

Cancer Imaging Manual. Stomper PC, JB Lippincott Co, Philadelphia, 1993, 464 pages, \$89.50.

This book represents a practical compendium of diagnostic imaging procedures appropriate to clinical management of the oncologic patient. It is a credit to the humanity of the author that the first chapter discusses emotional support for patients with cancer undergoing diagnostic imaging. This reminded me once again that the nontechnical aspects of diagnostic imaging can be as important as the scientific ones.

The main body of the book finely delineates protocols for the evaluations of metastases in several different organ systems. Each section begins with a brief general discussion, an annotated bibliography, procedural technique and representative images. Later chapters address the imaging workup of particular types of malignancy as well as indications, techniques and interpretive criteria for the different types of imaging procedures required. Different sections discuss protocols for initial staging, response assessment and surveillance. The final section discusses special oncologic evaluations and emergencies.

This volume does not attempt to discuss theory and basic science or to engage in controversy. It is practical, concise and definitive—a book for physicians in need of quick answers to practical questions. Written by an expert in the field, the book is directed primarily to those engaged in the medical management of patients with cancer. It will also be of value to radiologists and nuclear physicians who devote particular attention to the diagnosis of such patients. For the internist, it provides radiologic correlations often unavailable in internal medicine literature. For the imaging specialist, it provides a better understanding of what the referring physician seeks from the study. It is highly recommended.

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MRI: Cardiovascular System. Gerald G. Blackwell, Gregory B. Cranney, and Gerald M. Pohost, Gower Medical Publishing, New York, 1992, 256 pages, \$110.00.

More than a decade after magnetic resonance imaging (MRI) became available for cardiovascular problems, the clinical use of both static and dynamic MR methods is still in its infancy. Competing imaging technologies, high relative cost and limited availability restricted access to scanners and shifted manufacturers' priorities toward neurological and skeletal applications. Reversal of these trends is now in the offing. Advances in magnetic resonance angiography, changes in reimbursement from the Clinton health plan and more focused technology assessment studies should promote many clinical indications for cardiovascular MRI.

MRI: Cardiovascular System is an up-to-date and practical review of MR techniques that can assess and diagnose various cardiovascular diseases. The book is organized into 13 chapters covering the basic principles of MRI, cardiovascular anatomy and specific diseases of the heart and thoracic aorta. Ventricular function, ischemic heart disease, valvular heart disease, cardiomyopathies, pericardial disease, cardiac and paracardiac masses, congenital heart disease and diseases of the aorta are all covered in

moderate detail in separate chapters. The examinations are mostly spin-echo and gradient-echo images with good illustrations and many adjacent line drawings. The final chapter on MR angiography details time-of-flight and phase contrast techniques. While MR angiography represents one of the frontiers, there are very few examples illustrated in this chapter.

The book is recommended as an introduction to the current practice of cardiovascular MRI. The strengths of the book are the illustrations, particularly in chapters on congenital heart disease, the aorta and valvular heart disease. The book is not intended to be encyclopedic or to review the current literature. However, those wishing an overview of cardiovascular MRI will find a good general review with this book.

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Reading the Chest Radiograph: A Physiologic Approach. Milne ENC and Pistolesi M, Mosby-Year Book, St Louis, 1993, 383 pages, \$99.00.

Although this text is overtly concerned with the chest radiograph, its physiologic orientation suggests that it will be useful to a broader audience, including the nuclear medicine physician. The authors attempt to reinstate physiology into the interpretation of the chest radiograph, something that has been largely lost as newer imaging methods such as MRI attract the attention of the more physiologically curious. They effectively argue for a renewed physiologic approach to image interpretation.

The authors devote several chapters to the qualitative and quantitative analysis of pulmonary and systemic edema, in which they vigorously attack dogma and detail the physiologic data available from a closely interpreted chest radiograph. Perhaps the section of most interest to the nuclear physician is that regarding the quantitation of pulmonary blood volume, flow and pressure. Unfortunately, the radionuclide correlations are generally not state-of-the-art and many involve rectilinear scans of the lungs. Perhaps this is a "literature-dating" of a time when single photon agents were used more intensively in pulmonary research.

It may be true that as imaging methods become old hat, we no longer scrutinize them as closely for hidden physiologic pearls. Reading this book may help recapture those inspired times when we saw lung scans as true functional images, rather than only maps of ventilation-perfusion mismatches.

Several chapters should prove invaluable to radiologists who interpret chest films in ICU, cardiac and pulmonary settings. I would recommend it to any nuclear physician who wants to gain or regain a physiologic perspective of pulmonary function in which to analyze the perhaps-too-familiar V/Q scan.

The book is accompanied by a small pamphlet titled *Quick Reference to Pathophysiology on Chest Radiographs*, which fits into a jacket pocket.

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