

for IgE antibody, so that allergen can combine with specific IgE antibody, which leads to the liberation of the active substances which in themselves can elicit tissue reactions in minute amounts.

This book contains a series of papers presented at a meeting held in Davos, which included basic scientists, pharmacologists, allergists, ophthalmologists, dermatologists, physicians, and ENT surgeons. The mast cell is a link between many disciplines and levels of research, and there can have been few occasions in recent years when the mechanisms of a single cell could have attracted groups of workers drawn from such diverse disciplines.

The mast cell with its specific membrane receptors is positioned where potentially noxious materials are likely to enter the body. It is located free in the bronchial lumen, in the bronchial and gastrointestinal mucous membranes, in intraepithelial sites, and generally in connective tissue around venules. In particular it can be found in the mucosa of the upper respiratory tract and in the conjunctiva. It is capable of producing a variety of vasoactive bronchoconstrictive and chemotactic mediators as well as active enzymes and structural proteoglycans, such as histamine, slow reacting substance, serotonin, platelet activation factor, and the products of arachidonic acid oxidation, which are converted to various prostaglandins. In addition such factors as eosinophil chemotactic factor and granule-associated enzymes such as chymase and kallikrein can be generated. Thus mast cell degranulation produces not only immediate type responses but also factors that attract inflammatory leucocytes, which destroy tissue by the action of lysosomal enzymes, a process that may be followed by fibrosis.

Much of the book involves a detailed analysis of the mast cell and its mechanism of action. The influence of sodium cromoglycate continues to attract enormous interest. A major section is devoted to respiratory diseases and inflammatory bowel disease. Representatives in food allergy, eye, skin, and ENT disease also presented material. In the section on eye diseases the role of mast and basophil cells in allergic eye disease is discussed by B. R. Jones and R. St. C. Dwyer. Papers are presented on the use of radioactive histamine to evaluate the effect of antiallergic drugs in the eye (M. M. Hennawi) and the use of sodium cromoglycate in the management of vernal keratoconjunctivitis (W. M. Doig; J. P. Dawson; R. J. Buckley). The use of a provocation test for the diagnosis of allergic conjunctivitis is described by I. Mikuni by determining the refractive index in tears using refractometry. The similarities between giant papillary conjunctivitis and vernal conjunctivitis are considered by I. A. Mackie and P. Wright, and the part played by mast cells, basophils, and eosinophils in type IV ocular allergy is discussed by A. H. S. Rahi and his coworkers.

The publication is a useful summary of recent work in mast cell structure and its relation to the inflammatory processes. The work shows that links may still exist between broadly divergent fields of endeavour in medicine and should serve as a useful work of reference for those who wish to learn about the recent advances in a rapidly expanding field of immunology. D. L. EASTY

Anterior Segment Fluorescein Angiography. By MICHAEL H. KOTTOW. Pp. 270. \$41.25. Williams and Wilkins: Baltimore, Maryland. 1978.

Fluorescein angiography of the posterior segment has been in clinical use for some 17 years. Angiography of the anterior segment has been available to the clinician for 10 years, and it is therefore an appropriate time for an assessment of this technique to be made in investigating anterior segment disease. Although it can be helpful in the documentation of vascular patterns in corneal and conjunctival disease, it has particular value in the identification of abnormality of the vasculature of the iris. The vessels of the iris which cannot be closely observed with the slit-lamp have tight endothelial junctions similar to those of the retina, so that fluorescein angiography can demonstrate vascular damage in the form of leakage into the iris stroma or anterior chamber. At the same time ischaemic or neovascular conditions may be easily demonstrated.

Dr Michael Kottow has accumulated important information concerning the structure and function of anterior segment vessels and the photographic equipment and the techniques required to document their anatomy and pathology. The fundamentals of interpretation in both normal and abnormal angiograms are discussed in detail. Information is provided on diverse diseases affecting the anterior uvea, including intraocular inflammation, rubeosis iridis, diabetic microangiopathy, occlusive vascular disease, anterior segment necrosis, space occupying lesions of the iris, glaucoma, and retinal diseases which also influence the anterior segment. The author covers a wide field, which should be a valuable aid to the clinician who wishes to avail himself of these techniques, and to those interested in research where a complete review of the literature is required.

The book is written clearly and concisely and is well illustrated. It presents interesting and challenging concepts and highlights the potential advantages of the techniques and the possibilities which exist in correlating changes in the posterior segment with those which occur in the anterior segment. The potential value in the documentation of the various forms of anti-inflammatory therapy are now being realised. The first full summary of work carried out in the field shows that it has many interesting aspects, and it is recommended as a useful addition to the library of those interested in the dynamics of the microvasculature of the anterior segment.

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International Council of Ophthalmology

SIR, The International Council of Ophthalmology met in London on 19 April 1980 at the occasion of the centenary of the Ophthalmological Society of the United Kingdom.

Professor Jules François, president, Dr E. Maumenee, vice-president, Professor B. Streiff, treasurer, Professor



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