non-English authors has not been tidied up; the reviews cover only a selection of the relevant diseases, and there is no general summary or overview, although there is a general index. In a book costing £45 and containing very few 1985 references, the usual excuses of cheapness and rapid publication are hard to make.

If you need a not too recent review of one of the specific topics covered, you may find this book useful. If you want an informed overview of the new genetics and clinical practice, Weatherall's book of that title is better written, better produced, more up to date and a quarter of the price.

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The Human Pulmonary Circulation: its Form and Function in Health and Disease. Third edition, Peter Harris and Donald Heath. Pp. xiv + 702, illustrated. Churchill Livingstone, Edinburgh, London, Melbourne, New York, 1986. £85.00

The nine years since the last edition of this classic text have seen a change in the forefronts of respiratory research, from physics and physiology, as applied in lung mechanics and gas exchange, to immunology and molecular biology. Human memory being fallible, however, this has inevitably led to neglect of some previous discoveries, particularly evident in the pulmonary circulation which was once in the front of cardio-pulmonary medicine, in the Cournand years after cardiac catheterisation. This third edition of Harrison & Heath sets the record straight, and restates many now classic facts which tend to be forgotten, with, as always, beautiful illustrations of tissue and structure. This is particularly apposite at a time when new therapeutic potentials for dealing with clinical pulmonary hypertension, and its consequent cor pulmonale are rapidly moving into practice, as with long term oxygen therapy, and the new potential pulmonary vasodilator drugs such as calcium blockers. Recognition of the metabolic and endocrine activities of the pulmonary endothelial cells, and their potential when damaged to generate the adult respiratory distress syndrome, are important additions to this new edition. Chapters on the basic measurements of haemodynamics remain classic and are all the more important in these days of digital readouts, where the apparent authority of the computer derived numbers can only too easily disguise the assumptions and imprecisions behind their derivation. As one might expect from this collaboration between a distinguished pathologist and a cardiologist, structure is closely linked to function throughout this text, and the structure is revealed by a plethora of electron microscopy, down to consideration of the molecular biology of receptor function. However, as with all major texts, there has clearly been the inevitable delay between writing and publication – as shown for example in the chapter on pharmacology of the pulmonary circulation, where important new work on calcium blocking drugs and beta₂ agonists as pulmonary vasodilators, in 1984/85, is not included. Some old ideas persist – such as the distinction between the 'emphysematous' and 'bronchial' types of

patients with chronic air flow limitation, whereas one might have expected a pathologist to have recognized the absence of justification for these terms, as revealed in careful clinicopathological correlative studies over the last 10 years.

These minor caveats aside, there can be no rival to Harrison and Heath as a primary source for argument-solving in the area of who said what and why about the human pulmonary circulation. The comprehensive coverage from the anatomy of the large pulmonary blood vessels to the clinical causes and presentations of various types of pulmonary hypertension, to the detailed consideration of the physiology of gas exchange, and structure function relationships within the pulmonary blood vessels is unsurpassed. The occasional 'dating' of the views expressed, always very well supported by detailed referencing, adds partly to the charm of this otherwise formidable tome. As the authors say in their preface 'the old is not inferior to the new' and as they have together been working in this field from the time of their first edition almost 25 years ago, they are uniquely placed to set such new knowledge in its proper context.

This book will be essential for any library meeting the demands of physicians, surgeons, pathologists, and physiologists who have a concern with the pulmonary circulation. Many will wish to have their own copy, for, although clearly not everyone will agree with all of the authors' opinions, it has no rival as a fundamental source book in this field. The need for this is ever more pressing today, with the potential for important new advances in both treatment and understanding of the interactions of the heart and the lung – meeting as they do in the human pulmonary circulation.

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IC-Process-PC (International Classification of Process in Primary Care). Prepared by the Classification Committee of WONCA (World Organization of National Colleges, Academies, and Academic Associations of General Practitioners/Family Physicians) in collaboration with the Classification Committee of NAPCRG (North American Primary Care Research Group). Pp. i + 61. Oxford University Press, Oxford, New York, Tokyo, 1986. £8.50.

This little book is a brave, though complicated, attempt to produce a classification system for primary care encounters. It is designed to be applicable to most countries and to facilitate collaborative research in the process of primary care. It catalogues events ranging from the initial contact of the patient with the health care provider, through the diagnostic, therapeutic and administrative aspects of the consultation to the arrangement for follow-up.

It was produced by the WONCA Classification Committee in association with the North American Primary Care Research Group and is designed to complement other classification systems such as the ICHPPC (International Classification of Health Problems in Primary Care).

It will be too complicated to be used by the average primary care worker carrying out research in his or her

practice. For example, from my reading of the text: A ten minute surgery consultation between a general practitioner and patient, at which a routine urinalysis was performed, a chest X-ray ordered, amoxycillin prescribed, advice given on reducing smoking and the patient asked to return a week later would be classified as: A 101, 200, 310, 831, 6802, 921. A task for the dedicated researcher.

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Liver Surgery, edited by Stig Bengmark and L.H. Blumgart. Clinical Surgery International. Vol. 12. Pp. v + 187, illustrated. Churchill Livingstone, Edinburgh, London, Melbourne, New York, 1986. £35.00.

This small volume is edited by two distinguished liver surgeons, Professors Bengmark and Blumgart, and as would be expected the book is very well produced. The first chapter on surgical anatomy of the liver by Bismuth is particularly valuable. It sets the stage with a description of the segmental anatomy that has become popular on the Continent, with a rationale for its use, although variations of intrahepatic anatomy are so great that in practice lobar anatomy is still most used in operative surgery.

Laboratory tests and imaging of the liver are covered in short succinct chapters and then the book continues with management of tumours by chemotherapy, arterialisation and embolisation. Liver resection for tumour is then discussed with an interesting chapter on intrahepatic stones and an excellent consideration of liver injuries by Walt and Bismuth.

The book ends with discussion of the diagnosis and pathology of tumours, haemostasis during liver surgery and pre- and post-operative nutrition in patients with liver disease.

From this brief resumé of the contents, it is clear that the authors have picked out certain aspects of surgical liver disease that they consider important and where advances have been made. There is no chapter on liver transplantation, which is perhaps the area where there has been most advance but then there are a number of texts dealing with this subject. Bearing in mind that this is a small book and there are a number of authors for the different chapters it can be recommended as a collection of short authoritative and up-to-date monographs on selected topics.

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Management of Back Pain, Richard W. Porter. Pp. iii + 183, illustrated. Churchill Livingstone, Edinburgh, London, Melbourne, New York, 1986. £25.00.

The essence of this tome rests in Mr Porter's opening sentence of his preface in which he states 'It is not an easy task to write a book about back pain, when one is more aware of our ignorance than our knowledge'. This is the substance of his treatise and he makes no bones about the ignorance of the profession in this context. He stresses that he has written about back pain as a symptom rather than a disease complex and confines his interest largely to what is known as mechanical back pain.

In addition to the conventional approach of aetiology, mechanics, assessment and management he goes on to discuss problems and preventive techniques. He takes a very philosophical approach to his subject, and the book is well illustrated and generously cross referenced.

He says some interesting and provocative things, for example, he suggests that CT scanning should be the first special investigation where a lumbar disc lesion is suspected, rather than a myelogram. I applaud that recommendation but perhaps some would not. He freely admits the high fail rate of surgical exploration of lumbar disc lesions and comments openly on the reasons. He is overtly critical of many conservative and commonly recommended techniques of treatment for back ache and is refreshingly happy to admit that nobody really knows how lumbar corsets work. I admire the honest approach, uncluttered by prejudice or unthinking accepted practise.

I am not sure that it is a book for experts, more for senior students, junior residents with a little experience, certainly for general practitioners at many stages of their career and certainly for all those clinicians in whose practice back pain is one of many annoying syndromes with which they have to deal.

Most of the X-ray reproductions are excellent, the line drawings clear and precise. The text is easy to read, the literary style unsophisticated and eminently sensible and readable.

At the price I think it is very good value and should appear on many private book shelves as well as in libraries. I only hope that in the second edition the editor will see fit to ensure that the abundance of spelling errors is eliminated.

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Modern Epidemiology, Kenneth J. Rothman. Pp. xvi + 358, illustrated. Little, Brown, Boston, Toronto, 1986. £33.90.

This book is a must for epidemiologists and medical statisticians. Starting with a review of the nature of causal inference, Professor Rothman develops a rigorous logical framework for the still emerging science of epidemiology; and in doing so, brings a fresh insight to many areas. A good example is his discussion of matching. I suspect it will be a new idea to most readers that in a case-control study