level that can be easily understood by most every imaging physician and technologist.
Due to the contrast described above and the focused sci entific chapter that illustrate NMR techniques and the sub optimal image quality, this book suffers from a significant lack of evenness and informity. The time to publication has also limited the timeliness ofthe imaging section. The quality of the publication is unfortunately below averagewith regard to typeset,paperqualityandimagequality.Whilethecostis certainly reasonable, the technical quality of the product is low.
Those interestedin this book are likely to be those scientists and clinical investigators who already have adequate intro ductory and comprehensive texts and who want to supplement their librarieswith a book which describesthe specific topics covered from the viewpoint of contemporary investigations. In this respectit will serve very much as a personal reference.

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NCRP REPORT 91: RECOMMENDATIONS ON LIMITS FOR EXPOSURE TO IONIZING RADIATION.

Bethesda, NCRP Publication, 1987, 72 pp, $11.00

The last set of recommendations for exposure limits for ionizing radiation published by the National Council on Ra diation Protection and Measurements was in 1971 in their Report No. 39; â€œBasicRadiation Protection Criteria.â€•Report No. 9 1contains recommendations that are intended to replace all of those proposed in the previous report. At the time of the 1971 reportit was not possible to relateradiationexposure limits to risk estimates. Now that such data is available it is possible to derive limits based upon acceptable risk. However, the NCRP still believes it is premature to do this because of the uncertainties of the risk estimates for both external and internal exposures. Therefore,they have adopted in principal the ICRP system of limits published in Publication 26 in which risk estimates were presented to demonstrate the ac ceptabiity ofthe effective dose equivalent limits but were not used to derive them directly. Report No. 91 describes the recommendations of the ICRP with some minor modifica

tions and updates proposed by the NCRP. These recommen dations are very similar to those in the proposed revision to
10 CFR 20. The NCRP has adopted the ICRP'sdose equiva lent limits even though they believe recent information sug

gests that the ICRP risk estimates may be low, possibly by as much as a factor of 2. Therefore, until more thorough re

evaluation of risk estimates are complete, particularlywith respect to the dosimetry of the Japanese bomb survivors, the NCRPacceptstheselimitsbelievingthattheriskuncertainties donotcriticallyeffectthechoiceofdoseequivalentlevelsfor either limits or guidelines.

The NCRP's radiation protection goals and philosophies are described as an introduction, followed by recommenda
tions on occupational limits for the summed exposuresfrom internal and external ionizing radiations. Limits are defined for both stochastic and nonstochastic effects. In addition to occupational exposure limits there are recommendations for the embryo-fetus,membersof the public, and students. The recommendation for the effectivedose equivalentlimit is 5 rem/yr foroccupational exposure.The NCRP hasdropped the recommendation ofa lifetime cumulative dose of5 (n-18) rem and encouragesthat the total lifetime occupational effec tive dose equivalentbe lessthan the individual'sage expressed in years times one rem per year. For nonstochastic occupa tional limits they recommend 15 rem for the lens of the eye and 50 rem for all other organsand tissuesincluding the skin. A recommendation of 0.5 rem for the embryo-fetus is con

sistent with previous recommendations but they advise that once the pregnancy is known that the limit be 0.05 rem!
month. A limit of 0.1 rem/yr for continuous or frequent exposure from man made radiation excluding medical, and 0.5 rem/yr for infrequentexposureis recommended for mem bers of the public. There are also specific recommendations for remedialaction levelsincluding one for radon.The NCRP has defined a Negligible Individual Risk Level (NIRL) that appears to this reader to be indistinguishable from the often discussed deminimis dose. They recommend setting it at 1 mrem/yr.
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