As a young man, the author believed in the value of changing his occupation, or at least his post, at intervals, before becoming stale. Enthusiasm, let alone opportunities for change and challenge usually fade in mid-life, but Sir Douglas proves a remarkable exception to the generality. The penultimate chapter of the book is headed 'a retired life?'. The question mark itself reflects his gentle sense of humour. Early in his 'retirement' he became president of four organisations which included the British Medical Association and Medical Protection Society; he has fortunately continued in this habit, and his life remains both productive and rewarding.

Insight, scholarly precision and dry wit are mentioned by the publisher, as hallmarks of the author. But other attributes illumine his approach, for instance, to medical ethics: honesty, modesty, personal responsibility, common sense and pragmatism are among those which contribute to a personal formulation of what he terms 'situation ethics'.

This is the second book published in a new venture called 'The Memoir Club', by the *British Medical Journal*. The books are well-designed; they look and feel right. In this volume, outward aesthetic satisfaction is abundantly matched by the riches which lie between the covers.

Buy this book, read it, keep it and re-read it; recommend colleagues to follow suit; beware of lending your copy.

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Sarcoidosis and Other Granulomatous Disorders, edited by C. Grassi, G. Rizzato & E. Pozzi. Pp. xviii + 774. Excerpta Medica, Amsterdam, New York, Oxford, Elsevier Science Publishers, 1988.

In a leading article earlier this year,¹ we drew attention to the 11th World Congress on Sarcoidosis and Other Granulomatous Disorders held in Milan in September 1987 and we predicted that Elsevier Science Publishers would publish the transactions within six months. These Proceedings have now appeared punctually on time to the great credit of the editors, publishers and, of course, numerous contributors. It is a rich handsome volume to be commended particularly because of the incredibly short interval from the spoken word at the Conference to this publication; it is all fresh, new and exciting. There are sections on immunology and pathology, epidemiology, impairment of function, clinical aspects, assessment of

sarcoid activity and treatment. There are panel discussions, invited lectures, and a round table on diffuse panbronchiolitis. There is a good index of authors and subject index and also a most helpful list of names and addresses of all participants, arranged alphabetically from Argentina to Yugoslavia. This means that there is something for everyone. Sarcoidologists will find an in-built Christmas card address list. Chest physicians will learn about panbronchiolitis and summertime hypersensitivity pneumonitis in addition to sarcoidosis. Immunologists and allergists will revel in the wide interchange between the various cellular components forming the antigen-antibody battlefield and the chemical mediators influencing them. Pathologists are able to follow a pathway from nonspecific alveolitis to granuloma formation and on to endstage fibrosis.

The Congress was organised superbly well and these Proceedings set a seal of excellence on our sum total of knowledge until the XII World Congress which will be held in 1991 in Kyoto, Japan.

Reference

1. James, D.G. Sarcoidosis around the world. *Postgrad Med J* 1988, **64**: 177-179.

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Uveitis - a Colour Manual of Diagnosis and Treatment, by J.J. Kanski. Pp. 114, illustrated. Butterworths, London, Boston, Durban, Singapore, Sydney, Toronto, Wellington, 1987. £29.50.

This work is an excellent resumé of all the familiar and some lesser known varieties of uveitis. Even as a colour manual, the illustrations are of an exceptionally high standard and indeed we have come to accept no less from the author's other works.

It is to be highly recommended but complete as it is, clinicians should beware of trying to find within it the cause of all their cases of uveitis. It is not a claim the author would make, knowing as all ophthalmologists do, that the aetiology of most cases is uncertain.

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