trade. Our graduates should have some understanding of the processes involved and the importance of research, and should appreciate the need to support the efforts of those who do become involved in research. Just as students are expected to be familiar with calculus and organic chemistry before entering medical school (with no expectation of their becoming mathematicians or chemists), it is important for our residents to understand how the information in our clinical textbooks was generated from basic science and clinical research.

We thank the correspondents for their helpful comments and we are grateful for the opportunity to clarify our position. We must also re-emphasize that it was never our intention to capture absolute numbers of publications. Instead, our intent was to examine the trends of research activity taking place in Anesthesiology Departments across the country, regardless of the number of individuals involved. We hope that we captured most, if not all, of the most important work published in our discipline during the period in question. If we did not do so, we are truly disappointed.

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Academic-industry relations

To the Editor:

If I might lean on my senior membership to justify comment from afar, I would like to address the letter in the March issue from Dr. Stuart L. Vandewater, entitled "Shocked and appalled", and the response from Dr. Robert J. Hudson.¹ My Canadian experience is some 37 years out of date now, but the scene in the United States is not very different in this regard.

The topic is important and relates of course to concerns about the relationship between sponsorship and reported research results. This issue can be argued from many angles. To go directly to the point: good research cannot be conducted without support and federal funding increasingly goes to bench research, leaving a gap at the clinical investigation level. Industry, as well as special interest groups (clinical disorder societies for example) can and do fill this gap to an important extent. There is good reason for

caution in the case of targeted research funding and peer-reviewed journal editors are well aware of this. However, as Dr. Hudson explains in the instance under discussion, the research in question is not targeted, i.e., the funding is not tied to any particular line of investigation. On the contrary, the funding is put in a pool and then, from this, is available to any applicant who successfully competes for an award. There is no link between the funding source, and the individual project and its parent department. This contrasts so clearly with the problems that may arise in the case of clinical trials of a new pharmaceutical product, where the relationship is quite different and all sides then benefit only after close scrutiny as to possible bias.

One can only conjecture as to motive on the part of companies responsible to their shareholders for funding research not tied in any way to their products. I would argue that it is reasonable for industry to participate in this funding because the maintenance of a viable national clinical research environment of high quality is a necessary part of their Research and Development picture. They have nowhere else to turn for this and, in the case of our specialty, the Canadian Anesthesia Research Foundation is therefore fulfilling a mutual interest in an admirable way. I do not recommend holding one's breath pending increased federal funding for clinical research.

Dr. Hudson's explanation exonerates university departments. The policy of the *Journal* as to the extent and manner in which it advertises its relationship to industry is, I believe, a separate and small part of a larger and more worrisome picture: industry product-promotion practices and the professional purchase choices of individual society members. It would be nice to see this confined to the paid advertisement pages in the case of the *Journal*.

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- 1 Vandewater SL. Shocked and appalled (Letter). *Can J Anesth* 2006; 53: 322.

Potential pitfalls of interim analysis

To the Editor:

In the evaluation of medical treatments, randomized trials are the current gold standard. According to the Mayo Clinic Clinical Trials glossary,¹ randomization