# Myocardial Failure

Editors:

G. Riecker, A. Weder, J. Goodwin

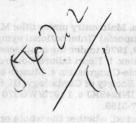
Co - Editors:

H.-D. Bolte, B. Lüderitz, B. E. Strauer, E. Erdmann

## Myocardial Failure

Editors: G. Riecker, A. Weber, J. Goodwin Co-Editors: H.-D. Bolte, B. Lüderitz, B.E. Strauer, E. Erdmann

With 172 Figures and 52 Tables





Under g ba of the German Copyright Law, where copies are made for other than private us

International Symposium, Rottach-Egern/Tegernsee, Germany, June 17–19, 1976

067346

Under the auspices of the "European Society of Cardiology"

ISBN 3-540-08225-5 Springer-Verlag Berlin Heidelberg New York ISBN 0-387-08225-5 Springer-Verlag New York Heidelberg Berlin

Library of Congress Cataloging in Publication Data. Main entry under title: Myocardial failure. (International Boehringer Mannheim symposia) "International symposium, Rottach-Egern/Tegernsee, Germany, June 17–19, 1976, under the auspieces of the "European Society of Cardiology". Includes index. 1. Heart failure-Congresses.

2. Heart-Muscle-Diseases-Congresses. 3. Heart-Muscle-Congresses. 4. Muscle contraction-Congresses. I. Riecker, G., 1926 – II. European Society of Cardiology. III. Series. (DNLM: 1. Heart failure, Congestive-Congresses. W3 IN1242KJ v. 1 1976/WG370 M997 1976) RC682.M93 616.1'2 77-5159.

This work is subject to copyright. All rights are reserved, whether the whole or part of the material is concerned, specifically those of translation, reprinting, re-use of illustrations, broadcasting, reproduction by photocopying machine or similar means, and storage in data banks.

Under § 54 of the German Copyright Law, where copies are made for other than private use, a fee is payable to the publisher, the amount of the fee to be determined by agreement with the publisher.

© by Springer-Verlag Berlin Heidelberg 1977 Printed in Germany

The use of registered names trademarks, etc. in this publication does not imply, even in the absence of a specific statement, that such names are exempt from the relevant protective laws and regulations and therefore free for general use.

Offsetprinting and Binding: Julius Beltz, Hemsbach/Bergstr. 2127/3140-543210

#### Introduction

More than 10 years have passed since the memorable symposium on "Myocardial Contractility," edited by R.D. Tanz, F. Kavaler and J. Roberts (New York and London, Academic Press, 1967). Pathogenesis of myocardial failure still involves many questions. The latest scientific findings on fundamentals of myocardial contraction encouraged us to organize this international symposium held in Rottach-Egern at Tegernsee (Germany), June 17 to 19, 1976 sponsored by the European Society of Cardiology. It seemed appropriate to assemble prominent workers in this field in an attempt to correlate their respective information on cardiac function.

R.W. Tsien, R. Weingart, W.J. Lederer, and R.S. Kasa-

In this connection it must be remembered that our present understanding of the cardiovascular system and today's therapeutic and preventive measures are the fruits of yesterday's research. Further progress in this field will be conditioned by various circumstances: to win highly motivated creative people for clinical research, to mediate time and contacts for their learning new methods, and to provide adequate facilities for scientific work in our hospitals.

Therefore, the aim of the conference was to discuss those aspects of myocardial failure, that are believed to require further studies in the future by integrated efforts of research workers in several disciplines, especially to promote the pertinent exchange of ideas between basic and clinical research.

This book contains all parts of the proceedings of this meeting. The papers have been grouped into different sections:

- (1) Molecular Basis of Myocardial Function
- (2) Sarcoplasmatic Reticulum
- (3) Membrane-Bound Receptors
- (4) New Diagnostic Procedures
- (5) Problems of Etiology and Classification
- (6) Clinical Pharmacology, and finally
- (7) Drugs Influencing Myocardial Contractility.

The advice and cooperation of the presidents and chairmen for the planning and the performance of the symposium are gratefully acknowledged. I also express my sincere gratitude to the editorial staff for

their part in the conduct of this symposium and in preparing this book. Concerning the generous support of this conference we express our gratefulness to the organizer of the symposium, Boehringer-Mannheim, who brushed aside all economic obstacles to promote this meeting. It is obvious, that Macaenas, the patron, has not become extinct. I should like to thank all contributors, busy people who nevertheless promptly submitted their manuscript, answered many queries and kindly accepted suggested changes. We are particularly grateful to Springer-Verlag who so efficiently made all the necessary arrangements for this edition.

#### G. Riecker

Medizinische Klinik I, Klinikum Großhadern, Marchioninistraße 15, Department of Physiology, Medical College of Virginia Hospital, MCV Bullock, R.T., M.D. Prof. Medizinische Universitäts-Klimik, Venusberg, D-5300 Bonn 1 Erdmann, E., Dr. med. Ferrans, V.J., M.D. Prof. Section of Patrology, National Heart and Lung Institute, National Institutes of Health, Bethesda; MD 20014/USA Pharmakologisches Institut der Universität, Schubertstraße 1, D-6300. General Hospital, I.S.A. Phillips 2, Boston, MA 02114/USA Royal Postgraduate Medical School, University of London, Hammersmith Abtellung Innere Medigin I, Rheimsch-Westfälische Technische Hoch-

### List of Contributors as antisograpa side to toubino sale at trag risht

Concerning the generous support of this conference we express our gratefulness to the organizer of the symposium, Bochringer-Mannheim, who brushed aside all economic obstacles to promote this meeting. It is obvious, that Macachas, the patron, has not become extinct. I should like to thank all contributors, busy people who nevertheless promptly submitted their manuscript, answered many queries and kindly accepted suggested changes. We are particularly grateful to Springer-Verlag, who so efficiently made all the necessary arrangements for this edition.

Autenrieth, G., Dr. med.

G. Riecker

Medizinische Klinik I, Klinikum Großhadern, Marchioninistraße 15, D-8000 München 70

Bolte, H.-D., Prof. Dr. med.

Medizinische Klinik I, Klinikum Großhadern, Marchioninistraße 15, D-8000 München 70

Briggs, N., M.D. Prof.

Department of Physiology, Medical College of Virginia Hospital, MCV Station, Richmond, VA 23298/USA

Bulloch, R. T., M.D. Prof.

Section of Pathology, National Heart and Lung Institute, Building 10A/Room 3E30, National Institutes of Health, Bethesda, MD 20014/USA

Dengler, H.J., Prof. Dr. med.

Medizinische Universitäts-Klinik, Venusberg, D-5300 Bonn 1

Erdmann, E., Dr. med.

Medizinische Klinik I, Klinikum Großhadern, Marchioninistraße 15, D-8000 München 70

Ferrans, V.J., M.D. Prof.

Section of Pathology, National Heart and Lung Institute, National Institutes of Health, Bethesda, MD 20014/USA

Glossmann, H., Prof., Dr. med.

Pharmakologisches Institut der Universität, Schubertstraße 1, D-6300 Gießen

Gold, H.K., M.D. Prof.

General Hospital, I.S.A. Phillips 2, Boston, MA 02114/USA

Goodwin, J. F., M.D., F.R.C.P. Prof.

Royal Postgraduate Medical School, University of London, Hammersmith Hospital, Ducane Road, London W12, England

Hanrath, P., Dr. med.

Abteilung Innere Medizin I, Rheinisch-Westfälische Technische Hochschule, Goethestraße 27/29, D-5100 Aachen

Harrison, D.C., M.D. Prof.

Cardiology Division, School of Medicine, Stanford University, Stanford, CA 94305/USA

Hasselbach, W., Prof. Dr. med.

Max-Planck-Institut für Medizinische Forschung, Abteilung Physiologie, Jahnstraße 29, D-6900 Heidelberg 1

Herzig, J.W., Dr. med.

II. Physiologisches Institut der Universität, Im Neuenheimer Feld 326, D-6900 Heidelberg

Holmes, K.C., Prof. Dr. med.

Max-Planck-Institut für Medizinische Forschung, Abteilung Biophysik, Jahnstraße 29, D-6900 Heidelberg

Huxley, H.E., M.D., Prof.

MRC Laboratory of Molecular Biology, Hills Road, Cambridge CB2 2QH, England

Katz, A.M., Dr. med., Prof.

Division of Cardiology, Department of Medicine, Mount Sinai School of Medicine, 100th and Fifth Avenue, New York, NY 10029/USA

Mediainische Klinik I. Klinikum

Kendrick-Jones, J., M.D., Prof.

MRC Laboratory of Molecular Biology, Hills Road, Cambridge CB2 2QH, England

Klaus, W., Prof. Dr. med. State of the sime of the sim

Pharmakologisches Institut der Universität, Gleueler Straße 24, D-5000 Köln 41

Klingenberg, M., Prof. Dr. med.

Institut für Physiologische Chemie und Physikalische Biochemie der Universität, Goethestraße 33, D-8000 München 2

Lefkowitz, R.J., M.D. Prof. Department of Medicine, Duke University Medical Center, P.O.Box 3325, Durham, NC 27710/USA

Loogen, F., Prof. Dr. med.

I. Medizinische Klinik B der Universität, Moorenstraße 5, D-4000 Düsseldorf

Lüderitz, B., Priv.-Doz. Dr. med.

Medizinische Klinik I, Klinikum Großhadern, Marchioninistraße 15, D-8000 München 70

Mayer, St. E., M.D. Prof.

Division of Pharmacology UCSD, 2042 BSB, La Jolla, CA 92093/USA

Oakley, C.M., M.D. Prof.

Royal Postgraduate Medical School, Hammersmith Hospital, London W12. England

Olsen, E.G.J., M.D., Prof.
National Heart Hospital, Westmoreland Street, London W1M 8BA,
England

Opie, L.H., M.D. Prof.
Department of Medicine, Groote Schuur Hospital, Cape Town, South
Africa

Perry, S.V., M.D. Prof.
Department of Biochemistry, University of Birmingham, P.O.Box 363,
Birmingham B15 2TT, England

Read, S.E., M.D., Ph.D., Prof.
The Rockefeller University, 1230 York Avenue, New York, NY 10021/USA

Reuter, H., Prof. Dr. med. Pharmakologisches Institut der Universität, Friedbühlstraße 49, CH-3008 Bern

Richardson, P.J., M.D. Prof. King's College Hospital, Denmark Hill, London SE5 9RS, England

Riecker, G., Prof. Dr. med.

Medizinische Klinik I, Klinikum Großhadern, Marchioninistraße 15,
D-8000 München 70

Schoner, W., Prof. Dr. med. Institut für Biochemie und Endokrinologie des Fachbereichs Veterinärmedizin, Frankfurter Straße 100, D-6300 Gießen

Shillingford, J.P., M.D. Prof.
Royal Postgraduate Medical School, Hammersmith Hospital, Du Cane
Road, London W12, England

Strauer, B.E., Priv.-Doz. Dr. med.

Medizinische Klinik I, Klinikum Großhadern, Marchioninistraße 15,
D-8000 München 70

Tsien, R.W., M.D., Prof. Yale School of Medicine, Department of Physiology; 333, Cedar Street, New Haven, CT 06510/USA

Weber, A., M.D., Ph.D., Prof. University of Pennsylvania, School of Medicine, Department of Biochemistry, Philadelphia, PA 19174/USA

Wikman-Coffelt, J., Ph.D., Prof. University of California, Davis Section of Cardiovascular Medicine, School of Medicine, Department of Internal Medicine, Davis, CA 95616/ USA

## **Table of Contents**

Session I. Molecular Basis of Myocardial Function	
Part 1. Regulatory and Contractile Proteins Chairmen: A. Weber and S.V. Perry	
ggs, L. Shiner, N. Gleason, F. Eruni, and J. Solare	
A. Weber  Introductory Remarks	Calcin
Introductory Remarks	2
H.E. Huxley and J.C. Haselgrove	
The Structural Basis of Contraction in Muscle and Its Study by Rapid X-Ray Diffraction Methods	4
K.C. Holmes	
The Myosin Cross-Bridge as Revealed by Structure Studies .	
J. Kendrick-Jones and R. Jakes	
Myosin-Linked Regulation: A Chemical Approach	
J.W. Herzig and J.C. Rüegg	
Myocardial Cross-Bridge Activity and Its Regulation by Ca <sup>++</sup> , Phosphate and Stretch	41 iqe 363
J. Wikman-Coffelt and D. T. Mason	
Myocardial Tissue	52

introductory Remarks . . . .

S.V. Perry	o sidsT
Concluding Remarks	65
Part 2. Sarcoplasmatic Reticulum Chairman: W. Hasselbach	
W. Hasselbach	
Introductory Remarks	70
A.M. Katz, D.I. Repke, J. Dunnett, and W. Hasselbach	
Relation of Calcium Permeability to the Ca <sup>++</sup> Concentration Gradient Across the Sarcoplasmic Reticulum	72
hairmon; A. Weber and S.V. Perry	
N. Briggs, J. Shiner, N. Gleason, F. Bruni, and J. Solaro	
Calcium Binding and Cardiac Myofibril Activation	80
S. E. Mayer	
Cyclic Nucleotides and Cardiac Contractility	90
Part 3. Membrane-Bound Receptors Chairman; R.J. Lefkowitz	K. C. Hol
R.J. Lefkowitz	
Introductory Remarks	102
W. Schoner, H. Pauls, and R. Patzelt-Wenczler	
	u-atsoviu
Biochemical Characteristics of the Sodium Pump: Indications for a Half-of-Sites Reactivity of (Na+ + K+)-ATPase	104
E. Erdmann, W. Krawietz, and P. Presek	
Receptor for Cardiac Glycosides	120
H. Glossmann, C.J. Struck, C. Konrad, W. Krawietz, D. Poppe E. Erdmann, and LB. Veil	ert,
Adenylate Cyclase Regulation and β-Adrenergic Receptors in Guinea-Pig Myocardial Tissue	132

M. Klingenberg neither die and it is a melder of the	
The Role of the Mitochondrial Adenine Nucleotide Transport in Heart	153
uctory Remarks	berini
Session II. Clinical Aspects of Myocardial Failure	
Part 1. New Diagnostic Procedures Chairmen: JF. Goodwin and G. Riecker	
JF. Goodwin	
Introductory Remarks	164
R. J. Richardson	
Myocardial Biopsy Techniques	167
E.G.J. Olsen and R.A. Florio	
Cellular and Subcellular Morphology of Biopsy Material	175
V.J. Ferrans	
Ultrastructure of Degenerated Muscle Cells in Patients With Cardiac Hypertrophy	185
S. E. Read, M. A. Engle, and J. B. Zabriskie	L'inet
Humoral and Cellular Studies in Diseases With Heart-Reactive	
	201
actory Remarks	
P. Hanrath, W. Bleifeld, S. Effert, H. Nowack, and W. Kupper	
Relationship Between Pulmonary Artery Pressure and Echo- cardiographic Mitral Valve Closure in Patients With Acute Myocardial Infarction	209
G. Autenrieth, Ch. Angermann, F. Goss, and HD. Bolte	
Echocardiographic Evaluation of Myocardial Performance During Infusion of Angiotensin and Handgrip-Exercise	220

Part 2. Problems of Etiology and Classification Chairman: J.P. Shillingford	
J. P. Shillingford	
Introductory Remarks	230
F. Loogen and H. Kuhn	
Classification and Natural History of Primary Cardiomyopathies	232
R. T. Bulloch and M. B. Pearce	
Myocardial Lesions in Cardiomyopathies	251
HD. Bolte and K. Grothey	
Cardiomyopathies Related to Immunological Processes	266
J. Olsen and R. A. Florio	
L. H. Opie	
Metabolic Heart Disease With Special Reference to Carbohydrate Metabolism in Health and Disease	275
Ferrans	
astructure of Degenerated Muscle Cells in Fatients With	
Session III. Clinical Pharmacology	
Part 1. Usefulness of Cardioactive Agents Chairman: W. Klaus	
w. Klaus Shulles in Diseases With Heart-Reactive susiN .W	
Introductory Remarks	292
farrath, W. Bleifeld, S. Effert, H. Nowack, and W. Kupper	
K. Greeff -one Between Print Pressure and Bond Bidnoth	
Contraction and Relaxation of Heart Muscle as Influenced by cAMP, Isoproterenol, Glucagon, Ouabain, and Calcium	rigo.
B. Lüderitz, C. Naumann d'Alnoncourt, and G. Steinbeck	6. 4
Direct Effects of Diuretic Drugs on the Myocardium	
B. E. Strauer and W. Schulze	
Circulatory and Contractile Effects of Thyroid Hormones	311

Part 2. Drugs Influencing Myocardial Contractility Chairman: H. Reuter
H. Reuter
Introductory Remarks
R.W. Tsien, R. Weingart, W.J. Lederer, and R.S. Kass
On the Inotropic and Arrhythmogenic Effects of Digitalis 331
C.M. Oakley of a former out said bearing synd array of mid stom
Beta-Blockers in Myocardial Failure
D.C. Harrison and W.G. Irwin spoyer to alamematant to equipme with
The Hemodynamic Effects of Antiarrhythmic Drugs on the Depressed Myocardium
Subject Index
the discontinuous of the cardiovascular system and today's therapeatic and preventive
measures are the fruits of yesterday's research. Further progress in this field will be conditioned by various circumstances; to win highly motivated creative people for clinical research, to mediate time and confacts for their learning new methods, and to provide adequate facilities for scientific work in our hospitals.
Therefore, the aim of the conference was to discuss those aspects of myocardial failure, that are believed to require further studies in the tuture by integrated efforts of research workers in several disciplines, especially to promote the pertinent exchange of ideas between basic and clinical research.
This book centains all parts of the proceedings of this meeting. The papers have been grouped into different sections:
(1) Molecular Baris of Myocardial Function (2) Sprooplasmatic Reticulum (3) Membrane-Bound Receptors (4) New Diagnostic Procedures (5) Problems of Etiology and Classification (6) Clinical Pharmacology, and thally (7) Drugs Inducating Myocardial Contractility.
The advice and cooperation of the presidents and chairmen for the planning and the performance of the symposium are gratefully acknowledged. I also express my sincere gratitude to the editorial staff for

A. WEBER

Molecular biologists have been assembled at this mI noises ther with clinical cardiologists because of our desire to gain a complete under-

## Molecular Basis of Myocardial Function

## Part 1. Regulatory and Contractile Proteins

## Chairmen: A. Weber and S. V. Perry

In H. E. Huxley will remind us that muscle contracts without any length change in the filamentous substructure as a result of the sliding of the myosin and actin filaments past each other, a process driven by the energy of ATP bydrolysis. Although this much has now been known for some time, evidence concerning many of the details of the reactions has ciuded us so far. For instance, we have assumed that myosic bridges move the actin filaments by attaching to them at right angies and then substing cowards file center of the surcomer over a distance of about 70-100 A before letting go again of the actin filament. While such "rowing" along of the actin filament seems plausible nobody ever had demonstrated that myosin can bind to actin at right augies. Dr. K. Holmes X-ray diffraction, using ATP analogues rather than ATP which show just that myosin attachment to actin at 90° Dr. Rutley will describe to us certain new technical developments which should allow us to learn more about the moreaments of the myosin bridges during confraction.

For the first time X-ray diffraction is being used to follow rapid effect the first time X-ray diffraction is being used to follow rapid effect the first phases as fast as they occur during muscle confraction.

For the first phases of buring contraction there occur onadges in the sensitive counters rather than time, and the power of X-ray beams has been greatly increased. During contraction there occur onadges in the bridges towards the actin filament and away from the myosin filament. The first question that can be answered as a result of the new technical advances is; are these bridges that apparently move out in fact attached advances is; are these bridges that apparently move out in fact attached to the catin filament? Dr. Huyley expects an answer from a communication of the filme course of tension development and the change in the diffraction pattern.

## **Introductory Remarks**

A. WEBER

Molecular biologists have been assembled at this meeting together with clinical cardiologists because of our desire to gain a complete understanding of heart disease. As yet there is still a great gap in our knowledge of clinical manifestations and therapy and our information about changes in the molecular biology of the proteins involved in the contractile process.

During the first part of the conference we shall hear about the molecular biology of muscle in general and heart muscle fibers and proteins in particular.

Dr. H.E Huxley will remind us that muscle contracts without any length change in the filamentous substructure as a result of the sliding of the myosin and actin filaments past each other, a process driven by the energy of ATP hydrolysis. Although this much has now been known for some time, evidence concerning many of the details of the reactions has eluded us so far. For instance, we have assumed that myosin bridges move the actin filaments by attaching to them at right angles and then swinging towards the center of the sarcomer over a distance of about 70-100 Å before letting go again of the actin filament. While such "rowing" along of the actin filament seems plausible nobody ever had demonstrated that myosin can bind to actin at right angles. Dr. K. Holmes will discuss some recent data derived from electron microscopy and X-ray diffraction, using ATP analogues rather than ATP, which show just that; myosin attachment to actin at 90°. Dr. Huxley will describe to us certain new technical developments which should allow us to learn more about the movements of the myosin bridges during contraction. For the first time X-ray diffraction is being used to follow rapid structural changes as fast as they occur during muscle contraction. This is possible now because X-ray photons are registered by positionsensitive counters rather than film, and the power of X-ray beams has been greatly increased. During contraction there occur changes in the X-ray diffraction pattern that have been assigned to a movement of the bridges towards the actin filament and away from the myosin filament. The first question that can be answered as a result of the new technical advances is: are these bridges that apparently move out in fact attached to the actin filament? Dr. Huxley expects an answer from a comparison of the time course of tension development and the change in the diffraction pattern.

Dr. Kendrick-Jones addresses himself to the control of contraction by calcium with special attention to mechanisms built into the myosin molecule. Myosin-linked control was first discovered by him and A.G. Szent-Györgyi in scallop muscles. Later it was found that many muscles possessed a double control mechanism: during rest, in the absence of calcium inactivation by troponin as well as inactivation of myosin by the regulating myosin light chains. Although there is no direct evidence yet for myosin-linked control in vertebrate skeletal and cardiac muscle the tantalizing fact exists that these muscles possess calcium-binding light chains that are similar to the invertebrate-regulating light chains, and that these vertebrate light chains can substitute for the invertebrate ones in excercising control over invertebrate myosin. Dr. Kendrick Jones has obtained a great deal of information about the invertebrate regulatory light chains, including their primary sequence and is viewing them in comparison with the vertebrate calcium binding myosin light chains and other regulatory calcium binding proteins.

With Dr. Herzig we move a more or less direct viewing of myosin bridges to that of more physiological parameters such as tension development, stiffness and ATP hydrolysis in cardiac fibers. By using fibers with permeable membranes rather than living fibers the physiological response to calcium and phosphate ions could be explored.

Lastly, Dr. Wikman-Coffelt presents data where she studied myosin ATPase activity, calcium binding and light chain content in myosin from left and right ventricles of dogs with surgically induced pulmonary and aortic stenosis. She observed a number of changes in the myosin molecule in response to stress, some of them quite remarkable, such as an increase in the number of calcium-binding light chains per myosin molecule.

chains having molecular-weights in the 20,000 dattons range, Aloug pari

## The Structural Basis of Contraction in Muscle and Its Study by Rapid X-Ray Diffraction Methods

yet-for myosin-linked control in vertebrate skeletal and cardiac muscle the tantalizing fact exists that these muscles possess calclum-binding

and that these vertebrate light chains can substitute for the invertebrate

H. E. HUXLEY and J. C. HASELGROVE CONTROL STATES OF THE PROPERTY OF THE PROPER

By way of introduction to this part of the symposium, we think we should first describe very briefly the basic features of the contractile structure of muscle, as far as we know them at present. These features are virtually the same throughout all types of striated muscle including heart muscle. For convenience of experimentation, a considerable amount of the structural work has been carried out using certain skeletal muscles of the frog or rabbit, but there are of course very good reasons to believe that the conclusions about the mechanisms derived from such studies will be of general application.

The contractile myofibrils are built up from alternating and partially overlapping arrays of longitudinally oriented actin and myosin filaments, and it is now generally accepted that changes in muscle length, whether active or passive, take place by a process in which the filaments remain virtually constant in length, but change their extent of overlap. This basic model was originally proposed in 1954, independently, by A.F. Huxley and R. Niedergerke (4) and by H.E. Huxley and the late Jean Hanson (15). The sliding force between the actin and myosin filaments is believed to be generated by cross-bridges projecting outwards from the myosin filaments, attaching in a cyclical fashion to actin, as suggested by Hanson and Huxley in 1955, (23) splitting ATP as they do so and thereby releasing the energy for contraction. These cross-bridges represent the enzymatically active parts of the myosin molecule.

Myosin is a molecule having a very remarkable structure (17). Basically it contains two very large polypeptide chains of molecular weight about 200,000 daltons each (the "heavy chains") and four smaller polypeptide chains having molecular weights in the 20,000 daltons range. Along part of their length, the two heavy chains are coiled around each other to form a 2-chain  $\alpha$ -helical coiled-coil structure about 1400 Å in length and 20 Å in diameter. About one-half of each heavy chain is involved in this structue. The rest of each heavy chain is folded up separately in a globular form, together with some or all of the light chains. The two heavy chains are of very similar aminoacid sequence, and are arranged in parallel to each other with the same polarity so that the two globular regions are located at the same end of the molecule. The  $\alpha$ -helical portions of the myosin molecules are involved in forming the