smaller organs such as kidney and thyroid particularly in pediatric patients. Further consideration, including factors such as distortion, would be needed to determine the practical value for scans of children.

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EVALUATING MYOCARDIAL PERFUSION

The authors of "Evaluation of myocardial perfusion after intracoronary injections of radiopotassium" (1) referred to a previous publication (2) by our group and made the statement, "A continuous intravenous injection of potassium analogs was monitored to maintain a plateau concentration of the isotopes in the venous blood."

In our studies of net rate of myocardial uptake, the requirement is that a plateau concentration be maintained in arterial blood. Confirmation of such a concentration has been obtained in mongrel dogs by arterial sampling and monitoring an exteriorized arterial loop. The intravenous infusion may well also be providing a plateau concentration in venous blood, but we have *not* measured this parameter for

it is not of primary importance. Therefore, we would prefer *not* to be quoted as having maintained a plateau isotope concentration in venous blood.

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THE AUTHOR'S REPLY

We deeply appreciate the interest that Dr. Smith has taken in our paper. He has correctly pointed out that the plateau concentration of isotopes was maintained in the arterial blood, and we regret our obvious misquotation which, of course, does not affect the conclusions we drew from his work or our own results.

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ERRATUM

In "Progressive Decrease of True Intestinal Calcium Absorption with Age in Normal Man" by C. C. Aleviazaki, D. G. Ikkos, and P. Singhelakis (*J Nucl Med* 14: 760-762, 1973) equation 2 should read $a = 53.7e^{-0.00969x}$.

The Letter to the Editor by A. G. Richards (*J Nucl Med* 14: 881–882, 1973) should be entitled "Transferrin Binding of Indium."

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