15 to 26 years severity is no greater than in the less chronic.

If vision is found to be reduced at first examination it is usually due to posterior subcapsular cataract, organised anterior vitreous opacities, macular cystic changes, or disc oedema or a combination. If keratic precipitates are kept to a minimum and the patient is comfortable, flare and cells in the anterior chamber with a moderate number of cells in the vitreous should be discounted.

One of the most typical features of a pars planitis is leakage of fluorescein into the vitreous apparently from the retinal veins and from neovascularisation in the ciliary body region. The vitreous is quickly filled with fluorescein. It is only later that dye is seen in the anterior and posterior chambers. This rapid leakage of fluorescein dye into the vitreous adjacent to the ciliary body is most characteristic of the disease. It is always difficult to define an end point, because cells in the vitreous may persist for many years and relapses can occur.

Therapy on the whole is disappointing, though corticosteroids have a place in the treatment of most cases. Immunosuppressants should be employed only in severe cases in which corticosteroids have failed to have any effect. Diathermy, cryocoagulation, and photocoagulation have nothing to offer.

S. J. H. MILLER

Directory of Agencies Serving the Visually Handicapped in the US. 30th edn. Pp. 436. \$10.00. American Foundation for the Blind: New York. 1978.

This the 20th edition provides over 400 pages of condensed information. The *Directory* makes no attempt to evaluate or endorse any of the organisations or services that are listed, nor does it claim to be absolutely comprehensive, for it lists only nonprofit organisations. Clear instructions on how to obtain further information are given in the introduction.

There are two sections, the first listing services State by State. These are classified into educational services, library services, and rehabilitation services. Comprehensive information is given on criteria for eligibility, how the agency is funded—that is, State, charity, or client fees—and precisely what services are available. The potential client who needs, for example, braille or mobility training is able to make an independent informed decision and can approach the named director personally. No attempt is made to quantify or evaluate specific services.

Section 2, entitled 'Supplementary Lists of Specialized Agencies and Organizations', seems to be aimed at professionals of various disciplines working with the visually handicapped. State by State it lists research organisations, guide dog schools, and professional preparation centres. The largest subsection is devoted to low-vision services, with hospital clinics and university departments (both ophthalmology and optometry) and fee-based private facilities being included. Again the discriminating reader should be able to use the information provided to decide which of the accessible facilities is the most appropriate.

Few criticisms of this useful volume can be made. It should perhaps be available in large print or braille, and

obviously any such directory is inevitably out of date before the print is set. But so much information so readily accessible would be extremely useful in any eye clinic and social worker's office. It is to be hoped that a similar directory will be made available for the United Kingdom.

JANET SILVER

Ocular Pharmacology. 4th edn. WILLIAM H. HAVENER. Pp. 762. £37.80. Henry Kimpton: London. 1978.

The 4th edition of this popular textbook follows the pattern of previous editions. The first part covers drugs in ophthalmic practice and the second part deals with current ophthalmic therapy. There is a useful chapter on evaluation of the therapeutic response, including placebo and reassurance therapy. This is followed by a chapter on routes of administration which includes soft lens and membrane delivery.

The drugs are described in alphabetical order of therapeutic groups. In general the pharmacological action is described from a clinical approach, experimental evidence being kept to the minimum essential for this purpose. There is a good description of the clinical use of each drug, so that the title could have been 'Ocular Pharmacology and Therapeutics'.

Generous references are supplied throughout (2573 references) and the illustrations are well chosen, often from the original reference. Toxic reactions are well described. As with any such book taking time to revise and print, there are bound to be omissions, the obvious example being that there is no mention of the beta blocker timolol.

The author admits to a number of healthy prejudices, such as preferring local to general anaesthesia for many forms of surgery, being unconvinced of the beneficial value of photocoagulation in diabetic retinopathy, and preferring fascia to silicone implants in retinal detachments. The chapter on general anaesthesia includes a section on cardiac arrest. In addition to the larger groups of drugs there are useful chapters on the smaller groups such as adhesives, biological drugs and alpha-chymotrypsin.

The second part, on current therapy, includes chapters on cataract, external diseases, glaucoma, and infection. There is a fascinating description of all the different drugs, some with opposite action, used to treat traumatic hyphaema. The conclusion would appear to be that the spontaneous course of hyphaema is unchanged by any form of medical management, including bed rest.

This whole book makes most enjoyable reading, which is not usual in pharmacology textbooks, and can be thoroughly recommended.

S. J. CREWS

Contact Lenses. A Clinical Approach to Fitting. By ROBERT H. HALES. Pp. 248. \$26.50. Williams and Wilkins: Baltimore, Maryland. 1978.

Up to date and practical, this book deals with the fitting of all available contact lenses in a clear step-by-step manner. There are useful chapters on contact lens solutions and the choice of contact lenses. The chapter