

It is a useful volume to review contemporary views on such disorders as autoimmune thyroiditis and *myasthenia gravis* but such is the rate of progress in receptor biology that the model of insulin receptors used as the frontpiece to the book places insulin protease as a plasma membrane ecto-enzyme, a view now no longer held. With these caveats the volume is a useful contribution but one which should be read in haste lest its views become too outdated.

TJ PETERS

**The Kidney in Gout and Hyperuricaemia.** Ed T Yü and L Berger. (Pp 292; illustrated; \$47.25.) Futura Publishing Company. 1982.

A compact account of the interplay between renal disease and hyperuricaemia is presented in this book. Unfortunately it adds little that is new. The material is arranged in a conventional manner beginning with a general overview by JH Talbot which is followed by chapters on the renal handling of urate (IM Weiner), renal function in gout (L Berger), renal pathology (SC Sommers and J Churg), the histopathology of renal biopsies (H Olivia and A Barat), nephrolithiasis (T Yü), radiological diagnosis (C Bloch and I Schlossberg) and a concluding clinical chapter by T Yü.

It will probably be of most interest and use to pathologists and it is unfortunate that the illustrations of histological preparations have had to be reproduced as half tone blocks.

In summary this is a useful reference book but one does question why it had to be produced when the field has been so fully covered in the fairly recent past.

RWE WATTS

**Atlas of Post-Mortem Techniques in Neuro-Pathology.** J Hume Adams and Margaret F Murray. (Pp 143; illustrated; £15.) Cambridge University Press. 1982.

This atlas is aimed at general histopathologists and mortuary attendants in the hope that removal and examination of the nervous system post-mortem will be done with the technical facility that allows clear observation and identification of pathological change. The reasons why the brain must be treated differently from other body organs are that, lacking a supporting connective tissue, it is friable and its complex anatomy often determines the disease process. Step by step we are led through removal and fixation of the CNS

with an excellent section on the eye and orbit but surprisingly little on the ear. There are good instructions for slicing and identifying the features of the brain but a major defect is the absence of any suggestions as to how to recognise the segments of the spinal cord once removed. A general pathologist would also feel the lack of any indication of standard block taking (for histology) in cases where the disease is obscure.

None of the illustrations is in colour which is always a serious drawback for an atlas and a great deal of space seems to be wasted, perhaps because of the method of production.

PETER O YATES

**Post-Partum Hypopituitarism.** HL Sheehan and JC Davis. (Pp 453; illustrated; \$69.75.) Charles C Thomas. 1982.

Who better than Sheehan to tell us about Sheehan's syndrome! He and Dr Davis, Reader in Endocrine Pathology in the University of Liverpool, have produced a classical account of the subject. The histology, pathogenesis, aetiology, associated lesions in other organs, functional and clinical aspects of pituitary deficiency and incidence of post-partum anterior pituitary necrosis are dealt with in depth and detail as well as other causes of pituitary deficiency and the early history of the subject.

Fundamental to the authors' concept of the pathogenesis of massive anterior pituitary necrosis is their histological demonstration in normal glands of a direct and significant arterial blood supply to the anterior pituitary parenchyma from intraglandular sinusoidal arterial branches that terminate in the sinusoids in addition to the portal venous blood supply. The major arterial supply is from the artery of the fibrous core, a branch of each loral (trabecular) artery. These arteries are sensitized in late pregnancy and may undergo occlusive spasm for a few hours in response to a general circulatory shock at delivery with resultant ischaemic necrosis both of the arteries to the fibrous core and the anterior pituitary parenchyma. The barrier of the infarcted anterior pituitary leads to distension and thrombosis of the portal vessels with secondary arrest of the portal circulation.

The authors describe, illustrate, and discuss in great detail almost every conceivable aspect of the subject, drawing on their own vast experience in addition to the world literature. This monograph with

nearly 100 illustrations, numerous tables and over 1400 references must be regarded as the ultimate source book.

I DONIAC

**Clinics in Endocrinology and Metabolism.** Vol 11, no 1. **Paediatric Endocrinology.** Guest ed John D Bailey. (Pp 275; illustrated; £11.75.) WB Saunders Company Ltd. 1982.

Ten chapters cover a selection of topics in endocrinology extending from fetal life to the end of puberty. They provide the reader with summaries of current knowledge in a number of major areas; disorders of the thyroid gland are not included. There is an excellent summary of hypothalamic pituitary function in the fetus and infant, and the chapter on gynaecological endocrinology of the paediatric and adolescent age group should prove particularly useful. Other subjects covered include the diagnosis and treatment of children with growth hormone deficiency and the use of anabolic agents in the treatment of short children. Problems concerned with puberty, ambiguous genitalia, adrenal cortex, hypoparathyroidism, hypoglycaemia, and diabetes mellitus are also covered. The use of biochemical investigations and methods of treatment are described with clarity. The lists of references are helpful and up to date. This volume is highly recommended and paediatricians, whether or not they are specialists in endocrinology, will find these authoritative accounts extremely helpful.

BE CLAYTON

**Microbiology in Clinical Practice.** DC Shanson. (Pp 574; illustrated; softback £10.75.) John Wright & Sons Ltd. 1982.

There have recently appeared several books that set out to bridge the gap between the practice of microbiology and clinical medicine, giving advice on the use of the laboratory in the diagnosis and management of microbial disease. This is one of the best of them. After chapters on the classification of microbes, collection and transport of specimens, and the general principles of antimicrobial chemotherapy, there are 21 chapters on specific clinical topics. Of these, some relate to a body system, some to infection by a particular group of microbes, and some to infection in a particular type of patient. At the end, there is a chapter on disinfection and sterilization, and appendices on the properties of