

First New Appraisal of The Journal of Nuclear Medicine's Primacy Claim Policy

TO THE EDITOR: I read your comments in the April 1993 Randoms column and found them very sensible, however understated. Obviously the following publications and their outrageous presumptions should have been rejected out of hand:

Joliot F, Curie I: Artificial production of a new kind of radio-element. *Nature* 10 Feb 1934;201.

"These experiments give the first chemical proof of artificial transmutation, and also the proof of the capture of the alpha particle in these reactions."

Frisch OR, Meitner L: Disintegration of uranium by neutrons: a new type of nuclear reaction. *Nature* 11 Feb 1939; 3615:239.

"On the basis, however, of present ideas about the behaviour of heavy nuclei, an entirely different and essentially classical picture of these new disintegration processes suggests itself."

If only your "To the Best of Our Knowledge" had been published back then, the King could have avoided the embarrassment of awarding these egotistical advertisements Nobel prizes . . . and the spectre of nuclear war and of nuclear medicine itself might have been averted! Oops, do I mean that, do I mean that?

Robert S. Hattner
University of California
San Francisco, California

REPLY: I would like to thank Dr. Hattner for identifying previous instances of hubris in the literature. The King did not honor these investigators for their claims of "me first." The quality of science reported in these articles would not be diminished by changing the titles to read:

Joliot F, Curie I: Artificial production of a radioelement.

Frisch OR, Meitner L: Disintegration of uranium by neutrons: a type of nuclear reaction.

We do not intend to reject articles on the basis of hubris. However, we will allow history to be the judge of that which is worthy—not author opinion.

In the case of our Nobel Laureates, recognition came in spite of the titles of their publications. A jury of their peers, who understood the value of their contributions, recommended these deserving investigators for the prize.

A brief search of Medline suggests that about 10% of entries use the word 'new' in a title or abstract. Science may be making progress but we are not moving that far that fast. Like cold fusion, more manuscripts claiming to be "first" or "best," have been relegated to dusty archives of scientific oblivion than have been recognized as pioneering and worthy.

Today the combination of global communications and the intense desire to be recognized make it difficult to differentiate between graffiti and art. In the era of the CNN "factoid," real

contributions must be recognized as such by a peer group. Then, and only then, are they truly worthy of being called original.

H. William Strauss
Editor

Noninvasive Real-time Monitoring of Renal Function

TO THE EDITOR: Rabito et al. (1) claim to have described and validated "a new approach for the evaluation of GFR every few minutes under nearly real-time conditions." That this assertion is more than flirting with the truth is evident in that we have described and used in clinical practice a similar technique for many years. Initially we utilized sodium iodide (2) and later miniaturized cadmium telluride (3,4) detectors to monitor renal function in transplant patients by providing continuous measurement of clearance of ^{99m}Tc-diethylenetriamine-pentaacetic acid (DTPA) from the body.

The usual mitigatory excuse offered by our North American colleagues, that literature search of obscure European journals are too tedious, does not hold in this instance in that our first paper (2) actually was published in your own eminent journal.

W.F.D. Sampson
M.A. Macleod
Royal Naval Hospital
Gosport, England

REFERENCES

1. Rabito CA, Moore RH, Bougas C, Dragotakes SC. Noninvasive, real-time monitoring of renal function: the ambulatory renal monitor. *J Nucl Med* 1993;34:199-207.
2. Sampson WFD, Macleod MA, Warren D. External monitoring of kidney transplant function using Tc-99m(Sn)DTPA. *J Nucl Med* 1981;22:411-416.
3. Macleod MA, Sampson WFD. An evaluation of a portable cadmium telluride detector and data storage system as a continuous monitor of renal transplant function. In: Joeke AM, Constable AR, Brown NJG, Tauxe WN [eds.] *Radionuclides in Nephrology*. London: Academic Press; 1982;341-346.
4. Smith RS, Sampson WFD, Warren DJ. Evaluation of miniaturised cadmium telluride detectors in renal transplant renography. *Nuc Med Comm* 1981;2: 121-125.

REPLY: The comments of Drs. Sampson and Macleod concerning our article on noninvasive, real-time monitoring of renal function are based on incorrect interpretation and on an essential misunderstanding of the concept of real-time monitoring.

There is a fundamental difference between our paper and previous publications, including those from Sampson and MacLeod regarding use of external counting to measure renal function, i.e., the development and implementation of the concept of real-time monitoring of renal function. The term "new approach" in our paper refers not to use of external counting devices to measure renal function, as the comment of Sampson and Macleod would imply, but to design of the instrument and analysis of data to produced those measurements under near real-time conditions.