in the same direction as the inlet to the exhalation check valve. The second photo labeled RIGHT, shows the APL valve exhaust pointed approximately 90° away from the inlet to the exhalation check valve. This position, 90° away, is the preferred position. The Ohio Medical Products' APL valve, illustrated in figure 1, is equipped with three set screws located on the Hex Nut under the valve. These three set screws are intended to be tightened, locking the APL valve into the 90° preferred position.

The letter also calls attention to the commonality of colors of hoses. Several manufacturers, including Ohio Medical Products, have taken steps to place color bands on the connecting ends of the scavenging hoses as an aid to distinguish them from breathing circuit components.

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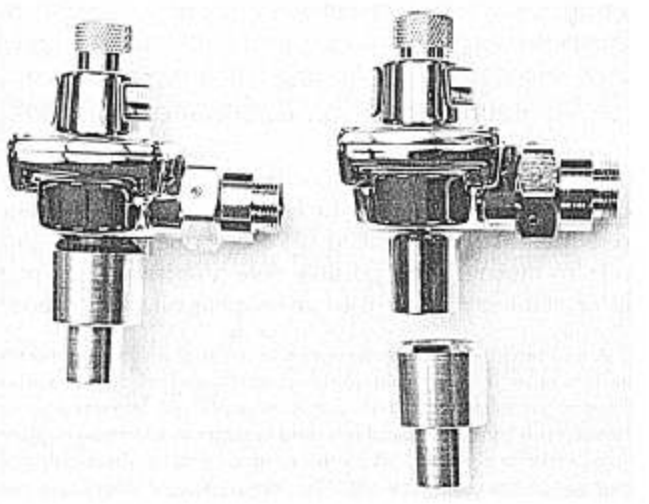

FIG. 1. The Ohio Medical Products' APL valve.

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Experience with Reduced Volume Dose of Sodium Citrate

To the Editor:—We read with interest the clinical report by Gibbs *et al.* concerned with the effectiveness of sodium citrate as an antacid in parturients undergoing elective Cesarean section.[1] During the past two years at our institution, the preanesthetic administration of sodium citrate in a volume of 15 ml, rather than 30 ml, has proven to be effective for aspiration prophylaxis both in routine surgical patients[2] for at least three hours[3] and in parturients for at least 110 min (unpublished data). The *p*H of gastric fluid has been consistently above 2.5 in surgical patients and above 3.5 in obstetric patients during these observed time intervals.

The use of smaller volume doses of sodium citrate offers two advantages. The total volume of the stomach contents is lessened which theoretically is important when considering the critical volume of aspirate (20–25 ml) necessary for adverse pulmonary sequelae to occur. In addition, the gastrointestinal side effects of sodium citrate are abated by the use of less drug. Nausea, vomiting, and diarrhea are more likely to occur with larger volume doses of sodium citrate.

In the same article by Gibbs,[1] the data from the *in vitro* portion of the experiment suggests that 15 ml of sodium citrate would still neutralize a volume of HCl acid comparable to that neutralized by 30 ml of other commonly used particulate antacids.

We, therefore, conclude that a single dose of 15 ml of sodium citrate, rather than 30 ml, is adequate for prophylaxis against aspiration pneumonitis.

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