among nuclides in regular use in nuclear medicine. . . ." We wish to point out that a number of radionuclides, such as ^{125}I, ^{75}Se, ^{197}Hg, ^{111}In, and ^{169}Yb, show significant summation peaks as a result of either x-ray–x-ray, x-ray–γ-ray, or γ-ray–γ-ray coincidence. All of these radionuclides, in varying degrees, are in regular use in nuclear medicine.

Since the correction for summation peaks is difficult, we agree with the authors that standard and unknown specimens of a radionuclide should be counted with the same geometry and window setting. If deadtime is a problem, the specimen should be diluted and an appropriate aliquot counted.

Incidentally, summation peaks and their effects on the assay of radioactivity in well scintillation detectors were extensively discussed in the *Journal* by Ross et al. (*2*) in 1967.

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REFERENCES

1. HUDSON FR, GLASS HI, WATERS SL: The assay of iodine-123. *J Nucl Med* 17: 220–222, 1976

2. ROSS DA, ROHRER RH, HARRIS CC: Quantitative counting in the presence of coincidence-summing scintillations. *J Nucl Med* 8: 502–514, 1967

Reply

We agree that a number of emitters with strong sum peaking can be found, but we feel that attention should be drawn to this effect in ^{123}I at a time when many laboratories may be starting to use ^{123}I-labeled radiopharmaceuticals for quantitative work. While Ross et al. presented an interesting study of summing in ^{75}Se and drew attention to the various modes of sum peaking that occur, they did not include ^{123}I in their list of radionuclides for which summing may be a problem, although among others ^{125}I and ^{197}Hg were mentioned. We feel that most workers will readily identify γ-ray–γ-ray sum peaks by referring to decay schemes, but x-ray–γ-ray and x-ray–x-ray sum peaks may be less easy to identify. We should like to take this opportunity to draw attention to a recent article by Hunter et al. (*1*) concerning the magnitude of summing effects in ^{125}I.

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REFERENCE

1. HUNTER D, DRATZ AF, ROHRER RH, et al.: Potential errors in the radioassay of ^{125}I. *J Nucl Med* 16: 952–954, 1975

Sequestrational Inspiration

The spleen may be one, two, or many.
Some people don't even have any.
Good for red cell accretion,
Best seen with technetium,
The size and shape do vary plenty.

One can't depend on the location
Or quantify accumulation.
This defect's malignant,
And that one benignant.
Now just what does one tell the patient?

Because nothing's clear, we have had to be
Familiar and sure of anatomy.
So if the spleen is hit,
We could say, "Suture it"—
But some clefts occur atraumatically.

The technique is utter simplicity,
But results are pure nonspecificity.
Only one thing we can
Say for sure when we scan:
Colloid shift may *mean alcoholicity.*

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