

good for many months and the patients do not have the visual loss that is often present following resection or large ciliary body tumours. When the tumour is too large to resect or irradiate without profound visual loss, enucleation is preferable.

(2) We agree that some tumours with basal diameter greater than 15 mm can be resected with good results. However, as basal tumour diameter increases, the expected visual outcome is generally worse.

(3) Our experience suggests that transpupillary thermotherapy² (Shields CL, Shields JA, De Potter P, Kheterpel S, Transpupillary thermotherapy in the management of choroidal melanoma, submitted), plaque radiotherapy³ (De Potter P, Shields CL, Shields JA, Cater JR, Brady LW, Plaque radiotherapy for juxtapapillary choroidal melanoma. Visual acuity and survival outcome, submitted), or enucleation, depending on tumour size and other factors, are generally preferable to local resection for tumours that extend to within 1 mm of the optic disc. Although radiation papillopathy can occur after plaque radiotherapy of juxtapapillary melanoma, it generally causes no more visual loss than local resection.

(4) We believe that plaque radiotherapy is preferable for juxtafoveal or subfoveal melanoma. The visual loss is usually more gradual and not as severe as with resection, which leads to immediate and profound visual loss.

(5) We agree that retinal invasion is not an absolute contraindication to resection.¹

(6) We agree that a small degree of extraocular extension of melanoma is not an absolute contraindication to resection. However, we have had considerable experience and good results with plaque radiotherapy for uveal melanomas with extrascleral extension.

(7) We agree that older age is not an absolute contraindication to resection, but we are generally reluctant to perform resection in very old patients who are in poor general health.

(8) We agree that diffuse melanomas should often be managed by enucleation. However, we have recently reviewed our experience and found that many early diffuse choroidal melanomas can be successfully treated with plaque radiotherapy.⁴

(9) We agree that tumours that involve more than a third of the pars plicata should generally not be managed by resection. However, we are not as pessimistic concerning the results of radiotherapy in such cases, as suggested above.

(10) Optic disc involvement by melanoma is generally a contraindication to local resection. However, some juxtapapillary melanomas can be treated successfully with plaque radiotherapy.³

(11) We agree with their systemic contraindications.

(12) We agree that local resection of uveal melanoma should be done by competent surgeons who have had training and experience with this difficult technique.

(13) Compared with plaque radiotherapy, thermotherapy, and enucleation, local resection is definitely a more time consuming procedure and requires much more postoperative care. Because of the increased potential for prolonged vitreous haemorrhage, vitreoretinal traction, and retinal detachment, the postoperative care is more detailed and may require additional surgical procedures.

As indicated above, my colleagues and I have great respect and admiration for Drs Damato and Foulds and we believe that their

continued contributions will ultimately benefit patients with posterior uveal melanoma. However, we must be cognizant of the fact that no two melanomas are exactly alike and each case must be individualised. In selected cases radiotherapy, thermotherapy, or enucleation may be preferable to local resection, depending on the overall clinical situation and the preference of the informed patient.⁵

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- 1 Shields JA, Shields CL, Shah P, Sivalingam V. Partial lamellar sclerouvectomy for ciliary body and choroidal tumours. *Ophthalmology* 1991;98:971-83.
- 2 Oosterhuis JA, Journee-de Korver H, Kakebeeke-Keeme HM, Bleeker JC. Transpupillary thermotherapy in choroidal melanoma. *Arch Ophthalmol* 1995;113:315-21.
- 3 De Potter P, Shields CL, Shields JA, Cater JC, Tardio DJ. The impact of enucleation versus plaque radiotherapy in the management of juxtapapillary choroidal melanoma on patient survival. *Br J Ophthalmol* 1994;78:109-14.
- 4 Shields CL, Shields JA, De Potter P, Cater J, Tardio D, Barrett J. Diffuse choroidal melanoma: clinical features predictive of metastasis. *Arch Ophthalmol* (in press).
- 5 Shields JA. Counseling the patient with a posterior uveal melanoma. [Editorial] *Am J Ophthalmol* 1988;106:88-91.

BOOK REVIEWS

General Ophthalmology, 14th ed. By D G Vaughan, T Asbury, P Riordan-Eva. Pp 436. \$41.95. Stamford, CT: Appleton & Lange, 1995.

That this is the 14th edition of this text is testimony to its popularity. As ever, it succeeds in encapsulating in a medium sized text the current practice of ophthalmology in a remarkably readable style at an economical cost. It is the ideal starter text for the early ophthalmologist and is also of value to the experienced as it provides a comprehensive but concise distillation of clinical knowledge and therapeutics with helpful tables which provide rapid reference for the busy clinician. Although it is suggested as a possible undergraduate text it is far beyond the spectrum of knowledge required of a student although it may be useful as an undergraduate reference text. The illustrations are clear but clinical photographs are not in colour and of relatively poor quality. This detracts minimally from the text. Unlike many similar texts this book has useful chapters on such topics as anatomy and embryology, genetics, preventive ophthalmology, lasers in ophthalmology, and commonly used eye medication. The chapter on neuro-ophthalmology has been significantly revised and there have been major changes to other chapters, thoroughly updating the text. For those seeking further information there are key references provided at the end of each chapter.

S T D ROXBURGH

Intraocular Lens Power Calculations—Avoiding the Errors. By H John Shammas. Pp 192. \$69. Lynwood, CA: News Circle Publishing House, 1996.

The author of this short text on intraocular lens power calculations has a long standing

interest in ophthalmic ultrasound and biometry. The first three chapters describe the formulas which are, or have been, used in intraocular lens power calculations. Some of this may be beyond those of us who are not mathematically inclined but it is interesting to see how the early theoretical formulas were superseded by regression formulas (SRK I and II). Now there is a swing back to theoretical formulas as surgeons strive to achieve greater accuracy in the prediction of postoperative ametropia.

The technique of axial eye length measurement is described with proper emphasis on the pitfalls which can trap the unwary relying on automated biometry. There is a short section on keratometry which includes a discussion on the assessment of the eye which has undergone photorefractive keratectomy or radial keratotomy. The two final chapters discuss the selection of the most appropriate intraocular lens power for the individual patient and the reasons for the unexpected postoperative result.

While some of the detail in this book is complex it would be a useful reference source for those non-medical personnel undertaking biometry and any ophthalmologist who is occasionally disappointed by an unwelcome postoperative refraction.

R C BOSANQUET

Atlas of Clinical Ophthalmology. By D M Albert and F A Jakobiec. Pp 624. £165. London: W B Saunders, 1995.

A new era of continuing medical education has started and there isn't any better form of CME than to sit down and browse through this excellent book. The value of this book is in stimulating the recapitulation of information acquired elsewhere: one recruits to one's reading vastly more than is bound within this book.

Principles and Practice of Ophthalmology by the same editors was judged by the Association of American Publishers to be the outstanding medical text of 1994—quite correctly in my view. This atlas contains over 1600 pictures from that six volume set, and many of them are in three, four, or five parts. The scope of the contents is therefore unprecedented for an atlas. The quality of reproductions is superb, with scarcely a single exception. Figure legends are helpful and succinct. In short, the entire volume is simply magnificent.

The organisation of the atlas is good in two respects. Different phases of a single case history are presented as a group showing early, late, and treated stages; and, secondly, important differential diagnoses are juxtaposed: lymphoma of the lacrimal gland against pleomorphic adenoma, and astrocytic hamartoma of the retina against retinoblastoma, for example, and a whole panel of photographs illustrates and compares different neurodegenerative diseases of the retina. This is a very helpful feature throughout the book, and if that means there is occasional duplication of material, so be it.

The other main theme in this atlas is the depiction of pathology and clinical material side by side. Indeed, it constitutes a superb clinicopathological conference. The spectrum of histopathology, gross specimens, scanning and transmission electron microscopy, microbiology, immunohistochemistry, cytology, and radioimaging which is used to illuminate the clinical material here is amazing and entirely

admirable. There are also minor contributions from electrophysiology, pharmacology, and genetics.

The emphasis on pathology makes me offer just a word of caution: here and there the coverage of a topic omits the one factor which the clinical readership would consider most important. Two examples: Batten's disease is illustrated by a normal looking fundus photograph amid a collection of disorders of metabolism. The legend should spell out what the picture barely implies, that one must always keep this disease in mind as a cause of unexplained visual loss in children. Secondly, *Acanthamoeba* keratitis, where the efficacy of propamidine and chlorhexidine eyedrops means that early diagnosis is now of paramount importance. With just one extra picture of superficial early lesions, and just a phrase about the danger of washing soft contact lenses in tap water, the coverage of this worrying condition would have been more relevant. Quibbles like this are few indeed, and every clinician using this book will surely come across some gem of clinical relevance which weighs against this criticism. The chapter 'The eye and systemic disease' is full of valuable examples: ischaemic retinopathy in the context of alcoholic pancreatitis; skin, corneal, and retinal lesions in Lyme disease; and corneal epithelial defects in vitamin A deficiency, to name just three.

This book also has particular value for non-medical ophthalmic healthcare personnel such as nursing, orthoptic, and optometry staff. Overall, a first class addition to the personal library.

DAVID MANSFIELD

NOTICES

Hong Kong Ophthalmological Symposium '96

The Hong Kong Ophthalmological Symposium '96 on retinal disease will take place on 14–15 December 1996 at the Hong Kong Convention and Exhibition Center. Further details: Dr Barry Yeung, Symposium Secretary, Hong Kong Ophthalmological Society,

University Eye Centre, 3/F, Hong Kong Eye Hospital, 147K Argyle Street, Kowloon, Hong Kong. (Tel: 2761 9128; Fax: 2715 0089.)

XVI Congress of the Asia Pacific Academy of Ophthalmology

The XVI Congress of the Asia Pacific Academy of Ophthalmology will be held in Kathmandu, Nepal from 2–6 March 1997. Further details: The Secretariat, XVI Congress of APAO, Nepal Eye Hospital Building, Tripureswor, PO Box 335, Kathmandu, Nepal. (Fax: +977 1 227505/518.)

International Symposium on Ocular Tumors

The International Symposium on Ocular Tumors will be held on 6–10 April 1997 in Jerusalem, Israel. Further details: Professor J Pe'er, Tumors, PO Box 50006, Tel Aviv 61500, Israel. (Tel: 972 3 5140000; fax: 972 3 5175674 or 514007.)

2nd International and 4th European Congress on Ambulatory Surgery

The 2nd International and 4th European Congress on Ambulatory Surgery will be held at the Queen Elizabeth II Conference Centre, Westminster, London on 15–18 April 1997. Further details: Congress Secretariat, Kite Communications, The Silk Mill House, 196 Huddersfield Road, Meltham, West Yorkshire HD7 3AP. (Tel: +44 1484 854575; Fax: +44 1484 854576.)

British Council International Seminar

A British Council international seminar (number 97031) entitled 'Corneal and external eye disease: new surgical techniques' with Professor D L Easty as director will be held on 29 June to 5 July 1997 in Bristol, UK. The seminar will be of particular interest to all young eye surgeons from the developing and developed world. Further details: Promotions

Manager, International Seminars, The British Council, 1 Beaumont Place, Oxford OX1 2PJ, UK (Tel: +44 (0) 1865 316636; Fax: +44 (0) 1865 557368/516590; E-mail: International.Seminars@britcoun.org).

5th International Symposium on Ocular Circulation and Neovascularisation

The 5th International Symposium on Ocular Circulation and Neovascularisation will be held on 15–19 September 1997 in Kyoto, Japan. Further details: Professor Dr Masanobu Uyama, Secretary General of the Organising Committee, Department of Ophthalmology, Kansai Medical University, Moriguchi, Osaka 570, Japan. (Fax: 81-6-997-3475.)

2nd International Symposium on ARMD

The 2nd International Symposium on ARMD will be held at Glasgow University, Scotland under the auspices of the Royal College of Ophthalmologists on 16–18 September 1997. Further details: Dr G E Marshall, Eye Department, Western Infirmary, 38 Church Street, Glasgow G11 6NT, UK. (Tel: 0141 211 2094; Fax: 0141 339 7485; email: gem1b@clinmed.gla.ac.uk)

XXVIIIth International Congress of Ophthalmology

The XXVIIIth International Congress of Ophthalmology will be held in Amsterdam on 21–26 June 1998. Further details: Eurocongres Conference Management, Jan van Goyenkade 11, 1075 HP Amsterdam, the Netherlands. (Tel: +31-20-6793411; fax: +31-20-6737306; internet <http://www.solution.nl/ico-98/>)

2nd International Conference on Ocular Infections

The 2nd International Conference on Ocular Infections will be held on 22–26 August 1998 in Munich, Germany. Further details: Professor J Frucht-Pery, Ocular Infections, PO Box 50006, Tel Aviv, 61500, Israel. (Tel: 972 3 5140000; fax: 972 3 5175674 or 5140077.)