swelling, one would expect increased serum potassium when 1.5% glycine was given, as the low osmolality of this fluid promotes diffusion of water into the cells.

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In Reply:—Hahn highlights an interesting point in regard to hyperkalemia following infusion of isosmotic glycine solution. His study showed that infusion of 1.0 L of isosmotic glycine solution to healthy volunteers induced hyperkalemia, and infusion of 1.0 L of isosmotic mannitol solution induced no change in serum potassium concentration with hyponatremia.[1] The latter result corresponds with our result.[2] With regard to glycine infusion, he hypothesized that hyperkalemia is related to how much nonelectrolyte solution is transported into the cells. However, if his hypothesis is correct, one would expect that the increase in serum potassium following infusion of hyperosmotic glycine is much more than that of isosmotic glycine. Yet his data showed the same changes in serum potassium caused by hyperosmotic glycine infusion as by isosmotic glycine infusion.[3] These results may be due to the differences of renal potassium excretion during his studies. Further studies should be performed to clarify the precise mechanism of serum potassium changes during infusion of several isosmotic nonelectrolyte solutions. We appreciate Hahn's interesting suggestion.

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Potency *Versus* Onset of Neuromuscular Blocking Agents

To the Editor:—In the search for the ideal neuromuscular relaxant with rapid onset and short duration of action, the molecular design of such agents through elaborate "structure-activity" studies and through elucidation of the kinetic mechanisms of receptor binding are being pursued and are of great importance.

The recent article by Min *et al.*[1] has offered an elegant approach