

well as that of others, does not support the validity of the criteria."³ It is now clear that Rich's experimentally induced angitis more closely resembled Zeek's hypersensitivity angitis than PAN.

Born in 1899 in Ironton, Ohio, Dr. Zeek still maintains her interest in PAN. On June 4 she celebrated her 92nd birthday, and I invite all who benefit from her work to join me in sending her warmest wishes and many happy returns.

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2. Zeek PM, Smith CC, Weeter JC. Studies on periarteritis nodosa: differentiation between vascular lesions of periarteritis nodosa and of hypersensitivity. *Am J Pathol* 1948; 24:889-917.
3. Rich AR. Studies on hypersensitivity. *Can Med Assoc J* 1958; 78:163-170.

DRESSINGS FOR STASIS ULCER

■ *To the Editor:* I read with interest the article by Drs. Young and Terwoord¹ on a compression dressing system for stasis ulcer treatment, in the September 1990 issue. This is a very appealing and, no doubt, effective way to treat stasis ulcers. However, in an era of cost containment, the cost of this type of treatment seems excessive. In our area, the therapeutic stocking would cost \$44 or more if it were made to measure. The *Allevyn* 4 × 4 sterile dressings would cost \$57.50 for a box of six, and the *Intrasite* 4 × 4 sterile dressings would cost \$32 for a box of six.

It has been my habit for some time to use an alternative form of care which has been extremely effective. It was originally taught to me by Dr. Brownell Wheeler, Chief of Surgery at University of Massachusetts Medical School, and he learned it in England. The technique consists of a small amount of antibacterial ointment placed on the ulcer, covered with a Vaseline gauze or adaptic and, in turn, covered with a 3 × 3 gauze pad. Over this, a roll of Webril (cost, about \$1) is smoothly wrapped, and over this an Elastikon bandage (cost, about \$5.25). This dressing can be left on perfectly safely for a minimum of 2 weeks, even in the presence of a draining ulcer. I have had patients wear-

ing this kind of dressing for as long as 3 to 4 months without changing it. This, also, has proven to be perfectly safe.

I think this cost information should be brought to the attention of your readers.

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1. Young JR, Terwoord BA. Stasis ulcer treatment with compression dressing. *Cleve Clin J Med* 1990; 57:529-553.

■ *Reply:* Dr. Hill brings out a good point regarding the cost of the Jobst UlcerCare system when using *Allevyn* or *Intrasite* dressings.

Since the publication of our article in the *Cleveland Clinic Journal of Medicine*, we too have become concerned about the cost of the *Allevyn* and *Intrasite* dressings. In addition, a few patients have noticed some sensitivity reactions. Because of this, we rarely use these two dressings. Instead, we use normal saline dressings for infected ulcers. We still find the light white compression liner stocking very helpful in holding the dressings in place. It also enables patients to put on their heavy elastic stockings more easily.

The literature contains hundreds of ways to treat stasis ulcers. Dr. Hill's method is an interesting one, but I would be concerned about maceration of the skin when the drainage is excessive. In addition, the patient would also not be able to observe or bathe the leg while the dressing was on.

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ASPIRIN AND REYE'S SYNDROME

■ *To the Editor:* I write to protest at the misrepresentation of our study¹ in the article by Orlowski et al² and the editorial by Hurwitz and Mortimer³ in the July 1990 issue of the *Cleveland Clinic Journal of Medicine*. It was particularly unfortunate that the authors of the accompanying editorial did this, as our study findings support their views rather than refute them as they implied. We accept that our methodology was not as rigorous as that in the most recent US