CORRESPONDENCE

RECORDING PUPILLOGRAPH OF SIMPLE DESIGN

To the Editorial Committee of the

BRITISH JOURNAL OF OPHTHALMOLOGY

DEAR SIRS—After the publication of our paper in your October issue (*British Journal of Ophthalmology*, 35, 632) we found an article by J. Piltz (*Neurol. Zbl.*, 1904, 23, 801, 853) describing an apparatus similar to that described by us.

It was of course impossible in 1904 to take full advantage of the idea; but we are eager to give the author the credit he deserves for his original conception at that early date.

Yours faithfully,

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BOOK REVIEWS

The Glaucomas. By H. S. SUGAR. 1951. H. Kimpton, London. Pp. 469, 123 illus., bibl. (84s.)

It is a considerable time since a treatise on glaucoma has appeared and this book is welcome, if only in that it brings together and assesses the enormous amount of new observations which recent biochemical researches and new clinical techniques such as gonioscopy have produced. Sugar's work on glaucoma, first with the late Dr. Harry Gradle in Chicago, and then in his own clinic at Detroit, is, of course, well known, and he has become one of our contemporary authorities on gonioscopy and on the application and interpretation of the various provocative tests. The book is a small one, and does not enter into the subject exhaustively, but it gives a clear and readable outline of the whole clinical picture of the primary and secondary glaucomas as seen by one whose opinion is worth respect.

The adult primary glaucomas are classified as chronic simple glaucoma, which goes through a non-congestive and a congestive phase, and acute (narrow-angle) glaucoma, which also goes through a non-congestive and a congestive phase; it might be argued that the term "acute" may be slightly inappropriate to describe the many cases wherein minor rises of tension occur over many years without causing serious symptoms or inconveniencing the patient except for mild and transient attacks of halos and mistiness of vision.

The secondary glaucomas are discussed under various headings according as they are due to mechanical blockage of the trabecular spaces, to lack of a communication between the anterior and posterior chambers, to irritation of the ciliary body, to venous obstruction, to proliferating anastomotic vessels in the region of Schlemm's canal, to trauma, epidemic dropsy, angiomas, and, finally, to "mixed" and miscellaneous causes.