a given degree of depression of myocardial mechanics. Data provided by Dr. Saidman to describe the comparative effects of the anesthetics assume that the concentration of the anesthetics is a linear function of MAC. This has not been demonstrated. Dr. Saidman's interpretation of our data by using multiples of MAC, therefore, gives erroneous information. He used the MAC obtained in man for analysis of cat papillary heart muscle, which may not be justified.

Note, we have taken into account the relative narcotic effect by means of the MAC-1 level, and the concentrations of the anesthetics at a MAC-1 level for animals as described by Eger *et al.* (ANESTHESIOLOGY 30: 129, 1969). The percentage decreases in the components of myocardial mechanics of the isolated cat papillary muscle induced by three agents are shown in table 1.

The percentage decreases in V_{max}, F_m, maximal power, maximal work and maximal dF/dt were calculated for a given MAC-1 level of each agent, expressed in mg/100 ml using linear regression equations derived for each component. Our data show that percentage decrements in all components of mechanics of contraction of the heart muscle exposed to Ethrane at the MAC-1 level are less than those in muscles exposed to either halothane or methoxyflurane. Evidently, these findings corroborate our previous findings which showed that Ethrane is less depressant to myocardial contractility than methoxyflurane or halothane (ANESTHESIOLOGY 30: 513, 1969).

TABLE 1. Δ Decreases in Myocardial Mechanics at MAC-1 (%)

	V_{max}	F_m	Max. Power	Max. Work	Max. dF/dt
Ethrane	12	36	44	50	37
Methoxyflurane	31	40	55	51	43
Halothane	39	35	51	52	45

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Drugs

NEW ANALGESIC Phenoperidine, a new analgesic, was given to 100 patients of various ages in a dose of one mg/30 kg body weight prior to induction of anesthesia. Sleep was not induced with this drug, but the patients became drowsy within five minutes. The dose of thiopental required for induction of anesthesia was reduced considerably. Respiratory depression was considerable; apnea occurred in 36 patients, most of whom were elderly. Anesthesia was maintained with nitrous oxide–oxygen and fractional doses of phenoperidine, using the respiratory rate as an indicator of the need for more drug (about every 30 minutes when the respiratory rate was faster than 10 beats/min). Tracheobronchial reflexes were also depressed, and the endotracheal tube was well tolerated. The cardiovascular system remained stable. (*Viars, P., and Cavcau, T.: Report on the Use of Phenoperidine, Anesth. Analg. 25: 163 (March) 1968.*)