The Journal of Nuclear Medicine will consider original articles in the following areas: basic sciences, in vivo function studies, in vitro studies, radiomimic imaging clinical studies, and therapeutic applications of radionuclides. The cover letter of an article is submitted must be marked at the top of each manuscript. Articles must describe the original observations and must be supported by all references to the literature and description of the techniques used. Articles are accepted for publication on the sole condition that they are the contributed exclusive work of the authors. Authors alone are responsible for the technical accuracy of their manuscripts. All material submitted shall follow the style outlined in the Manual for Authors available from the Society of Nuclear Medicine.

In addition to regular full-length articles, the Journal will consider manuscripts in the following areas:

- Preliminary Notes communicating information about “works in progress.” The text may not exceed 1,200 words. Authors may submit (a) one illustrations, (b) two tables, and (c) one page of text. An additional 400 words of text may be submitted if no illustrations or tables are required.

- Case Reports or brief clinical notes. More than one patient may be described if there are obvious similarities in the phenomena or reactions described. The requirements for length of a Case Report are the same as those of Preliminary Notes.

- Concise Communications are short, definitive articles of completed research. They must not describe work that will be published in fuller detail later or be a portion of a study being reported in several short papers. Concise Communications must be submitted with abstracts and must conform exactly to the instructions for style of manuscripts. If accepted, they will be given more rapid publication than longer articles. Concise Communications must not exceed ten double-spaced typewritten pages including text, tables, figures, captions, and references. Each figure with its accompanying caption will be counted as one-half of a manuscript page.

Letters to the Editor or comments on material previously published in the Journal or personal opinions of limited but immediate interest in relation to the "state of the art" of the field.

In preparing manuscripts for submission, please note the following:

- Manuscripts must be typed double spaced on one side of 8 1/2 x 11-in. bond paper with at least 1-in. margin on each side. Each paragraph should be indented. The original and three copies must be provided.

- Tables must be typed on separate sheets of bond paper, numbered consecutively with Arabic numerals, and have titles (in caps). Make titles descriptive and provide column headings. Place vertical lines between columns. Place horizontal lines at the top and under column headings.

- Illustrations must be submitted in photographic form (glossy prints) or as original ink drawings. Handwritten lettering is not acceptable. Two sets of illustrations must be submitted. Labeling should be clear, set in initial caps and lower case. All references to illustrations will be returned to the author to be redone because good quality is essential for clarity of presentation. Illustrations should be identified by label pasted on the back (do not write on the back of photographs with pen or pencil) including number, author’s name, and an abbreviated article title. The top of each illustration must be clearly marked. Descriptive legends with sufficient data to make illustration understandable without reference to text should be grouped on a separate sheet double-spaced. Authors will be charged $10 apiece for every illustration over four.

- References must be cited in the text by number (underlined) in parenthesis in order of appearance. A consecutive list according to reference number must be submitted on a separate page double spaced. Literature references must be cited in the following order: name of author (last name first, then initials with no punctuations), publication title (initials and lower case), name of journal (periodical abbreviated and underlined for italic) (check List of Journals Indexed in Index Medicus for abbreviations of journals), volume number, number of pages, number, volume, colon, first to last page a year. Up to three authors will be listed; one or more authors past the third will be designated “et al.” Example: Poe ND, Dorek EK, Swanson LA et al: Misinterpretation of lung scans in the diagnosis of pulmonary embolism. J Nucl Med 8: 345-362, 1967. For books, the order is the following: author’s last name with initial(s); Title of work; Edition number; in caps and lower case, City of publication, year of publication, page citation. Example: Berne E: Principles of Group Treatment. New York, Oxford University Press, 1966, p. 26. Chapters in books will be treated as journal articles with regard to capitalization.

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The JOURNAL OF NUCLEAR MEDICINE (ISSN 0161-5505) is published monthly by the Society of Nuclear Medicine, Inc., 475 Park Avenue South, New York, NY 10016. Second-class postage paid at New York, NY and additional mailing offices. POSTMASTER: Send address changes to the JOURNAL OF NUCLEAR MEDICINE, 475 Park Avenue South, New York, NY 10016. Subscription rates are $50 per year within the United States, $62 in Canada and Mexico, $65 elsewhere; individual, $50; institutional, $100. Postage paid at New York, NY 10016. Notify the Society of change of address at least 30 days before date of issue by sending both the old and new addresses. Postmaster: Send Form 3579 to 475 Park Ave, New York, NY 10016.

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A Quarter Century of Progress

A significant milestone in any endeavor is the successful completion of 25 years of achievement—a 25th anniversary. Compared to many medical organizations, the Society of Nuclear Medicine is still relatively young; but few can document such dramatic medical contributions in this limited period of time.

Significant strides have been made in the areas of in vivo and in vitro diagnosis by means of radioactive materials, and once again we are entering another era of exciting progress. After extensive development, we are incorporating computer analysis and sophisticated display systems into the diagnostic process to provide the tools for innovative and more fundamental information. We have just begun to perceive the advances in medical physiology and metabolism that the application of positron substrates and radiopharmaceuticals will contribute to our understanding of normal and pathologic processes. Needless to say, for the immediate future this mode of investigation and diagnosis will be somewhat limited by the facilities required. At this time it is not possible to comprehend the extent of new knowledge we will gain. The "spin-off" from these investigations and their tremendous impact on single-gamma emission procedures will be available to the entire medical community. It is not unreasonable to predict that 10 years from now we will see as many changes in diagnostic nuclear medicine as we have observed since 1965.

All of us are excited by the new horizons, but let us never forget that such advances carry concomitant responsibilities to our patients and colleagues. With each advance we must ask the question—does this contribute to improved health care for the patient? Over the years many diagnostic innovations have been introduced, and many have been discarded. In the past this has not been a serious financial consideration because of the relatively modest costs involved. Today, however, many of the newer diagnostic modalities are expensive (including those in nuclear medicine), and we must realistically evaluate their contributions to the diagnostic process in the context of their usefulness. Moreover, experience has taught us that advances in medical diagnosis and practice are so rapid today that without continued study, obsolescence of knowledge soon occurs. From today’s perspective, it is predictable that our procedures will involve significantly more complex patient parameters. Thus, it is obligatory for us to help our colleagues keep abreast of our specialty for the benefit of their patients.

We celebrate the 25th anniversary of the Society of Nuclear Medicine with some degree of satisfaction and pride, knowledge that our goals have not yet been reached, and a sense of anticipation for the continued progress in service to our patients.

FRANK H. DELAND, M.D.
Editor