Five patients were admitted to hospital for two consecutive days, after routine pretreatment investigation. The object of the study was fully explained to them. Fluid and food intake were controlled and the patients were rested for 1 h before blood pressure and pulse rate were recorded in the supine and in the erect position after standing for 2 minutes. Blood pressure was measured with a London School of Hygiene sphygmomanometer (Rose, Holland & Crowley, 1964). The readings were repeated at half hourly intervals for 7 hours. Placebo was administered on the first, and indoramin (25 mg) on the second day. When compared with placebo, indoramin produced small falls in supine and erect blood pressures over 6 h with no effect on pulse rate. In a further patient, of 104 kg body weight, indoramin (0·5 mg/kg) produced a marked fall in supine and erect systolic and diastolic blood pressure without a commensurate increase in pulse rate, the fall in the supine systolic blood pressure being of the order of 50 mmHg, and 70 mmHg in the erect systolic pressure.

Six patients have taken indoramin for 6–24 weeks as outpatients and adequate control of their blood pressure has been achieved with divided doses of 90–210 mg daily. In one patient the addition of bendrofluazide to his treatment regime, and later its discontinuance, appeared to make little difference to the blood pressure. However, in another patient bendrofluazide enhanced the antihypertensive effect of indoramin.

All patients complained of nasal stuffiness and a dry mouth. Two of six male patients have experienced failure of ejaculation. No evidence of adverse haematological or biochemical effects have been observed.

From initial clinical experience, indoramin would appear to be an effective antihypertensive agent in man, and further trials in larger numbers of hypertensive patients seem to be justified.

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## Computer-assisted prescribing of kanamycin for patients with renal insufficiency (T)

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