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

on fitting hard contact lenses includes the Dyer and Boyd methods. Spun-cast and lathe-cut soft lenses are discussed with the fitting methods of both, and also the use of therapeutic soft lenses. There are chapters on CAB and silicone lenses, scleral lenses, and intraocular lenses. This is a comprehensive book, recommended for anyone interested in fitting contact lenses.

M. S. WILSON

Handbook of Pediatric Ophthalmology. Ed. STEPHEN S. FEMAN and ROBERT D. REINECKE. Pp. 196. £12.65. Grune & Stratton: New York. 1978.

This handbook is intended to supply the reader with a broad overview and a basic understanding of paediatric ophthalmology. The writing of it was stimulated by the editors' contact with medical students at the stage of grasping the basic problems in ophthalmology. The book succeeds in its intention and will be a useful introduction for medical students and also to others such as orthoptists, opticians, paediatricians, and other readers interested in children with eye disease. There is a useful chapter on principles and examples in ophthalmic genetics, which again will be of interest to those trying to grasp the subject. The references are basic and useful, but the illustrations, mainly drawings, may to some degree detract from the book. However, the book is well balanced and should prove popular. DAVID TAYLOR

Therapeutic Systems: Pattern-Specific Drug Delivery: Concept and Development. By KLAUS HEILMANN. Pp. 143. DM38. George Thieme Verlag: Stuttgart. 1978.

This short book is a revised English-language edition of a text originally published in German in 1977. It outlines the principles behind, and applications of, metered and 'organ-specific' drug delivery systems. As a large section describes the application of this principle (used clinically as the Ocusert system) to the eye, the book is of considerable interest to ophthalmologists. The author is professor of ophthalmology in Munich and secretary general of the International Society for the Advancement of Therapeutics. Many of the principles and devices he outlines were developed by the ALZA Corporation, founded by Al Zaffaroni, whose leading role in this field the author acknowledges.

The book may be divided into 3 sections. The first includes definitions, giving explanation of words such as 'biopharmaceutics' and 'liberation', and differentiating between pharmacokinetics and pharmacodynamics. It describes the principle behind various types of 'therapeutic systems' and devices, by which metered-dose continuous delivery of a drug may be delivered either locally or systemically. The second section describes therapeutic systems for systemic use such as the infusion system for intravascular infusion of drugs in solution, the gastrointestinal therapeutic system (a trial of the acetazolamide gastrointestinal therapeutic system being recently reported), and the transdermal therapeutic system. The third section describes therapeutic systems for local use. Ophthalmic therapeutic systems are

described in some detail. When describing the (pilocarpine) Ocusert, the author draws on his own experiences. The possible role of ocular therapeutic systems in the treatment of infective and inflammatory disease of the eye is also described.

The book concludes with a glossary of biopharmaceutical terms and a useful bibliography. It is easy to read and makes good use of diagrams to illustrate points made in the text. It should make interesting reading for the general ophthalmologist who wishes to improve his knowledge of the background and principles by which these 'therapeutic systems' work.

ROGER HITCHINGS

Obituary

J. A. Corkey, MD, FRCSI, DOMS

Mr J. A. Corkey, formerly senior ophthalmic surgeon at the Eye Clinic, Royal Victoria Hospital, Belfast, died suddenly on 7 March. He was 72.

Joseph Allison Corkey was born in the Manse, Cullybackey, Co. Antrim. Educated at Royal Belfast Academical Institution and Queen's University, Belfast, he graduated in medicine with first class honours in 1930. He represented his school and university at rugby. After holding house appointments at the Royal Victoria Hospital he was appointed a demonstrator in pathology for a year, during which time his interests turned to ophthalmology. After postgraduate study and training in Vienna and the Western Ophthalmic Hospital, London, he obtained the MD, FRCSI, and DOMS.

Mr Corkey was appointed to the ophthalmic staff of the Benn Ulster Eye and Ear Hospital in 1934 and ophthalmic surgeon to the Royal Victoria Hospital in 1939. He was senior ophthalmic surgeon at the Eye and Ear Clinic, Royal Victoria Hospital, from its opening in 1965 until his retirement in 1972. During this period he was also lecturer in ophthalmology to Queen's University, Belfast, and was responsible for undergraduate and postgraduate training, making notable contributions to the specialty. A member of many medical societies, he was also an elder of the church, at which his father had formerly been senior minister, and an enthusiastic Rotarian. As a member of many committees his quiet and considered opinion was always welcome. He was honorary secretary for many years of the Board of Governors of 'Inst', and a member of convocation of Queen's University, Belfast. Active in BMA matters, he was formerly chairman of the Belfast Division and chairman of the Northern Ireland Council. In recognition of his services he was elected a fellow of the Association in 1971. He was also chairman of the Medical Staff Committee of Royal Victoria Hospital during 1963-65, and was a past president of the Ulster Medical Society.

In addition to his active involvement in many medical and social activities he retained a life-long interest in his specialty and was the Northern Ireland representative on the Faculty of Ophthalmologists for many years and the Ophthalmic Group Committee of the BMA. He