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### Drugs

**PROPRANOLOL** In a double-blind study in 454 patients with a confirmed diagnosis of myocardial infarction, 228 received a placebo and 226 received propranolol. Patients were given 20 mg propranolol orally four times daily. No differences in mortality, incidence of major arrhythmias, heart failure, hypotension, or further chest pain were found between the two groups. (Norris, R. M., and others: *Trial of Propranolol in Acute Myocardial Infarction*, *Brit. Med. J.* 1: 398 (May) 1968.)

**INTRAVENOUS LIDOCAINE** Hemodynamic effects of lidocaine given intravenously were studied in patients with heart disease. A bolus of 100 mg did not significantly alter cardiac output, left ventricular end-diastolic pressure or other measures of left ventricular function. Injection of lidocaine in amounts commonly used in the treatment of arrhythmias exerts remarkably few, if any, adverse hemodynamic effects of significance in man. (Schumacker, R. R., and others: *Hemodynamic Effects of Lidocaine in Patients with Heart Disease*, *Circulation* 37: 965 (June) 1968.)