

to 750 keV (utilizing the higher  $\gamma$ -ray energy of  $^{131}\text{I}$ ) and from 250 to 400 keV. Unfortunately the latter condition envelopes both the chromium  $\gamma$ -ray energy and the most abundant  $^{131}\text{I}$   $\gamma$ -ray energy so that the iodine contribution to the total counts recorded in this window was large. It was also found that under high count rate conditions pulse summation occurred which produced a higher count rate in the upper energy window than that due solely to the iodine content of the sample and was dependent upon the total activity in the sample. When scandium chloride was substituted for chromium sesquioxide as the faecal marker the

operating conditions were changed to a window setting between 1.0 and 1.2 MeV and to an integral setting with a lower level of 250 keV. The latter setting measures both the  $^{131}\text{I}$  and  $^{46}\text{Sc}$  contents of the sample but it was found to be the setting which yielded the most accurate results at high count rates. Using samples of known activity it was found that the  $^{131}\text{I}$  content of a sample could be determined with an error of less than 10% provided that the scandium activity was less than twice the iodine activity in a sample. The minimum measurable quantity of either isotope was less than 1% of the administered dose.

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I am most grateful to all my colleagues who, either by filling in questionnaires or persuading their colleagues to do so, have furnished the data upon which this report is based.

It is a pleasure to acknowledge the assistance of Mr Don Neal of the Nuffield Operational Research Unit, Reading University, whose advice was sought in constructing the questionnaire and subsequently in considering some of the data.

This survey began as a remit to a Council sub-committee, but in the event the information obtained

was more than could be conveniently dealt with by a committee, it thus happens that the report comes from a single pen. I thank my fellow committee members for help and encouragement, and exonerate them from blame for any shortcomings.

Whenever reference is made to statistical information other than that in the report, it has been derived, unless otherwise stated from the R1 tables of the Department of Health and Social Security, Hospital Medical and Dental Staff, England and Wales.

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