modern by US standards, and will soon have its own PET unit. The clinical and laboratory portion of the division forms an inner area with controlled access, requiring special clothing and badges. Nobody can just walk in. All people leaving the inner area are monitored before they can leave. The air pressure in the inner area must be kept at negative pressure with respect to outside air, so each room has its own air pressure gauge as well as a radiation monitor. All gauges and monitors are connected to a central alarm board. The walls and doors of each inner-area room are lined with 2 cm of lead.

There are 11 beds dedicated exclusively to radionuclide therapy. Waist-high lead-filled barriers separate patients from staff and visitors, but can be swung out of the way for examinations and patient care. Each room has its own toilet and shower. To avoid possible contamination, there is a central kitchen facility for radionuclide therapy patients.

The entire nuclear medicine facility is a closed system: all water (sinks, showers, toilets, labs) is led to a system of 10 huge steel storage tanks in the basement. Each tank is about 2 meters in diameter and 4 meters high, holding about 10,000 liters (nearly 3,000 gallons), with pumps, stirrers, and radiation monitors. Liquid waste can be pumped from one tank to the next, or from the last tank to the outside sewer system, though not without passing through a final monitor with veto power. There is virtually no radioactive waste leaving the hospital; even waste with half-life measured in weeks can be held for decay before release. The central board in the main nuclear medicine facility indicates the status of the tank holding system also. The control board for this system brings to mind a small nuclear power plant.

What motivates such a remarkable level of radiation safety awareness? It seems to be related to the high population density in Western Europe. The European community is made up of countries of very diverse backgrounds and cultures, but the countries are comparable in size to some of our States: West Germany is just a hair smaller than Oregon, and its neighbor Holland is just larger than Maryland. The Rhine flows through Germany to Holland and the sea. Countries must live with their neighbors, and any radioactivity detected in the Rhine will be traced to its source. Regulations may be stringent, but the Germans succeed in meeting them.

I would like to take this opportunity to thank my German hosts, and the Alexander von Humboldt Foundation, for making possible a most enjoyable and productive year.

Dennis D. Patton, MD
The University of Arizona, Tucson

SNM Winter Meeting to Cover Perfusion Imaging

The Society of Nuclear Medicine's (SNM) Winter Meeting will draw scientists and physicians to San Antonio, TX, next February 2–4 to discuss the latest developments in Perfusion Imaging: Instrumentation, Modeling, and Radiopharmaceuticals. The meeting will include oral presentations of scientific, technical, and clinical papers, as well as minisymposia on selected topics.

Michael M. Graham, PhD, MD, program chairman, said that "although many of the abstracts submitted will concentrate on blood flow in the brain and heart, we are encouraging submissions in other areas of study."

Three Minisymposiums

On Monday, February 2, the Computer Council will sponsor a minisymposium on positron emission tomography (PET) perfusion imaging with oxygen-15. The next day, a minisymposium on heart and brain perfusion agents will be presented by the Radiopharmaceutical Science Council. Instrumentation systems for blood flow imaging will be the topic of the third minisymposium, sponsored by the Instrumentation Council.

Abstract Deadline

The submission deadline for abstracts is November 26, 1986, and abstract forms were published in September and October in *The Journal of Nuclear Medicine.* [For more information, contact: Education and Meetings Dept., The Society of Nuclear Medicine, 136 Madison Ave., New York, NY 10016-6784 (212)889-0717 ■