



When the surgeon used electrocautery, the high frequency current was carried to the second probe and readily jumped through the two layers of sheet covering the instrument stand. The high frequency current arced from the Raney stand to the best electrical pathway to ground—the conductive breathing tube. The breathing tube made only slight contact at one point with the instrument stand, or was separated by a fraction of an inch of air space.

Further investigation revealed that the Raney stand was an old one recently pressed into service. The legs were painted and non-conductive and the casters were nonconductive. It did not bear the usual weekly color tape denoting conductivity safety check by the hospital's electrical department.

The fire caused black carbonaceous smoke to accumulate in the breathing tube. The mixture of smoke with nitrous oxide and oxygen caused the weak explosive report that followed the fire. Most of the explosive force exited through the hole burned in the tubing. Examination of the rebreathing tube revealed the inside of the tube coated with black soot throughout its length and a hole approximately 3 by 4 cm. with sticky burned rubber at the edges.

Endotracheal suction of the patient brought forth particles of black soot from the tracheo-bronchial tree. Postoperatively there was no clinical or roentgenographic evidence of damage to the lungs. The patient made an uneventful recovery.

CORRESPONDENCE

Correction

To the Editor: In my article, "Estimation of Blood loss in the Operating Room," Current Comment, March–April 1961 Issue, page 318, an error appeared. Beginning on line 18, second column, "However, these errors are just as likely to cancel each other." This statement

should be, "However, these values are just as likely to be in the same direction as to cancel each other."

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