A haemarthrosis of 95 ml will create an intra-articular pressure of 100 mm Hg which is far below the limit of synovial rupture (Hejgaard, 1984). The haemarthron in our patient, was not really caused by rupture of the semimembranosus bursa but the result of the rupture, not its cause. The bleeding emphasises the importance of not beginning therapy with anticoagulants before the correct diagnosis is established.

Acute arthroscopy should not be carried out because liquid will leak into the calf and aggravate the symptoms (Bunker and Thomas, 1983).

After our patient had recovered, arthroscopy was performed and the knee joint was found to be normal. It must be assumed that a traumatic synovitis had been the cause of the cyst rupture.

Most cases of acute rupture of the semimembranosus bursa settle with conservative treatment. Only if bed-rest and anti-inflammatory drugs fail to relieve the tension in the calf need one resort to surgical decompression. The defect in the capsule should always be repaired either by direct suture or by suturing the origin of the medial head of the gastrocnemius muscle into the capsular tear (Solomon and Berman, 1972).

References

BOOK REVIEW

Title: THE RHEUMATOLOGICAL DISEASE PROCESS. FOCUS ON PIROXICAM
Editor: R. G. Richardson
Publishers: Royal Society of Medicine 1985
104 pages Soft back ISBN 0-19-922005-0

This is one of the International Congress and Symposium series and forms the proceedings of an international symposium held in London on the 29th April, 1983. Although published by an august body it is stated that the scientific and literary content of the publication are the responsibilities of the sponsors of the symposium. No information is provided as to whether the contributors were invited, or whether the articles were submitted competitively. One suspects the former situation when a symposium is being sponsored by a pharmaceutical company, with careful selection that the work done by the contributors favours the product under discussion. There is an international flavour to the contributors with seventeen articles concerning Piroxicam in different disease states and the pharmacokinetics of the drug. The opening article is the only non-promotional one and discusses therapeutic trials. The book finishes with a panel discussion.

Not surprisingly, considering the selection of the articles, all the comparative studies favour the use of Piroxicam.

Two of the articles may be of relevance to readers of this journal. Lereim and Gabor from Oslo discuss the use of the drug in acute musculoskeletal disorders. 74 patients were randomised into a double blind study against placebo. As would be expected with any non-steroidal anti-inflammatory drug, Piroxicam was found to be superior to placebo.

V. A. Edwards from Watford in England compared the drug with Indomethacin in patients suffering acute soft tissue sports injuries. Both drugs were found to be equally effective and few side effects were noted. 11 different general practitioners studied 105 patients. No mention is made of the fact that the drug under consideration is three times the cost of Indomethacin. It must be remembered that some of the conditions were self-limiting and every non-steroidal anti-inflammatory drug has the risk of serious gastro-intestinal side effects.

This book would be of value for anyone with a particular interest in Piroxicam or with an interest in clinical trials of anti-inflammatory drugs, but has nothing to recommend it to the average person interested in sports medicine.

W. N. Dodds
Dr. Thomas Crisp and Dr. Jan Bigos, BASM members, have been awarded a Fellowship and a Bursary respectively from the Smith and Nephew Foundation for the one-year diploma course in sports medicine at the London Hospital. In addition, Lieutenant Colonel Robin Garnett, consultant in rheumatology at Queen Elizabeth Military Hospital, is to receive the Foundation’s service doctor award. He will use this to study the treatment of spinal injuries in the USA.

The Squash Rackets Association hopes to establish a panel of medical officers throughout the UK who will be available to attend major championships and help with advice and screening for members of the national squads. Members who are interested should contact the SRA Medical Advisor, c/o the Chief Executive, Francis House, Francis Street, London SW1P 1DE. Applications will, of course, be treated in confidence and acknowledged.

The Society of Community Medicine are organising a two day course entitled “The Prevention of Sports Injuries” at the University of Manchester Institute of Science and Technology on September 16th and 17th, 1986. A full programme is planned which will be of interest to medical practitioners, physiotherapists, teachers, coaches and participants alike. Address for applications: Dr. P. Gardner, 31 Battye Avenue, Huddersfield HD4 5PW.

The attention of members is drawn to the existence of the Sports Documentation Centre at the University of Birmingham Main Library. This centre is open for reference by outside researchers interested in any of the scientific aspects of sports.

**BOOK REVIEWED IN 20:1**

**Title:** THE RHEUMATOLOGICAL DISEASE PROCESS. FOCUS ON PIROXICAM

**Editor:** R. G. Richardson

When this text was reviewed in 20:1 the price was omitted and the publisher listed as the Royal Society of Medicine. The details are given correctly below.

**Publisher:** Oxford University Press, for the Royal Society of Medicine 1985

ISBN 0-19-922005-0

**Price:** £12.50