head and cancer care there is avoidance of controversial detail, yet in practice there is little uniformity and much controversy. Whilst enjoying the book in parts, I remain uncertain as to who might benefit from the good parts, and concerned as to its simplistic approach to many of the less certain areas. Certainly not a book for the registrar.

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Musculoskeletal Imaging, edited by J.A. Markisz. Pp. 432, illustrated. Churchill Livingstone, Edinburgh, 1991. £90.00, hardback.

Medical imaging has now reached the stage where it is essential for doctors in all branches of clinical practice to choose the most appropriate method bearing in mind the escalating cost of health care. Cheapest is not always best. The method chosen will depend primarily on the patient's presentation. In most cases of musculoskeletal trauma, plain radiography is the first choice and most likely will remain so in the foreseeable future. The same can be said for persistent bone or joint pain and to show pulmonary metastases, but a knowledge of the various imaging modalities is necessary for the more complex clinical problems such as diagnosing a pyroarthrosis, excluding bone metastases or a cause for pain when the plain film appears normal.

Nuclear medicine, in most instances, will be the screening method to uncover bone metastases, except in myeloma, but often also for locating abscesses and for radiographically occult fractures, to give only a limited number of examples. However, MRI is proving indispensable for the management of orthopaedic problems such as backache, shoulder and knee pain, and muscle tumours. More than half the text, not surprisingly, is devoted to MRI with a long section on its display of normal anatomy in illustrations of high quality that are clearly labelled. The various pathologies are equally well covered but sonography and computed tomography combined receive less attention than nuclear medicine.

Nevertheless this is a valuable addition to the literature on the new imaging methods, and is highly recommended to those involved in the diagnosis and management of patients with musculoskeletal problems.

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Aids to General Practice, edited by Michael Mead. Pp. x + 170, not illustrated. Churchill Livingstone, London, 1991. £8.95, paperback.

Aids to General Practice attempts, as many books have done before it, to distil the whole of general practice into a single small volume thin enough to fit into one's jacket pocket.

The reasons for such an effort are obvious: general practice is a very large subject and requires those attempting to enter it to know a little about a great deal. Since much of the real learning in speciality subjects takes place

over the comparatively brief trainee year and very busy first few years as a partner, a great deal must be absorbed quickly and often whilst 'on the job', so it could be used as something simply to refresh the mind or act as an exam crammer.

In general, I think Michael Mead has produced a good book. His entries are brief and to the point, but importantly he has not so emasculated the text in the name of brevity (as some similar books have done) as to render it useless as a work of reference. In any book of this size and ambition, it would be possible to quibble about what was left in and what left out, but overall I think the balance is good.

Another very positive thing about this book is the way the author starts each entry from the general practitioner's perspective. Symptoms rather than diagnoses are used as an introduction to each section. The entries therefore accurately mimic the way GPs really see their patients in practice and in so doing make using the book that much easier.

Most areas of practice seem to have been covered, the section on practice management is particularly useful for all trainees and new principles. The one area where he does seem, inexplicably, to have left a gap is audit. There is no mention of this subject despite the inclusion of much else that was contained in the NHS reforms and, since it is very much the topic of the moment, it seems a shame to omit it.

Overall a good buy for £8.95, although many may miss because of its rather bland and uninformative title.

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Pharmacoepidemiology and Drug Safety, edited by R. Mann. Vol. 1. Bi-monthly. Wiley, Chichester, New York, Brisbane, Toronto, Singapore, 1992. Annual subscription \$250.00.

The aim set out by the editors of this new bi-monthly journal is to provide an international forum for the communication and evaluation of data, methods and opinion in the emerging discipline of pharmacoepidemiology. The first issue (Jan. – Feb. 1992) has been compiled to respect these objectives. Contributions from Canada, Sweden and the United Kingdom, as well as recommendations from the Council for International Organisations of Medical Sciences (CIOMS), lend a distinctive international flavour to the issue.

There are four original reports. First, an assessment of the risk (extremely small) of acute renal disease in patients exposed to non-steroidal anti-inflammatory drugs (NSAIDs), based on a case control study of patients undergoing renal biopsy. Second, a study of the time intervals between the first report linking an individual drug with Stevens-Johnson syndrome, the demonstration of causality by rechallenge (the index case), and the accumulation of two or more substantial reports (the signal), which shows how an adverse reactions database can be used to assess the probability of a causal relationship. Third, a study of the relationship between age, spontaneous adverse reaction reporting rates, general practice prescription volumes, and population sizes, which reveals a rise in reporting rates with age to a peak in the fifth and

sixth decades of life, with a subsequent decline. And fourth, a survey of how often and for which indications NSAIDs are prescribed for children under the age of 16 years by paediatricians, rheumatologists and general practitioners, which shows that NSAIDs are often prescribed for unlicensed indications in children. This latter study provokes a commentary by Professor Stephen Spielberg from Toronto on the paradox of paediatric therapeutics, in which many drugs are used outside the terms of their Product Licences, partly because of the scant attention paid to drug use in children during the drug development process, and partly because data acquired in the course of unlicensed use after marketing, while sufficient to convince prescribers of the drug's efficacy and safety in children, may not provide adequate support for an application to extend the terms of the Product Licence.

There are two papers on methodology: one identifies the value of a database of primary care records as a resource for post-marketing surveillance, for the generation and testing of hypotheses regarding the causation of adverse reactions, and to monitor drug prescribing; the other suggests basic requirements for the use of terms in reporting suspected adverse reactions, such as anaphylactic shock and arrhythmia. Finally, there is a report of a debate convened by the Faculty of Pharmaceutical Medicine on whether scientific and ethical standards in pharmaceutical medicine should be self-regulated.

The editors hope that their new journal will stimulate debate and discussion among those interested in the benefit and risk of drugs used in populations. After such a promising start, they deserve to succeed; though the subscription will be beyond the pockets of many.

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The Health of the Nation: The BMJ view, edited by Richard Smith. Pp. 237, illustrated. BMJ London, 1991. £9.95, paperback.

Each of us should have read 'The Health of the Nation' report. This booklet contains the collected papers, which were published in the *British Medical Journal*, about this report. Every doctor, clinical or non-clinical, should have and should have read this book: discussion of a series of objectives for health care should excite us all.

The layout of this book is, however, exasperating: why not include 'The Health of the Nation' report so that the discussions can be easily put into perspective? It seems unforgivable to limit discussion simply to 'The Health of the Nation' report without a detailed discussion of the structure of health care. How can any strategy work in an organization of such amorphous type; where self-employed contractors (general practitioners) are rarely given any target to achieve other than the number of customers passing through their doors, (i.e. vaccination or cervical screening 'targets'); where is the common sense measure of reducing numbers of cervical cancers? How can a strategy towards health work where the political and public's scale of values is allowed to be so perverse that children rank of more value than the parent, and the parent more than the grandparent?

The final caveat is about the authors. There is an overexuberance towards the 'non-doer' and the 'non-

done to' rather than the 'doer'. While the *British Medical Journal* editorial staff, radical health statisticians, and various managers of purchasing should be heard, where are the voices of general practitioners, district general hospital clinicians, and non-university teachers of students? Above all, where are the voices of the patients?

Perhaps, we should examine in more detail four representative chapters: the introductory chapter by Richard Smith; the discussion by the radical statisticians; the discussion on diet and smoking; and finally, because of my own interest, diabetes.

Richard Smith chooses early on, a diagram analysing effective and ineffective organizations in terms of the degree to which a vision is shared, and the clarity of that view. He does not, however, point out that the National Health Service is not one, but many organizations, that never has co-operative development or research been encouraged by the National Health Service, for example, the MRC trials on hypertension and diabetes were not NHS sponsored. Finally, he does not analyse the crassness of the latest management changes. How can an organization be an organization if it competes within itself?

Do read, and re-read the terrible indictment shown in the Poverty chapter: the greatest indictment of the United Kingdom economic and health management.

By reading the sections on accidents, smoking, and diet it quickly becomes apparent that 'The Health of the Nation' is a strategy for blaming other people – not the government or planners. There seems to be little independent research into the value, or otherwise, of mass public education, which supports the health education campaigns. There is appalling evidence of a lack of co-operation between government departments. The Departments of Treasury, Trade and Industry, and Transport could all revolutionize health by squeezing cigarette sales by price, advertisement and sponsorship bans. The obesity drugs: sugar and fat, could similarly be attacked. Finally, by reducing maximum road speeds, as well as improving the transport infrastructure, accidents could be reduced.

The final chapter to highlight, because of my own interests, is that on Diabetes. As Professor Alberti subtly points out, the hospital resources are defined. They are not uniformly achieved throughout the United Kingdom: no plans are in place to facilitate this. What is questionable are the targets, such as reducing blindness from diabetic retinopathy by half. Half of what? Is the Department of Health incapable of counting? Why not quote rates which are being achieved in some parts of the United Kingdom and say that this should be the base rate?

Finally, who wrote these ideas within 'The Health of the Nation' report? Had they any experience of managing diabetes? Had they accredited specialist training in diabetes? Or was it an epidemiologist's dream come true – to treat the individual by a mass approach?

To conclude: a strategy for health is of obvious need. This book is justly required reading, but I look forward to its next version, which I hope will contain writing from the front line.

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