

the future, it was emphasized that the time of switching from a main to an auxillary supply should occur before line pressure drops due to near exhaustion of the main storage bank.

Even though new models of anesthesia machines and central gas supplies are becoming more widely distributed with evermore sophisticated safeguards, the vigilance of the individual anesthesiologist cannot be overemphasized.

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## Concerning the Actions and Efficacy of Different Antacids

*To the Editor:*—We read with interest the article, "Effectiveness of Bicitra® as a Preoperative Antacid," by Gibbs *et al.*<sup>1</sup> In the introduction, the authors stated that "Although Bicitra® contains approximately the same amount of sodium citrate as does 0.3 M sodium citrate, the pH of Bicitra® is 4.8. Therefore, Bicitra's® buffering or neutralizing capacity might be less than sodium citrate." Also they stated in the discussion that "the lower mean pH with Bicitra® may be explained in part by the lower pH of the Bicitra® solution (4.8 vs. 8.5 for 0.3 M sodium citrate). The diluent effect of the higher pH solution may contribute to the greater efficacy of sodium citrate." These statements imply that the lower pH of Bicitra® is the main reason why it is less effective than sodium citrate.

Chemically, Bicitra® is a "buffering" agent (it contains a weak acid, citric acid, and its corresponding salt, sodium citrate); it is not an antacid. Theoretically, Bicitra® should be less effective in neutralizing acid in solutions than 0.3 M sodium citrate solution. This is not due to its lower pH (hence lower in diluent effect) but rather to its nature of being a "buffer" solution.

We also have been interested in a commercially available clear-liquid antacid. We have evaluated several antacids, including Bicitra®, in an animal lung model.

From our data the antacid that is comparable with or even better than 0.3 M sodium citrate solution is Alka-Seltzer® Effervescent Antacid.<sup>2</sup>

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