

Anopheles-infested camps, hotels, tourist homes and the like? Why not allow the tourist to eat his "lunch" in peace and secure his "motor supplies" without fear and trembling lest he endanger the villagers?

T. H. D. GRIFFITTS, M.D., Jacksonville, Fla.

METHYLENE BLUE IN CYANIDE INTOXICATION

To the Editor:—An editorial published in THE JOURNAL, August 31, page 721, comments on Wendel's paper regarding the much discussed question of the mechanism of methylene blue antidotic action in cyanide intoxication, in which the author proves that it is due to the formation of methemoglobin.

The results of experiments published in 1933 (*Rev. Soc. argentina de biología* 9:461, 1933; *Compt. rend. Soc. de biol.* 114:947, 1933) had already permitted me to arrive at the same conclusion. Methylene blue was injected into dogs and methemoglobin was determined at different intervals following the injection by means of van Slyke's gasometric method. Not more than 17 per cent of the total hemoglobin was transformed into methemoglobin. On the other hand, sodium nitrite in adequate doses transforms into methemoglobin more than 60 per cent of the hemoglobin in the circulating blood. This explains the higher antidotic power of sodium nitrite in cyanide intoxication, which I had already demonstrated, and has been successfully applied in combination with sodium thiosulphate in several cases of cyanide intoxication in man.

ENRIQUE HUG, Rosario, Argentina.

OWNERSHIP OF X-RAY FILMS

To the Editor:—Your editorials on the ownership of roentgenographic negatives and particularly the last (October 12) are very encouraging to those who perform roentgen examinations. Each new decision confirming the fact that the films belong to the physician who produces them aids the cause of science and the actual practice of medicine for, other things being equal, the physician who keeps his films and reviews them from time to time is presumably better equipped professionally than the one who does not retain them for further study.

Until proper decisions have been handed down by the courts in every state and the matter is no longer a subject for debate, it might be helpful for all physicians who practice diagnostic roentgenology to adopt some specific form of statement on their appointment slips such as that which has been used in my office for the past twelve years and which reads as follows:

NOTE.—It is understood that the original films resulting from x-ray examination are to be retained and permanently filed for study by Dr. Kantor. Patients are entitled to detailed reports or to prints of original negatives at nominal cost if they so desire.

This effectively settles the ownership question in advance of the examination and thus prevents any misunderstanding.

JOHN L. KANTOR, M.D., New York.

RESUSCITATION

To the Editor:—I have recently received several letters from men and organizations interested in resuscitation from drowning, electric shock, and carbon monoxide asphyxia. These letters ask whether any of the modifications of the Schafer prone pressure method recently proposed afford any real advantage over the procedure now in use by the American Red Cross, Boy Scouts, and rescue crews of city police and fire departments.

In my opinion, the answer is positively No!

The Schafer method has been standardized by an immense experience. It has been taught, it is estimated, to more than

thirteen million men and boys, as well as many women and girls. It is saving many lives each year, particularly from drowning. It would be unfortunate if uncertainty and dispute over details were introduced for no real advantage.

All forms of manual artificial respiration are essentially expiratory in effect. The inspirations are wholly due to the tonus and elasticity of the respiratory muscles of the victim. The operator cannot increase the volume of the inspirations by any manual method.

These statements, however, do not justify the use of artificial respiration apparatus of the pulmotor type, for when manual artificial respiration ceases to be effective, the body has entirely lost its tonus, and the victim is irrecoverably dead.

YANDELL HENDERSON, PH.D., New Haven, Conn.

Queries and Minor Notes

ANONYMOUS COMMUNICATIONS and queries on postal cards will not be noticed. Every letter must contain the writer's name and address, but these will be omitted on request.

VACCINES AGAINST POLIOMYELITIS—KRUEGER VACCINE FOR PERTUSSIS

To the Editor:—May I have information on the following: 1. The Brodie-Park vaccine for vaccination against acute anterior poliomyelitis, with references to the literature, its comparison with Dr. J. A. Kolmer's vaccine against this disease, where the vaccine can be obtained, dosage, and duration of immunity. 2. Krueger's vaccine for the treatment of acute cases of whooping cough: its composition, dosage, where obtained and value.

M.D., New Jersey.

ANSWER.—1. Brodie's vaccine consists of a 10 per cent suspension of formaldehyde treated virus. The vaccine is administered intradermally and subcutaneously in one or two 5 cc. doses. A recent communication from Brodie states that more than 6,000 children have been vaccinated without untoward effects. The disease did not appear in any vaccinated child, although complete data for the controlled experiments are not yet available.

Kolmer's vaccine differs from Brodie's in that it is an attenuated virus, consisting of a 4 per cent suspension of monkey spinal cord in a 1 per cent sterile sodium ricinoleate solution. Kolmer administers his vaccine subcutaneously in three divided doses, which vary with the age of the child. More than 6,000 children have been vaccinated, but a finished analysis has not yet been made.

The vaccine may be obtained directly from both Brodie and Kolmer. The Merrell Company of Cincinnati is also supplying the latter vaccine.

The work has not been followed for a sufficient length of time to ascertain the duration of immunity, although monkeys vaccinated by Kolmer have now retained their immunity for three years. Following are references:

- Brodie, Maurice: *J. Exper. Med.* 56: 493 (Oct.) 1932.
- Brodie, Maurice: *Science* 79: 594 (June 29) 1934.
- Brodie, Maurice: *Proc. Soc. Exper. Biol. & Med.* 32: 300 (Nov.) 1934.
- Park, W. H.: *Parents' Magazine*, May, 1935.
- Kolmer, J. A., and Rule, Anna M.: *J. Immunol.* 26: 505 (June) 1934.
- Kolmer, J. A., and Rule, Anna M.: *Am. J. M. Sc.* 188: 510 (Oct.) 1934.
- Kolmer, J. A.; Klugh, G. F., Jr., and Rule, Anna M.: A Successful Method for Vaccination Against Acute Anterior Poliomyelitis, *The Journal*, Feb. 9, 1935, p. 456.

2. Krueger's vaccine for pertussis is an undenatured antigen prepared by mechanical disruption of the washed *Haemophilus pertussis* by grinding in a special mill with stainless steel balls and then filtering. The therapeutic dose recommended has been from 0.5 to 2 cc., depending on the severity of the illness. This dose is repeated daily if necessary. It may be obtained from Eli Lilly & Co.

Reports by Stallings and Nichols indicate a beneficial effect from such therapy in about 90 per cent of patients. Physicians using this antigen have been favorably impressed with the clinical results. However, there has not been any general acceptance of this therapy, because of the lack of sufficiently controlled studies. None of these preparations stand accepted by the Council on Pharmacy and Chemistry.