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Drugs

RESIDUAL PARALYSIS Residual paralysis in the postoperative period following routine clinical use of nondepolarizing neuromuscular blockers, has been assessed by measuring the balance of the extraocular muscles with a Maddox wing. This method has revealed that neostigmine has a relatively short duration of action and that a degree of recurarization can occur when the effects of neostigmine are waning. It is possible to judge the sensitivity of a patient to a very small test dose of the neuromuscular blocker before anesthesia, and initial work suggests that the Maddox wing may provide a useful method of measuring the rates of decay of drugs used in the reversal of neuromuscular blockers. (*Hannington-Kiff, J. G.: Residual Post-operative Paralysis, Proc. Roy. Soc. 63: 73 (Jan.) 1970.*)

BETA BLOCKERS ICI 50172 depressed the force of myocardial contraction in dogs while simultaneously increasing myocardial blood flow by causing coronary arterial vasodilatation. ICI 50172 also blocked the positive inotropic and chronotopic actions of isoproterenol, but did not block the coronary or systemic arterial receptors. (*Bussmann, W. D., Rauh, M., Krayenbuehl, H. P.: Coronary and Hemodynamic Effects of Myocardio-selective Beta-receptor Blockade by ICI 50172 in the Closed-chest Dog, Amer. Heart J. 79: 347 (March) 1970.*) ABSTRACTER'S COMMENT: Recent work has indicated different effects of beta blockers on various extracardiac receptor sites. This work demonstrates a dissociation of myocardial and coronary arterial beta receptor responses, indicating a collapse of the monolithic beta-blocker concept.

PROPRANOLOL Thirty-nine asymptomatic adults who had abnormal electrocardiograms were re-examined one and two hours after propranolol, 20 to 40 mg orally (except for one patient who was given 2 mg intravenously). Propranolol corrected the abnormal T-waves in most patients, suggesting that excessive liberation of endogenous catecholamines may have been the cause of the changes. The drug had no effect on R-ST and T-wave abnormalities in patients with hypertension or ECG evidence of right or left bundle-branch block. The exercise ECG reverted to normal in patients with angina pectoris due to coronary arterial disease. Beta-adrenergic blockers may be helpful in distinguishing abnormal ECG tracings due to stress-induced catecholamine liberation from those secondary to organic cardiovascular disease. (*Smith, J. E., and others: Studies of the Effect of Beta-adrenergic Blockade on Abnormal R-ST Segment and T-wave Changes, Aerospace Med. 41: 190 (Feb.) 1970.*)