

attention being given to clinical applications. New data are presented on both congenital and acquired defects. A remarkable paper on the microspectrophotometry and sensory data on the *same* deuteranopic eye is a pointer for the future: we are well on the way towards distinguishing between retinal and central processing mechanisms without having recourse to speculation.

In *Fair Blows the Wind for France* H E Bates describes how, on having parachuted down, a dazed pilot experienced two bouts of loss of colour vision. When I asked the author about his sources for the existence of this symptom, he told me that he had invented it. Were he alive he would find the authority for his invention at the end of this book.

ROBERT WEALE

Retinal Detachment Surgery: Strategy and Tactics.

By JAMES S SCHUTZ. Pp. 140. £15.00. Chapman and Hall: London. 1984.

This book has been written with the intention of providing a surgical guide to retinal detachment repair. It has been carefully and thoughtfully written as a step-by-step guide to retinal detachment surgery. The reader is taken through a logical sequence of events on the preparation of the patient through preoperative and operative considerations and postoperative problems.

The book is illustrated by several line diagrams to help to illustrate the various points made in the text. The author's views are clearly presented, and in the main the text is very readable. The problem in a small book on retinal detachment surgery is always that of knowing what to include and what to leave out. Thus I found the chapter on surgical preparation and surgical exposure somewhat irritating (for example, the reasonable assumption that the lights should be properly adjusted prior to surgery). One would expect to find points of disagreement in several aspects of the clinical management of the cases; thus I did not find myself in agreement with the points made about barrage cryotherapy or bed rest after cryotherapy. Surely the main point of injecting intraocular air at the time of retinal detachment surgery for retinal detachments not complicated by periretinal fibrosis is simply to push the retinal hole back up against the pigment epithelium, which will then allow easy sequential cryotherapy and buckling. New breaks occurring on the posterior slopes of scleral buckles are very rare. In the planning of the operation, it might also be nice to have a slightly more comprehensive explanation of the modern concepts of vitreoretinal traction. It is an easy expression to use, and the correct application of these concepts is fundamental to the planning of retinal detachment surgery.

I thoroughly enjoyed reading the book and I strongly recommend it to registrars in training. I also feel that the consultants, for whom they work will acquire valuable knowledge from its text.

A CHIGNELL

Clinical Ocular Pharmacology. By JIMMY D BARTLETT AND SIRET D JAANUS. Pp. 978. £80.00. Butterworths: Sevenoaks, Kent. 1984.

The first surprise on reading this, a large multi-author book, is to find that it has been written by American opticians with

only one small chapter from a non-ophthalmic medical contributor. In recent years there has been a considerable expansion by opticians in the USA into not only diagnostic but also therapeutic ophthalmology, and both the foreword and the preface make it clear that the aim of the book is principally to advance this aim. The second surprise is to find that the title is largely a misnomer, as the book contains relatively little pharmacology but instead has large sections on diagnosis and management of various conditions; one is surprised to find conditions such as keratoconus and pterygia in a pharmacological text. The book is therefore more of a clinical textbook for opticians, though the editors naturally feel it should have a wider acceptance.

I found the text to be written at a low to middle postgraduate standard. The book lacks sufficient detail to be authoritative, and there is a heavy concentration on American trade pharmaceutical preparations. The absence of medical authorship often becomes apparent, and I was frequently left with an uneasy feeling that some material, while not being inaccurate, was not completely correct either. Only minimal attention is given to the pharmacokinetics of individual drugs, ocular levels, penetration, and routes of delivery, and this is the book's major failure.

I cannot comment on whether opticians will find this a useful book or not, but ophthalmologists will find it disappointing and that their needs are served better elsewhere.

D J SPALTON

The Apocrine Glands and the Breast. By MARSHALL B L CRAIGMYLE. Pp. 82. £24.00. John Wiley: Chichester, Sussex. 1984.

This is a short, very readable book on the apocrine glands and the breast. It is divided into two sections, one dealing with the apocrine glands, that is, the glands of Moll, and one with the breast. Both sections are well written with an extensive bibliography at the end of each chapter.

A detailed description of the development, growth, and anatomy, both histological and gross, of each topic is presented. The section on apocrine glands contrasts them with eccrine glands and clearly differentiates the two types. The applied clinical content of the book is weak, and its expansion would perhaps have added more to the book. All in all this is a concise easily read book that can be read in a short time and would be of interest to those who deal with skin tumours and diseases of the skin.

L H ALLEN

Note

New Orleans Academy

The New Orleans Academy of Ophthalmology will hold its 35th annual symposium on the cornea, refractive surgery, and contact lens on 8–11 March 1986. Details from Emily Busby, Executive Secretary, Eye, Ear, Nose and Throat Hospital, 145 Elk Place, Room 203, New Orleans, LA 70112, USA.



The Apocrine Glands and the Breast

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