February 1994

The Journal of Laryngology and Otology





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125988 Published online by Cambridge University Press

Vol 108 No 2

The Journal of Laryngology and Otology

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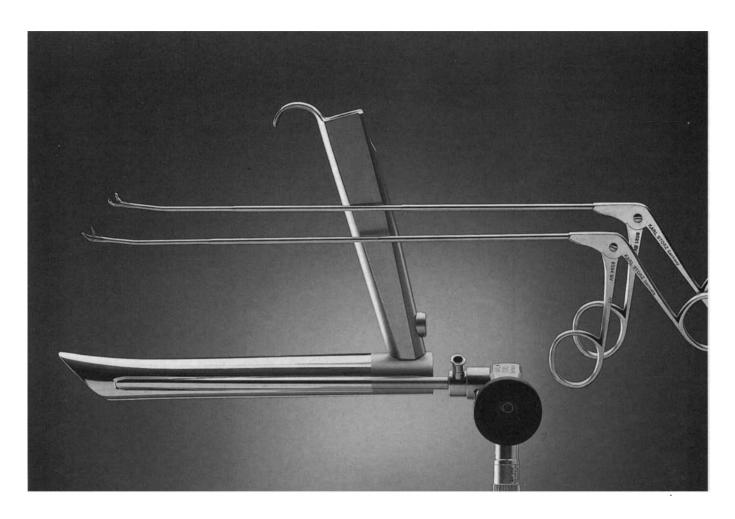
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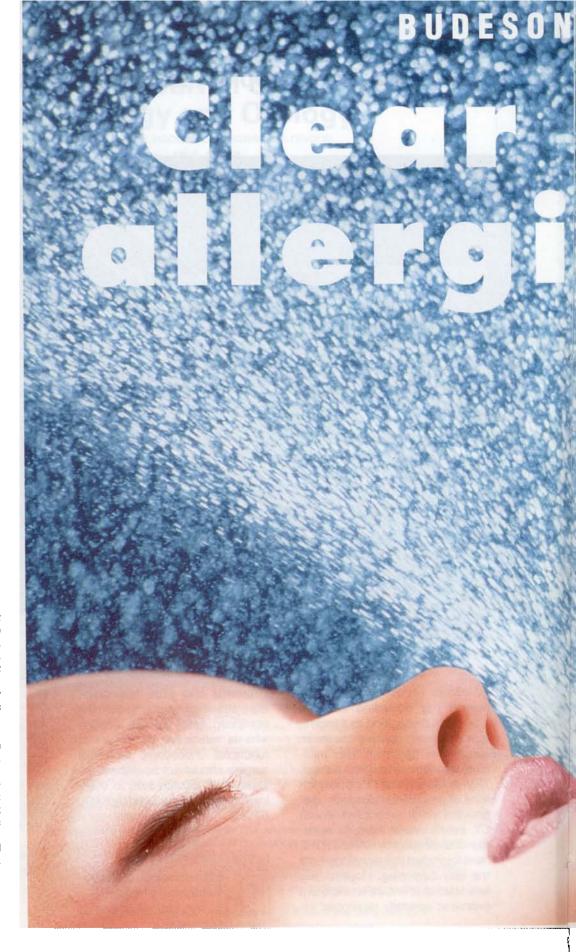
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References

1. Bhatia M et al. Curr Med Res Opin 1991; 12 (5): 287-296. 2. Pipkorn U, Rundcrantz H. Eur J Resp. Dis 1982; 63 (122): 211-220. 3. Pipkorn U. Rhinology 1983; 21: 335-340. 4. Samuelsson A. Folia Allergologica et Immunologica Clinica 1983: XXX (Suppl. al No.4): 102. 5. Simpson RJ et al. Allergy 1988; 43 (7): 112. 6. McArthur JG. Allergy 1988; 43 (7): 114. 7. Sykes CG, Stoker MJ. Eur Ac Allergol Clin Immunol, Stockholm 1985; (abs 217). 8. Vanzieleghem MA et al. J Allergy Clin Imm 1986; 77: 136. 9. Vanzieleghem MA et al. J Allergy Clin Imm 1987; 79: 887-892. 10. Penttilä M et al. Rhinology 1988; 26 (1): 148. 11. Bunnag C, Jareoncharsri P. Wong ECK, Allergy 1992; 47: 313-317. 12. Bende M, Rundcrantz H. ORL 1985; 47: 303-306. 13. Skinner D, Basran G. Physician 1991; Jun: 233-235. 14. McGivern DV et al. Eur Ac Allergol Clin Immunol, Stockholm 1985; (abs 215). 15. Olson O, Samuelsson A. Acta Otolaryngol (Stockholm) 1984; Suppl. 412: 125. Synnerstad B et al. Eur Ac Allergol Clin Immunol, Stockholm 1985; 216: 239. 17. Synnerstad B et al. 11th ERS Congress and 5th ISIAN Athens - Greece, 15-18 June 1986: 18-19. 18. Lindqvist N et al. Allergy 1986; 41: 179-186.





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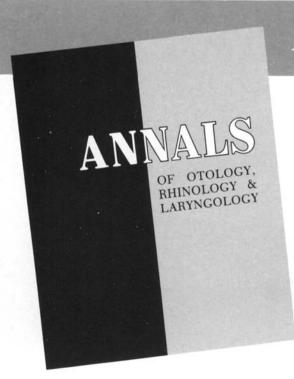
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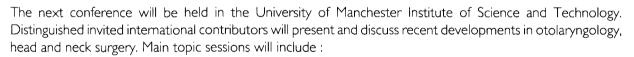
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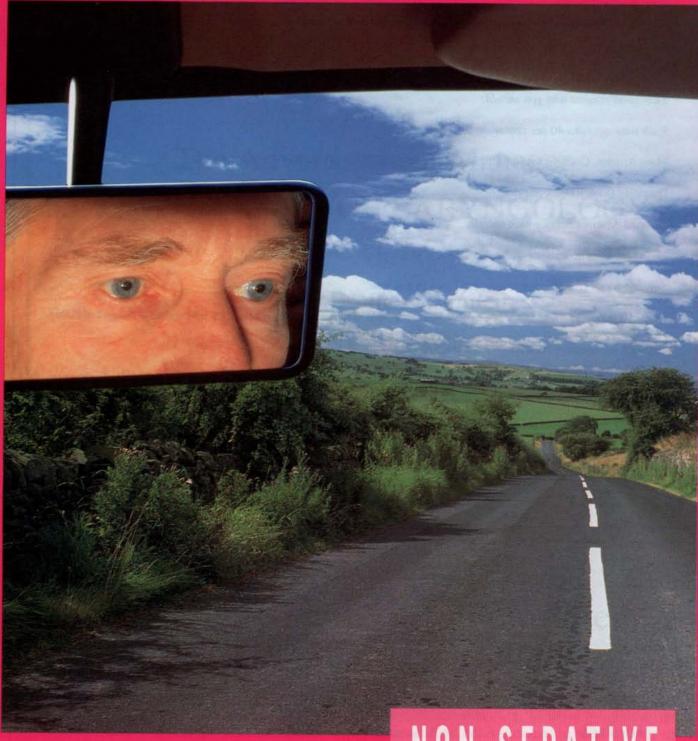
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