sume that 90 per cent of the N_2O remains in solution.

Third, our inability to substantiate the marked discrepancies with halothane is not surprising when one considers that halothane is five times more soluble than N_2O and 200 times more soluble than oxygen. On the other hand, diethyl ether is 1,200 times more soluble than O_2. In concentrations of 1 to 2 per cent (assuming "successful and complete extraction" of gas from the liquid phase), the error for halothane will be small as compared with ether, but substantial even at high oxygen contents (*i.e.*, 1 per cent halothane equilibrated with a liquid phase is equivalent to a content of approximately 2.4 ml/100 ml). Fortunately, the higher solubility allows for lesser extraction of halothane and, in comparison with the extracted O_2, the measurement yields an error small enough to argue against the maneuver recommended by Goldstein *et al.*[2] We do not argue against scientific accuracy; our intent is to place the controversy in perspective.

We appreciate Dr. Theye's comments and the opportunity for a reply. He is quite correct regarding the error introduced by N_2O for absolute measurements of O_2 content. The solubility characteristics of halothane hardly warrant modification of the manometric technique as originally described.[4] We purposely omitted reference to this matter in our paper since it might have perpetuated a concern for which there appears to be little justification.

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Early Use of Enflurane in Obstetrics

To the Editor:—Coleman and Downing[1] state ". . . there has been no report on use of enflurane in obstetric anesthesia." There was a prior report. Among the first, if not the first, was the work of Westmoreland *et al.*[2]

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