necrosis, but not apoptosis. We agree that HGF might induce neuroprotective effects through inhibition of apoptotic cascade. However, it was highly impossible that the observed neuroprotection of HGF in our study is due to its antiapoptotic effects.

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Apical cannulation for aortic perfusion

To the Editor:

I read with interest the article, "Transapical aortic cannulation for cardiopulmonary bypass in type A aortic dissection operations," by Wada and associates¹ in the November 2006 issue of the *Journal*. I agree with the authors that this time-tested method is indeed most suitable and safe in the management of type A aortic dissections. However, its applicability may be further enhanced by two additional maneuvers: The first technique is use of a special double-lumen catheter; the larger-caliber channel should have an apical port for perfusion and the shorter, smaller-caliber channel should have a port located about 10 cm proximal to the tip and be positioned

Figure 1. Application of the special "double-padded" clamp and perfusion cannula. The jaws of the instrument may be brought into a position to fully occlude the clamped aorta but still allow the passage of the unobstructed flow through the intra-aortic cannula. The double-barreled cannula allows perfusion through the larger, longer channel tip, which is placed into the aorta, and venting through the shorter, smaller channel, which terminates within the left ventricle. (From Robicsek F. Apical aortic cannulation: Application of an old method with new paraphernalia. *Ann Thorac Surg*. 1991;51:330-32. Reproduced with permission from The Society of Thoracic Surgeons).

in the left ventricle for removal of blood, which may be seeping into the left side of the heart. This arrangement eliminates the need for a separate vent through the right pulmonary vein as applied by the authors. The second technique is application of a "special" aortic crossclamp, the padded jaws of which hermetically occlude the aortic lumen but allow passage of the perfusion catheter.² This arrangement provides added versatility to apical perfusion, making continuous or intermittent arch perfusion possible even with the proximal aorta open (Figure 1).

The issue of bleeding that the authors experienced while placing a purse-string

suture into the apex may be effectively addressed by introducing the perfusion catheter through a simple stab wound and placing a 3-pledgeted purse-string suture after the heart is cold and fully relaxed.

The authors' addition transesophageal echo control of the catheter placement adds additional safety to the method.

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Can the consensus statement on surgery journal authorship be implemented?

To the Editor:

The "Consensus statement on surgery journal authorship" is of great interest, not only for the surgical scientific community, but for all biomedical research areas. Most important journals have it in some form and all agree on the fundamentals. This indicates that the problem, which is addressed, is widespread. Some questions, however, have to be added.

How will this statement be implemented? Can one rely on the honesty of the coauthors? Is a simple statement of the authors for which part they are responsible sufficient?

The attitude in many universities "to publish or to perish" is a grim reality and forms a serious obstacle for honesty. It is an incentive for one to have his or her name on as many articles as possible, because career opportunities and promotions depend on it.

This is especially a problem in a hierarchy where heads of departments have to authorize for funds and materials, or supervise but without taking part in the research as such. Young researchers, who want to build a career, usually depend on their head

of department for a positive reference. A "breach of appropriate authorship," which is an understatement, can be expected.

Possible signs for this breach could be as follows:

- More than 4 or 5 authors (if it is not a multicenter study)
- Authors whose names appear annually in more than 4 full articles

These signs, however, can depend on the type of research and local organization of the research group.

If these signs become apparent, a deep inquiry by the editor might be warranted. An alternative is to limit the number of authors. If acknowledgements are more detailed and, what is most important, valued by the supporting universities, the incentive for a breach of appropriate authorship might disappear or at least diminish.

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Reply to the Editor:

Thanks to Dr Mistiaen for well-focused questions and comments. They will help move the guidelines in the consensus statement closer to implementation in practice. I will try to answer them in practical terms.

1. *How will the statement be implemented?* By absorption into customary best practice, like the general compliance with our other Instructions to Authors about manuscript preparation, graphics, and references. Despite variations, compliance will steadily and iteratively improve.
2. *Can one rely on honesty of the co-authors?* Generally, yes. Honesty is a dominant value, and trust is the basis for most discourse in society and in science. Untrustworthy behavior is eventually exposed by peers, damaging reputations and reducing the level of respect in the community of scientists and surgeons.

3. *Is a simple statement of the authors' contributions to the paper sufficient?* Yes; explanations can be simple and clear, that is, as described in a recent editorial: "[Dr Author] was the primary author and was responsible for the design of the study and the analysis and interpretation of the data. [Dr Data] supervised the development of the database, provided input on the study design, and reviewed and approved the final manuscript. [Dr Investigator] was the principal investigator of the study, supervised the acquisition and interpretation of the data, and provided critical input to the manuscript."¹

4. *Isn't the grim reality that many universities require us to "publish or perish" an obstacle to honesty?* Promotion policies based on publication quantity have resulted in dilute resumes and an unsustainable multiplication of specialized journals.² Best practices for assessing scholarship are emerging and displacing unreflective quantitative measurement of published work, though progress is slow. In a recent issue of *Nature Medicine* largely devoted to exposition and extension of her seminal work, Karen Ashe,³ a world leader in Alzheimer research, recounts how she was promoted and supported by the University of Minnesota through three unpublished years as she developed her transgenic mouse model of the disease. The promotions committee of the University of Toronto Department of Surgery assigns little weight to publications that reflect ancillary authorship. Careers in departments that rely on publication volume alone for promotion are impoverished academic opportunities. The chair who insists on authorship in exchange for resources, support, or letters of reference will become an anachronism if accurate description of the role of authors becomes part of the culture of surgical publication.

The ethics of authorship¹ is a guide to what we should do on the basis of principles and values. *Journal* policy is a statement of what a reasonable group of representatives of the Association decide to adopt as standard practice for the organiza-

tion's publications. Such decisions should be made with criteria of reasonableness, transparency, appealability, and enforceability.⁴ I think the *Journal's* decision to adopt the consensus statement meets this standard, but the last criterion is where Dr Mistiaen's challenge finds the weakest point in the consensus statement as policy. The *Journal* can only encourage, and reinforce by occasional challenges or commentary, an authorship policy that depends primarily on the authors for implementation.

Dr Mistiaen, I am in favor of adopting the consensus statement as policy because it helps strengthen the authenticity and integrity of medical publication. Rather than an absolute limit on the number of authors, I favor your suggestion of deep and thoughtful inquiry by the editor to clarify or justify the number of authors. Inquiries from respected colleagues in our specialty have a salutary effect on practice and behavior. To implement your suggestion, I will enjoy passing this responsibility along to Editor Wechsler in his leadership role on the *Journal*.

Thank you for your insights and thoughtful suggestions.

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Extracorporeal life support: An effective and noninvasive way to treat acute necrotizing eosinophilic myocarditis

To the Editor:

We read with great interest the case report of Kohout and colleagues¹ describing the