

I believe that clinical studies must continue. Society stands to lose much if they are banned. It is up to all of us to see that the rights of the individual are not compromised as one seeks new knowledge. If new knowledge cannot be obtained without disregarding these rights, then we must stop. I hope and believe for the good of the world that this will not be necessary.

ROBERT D. DRIPPS, M.D.
*Department of Anesthesia
University of Pennsylvania
Philadelphia, Pa.*

EDITOR'S NOTE

We feel obliged to reply only to the first point raised in the letter pertaining to the article by Long, *et al.*, wherein Dr. Beecher expresses incredulity that an editorial board could have agreed to the authors' statement on human consent.

The article was accepted for publication in July of 1966, first having been submitted in August of 1965, months before the February 1966 recommendation by the Surgeon-General concerning investigations on human subjects. Thus, the Pennsylvania group was not impelled to supply a statement on consent.

Nevertheless, the article was returned for clarification and we were rewarded with the statement now under fire. Departing from usual practice, unanimous agreement was had from the Editorial Board before acceptance for publication.

It should be evident that a journal's policies are more often than not the distillation of experience, and at this stage of the controversy we, and many another reputable periodical, have not been able to adopt an all-or-none rule concerning the printing of papers wherein human studies are at issue. Consequently, we accepted a carefully worded statement on the problem prepared by a group of established senior investigators with a long and unblemished record of productive human experimentation. Their statement could not have elicited endorsement, suppression or condemnation, for any such action would have implied censorship. The Journal's attitude was the same when, in the November-December 1967 issue, the letters to the Editor of Drs. Fink and Dripps, which ordinarily might have terminated the matter for the good of all concerned, were printed. The discussion evoked has been in the best journalistic tradition and can only serve to define further the goals Dr. Beecher is striving for.

Surgery

TREATMENT OF HICCUPS Stimulation of the pharynx with a catheter introduced through the nose appears to be a valuable method for managing hiccups in conscious and anesthetized man. Immediate inhibition of hiccups occurred in 84 of 85 patients treated in this manner, of whom 65 were anesthetized. Hiccups recurred in some patients, but were managed successfully with the same maneuver. The area responding to stimulation is the middle of the pharynx, opposite the body of the second cervical vertebra, which is innervated by the pharyngeal plexus. The suggested mechanism of action is that impulses arising in response to pharyngeal stimulation may block or inhibit afferent impulses being transmitted through the vagi, thus interrupting the hiccup reflex. No undesirable effects have been encountered as a result of pharyngeal stimulation. (*Salem, M. R., and others: Treatment of Hiccups by Pharyngeal Stimulation in Anesthetized and Conscious Subjects, J.A.M.A. 202: 32 (Oct.) 1967.*)