CORRESPONDENCE


DUAL PUBLICATION OF ABSTRACTS

Sir,—The sentiments expressed in your January editorial about dual publication of abstracts were admirable. They are however a counsel of perfection in an ideal world; unfortunately the world is far from ideal and people are not perfect. Scientific journals have in the past shown how themselves and their referees can be incompetent [1, 2]. The rejection of a paper by a journal within a reasonable timespan though is of relatively little importance as the author can note the referees comments, rewrite it and submit it elsewhere. Unfortunately the quality of the referees comments and their knowledge of the subject are extremely variable. The same applies to the speed and competence with which a journal deals with a paper. We recently had one paper returned which a journal had retained for 8 months. Delays of this length are unacceptable; in these circumstances I would submit that it would be not unreasonable for an author to submit a paper simultaneously to half a dozen journals and give the right of publication to the first one to accept it.

The other method of scientific communication is presentation to learned societies and publication of the proceedings as an abstract. This is, of course, what your editorial was about. With societies that manage their affairs in a proper manner such as the Anaesthetic Research Society (i.e. accept all submissions, and the members of the society vote on publication at the end of the presentation and discussion) this is a pleasant sociable method of getting your work commented on and your ideas into print rapidly. Unfortunately some societies do not manage their affairs properly; they have an inner quorum who sit in judgement on the “scientific quality” of the submissions and select for presentation only a limited number. I have sat on such committees and the procedure is somewhat similar to a lottery. There is no way any small group can comment accurately on a vast range of work and judge it “scientific merit.” Given these problems would it not be reasonable for an individual to submit work to more than one society simultaneously in the hope that one or other will accept it?

I support your view that the same data should not be published from more than one source by adding one more argument to your theme that by adding one more discipline there is nothing wrong with publishing the same data in abstract in the literature of two different disciplines. In the case of abstracts where the audience at the two meetings have been different, have the views you would get from a group of surgeons or gastroenterologists for example on a given set of data be different from those you would receive from a group of anaesthetists but can obviously be of interest to both groups. My defence of dual presentation would apply particularly to work done on patients or volunteers, who often undergo a great deal of discomfort and inconvenience without, in this country at least, adequate recompense for their time. I suggest you owe it to them to present data and publish it in abstract form, as widely as possible, and in order to do so, dual publication of abstracts in journals of different disciplines is acceptable.

I. T. CAMPBELL
Manchester


Sir,—We thank Dr Campbell for his interesting personal opinions, which appear without editorial modification. His letter contains many lateral issues which could be debated: however, his suggestion that dual publication of abstracts is acceptable in journals of different disciplines is not sensible, otherwise there would be a potential for huge expansion in the size of all journals, which are already large enough, and would obviously be undesirable. We assume that he is being facetious in implying that journal editors have an obligation to recompense subjects for discomfort inflicted by potential authors over whom the Editor has no direct control. To the contrary, we would argue that rejection of manuscripts should discourage authors from inflicting suffering on subjects of future allied research projects.

Graham Smith
Editor

BEDSIDE RESPIRATORY MEASUREMENTS WITH THE SIEMENS-ELEMA CO₂ ANALYZER

Sir,—Drs Puri and Singh describe the use of the Siemens-Elema CO₂ Analyzer 930 for measuring VO₂ and deadspace [1]. This is very gratifying, as few seem to have realized the enormous potential of this apparatus for bedside measurements. However, I would like to point out several aspects of the device which may affect the accuracy of measurements. Changes in barometric pressure and nitrous oxide in oxygen concentrations affect accuracy of measurement of expired Pco₂, as does an end-tidal Pco₂ differing much from that of the test gas. In addition, the volume of compressed gas, rebreathing in the Y-piece [2], small tidal volumes [3] and the manufacturer's use of electronic components with different time constants [4] all affect the correct measurement of VO₂ from which deadspace is derived. For studies of the absolute value of Pe CO₂, VCO₂ or deadspace, these factors must be carefully corrected for. In the present study presenting consistency of within-patient comparisons in which there is no change in ventilator setting, some of the above points become less important.

R. Fletcher
Lund


Sir,—We agree fully with the comments of Dr Fletcher. In fact, values of PfCO₂ were corrected for variation of humidity, presence of nitrous oxide and barometric pressure [1]. In addition, volumes were corrected for internal compliance of tubing, analyser delay and change in temperature and humidity [1]. Volumes relating to carbon dioxide were corrected also for rebreathing and the factors used for correcting PfCO₂. We had mentioned this in our original manuscript, but this was deleted to comply with the format of short communications.

G. D. Puri
H. Singh
Chandigarh, India


ONSET OF NEUROMUSCULAR BLOCK IN MYASTHENIC PATIENTS

Sir,—It has been postulated that the rapid onset of suxamethonium block may be attributed to the wide safety margin of neuromuscular transmission [1, 2]. Non-depolarizing drugs must occupy more than 75% of receptors in order to produce neuromuscular block [3]. In contrast, depolarization block may occur if only 25% of receptors are activated [1, 2].