

to produce full-size displays. In such cases it is comforting to know that there are substantial reasons for believing that minification need not lead to degradation of the information.

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PLASMA RENIN ASSAY

In 1971, we (1) compared the Schwarz-Mann kit with a bioassay for the estimation of renin activity. The regression coefficient of the Schwarz-Mann assay with the bioassay of 121 samples of plasma incubated at pH 5.5 was found to be 2.8 (95% confidence limits: 1.6 to 4.1). As we (1) and Cohen, et al (2) have shown, at pH 5.5 the yield of angiotension is threefold greater than at pH 7 or more. If Rao Chervu, et al (3) Schwarz-Mann assay results are corrected to pH 5.5 and for a 3 hr incubation, their regression coefficient would be $0.23 \times 3 \times 3 = 2.1$; similar to our own figure of 2.8. Clearly, the Schwarz-Mann kit is measuring a considerable proportion of non-pressor (in the rat) peptids in incubated plasma in addition to angiotensin. Consequently, it is surprising that Rao

Chervu, et al (3) found such a good correlation between the kit and the bioassay. We found a correlation coefficient of only 0.69 when the two methods were compared on 121 samples of incubated plasma.

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PANCREATIC SCINTIGRAPHY—GI TRACT VISUALIZATION

We read with great interest the paper from Hachette, et al (*J Nucl Med* 13: 51-57, 1972) and the letter from Black (*J Nucl Med* 14: 246, 1973) about the use of ^{99m}Tc -pertechnetate in pancreatic scintigraphic studies for localization. According to Black there is a certain value in visualizing the upper GI tract with oral ^{99m}Tc in order to obtain correct identification of the pancreas head.

On the other hand, it is a well-known fact that both the stomach and the bowel show specific uptake of ^{75}Se -selenomethionine (Bühning H., Schneider C.: Das normale Pankreas im Scintigraphischen Bild, *Deutscher Röntgenkongress*, 1966. Oeser H., Teil A., eds, Stuttgart, Thieme Verlag, 1967, pp 158-161).

Moreover, it is well known although rarely mentioned, that in cases of diffuse pancreatic disease the concentration of ^{75}Se is low in the organ, whereas

the activity of the GI tract is increased. The presence of elements of the GI tract with ^{75}Se uptake can seriously disturb the pancreas image in case of superposition, especially by covering a possible inhomogeneity in the head or in the body or hiding hypoactive zones in the tail.

In order to eliminate the GI tract image, we use the same principle of subtraction as for the liver. Technetium-99m-pertechnetate is administered for stomach-duodenum-jejunum visualization without specific uptake in the pancreas or liver during the study. One or 2 mCi of ^{99m}Tc are given orally. The patient is in the supine position under the gamma-camera, and a first picture is registered immediately in the ^{99m}Tc photopeak (120,000-150,000 counts in 1-2 min). Then 3.5 $\mu\text{Ci/kg}$ of ^{75}Se -selenomethionine are given intravenously immediately and the