

## NEIL REPLIES

Hušák's analysis of the hand radiation exposure problem appears to be a refinement of that reported by us in the *Journal of Nuclear Medicine* of December 1969. On theoretical grounds, at least, an "extended source" analysis has more accuracy than the "point source" method. However, Hušák's letter lacks numerical details supporting his statements. Some parts of his analysis could not be checked due to unavailable data (Gusev's "G<sub>1</sub>").

While the "point source" method is less accurate, it may be adequate for its intended use, and circumstances would determine this. It offers readily available data, simplicity, and ease of calculation. Husak's advice to "entirely avoid" it is not warranted by the facts and is not supported by information in the letter.

Despite differences in experimental conditions among three values for hand radiation exposure

from <sup>99m</sup>Tc recorded in the literature, disagreement of values is not great. Husak reports 13 mR/mCi-min; McEwan 12 mrad/mCi-min; and Neil 10 mrem/mCi-min. The most pertinent experimental difference is that the Husak and McEwan measurements were made at the surface of the syringe, whereas our value is at the hand. For most laboratories the use of any of these values for health-physics purposes permits evaluation of operations and adjustment of techniques. A table of hand radiation exposure rates for various isotopes in common use would appear to have value in nuclear medicine laboratories as well as in chemistry and physics laboratories.

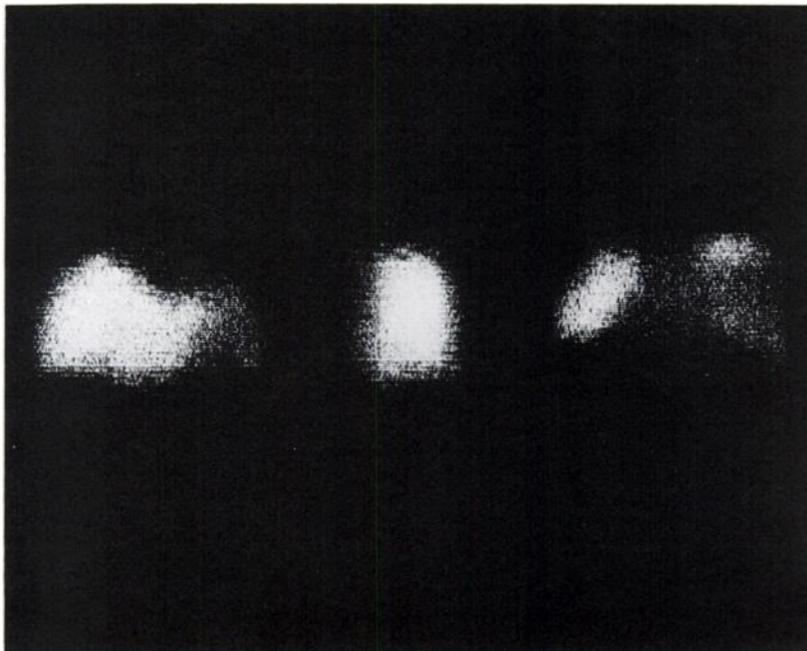
C. M. NEIL  
St. Joseph Hospital  
Houston, Texas

## VALUE OF POSTERIOR LIVER SCANS

We concur with Blum's and George's conclusion (*J Nucl Med* 11: 753, 1970) that multiple views are necessary for optimum detection of space-occupying masses by liver scan. However, we do not agree with their assumption that only the anterior and right lateral projections are required. In particular, we feel that the posterior view is an essential part of the

complete liver study. With the availability in most laboratories of rapid imaging devices such as the gamma camera or multiprobe scanners, all three views can be obtained within a reasonable time.

Since 1967 we have routinely performed anterior, posterior, and right lateral views of the liver using either the Dynapix or the gamma camera. Although



**FIG. 1.** Anterior, right lateral, and posterior views from <sup>99m</sup>Tc-sulfur colloid liver scan. Large defect is conclusively seen only on posterior view.