editorial comments
(continued)

Harvard researcher Walter C. Willett, MD, is calling on the food industry to gradually phase out the use of partially hydrogenated oils in their products. Similarly, a Washington, DC–based consumer group, the Center for Science in the Public Interest, has asked the Food and Drug Administration to require trans fatty acids to be included in the saturated fats category now listed on the new food labels.

A single dose of dexamethasone does *not* prevent morbidity in children who undergo tonsillectomy.

Laurie A. Ohlms, MD, found this regimen offered no benefit to the 69 children in a randomized, double-blind, placebo-controlled prospective study conducted at Children's Hospital in Boston. The children ranged in age from 3 years to 18 years and had undergone tonsillectomy with or without adenoidectomy.

No statistically significant differences in pain scores, nausea, emesis, halitosis, required analgesic medications, diet, or activity levels were noted between the treatment and control groups said Dr Ohlms at the convocation of the American Society of Pediatric Otolaryngology meeting and the American Otological Society. These combined otolaryngological spring meetings were held in May in Palm Beach, Fla.

In a separate presentation, Paul R. Lambert, MD, of the University of Virginia, told meeting attendees that no correlation was found between the severity of sensorineural hearing loss and the duration of the disease, the presence of acquired cholesteatoma, middle ear mucosal disease, or ossicular damage.

Said Dr Lambert, "Chronic otitis media may cause sensorineural hearing loss, but in the vast majority of patients, this loss is not clinically significant."

His comments are based on a study of 70 patients who had undergone surgery for chronic ear infections between September 1973 and March 1993. All the patients had unilateral chronic otitis media with no history of head trauma, meningitis, posttraumatic tympanic membrane perforation, labyrinthine fistula, or other concomitant ear condition.

Patients with serous otitis media who have ventilation tubes inserted for long-term treatment may be at risk for perforated tympanic membranes. In a study of 103 children, Richard M. Bass, MD, found a 19% perforation rate among children who had tubes inserted for more than 1 year after tympanostomy tube extrusion. No perforations were found in the children who had the tubes in place for less than 1 year. None of the children had had previous middle ear surgery.

Thus Dr Bass recommends using the conservative approach—ventilation tubes inserted for short-term treatment—for patients without a history of middle ear surgery.

US pharmaceutical trials of the French abortion pill RU-486 are expected to begin this fall, with 2000 women to be enrolled at 12 clinical sites. These trials differ from the trial currently being conducted in San Francisco. In that trial, RU-486 is being tested as a morning-after contraceptive in 150 women.

The drug's French manufacturer Roussel Uclaf will supply the drug for the clinical trials. How-

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ever, the French manufacturer will transfer its patent without charge to the Population Council, a nonprofit organization. The Population Council will then look for a US company to manufacture the drug.

Once a manufacturer is found for the drug, the Population Council must submit a new drug application to the US Food and Drug Administration.

FDA Commissioner David Kessler, MD, says that the review process could be expedited because the agency has seen preliminary results from the drug's use in Europe. If the entire process moves ahead without a hitch, RU-486 could be approved for use in the United States by 1996.

"Women should not think that pregnancy termination using a medical regimen [rather than a surgical one] will be simple," comments Dr Kessler. "It will not."

The pill is not administered beyond the 49th day of a missed period. The regimen requires several office visits. ♦

JAOA

a point in time

1954

Back through the pages of *JAOA* to July 1954

Forty years ago, *JAOA* Editor in chief Raymond P. Keesecker, DO, addressed the basic issues still facing today's editorial staff: how to expedite the manuscript review process while maintaining editorial integrity and still operate within the confines of established procedures and economic restraints:

> *The Journal of the American Osteopathic Association* is the official scientific and clinical periodical of organized osteopathy. As such, it has become an authoritative professional publication of high standards and is so accepted from without as well as within the profession. Articles which apear in it are given a certain prestige. Demands upon it for space are considerable.
>
> The official status of *The Journal* requires the publication of certain material which is documentary in type and archival in nature.
>
> The "Manual of Procedure of the American Osteopathic Association," its official reference book, records that as early as July, 1933, the Board and House declared that osteopathy is and always has been a complete school of medicine. In the past 20 years following this statement of policy, our profession has moved resolutely forward to its full implementation, resulting in considerable modification of the content of our publications....
>
> This policy, moreover, is a powerful factor in increasing space demands upon *The Journal*. Budgetary limitations forces [sic] the editors to exercise a judicious space assignment, a relational timing of the appearance of papers, and a careful balancing of copy.
>
> Naturally, authors feel a sense of immediacy about the publication of their articles, an urgency readily understandable. The editors, however, must work on a planned program covering a year or more in advance. That does not mean that articles are scheduled a year before actual publication, but it does mean that articles must fit into a framework quite permanent in structure....When an article is found acceptable, its preparation for actual publication can be a considerable task, often involving months.
>
> These [editorial] policies and practices...are set up to insure a periodical of high worth, of which osteopathic physicians may be rightly proud....No individual should be deprived of the right to validate his theories by means of publication. But publication in *The Journal* calls for the presentation of material in the terms of today's scientific methods and knowledge and not upon the basis of an author's enthusiasm.
>
> *The Journal's* continuity with the past remains inviolate for it sets forth today no higher purpose than so perfectly stated by its first editor in its first issue: "[To provide a medium] wherein the best thought and latest scientific research of the profession may not only find expression but a place of permanent record."

(Journal policy and practice, *JAOA* 1954;53:629-631.)