

receiving treatment with kanamycin. It is anticipated that further development will ultimately produce a programme which will predict serum kanamycin concentrations with greater consistency and which will be suitable for routine clinical use.

TABLE 1. Serum concentrations ( $\mu\text{g/ml}$ ) of kanamycin in hospital patients receiving treatment (a) as predicted by the computer (b) as determined by microbiological assay

Patient	Body weight (kg)	Renal clearance ml/min		Serum kanamycin concentration ( $\mu\text{g/ml}$ )			
				2 h after previous dose		12 h after previous dose	
		Urea	Creatinine	(a)	(b)	(a)	(b)
1	63	15.2	34.6	27	26	9	7
2	46	10.5	15.0	42	12	1	2
3	60	7.5	25.4	32	27	14	15
				33	25	16	16
4	53	1.6	2.2	49	35	38	22
5	63	0.7	1.0	38	22	29	15

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#### Pressure reversal of anaesthesia (T)

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#### Effect of general anaesthetics on the permeability of single bilayer phospholipid vesicles and the antagonism of high pressure (T)

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#### Pharmacology of cannabis: catalepsy: hypothermia: inhibition of drug metabolism (T)

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