

**GOLDEN'S DIAGNOSTIC RADIOLOGY**  
Laurence L. Robbins, M.D. Editor

**Section 20:**  
**DIAGNOSTIC**  
**NUCLEAR MEDICINE**

**edited by**

**ALEXANDER GOTTSCHALK, M.D.**

**and**

**E. JAMES POTCHEN, M.D.**

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# **Section 20: DIAGNOSTIC NUCLEAR MEDICINE**

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The Williams & Wilkins Company Baltimore



b8748

SECTION 20  
GOLDEN'S DIAGNOSTIC RADIOLOGY  
REFERENCE EDITION, W.D., EDITION

SECTION 20

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The Williams & Wilkins Company  
428 E. Preston Street  
Baltimore, Md. 21202, U.S.A.

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Made in the United States of America

Library of Congress Cataloging in Publication Data

Gottschalk, Alexander, 1932-  
Diagnostic nuclear medicine.

(Golden's diagnostic radiology; section 20)

1. Radioisotopes in medical diagnosis. I. Potchen, E. James, joint author. II. Title. III. Series.  
[DNLM: 1. Diagnosis. 2. Nuclear medicine. WN200 G6181 Sect. 20]  
RC78.G6 sect. 20 [RC78.7.R4] 616.07'572'08s [616.07'575]  
ISBN 0-683-03669-6

75-4602

Composed and printed at the  
Waverly Press, Inc.  
Mt. Royal and Guilford Aves.  
Baltimore, Md. 21202, U.S.A.

# PREFACE

This book is designed to be useful to the practicing radiologist with a significant commitment to nuclear medicine. Many of the chapters about the current practice of nuclear radiology, such as those related to the use of cameras and scanners as well as those describing imaging of various organ systems, have a decided pragmatic nature. Hopefully, they will succeed in being both a combination of useful "tricks of the trade," and a miniatlas with key illustrations available for study or reference.

It is inevitable, however, that nuclear medicine will become progressively more inclusive and therefore more complicated. As a result, several chapters have a more sophisticated bent. It is difficult, if not impossible, to take topics like collimator design; compartments, pools and spaces; and flow measurements; and couch them in terms of "2 × 2" arithmetic. In spite of this, it seems to us that these chapters are necessary both as reference material and for those instances in which the radiologist may be actually involved in utilizing the techniques or principles described. In short, this volume was written to help the radiologists practice better nuclear radiology now, and in the future.

ALEXANDER GOTTSCHALK, M.D.  
E. JAMES POTCHEN, M.D.

## VOLUMES OF *GOLDEN'S DIAGNOSTIC RADIOLOGY SERIES*

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## EDITOR'S INTRODUCTION—1975

The primary authors and editors indicate this book is designed to be useful to the practicing radiologist who has a significant commitment to Nuclear Radiology.

The editor considers that most of this material is new or practical, and all is current at the time of the writing. The authors prepared the material as a result of long and difficult hours of work. The volume will be of reference value to medical students, residents in Radiology, residents in Nuclear Medicine, and practitioners of Nuclear Radiology or Nuclear Medicine. It is expected that it will be a ready source of provocative and yet practical information to all of the above. It is recognized that some of this material may be controversial and yet will be practical for most practitioners.

The editor wishes to extend his appreciation to Alexander Gottschalk and James Potchen for their tremendous, diligent application to the development of this presentation.

In addition, The Williams & Wilkins Company has supplied tremendous help from Mrs. Ruby Richardson and her associates.

It is hoped that you, as a reader, will not only enjoy but learn from the material presented.

LAURENCE L. ROBBINS, M.D.

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## Section I

### HISTORICAL CONSIDERATIONS

#### 1

## The Beginnings of Nuclear Medicine

E. R. N. GRIGG, M.D.

As a rule, basic scientific advances acquire notoriety only after their practical applications. The discovery of x-rays by the college physics teacher Wilhelm Conrad Roentgen (1845–1923) in Germany resulted in both immediate and numerous applications, and thereby achieved almost instant recognition.

But when in a given field the applications are slow in coming, continued pure scientific ad-

vances tend to clutter the chronology in competition for subsequently coveted priorities. If one disregards the "mysterious" darkening of photographic plates by Crookes' tubes prior to 1895 (Grigg, 1965), Radiology started on November 8, 1895, when Roentgen produced the first x-ray image of his wife's hand. There is no such clear-cut starting date for Nuclear Medicine.

#### DEFINITION AND NOMENCLATURE

To list the cardinal terms or key words (computer people call them "buzz" words) encountered in the discipline under consideration, and to learn their origin and meanings is more than merely desirable. To modern historians this type of etymologic evaluation is a basic tool, mandatory before any other retrospective investigation. The point is readily proved by reference to the paper announcing the discovery of polonium (1898) in which Pierre Curie (1859–1906) and Marja Skłodowska-Curie (1867–1934) coined the words *radioactive* and *radioactivity*.

In a terminologic handbook (Young and Likoš, 1972), Nuclear Medicine is defined as that branch which employs radioisotopes in the diagnosis and treatment of diseases. The nucleomedic research and historiographer Marshall Herbert Brucer reached a similar definition by exclusion, noting first that Nuclear Medicine is not Radiophysics, not Health Physics, not In-

strument Design, not Radiation Therapy, albeit a bit of each of these and of several more: according to Brucer (1966), Nuclear Medicine is a mixed discipline which emphasizes isotopes in diagnosis and therapy. On the current (1973) application blank of the first American College of Nuclear Medicine incorporated in Texas in 1971, prospective members are called "isotopologists."

By innuendo, the use of the term *isotope* in such definitions implies that Nuclear Medicine utilizes substances which are artificially radioactive. Their largest supplier, the United States Atomic Energy Commission (A.E.C.), coined for these substances the term *by-products* because at the time plutonium (of A-bomb fame) was the main product in breeder reactors.

Isotopes are two or more elements with the same atomic number, the same location on the periodic table of elements, and nearly identical