

12. Simmon, H. E. and Stolley, P. D.: This is Medical Progress? Trends and Consequences of Antibiotic Use in the United States. *JAMA*, 227:1023, 1974.

November 18, 1977

Dear Editor:

I have reviewed Dr. Stephen E. Hedberg's letter criticizing the study, "Preoperative Oral Antibiotics Reduce Septic Complications of Colon Operations" (*Ann. Surg.* September, 1977). Dr. Hedberg does not believe that controlled trials are needed relative to generally accepted methods of management. The study in question confirmed his notion as to the proper form of treatment, and thus he believes that patients were jeopardized unnecessarily by being randomized to a placebo group.

The necessity for a study must be judged on the state of beliefs of informed practitioners prior to the study. If there is a thoughtful group of experienced practitioners who seriously question the correctness of prevailing opinion, it is ethical for them to engage in a well-designed controlled trial. It is unethical for a practitioner who is *certain* he knows the best way of treating a condition to engage in such a trial, no matter how tenuous the basis for his certainty. On many prior occasions the doubters have prevailed when the results of clinical trials were in, and widely held beliefs had to be modified.

It is clear that there were a sufficient number of well informed doubters to warrant the study in question. One cannot logically condemn a study because the results confirm the majority opinion.

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Dear Editor:

In 1975 we reported in *Annals of Surgery*¹ on the value of maximal tumor thickness in evaluating prognosis of cutaneous melanoma. In that study 54 of 54 patients with tumors <0.76 mm thick were alive and free of disease for five or more years. Many of us are looking for thin lethal melanomas and those encountered so far have invariably been incompletely studied. The ten thin stage II tumors, briefly mentioned by Holmes et al.² were a surprise. Though it is not possible to even estimate the incidence of such tumors from their data, the relatively large number (10/294) requires some elaboration. These cases were studied by Clark³ who was satisfied that those initially studied

by the surgical Pathologists at UCLA had been adequately sampled but was not certain about the cases referred from other hospitals. The adequately studied cases fall into two groups. The first are occasional patients with apparently impaired resistance to their tumor and sections reveal complete absence of inflammation. The second and more common are patients with very large lesions which show evidence of extensive regression with areas of increased vascularity and dense fibrosis beneath the epidermis. Though the thickness of the residual tumor can be measured, such measurements are of no prognostic value since one has no way of knowing what the maximal tumor thickness was before the tumor regressed. Such tumors can, of course, metastasize.⁴ For obvious reasons it is important to keep both types of melanomas separate from the common variety, which were the subject of our study of thin tumors.¹

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References

1. Breslow, A.: Tumor Thickness, Level of Invasion and Node Dissection in Stage I Cutaneous Melanoma. *Ann. Surg.*, 182:572, 1975.
2. Holmes, E., Mosley, H., Morton, D., et al.: A Rational Approach to the Surgical Management of Melanoma, *Ann. Surg.*, 186:481, 1977.
3. Clark, W. H. Jr.: Personal communication.
4. McGovern, V. J.: *Malignant Melanoma, Clinical and Histologic Diagnosis*, New York, John Wiley & Sons. 1976.

August 11, 1977

Dear Editor:

The article entitled "Studies of the Modified Venous Allograft" by Drs. Perloff, Rolands and Barker (*Ann. Surg.* 186:227, 1977) properly stresses the problems that are encountered in tanning vein allografts or heterografts with dialdehyde starch. Their findings confirm some of our own observations when we implanted human umbilical cord veins pretreated with dialdehyde starch as a xenograft into baboon aortas.¹ The histologic findings were those of loss of the cytoarchitecture which homogenization and often considerable destruction of the mural components of the umbilical veins. Without pretreatment aneurysmal degeneration occurred with considerable laminar thrombosis. Additionally, microabscesses were found in association with small round cell infiltrates suggesting immunologic rejection. On the other hand, glutaraldehyde was found to be a superior tanning agent. There was a