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DISCUSSION

DR. DAVID OHLWILER (closing): After Dr. Brown's fine presentation, to add anything more would be somewhat like a person commissioned to paint a lily. The photographs speak emphatically for themselves of the possibilities in this field. It is worthy of mention that when we first started this work there was considerable opposition to it but Dr. Brown's foresight made it possible to start the work. Extensive laboratory work has been done as he mentioned—with about 600 animal implants—to try to establish safety measures for work with humans. We believed that any tissue to be implanted in the human body should have a very low solubility constant. These materials discussed here, I think, can modify our views of the old adage, that nature abhors and will extrude a foreign body. Formerly we did not have these materials but now with tetrafluoride and silicones, we have materials for implantation which

have no known solvent and open a new horizon to us in foreign body implantation.

The fact that no secondary operations are needed is another tremendous asset. We can produce these materials and relieve all their internal stresses by heating in the normal autoclaving range, so that they are implanted with no stress whatever. Therefore, there is no warpage. They are easily carved in the operating room, and they are readily sterilized. They are not invaded by body tissues and do not calcify.

I think they offer considerable promise for the future. The patient is more comfortable since one operation often accomplishes a result which would require several stages if his own tissues were used. They are inexpensive. I think the pictures themselves are the best proof that when these deformities are properly corrected with synthetic materials, the results can be very gratifying.