

pure state and the versatility of the yarn during fabrication. Teflon prosthetic vascular grafts were not developed at an earlier date because of the difficulties in handling the basic material for fabrication and because a method had to be developed to rid the yarn of certain brown-colored carbonaceous impurities deposited upon the filament during its manufacture.

What, then, are the practical considerations in choosing a prosthetic vascular graft material to be implanted into the human being? The factors that seem to be of importance would be largely the mechanical properties of the prosthesis. Over-all experience at the present time favors a medium porosity graft for balance of bleeding versus healing,¹ a graft that has true elasticity because the linear tension of implantation is of

importance, a graft that is not likely to twist and kink while being drawn through a subcutaneous or subfascial tunnel, and a graft that has little tendency to fray during suturing. The commercially available grafts that best meet these conditions are fabricated of polyester fiber (Dacron or Terylene).

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REFERENCES

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2. Wesolowski, S. A., Fries, C. C., Karlson, K. E., De Bakey, M. E., and Sawyer, P. N.: Porosity: primary determinant of ultimate fate of synthetic vascular grafts, *SURGERY* 50: 91, 105, 1961.

ERRATUM

In the article by Drs. DeWall, Grage, McFee, and Chiechi, "Theme and variation on blood oxygenators. I. Bubble oxygenators," in the December, 1961, issue of *SURGERY*, the legends for Figs. 16 and 18 were reversed. Fig. 16 shows the oxygenator in use at the University of Minnesota and Fig. 18 the perfusion hypothermia system of Zuhdi.