

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With these caveats the volume is a useful contribution but one which should be read in haste lest its views become too outdated.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

the important pathogens and antimicrobial drugs.

A typical chapter on a body system begins with a reminder of its normal microbial flora and an outline of the microbial diseases to which it is liable. Then follows full discussion of the relevant laboratory investigations, without technical details but with sound comment on their interpretation and value. In the whole book I could detect the omission of only one important point in the instructions for collecting material for the tests: there is no mention of the fact, known to anyone who has worked in the tropics, that in the investigation of a condition in which enteric fever is a possibility, the blood-culture outfit must include an additional bottle containing bile broth which gives isolation of *Salmonella typhi* more often and earlier than do other culture media, possibly because it releases bacterial cells from phagocytes. Antimicrobial chemotherapy is thoroughly and authoritatively described and is as up to date as any book can be in this rapidly changing field. For readers who are in a hurry, much of the textual material is presented also in tables and figures, of which most are useful though some of them complicate what would otherwise be fairly simple.

The excellence of the information in the book is not matched by the style in which it is written. In most places the looseness of expression is only irritating, in others it is confusing, and in a few it conveys a meaning opposite to what was intended; moreover, the unskilful use of words adds possibly 50 pages to the book. The index is grossly inadequate; one can open the book at almost any page and find topics that deserve indexing but do not get it. One wonders what principle led the author to index the Wiskott-Aldrich syndrome but not bronchitis and Gram-negative shock, or carbenicillin but not gentamicin.

Despite the editorial defects, the content of the book is so good that any doctor who has the care of patients and any who works in a laboratory should be glad to have it for general reading and for urgent reference.

R BLOWERS

**Cell Structure.** An Introduction to Biomedical Electron Microscopy. 3rd ed. KE Carr and PG Toner. (Pp 388; illustrated; £19.50.) Churchill Livingstone. 1982.

The first and second editions of this book firmly established it as one of the best introductions to biomedical electron microscopy. The third edition brings the text

up to date with changes which have taken place in the field of electron microscopy, but does not alter the basic successful format of previous editions. Approximately the first half of the book is occupied by text and explanatory line drawings—many of which have been redrawn and added to. The second half of the book is occupied by electron micrographs and appropriate detailed captions. The micrographs, both transmission and scanning, are of consistently excellent quality. As an introduction to electron microscopy or for constant reference, possession of this book is mandatory for all Histology and Pathology EM units.

DA LEVISON

**An Introduction to the Principles of Disease.** 2nd ed. John B Walter, (Pp 671; illustrated; £18.50.) WB Saunders Company. 1982.

The intention of this book is as a primer for those medical students completing their preclinical studies and about to embark on the study of clinical medicine. It is in effect a conventional textbook of pathology divided equally between general and systematic pathology. The section on general pathology would serve as a clearly set out outline of the subject but is not of sufficient depth for British medical students. The remaining part of the book is little more than a short medical encyclopaedia. Thus malignant lymphomas are dealt with in just one page, whilst tuberculosis of the intestine receives a six worded sentence. There are, too, peculiarities of emphasis and the short descriptions of disease are not always as informative as they could be. In the fourteen lines devoted to Crohn's disease the word 'granuloma' does not appear. Almost equal space is given to plasma cell mastitis. Although its brevity may be initially appealing, I would not recommend this book to medical students.

PG ISAACSON

**Pathology of the Liver and Biliary Tract.** Boris H Ruebner and Carolyn K Montgomery. (Pp 371; illustrated; £30.75.) John Wiley & Sons Limited. 1982.

*Pathology of the Liver and Biliary Tract* is the second in a new series entitled Wiley Series in Surgical Pathology and is much more medical than surgical by the very nature of its subject. The first chapter is on a general approach to hepatic pathology which lays down guidelines on specimen handling, advice on some recently introduced techniques, and helpful notes on the general

principles of interpretation. This is followed by detailed consideration of liver diseases under conventional headings which, however, are sometimes rather ill defined and overlapping, eg the chapters on hyperbilirubinaemia in infancy, on metabolic diseases, and the one on abnormal hepatic storage products. The chapter on drug injury follows that on tumours whereas it would fit better with chapters on hepatitis and cholestasis. There are only eleven pages on alcoholic liver injury, the same as on non-specific fatty change. Organization and balance could perhaps be improved in the next edition and so could the spelling mistakes, a minority of illustrations, and the index which is too brief. The outstanding feature of the book which make its purchase worthwhile (in spite of the high cost) is a scholarly cover of practically every form of liver disease supported by a vast number of up-to-date references, nearly three hundred for drugs alone. There is even a small but useful chapter on the gall bladder. The cognoscenti may quibble with a number of statements and terms, particularly in the chapters on cirrhosis and the one on tumours, but for the references alone this is a mine of information and the most up-to-date amongst its peers.

PP ANTHONY

**Clinical Laboratory Methods.** JD Bauer. 9th ed. (Pp 1235; illustrated; £28.) Year Book Medical Publishers Ltd. 1982.

Here is an updated version of a well known book, which has appeared regularly since 1936; the format is now the two column presentation, clearly printed on the quality paper one associates with this publisher.

A multi-author series of units covers basic laboratory rules, safety and quality control, then haematology (including transfusion), clinical chemistry, and microbiology. A new addition is Sonnenwirth's section on clinical immunology. All this takes 1100 pages with clear black and white diagrams, tables and photomicrographs (19 in colour). For the beginner more of these need the magnification included. A remarkable feature is the detailed 100 page index in which I did not find any major errors. References are useful and up to date.

Reflecting USA practice, histology is not considered and whilst there are a few electronmicrographs the technique of electron-microscopy is not dealt with in any depth. The emphasis in microbiology (99 pages for bacteriology, 33 for mycology, 74 for