can be easily assembled in the pulmonary laboratory of most hospitals, is easy to carry, and can be used in conjunction with most commercially available sphygmomanometers. Furthermore, the cost of the device is minimal.

**DESCRIPTION OF THE DEVICE**

The device consists of four parts (Fig 1). The disposable mouthpiece (Inspiron No. 001200) fits into one end of a 6-inch corrugated tube (Hudson Corr-A-Tube II, No. 1410). The other end of this tube is coupled to a connector (Bard-Parker oxygen hose connector No. 5002) via a 22 × 22-mm adapter (Bard-Parker No. 5095). This connector fits snugly onto the male hub of the rubber tubing of most commercially available sphygmomanometers. An 18-gauge needle may be inserted into the adapter to equalize the intraoral and intrabronchial pressures during the strain phase of Valsalva’s maneuver.

The patient in the supine or semirecumbent position blows into the mouthpiece and maintains the column of mercury in the sphygmomanometer at 40 mm for a period of ten seconds. This device is presently being studied in a series of patients.

**Sutureless Prosthesis for Aortic Aneurysms**

**To the Editor:**

In 1912, Alexis Carrel described a technique for permanent intubation of the thoracic aorta and suggested its use in treating thoracic aortic aneurysms. In 1952, Voorhees et al. reported the use of Vinyon "N" cloth for bridging arterial defects. In several of their laboratory animals, Voorhees et al. used a "nonshure Vitallium cuff technique" described by Blakemore et al. in 1942. Since that time, there has been little interest in a sutureless technique for inserting arterial prostheses. Recently, we developed a prosthesis consisting of Dacron cloth with two cloth-covered stainless steel spools at either end for use in the treatment of thoracic aneurysms (Fig 1).

We have now used this prosthesis in six patients, with no surgical deaths or complications. Follow-up x-ray films and arteriograms have shown no tendency for thrombosis or migration of the prosthesis.

The high surgical mortality in acute dissection of the aorta is primarily due to hemorrhage from attempts to suire friable edematous tissue. By utilizing a sutureless prosthesis, this complication is avoided. The prosthesis may be inserted with little difficulty and thus a short duration of cross-clamping of the aorta. We believe that this is a significant advance in the treatment of thoracic aneurysms, and we are preparing to submit a complete report on our work in the near future.

**REFERENCES**


**Unilateral Diaphragmatic Paralysis in Association with Erb’s Palsy**

**To the Editor:**

Erb’s palsy is a well-described complication of trauma to the shoulder and neck. Except in neonates, it is very unusual for Erb’s palsy to be accompanied by an ipsilateral diaphragmatic paralysis. The purpose of this communication is to...