

LETTERS TO THE EDITOR

International Committee for Radionuclide Metrology

An International Committee for Radionuclide Metrology (ICRM) was set up during 1974. The ICRM is an informal association of scientists representing national laboratories producing radioactivity standards and also international organizations such as the International Atomic Energy Agency and the Euratom Central Bureau of Nuclear Measurements; an observer of the Bureau International des Poids et Mesures attends ICRM meetings.

As to the organization, an executive board is elected for three years. Members of the first board were: Professor B. Grinberg, Chairman, formerly head of the Laboratoire de Métrologie des Rayonnements Ionisants, France; Dr. W. B. Mann, Chief, Radioactivity Section, National Bureau of Standards, USA; Dr. A. Williams, Superintendent, Division of Mechanical and Optical Metrology, National Physical Laboratory, U.K., who resigned in 1977 and was succeeded by Professor S. Wagner, Physikalisch Technische Bundesanstalt, GFR; Professor K. Zsdanzky, Orszagos Meresugyi Hivatal, Hungary. At the annual meeting of ICRM in Rome in June 1978, by-laws were adopted setting up an Executive Board of a president, the immediately retiring president, three vice-presidents and a secretary. A new Executive Board was elected and its members are listed below.

The objectives of the ICRM are to promote the advancement of applied radionuclide metrology, to study metrological problems arising from the worldwide development of applied radioactivity and nuclear energy, to cooperate with other organizations concerned with radionuclide metrology and to engage in such other activities as are conducive to the applications of radionuclide metrology and to the dissemination of knowledge pertinent to such applications. With these objectives in view, the ICRM currently operates through five working groups concerned with the dissemination of information and the organization of intercomparative measurements in nuclear data and spectrometry, low-level-activity measurements, and metrological needs in the applications of radioactivity to nuclear energy and to the life sciences such as nuclear medicine and biology. The ICRM strictly avoids any action which could belong to the fields of the BIPM or the IAEA. The names of the co-ordinators of these working groups are also given below.

Scientists who wish to cooperate with the committee or to discuss their activity-measurement problems are invited to contact either a member of the Executive Board or the coordinator of the group which is concerned with their field of interest.

Executive Board

President:	W. B. Mann ¹
President emeritus:	B. Grinberg ²
Vice Presidents:	Y. Le Gallic ³ T. Radoszewski ⁴ S. Wagner ⁵
Secretary:	J. S. Merritt ⁶

Working Group Coordinators

W. Bambynek ⁷ :	Non-neutron nuclear data
J. M. R. Hutchinson ¹ :	Low-level techniques
K. Debertin ⁸ :	Alpha, beta, and gamma-ray spectrometry
G. Bortels ⁹ :	Alpha spectrometry

P. Christmas [*] :	Beta spectrometry
J. Legrand ² :	Radionuclide-metrology needs in relation to nuclear energy
M. J. Woods [*] :	Radionuclide-metrology needs in the life sciences

FOOTNOTES

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Noninvasive Methods of Infarct Sizing during Experimental Myocardial Infarction

I read with interest the article by Poliner et al. (1) concerning sizing of infarcts during experimental infarction. I wish to comment on their statement that "the ability to measure infarct size is important, since clinical course in patients with acute myocardial infarcts is primarily related to the total amount of left ventricular muscle mass that has been irreversibly damaged as a result of old and/or new infarcts."

There certainly is a correlation between infarct size and clinical course. However, a determination of infarct size for no other reason than to know the patient's clinical status is unnecessary. If a patient develops cardiogenic shock (2) or late ventricular arrhythmias (3), one knows, without the need to determine the actual size of the infarct, that a) the prognosis is extremely poor, and b) more than 40% of the myocardium has been irreversibly damaged by old and/or new infarcts. Specific techniques for infarct sizing, invasive or noninvasive, are not necessary in this context.

Noninvasive methods of measuring infarct size would become clinically important if a) we had definitely effective methods of minimizing infarct size; b) prophylactic use of such interventions early in the course of myocardial infarcts would prevent the development of complications of large infarcts, such as cardiogenic shock or late arrhythmias; c) infarct-sizing early in the course of myocardial infarctions could help select those patients who would be most likely to benefit from such prophylactic interventions.

When the patient eventually does develop a complication such as pump failure, it seems to me that any intervention that is thought to be effective ought to be used, regardless of the actual size of the infarct. On the other hand the work of Poliner's group and other investigators is of very great value in *experimental* work, in that it provides a