

solution is pipetted into a test tube, sealed, and used as a new calibration standard. This source should prove satisfactory for at least another year.

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TO THE EDITOR

There is some variance in the current literature about what one should consider as a normal ^{51}Cr red cell survival time. It is generally held that the red cell survival time should be about 28 to 32 days; however, the range of standard deviation is not clear. Therefore, I thought that experience gained in normal subject from a recent study might be worthwhile information for other laboratories.

Radiochromate red blood cell survivals were carried out in 26 subjects over a five-week period of time. The study was planned to see if there was any gastrointestinal blood loss induced by the chronic administration of potassium citrate along with a diuretic. The patients selected had a mean age of 81 years and were in a county home. Most of them had diagnoses of arteriosclerosis, senility, and organic brain syndrome. The study included a 7 to 10 day baseline period and a four-week period of observation while on drugs. During this period of time, the patients were seen daily and all stool was collected. The samples for red cell survival and hematocrit were gathered three times a week and weekly, a complete blood count was performed, including red blood cell indices and platelet evaluation. Serum iron and total iron binding capacity was obtained in any patient where there was a mild degree of anemia. Three patients were eliminated from this study during the period of observation because one was found to have a bleeding gastric tumor and two, because of severe arthritis, were found to have shortened cell survival of 23 and 22 days respectively. The cells were labeled with 200 μC of radioactive chromium in 20 cc of fresh-drawn autologous blood in a low-glucose ACD solution incubated for 45 minutes.

Three two-ml aliquots on each Monday, Wednesday, and Friday were counted in a standard scintillation well counter with a pulsh height discriminator which was adjusted to daily accuracy using a cesium standard. All stools were counted for radioactivity and a guaiac test was run on each specimen which had been previously homogenized in a Waring blender. None of the patients had any evidence of blood loss.

Data was plotted on semi-logarithmic paper (two cycles times 12 divisions per inch). There were 18 points on each graph over a 40-day period of time. The mean half-time survival was 29.8 days with a range of 25.5 to 35.0 days. One standard deviation was 2.5 days and, therefore, the two standard deviation range was 25 to 35 days.

In summary, it would therefore seem reasonable to report normal mean half-survival time for the radiochromate method of 30 days plus or minus five days. Values below 25 days should probably be looked upon with some suspicion and be ascertained with certainty that there is no gastrointestinal blood loss. And indeed, in this study two patients with survivals of 23 days were the only two patients with active severe rheumaoid arthritis.

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TO THE EDITOR

I would like our "Journal"—The Journal of Nuclear Medicine—and our "Society"—The Society of Nuclear Medicine—to be the publication and the society, respectively, known to the world as those most interested in the history of Nuclear Medicine and Nuclear Physics.

During a recent visit to Oak Ridge Institute of Nuclear Studies (O. R. Associated Universities), I spoke with a number of doctors about my "idea" and without exception they displayed interest and enthusiasm.

My idea is this: republish the original papers or reports of Becquerel, the Curies, Roentgen, Rutherford, etc. Each number of the Journal should include a significant paper (or two short ones) relative to radioactivtiy, nuclear physics or nuclear medicine.

Few people now in these fields have read the original reports, but I am reasonably sure that most workers would be eager to see these papers.

Naturally, a great deal of "leg-work" will have to be done. Two of my sons and I have already started to track down some of these great works and, if necessary, we can have people in London and Paris help us.

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