

thrombolysis or fibrinolysis as a result of increased fibrinolysin activity and consequent hemorrhage, particularly following pulmonary, cardiac, pancreatic, and prostatic surgery. Administration of certain drugs or hormones also increase this tendency—epinephrine, vitamin K, nicotinic acid, PABA, and others. Lysis was determined by dissolution in a test tube of the organized clot over a period of 4 to 8 hours. In five patients who had a prostatectomy, use of fat emulsion intravenously resulted in subsequent control of hemorrhage and reduction of *in vitro* clot lysis. (Biggs, A. W., and others: *The Use of Fat Emulsion IV in Control of Hemorrhage Due to Thrombolysin Activity*, *South. Med. J.* 54: 1252 (Nov.) 1961.)

ANTICOAGULANT ANTAGONIST Coumarin anticoagulant therapy is frequently accompanied by the administration of other drugs, including barbiturates. Results obtained in guinea pig, dog and man indicate that pretreatment with barbiturates may antagonize the hypo-prothrombinemic effect of coumarin anticoagulants. This effect has been correlated with lower plasma levels of the anticoagulant drugs. In man, the route and timing of dosage significantly influence this barbiturate effect. It may be necessary to pay more attention to the mutual influence of concomitant therapy on the physiological disposition of drugs employed. (Dayton, P. G., and others: *Influence of Barbiturates on Coumarin Plasma Levels and Prothrombin Response*, *J. Clin. Invest.* 40: 1797 (Oct.) 1961.)

CATECHOLAMINES Catecholamines have a variety of metabolic effects. The one that has received the most emphasis is the stimulation of glycogenolysis as a consequence of the activation of glycogen phosphorylase in liver, muscle, myocardium, intestinal smooth muscle, adipose tissue, and other tissues. The glycogenolytic effect of epinephrine results in a parallel increase in blood glucose and lactate. Other metabolic effects are hyperkalemia, inhibition of glucose uptake by tissues, mobilization of fat involving an increase in plasma free fatty acids, inhibition of the incorporation of amino acids into muscle

protein, and inhibition of cholesterol and fatty acid synthesis. A beta-adrenergic antagonist (dichloroisoproterenol) was used to study the metabolic aspects of adrenergic blockade. DCI has previously been shown to prevent both epinephrine-induced augmentation of contractile force and activation of phosphorylase in the dog heart *in situ*. It was found that DCI almost completely abolishes the increase in blood glucose and free fatty acids produced by epinephrine, norepinephrine, and isoproterenol in the dog. The hyperlacticacidemic effect of epinephrine is partly blocked. However, DCI does not block epinephrine-induced hyperglycemia in mice. (Mayer, S., Moran, N. C., and Fain, J.: *Effects of Adrenergic Blocking Agents on Some Metabolic Actions of Catecholamines*, *J. Pharmacol. Exp. Ther.* 134: 18 (Oct.) 1961.)

THIOBARBITURATES The extent to which the liver of humans or other species can carry out the reaction $C=S$ yields $C=O$ in the barbiturates remains somewhat uncertain. The reaction occurs with thiourea and many of its aryl derivatives. Thiourea is formed in small yield from thiopental metabolism along with a considerable yield of inorganic sulphur. This reaction may be of no more than minor importance in the metabolic disposition of thiobarbital. Barbital is well known to be stable in the animal body and to be excreted practically quantitatively in the urine, so that its quantitative determination is an uncomplicated indicator of the extent of desulfurization of its thioanalogue. It was found that barbital is excreted in the urine of man very slowly and in very small amounts after the intravenous injection of moderate doses of pure thiobarbital. The 5 to 7 per cent barbital yield and the 1 to 5 per cent thiobarbital excreted shows that some other metabolic reactions are responsible for the fate of about 90 per cent of the thio compound. (Bush, M. T., Mazel, P., and Chambers, J.: *Metabolic Fate of Thiobarbiturates: Thiobarbital in Man*, *J. Pharmacol. Exp. Ther.* 134: 110 (Oct.) 1961.)

ATROPINE Reflex parotid secretion and heart rate were measured in nine volunteers at intervals before and after injection of graded

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