that, whatever recommendation is being made, Mr. Stark confirm that careful surgical technique cannot be substituted by a polytetrafluoroethylene membrane.

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12/8/70599

Relationship between intelligence and duration of circulatory arrest with deep hypothermia

To the Editor:

I am grateful to Oates and colleagues¹ for quoting our work, but our studies of circulatory arrest were undertaken in the Mongolian gerbil, not the golden hamster, as stated in their article. Our experiments relied on the unusual cerebral vasculature in this particular mammal, which enabled us to render the cortex ischemic by bilateral carotid occlusion while the animal survived on its vertebral supply. In other small mammals the carotids can be ligated bilaterally with impunity.

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12/8/71262

Relief of aortic obstruction in {S,L,L} hearts with rudimentary right ventricle and restrictive bulboventricular foramen

To the Editor:

Van Son and associates¹ have nicely described a small series of neonates with double-inlet left ventricle and a restrictive bulboventricular foramen that was relieved by a modification of the Damus-Stansel-Kaye procedure. I agree completely with their conclusion that using a posteriorly based flap of aortic wall to construct the anastomosis between the proximal pulmonary artery and the ascending aorta is useful. However, this modification was first described by Dr. Hillel Laks in 1992.²

I personally find this technique particularly useful when the Damus procedure is necessary in a patient with normally related great arteries because of the avoidance of a long posterior suture line on the left side of the aorta. Unlike the more traditional technique of the Damus-Stansel-Kaye procedure, in which an incision is often made into the pulmonary valve sinus, this technique also minimizes distortion to the pulmonic valve and may lead to improved long-term function of that valve.

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