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Drugs

RECOVERY FROM CURARE The major hazard to the use of curare-like drugs in anesthesia is the failure to antagonize residual muscle weakness. The head-raising test is not always a reliable index of recovery from neuromuscular blockade. On the other hand, a sustained contraction in response to tetanic nerve stimulation could always be correlated with greater than 90 per cent recovery in vital capacity and maximum voluntary ventilation. In the event a patient cannot maintain a tetanic contracture of muscle during nerve stimulation, the residual effects from the administration of curare should be treated with an anticholinesterase drug. (*Walts, L. F., and others: Assessment of Recovery from Curare, J.A.M.A. 213: 1894 (Sept.) 1970.*)

SUCCINYLCHOLINE The dangerously high levels of plasma potassium known to follow administration of succinylcholine chloride in patients with burns or trauma have also been noted in patients with paraplegia or hemiplegia, muscular dystrophy, and multiple sclerosis. Of 40 patients with these neuromuscular diseases, 15 had increases in potassium levels of between 1 and 6 mEq/l after receiving succinylcholine chloride, 1 mg/kg body weight. Most increases greater than 1 mEq/l occurred in patients who had been ill for less than six months or, if longer, who had progressive diseases. The degree and extent of muscle paralysis seemed to correlate directly with the relaxant-induced hyperkalemia. (*Cooperman, L. H.: Succinylcholine-induced Hyperkalemia in Neuromuscular Disease, J.A.M.A. 213: 1867 (Sept.) 1970.*)