If semantic crusades are fought, and if V-P becomes the rallying point of the holy, and if the world's prestigious journals can be convinced that V-P is the only acceptable jargon, I guess I'll change to it from my comfortable old friend V/Q. But, I'm sure not going to be one of the first.

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Poor Technetium-99m-Dimercaptosuccinic Acid Renal Uptake and Tubulointerstitial Disease of the Kidney

TO THE EDITOR: Drs. Quinn and Elder report on a case of poor ^{99m}Tc-dimercaptosuccinic acid (DMSA) uptake in the kidneys with relatively normal creatinine clearance and histologic evidence of tubulointerstitial renal disease (*1*).

This case report reminds us of findings we have described earlier. In nine children with congenital proximal tubular dysfunction and nearly normal glomerular filtration rate (GFR), striking findings after ^{99m}Tc-DMSA administration were encountered: low kidney uptake, normal background activity and high urinary excretion (*2*). Furthermore, we described 20 patients with congenital or acquired tubular disorders. A high relative ^{99m}Tc-DMSA clearance (expressed as % of the simultaneously measured GFR) of 14%–35% was found (reference value 6%–13%) (*3*).

Our data support the statement of Drs. Quinn and Elder that the renal uptake of ^{99m}Tc-DMSA (and its urinary excretion) is an index of renal tubular function. Normally, ^{99m}Tc-DMSA uptake in the kidney is related to overall renal function; in tubulopathy, this is not the case.

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Strictures on Outpatient Nuclear Medicine Therapy

TO THE EDITOR: I read with aversion Goldsmith's comment on Herb Allen's latest joust with the Forces of Evil (*1*). Apparently Goldsmith and friends, Carol and Bertrand, are too young to have been exposed to the scourge of Edith Quimby and her 1949 Subcommittee on the human use of isotopes, (called by us good guys, the Subhuman committee.) These youngsters, having never lived under the Atomic Energy Commission (AEC) bureaucracy seem to consider the Nuclear Regulatory Commission (NRC) regulators as reasonable human beings which is false; they are vicious manipulators promoting radiation hysteria to feather their pockets.

Keep in mind, Herb Allen was treating patients with a mixture of radioisotopes euphemistically called ^{131}I back in the early 1950s. (It wasn't anywhere near pure ^{131}I until many years later.) He was the first to be able to earn his living practicing nuclear medicine, and he treated patients with California millicuries which were different from our Oak Ridge or Quimby's New York millicuries. Edith Quimby (Failla's gofer at Columbia) was one of the few radiation (medical type) physicists who could stomach the exploding bureaucracy of the new AEC that monopolized radioisotopes in the 1950s.

Madam Q had controlled the physics portion of radiology certification for many years. As a consultant to the new AEC, she tried to limit the use of ^{131}I and ^{32}P to those who had passed her radiology certification examination. A few of us, mainly Stanford radiologist Bob Newell, scotched this by pointing out that none of the inventors of ^{131}I and ^{32}P therapy, Seidlin, Chapman, Hamilton, Lawrence and Ogden, were radiologists. She dropped her demand but managed to require a radiologist on every hospital's Isotope Committee. She also won the battle to top off all outpatient therapy at the "*gamma emission equivalent* of 30 mc of ^{131}I." (No, Carol, it was not 30 mc of ^{131}I; Edith was usually arrogant, but never stupid.)

Thirty millicuries was then an enormous dose, (it was not *mCi* for another decade), probably lethal to most thyroids, but that's not why most of us objected to her limit. We used twice that limit of ^{198}Au, and I was using ten times that limit of ^{72}Ga; the limit was a "medical dose" which is the essence of the practice of medicine. A statutory reason for enduring the AEC bureaucracy involved radiation safety, but *never* did the AEC attempt to practice medicine. Thirty millicuries of ^{131}I in an uncontrolled body might, some then thought, be an unsafe source of radiation. (You still think so—gad! Go read some 1990 radiobiology statistics.) Within 20 years, nuclear medics put the profitable subspecialty of thyroid surgery out of business, partially because we made hospitalization unnecessary.

Goldsmith's wordprocessor also points out that the president of the upstart American College of Nuclear Physicians (ACNP—not to be confused with the venerable ACNM), and the immediate past-president of The Society of Nuclear Medicine, wanted to split a toothpick. I am also a past-president (though not so immediate) but I don't see why a *gamma equivalent of 30 mCi of* ^{131}*I* should be restricted to ^{131}I. It is an arbitrary unit of gamma radiation and applies to any radiation field with an 8-day decay period, which means only ^{131}I, which, in turn, means their comment was a tautology, the thinnest toothpick split possible.

Herb Allen's petition to the NRC, stripped of minor details, merely tells bureaucrats to get the hell out of the practice of medicine. As such, it should be overwhelmingly supported by every practicing physician. Foremost in support should be The Society of Nuclear Medicine, which, by insulting one of its earliest members, has apparently forgotten its reason for existence. I hope its political advisors develop diaper rash.

REFERENCE

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