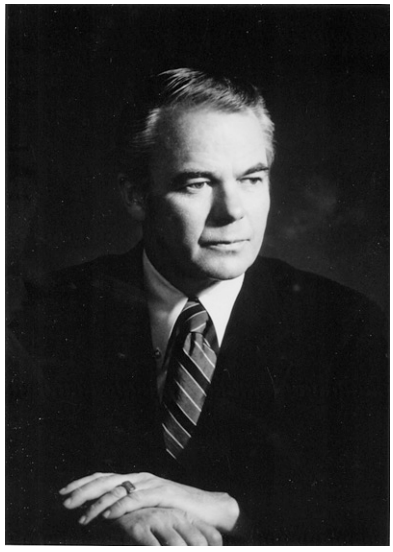
Wil Borchers Nelp, MD (1930–2020)



Wil Borchers Nelp, MD, died peacefully in his sleep on March 14 in Seattle, WA. He was 90 years old. His nuclear medicine generation included the founders of the clinical specialty. He and his colleagues, people like Henry Wagner, Jr., MD; David Kuhl, MD; Joseph Ross, MD; Joseph Kriss, MD; Alexander Gottschalk, MD; Rosalyn Yalow, PhD; Paul Harper, MD; Tyra Hutchens, MD; Hal Anger; and Powell (Jim) Richards, established nuclear medicine as an independent medical specialty in the United States. Nelp was a leader among leaders, especially in training residents and fellows. My colleague, David Mankoff, MD, a former nuclear medicine resident under Nelp and vice chair for research in the Department of Radiology at the University of Pennsylvania (Philadelphia), spoke for all of Nelp's trainees: "I am very proud to have trained in nuclear medicine under Wil. He leaves a huge legacy for the field and generations of trainees who carry his work and mentorship forward."

Nelp received his undergraduate degree from Franklin College of Medicine (IN) in 1951 and his MD from Johns Hopkins University in 1955. After training in internal medicine, he became Hopkins' first trainee in nuclear medicine, recruited by Wagner. In 1962 he was hired to establish the University of Washington (Seattle) Division of Nuclear Medicine, where he served as division director until 1995 and as a professor of medicine and radiology. He was president of SNM (SNMMI) in 1973 and a lifetime member of the American Board of Nuclear Medicine. In 2008, the University of Washington created the Wil B. Nelp, MD, Endowed Professorship in Nuclear Medicine.

When Nelp arrived at the University of Washington in 1962, it was an exciting time, with new nuclear medicine divisions popping up in medical schools across the country. Most of the leaders of these new academic units were in their 30s and 40s. There was an air of excitement and youthful vigor about the entire enterprise, with the Atomic Energy Commission (forerunner of both the Department of Energy and Nuclear Regulatory Commission) supporting the push to apply radioactivity to medical science and clinical care.

I remember my first meeting with Nelp, shortly after he established his clinical and educational programs in nuclear medicine at the University of Washington Hospital. With some difficulty, I found him in the hospital basement, where architects and planners must have put the nuclear medicine department because they believed a bunker would be the safest place to house radioactivity. I was really impressed with Wil from the first moment we met. He was a handsome man—dapper, one might say, in a "preppy" kind of way—as well as charming and friendly. I introduced myself as a first-year medical student and told him that I had spent my college years working as a radiochemistry technician in a lab that analyzed fallout samples from our atmospheric testing program in the Pacific. I was interested in using what I had learned there and applying it to help patients by using the radiotracer principle. I asked if that made sense. He was quite gracious and showed me around nuclear medicine, including the clinical area, where patients were undergoing testing for thyroid function, vitamin B12 absorption, iron kinetics, and even the presence of cancers through imaging. The images were created by rectilinear scanners that collected radioactivity in a planar image by passing over a patient's organs to produce a scintillation scan, displayed as a series of dots on heat-sensitive paper. That first day I saw a lateral image of a brain tumor, created by ^{203}Hg uptake. I was fascinated by the technology but also struck by Nelp himself: the perfect role model for the kind of physician I might like to be, comfortable with the basic sciences of physics and chemistry but with a primary interest in using these tools to care for patients.

From the day I met Nelp, I was hooked on nuclear medicine and thought of my training trajectory as bending toward nuclear medicine as my field and internal medicine as a primary specialty, because I wanted to use my medical skills in the care of patients. Subsequently, and especially during medical school, the University of Washington Nuclear Medicine Department, its clinics, and laboratories became my second home. In the summers or during breaks I spent a lot of time in the laboratory. Between my second and third years of medical school, I was a full-time researcher, selected for a U.S. Public Health Service fellowship in nuclear medicine. During this time and between classes in medical school I worked incessantly in the lab, where we developed 2 radiopharmaceutical formulations (one of which was the ^{99m}Tc S colloid kit, much as it is used today) and where I published my first 6 papers, all of which were coauthored by Nelp and other trainees.

I was productive, in part, because it was fun, but also because Nelp was a great teacher. During evening hours when I worked alone in the laboratory, he would often drop by to see how things were going and chat about the science and practice of nuclear medicine. I learned practical laboratory methods, including statistics, from him during those days, as well as what it was like to be a nuclear medicine physician—knowledge that has served me well during my long career.

Nelp had exceptional clinical training in internal medicine from Johns Hopkins, and I admired him as a clinician: his approach to patients, his deep knowledge of medicine, and his respect for patients, staff, and trainees. I was also influenced by his professionalism and the respect he showed for his colleagues in the medical school and basic sciences programs. He was a powerful role model, and I count myself truly fortunate to have known and been taught by him.

Wil Nelp leaves an extraordinary legacy that continues through generations of nuclear medicine scientists and physicians. Speaking for myself, more than 100 fellows and trainees from several continents have graduated from programs that I have led—some of whom I continue to see and work with regularly and many more of whom I often think. I remember Nelp often, too, when I speak to trainees in nuclear medicine, when I revisit Seattle, and when I see the great and essential specialty that nuclear medicine is today. Stewardship of the field passed from founders like Nelp to me and my contemporaries. Nelp's influence and contributions will remain a part of this cycle of life as we pass the torch to our current and future trainees.

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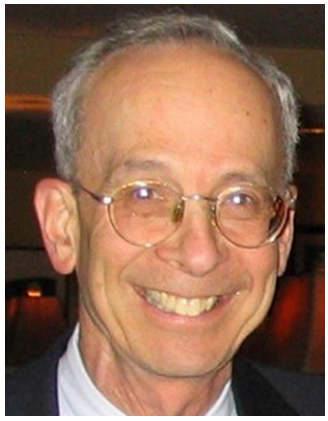
IN MEMORIAM

David C. Moses, MD (1940–2020)



David C. Moses, MD, died quietly in his sleep on April 5, at the age of 79. He was my dear friend, colleague, coworker, and one of the most positive individuals I have had the pleasure of working with and knowing.

Dr. Moses graduated in 1962 with a BA in biology from the University of Chicago (IL) and received his MD in 1966 from Temple University School of Medicine (Philadelphia, PA). He was an intern at the Philadelphia General Hospital (1966–1967) and a resident in internal medicine at Temple University Hospital (1967–1968). From 1968 to 1970, he was a clinical associate, U.S. Public Health Services, at the National Institutes of Health in Gerontology Research Center in Baltimore (MD) and subsequently a fellow in nuclear medicine at the Johns Hopkins Medical Institute (Baltimore, MD; 1970–1972). He was board certified in nuclear medicine as well as quality assurance and utilization review. He held hospital privileges at several hospitals in Baltimore over his career, including Sinai Hospital, Franklin Square Hospital Center, Mercy Medical Center, Good Samaritan Hospital, and Northwest Hospital. Among his many positions, he was chief of the Department of Radiology (1987–1991), head of the Division of Nuclear Medicine (1974–1991), and physician advisor on Quality, Risk and Clinical Resource Management (1991–2004) at Sinai Hospital. Early in his career he served as clinical chief of the Nuclear Medicine Unit at the University of Michigan Medical Center (Ann Arbor; 1972–1974). His professional activities were extensive, including service as president of the Mid-Eastern Society of Nuclear Medicine (1982–1984) and of the Maryland Society of Nuclear Medicine (1986–1988).

Dr. Moses was also a certified public accountant, a certified financial planner, an avid reader, and a tennis and racquetball player—a man of many talents. His most endearing quality was his welcoming smile, which is so evident in his photograph. He always welcomed people as if seeing them was the best thing that happened to him that day; it certainly was one of the best things that happened to me on those days. He will be fondly remembered for his graciousness and always positive attitude.

He was a devoted and beloved husband, father, and grandfather, survived by his wife of 56 years, Yael Margalit Moses; children, Dr. Ron Moses and Dr. Eydie Kolko; and grandchildren Avi Moses, Elana Kolko, Dalia Kolko, Maya Friedberg, and Zev Friedberg.

We all will miss him.

Douglas Van Nostrand, MD, FACP, FACNM
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