200 pages or so comprise the general index arranged by Miss Rosamund E. Soley. It adds to the usefulness of the *System*, making it possible to track down information which may be dispersed in several volumes. It also gives a bird's eye view of the 18 volumes which have preceded it, and although Sir Stewart has written 'The End' to his immense task it seems likely from his preface that he may make some plans to see that his great labour does not wither with time but is continued in some form into the future.

STEPHEN MILLER

Adenine Arabinoside: An Antiviral Agent. By D. PAVAN-LANGSON, R. A. BUCHANAN, and C. A. ALFORD. 1975. Pp. 425, figs., tables, refs. North-Holland, Amsterdam (\$25.95)

A symposium was held in San Francisco on 16-17 September 1974 to discuss the result of studies on antiviral activity of adenine arabinoside (ara-A). This book provides an authoritative summary of the information presented in that meeting.

The book is divided into 3 sections—preclinical, parenteral, and ophthalmic. The preclinical section presents papers describing the result of work on the antiviral activity of ara-A in cell cultures and in animals, and on the safety of the drug for parenteral and topical use. The parenteral section describes studies, still under way, to establish the effectiveness of ara-A in systemic and life-threatening viral infections. The ophthalmic section presents the results of extensive studies on the intraocular penetration of ara-A and of its efficacy against simple and complicated herpetic keratitis in comparison with idoxuridine and trifluorothymidine. The studies indicate that a new compound ara-A is as effective as IDU in treating herpetic keratitis, and gives evidence of the activity of this drug in a wide variety of other DNA virus-induced diseases.

This book is highly recommended to all ophthalmologists.

S. DAROUGAR

Malignant Melanoma—Clinical and Histological Diagnosis. By VINCENT J. MCGOVERN. 1976. Pp. 178, 123 figs., tables, refs. John Wiley, New York (£16.00)

The author is clearly an expert in this particular field of pathology. His book is very readable and is profusely illustrated by both clinical and pathological photographs, but its title is somewhat misleading, because the author has included descriptions of benign melanotic tumours of the skin.

The book is composed of 12 chapters which deal in turn with pigmented naevi, their malignant potential, melanoma, spontaneous regression in these tumours, multiple primary cutaneous melanomata, their metastases, their prognostic features, their diagnosis by frozen section, the doubtful cases, the surgical approach, ocular melanoma, and problems concerning melanotic tumours in children. The problems of diagnosis of pigmented tumours are fully discussed.

There is an interesting account of Hutchinson's melanotic freckle, a lesion which may be difficult to differentiate from the well-known superficial spreading

type of melanoma. The most important feature that distinguishes the two lesions is the presence of advanced solar degeneration of the skin in the former. Apart from the rare malignant blue naevus, the author recognises 3 main histogenetic patterns of development regardless of the presence or absence of a pre-existing naevus. He divides melanomas into 3 groups: invasive melanoma, with adjacent intraepidermal component of Hutchinson's melanotic freckle; invasive melanoma, with adjacent intraepidermal component of superficial spreading type; and invasive melanoma, without an intraepidermal component. The importance of recognising these 3 categories lies in the fact that each has a different prognosis, being worse when there is no evidence of an intraepithelial component. The author's classification is based on the work of Clark (1967), an international meeting of pathologists (1972), and on his own experience. In contrast to his classification of skin melanomata a recent meeting of pathologists at the World Health Organisation in Geneva reclassified tumours of the eye and its adnexa and divided melanomata of the skin of the eyelid into 4 recognisable histological types: melanoma arising in junctional or compound naevi, melanoma arising in blue naevi or cellular blue naevi, melanoma arising in intraepithelial melanosis, and melanoma of indeterminate nature.

The author has also discussed the relation between the prognosis of melanomata of the skin and the number of mitotic figures, the depth of tumour invasion, and the presence of a polypoidal structure. The prognosis is worse with increasing mitosis, depth of invasion, and when there is a polypoid pattern. On the other hand the presence of a continuous band of lymphocytes beneath the melanoma is usually an indication of spontaneous regression.

There is a short chapter on ocular melanomas, but it is impossible to cover this field adequately in a few pages. Some of the illustrations of choroidal melanomata are poor, and his assertion that the usual treatment of choice for conjunctival melanomata should be excision of the orbit will be severely criticised by ophthalmic surgeons who reserve this form of treatment for only a small percentage of cases, including those in which the melanoma has recurred and has invaded the orbit.

The author is to be congratulated on writing such an excellent treatise on melanotic tumours, and this book is highly recommended to all histopathologists.

GWYN MORGAN

The Ophthalmic Assistant—Fundamentals and Clinical Practice. 3rd edn. Edited by H. A. SKIN and B. J. SLATT. 1976. Pp. 594, figs., tables. Mosby, St. Louis (London, Henry Kimpton) (£15.45)

The ophthalmic assistant, for whom this book is written, is the clinic or consulting room assistant who may have had no formal training but who needs a knowledge of anatomy, physiology, and optics as well as practical information on clinical methods, eye diseases, and medical and surgical treatment.

There are chapters on running the appointments office, spectacles, minor surgery, and hospital practice.

this reason we chose at that time to aspirate the vitreous.

Sincerely,
MOTILAL RAICHAND

University of Illinois Eye and Ear Infirmary,
Chicago,
Illinois, USA.

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Notes

Cosmetic surgery

The Department of Ophthalmology of Tufts University School of Medicine will hold a course in cosmetic surgery and complicated ectropion and entropion surgery

on 12 May 1978. Registration fee \$100. Details from Office of Continuing Education, Tufts University School of Medicine, 136 Harrison Avenue, Boston, USA.

Ophthalmic Microsurgery

Two courses in ophthalmic microsurgery will be held at Moorfields Eye Hospital (City Road branch) in 1978—the first on 7, 8, and 9 June, the second on 25, 26, and 27 October. They will be conducted by the Department of Clinical Ophthalmology and will be practical courses concerning the application of the operating microscope to common ophthalmic surgical procedures. Applications

are invited from consultants, senior registrars, or those overseas holding equivalent positions. Applications for the June course should be received by 28 April. Application forms and further details may be obtained from Mrs J. F. Field, Microsurgical Course Secretary, Department of Clinical Ophthalmology, Moorfields Eye Hospital, City Road, London EC1V 2PD.

Lacrimal course

The Department of Ophthalmology of Tufts University School of Medicine will hold the fourth annual Boston Lacrimal course, newly expanded with cadaver lacrimal surgery, on 15-16 June 1978. Course director, Dr

Sanford D. Hecht. Registration fee \$350. Details from Office of Continuing Education, Tufts University School of Medicine, 136 Harrison Avenue, Boston, USA.

Correction

In the review of *The Ophthalmic Assistant—Fundamentals and Clinical Practice* (BJO, April 1977, p. 303),

we regret that the name of one of the authors, H. A. Stein, was misspelt in the bibliographical heading.