never approved for routine use, and the sole supplier stopped distribution some time ago, so that at the time of this writing there is no approved supplier in the United States for antimony sulfide colloid. These facts are unfortunate, but true, and indicate that there is no widespread endorsement of the agent or its multiple applications.

I think that Dr. Ege's work in this area certainly has been impressive, however, her views and the views of the radiotherapists at the Princess Margaret Hospital, are not shared by most workers in the field. Radiotherapists with whom I have spoken at my institution and at other institutions feel that radionuclide scintigraphy of the internal mammary lymph nodes at its present stage of development is not usually necessary in the assessment, treatment planning, or follow-up of patients with breast cancer. I suspect it is for these reasons that there has been no demand in the United States to make antimony sulfide colloid available for routine use. I should point out that these are not my views, but the views of the many who have not elected to use this technique.

The teaching editorial was written not only to review the past and point out the possible shortcomings of current approaches to lymphoscintigraphy, but also to offer some speculation for the future. It is possible that with the formulation of new agents for visualization of the lymphatic system Dr. Ege's very fine work will serve as a basis for future developments, but to date the anatomical visualization of individual discrete lymph nodes with radiocolloid, and thus the recognition of patterns indicative of abnormality have not been adequate for routine diagnostic purposes. Although Dr. Ege asserts in her letter that "comparison of technetium-99m Dextran with RCL and TCT for sensitivity and specificity would for many anatomic sites be unproductive," the statement is currently unsupported and untested. Those of us with an interest in the advancement of this particular area feel that such studies should be entered into not only for the examination of internal mammary lymph node chain, but also for that of other sites. I quite agree that "the potential for lymphoscintigraphy rests with astute, sound, critical, and informed judgment," but it is difficult to exercise these essential considerations if agents are not available for the examination of lymph node channels by the individual possessing these discerning qualities.

The statement in the editorial with reference to problems associated with colloid particle size certainly applied to the other colloid agents in the list, rather than only to antimony sulfide colloid. Nonetheless, the particle size of sulfide colloid has not been ideal for studying tracer migration since it appears to travel more slowly within the lymphatic system. This is not an assertion but an observation reported by others. The statements made refer principally to the kinetic performance and physiologic properties of a colloid.

I certainly hope Dr. Ege's investigation with this colloid and with others continues in order to improve not only anatomic localization and resolution of lymph nodes, but also to enable investigators to use new colloids in development of solutions to the problems associated with kinetics within the lymphatic system. In those instances where antimony sulfide colloid adequately provides diagnostic information, it certainly should be applied. Perhaps Dr. Ege will allow the possibility that improvements can be made to permit the more widespread use of radionuclide lymphoscintigraphy.

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