The wider issues raised by Dr. Knill have of course been discussed at meetings of all editors of biomedical journals and were also discussed specifically at the recent meeting of editors of anesthesia journals. While editors remain alert to failings in the conduct of research, such as fraud, patently it would be difficult for us to prosecute or prove such suspicions. We concur with Dr. Knill that elimination of such major ethical aberrations lies at local level with individuals, research groups and departmental heads. Our responsibility rests primarily with issues of publication and in this context, it is noteworthy that the International Committee of Medical Journal Editors has issued guidelines on retraction of fraudulent data. 2

Finally, we would take mild exception to Dr. Knill’s final sentence. Our editorial did not “simply condemn misconduct”. If we are provided with ongoing material from authors shown to be deliberately guilty of duplicate publication or fraud, by international collaboration, we can effectively veto publication. However, in essence, we are in agreement with the overall sentiments expressed by Dr. Knill regarding the conduct of research within departments. In all fields of human endeavor it is manifestly clear that ethical behavior will usually be exhibited by individuals recruited for their honesty and integrity.

REFERENCES
(Accepted for publication June 6, 1991)

Tracheal Extubation in Children

To the Editor.—Pounder et al. 1 concluded from their study that awake extubation after the use of isoflurane was associated with more episodes of coughing and airway obstruction than was awake extubation after the use of halothane. The patients in their study, whose tracheas were extubated awake after the use of isoflurane, had significantly longer durations of operation than did the other groups. Koka et al. 2 demonstrated that increased duration of operation is itself associated with a greater incidence of postextubation complications, particularly postextubation stridor. Pounder et al. defend their data by arguing that no relationship could be detected between the duration of the anesthetic and the occurrence of respiratory complications.

However, their study was not designed to detect such a correlation, and therefore it is highly questionable that it would have had the power to confirm or refute such a relationship. In addition, Pounder et al. do not comment on the number of changes in patient position during the anesthetics, number of intubation attempts, presence of airway leak, or level of experience of the person performing the intubation. Koka et al. showed that all of these variables affect the risk of postextubation airway complications. Lack of control of these variables makes one question whether the observed incidence of airway complications can be attributed conclusively to the agent used.

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REFERENCES
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In Reply.—It is not surprising that there are many opinions on the optimal method to manage tracheal extubation after general anesthesia in children. This is a potentially dangerous period, and those who gain experience with pediatric patients develop their own management regimens, to which they tend to adhere closely. This indeed is how the art of pediatric anesthesia developed. Also, as we stated clearly in our paper, there may be specific considerations that dictate a particular course (e.g., “awake” extubation) in some patients.

In reply to Dr. Jacka and Dr. Froese, we did in our discussion note the longer duration of anesthesia in our study patients who were anesthetized with isoflurane and in whom the trachea was extubated awake. We looked closely at the data from this group to see whether the few patients who had slightly longer durations of anesthesia also had complications; they did not. Therefore, we believed it reasonable to use this group for comparison. Our study was very different from that of Koka et al., who determined the incidence and contributory factors of postintubation laryngeal edema in infants and children. Laryngeal edema results in persisting symptoms of stridor, is related primarily to