

2. Kennedy WF Jr, Sawyer TK, Gerbershagen HU, et al.: Systemic cardiovascular and renal hemodynamic alterations during peridural anesthesia in normal man. *ANESTHESIOLOGY* 31:414-421, 1969
3. Bromage PR: Physiology and pharmacology of epidural analgesia. *ANESTHESIOLOGY* 28:592-622, 1967
4. Graesch PJ, Ward RJ: Two graphical methods for determination of dilution-curve area. *J Lab Clin Med* 66:830-833, 1965
5. Wood JE: *The Veins, Normal and Abnormal Function*. Boston, Little Brown and Company, 1965
6. Bonica JJ, Berges PU, Morikawa K: Circulatory effects of peridural block. I. Effects of level of analgesia and dose of lidocaine. *ANESTHESIOLOGY* 33:619-626, 1970
7. Lund PC: *Peridural Analgesia and Anesthesia*. Springfield, Charles C Thomas, 1966
8. Löfström B: Aspects of the pharmacology of local anaesthetic agents. *Brit J Anaesth* 42: 194-206, 1970
9. Ahlquist RP: A study of the adrenotropic receptors. *Amer J Physiol* 153:586-600, 1948
10. Goodman L, Gilman A: *The Pharmacological Basis of Therapeutics*. Fourth edition. New York, The Macmillan Company, 1970
11. Green HD, Kepchar JH: Control of peripheral resistance in major systemic vascular beds. *Physiol Rev* 39:617-686, 1959
12. Greenway CV, Lawson AE: The effects of adrenaline and noradrenaline on the venous return and regional blood flows in the anesthetized cat with special reference to intestinal blood flow. *J Physiol* 186:579-595, 1966
13. Cohen G, Holland B, Sha J, et al.: Plasma concentrations of epinephrine and norepinephrine during intravenous infusions in man. *J Clin Invest* 38:1935-1941, 1959
14. Stein ID, Harpuder K, Byer J: Reactivity of blood vessels in the sympathetomized human leg. *Amer J Physiol* 158:319-325, 1949
15. Martin WE, Kennedy WF Jr, Bonica JJ, et al.: Effect of epinephrine on arteriolar vasodilation produced by brachial plexus block. *Acta Anaesth Scand suppl* 23:313-319, 1966
16. Kennedy WF Jr, Bonica JJ, Ward RJ, et al.: Cardiorespiratory effects of epinephrine when used in regional anesthesia. *Acta Anaesth Scand suppl* 23:320-333, 1966
17. Bonica JJ, Berges PU, Morikawa K: Unpublished observations
18. Hertting C, Axelrod J, Whitby LG: Effect of drugs on the uptake and metabolism of H<sup>3</sup>-norepinephrine. *J Pharmacol Exp Ther* 134: 146-153, 1961
19. Thomas J, Climie CR, Long G, et al.: The influence of adrenaline on the maternal plasma levels and placental transfer of lignocaine following lumbar epidural administration. *Brit J Anaesth* 41:1029-1034, 1969
20. Axelrod J, Inscow JK, Senoh S, et al.: O-Methylation, the principal pathway for the metabolism of epinephrine and norepinephrine in the rat. *Biochem Biophys Acta* 27: 210-211, 1958
21. Daos FG, Virtue RW: Sympathetic-block persistence after spinal or epidural analgesia. *JAMA* 183:285-287, 1963
22. Bonica JJ: Autonomic innervation of the viscera in relation to nerve block. *ANESTHESIOLOGY* 29:793-813, 1968

### Drugs

**MUSCLE RELAXANT ACTION** The classical experiments of Claude Bernard established that curare acted at the myoneural junction. Langley, in 1905, and Dale and associates, in 1936, postulated that the drug acted by occupying cholinergic receptor sites on the postjunctional membrane. In recent years, Hubbard and other workers have suggested that the presynaptic effects of muscle relaxants may be of major importance. Paton and Zaimis, in 1952, proposed that neuromuscular blockade resulted from competition between acetylcholine and curare-like drugs for the receptor sites. This theory was elaborated in 1961 by Paton, who proposed that the point of equilibrium in such a dynamic state would depend upon the rate of reaction between the drug and the receptor. If the competition theory is correct, it must fulfill certain criteria: 1) the equilibrium-dose ratio between the agonist, in this case acetylcholine, and the antagonist, a curare-like drug, must be a constant; 2) the rate of association and dissociation of a drug with a receptor site must be of the same order if the amount of entropy in the system is constant. It has always been assumed that the degree of paralysis produced by a drug is dependent upon the blood, and hence the extracellular fluid (ECF), level of the agent, and that lowering the blood and ECF concentrations would, therefore, reverse the paralysis. The present work suggests that this assumption is not valid for anesthetized human patients. (Feldman, S. A., and Tyrrell, M. E.: *A New Theory of the Termination of Action of the Muscle Relaxants*, *Proc. Roy. Soc. Med.* 63: 692 (July) 1970.)