

4	3	2	1	0	C. Pitch			
4	3	2	1	0	1. Used comfortable tone of voice without excessive strain			
4	3	2	1	0	2. Pitch was monotonous			
4	3	2	1	0	3. Denoted beginning and end of sentences with rise and fall in pitch			
D. Timing								
1. Rate								
4	3	2	1	0	a. Spoke too slowly			
4	3	2	1	0	b. Spoke too rapidly to be understood			
2. Pauses								
4	3	2	1	0	a. Paused excessively as though unsure of what to say next			
4	3	2	1	0	b. Injected pauses when necessary to punctuation and understanding of sentences			
E. Clarity of expression								
4	3	2	1	0	1. Articulation—uttered clear and distinct syllables and consonant sounds			
4	3	2	1	0	2. Put appropriate emphasis on correct syllables			
<hr/>								
				Total (+)				
				Total (-)				
<hr/>								
				Net Score				
<hr/> <hr/>								
				$\bar{r} = \frac{\text{Net Score}}{80} \times 100$		(Maximum Score = 80)		
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Drugs and Their Actions

β -BLOCKADE IN MAN The pharmacodynamic activities of propranolol and practolol, two β -blockers with different peripheral actions, were compared in eight hypertensive patients. The activity of each antagonist was established in relation to its blood concentration at maximal and submaximal adrenergic blockade, as defined by inhibition of exercise tachycardia. The maximal inhibitions of exercise tachycardia were comparable with the two drugs, and achieved with blood concentrations of 2.5 $\mu\text{g/ml}$ practolol and .10 $\mu\text{g/ml}$ propranolol—a 25-fold difference. The dose of practolol necessary to achieve maximal blockade was only five times higher than the required dose of propranolol (1,050 mg/day vs. 200 ml/day). Propranolol demonstrated a much greater relative potency against adrenergic stimulation with isoproterenol. The antagonism of practolol during isoproterenol stimulation was equivalent for cardiac and vascular adrenergic receptors; antagonism by propranolol was greater at vascular than at cardiac receptors. Practolol did not reduce cardiac output at any dose level, and the effect on resting blood pressure was small. Both drugs had much greater hypotensive effects during exercise. (Bodem, G., Brammell, H.L., Weil, J.V., and others: *Pharmacodynamic Studies of Beta Adrenergic Antagonism Induced in Man by Propranolol and Practolol*. *J Clin Invest* 52: 747-754, 1973.)