study by Rocke et al.¹ Thus, we speculated that the addition of metoclopramide and sodium citrate to omeprazole would not offer any additional advantage and suggested further studies with combinations of oral antacids, iv metoclopramide and omeprazole. The studies referred to by Dr. Gin^{2,3} substantiate our speculation.

The mean treatment time (the time between drug administration and aspiration of gastric contents) in our study was 67–70 min. It may be because, apart from foetal distress, Caesarean section in our centre was indicated for a wide variety of conditions some of which were less urgent in nature.

We concluded that the improvement in pH by omeprazole though statistically significant, was clinically not significant and, in view of its high cost, omeprazole is not a cost effective drug.⁴ Dr. Gin's choice of ranitidine over omeprazole is quite logical.

We support the routine use of sodium citrate only, when the treatment time is <30 min. Intravenous ranitidine omeprazole require 30–40 min to have an appreciable effect. To expect acid suppression at the time of intubation when the drug administration to intubation time is less than 15 min would only be an act of faith. However, the drug would offer useful prophylaxis at the time of extubation and immediate postoperative period which is another vulnerable period for aspiration.

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Difficult intubation in obstetrics

To the Editor:

It has been reported that tracheal intubation is more difficult in the pregnant patient^{1–3} and this may be related to fluid accumulation and the presence of the fetus. Recently, an increased Mallampati score has been reported in obstetrical patients.⁴ We have studied several obstetrical patients who were submit-

TABLE I Airway assessment of all patients

	n	%
Grade I	8,393	93.0
Grade II	465	5.1
Grade III	128	1.4
Grade IV	9	0.1
Total	9,025	

TABLE II Easy vs Difficult intubation in pregnant and non-pregnant patients

	Easy intubation Grade I-II	Difficult intubation Grade III-IV
Non-obstetric	8,082 (98%)	134 (1.6%)
Caesarean section	806 (99%)	3 (0.3%)

ted to tracheal intubation. Our data were collected retrospectively from department records. Of 9,025 patients, 908 were to undergo Caesarean section. We considered patients with Mallampati score of 1–2 indicated easy intubation and grades III and IV as difficult.

Overall, the Mallampati scores were similar to previous reports⁵ (Table I). However, in the patients due to undergo Caesarean section, the Mallampati score was decreased (Table II). Although further studies should focus on similar age groups, we believe that the differences that we observed may have been due to fewer overweight patients in our population compared with Caucasian subjects. We intend to extend our studies in this area.

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