would benefit from additional editing, it is a handy and quick reference giving the authors' preferences on suitable therapeutic regimes.

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Flagyl: the Story of a Pharmaceutical Discovery, J.A. McFadzean, Pp. 117, illustrated. Parthenon Publishing, Carnforth, 1986. £9.95.

Professor McFadzean, who has been intimately involved in the story of the development and evaluation of metronidazole tells the story very entertainingly. The tale is told for Everyman in plain English and with amusing anecdotes.

Metronidazole was developed, licensed and marketed as treatment for trichomoniasis. It was subsequently recognized to be active against other parasites, notably *Entamoeba histolytica* and *Giardia lamblia*. More interestingly, shrewd observation by a dental surgeon, Mr David Shinn, established the clinical effectiveness of metronidazole in at least one anaerobic bacterial infection, acute ulcerative gingivitis. This led to laboratory studies showing *in vitro* activity of the drug against virtually all anaerobes. At the time only a few enthusiasts considered anaerobic bacteria to be of great clinical moment. Improved techniques of laboratory recognition of anaerobes by culture or gas-liquid chromatography led to the realization that these organisms are the dominant flora of the intestinal and vaginal flora, and cause much of the harm when surgery in these fields is complicated by infection. Numerous clinical studies showed that metronidazole has a major part to play in the prevention and treatment of anaerobic sepsis.

The chain of fortuitous observations leading to clinical advance is reminiscent of the penicillin story. So is the single minded enthusiasm of several individuals inside the pharmaceutical company and outside who persisted in following up clinical and laboratory leads despite discouragement (at least) from on high. Anyone who has any interest in clinical research or drug development should read Prof. McFadzean's little book, a pleasure encompassed by this reviewer in a single evening. It has the character of a modern technological fairy tale.

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Lecture Notes on Rheumatology, John Edmonds and Graham Hughes. Pp. vii + 307, illustrated. Blackwell Scientific Publications, Oxford, London, Edinburgh, Boston, Palo Alto, Melbourne, 1985. £8.50.

This volume is a belated but welcome addition to the 'Lecture Notes' series and outlines the wide range of disorders found under the heading of 'rheumatology'. The clear, brief account of the HLA system and the major histocompatibility complex could be recommended to many postgraduates. The chapter on laboratory tests includes a table of disease associations with the more recently described antinuclear and anticytoplasmic antibodies which will be valued by many practising rheumatologists. However, the book is obviously aimed primarily at the clinical undergraduate. There is heavy competition between rheumatological 'primers' in this market. The brief telegraphic style will be popular with some and anathema to others. This text contains far more information than most undergraduates will require and the number and standard of diagrams and illustrations are a strong feature. I was fascinated to see that a majority of radiological illustrations came from the King Faisal Hospital, Saudi Arabia, thus subliminally excising the prejudice from students' minds that rheumatic diseases are peculiarly diseases of colder, damper climates! I enjoyed the X-ray and bone scan of spinal brucellosis. There are several points of detail to dispute. For example, I was surprised to read how often phenylbutazone is advocated whereas it should surely be reserved to rheumatologists for treating resistant spondylitis. Several anti-inflammatory drugs, for example, alclofenac and fenclozic acid, are listed yet never survived the Great Purge. They have no part in an undergraduate text. I find the best way to evaluate a brief rheumatology text is to see how it tackles a difficult subject like vasculitis. This book copes well and I have no doubt that many will turn to it as a relatively painless way to acquire the 'bones' of the subject. Inevitably, though, it communicates very little of the excitement of modern rheumatology.

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Medical Gynaecology, edited by M.C. Macnaughton. Pp. x + 272, illustrated. Blackwell Scientific Publications, Oxford, London, Edinburgh, Boston, Palo Alto, Melbourne, 1985. £19.50.

Standard textbooks of gynaecology have a distinctly surgical bias, with chapters arranged on an anatomical or pathological basis. The relative decline in the number of gynaecological specialists taking surgical fellowship and an increase in the number taking M.R.C.P. as a second qualification is a reflection of the growing recognition of the medical aspects of the specialty. Callam Macnaughton is therefore to be congratulated on his timely production of a book devoted entirely to the medical aspects of gynaecology.

The book is well produced and illustrated and not excessively expensive by today's standards. It consists of twelve chapters written by Glasgow specialists on topics which include amongst them family planning, termination counselling, well woman screening, genetic counselling and sex education. I do not recall seeing a chapter on sex education in any gynaecological textbook before, and this is a welcome innovation, although at times it is rather politically