



FIG. 1. Autonomous ("hot") thyroid nodule scanned with ^{125}I and "low-energy" collimator (7) (left); ^{125}I and 31-hole (^{131}I) collimator (center); and ^{131}I and 31-hole collimator (after I-T-3) (right). Note that the central area of degeneration is strikingly seen only in (left). Optical resolution of collimators is given in fractional inches.

ground can be "blended away" (1), there is some evidence that this may result in the "blending away" of useful information as well (5).

In one study pertechnetate did not delineate non-functioning nodules as well as ^{125}I did (6). Before pertechnetate can be recommended for routine thyroid scanning, further intercomparison with ^{125}I will be necessary since ^{125}I in our opinion is still the radionuclide of choice for this purpose and will be until ^{123}I becomes generally available.

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WEIGHTING AND LEAST-SQUARES FIT

In the August, 1967, issue of the *Journal of Nuclear Medicine*, our Letter to the Editor contains an unfortunate typographical error in line 7, page 624. The correct line 7 is "ment is sufficiently high so that the Poisson error is negligible (4). The errors . . ."

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