

**Immunopathologie des Auges** (Immuno-pathology of the Eye). By WILHELM BÖKE. 1968. Pp. viii + 183. Karger, Basel and New York. (Sw. frs/DM 46; \$11.05; 92s.)

This monograph is more than a study of ocular immunopathology for the first section describes shortly and in considerable detail immunological reactions as a whole. The factors determining allergic reactions, humoral and cellular, are outlined as well as the phenomena of anaphylaxis, atopy, and auto-allergy, early and late hypersensitivity, and the many laboratory techniques at the disposal of the immunologist. Thereafter the more common immune reactions are studied as they are seen clinically in the lids, the conjunctivae, and the ocular tissues. Among these the allergic types of conjunctivitis are fully discussed as well as the allergic reactions associated with corneal grafting and uveitis, and a careful analysis is made of the immune reactions associated with the lens proteins in the causation of phacogenic uveitis and their questionable importance in the aetiology of cataract. The volume provides a good and critical assessment of this wide subject which will be of value to a circle wider than ophthalmology, and there is a comprehensive bibliography of 825 references.

**Clinical Methods in Uveitis** [The 4th Sloan Symposium on Uveitis]. Edited by S. B. ARONSON, C. N. GAMBLE, E. K. GOODNER, and G. R. O'CONNOR. 1968. Pp. 248 + xiii, 66 figs, bibl. Mosby, St. Louis; Kimpton, London. (£8 4s.)

This symposium was concerned mainly with the methods of investigating cases of uveitis and the results of surveys of series of patients. Little that was new emerged from the descriptions of clinical findings and even the computer-aided analyses of SCHLAEGEL and PERKINS only gave statistical significance to previously recognized associations between clinical entities and laboratory tests.

The role of the physician was discussed at some length and several participants felt that there was a need for medical ophthalmologists to study the relationship between systemic and ocular disease. The finding of treponemes in the aqueous humour of patients with uveitis was described by LAWTON SMITH, and ARONSON gave detailed results of the estimation of immunoglobulins in uveitis and other inflammatory ocular lesions. Antibodies to uveal tissue were found in most inflammations of the eye but occurred less frequently in external inflammations. GASS presented an interesting series of pictures of fluorescein angiography in a variety of cases of uveitis and retinitis and described a small series of patients with multiple flat yellow-white subretinal lesions scattered throughout the posterior segment. The lesions resolved rapidly, leaving mottled depigmentation of the pigment epithelium with good recovery of vision. Similar lesions were described by MAUMENEE as "geographic choroiditis". A high incidence of marked sensitivity to tuberculin was found in these patients.

One of the recurring difficulties throughout the discussions was the clinical classification of uveitis in morphological terms; until this has been achieved it will not be possible to isolate single categories for intensive study.

Anyone reading this volume in the hope of finding a solution to the problem of the diagnosis and management of uveitis will be disappointed, but may also be consoled by the confusion which still exists amongst the experts. The main value of the book lies in its exposure of the many problems still outstanding in the study of uveitis, and it should act as a stimulus to further research.