Correspondence

Cimetidine-antacid combination as premedication for elective Caesarean section

To the Editor:

We read with great interest the article "Cimetidine-antacid combination as premedication for elective Caesarean section" by Okasha *et al.*¹

Since cimetidine prevents gastric secretion and has no effect on the material already present in the stomach the authors demonstrate that acid which is already present can effectively be neutralized by antacid. In conclusion they suggest that the combination of the neutralizing effect of antacids, with the marked reduction in gastric acidity and volume produced by cimetidine, provides a useful and safe adjunct for patients considered to be at risk from potential acid aspiration. The authors, however, do not stress the importance of appropriate spacing of the administration of the oral doses of the two medications. The purpose of this correspondence is to clarify the authors' conclusion because they may be misinterpreted to suggest that the two medications should be given together.

Steinberg *et al.*² recently reported that antacids inhibit the absorption of cimetidine when given together and lower the cimetidine blood level. They suggest that an antacid be given at least 60 minutes before or after administration of cimetidine in the fasting state so that it will not interfere with the full suppressive effect of cimetidine on gastric acid. It is likely that the ingestion of antacids would not interfere with the effect of cimetidine given by the parenteral route.

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REFERENCES

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- 2 Steinberg WM, Lewis JH, Katz DM. Antacids inhibit absorption of cimetidine. *N Engl J Med* 1982; 307: 400-4.

Thoughts on the origins of a career in anaesthesia

To the Editor:

Some time ago a few fellow-anaesthesiologists and I were reminiscing about our early experiences with anaesthesia and I recalled the following episode. I decided to share the memory with your readers.

It took place during my fourth undergraduate year (1943-1944). I had been selected to serve as an "extern" at the Misericordia Hospital in Winnipeg. One of the exciting tasks that fell to me was the provision of anaesthesia for emergency surgical procedures. Supervision was to be provided by the chief of anaesthesia, Dr. Jack Brenner. He usually did this from his home via the telephone.

One evening I was called to the operating room to administer anaesthesia to a young boy who was to have an emergency appendectomy. Dr. Brenner would be at home should I run into trouble. As you can well imagine, this gave me little comfort. My only previous experience with anaesthesia - open-drop ether - had been with dogs in the physiology laboratory a few years earlier. Under my care, all the animals had died before any of the experiments could be completed.

Memories of these experiences raced through my mind as I slowly and unenthusiastically climbed the stairs to the operating room. Nor did my courage