

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.

Anesthesiology
75:546, 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

Anesthesiology
75:546-547, 1991

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 regimes, 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

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(Accepted for publication June 6, 1991.)

one question whether the observed incidence of airway complications can be attributed conclusively to the agent used.

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(Accepted for publication June 7, 1991.)

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

mechanical factors, and is very uncommon now that we understand how to optimally manage pediatric tracheal intubation. We studied the more transient airway complications—cough, breath-holding, and laryngospasm—which we presume are related to the irritant effects of anesthetic agents and reflex activity in the awakening patient, as well as to any possible mechanical factors (such as airway secretions). We also documented the level of arterial oxygenation that followed extubation. None of our patients suffered laryngeal edema.

All of our patients were managed by the same general methods, and care was taken to select appropriately sized endotracheal tubes using methods described in standard texts. None of the patients was having head and neck surgery, and in none was the airway difficult to intubate; thus, there were no unusual head movements, and repeated attempts at intubation were not required for any patient. All of the patients were positioned supine and were subsequently randomized into the

various treatment groups. Thus, we believe that the comparisons that we made between groups were valid.

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(Accepted for publication June 7, 1991.)

Anesthesiology
75:547, 1991

Truth in Advertising: The Journal's Responsibility

To the Editor:—Regular perusal of the literature of one's medical specialty occasionally yields potent irony.

In the April, 1991 edition of ANESTHESIOLOGY, an editorial appeared entitled "Ethics in Publishing",¹ co-authored by the editors-in-chief of four of the world's preeminent anesthesiology journals. The views expressed in the editorial are laudable and include such issues as submission to various journals of research papers containing previously published data, use of identical control data in two papers, and violation of ethical standards involving human experimentation.

Passing reference also was made to the problem of financial conflicts of interest in publishing. Ironically, appearing within several pages of advertising copy immediately preceding this editorial is a six-page, full-color advertisement for a new agent from Glaxo Pharmaceuticals called Zofran (ondansetron HCl). This agent is touted as a "shining breakthrough for the control of emesis" (certainly an area of interest to anesthesiologists); reading on, however, one finds the qualifier "induced by cancer chemotherapy". Glancing at the "fine print" in the product summary, one confirms that this agent is approved by the Food and Drug Administration solely for the control of emesis due to such chemotherapeutic regimens. Why, then, publish such advertising in ANESTHESIOLOGY?

The answer becomes apparent when one considers that, coinciding with the publication of this advertisement, Glaxo's sales representatives began "detailing" anesthesiologists, including myself, on the merits of this agent. Its cost, it should be noted, is staggering—roughly \$40–50 per dose. Such expense is only justified when an agent offers an exceptional advantage over currently available therapy.

Although the latter may be true in the area of medical oncology, our specialty possesses a number of reasonably effective antiemetic agents that are useful both prophylactically and therapeutically; these agents are available at a fraction of the cost of Zofran. Moreover, as mentioned, the latter is *not* approved for use in perioperative nausea.

One is forced, therefore, to question the ethics of accepting such advertising for a publication in a journal such as ANESTHESIOLOGY—a journal unconnected with the medical specialty that addresses the sole indication for the use of this new, expensive agent. Such acceptance is clearly profit-motivated, and it also advances the apparent efforts of Glaxo Pharmaceuticals at promoting misapplication of this drug.

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(Accepted for publication June 24, 1991.)

Anesthesiology
75:547–548, 1991

In Reply:—Clearly, medical journals, including ANESTHESIOLOGY, are not constituted to conduct scientific peer review of or to act as a Food and Drug Administration (FDA) for advertisements. As recently stated, "An ad is an ad,"¹ and this Journal believes its readers are able to distinguish between advertisements and peer-reviewed articles. Furthermore, our faith in our readers extends to their ability to assess the cost/benefit of new drugs advertised either in the Journal or directly by sales representatives.

It is also important to note that once a drug is available for a single indication, its use may be extended into other areas. For instance, the use of ondansetron has now been reported to be effective in postsurgical nausea.² These clinical extensions are important to medicine because drug companies often do not go to the expense of certifying drugs for all acceptable indications. For example, epidural use of fentanyl is not an indication approved by the FDA but is in widespread practice by anesthesiologists.