

In recent psychiatric reports the "adolescent crisis" has been attributed to particular stresses in today's world. "The physiological crisis of puberty and adolescence, which was in the past often attenuated by the environment, is now reinforced by changes in society" (*Ann Int Med* 79: 435-440, 1973). A major factor is the loss of the extended family and the support of emotionally involved extra-parental adults. Social isolation breeds overdependence on the parental world and failure to develop a sense of autonomy. The adolescent is not assigned an economically significant productive role which would help him establish his independence. Teenagers no longer run a farm or captain a clipper ship.

Similar phenomena may be perceived in the development of social or business structures or even in the organization of a new medical specialty, such as, let's say, nuclear medicine. Change in the so-called "delivery system" of medical care is called for, and the principles and practices of nuclear medicine can be an important vehicle for such change. Noninvasive *in vivo* studies or *in vitro* methods lend themselves to screening procedures which can be carried out on outpatients. Examples are obvious, but of immediate relevance are the kinetic and function studies in cardiovascular diseases, the "pan man scan" for tumor detection, and the flood of radioimmunoassay and saturation analysis techniques which has not yet crested.

How can the transition between today's research and tomorrow's patient care be most effectively accomplished? Information transfer through residency training and undergraduate medical school teaching, scientific meetings, postgraduate education, and publications will increase awareness and understanding in the medical community. But the administrative structure, at a time when stringent economies are being called for, must be encouraged to provide the necessary financial backing if the adolescent dreams of the scientific disciplines in nuclear medicine are to become a practical reality and if nuclear medicine as a clinical specialty is to become autonomous and fully productive.

For the New Year, we hope that the *Journal*, with the strong support of the Society and the outstanding efforts of the editorial and production staffs, can contribute to this process. The survey of the Academic Council of the Society, published in this issue, is a noteworthy indication of the needs in nuclear medicine. To meet these needs is a challenging task for the coming years.

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