nology students, certain chapters, such as Obstetrics and Neonatology or the Ear, may not be directly relevant to daily practice. However, the organization of the text permits such sections to be skipped over without compromising the continuity of the material.

ANN M. STEVES, MS, CNMT University of Alabama Birmingham, Alabama

## Atlas of Clinical Nuclear Medicine

Ignac Fogelman and Michael Maisey, The C.V. Mosby Co., 1988, 950 pp., \$195.00.

The authors present a "comprehensive atlas" of clinical nuclear medicine studies. This clinical atlas contains over 3,000 illustrations, containing chapters on bone, thyroid, renal, brain, liver and spleen, lungs, and cardiac studies. There is an additional chapter of miscellaneous studies covering localization of infection and inflammation, localization of tumors, bone marrow imaging, lymphatic and lymph node imaging, gastrointestinal studies, intestinal studies, scrotal imaging, adrenal gland scanning, parathyroid gland localization, salivary gland scanning, and lacrimal drainage scanning.

Each chapter begins with very concise information or a table describing the radiopharmaceutical to be applied in studying each organ. This is followed immediately by normal scans of each study type to be discussed in the chapter. Normal variance and occasionally some image artifacts are also shown. Clinical cases are then presented encompassing a wide variety of disease presentations for each type of scan. Diagrams and tables are presented to add valuable information. Highlighted boxes indicate teaching points, describing a particularly important aspect relating to case presentations.

Although the chapters somewhat indi-

cate that they outline a comprehensive study by organ systems, they relate primarily to the most frequently performed procedures for that organ system. This text reflects the procedural preferences of the authors' department-presenting thyroid uptake studies done with pertechnetate instead of iodine, many thallium scans performed with planar imaging instead of SPECT, a lack of a significant number of examples of renal studies performed with hippuran, etc. This text could be strengthened by providing more examples of SPECT imaging, primarily relating to thallium imaging, and clinical examples of brain imaging with IMP or HMPAO to bring the text up to current clinical applications.

Overall, this is an outstanding atlas. The selection of cases covers a diversity of diseases and has an adequate representation of example cases. All case studies and example photographs are of high quality and photographic reproduction is excellent. Additional figures, tables, diagrams, and images from other modalities supplement the case presentations.

Technologists and physicians alike should find this a useful reference in their department libraries for reviewing disease presentations for a variety of nuclear medicine procedures.

PAUL E. CHRISTIAN, BS, CNMT FREDERICK L. DATZ, MD University of Utah Medical Center Salt Lake City, Utah

## Quality Assurance For Diagnostic Imaging Equipment: NCRP Report #99

National Council on Radiation Protection and Measurements, 1988, 250 pp., \$18.00.

NCRP Report #99 is a comprehensive document that attempts to cover the whole gamut of quality assurance and quality control issues in medical imaging. This report matches the format of most other NCRP reports except that it is somewhat thicker and attempts to focus on several imaging modalities rather than one.

Despite the title, the first five chapters are not directed at imaging equipment but address rather more general aspects of quality assurance. The fifth chapter is particularly valuable in that it directs its attention towards the management of personnel activities. Several examples are provided, which should call the attention of department managers and imaging physicians to aspects of quality assurance outside of the normally accepted realm of equipment performance.

If any criticism is to be levelled at these initial chapters, it is that they consistently use radiography as the imaging modality for purposes of example. Later chapters concentrate on other imaging modalities, but it is manifestly evident that the greatest attention has been paid to radiography.

This reviewer does not feel competent to comment in detail on those chapters dealing specifically with radiography, CT, ultrasound, and MRI. In any case, readers of the *Journal of Nuclear Medicine Technology* are more likely to be interested in Chapter 16, which deals with nuclear medicine equipment.

Here they will face disappointment. Despite its publication date of December 30th, 1988, the latest dates of any references are 1986 and these are few and far between. The material is sadly out of date and incomplete. References are made to count adding and count skimming techniques for scintillation camera uniformity correction. Such systems were obsolete well before 1988. It is ironic that in the section on SPECT, there is the statement that "in the rapidly changing field of SPECT, the user should keep abreast of the current literature." This is probably the best advice contained in that chapter. What a pity that the NCRP failed to follow its own advice.

Another example of out-of-date-edness appears on page 141 where there