

tions. But if everyone will not agree with the author's outlook it can nonetheless be applauded as a literary exercise of great merit. For there are people who hug theories of colour vision as others hug mistresses or even religions, and it would be folly to argue with either; for such, and for those who wish to see at least one facet of this complex story, our recommendation to read this book can be ardent. But not at a price of almost £6.

Pediatric Ophthalmology. Edited by L. BYERLEY HOLT. 1964. Pp. 403, 63 figs. Henry Kimpton, London. (90s.)

This relatively small book written by 32 American clinicians is somewhat difficult to read as a connected whole, partly because of the curious arrangement of its contents, a difficulty not eased by somewhat incomplete indexing. Much of it is sketchy and too much of it resolves itself into little more than tabulations which, although a salutary reminder to the student, do not go far to help the clinician in difficulty with a difficult case. Some of the chapters are good, such as those on the causes and treatment of the difficulties experienced by children in reading or the management of children in hospitals, wherein a plea is made that one of the parents should accompany the child. The several chapters on concomitant strabismus and its treatment by orthoptic techniques are informative but the reader finds little about non-comitant squint. Other subjects in paediatric ophthalmology receive scant attention: glaucoma is dealt with in four pages, phlyctenular conjunctivitis in two separate half pages wherein much the same is said in two different chapters, syphilitic interstitial keratitis is equally shortly discussed (with little stress on the accompanying uveitis), rubella is allocated five lines (not indexed) and *Toxocara* infections are not mentioned. The chapter on grafting (one and a half pages) is merely a list of potential diseases wherein such surgical techniques can be used, without any guide as to the indications for surgery, and transplantation of a lens from a donor eye is given as much prominence as a donor cornea, while in the treatment of progressive myopia in children worsening is claimed to be checked by a scleral graft embracing the globe antero-posteriorly to support the macular area. The volume is an example of multiple authorship run so wild and so editorially uncontrolled as to serve little philosophic purpose.

Diagnostic Procedures in Pediatric Ophthalmology. Edited by L. APT. 1963. Pp. 335, 64 figs. Churchill, London. (83s. 6d.)

This volume is a reprint of *International Ophthalmology Clinics*, volume 3, December, 1963 which has been reviewed in *Ophthalmic Literature*, 17, 4120, 1963 (Sept., 1964).

CORRIGENDUM

"Aqueous Flow Measurements in Man by the Perilimbal Suction Cup Technique. I. Observations in Normal Subjects and Cases of Glaucoma", by Margaret R. Chandler, *Brit. J. Ophthalmol.*, 1964, 48, 423. Table III, p. 429, column *k* ($\mu\text{l./min.}$), last line: $P > 0.1$ should read $P < 0.001$.