has revealed that diazepam is a cerebral metabolic depressant. Although there has been no study concerning the effects of diazepam on the exchange rates of oxygen and glucose between blood and brain tissue. the most likely explanation for the transient but significant decrease in OGI 2 minutes after diazepam administration is an exchange rate of glucose which was slower than that of oxygen.

We conclude that diazepam is effective in blocking the EEG seizures, as well as in preventing the elevation of cerebral metabolism and circulatory changes, induced by lidocaine overdosage and that, in these circumstances, there exists a close relationship between cerebral metabolism and electrical activity.

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Endocrines

ENTRATION In normal man the in the regulation of aldosterone mine what factors regulate plasma is and patients with transplanted didsterone and serum potassium lents in the supine and upright patients on the first and third or splant recipients were performed was essentially absent in anephric to change when they moved from elevations of serum potassium and third or fourth day post-dialysis. responded to a change from the peripheral renin actitivity and addium intake. Thus, the renin-ith kidney transplants. Evidence ther than volume-related stimuli patients is provided. (Cooke, C.R., gulation of Plasma Aldosterone insplant Recipients. Kidney Int 3: REGULATION OF ALDOSTERONE CONCENTRATION In normal man the renin-angiotensin system plays a major role in the regulation of aldosterone release. Experiments were performed to determine what factors regulate plasma aldosterone concentration in anephric patients and patients with transplanted kidneys. Peripheral renin activity, plasma aldosterone and serum potassium concentrations were measured with the patients in the supine and upright positions. Studies were performed in anephric patients on the first and third or fourth post-dialysis day. Studies in renal transplant recipients were performed during periods of high or low salt intake. Renin was essentially absent in anephric patients, and aldosterone concentrations did not change when they moved from the supine to the upright position. Significant elevations of serum potassium and aldosterone concentrations were found on the third or fourth day post-dialysis. Patients with functioning transplanted kidneys responded to a change from the supine to upright position with increases in peripheral renin acitivity and aldosterone concentrations, irrespective of sodium intake. Thus, the reninangiotensin system is functional in patients with kidney transplants. Evidence that changes in potassium concentration rather than volume-related stimuli regulate aldosterone concentrations in anephric patients is provided. (Cooke, C.R., Ruiz-Maza, F., Kowarski, A. and others: Regulation of Plasma Aldosterone Concentration in Anephric Man and Renal Transplant Recipients. Kidney Int 3: 160, 1973.)