

have been used as a major or minor part of the process of preparation of the patient for the induction of anesthesia. Their usefulness in this area has not been clearly established, although their application is almost universal and usually enthusiastic. There seems to be little doubt that the phenothiazine group of drugs has a profound influence on the responses human beings make to situations. There seems to be little doubt also that in order to induce influence of such an extent that the responses are consistently detectable it is necessary to administer doses which often cause side actions of an undesirable nature. There is a price to pay for the influence exerted.

Traditional practice dictates that the drugs used in premedication allay apprehension, reduce "reflex irritability," diminish metabolic activity, contribute analgesia, and modify the patient's responses so that he is more readily and more safely anesthetized. It has been assumed that with suitable dosage and appropriate balancing of various drugs these objectives can be accomplished with minimal adverse effect. It has been assumed also that alterations in responses to the situation of anesthesia induction and surgery can be accomplished only with drugs or that they can be accomplished more satisfactorily or easily with drugs. There is ample evidence to indicate that with the administration of ordinary doses of the usual drugs, including the tranquilizers, there is significant disturbance of respiration

and circulation. There is a price to pay for the influence exerted.

If it is assumed that the drugs used for premedication are used only for the preparation of the patient for the anesthetic process and not as a part of the process itself, it seems reasonable to ask whether or not the price paid for the influence of these drugs is too much for the results secured.

One presumed advantage of the phenothiazine group of drugs is its ability to so alter the patient's response to situations that it is possible to apply appropriate psychiatric therapy more effectively. Under this concept, the drugs are not expected to produce the desired therapeutic effect but rather they are employed primarily to facilitate the therapy. Is it not possible that the drugs used in premedication have been used erroneously in that they have been expected to prepare the patient rather than set the stage for more appropriate preparation?

If it is assumed that "more appropriate" preparation of the patient includes a more complete explanation of the process of anesthesia, a more complete evaluation of the patient's emotional make-up, and the development of mutual confidence and understanding between anesthetist and patient, then it might be possible to reduce the price to be paid for tranquilization in the preanesthetic period by elimination of drugs or by a considerable reduction in the dose employed.

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What You Read

THE subject matter of the scientific articles appearing in *ANESTHESIOLOGY* is dependent upon the interests of the authors who write the articles. It is apparent to most readers of this journal that the subject matter of articles has been changing. In 1943, 48 per cent of all articles dealt with the clinical practice of anesthesiology; 18 per cent concerned clinical research; 18 per cent reported data from laboratory research; and 2 per cent were of methodology. In 1958, these figures had changed to 12 per cent clinical practice, 32 per cent clinical research, 38 per cent laboratory research, and 10 per cent methodology. In the

final issue of 1958, nine of ten original articles reported data from animal studies.

The reaction to this change by many readers is to accuse the Editorial Board of discriminating against practical clinical articles, of being "long-haired," of never leaving the "Ivory Tower," and so on. Yet an analysis of the situation reveals two pertinent facts that do not support such conclusions: First, the percentage of manuscripts submitted for publication but rejected has not changed materially in four years, and the proportion of rejections in the several categories closely approximates the percentages of those published. Therefore, the

Editorial Board has not shown bias in rejecting manuscripts for publication.

The second point to be considered has been mentioned earlier; the Editorial Board has little influence on the topics about which authors write. It can consider only the material sent to it. It makes no effort to accept or reject articles on the basis of subject matter, except in circumstances of duplication, a surfeit of similar material appearing in the literature, or inapplicability of the subject to the field of anesthesiology. The decisions of the Editorial Board have to do largely with the manner in which the material is presented, the design of the experiment, the validity of the data, and the clarity of the language. Therefore, all well-prepared manuscripts concerned with the specialty have equal chances for publication in THE JOURNAL.

The Editorial Board agrees with an editorial written for the journal *Circulation* by H. N. Marvin, President of the American Heart Association,¹ in which he said, "Its [*Circulation*] intent is to include articles in the basic sciences relating to this field and papers representing the finest type of clinical research, as well as those that are mainly 'practical' in their application. Recent years have witnessed a re-

markable widening of interest in the physiologic and biochemical aspects of the circulation. The journal would fail in one of its most practical functions if it did not encourage publication of articles in these and other basic fields. It is the firm purpose of the Editor, Editorial Board, and the publisher to avoid making it on the one hand a journal so exalted in its aims that only a handful of scientists could read it intelligently, and on the other hand, a purely clinical journal which would have little interest for the investigators who are advancing the boundaries of our knowledge so rapidly."

It should be clear then that ANESTHESIOLOGY welcomes clinical and practical articles for publication. Because of reader interest, the Editorial Board encourages authors to submit such manuscripts. These will be judged for acceptance upon the same basis as are all other contributions. Only by an increase in the interest of anesthesiologists to write and submit clinical articles can their proportion be raised in THE JOURNAL.

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REFERENCE

1. Marvin, H. N.: *Circulation* 1: 1, 1950.