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In recent years, medical science has witnessed the introduction of a series of halogenated inhalational anesthetic agents. Fluroxane was the first of these, followed by halothane, methoxyflurane, enflurane and isoflurane. With the advent of each new drug, methods for screening and evaluating inhalational anesthetic agents have become more detailed, and criteria for the acceptance of new agents more exacting thus, compounds are now examined for their cardio-sensitizing liabilities, EEG effects, metabolic fate in untreated and enzyme-stimulated animals, specific organ toxicities, teratogenicity and chemical stability, in addition to their general anesthetic properties ***(Thompson and Golysh 1973).***

Under this intense scruting, it has become increasingly evident that there are distinct disadvantages that are associated with the use of each of the above compounds, and the search for improved agent continues.

From 1972, a series of 17-halomethyl poly-fluro-iso-propyl ether appeared to be promising anesthetic agents, but careful examination eliminated all of these from further development, and none was ever investigated in man. Through continued study of this chemical series, fluromethyl 1,1,3,3,3 hexafluro 2' propyl ether ***(sevoflurane)*** was identified as a potent, safe new inhalational anesthetic agent by wallin and Napoli ***(1971).***