Obituary

K. Rubinstein, MD, FRCSEd, DOMS

Kazimierz Rubinstein, formerly consultant ophthalmic surgeon at the Birmingham and Midland Eye Hospital, died suddenly on 25 June 1985 aged 69 years. He was born and educated in Lodz, Poland, and started his medical studies in Wilno. These were interrupted by the Russian occupation of East Poland at the beginning of the second world war, but with incredible boldness and enterprise he managed to leave in order to join the Polish Forces in the Middle East. There he was given the chance to complete his medical training at the University of Beirut. Afterwards he rejoined the Polish Forces as medical officer attached to an artillery unit in Italy. He was well liked by the 'gunners,' and his courage in the field was rewarded by a Polish Military Cross.

After demobilisation he started his ophthalmic specialisation in Sheffield, and having passed the DOMS and FRCS examinations he obtained a consultant post in Burton-on-Trent. He was enthusiastic in his work and had a passion for anything new and challenging. Having a large number of patients with squint, he devoted special interest to the surgery of the oblique ocular muscles, obtained considerable experience in this subject, and published his results. A few years later he was appointed a consultant in Birmingham.

The new technique of cryosurgery appealed to him, and with the help of a low-temperature engineer he constructed a cryosurgical unit based on liquid nitrogen. He also became fascinated by fluorescein fundus angiography, and, mastering this technique, he used it combined with the application of laser in the treatment of diabetic retinopathy and senile retinal dystrophy. Publishing his results, he gained international recognition.

Ruby was very helpful to his fellow colleagues and inspired many with his enthusiastic approach to ophthalmology. For his friends Kazik's sense of humour was a most endearing feature and made him a perfect companion. His favourite sport was skiing in the Alps; later on he changed it to water skiing on the Mediterranean. It is tragic that soon after his retirement four years ago his health deteriorated and so he could not enjoy a golden autumn of his life with his wife Eileen and his sons Matthew and Stephen. JLR

Book reviews

Computerized Visual Fields: What they are and how to use them. Eds. WILLIAM R WHALEN AND GEORGE L SPAETH. Pp. 414. US\$75.00. Slack: New Jersey. 1985.

Von Graefe in 1856 is credited with realising the clinical importance of detecting visual field loss. Aubert in 1857 designed the first arc perimeter, consisting of two semi-circular curved metal rods so that the patient when looking with one eye at the centre could see an object being moved in his peripheral field. Bjerrum in 1890 emphasised the importance of the central field and designed a flat black

screen on which to chart central field defects. This method remained pre-eminent in glaucoma work until the 1950s, when the bowl perimeter with standard background illumination and testing under photopic conditions was introduced. Goldmann noted the relationship between stimulus size and luminance and paved the way for establishing reproducible perimetric testing so essential for the management of chronic ocular disease, notably glaucoma. Widespread adoption of bowl perimetry was rapidly followed by the training of perimetrists, on whom busy ophthalmologists were increasing to rely. The nature of visual field testing allowed innovators such as Dubois-Poulsen and Majis and Fankhauser and Parcel in the 1960s to investigate automatic automated perimetry. Standardisation of test conditions and the advent of the microchip allowed the development of the partially and then the fully automated perimeter.

Recognition of the advantages of the automatic perimeter with freedom from perimetrist shortages and the production of numerical print-outs has generated worldwide interest. In view of that interest Whalen and Spaeth have written, in conjunction with fourteen others, a manual on automatic perimetry. Based on their experiences with the standard bearer of automatic perimetry, the book contains lucid chapters describing programs, reproducibility, normal values, and the results seen in glaucoma and other disorders of the visual system. The information given here leaves the reader in no doubt that this type of perimetry is the greatest advance after the Goldmann bowl perimeter. And yet a word of caution.

Caution must be exercised on two fronts. Firstly, as Armaly noted in the final chapter, numbers (as the print-outs are recorded) alone should not mislead one into a notion of added accuracy or reliability. With threshold perimetry the ophthalmologist becomes acutely aware of the variability of the human response. Secondly, many patients need to be trained in responding to the automatic perimeter. Many are scared of being controlled by a machine and cannot give of their best. Results are worthwhile only after the patient has been tested twice or on even more occasions. The less intelligent the patient, the less reliable the results. For the anxious or stupid the automatic perimeter is no substitute for the calm voice of the perimetrist, who, metaphorically holding the patient's hand during the test, is more likely to lead him on to give of his best.

Automatic perimetry is a microchip miracle exploring new undulations on the slopes of Traquair's island of vision. It is of value for those patients who can respond; for the rest we shall still need to remain on manual.

ROGER A HITCHINGS

External Infections of the Eye: Bacterial, Viral, Myotic with Noninfectious and Immunologic Diseases. 3rd Edn. By HELENA B FEDUKOWICZ AND SUSAN STENSON. Pp. 369. £71.95. Appleton-Century Crofts: Norwalk, Connecticut. 1985.

This is a well written, easily read, comprehensive survey on the subject of external infections of the eye. It deals fully with the different bacteria and viruses that cause such

infections and gives an excellent account of their identification, with very useful colour plates to illustrate the characteristics of each organism itself. It would have helped, though, if there had been tables summarising the characteristics of different bacteria, so that, for instance, the reader could readily determine which organisms were Gram-positive and which Gram-negative.

It suffers from being orientated towards the causes of the infections, so that the clinical signs, symptoms, and management are in a secondary place. This gives a lopsided approach to the book and makes it difficult for the reader to determine the relevant diagnosis and treatment. For example, in the diagnosis of staphylococcal infection of the lids no mention is made of the differential diagnosis of squamous blepharitis and what it may be associated with, and in the description of herpes simplex stromal disease no mention is made of other causes, apart from herpes simplex, or disciform keratitis.

In discussing herpes zoster ophthalmicus the authors point out that, once steroids have been started, meticulous tapering may be necessary to avoid recurrences, but they do not mention the length of the period over which this tapering has to be done. In fact it needs to be done over at least a year to prevent a rebound recurrence. In the section on measles keratitis emphasis should have been made on how this severe keratitis is a disease of poor hygiene or debilitation, and as such is a frequent cause of blindness in deprived countries in the tropics.

There are omissions. In the treatment of seborrhoeic blepharitis no mention is made of the use of tetracycline, where it has such good effects. In the herpes zoster section no mention is made of late corneal epithelial involvement with mucoid plaques, which are often found in anaesthetic corneae, nor is there any mention of their treatment. Rather, the authors say, 'changes may vary from the mildly dry eye state to severe lid deformities and corneal thinning.'

In the assessment of yet another text book the question has to be asked whether this particular one fills a gap in our already crowded shelves. The conclusion is that it does, and so it is recommended.

JAMES I MCGILL

Laser Therapy of the Anterior Segment: A Practical Approach. By LOUIS SCHWARTZ, GEORGE SPAETH, GARY BROWN. Pp. 153. £47.35. Slack: New Jersey. 1984.

This is a most useful practical book covering all aspects of laser therapy of the anterior segment with the use of both continuous wave and short pulse lasers. The text is clear, well illustrated with numerous illustrations, and includes many useful references. There are chapters on gonioscopic evaluation of the anterior segment, argon and YAG iridotomy, laser trabeculoplasty, other argon applications, YAG laser capsulotomy, and division of vitreous in the anterior segment.

Minor criticisms include a somewhat didactic approach in some sections, the fact that surgeons rarely treat 360° in one session now, no mention of the Ritch lens, and patients with narrow angles prior to laser trabeculoplasty are more likely to undergo a peripheral iridotomy or peripheral iridectomy than iridoplasty. YAG laser therapy has advanced since these chapters were written. There is no mention of corneal

endothelial damage. The capsulotomy energy levels today would be regarded as being too high, and the statement that 'further retraction of the capsule after the time of capsulotomy is unusual' is not most surgeons' experience.

However, this is a most useful book and fulfils its aims to familiarise the ophthalmologist with the major uses of laser in the anterior segment.

J D JAGGER

The Ocular Lens: Structure, Function, and Pathology. Edited by HARRY MAISEL. Pp. 479. \$102.00. Marcel Dekker: New York. 1985.

This book gives an overall view of lens anatomy, genetics, physiology, biochemistry, and biophysics as each is successively related to the crystalline lens. Towards the end of the book special attention is given to lens structure and biochemistry with regard to the problems of cataract, while the final chapter considers the impact of lens research on patient care.

The book thus has something for everyone interested in the crystalline lens. The bibliography following each chapter is therefore, at times, somewhat limited. Nevertheless, for those wishing to get an overall picture of lens research and its implications for clinical practice at the present time, it can be highly recommended.

R F FISHER

Rob and Smith's Operative Surgery. 4th edn. **Ophthalmic Surgery.** Eds. THOMAS A RICE, RONALD G MICHELS, WALTER J STARK. Pp. 445. £65.00. Butterworths: Sevenoaks, Kent. 1984.

This is the ophthalmology volume of the 4th edition of *Rob and Smith's Operative Surgery*, the large series that covers the entire field of operative surgery. Although both the original and the current editors of the series are British, the contributors to this volume are almost all eminent American ophthalmologists, largely from the Wilmer Institute, each contributing a chapter or two in his own field of expertise. The editors are to be congratulated on exerting sufficiently strong an influence to make the book a coherent whole rather than a series of separate units. The chapters are all of a similarly high standard, with a clear and easily read text and excellent diagrams (with a few photographs) in black and white, which probably convey information more precisely than operative photographs. The references are full and generally appropriate (though some British authors may feel a little neglected) and the inevitable absence of the most recent information is probably beneficial. This is a book describing standard established modern ophthalmic surgery rather than developing techniques, and there is thus little to be found of procedures still under evaluation such as radial keratotomy and implants for glaucoma drainage surgery.

It is the reviewer's experience that previous editions of this book have not been widely read in Britain, and the reasons for this are not clear. This present edition is first class in every way. It can be highly recommended as a standard reference book that should be readily available to both training and trained ophthalmologists. Even to the former its moderate size should not be daunting.

M G FALCON