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Reply to the Editor:

I thank Dr Sarsam for his comments. His group must be commended for the results achieved with retrograde pneumoplegia in clinical lung transplantation. They were the first to describe this technique of lung preservation, and their results helped to persuade us to use it at our institution.

We are currently performing other clinical studies devoted to evaluate the potential advantages of retrograde pneumoplegia administered while the lungs are being harvested. At

the time of the reported study, we flushed the donor lungs, administering the retrograde pneumoplegic solution individually into each pulmonary vein to evaluate the quality of the perfusate coming out of each lobe. We observed that some areas are less well perfused during antegrade flushing and require more retrograde flushing to obtain a clear perfusate from the pulmonary artery. We believe that either method of retrograde flushing is effective and that the potential benefits are not reduced by the technique of delivery.

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Notice of correction

In the November 1999 issue of the *Journal*, in the article by Rowe and associates titled "Studies in Thoracic Aortic Graft Infections: The Development of a Porcine Model and a Comparison of Collagen-Impregnated Dacron Grafts and Cryopreserved Allografts" (1999;118:857-65), the name of the fourth author was misspelled. The correct spelling of the name is Yong D. Kim, MD.