol. *Res. & Clin. Forums*, 1980, 2(1), 171
- Martmon, V. J., and Ishakian, A. C. The effect of timolol on ocular pulse pressure. *Res & Clin Forums*, 1980, 2(1), 165
- Merck Sharp & Dohme Research Laboratories, West Point, Pa. 1974. *Preclinical Brochure on Timolol*
- Missotten, L., and Goethals, M. Timolol: reduced the standing potential of the eye. *Ophthalmol.* 1977, 9, 321
- Mondon, H., Lefrancos, A., and Bregat, P. Preliminary study of the use of timolol in aphakic glaucoma. *Glaucoma: Royal Society of Medicine International Congress and Symposium Series (No 21)*, Academic Press (London) and the Royal Society of Medicine, 1979, p.185
- Moss, A. P., Ritch, R., Hargett, N. A., *et al.* A comparison of the intraocular pressure effects of timolol and epinephrine in humans. *Am J Ophthalmol.* 1978, 86, 449
- Nagasubramanian, S. The role of sympathetic beta-blocking agents in glaucoma therapy. *Res & Clin Forums*, 1980, 2(1), 159
- Nielsen, N. V. One years clinical evaluation of timolol ophthalmic (alone and in combination) in the treatment of glaucoma. *Glaucoma: Royal Society of Medicine International Congress and Symposium Series (No 21)*, Academic Press (London) and the Royal Society of Medicine, 1979, p.151
- Nielsen, N. V. Timolol: Hypotensive effect used alone or in combination for treatment of increased intraocular pressure. *Acta Ophthalmol.* 1978, 56, 504
- Obstbaum, S. A., Galin, M. A., and Katz, I. M. Timolol: Effect on intraocular pressure in chronic open-angle glaucoma. *Ann Ophthalmol.* 1978, 10, 364
- Pederson, O. L. Laegemiddelinformation: Timolol (Drug information timolol). *Ugeskr Laeg*, 1978, 140, 364 (Danish, not translated)
- Plane, C., Gresse, J. F., and Maussion, M. Two years' experience of treating chronic glaucoma with timolol ophthalmic solution. *Glaucoma: Royal Society of Medicine International Congress and Symposium Series (No 21)*, Academic Press (London) and the Royal Society of Medicine, 1979, p.213
- Plane, C., Solé, P., Ourgaud, A. G., Hamard, H., and Vidal, P. Double-observer comparison of timolol maleate and pilocarpine in open-angle glaucoma. *Proceedings of the International Symposium on Glaucoma, XXIII International Congress of Ophthalmology, Kyoto, Japan, May 12, 1978*, p.41
- Radius, R. L., Diamond, G. R., Pollock, P. A., and Langham, M. E. Timolol. A new drug for management of chronic simple glaucoma. *Ophthalmol.* 1978, 96, 1003
- Ramallo, P. S. Efficacy and tolerance of timolol maleate ophthalmic in normotensive and glaucoma eyes (Preliminary report). *Glaucoma: Royal Society of Medicine International Congress and Symposium Series (No 21)*, Academic Press (London) and the Royal Society of Medicine, 1979, p.229
- Reynolds, P. M. The effect of topical timolol maleate on the diurnal curve - a preliminary report. *Res & Clin Forums*, 1980, 2(1), 183
- Ritch, R., Hargett, N. A., and Podos, S. M. The effect of 1.5% timolol maleate on intraocular pressure. *Acta Ophthalmol.* 1978, 56, 6
- Ritch, R., and Podos, S. Timolol versus epinephrine in the control of intraocular pressure. *Glaucoma: Royal Society of Medicine International Congress and Symposium Series (No 21)*, Academic Press (London) and the Royal Society of Medicine, 1979, p.213
- Saari, K. M., Airaksinen, P. J., and Jaanio, E. A. T. Hypotensive effect of timolol on secondary glaucoma in chronic uveitis (edit). *Lancet*, 1978, 1, 442
- Saravux, H. Treatment of glaucoma with timolol. *Glaucoma: Royal Society of Medicine International Congress and Symposium Series (No 21)*, Academic Press (London) and the Royal Society of Medicine, 1979, p.140
- Schiffner, H. P. Comparison of timolol maleate and pilocarpine in the treatment of chronic glaucoma. *Proceedings of the International Symposium on Glaucoma, XXIII International Congress of Ophthalmology, Kyoto, Japan, May 12, 1978*, p.49
- Sontag, R., Brindley, G. O., Shields, M. B. Effect on timolol therapy on outflow facility. *Invest Ophthalmol Vis Sci*, 1978, 17, 923
- Sonty, S., and Schwartz, B. The additive effect of timolol on open-angle glaucoma patients on maximal medical therapy. *Surv Ophthalmol.* 1979, 23(6), 381 (May/June)
- Stempel, I., and Grubb, G. Latest results of glaucoma therapy. *Glaucoma: Royal Society of Medicine International Congress and Symposium Series (No 21)*, Academic Press (London) and the Royal Society of Medicine, 1979, p.129
- Timolol - mode of action (Panel discussion 11). *Glaucoma: Royal Society of Medicine International Congress and Symposium Series (No 21)*, Academic Press (London) and the Royal Society of Medicine, 1979, p.235
- Uner, U., and Gior, B. Six months' clinical experience with timolol ophthalmic. *Glaucoma: Royal Society of Medicine International Congress and Symposium Series (No 21)*, Academic Press (London) and the Royal Society of Medicine, 1979, p.179
- Vainickova, J. Preliminary report on a six-month trial of timolol ophthalmic in open angle glaucoma. *Glaucoma: Royal Society of Medicine International Congress and Symposium Series (No 21)*, Academic Press (London) and the Royal Society of Medicine, 1979, p.171
- Vermy, P. E., Sherbin, Shepers, M., and van Zwenen, P. A. The disposition and metabolism of timolol in man. *J Pharm Pharmacol.* 1978, 30, 53
- Walinder, P. E. Timolol ophthalmic solution in the treatment of exfoliative glaucoma. *Glaucoma: Royal Society of Medicine International Congress and Symposium Series (No 21)*, Academic Press (London) and the Royal Society of Medicine, 1979, p.189
- Yablonski, M. E., Zimmerman, T. J., Waltman, S. R., and Becker, B. A fluorophotometric study of the effect of topical timolol on aqueous humor dynamics. *Exp Eye Res.* 1978, 27, 134
- Zimmerman, T. J. Basic Pharmacology of some glaucoma drugs with emphasis on new information and new developments. *Glaucoma: Royal Society of Medicine International Congress and Symposium Series (No 21)*, Academic Press (London) and the Royal Society of Medicine, 1979, p.89
- Zimmerman, T. J. Timolol maleate - A new glaucoma medication? (edit). *Invest Ophthalmol Vis Sci*, 1977, 16, 667
- Zimmerman, T. J. Timolol maleate: present research results: A review. *Proceedings of the International Symposium on Glaucoma, XXIII International Congress of Ophthalmology, Kyoto, Japan, May 12, 1978*, p.53
- Zimmerman, T. J., and Wagner, W. F. The beta-adrenergic blocking agents and the treatment of glaucoma. *Surv Ophthalmol.* 1979, 23(6), 347
- Zimmerman, T. J., Gillespie, J. E., Kass, M. A., Yablonski, M. E., and Becker, B. Timolol plus maximum tolerated anti-glaucoma therapy. *Arch. Ophthalmol.* 1979, 97, 278
- Zimmerman, T. J., Harbin, R., Pett, M., and Kaufman, H. E. Timolol and facility of outflow. *Invest Ophthalmol Vis Sci*, 1977, 16, 623
- Zimmerman, T. J., Kass, M. A., Yablonski, M. E., and Becker, B. Timolol maleate: efficacy and safety (Submitted for publication)
- Zimmerman, T. J., and Kaufman, H. E. Timolol. A beta-adrenergic blocking agent for the treatment of glaucoma. *Arch. Ophthalmol.* 1977, 95, 601
- Zimmerman, T. J., and Kaufman, H. E. Timolol. A new drug for the treatment of glaucoma? *Symposium on Ocular Therapy*, Vol. 10 (edited by V. H. Leopold, 1977, John Wiley (NY)), p.69
- Zimmerman, T. J., and Kaufman, H. E. Timolol. A new drug response and duration of action. *Arch. Ophthalmol.* 95, 605, 1977



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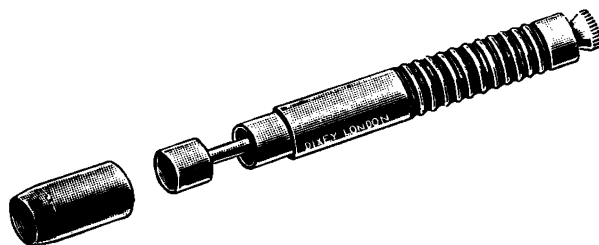
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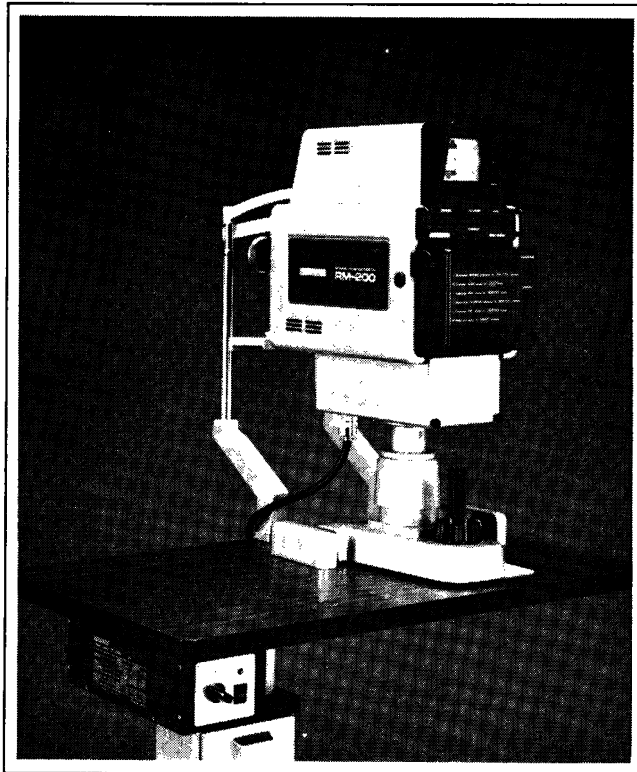
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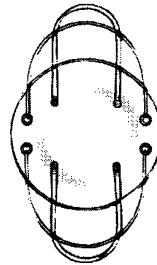
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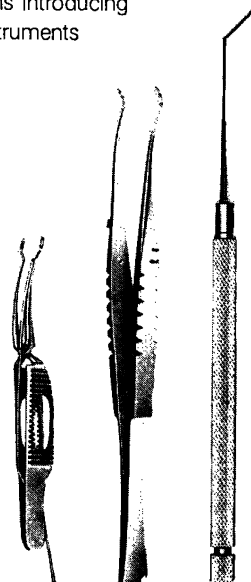
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