

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