

## BOOK REVIEWS

**THE YEAR BOOK OF NUCLEAR MEDICINE**, James L. Quinn, III, ed. and Steward M. Spies, assoc. ed. Chicago, Year Book Medical Publishers, Inc., 1978, 390 pp, illustrated. \$21.95.

The 1978 edition of *The Yearbook of Nuclear Medicine* is a collection of concise, easily readable abstracts of literature that appeared largely from mid-1976 to mid-1977. This volume, which became available in mid-1978, is not intended to be a current or an exhaustive review of the nuclear medicine literature, but rather is designed to acquaint the reader with publications highlighting new developments, interesting observations, and reviews that appeared during that time. Its value is enhanced by the inclusion of abstracts of foreign literature and literature from specialty journals not likely to be seen regularly by most nuclear medicine physicians. As in past years, these goals are admirably achieved.

In the introduction Dr. Quinn points out the "increasing diversity of the nuclear medicine literature," which has required that he confine the scope of his reviews, and in this volume "nuclear medicine" is generally limited to nuclear imaging and thyroid disease. The editors have included articles that compare results obtained with the use of newer imaging modalities for nuclide studies, rather than literature devoted to computerized tomography and ultrasound. Similarly, a comprehensive review of radioimmunoassay and other related immunoassay technologies would have been beyond the scope of this publication.

The 1978 *Yearbook* appropriately emphasizes the cardiovascular literature with reviews of infarct imaging with labeled phosphate compounds, thallium studies, and dynamic cardiac function and wall motion studies predominating. Because of the current interest and rapid progress in cardiovascular nuclear medicine, the usefulness of this section is perhaps compromised more than that of other sections by the age of the literature reviewed. The inclusion of illustrations, such as the  $^{86}\text{Rb}$  images on page 274, are difficult to interpret. As in previous years' reviews the section titled "The Endocrine System" contained papers relating for the most part to thyroid physiology and imaging. Although this section includes some references to the newer aspects of laboratory testing, several important developments, such as the relationship of thyroxine metabolites to thyroidal and nonthyroidal disease and TRH testing, have not been adequately reviewed.

The abstracts clearly illustrate the intent of the original authors—to accurately present the data (exception, p. 68: millirads, not *rads* per millicurie Xe-127)—and are pertinent. One wonders about the inclusion of some articles, such as those suggesting rats can smell heavy water (p. 68) and a comparison of methods for cleaning bedpans (p. 69). There is humor (. . .  $^{99\text{m}}\text{Tc}$ -sulfur colloid was injected into a wing vein of a conscious chicken, p. 182), and the several excellent surveys of related reviews of physiology or pathophysiology (e.g., scimitar syndrome, p. 317) are appreciated. Although lengthy, the editors' comments are often pointed, sometimes tongue-in-cheek, but always helpful in directing the reader's attention to articles that require more detailed study.

The editors have again assembled a very useful review of recent nuclear medicine literature—one which will be of

interest to nuclear medicine physicians, residents, and students.

LYNN WITHERSPOON

Ochsner Foundation Hospital  
New Orleans, Louisiana

**DIAGNOSTIC ULTRASOUND IN CLINICAL OBSTETRICS AND GYNECOLOGY**. Horace Thompson and Richard Bernstine. New York, John Wiley and Sons, 1978, 192 pp, illustrated, \$25.00.

Gray-scale ultrasound was introduced 4 years ago, and the increased information obtained with it was so great that the ultrasonic literature up to that time immediately became outdated. A 2-year lapse occurred before books incorporating gray-scale information became available, but during the past year books concerned with gray-scale B-scan ultrasound have been coming out at a fast and furious rate. In the field of obstetrics and gynecologic ultrasound particularly, many new publications have been released. Horace Thompson and Richard Bernstine, the authors of this book, would appear well qualified for their task because both have been active in the field of ultrasound for many years.

Unfortunately, the quality of this book is disappointing. Nearly all of the ultrasonic images are substandard. There are 150 illustrations, 29 of which are bistable and 17 of poor gray-scale quality that show no more gray-level information than the average B-scan. Many of the figures are technically poor and present little or no information.

Two chapters, however, stand out—a lucid introductory chapter offering a good discussion of physics and instrumentation, and a useful chapter on hydatidiform mole by Kenneth Gottesfeld.

The remainder of the book is rather superficial and in some areas misleading. The only fetal anomalies discussed are anencephalous and hydrocephalous. The changes that occur with placental maturation are not considered, and the ultrasonic features of ectopic pregnancy are not described. In the description of the normal pelvic anatomy, the following equivocal statement occurs: "Normal ovaries are not usually seen in recognizable form." However, it is generally accepted that with modern techniques and special efforts the ovaries can be seen in at least 50% of the patients. The statement is also made, "Significant fetal movement commences about 12 weeks," but generally movement can be seen with real-time equipment from 8 weeks.

I am particularly concerned about the chapter on measurement techniques. The determination of the crown-rump length with a real-time instrument is a simple maneuver, probably simpler than the finding of the biparietal diameter, yet the former is described as a difficult measurement. Also, there are two contradictory statements: Dr. Thompson recommends the chest anteroposterior diameter on p. 72, but on p. 65 he states correctly that measurements taken in the chest are unreliable because of its cone shape, and hence such measurements should be taken in the abdomen where "the measurements are similar over quite a long distance." He makes no reference to the ductus venosus as a level indicator, which is the key to reliable trunk measurements.

There are only about six post-1975 references, and one of these refers to the determination of total intrauterine volume; however, no description of this important technique