

Cardiac Nuclear Medicine, 3rd edition. Gerson MC, ed., McGraw-Hill, New York, 1997, 830 pages, \$120.

Weighing in at five and a half pounds, *Cardiac Nuclear Medicine* provides an enlightening and mildly aerobic read. Accounting for its textual mass are 29 chapters, divided into five sections; Myocardial Perfusion Imaging (236 pages), Single-Photon Imaging of Myocardial Metabolism (28 pages), Positron Emission Tomography (36 pages), Blood-Pool Imaging (160 pages) and Clinical Applications (322 pages). The book is written by 36 authors with the editor participating in the writing of six of the chapters. The book is uniformly well-written, well-referenced and state-of-the-art.

This is the most inclusive text on nuclear cardiology that I've seen. It covers the topic in exhaustive detail, and excepting a casual treatment of the molecular and cellular level, provides answers to most of the questions one might have. I was particularly impressed by the clarity of the chapter describing tomographic imaging. It actually made me want to play with those imaging parameters I liked to pretend were hard-wired. Also impressive was the chapter describing left ventricular pressure-volume relations with respect to blood-pool imaging. This challenging area was largely left by the wayside as nuclear cardiac imaging developed. The authors remind us, at a minimum, that variations in I.VEF can reflect more than just changes in contractility. All of the chapters are clearly illustrated.

I chose two subjects on which to prospectively base a qualitative "encyclopedic parameter." These were the issues of adriamycin-related cardiac toxicity and pulmonary uptake on cardiac perfusion studies. There were 14 pages, four charts and four tables devoted to the former (shattering all previous records in this category). Lung uptake, too, was clearly discussed with respect to all major clinical perfusion agents, exercise and pharmacologic stress.

This book is one that I would select if I were looking for an up-to-date, inclusive reference work in the field. The book belongs in any nuclear cardiology unit and would be appreciated by anyone who devotes a significant part of their time to cardiac studies. Its size may engender indigestion in trainees (who might prefer one of the shorter, single or dual-authored books). In summary, I can't help but make a tangential anecdote. Before the War Between the States tempered his humor, Abraham Lincoln used to invite selected White House visitors to "measuring" contests, where they would stand side-by-side to see who was taller. Lincoln, at 6'4", usually won. The authors of this book can be equally confident of their chances in any textual "measuring" contest, whether based on physical size or clinical value.

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