

and have necessitated a redefinition of myocardial infarction. The rationale for this is discussed in depth in a chapter that was unfortunately written before the Joint European Society of Cardiology–American College of Cardiology Committee for the Redefinition of Myocardial Infarction published its consensus document but is nevertheless thought provoking. Several chapters deal with the optimal use of tests for troponins in cases in which acute coronary syndromes are suspected. These chapters stress that an integrated approach to the patient is necessary and must take into account factors other than cardiac markers.

The strong focus on the troponins, which undoubtedly are the state-of-the-art markers of myocardial damage and will soon be the standard markers used in clinical practice, is the strength of this book but also its weakness, since other markers of myocardial damage are less well covered. Two new early markers are discussed: fatty-acid-binding protein and creatine kinase MB subforms. The chapter on fatty-acid-binding protein is comprehensive. However, I think the “old” markers, creatine kinase MB and myoglobin, deserve chapters of their own in a book on current clinical applications of markers.

Four chapters deal with markers that are not markers of myocardial damage. C-reactive protein, which is a marker of inflammation, and the natriuretic peptides, which are markers of cardiac dysfunction, have valuable clinical applications. Also discussed are the promising initial results of studies with three new markers — nuclear factor- $\kappa$ B, a potential marker of coronary artery disease activity; oxidized low-density lipoprotein, a potential marker of coronary artery disease; and malondialdehyde-modified low-density lipoprotein, a possible marker of plaque instability. Obviously, the field of cardiac markers is growing rapidly, and other exciting markers are under evaluation.

This book is an important resource for clinicians seeking information about the expanding field of cardiac markers. Others with an interest in cardiac markers will also find the book valuable.

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### CARDIOLOGY

*Edited by Michael H. Crawford and John P. DiMarco, with 14 others. 1614 pp., illustrated. New York, Mosby, 2001. \$139. ISBN 0-7234-3138-8.*

SEVERAL large textbooks of cardiology — or more accurately, cardiovascular disease — have been published in the past few years. This book is an entirely new textbook with a modern and carefully constructed format.

Books on cardiology during the earlier part of the 20th century were moderate in size in relation to more recent tomes. They were single-author books in which the author, often rather specifically, expressed a personal view with respect to a particular medical problem. Times have changed. With the advent of personal computers, access to the Internet, the immense progress in the presentation of graphics, and advances in teaching techniques, the role of the

large textbook is less clear, even misty. Indeed, in the future, the role of such books is likely to be limited, except as a resource to be found in libraries. This book, however, takes advantage of new developments in publishing and could buck the trend.

The paper in the book is of high quality, but as a consequence, the book is bulky and heavy, weighing in at 5.1 kg (11.2 lb). This is not a book to be browsed through or rested on the knees. It is comprehensive, dividing the overall topic of cardiovascular disease into eight major sections. The chapters in each section are written by well-known and leading authorities. The book is full of practical advice and presents cases as typical examples. The graphics, so important in cardiology for the presentation of electrocardiograms and echocardiograms, are of exceptionally high quality. Apparently, the figures can be downloaded from a Web site free of charge by any purchaser of the book.

I have only two quibbles with *Cardiology*. The first is that there is no specific section on history taking or the elucidation of physical signs; coverage of these topics is instead disseminated throughout the various sections. The same is true of hemodynamics and echocardiography. The second quibble is that this book has an international authorship and claims to be seeking a global readership, but it contains little about the global problem of cardiovascular disease and, in particular, about how cardiovascular disease should be managed in places where resources are limited. Moreover, cholesterol values are often given in milligrams per deciliter without conversion to millimoles per liter; this is a particular problem for the presentation of guidelines or recommendations that are intended to have international application. In general, however, this book is a major contribution to the published literature on cardiology and sets new standards against which future books will be assessed.

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### CORRECTIONS

This Week in the Journal (August 23, 2000;345:553-4). In the figure that accompanies the editor's summary of The Pathogenesis of Vasodilatory Shock on page 554, the arrow next to “Vasopressin” should have pointed down, not up, as printed.

Gastroesophageal Variceal Hemorrhage (August 30, 2000;345:669-81). On page 671, in Table 1, the units for albumin should have read, “g/dl,” not “g/liter,” as printed.

We regret the errors.

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