Experiments with ether on the sea-urchin egg. Exp Cell Res 7:505–517, 1954
6. Snegireff SL, Cox JR, Eastwood DW: The effect of nitrous oxide, cyclopropane or halothane on neural tube metotic index, weight, mortality and gross anomaly rate in the developing chick embryo, Toxicity of Anesthetics. Edited by BR Fink. Baltimore, Williams and Wilkins Co., 1968, pp 269–393
7. Bruce D, Traurig HH: The effect of halothane on the cell cycle in rat small intestine. ANESTHESIOLOGY 30:401–405, 1969
8. Andersen NB: Anesthetics and cell division. ANESTHESIOLOGY 30:361–362, 1969
9. Smith BE, Gaub ML, Moya F: Teratogenic effects of anesthetic agents: Nitrous oxide. Anesth Analg 44:726–732, 1965
10. Andersen NB: The teratogenicity of cyclopropane. ANESTHESIOLOGY 29:113–122, 1968
11. Basford AB, Fink BR: The teratogenicity of halothane in the rat. ANESTHESIOLOGY 29: 1167–1173, 1968
12. Andersen NB: The toxic and teratogenic effect of cyclopropane in chicken embryos, Toxicity of Anesthetics. Edited by BR Fink. Baltimore, Williams and Wilkins Co., 1968, pp 294–307
13. Fink BR, Kenny CE: Long-term reversible arrest of cell growth by amobarbital. ANESTHESIOLOGY 32:300–305, 1970
14. Levan A: The effect of colchicine on root mitosis in allium. Hereditas 24:471–486, 1938
15. Dustin P Jr: New aspects of the pharmacology of antimitotic agents. Pharmacol Rev 15:449–480, 1963
16. Von Möllendorff W: Zur Kenntnis der Mitose. VIII. Zur Analyse des patologischen Wachstums hervorgerufen durch Chloralhydrat, Geschlechtshormone, und cancerogene Kohlenwasserstoffe. Z Zellforsch 29:706–725, 1939
17. Östergren G: Colchicine mitosis, chromosome contractions, narcosis, and protein chain folding. Hereditas 30:429–467, 1944
18. Hall TC: Chemotherapy of cancer. N Eng J Med 266:129–134; 178–185; 238–245; 289–296, 1962

Drugs

ATROPINE METABOLISM Administration of two ^{11}C-tropine-labeled atropines to 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 2-4-^{14}C-atropine, showed oxidation to $^{14}CO_2$ and elimination through the lungs, the magnitude of excretion by this route amounting to 3 per cent of the drug in three hours. (*Kalser, 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 Anaesthesist 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 Hocldtke, R. D.: Effects of Short- and Long-Term Administration of Pentazocine in Man, Clin. Pharmacol. Ther. 11: 385 (May) 1970.*)