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Drugs

THYROTOXICOSIS In a double-blind trial, the effect of oral propranolol (40 mg four times a day for a week) was assessed in 16 patients with mild to moderate thyrotoxicosis. Propranolol reduced pulse rate and other manifestations of thyrotoxicosis, such as palpitations, sweating, tremor nervousness and peripheral vasodilatation. It was of value in conjunction with radioactive iodine in the treatment of thyrotoxicosis to relieve symptoms until the radioactive iodine had suppressed thyroid function. It has also been used with iodine in the preparation of patients for surgical operations on the thyroid, with the result that less time is needed to prepare the patient for the procedure, the gland is less vascular, and the operation is technically easier. (*Shanks, R. G., and others: Controlled Trial of Propranolol in Thyrotoxicosis, Lancet 1: 993 (May) 1969.*)

POTASSIUM POISONING A depressed elderly woman under treatment for heart failure died about 90 minutes after drinking a liquid medication containing at least 540 mEq of potassium. There were convulsions but no vomiting or diarrhea. ECG showed nodal rhythm with QRS and T wave changes characteristic of hyperkalemia. There were progressive changes of increasing hyperkalemia, terminating in ventricular fibrillation and death. (*Kaplan, M.: Suicide by Oral Ingestion of a Potassium Preparation, Ann. Intern. Med. 71: 363 (Aug.) 1969.*)

TETANUS Severely-ill tetanus patients presented a characteristic clinical picture which has not been observed in other patients requiring similar treatment. The records of many of the patients with severe tetanus showed hypertension, which started a few days after IPPV commenced and disappeared by the time the patient left the hospital. Pulse rates also tended to increase, and irregularities of cardiac rhythm, including supraventricular tachycardia and ectopic beats of both supraventricular and ventricular origin, were observed in several patients. Since many of the clinical features resembled those seen in the "fight or flight" reaction and in patients with pheochromocytoma, it was suggested that the clinical syndrome present in severe tetanus was due to continuous but fluctuating overactivity of the sympathetic nervous system. Intensive cardiovascular monitoring for periods which have exceeded two weeks in some patients has confirmed our retrospective survey, and shown that many features present in severe tetanus are caused by an increase in the activity and irritability of the sympathetic nervous system. (*Kerr, J. H., and others: Sympathetic Overactivity in Severe Tetanus, Proc. Roy. Soc. Med. 62: 659 (July) 1969.*)