

TO THE EDITOR:

Doctors Glasgow, Currier, Goodrich and Tutor are to be congratulated on their article in the December issue which substantially establishes the natural course of CVA's insofar as brain scanning with radio-mercury is concerned.

We think it might be of interest to your readers to call attention to Table III of our article in the JAMA last February which indicated, perhaps prematurely, in view of the number of cases, results that are most similar to those seen by Dr. Glasgow *et al.* This corroboration of findings by a larger series from reputable investigators is indeed rewarding.

REFERENCES

1. GLASGOW, J. L., CURRIER, R. D., GOODRICH, J. K., AND TUTOR, F. T. Brain Scans at Varied Intervals Following CVA. *J. Nuc. Med.* 6:902-916, 1965.
2. OVERTON, M. C., HAYNIE, T. P., AND SNODGRASS, S. R.: Brain Scans in Nonneoplastic Intracranial Lesions. *J.A.M.A.* 191:431-436, Feb. 8, 1965.

TABLE III

RESULTS OF SCAN RELATED TO TIME INTERVAL IN CEREBRAL INFARCTION

<i>Weeks</i>	<i>Positive</i>	<i>Equivocal</i>	<i>Negative</i>	<i>% Positive</i>
<i>Post-Infarct</i>				
0-2	4	1	2	57
3-4	5		1	83
5-12	3	3	2	38
13-20			2	0
Over 20			7	0
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TOTAL	12	4	14	

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TO THE EDITOR:

In September 1965 issue of J. Nuclear Med., Johnson and Gollan (1) quoted Harper *et al.* (2) about the value of *total cerebral* blood flow; unfortunately Harper *et al.* (2) on page 257 (Table II) reported the values only for *cortical* blood flow at a mean pCO₂ of 25 mm Hg (45 ml/100 g/min). They did not determine the values of *total cerebral* blood flow.

In our experience, based on 15 patients, (3) the 8 normal patients (injected into internal carotid with 0.3 mC of ¹³³Xe) had a *total cerebral* blood flow of 53 ± 6, 6 ml/100 g/min.

REFERENCES

1. JOHNSON, A. E., GOLLAN, F.: *J. Nucl. Med.* 6:679-686, 1965.
2. HARPER, A. M., GLASS, H. I., STEVEN, J. L., GRANAT, A. H.: *J. Neurol. Psychiat.* 27:255-258, 1964.
3. D'AMICO, P., MINAZZI, M.: Results to be published.

Dott. Paolo d'Amico