

and the difficulty of competing for funds with the more glamorous, newer imaging technologies. Thus, it may be that the majority of us who practice clinical nuclear medicine may not be able to participate in these exciting advances. Yet I firmly believe that new therapeutic solutions for common and devastating problems, such as stroke and dementia, will arise only from carefully accumulated data. These are presented in this monograph, which provides insight into the pathophysiology of brain disorders. That is why this book should be read not only by those practicing clinical nuclear medicine, but also by those who deal with clinical disorders of the brain. There is valuable information for all. I was, for example, pleased to learn that while my aging state is accompanied by a gradual decrease in cerebral blood flow, my oxygen metabolic rate is probably remaining fairly constant, evidence that I choose to interpret as indicating that I am really becoming more efficient. I discovered that in at least two chapters, one concerning Xe-133 clearance and the Headtome and the other describing iodoamphetamine imaging in epilepsy, the figures and legends were transposed—I was not actually all that confused.

FREDERICK MISHKIN  
Martin L. King, Jr., Hospital  
Los Angeles, California

**THE CORONARY CIRCULATION IN HEALTH AND DISEASE.** M.L. Marcus. New York, McGraw-Hill, 1983, 465 pp, \$45.00

This single-authored text follows in the footsteps of the classic treatise on the coronary circulation written in 1950 by Dr. Donald Gregg. The text is informative, concise, and clearly written. The author and publishers were thoughtful in their organization and presentation of material—for example, all illustrations are redrawn from original data and presented in a common format throughout the text. The text is divided into six parts: coronary anatomy; methods of measuring coronary blood flow; basic regulatory mechanisms in the coronary circulation; effects of disease processes on the coronary circulation; differences in the coronary circulation of the right and left ventricles; and medical and surgical interventions that modify the coronary circulation.

Although the book is quite strong in all areas, this reviewer found the sections on basic physiology and pathophysiology the most illuminating. There are 12 chapters spanning 255 pages, covering these topics. These chapters define the influence of metabolic, autoregulatory, neurogenic, myogenic, and humoral factors on the distribution of coronary flow. The influence of these factors on the transmural distribution of myocardial perfusion under circumstances of coronary stenoses, spasm, and total occlusion are also well presented. To complete this section, the natural history of the collateral circulation and factors controlling flow through these channels are discussed.

In addition to his review of the literature, Dr. Marcus gives the reader the benefit of his personal opinions on many of the topics. To make certain that the reader understands these statements as opinions, they are presented in italics. The readable style and clarity of the book make it appealing to practitioners primarily interested in cardiology as well as those interested in cardiac imaging. The book, however, does not emphasize imaging procedures per se, but rather their role in elucidating coronary pathophysiology under specific circumstances.

Dr. Marcus should be commended for his authorship of a textbook on a complex subject, written in prose pleasant to read and readily understood.

H. WILLIAM STRAUSS  
Massachusetts General Hospital  
Boston, Massachusetts

**NONINVASIVE DIAGNOSTIC METHODS IN CARDIOLOGY.** N.O. Fowler, ed. Philadelphia, F.A. Davis Co., 1983, 411 pp, \$50.00

This text was probably written to be a reference book for a specialist in internal medicine. Eight initial chapters are well written, illustrated, and referenced. They cover adult and pediatric echocardiography and probably offer information comparable to that found in other books dealing with the subject. I am not sure, however, that echocardiography plays such a dominant role in noninvasive cardiology. Four chapters discuss nuclear cardiology; however, there was no coverage of: 1) assessment of diastolic events by radionuclide angiography, 2) single photon emission tomography imaging, or 3) positron emission tomography. Comparison of exercise Tl-201 imaging with exercise radionuclide imaging is described only superficially. Imaging of the patient after myocardial infarction is not discussed at all. The remaining seven chapters deal with other areas of cardiovascular diagnosis and may be variably pertinent to practicing internists and cardiologists.

If the aim of the book was to reach a broad audience of practicing internists, the author has succeeded in providing a convenient source of information and reference.

JESUS BIANCO  
University of Massachusetts  
Worcester, Massachusetts

**COMPUTER TOMOGRAPHY OF NECK, CHEST, SPINE, AND LIMBS (ATLAS OF PATHOLOGICAL COMPUTER TOMOGRAPHY VOLUME 3).** L. Jeanmart, A.L. Baert, A. Wackenheim, M. Osteaux. New York, Springer-Verlag, 1983, 194 pp, \$98.50

*Computer Tomography of the Neck, Chest, Spine and Limbs* is the third volume in the *Atlas of Pathological Computer Tomography*, a collaborative effort of numerous European authors. Each chapter is devoted to a specific anatomic region and is organized into an introduction with normal anatomy, technique, and indications, followed by presentation of transmission computerized tomographic (TCT) images of selected disease processes. Extensive references are included. As in any text with multiple contributors, the quality of presentation is variable, and in general, the text is sketchy. Some of the terminology used differs from conventional American usage.

The image quality for the most part is good, particularly in the section on the chest. Normal anatomy is well represented. The notable exceptions are in the sections on the larynx and the muscles, where the TCT images are not of the quality expected with current scanners. Also, TCT of the spine is not as fully represented as this extremely important area should be.

This slim volume is neither an atlas of normal anatomy nor a text of abnormal TCT images, but rather a collection of selected abnormalities. There is no correlation with other imaging modalities, therefore, it is of minimal value to the practicing radiologist or nuclear medicine physician.

MARK J. GOLDMAN  
LEONARD M. FREEMAN  
Montefiore Medical Center  
Bronx, New York

**PREPAREDNESS AND RESPONSE IN RADIATION ACCIDENTS.** B. Shleien, Rockville, MD, NCDRH, 1983, 300 pp, \$6.00

"BE PREPARED!" The Boy Scouts have taken a lot of kidding about their motto over the years, but, as anyone who has experienced an accident involving radiation and radioactive materials will quickly and forcefully tell you, radiation accidents can be traumatic to the unprepared medical facility. (See *Radiology* Volume 135, 1980, for a description of the response of a radiology department to the Three Mile Island accident, and *Health Physics*,