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Drugs

ATROPINE METABOLISM Administration of two ^{14}C -tropine-labeled atropines in man showed that 77 to 93 per cent of the injected dose was excreted in the urine in 24 hours. The N-methyl- ^{14}C -atropine, but not the 2- ^{14}C -atropine, showed oxidation to $^{14}\text{CO}_2$ and elimination through the lungs, the magnitude of excretion by this route amounting to 3 per cent of the drug in three hours. (*Kaiser, S. C., and McLain, P. L.: Atropine Metabolism in Man, Clin. Pharmacol. Ther.* 11: 214 (March) 1970.)

TRICHLOROETHYLENE Analgesia was produced in 73 patients during the first week after abdominal operations by inhalation of 0.5 per cent vol trichloroethylene in air. Inhalation was continued for an average of two to three minutes, following which respiratory therapy was carried out. There were marked increases in vital capacity, forced expiratory volume, and deep respiratory movements, and an effective cough reflex developed. No complications were observed. (*Polaczek-Kornecki, T., Mroz, A., and Sokolowska, T.: The Use of Trichloroethylene Analgesia in Postoperative Respiratory Gymnastics Following Upper Abdominal Operations, Der Anaesthetist* 18: 410 (Dec.) 1969.)

PENTAZOCINE Pentazocine produces subjective effects similar to those seen with morphine. However, at a dose of 60 mg/70 kg, pentazocine produces subjective effects which more closely resemble those of nalorphine than those of morphine. Pentazocine will not suppress abstinence symptoms in subjects dependent on either 60 or 240 mg/day of morphine. Pentazocine is 1/150 as potent as nalorphine in precipitating abstinence symptoms in subjects dependent on 240 mg of morphine per day. Long-term administration of pentazocine produces dependence which has elements of both morphine and nalorphine dependence. Pentazocine has an abuse potential which is less than that of morphine but greater than that of nalorphine. (*Jasinski, D. R., Martin, W. R., and Hoeldtke, R. D.: Effects of Short- and Long-Term Administration of Pentazocine in Man, Clin. Pharmacol. Ther.* 11: 385 (May) 1970.)