

15. German, J. L.: The glucose tolerance test after cortisone administration in obese and non-obese man, *Diabetes* 7: 261, 1958.
16. Todd-Sanford: *Clinical Diagnosis by Laboratory Methods*, ed. 13. Edited by I. Davidson and B. B. Wells. Philadelphia, W. B. Saunders Co., 1962.
17. Henderson, V. E., and Lucas, G. H. W.: The effect of cyclopropane on metabolism, *Arch. Int. Pharmacodyn.* 37: 155, 1930.
18. Youmans, W. B., Wangeman, C. P., Criswold, H. E., Jr., and Karstens, A.: Effect of cyclopropane anesthesia on the glucose and epinephrine levels of the blood, *ANESTHESIOLOGY* 4: 31, 1943.
19. Price, H. L., Linde, H. W., Jones, R. E., Black, C. W., and Price M. L.: Sympathoadrenal responses to general anesthesia in man and their relation to hemodynamics, *ANESTHESIOLOGY* 20: 563, 1959.
20. Bearn, A. G., Billing, B., and Sherlock, S.: The effect of adrenaline and noradrenaline on hepatic blood flow and splanchnic carbohydrate metabolism in man, *J. Physiol. (Lond.)* 115: 430, 1951.
21. Sutherland, E. W., and Rall, T. W.: The relation of adenosine-3',5'-phosphate and phosphorylase to the actions of catecholamines and other hormones, *Pharm. Rev.* 12: 265, 1960.
22. Price, H. L., Deutsch, S., Davidson, I. A., Clement, A. J., Behar, M. C., and Epstein, R. M.: Can general anesthesia produce splanchnic visceral hypoxia by reducing regional blood flow? *ANESTHESIOLOGY* 27: 24, 1966.
23. Hammond, W. C., Vandam, L. D., Davis, J. M., Carter, R. O., Ball, M. R., and Moore, F. D.: Studies in surgical endocrinology. IV. Anesthetic agents as stimuli to changes in corticosteroids and metabolism, *Ann. Surg.* 148: 199, 1958.
24. Estabrooks, R. A., Marks, L. J., Lonergan, J. C., Murtaugh, J. F., and Strobl, V. E.: Effect of surgical operation on adrenocortical response to ACTH, *Ann. Surg.* 150: 941, 1959.
25. Henneman, D. H., and Bunker, J. P.: Pattern of intermediary carbohydrate metabolism in Cushing's syndrome, *Amer. J. Med.* 23: 34, 1957.
26. Habif, D. V., Papper, E. M., Fitzpatrick, H. F., Lowrance, P., Smythe, C. McC., and Bradley, S. E.: The renal and hepatic blood flow, glomerular filtration rate, and urinary output of electrolytes during cyclopropane, ether, and thiopental anesthesia, operation and immediate post-operative period, *Surgery* 30: 241, 1951.
27. Henneman, D. H., and Vandam, L. D.: Effect of epinephrine, insulin, and tolbutamide on carbohydrate metabolism during ether anesthesia, *Clin. Pharmacol. Ther.* 1: 694, 1960.
28. Greene, N. M.: Lactate, pyruvate, and excess lactate production in anesthetized man, *ANESTHESIOLOGY* 22: 404, 1961.
29. Hlad, C. J., Jr., Elrick, H., and Witten, T. A.: Studies on the kinetics of glucose utilization, *J. Clin. Invest.* 35: 1139, 1956.

Drugs

ALLOGERIN AND GALANTHAMINE The chemistry and pharmacology of diallyl-nor-toxiferine (Allogerin), a nondepolarizing relaxant, and galanthaminum hydrobromicum (Galanthamine) a true anticholinesterase are described. Allogerin has a rapid action, has a reliable reproducible effect, is easily antagonized by anticholinesterases, provides good abdominal relaxation after respiration has returned to normal, and causes no adverse side reactions. Galanthamine is an anticholinesterase which shows a distinct antagonistic effect on the nondepolarizing relaxants. It has a large therapeutic margin, good tolerance, reliable action, and a long lasting effect. Ten to 20 mg. of Galanthamine gives a reliable anticurarine effect. Since the muscarinic effect of the drug is small, no atropine need be given prior to the decurarization. Galanthamine has a distinct stimulating action on bowel peristalsis. (*Mayrhofer, O.: Clinical Experiences with Diallyl-Nor-Toxiferine and the Curare Antidote Galanthamine, South. Med. J.* 59: 1364 (Nov.) 1966.)