PS: Bloodletting and trephination were and still are effective therapies for some patients, but not for all.

References

Arrogance Revisited
To the Editor:
An earlier study published in *Stroke* concerning the morbidity and mortality of carotid endarterectomy cited “the recent controversy surrounding the Extracranial-Intracranial (EC–IC) Artery Bypass Study” as demeaning the importance of a randomized trial to assess the efficacy of this procedure. This seems to me an unfair and even nonsensical argument.

Can the impact of the EC–IC Bypass Study on clinical practice be seriously questioned? While the EC–IC Bypass Study was not perfect and did not answer all possible permutations of the puzzles it addressed, it did provide the only scientifically adequate information to assess the efficacy of this surgical procedure. The multiple criticisms of its major results do not withstand careful scrutiny. There may indeed be a role for EC–IC bypass in the management of cerebrovascular disease, but the onus is now on its advocates to demonstrate convincingly what it is.

More fundamentally, how can any prophylactic surgical procedure with substantial perioperative risk and expense be considered to be beneficial until proven otherwise? Only 40 years ago, the great physicians of the day advocated chronic anticoagulation for multiple sclerosis, citing common sense and anecdotal benefit. Clearly, there are treatments espoused by the great physicians of the day that are often useless or harmful, and it is arrogance to think that even the best of today’s physicians are above using them.

The value of prophylactic treatments, medical or surgical, for chronic degenerative disorders in people with frequent comorbid illnesses is difficult to establish. If we abandon scientifically sound research to determine optimal management for our patients, future clinicians will only wonder at the naive confidence we have placed in our supposedly infallible clinical judgment.

Robert G. Hart, MD
Department of Medicine (Neurology)
University of Texas Health Science Center
San Antonio, Texas

References
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R G Hart

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