

DOCTOR RUDOLPH MATAS  
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NEW ORLEANS, LA.

July 14, 1953

Dr. Michael DeBakey,  
Baylor University, Houston, Texas

Dear Michael DeB.:

This is only to tell you that I received your magnificent letter of July 6th. and that I have been reading your latest type written articles which are to be published later (in the July issue of the American Surgeon and the September issue of S. G. O.) with great interest, and for which I thank you most heartily as they are extremely interesting and up to date.

What I would like you to tell me now is whether you have read the paper on "Freeze-Dried Aortic Grafts" by Lt. James W. Pate, and Lt. Philip N. Sawyer, of Bethesda, Md., published in the July issue of the American Journal of Surgery, pp. 3-13, and whether you agree entirely with their conclusions. To my mind they seem to be the last word that can be said on the question of the preservation of homografts. I notice in your typed article, "Surgical treatment of aneurism of abdominal aorta by resection and restoration of continuity with homograft" to be published in the September S. G. O., the following statement:

"The satisfactory use of a freeze-dried aortic homograft in a recent case has impressed us with the distinct advantages of this method of graft preservation."

From this quotation it appears that their method of "Freeze-dried" preservation has impressed you very favorably. It appears to me that this method of preservation, on account of its relative simplicity, is likely to be universally accepted and is likely

to be discussed at the next meeting of the American Society of Vascular Surgery. Since the best method of preserving homografts is so important I am particularly anxious to know whether you accept this method as final and most acceptable at the present time. There are so many methods of dealing with homografts that we should have something final as the best.

I have been reading two very interesting papers published in the last number of the Memoires de L'Academie de Chirurgie (tome 79, nos. 15 and 16): dealing with hibernation, under the following titles: "Considerations sur l'hibernation artificielle en Chirurgie," par MM. J. Seneque et P. Huguenard, p. 376  
"Reflexions a propos des quatre-vingt-douze cas d'hibernation" par MM. Jacques Hepp et R. Alluame, p. 381.

also the following reports:

"Hibernotherapie et neurochirurgie. Reflexions sur 72 cas," par MM. G. Lazorthes et L. Campan (Rapport de M. J. Meillere) p. 388.

"Introduction des methodes de Laborit dans le traitement des chocs de guerre en Indochine," par MM. Nicol, Mattei, Brus-Buisson, Francois, Jaffry et Lagneau. (Rapport de M. J. Gosset.) Discussion: M. Roux, p. 392.

They refer to the method of Laborit ~~xx~~ for ~~in~~ hibernation/~~xxx~~ its application to human surgery. I am not familiar with the method though I expect to know much more of it in the near future. But what I would particularly like to know is what you think of hibernation. Its use as reported in the above mentioned articles seems to be authorized by the best experience in Paris. My own impression in regard to any benefits that may be expected from hibernation in the cases reported by these authors is indeed dismal and truly pessimistic. It's an extremely perilous field for the engagement of legitimate surgery and will take a great deal more experience by many operators to permit me to accept it at the present time



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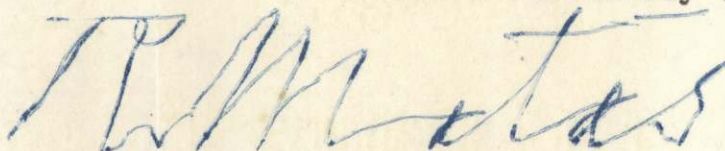
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as legitimate and worth while surgery. The performance of surgery under this condition is dismal and forbidding at the present time. Perhaps we may do better at a later date. If you should develop experience in its application I would be glad to know the conclusions that you may derive from it.

I expect to say some words in acceptance of the dedication of the volume of Proceedings that the council has dedicated to me but which I will expect you to read for me in absentia. I don't know what you may have to say in the introduction, but trust that my remarks may not be too long to weary you. I expect to devote my remarks especially to the story of my own development in vascular surgery, which developed so long before Carrel had come to be known by his remarkable thread and needle work.

With anticipated thanks for your great kindness now and to come, I am always

Yours faithfully and admiringly,

A handwritten signature in blue ink, appearing to read 'R. M. Matas', written in a cursive style.

RM/HA

P.S.: I would appreciate an answer at your earliest convenience.  
R. M.