

be maintained by visual monitoring of the bag and also by monitoring of the airway pressure aneroid which should return to no more than 1 to 2 cm. of water during the pause phase. Second, after altering the res-

piratory pattern or pressure limit, the gas balance valve must be readjusted. Third, because of the plastic composition of the pneumobag only nonexplosive agents should be utilized with the unit.

## COMMENT

### Conductive Shoes

TO THE EDITOR:—The use of conductive shoes in hazardous locations, such as the operating room, places two requirements on the shoe: (1) that it drain off static charge before a sufficient potential develops that a spark is possible, and (2) that it impose some resistance between the wearer and the ground so that the danger of electrocution is minimized should the isolation transformer system fail. Ordinary shoes made conductive with a brass or copper rivet fall within the letter of the N.F.P.A. code, but offer a very low resistance to ground and a small surface area which can be readily covered with a stray piece of adhesive tape. Despite these obvious short-comings, at least one firm advertises a shoe as "the only guaranteed conductive shoe,"

which relies on a brass rivet for conductivity. Brass striking on certain modern ceramic floors can produce sparks. Further, an anesthetist sitting with his heel hooked over the rung of a stool would not be in contact with the ground. The prospective purchaser of conductive shoes should be cautioned to look for a mode of construction that guarantees conductivity in any posture, a large surface in contact with the floor, and no exposed metal surfaces.

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### Correction

The following references should have appeared with the Editorial "Metabolism of Halothane," by Ellis N. Cohen, page 651, July–August 1967:

1. Van Dyke, R. A., and Chenoweth, M. B.: Metabolism of volatile anesthetics, *ANESTHESIOLOGY* 26: 348, 1965.
2. Stier, A., Alter, H., Hessler, O., and Rehder, K.: Urinary excretion of bromide in halothane anesthesia, *Anesth. Analg.* 43: 723, 1964.
3. Soucek, B., and Vlachova, D.: Excretion of trichloroethylene metabolism in human urine, *Brit. J. Industr. Med.* 17: 60, 1960.
4. Chenoweth, M. B.: Monofluoroacetic acid and related compounds, *Pharmacol. Rev.* 1: 383, 1949.