The Art of Progress

his month the Journal of Nuclear Medicine marks an event that has occurred four times in its history—the appointment of a new editor. There is a clear tradition associated with this appointment, one that will be honored by the incoming editor. Since 1960, each succeeding editor has characterized the transition as a window of opportunity, a chance to stand back and assess the changing needs of our readers. "The art of progress," wrote Alfred North Whitehead, "is to preserve order amidst change, and change in the midst of order."

The fourth decade of the Society of Nuclear Medicine will then find the Journal's editorial offices located in Boston, Massachusetts, in the shadow of the Bunker Hill monument. And though these offices are a great distance from their previous location in the heart of Texas, we have sought to insure an orderly transition by building upon the successes of our predecessors. The timely publication of articles on research and clinical interest is our prime directive. But in the spirit of modernization, this issue will introduce several features with which we hope to make the *Journal* more useful to you, our busy readers. Specifically, you will note:

- An abbreviated table of contents on the cover, a revised layout and location for the full table of contents, and separate pages for brief annotations of selected articles.
- A regular editorial column entitled "Randoms," providing somewhat lighter reading and, occasionally, provoking a measure of controversy.
- The utility of radionuclide procedures on patient care discussed in a monthly clinical pathologic conference.
- First Impressions—Selected radionuclide images notable in and of themselves.
- · Continuing education articles.
- A summary of articles that appeared in the Journal 15 and 30 years ago, and periodic
 essays on the most important developments in nuclear medicine: the beginnings of an
 effort to help our readers stay in touch with their scientific heritage.

In the 30 years since a fledgling society began publishing a quarterly journal, the field of nuclear medicine, and our *Journal*, have certainly evolved. While the field is strong, and a broad new array of radiopharmaceuticals and high resolution imaging devices are under evaluation, we must brace for major challenges, especially from other modalities. In some cases, nonimaging procedures (such as the prostatic acid phosphatase assay) now provide sufficient clinical information to answer questions that previously required imaging. In other instances, procedures that do not employ radiation, such as ultrasound or magnetic resonance imaging, are competing with radionuclide tests. To maintain credibility among our colleagues, we must keep pace with these changes.

Dr. Haynie and his predecessors have built the *Journal* into an excellent forum in which to present important articles on research and clinical practice. Last year over 13,000 subscribers worldwide received the *Journal*. However, as in any physiologic system, a constant flow of information both from the *Journal* to our readers and from readers to the editorial staff is necessary in order to maintain the dynamic equilibrium of information and interest.

If you have suggestions, criticisms, or special insights into the shortcomings or untapped potential of a particular element of nuclear medicine, let us hear from you. If you have produced a radionuclide image of an unusual object—or an unusual image of a traditional subject,—send it to us for "First Impressions." It is, again, not simply that we want your input, but that we cannot maintain our forward momentum without it.

Finally, as we begin our task, the staff in Boston offers its sincere thanks to Dr. Haynie and Colleen Hubona of the Houston Editorial office, Dr. Witcofski, Chairman of the Publications Committee, Martha Mirabito, Ellie Nigretto, Joan Simon, Eleanore Tapscott, and David Teisler of the New York office for their tireless efforts to smooth the way.

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