

BOOK REVIEWS

NUCLEAR MEDICINE: ENDOCRINOLOGY. Philadelphia, J. B. Lippincott Co., 1978, 387 pp, \$37.50.

This text is a fitting sequel to the editor's well-received previous text, *Nuclear Medicine In Vitro*. In the present work, the editor has blended current critical reviews from 26 authorities with emphasis on the physiology behind and clinical applications of in vitro hormone assays and in vivo imaging procedures. The text is organ-oriented beginning with thyroid and adrenal and progressing through the rest of the endocrine organs. Chapters on thyroid and pancreas imaging are interspersed, and even parathyroid imaging is accorded some attention. Surprisingly, adrenal scanning is mentioned only in passing. A separate chapter is appropriately devoted to interacting hormones from different sources such as PTH, Calcitonin, and vitamin D, or the various gastrointestinal hormones. There are also concise chapters on the evolving work with prostaglandins, cyclic nucleotides, and vasoactive peptides.

As anticipated, this multiauthor approach presents varying writing styles and generates several areas of repetition of previously presented information. For the most part, the repetition tends to serve as reinforcement rather than distraction to the reader. There are several errors that may be confusing to one not familiar with the field. For example, on p 27, 100 mCi instead of μ Ci of I-131 are suggested as a scanning dose to evaluate the thyroid bed after total thyroidectomy for thyroid cancer. Also, on p 31, J. E. Rall's work on I-131-induced radiation pneumonitis has been misinterpreted, and the author states that *administered* (instead of *concentration in lung*) doses of I-131 should be limited to 100 mCi.

This text should be useful to the internist interested in endocrinology, to any nuclear medicine specialist engaged in vitro work, and to the nuclear medicine in vitro technologist.

JOHN E. FREITAS, M.D.
William Beaumont Hospital
Royal Oak, Michigan

GALLIUM-67 IMAGING. P. B. Hoffer, C. Bekerman, R. E. Henkin. New York, John Wiley and Sons, 1978, 174 pp, \$22.00.

In the preface to this book the editors state that their goal is to "bring together in one concise volume a book that will serve as a convenient primer and reference source on Ga-67 imaging." They have succeeded in meeting these objectives. This book is thorough, up-to-date, well-written, and well-illustrated. One of its strengths is the attention to fundamentals. In the first section Dr. Hoffer reviews mechanisms of Ga-67 localization and techniques for Ga-67 imaging. The imaging techniques chapter is especially good and may help resolve some differences of opinion that have existed in this area. It also contains some basic information about collimator selection and pulse height analyzer window settings, worthwhile knowledge for nuclear medicine trainees and practitioners. Attention to fundamentals continues as the reader is treated to chapters on normal patterns of Ga-67 localization and the anatomy and pathology of intra-abdominal abscesses. In their chapter on lymphomas, Turner et al. emphasize the basics of data analysis, reviewing Bayesian approaches to the predictive value of a test in a way that all readers should be able to understand. This chapter also includes numerous examples of Ga-67 imaging with the tomographic rectilinear scanner.

The clinical chapters in the book provide thorough reviews of the literature, and numerous summary tables are included, which make it especially easy for the reader to grasp the results of different clinical series. The authors review Ga-67 imaging in inflammatory disease, lymphoma, lung cancer, testicular malignancies, childhood malignancies, melanoma, hepatoma, and leukemia. They also carefully point out organ systems where Ga-67 is of limited utility. Throughout the clinical sections the authors attempt to place Ga-67 imaging in its perspective and present an honest appraisal of its utility and its limitations.

The attention to fundamentals and thorough clinical reviews make this book a valuable reference for the beginner and practitioner. It is easy and informative reading and is recommended to students and those who use Ga-67 in their clinical practice.

PHILIP O. ALDERSON, M.D.
Johns Hopkins Medical Institutions
Baltimore, Maryland

CARDIAC CATHETERIZATION & ANGIOCARDIOGRAPHY, 3rd ed, David Verel and Ronald G. Grainger, Edinburgh, Churchill Livingstone, 239 pp, \$29.50.

First published in 1969, the third edition of this book is an excellent monograph on the practice of cardiac catheterization and angiography. Virtually all equipment and procedures used for contemporary catheterization are covered in a concise and readable fashion. As such, it would be an excellent introductory text for first and second year cardiology fellows beginning their training in catheterization.

Since the second edition, a section on echocardiography has been added. Unfortunately, this seems somewhat out of place in a book on catheterization and is not detailed enough to obviate the need for a more complete standard echocardiographic text.

Although this book has much to recommend it for study of classic catheterization techniques, the emphasis in this country today is on left ventricular function in coronary heart disease. Analysis of overall ventricular function and regional wall motion is given only cursory treatment. There is, for instance, no discussion of how regional wall motion might be measured by different methods of superimposing end-diastolic and end-systolic ventricular images. In addition, the patterns and relationships of ventricular size and function are not developed—e.g., a diminished ejection fraction with a small ventricle has a completely different physiologic meaning than a decreased ejection fraction associated with an enlarged ventricle.

Contemporary radionuclide techniques, even those specifically used with catheterization, are not discussed.

In summary, this is a very reasonable introductory text to classical cardiac catheterization and angiography. Because of the lack of discussion of radionuclide techniques and the inadequate development of the concepts of ventricular function in coronary disease, however, I would not recommend it to physicians primarily in nuclear medicine who wish to understand more about cardiac pathophysiology and diagnosis.

GLEN W. HAMILTON, M.D.
Veterans Administration Hospital
Seattle, Washington