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Dosage and administration: Tears Naturale is a clear colourless sterile solution containing Dextran 70 USP 0.1% and Hydroxypropyl Methylcellulose (Hypromellose) 0.3% preserved with Benzalkonium Chloride 0.01% and Disodium Edetate 0.05%. The normal dose is one to two drops into the eye(s) as frequently as required to relieve eye irritation symptoms.

Contra-Indications: Known hypersensitivity to Benzalkonium Chloride. This product should not be used when soft contact lenses are being worn. Basic NHS cost £1.60 P.L. 0649/0031 Full prescribing information available on request.



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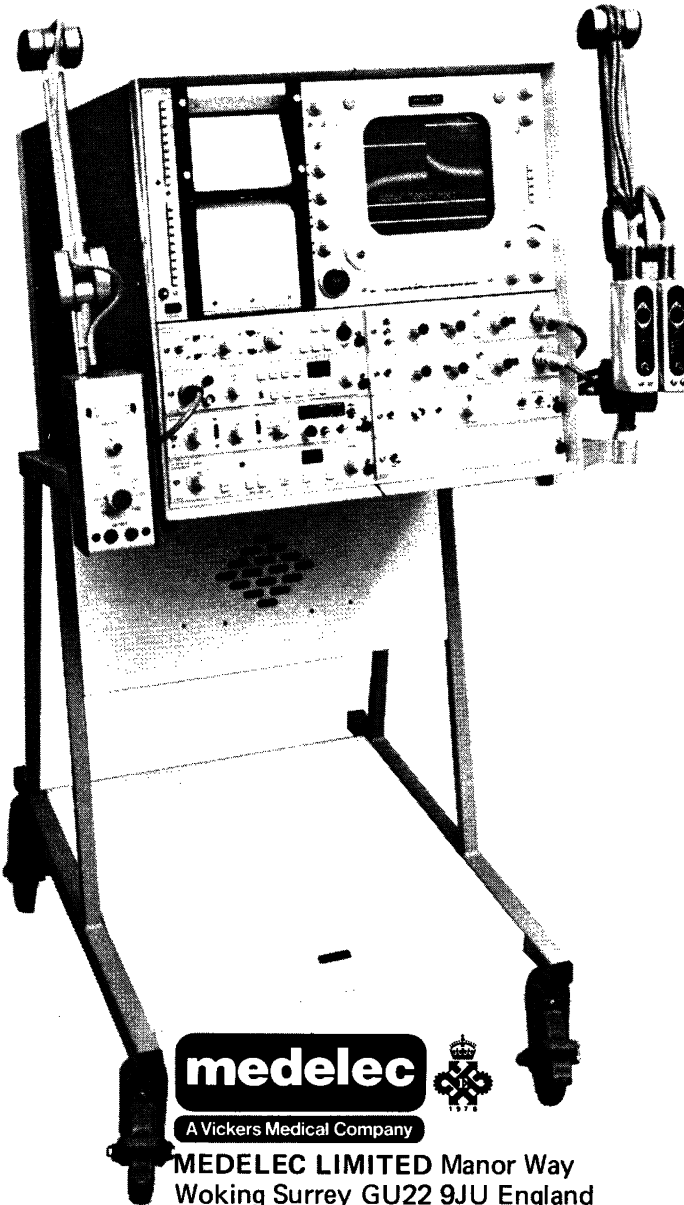
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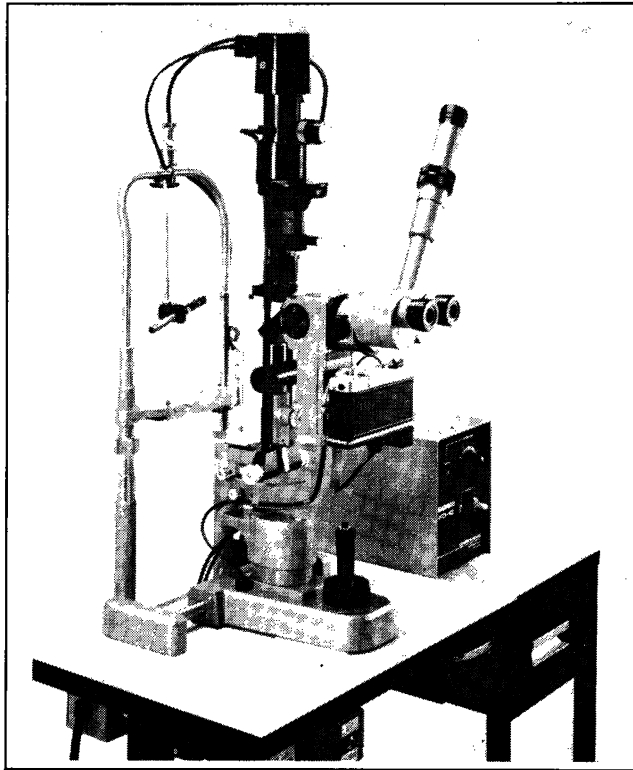


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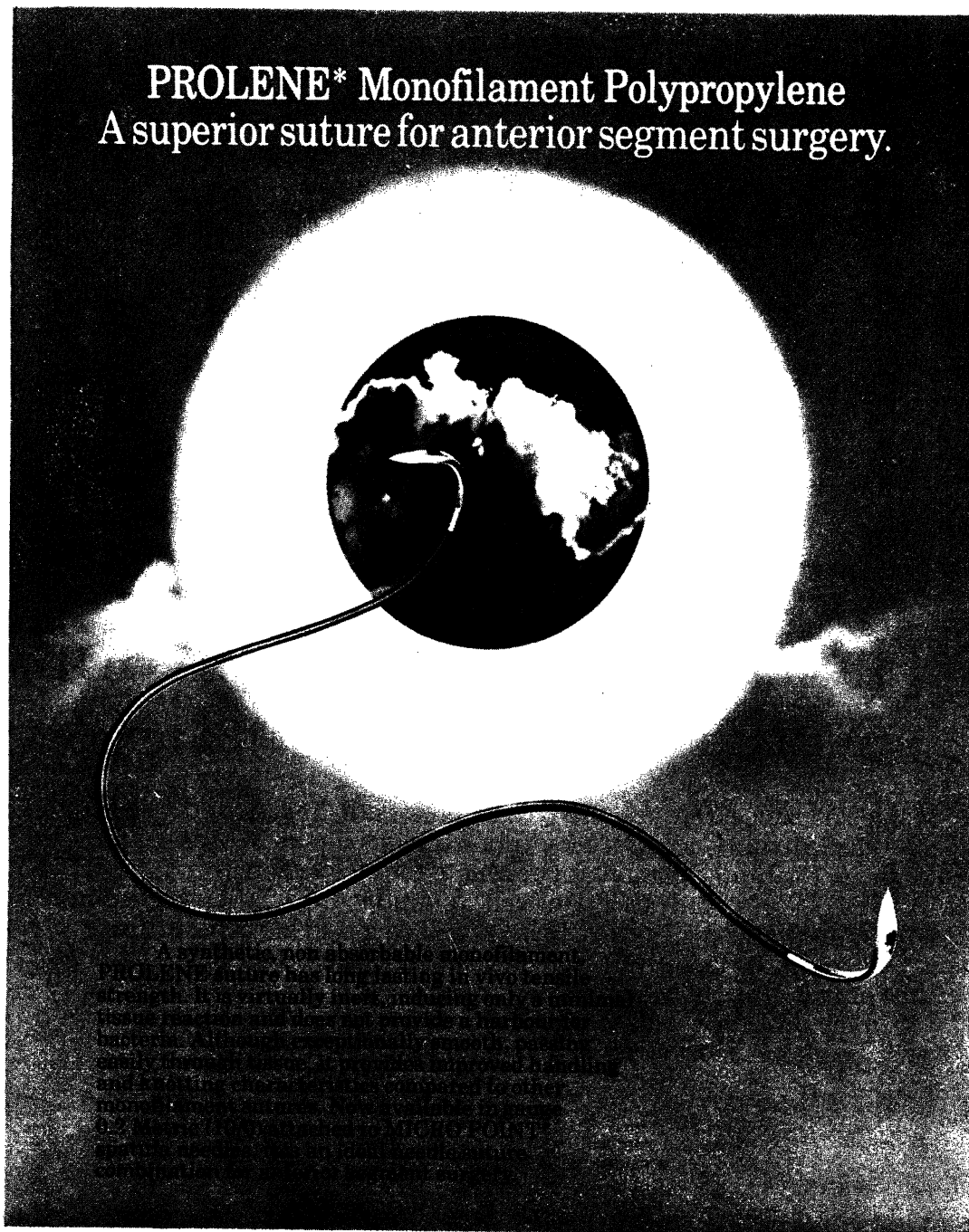
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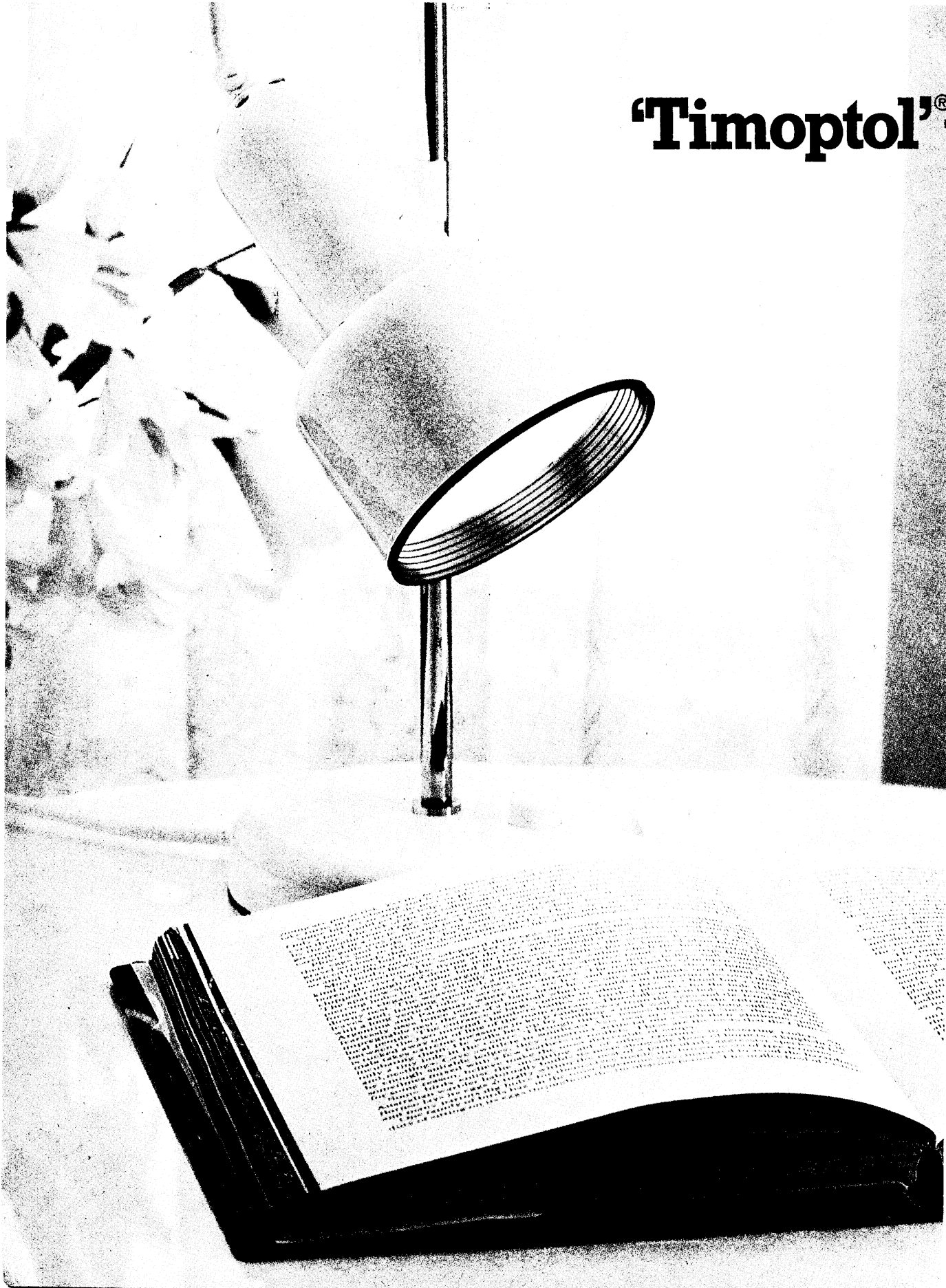
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In 76 patients studied for a period of three years there was no evidence of diminished responsiveness to 'Timoptol'.

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For product information and bibliography please see over page.

*in many patients

Ophthalmic Solution

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Timolol maleate, MSD

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 2.6 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').

Presentation Clear, colorless to light yellow, sterile eye drops, available as a 0.25% and 0.5% w/w solution of timolol maleate. Each is presented in a special metered-dose Ocumeter® dispenser containing 5ml Ophthalmic Solution TIMOPTOL.

The United Kingdom NHS basic cost is: £4.71 for 5ml 0.25% Ophthalmic Solution TIMOPTOL, £5.29 for 5ml 0.5% Ophthalmic Solution TIMOPTOL.

Product licence numbers: 0.25% Ophthalmic Solution, 0025/0134. 0.5% Ophthalmic Solution, 0025/0135.

Product authorisation numbers: 0.25% Ophthalmic Solution, 35/53/2. 0.5% Ophthalmic Solution, 35/53/3.

Agents in the Republic of Ireland: Cahill May Roberts, P.O. Box 1090, Chapelizod, Dublin 20.

Additional information is available to the medical profession on request.

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- References:**
1. Doig, W. M. *Res. & Clin. Forums.* 1980, 2(1), 167
 2. Maclure, G. M. *ibid.*, 2(1), 171
 3. Jones, D. E. R., *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.29*

Bibliography

- Aasved, H., Seland, J. H. and Slagsvold, J. E. Timolol maleate in treatment of open-angle glaucoma. *Acta Ophthalmol.* 1979, 57, 700
- 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
- Arrata, M. Ocular pharmacology of timolol drops. *Glaucoma. Royal Society of Medicine International Congress and Symposium Series (No 21)*. Academic Press (London), and the Royal Society of Medicine, 1978, p.109
- Ashburn, F. S., Jr., Gillespie, J. E., Kass, M. A., and Becker, B. Timolol plus maximum tolerated anti-glaucoma therapy: A one-year follow-up study. *Surv Ophthalmol.* 1978, 23(6), 389 (May/June)
- Bischoff, P. Fahrgrünger mit 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, 1978, p.223
- Boger, W. P., Pulfitt, C. 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., Pulfitt, C. A., and Pavan-Langston, D. Clinical trial comparing timolol ophthalmic solution to pilocarpine in open-angle glaucoma. *Amer. 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, 1978, p.175
- Bonomi, L., Perletti, S., Noya, 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, 1978, p.99
- Botemann, 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, 1978, p.159
- Coakes, R. L., and Brubaker, R. F. 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 maleate ophthalmic solution on lowering intraocular pressure in patients with glaucoma. *XXIII 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 tension 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, 1978, p.113
- Demally, P., Etienne, R., Hasi, 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 Royal Society of Medicine International Congress and Symposium Series (No 21)*. Academic Press (London), and the Royal Society of Medicine, 1978, p.147
- Demally, P., Lehner, M. A., and Duperré, J. A new beta-blocking agent in the treatment of glaucoma. *Bull. Soc. Ophthalm. 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 I*, 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 contents. *Glaucoma. Royal Society of Medicine International Congress and Symposium Series (No 21)*. Academic Press (London), and the Royal Society of Medicine, 1978, 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, 1978, p.47
- Goethals, M., and Missotten, L. Long-term trial of timolol in different forms of glaucoma. *Bull. Soc. Belg. Ophthalm.* 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, 1978, p.123
- 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
- Hervey, I. International symposium on glaucoma. *Glaucoma. Royal Society of Medicine International Congress and Symposium Series (No 21)*. Academic Press (London), and the Royal Society of Medicine, 1978, 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, 1978, 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 response 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. I. Intraocular pressure decrease in normal volunteers following timolol ophthalmic solution. *Invest. Ophthalmol.* 1976, 15, 489
- Kerry, E., and Harven, I. Glaucoma treatment with timolol. *Acta Ophthalmol.* 1978, 56, 709
- 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, 1978, p.203
- Kreigstein, G. K. Timolol: acute v chronic intra-ocular pressure responses. *Res. & Clin. Forums.* 1980, 2(1), 189
- Kupfer, C. The effect of clinical trial methodology with respect to studies of new drugs. *Clinical trials of timolol. Surv Ophthalmol.* 1979, 23(6), 399 (May/June)
- Lin, L. L., Galin, M. A., Oberbaum, S. A., and Katz, I. Long-term timolol therapy. *Surv Ophthalmol.* 1978, 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
- Marmion, V. J., and Isfahani, 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 reduces the standing potential of the eye. *Ophthalmol.* 1977, 9, 321
- Mondon, H., Lefrancos, A., and Bréga, 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, 1978, 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. *Amer. J. Ophthalmol.* 1978, 86, 489
- Nagasubramanian, S. The role of sympathetic beta-blocking agents in glaucoma therapy. *Res. & Clin. Forums.* 1980, 2(1), 159
- Nielsen, N. V. One year's 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, 1978, p.151
- Nielsen, N. V. Timolol: Hypotensive effect, used alone or in combination for treatment of increased intraocular pressure. *Acta Ophthalmol.* 1978, 56, 504
- Obatbaum, S. A., Galin, M. A., and Katz, I. M. Timolol: Effect on intraocular pressure in chronic open-angle glaucoma. *Ann. Ophthalmol.* 1978, 10, 1347
- Pedersen, O. L. Late medemidinformation: Timolol (Drug information: timolol) Ugeskr. Læge, 1978, 140, 364 (Danish, not translated)
- Plane, C., Greze, J. F., and Maussan, 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, 1978, p.215
- Plane, C., Solé, P., Ourgaud, A. G., Hamard, H., and Vidal, R. 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.4*
- Radu, I., Diamond, G. R., Pulfitt, C. A., and Langham, M. E. Timolol. A new drug for management of chronic simple glaucoma. *Ophthalmol.* 1978, 96, 1003
- Ramålho, P. S. Efficacy and tolerance of timolol maleate ophthalmic in normotensive and open-angle eyes. (Preliminary report). *Glaucoma. Royal Society of Medicine International Congress and Symposium Series (No 21)*. Academic Press (London), and the Royal Society of Medicine, 1978, 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, 1978, p.143
- Saari, K. M., Airaksinen, J., and Jaanio, E. A. T. Hypotensive effect of timolol on secondary glaucoma in chronic uveitis (edit). *Lancet.* 1978, 1, 442
- Sarau, 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, 1978, p.140
- Schiffert, H.-P. Comparison of timolol maleate and pilocarpine in the treatment of open-angle eyes. *Proceedings of the International Symposium on Glaucoma, XXIII International Congress of Ophthalmology, Kyoto, Japan, May 12, 1978, p.49*
- Sontag, J., Brindley, G. O., Shields, M. B. Effect on timolol therapy on outflow facility. *Invest. Ophthalmol. Vis. Sci.* 1978, 17, 293
- 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 Sträub, W. 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, 1978, p.129
- Timolol - mode of action (Panel discussion II). *Glaucoma. Royal Society of Medicine International Congress and Symposium Series (No 21)*. Academic Press (London), and the Royal Society of Medicine, 1978, p.235
- Uner, U., and Gloor, 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, 1978, p.179
- Valincikova, 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, 1978, p.171
- Vermi, P., el Sherbin, Shepers, M., and van Zwiem, P. A. The disposition and elimination 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, 1978, 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, 1978, p.89
- Zimmerman, T. J. Timolol maleate - A new glaucoma medication? (edit). *Invest. Ophthalmol. Vis. Sci.* 1977, 16, 687
- 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 Boger, W. P. 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.* 1978, 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, 603
- Zimmerman, T. J., and Kaufman, H. E. Timolol: A new drug for the treatment of glaucoma? *Symposium on Ocular Therapy*, Vol. 10 (edited by) I. H. Leopold, 1977, John Wiley (NY), p. 69
- Zimmerman, T. J., and Kaufman, H. E. Timolol: Dose response and duration of action. *Arch. Ophthalmol.* 95, 605, 1977



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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 Guttiae 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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Ramsell TG, Bartholomew RS, Walker SR. Br J Ophthalmol 1980; 64: 43-5.

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Prescribing information

Indications

Eumovate Eye Drops are indicated for the treatment of non-infected inflammatory conditions of the eye. Eumovate-N Eye Drops are indicated for inflammatory conditions of the eye where secondary bacterial infection is likely to occur.

Dosage and administration

The usual dosage is one to two drops four times a day. For severe inflammatory conditions one or two drops should be instilled into the eye every one or two hours until control is achieved, when the frequency may be reduced.

Contra-indications

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Precautions

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Product Licence numbers

Eumovate Drops 4/02/60

Eumovate-N Drops 4/02/76

Presentation	Basic NHS cost (exclusive of VAT)
--------------	--------------------------------------

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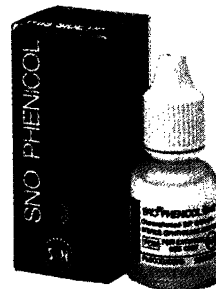
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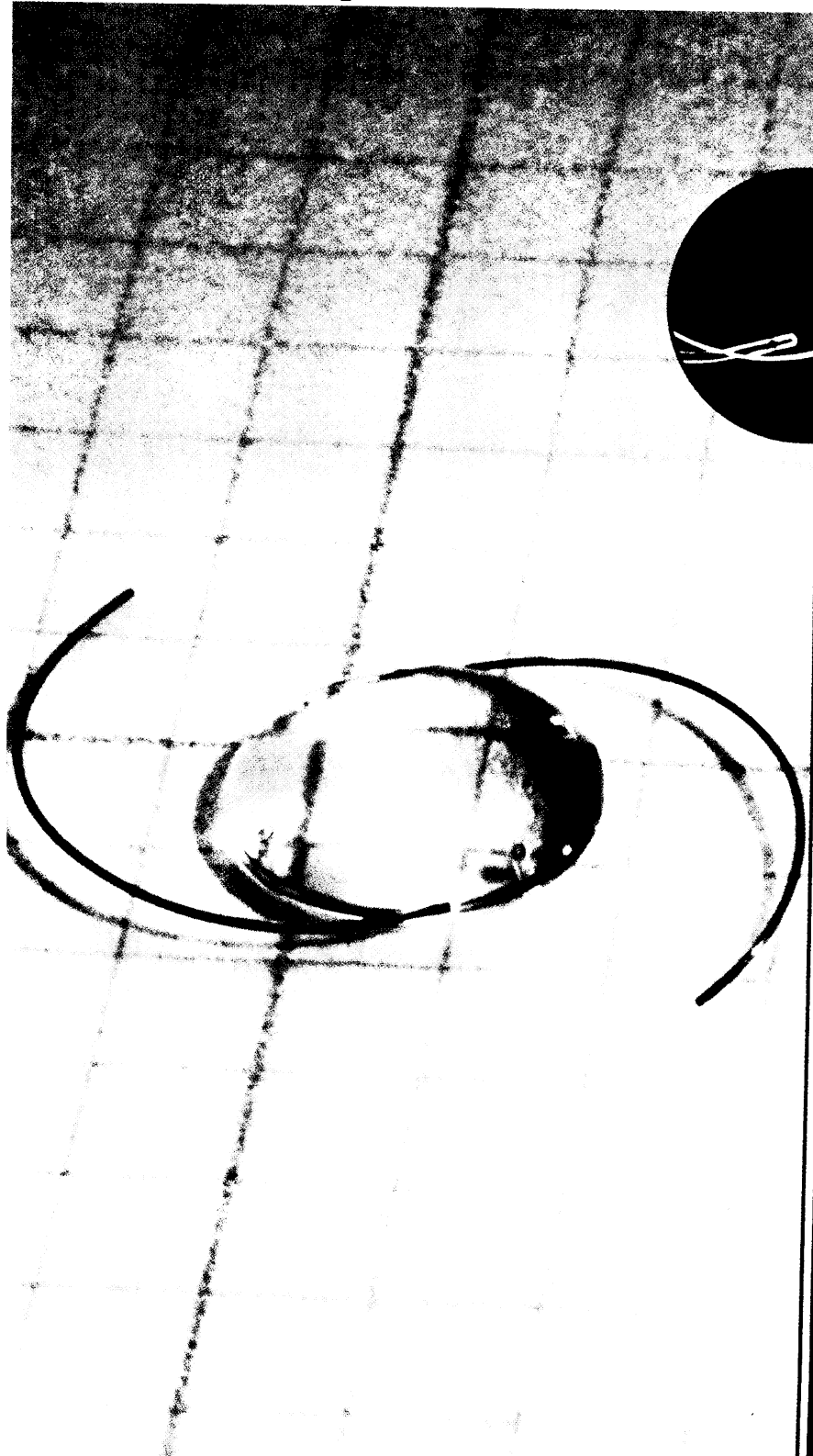
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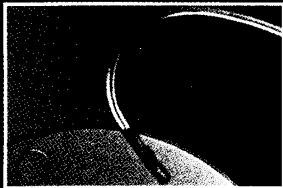
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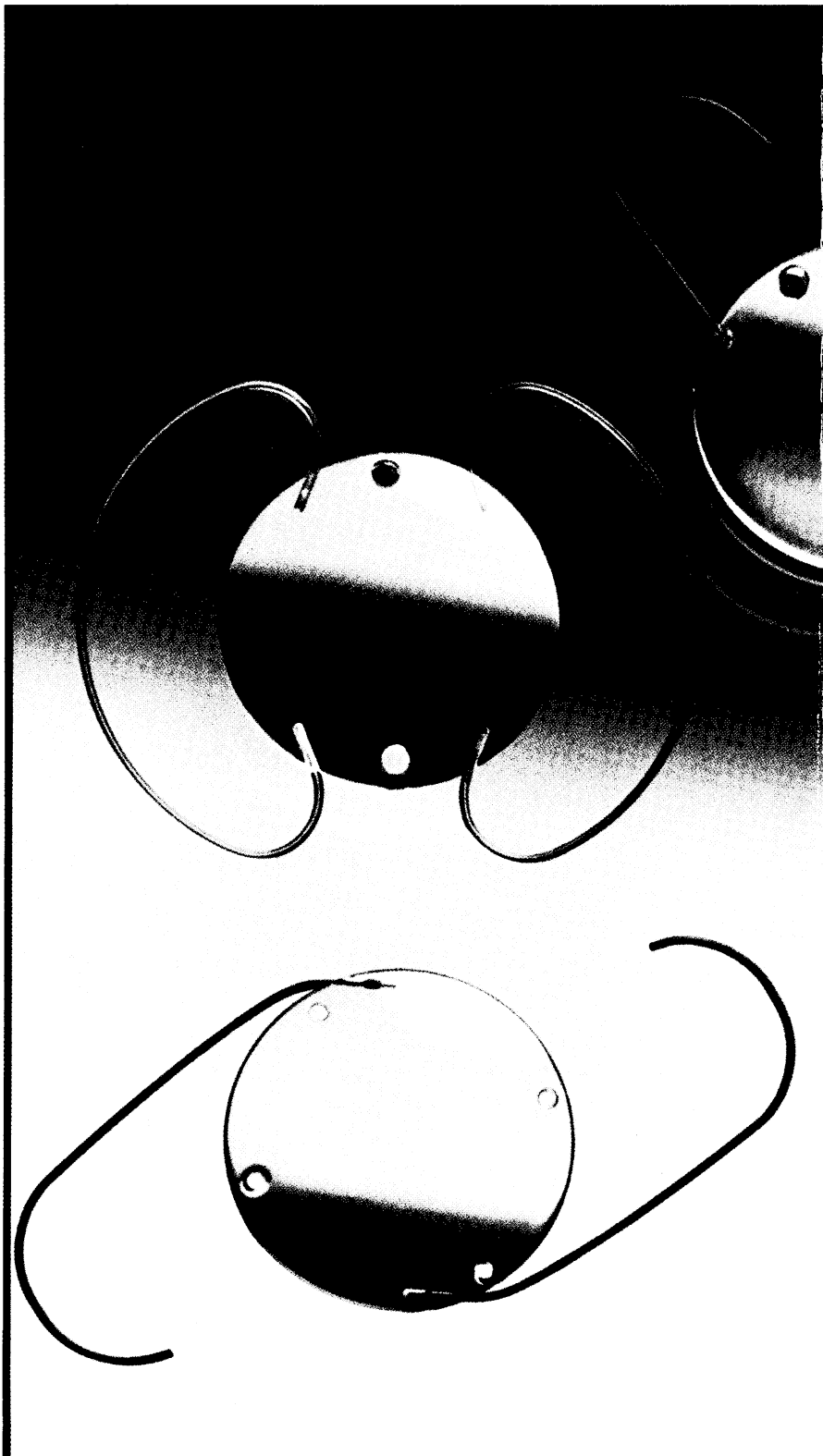
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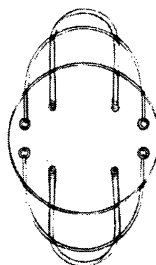


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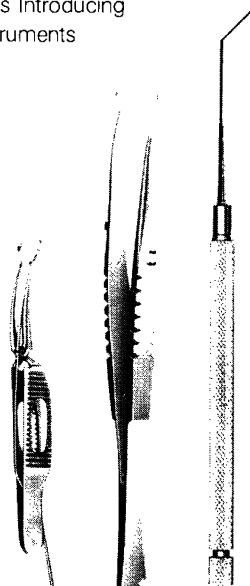
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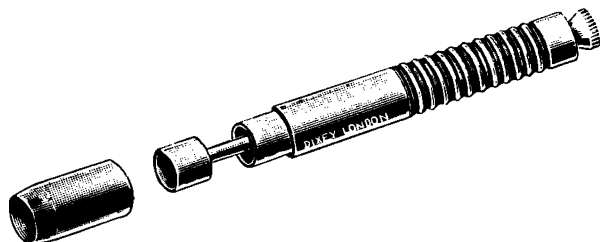
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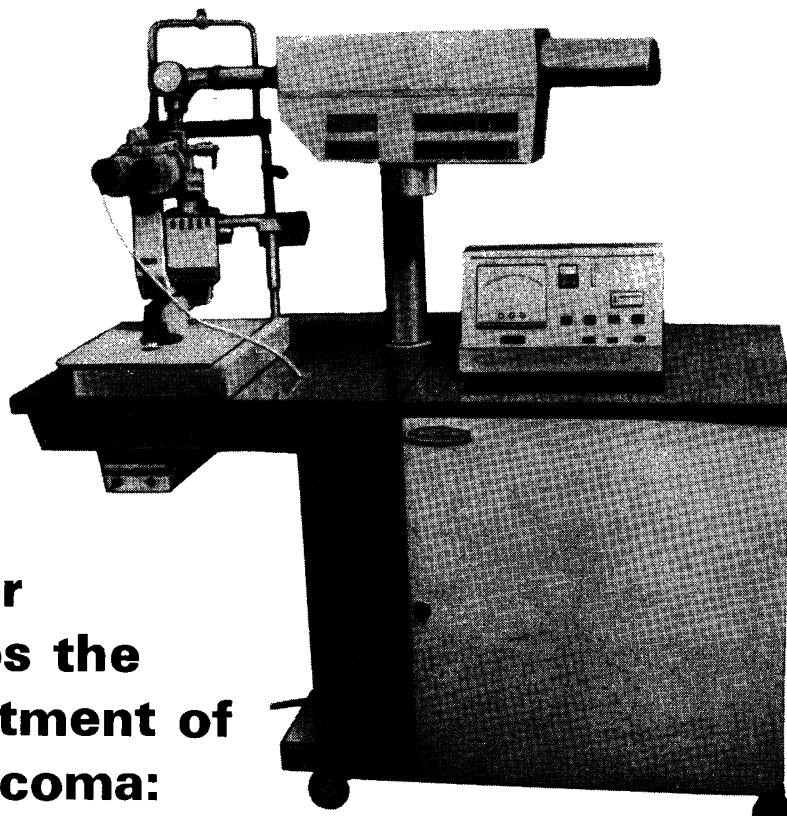
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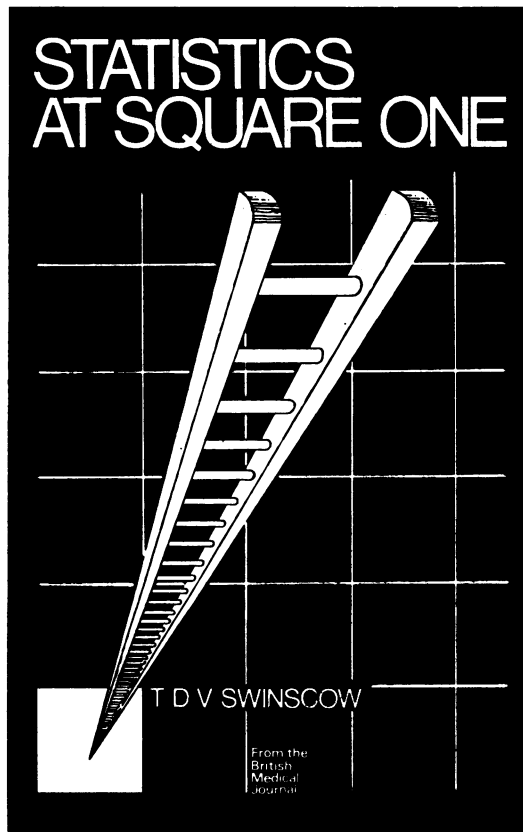
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Tuesday, October 13, 1981 **CATARACT AND INTRAOCULAR LENS**

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Speakers: Cornelius D. Binkhorst, MD; Donald L. Praeger, MD; John J. Alpar, MD; Robert F. Azar, MD; Charles H. Bechert II, MD; D. Peter Choyce, FRCS; Fabio Dossi, MD; K. Buol Heslin, MD; Leeds E. Katzen, MD; Charles D. Kelman, MD; Rudolph Kern, MD; Takehisa Kondo, MD; Manus C. Kraff, MD; Marvin L. Kwitko, MD; David J. McIntyre, MD; John L. Pearce, ChM, DO; C. William Simcoe, MD; Robert M. Sinsky, MD; George L. Spaeth, MD; Harold F. Spalter, MD; Clifford Terry, MD; Jan G. Worst, MD

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Panel Discussion: Cornelius D. Binkhorst, MD, moderator; Luc Duran, MD; Paul Leonard, MD; D. Peter Choyce, FRCS; George L. Spaeth, MD; S. N. Fyodorov, MD; Harold Spalter, MD (*continued opposite page*)