BOOK REVIEWS

Rodger's confusion of "S.I.P." as a feature of keratomalacia, it is not surprising that night blindness was infrequently associated.

Biomicroscope studies, which I have recently made and are soon to be published, show that the earliest corneal change of "S.I.P." starts in the endothelium and deep stroma, in contrast to vitamin A deficiency, which affects the epithelial cells above the basal cell layer. No close association with any particular deficiency has yet been demonstrated, and my cases in East Africa have included not only children with kwashiorkor and marasmus, but also otherwise healthy children and a young adult.

Yours faithfully,
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July 24, 1958.

REFERENCES


BOOK REVIEWS

Baillière, Tindall and Cox, London. (96s.)

Allergy is a relatively new concept in medicine, for the term was introduced only in 1906 by von Pirquet to indicate abnormal reactivity to repeated contacts with foreign material; his observations arose as a result of his study of the curious and sometimes alarming reactions which resulted from repeated injections of horse serum in the use of diphtheria antitoxin. From von Pirquet's work has grown an entire specialty in medicine with widely-spread frontiers, and nowhere has allergy been accepted as more widespread in its incidence and—more important—in its effects than in the eye. A whole host of diseases is ascribed to the mechanism of hypersensitivity—many types of conjunctivitis varying in nature from hay-fever or drug-allergies to spring catarrh or inflammations due to organisms or their products, as well as a large number of urticarial and eczematous conditions of the eye-lids. Among corneal diseases the most important conditions wherein allergy plays a dominant part are phlyctenular, disciform, and interstitial keratitis. A similar aetiology is generally associated with several types of scleritis and episcleritis. Apart from such conditions as sympathetic ophthalmitis and endophthalmitis phacoanaphylactica, most authorities agree that many manifestations of uveitis are in greater or less degree associated with hypersensitivity of the tissue to micro-organisms or their products. Atopic cataract may well have an allergic basis, while the occurrence of neural allergies in the retina and optic nerve forms a more debatable problem.

There is no doubt that an assessment of this vast subject in which much of ophthalmology is contained is of great value. Such a task is difficult, calling for considerable practical wisdom and a capacity of critical appraisal. These qualities are shown in the present volume which covers the subject ably and exhaustively; it should form a most acceptable addition to any ophthalmological library.
NOTES


This is the first volume of a new German text-book. It has not the bulk nor the comprehensiveness of its predecessor, the Kurzes Handbuch der Ophthalmologie of 1932, still less of the von Graefe-Saemisch Handbuch, but it is of considerable importance and should fill its purpose of an advanced text-book for the senior student and specialist. It is good that the sequence of authoritative manuals in German is being maintained.

The volume is of composite authorship and is devoted to the fundamental sciences. J. Rohen of Mainz contributes a chapter on anatomy, A. Rieger a second on heredity, G. Badtke a third on embryology, H. Pau a fourth on physiological chemistry, M. Monjé a fifth on the light sense and the physiology of vision, K. Velhagen a sixth on pharmacology, and F. Müller of Leipzig a final chapter on bacteriology.

The book provides a good and reasonably comprehensive review of each subject, without going into great detail or concerning itself with theoretical discussions. The bibliographies are useful but by no means complete. The illustrations and production are excellent. On the whole the first volume deserves a warm welcome as a very useful compendium of ophthalmology, bringing the great German hand-books up to date.

NOTES

OPHTHALMOLOGICAL SOCIETY OF NEW SOUTH WALES

Norman McAlister Gregg Prize, 1958–9

(1) Subject to the rules, the Prize shall be awarded to the candidate whose work is deemed to be the most valuable contribution to knowledge in ophthalmology. In the event of the Council being of opinion that no work is of sufficient merit it shall not award the prize.

(2) A candidate must be, and declare that he is, a British subject.

(3) The work submitted must be in the English language. It must be the candidate’s own original work and written since the prize was last awarded (August, 1955). If such work has previously been submitted for publication, details must be supplied by the candidate.

(4) The Council shall appoint examiners for each competition and the Council’s decision as to the winning entry shall be final and conclusive.

(5) Intending candidates shall notify the Secretary of the Society of their intention to submit contributions at least 2 months before the closing date.

(6) Three copies of the work are to be submitted. It is to be typewritten and double-spaced. Each work shall bear a motto and shall be accompanied by a sealed envelope containing the author’s name and qualifications.

(7) Entries will close for the present prize at midday on October 31, 1959.

Intending candidates should notify the Secretary of the Ophthalmological Society of New South Wales, Dr. John Hornbrook, 147 Macquarie St., Sydney, Australia, at least 2 months before the closing date.