

## Book review

**A Colour Atlas of Uveitis Diagnosis.** By JOSEPH B MICHELSON. Pp. 158. £30.00. Wolfe Medical Publications: London. 1984.

Atlases have a time honoured role in ophthalmology as a teaching and diagnostic aid and the addition of colour can make them objects of beauty too. This is, however, one of the worst books I have read for some time. It contains 305 colour photographs in 152 pages 'to demonstrate those uveitis signs that will familiarize the reader with specific common uveitis disease entities so he can diagnose accurately and treat these very complicated ophthalmologic disorders'. The book is in two parts, 'Signs of uveitis' (106 photographs, 52 pages), followed by short sections on 26 different disease entities.

'Signs of uveitis' is a mixture of photographs of conditions which have apparently at one time or another been referred to the author as an inflammatory disorder. Among this random collection are surprises such as retinal macroaneurysms, angiomas, hamartomas, Best's disease, angioid streaks, melanomas, and vernal conjunctivitis. Photographs are presented in random anatomical or diagnostic order without any logical or cohesive pattern, examples of toxoplasmosis for instance, appearing on pages 30 and 31, 36 and 37, and 44. The same illustrations can be repeated again in this section (e.g. Sturge-Weber syndrome no. 16 repeated as 51, 52) or later under the separate disease section, which casts doubts on the range of the available clinical experience and material. Many anterior segment photographs have been taken with a fundus camera which does nothing for their quality and can be bizarre when used to photograph conditions such as an aphthous ulcer. Many illustrations are repetitious. I found seven in the first section which basically show only posterior synechiae. Others are incomprehensible, such as no. 96, supposedly a malignant melanoma, and some of the skin photographs are so badly presented that it is difficult to identify which part of the body that they come from (e.g., 128, 152, 153, 207, 250).

The colour reproduction is dreadful. Ocular photography and colour printing demand the highest standards, but we are treated to fundus and anterior segment photographs in varying shades of purple, brick reds through to blues and greens which bear no resemblance to reality. Some of the worst examples (e.g. 4, 11, 281) are published 'courtesy of the Wills Eye Hospital Residents Teaching Collection'. Surely they have a better example of a corneal dendrite than number 11? Many photographs are so poorly reproduced that one cannot see the details, even with the eye of faith. I was unable to see 'prominent Koeppe nodules' in no. 30 or even in its reincarnation as number 121. Illustration no. 20 appears as 'band keratopathy' in turquoise; could it have been photographed with a cobalt blue light? But we see it again as 116 where it is greyish blue. The section on Fuchs's heterochromic cyclitis demonstrates many of the book's failings. Illustration 278 adds a new dimension to the meaning of heterochromia, in 279 'abnormal vessels in the chamber angle' are not visible, posterior subcapsular changes certainly cannot be noted in 280, and 281 is a unique photograph from the Wills collection antedating colour

photography by some years. Other notable illustrations in the book are 47, 'A dense vitritis,' and 299, 'Typical fungal fluff ball,' which to all intents and purposes are a diffuse redness and greyish white respectively.

Each section has a short introductory text, usually of less than half a page, and there is a short sentence as a caption to each illustration. I found I had to read many sentences two or three times to understand the West Coast dialect, and some left me puzzled: 'Historically, it may be identified with acid-fast stains such as Zeehl-Nielson (sic) or Fite stain and found in lesions of the retina, choroid, ciliary body, iris, cornea, conjunctiva, and orbit' (discussing ocular tuberculous, p. 123). Some statements such as 229, '60-year-old man presents with such dense vitritis, his slit-lamp appearances simulate a cataract,' give the reader a feeling of unease, and in 264 a fluorescein angiograph of a patient with geographic choroiditis, scleral staining at the edge of the lesion, is confused as a sign of disease activity.

At the end of the book three page of publications are listed in alphabetical order which are up to date and excellent in their own right, but regrettably they are not referred to in the text and so are of little practical use to the reader.

DAVID J SPALTON

## Notes

### Interspecialty and oculoplasty congress

The 13th Annual Midwinter Interspecialty and International Oculoplastic Society Congress will be held at Casa de Campo, Dominican Republic, on 15-22 February 1986. There will be concurrent programmes on facial plastic surgery and ophthalmic surgery. Details from Congress Administrator, c/o Pierre Guibor, MD, 630 Park Avenue, New York, NY 10021, USA.

### International Congress of Ophthalmology

The 25th International Congress of Ophthalmology will be held in Rome on 4-10 May 1986. The organising committee requests the submission of abstracts of papers, posters, scientific exhibits, and films. Abstracts must be submitted by 31 October 1985. Just before and after this congress there will be four 'related' symposia in countries other than Italy and 20 'satellite' symposia in various Italian cities. Details are given in the programme. Further information from: Roma '86, Coordinating Centre, c/o EGA Congressi, Viale Tiziano 19, 00100 Roma, Italy.

### Sarcoidosis conference

The fifth European Conference on Sarcoidosis and Other Granulomatous Disorders will be held in Vienna on 27-30 August 1986. Further information from the secretariat of the conference at: PO Box 9, A-1095 Wien, Austria.



## A Colour Atlas of Uveitis Diagnosis

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