

## **nm/ LETTER FROM THE EDITOR**

As this issue goes to press, we have heard of the long-awaited approval of the American Board of Nuclear Medicine by the American Board of Medical Specialists and the Council on Medicine Education of the AMA. In the immediacy and excitement of this acceptance of nuclear medicine as a clinical specialty, we should not overlook the contribution of the many colleagues who have worked so long and hard towards this end. Worthy of special mention among this group is the Chairman, Dr. Merrill A. Bender. Without any question among those who have worked with him, the present existence of the Board would be unlikely without his efforts. It is a unique contribution by an individual who is uniquely qualified to make it by virtue of his professional eminence, his long association with and work for the membership of this Society, and above all, by his personal quality—integrity, dedication, and self-effacing Vermont humor. In the most heated discussion and most arduous negotiation with the many diverse elements interested in the proper accreditation of nuclear medicine physicians, Merrill kept his cool.

In his editorial in *Radiology* for January, Merrill outlined the purpose of this “separate specialty board for physicians who wish to devote the majority of their practice to the field of nuclear medicine. It was recognized that nuclear medicine did not spring from a single branch of medicine, but rather developed and gained much of its strength from a mixture of attitudes and techniques traditionally associated with the fields of internal medicine (in vivo function studies), pathology (in vitro studies) and radiology (imaging).” We are confident that the wisdom of Merrill’s proposals will be demonstrated by further development of the specialty.

Of the many others who are prominent in the structuring of this new board, the other proponents of ABNM also deserve our great thanks, representing as they do the separate major disciplines making up the conjoint board: Dr. Frederick J. Bonte (Radiology), Dr. Paul V. Harper (Society of Nuclear Medicine), Dr. E. Richard King (Radiology), Dr. Ralph M. Kniseley (Pathology), Dr. David E. Kuhl (Radiology), Dr. Richard E. Peterson (Society of Nuclear Medicine), Dr. Joseph F. Ross (Internal Medicine), Dr. W. Newlon Tauxe (Pathology), and Dr. Henry N. Wagner, Jr. (Internal Medicine). They too have given long hours in their best efforts to the affairs of the Society and have made significant scientific contributions to the field.

However, it will be the rank and file of the Society membership who will severally carry the great responsibility of making the board work now that it has been founded. They will contribute to the examinations, they will train the residents, they will continue to strive for the best professional standards of work in this field. There will still be room for much research effort to improve clinical procedures, and the basic scientists will continue to provide clinicians with new methodology and develop new concepts of disease mechanisms on which all clinical studies will depend.

There will still be a need for prompt publication of research results and improved communication among nuclear medicine physicians, and the *Journal* will welcome suggestions as to how this can best be accomplished.

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