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

matching introduces confounding rather than controlling it.

The latter chapters are devoted to statistical techniques for the analysis of epidemiological data, and contain sections which will be beyond the less mathematically inclined. However, they should not be omitted, because interspersed between the equations are many words of wisdom.

As a penetrating and comprehensive review of epidemiological methods this work stands ahead of all others. I shall return to it again and again.

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Nuclear Gastroenterology, edited by Philip J.A. Robinson. Pp. iv + 180, illustrated. Churchill Livingstone, Edinburgh, London, New York, 1986. £35.00.

This book attempts to present nuclear medicine methods to gastroenterologists, and also gastroenterology to nuclear medicine practitioners. This it does well. The gastroenterological problems are well stated, and all methods of investigation are presented fairly, with a good sense of balance. Nuclear medicine methods are presented in sufficient detail to allow their use by others. The authors are frank in reviewing their experience, and in stating where methods are not helpful. The quality of reproduction of the illustrations is good. If this book has a weakness, it is the converse of its strength, in that the individual chapters reflect the biases of their authors. However, this is inevitable in this type of book and, overall, the balance is good.

Who should buy it? Nuclear medicine departmental libraries, gastroenterology departmental libraries, and individuals working in the field. It is a book that will be used regularly.

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Neuroendocrinology: a Clinical Text, Mary L. Forsling and Ashley Grossman. Pp. v + 206, illustrated. Croom Helm, London, Sydney. Charles Press, Philadelphia, 1986. £22.50.

The two authors of this clinical text on neuroendocrinology are both well known in this field. Dr Grossman and his colleagues at Barts have made major contributions in the areas of hypothalamic releasing factors and pituitary tumours whilst Dr Forsling is an authority on the posterior pituitary.

The first six chapters are concerned with the basic anatomy, physiology, blood supply and innervation of the pituitary, hypothalamus and its connections, the theoretical basis for hormone assays, and the control and mechanisms of peptide hormone action.

The next five chapters consider prolactin, growth hormone, gonadotrophins, TSH, ACTH and the hypothalamic

factors which control the release and inhibition of these anterior pituitary hormones. The final three chapters cover the posterior pituitary, pituitary tumours and neuroendocrine test procedures.

The authors have provided a very readable and thorough account of the subject. My criticisms are minor ones. Apart from a few typographical errors, I thought that bioassays were dismissed too casually and the suggested scheme for pituitary hormone replacement therapy dangerous in that the topic required much more explanation. The discussion of the merits of different modalities of therapy for pituitary tumours was very fair although I was intrigued by the comment that hypopituitarism may complicate the treatment of acromegaly by radiotherapy but not prolactinoma.

I think this book would be a suitable text for senior medical students, junior doctors and laboratory research workers in endocrinology who wish to gain some knowledge of the clinical aspects of neuroendocrinology. They are most likely to dip into certain sections rather than read the whole book through. Therefore individual purchases are unlikely but hospital libraries should buy the book.

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Pathways in Surgical Management, Second edition, Michael Hobsley. Pp. ii + 362, illustrated. Edward Arnold, London, 1986. £23.50.

Professor Michael Hobsley at the Middlesex Hospital has a well deserved reputation as a superb teacher of clinical students. This second edition of his *Pathways in Surgical Management* enhances this reputation. The book is divided into two parts; the first deals with common elective conditions – a breast lump, a swelling in the groin, lumps in the abdomen, the neck, the thyroid and the parotid, changes in bowel habit, jaundice, etc. The second deals with emergencies such as the acute abdomen, haemorrhage, burns and acute limb ischaemia. The important concept of a 'working diagnosis' is stressed, which every experienced clinician uses in practice but which students tend to forget in the welter of constructing elaborate lists of differential diagnoses.

The text is beautifully clear, as are the diagrams, photographs and flow charts. This is a book that can be recommended warmly to clinical students and will also benefit its graduate readers.

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