BOOK REVIEWS


It will be generally agreed that by far the best way of learning ophthalmic surgery is the “do it yourself” technique under the supervision and with the help of preferably several experienced masters. A second and most valuable form of training at all stages in the surgical careers of most of us is to watch others at work. Much can be learned from the skill of a smoothly performed operation and much more from the way in which the real expert extricates himself from a situation apparently fraught with disaster. Surgical art, and it is indeed an art, cannot be learned from books however ably written and well illustrated: it is an art which can be nurtured only by practice.

Saying this is not by any means to decry the value of the volume under review, but merely to emphasize its proper place in the ophthalmic world. After the usual introductory chapters on theatre management, care of instruments, pre-operative preparation of the patient and the like, this book sets out to give, and does indeed give, an illustrated guide to a wide range of procedures. In the main body of the work the text on the left-hand page describes not only details of technique but also the indications and contraindications for a vast number of operations, together with notes on the special precautions to be taken and on the management of operative and post-operative complications. On the facing right-hand page are well-executed line drawings of the anatomy, instruments, and manoeuvres described in the text. Although not all-embracing, the range of operative procedures described is comprehensive in so far as it covers everything from surgery of the lids to that of the orbit and the authors may well be congratulated on their choice of variations described; at least two alternative techniques are given for most operations, in many cases more, and the sections on the surgery of cataract, glaucoma, and keratoplasty are very well up to date.

This book will be of value at all stages in the ophthalmic surgeon’s career. The tyro cannot learn his art from it, but a prior perusal of its pages will enable him to know what his chief is about, perhaps even to be faintly critical—in silence it is hoped. It will prove most valuable perhaps to the older surgeon, particularly to him who does not spend most of his life in the operating theatre and whose range of surgery is normally limited to the less exotic and recherché procedures. To such a man, faced with an operation he is called on to do only infrequently, the text and illustrations will recall quickly and effortlessly to his mind what he has done or seen done in the past and is to do again. Even the past master cannot fail to learn something from considering the methods of others as great as himself, and such are all given here.

The authors are to be thanked and congratulated for giving to ophthalmology a book so well written, well illustrated, and well produced, at a price at which it would in these days be churlish to cavil in view of the excellent fare to be found within its covers.


Many free papers on secondary glaucoma were read at this Congress. Diagnostic problems included gonioscopy in this condition (Marusic, p. 497), scleral rigidity (Draeger, p. 529), and phasic changes in tension in secondary glaucoma (Blatt
and Zamfir, p. 547), and in endocrine exophthalmos (Weekers, Pruot, and La Vergne, p. 629).

The general problems of symptomatology, pathogenesis, and treatment were summarized by Kopp (p. 562). Rises in tension following experimental stimulation of the iris in rabbits were described by Niessel and Konstas (p. 512). The tendency to dehydration of the anterior wall of the globe was described by von Nordheim (p. 583) and spectrophotographic measurements of the choroid by Niedermeier (p. 587). The effect of sympathectomy on the ocular tension and the aqueous humour was described by Sokolic (p. 637) and the functional state of the nervous system in secondary glaucoma by Pavlov (p. 663).

Secondary glaucoma following a large number of inflammatory conditions was discussed by eight speakers: uveitis (Weinstein, p. 389; Arkin, p. 391; Wegner and Zintz, p. 524), zoster (Hallermann, p. 395), tuberculosis (Sabbadini, p. 403), periphlebitis retinæ (Doden, p. 506), sympathetic ophthalmitis (Stankovic, p. 630), and Fuchs's syndrome (Georgiates, p. 409).

Glaucoma associated with pseudo-exfoliation of the lens capsule was described by Grignolo and Cambiaggi (p. 461) and Sampalesi (p. 472).

Raised tension in extra-ocular venous congestion was the subject of a paper by Nordmann, Lobstein, Garhard, and Lévy (p. 501). Haemorrhagic glaucoma and that following neovascularization (rubeosis, etc.) were reviewed by Böke and Conrads (p. 589), Cucco (p. 597), Krüger (p. 604) and Mylius (p. 609).

Raised tension following ocular contusions was discussed by Desvignes (p. 555) and Sears (p. 558), and closed head injuries by Sédan and Sédan (p. 578).

Glaucoma in cases of aniridia was presented by Olga Ferrer (p. 615).

Glaucoma following an annular malignant melanoma was described by Calmettes, Bec, and Deodati (p. 656) and tonographic records in glaucoma secondary to intra-ocular neoplasms by Stepánik (p. 648).

Papers on raised tension following cataract extraction were presented by Guillaumat and Bernard (p. 424) and Bonavolonta (p. 455) and in aphakia by Hobbis (p. 435). The problem of phakolytic glaucoma was examined by Konstas and Papageorgiou (p. 481).

Secondary glaucoma following topical cortisone therapy was discussed by François (p. 517).

The surgical treatment of secondary glaucoma was dealt with by Kolen (p. 443), Lugosy (p. 448), and Protopenow (p. 624), and the special problems of excluisio pupillae described by Vucicevic and Vucicevic (p. 567).


Casanovas has succeeded in providing the medical student with a most useful text-book in which clarity, conciseness, and completeness have been excellently combined. As it is addressed to students and general practitioners, surgical techniques, the practice of refraction, and rare ocular conditions have been purposely abridged, but by no means omitted. Pathogenesis and anatomo-pathology are generally dealt with briefly, except where it was felt that their more complete description would assist the understanding of symptomatology. This section, as well as that on clinical methods of examination, is particularly complete and richly illustrated, and the figures greatly facilitate the study.

The book is also valuable to the ophthalmologist, since the basic principles of ophthalmic clinics are presented in a concise form, and the arrangement of the different chapters makes the book easy to consult.
Of the many illustrations that accompany the text, the coloured plates are outstandingly good and some really excellent. Numerous first-class photographs are included. One of the astonishing features of the book—which is important, since it is primarily addressed to student readers—is its very reasonable cost, which, despite the numerous coloured plates is only equivalent to about 57s. or 8 U.S. dollars.


The second edition of this concise manual of modern gonioscopy is welcome because of the addition of many new illustrations. These will greatly help the novice for whose needs this book caters most adequately. The general plan remains much as in the first edition with the addition of a chapter on goniophotography. The approach to the various topics is sound throughout, and it is perhaps inevitable that, in a book of this size, controversial features of glaucoma are dealt with only summarily. In what is supposed to be a practical handbook it might have been better to omit these altogether.

A slight exaggeration of the value of this procedure in the study of glaucoma persists in this edition—for example, the statement that gonioscopic examination is an important aid in the diagnosis of acute congestive angle-closure glaucoma. Much simpler examination techniques will allow a correct diagnosis of this condition in the vast majority of cases, and the well-known difficulties, both technical and interpretative, of gonioscopy during acute glaucoma may induce a needless sense of inadequacy in beginners. A similar objection may be raised to the somewhat naive account of the relationship of the level of ocular tension to the appearance of a closed angle. It is not made explicit in any part of this work that an angle may appear gonioscopically closed in association with either a normal or a raised ocular tension. In this connexion it is a pity that the authors do not study the effect of pupillary light activity on the appearance of the angle. Redmond Smith's “on-off” effect is not mentioned. Too much importance is given to Gorin's “angle-shortening” which is a rarity.

The presentation is at the same high standard as in the first edition and the text is eminently readable.

All the standard techniques in use to-day are fully described and some of the practical hints are very good indeed. The book remains a solid introduction to gonioscopy for beginners and a valuable source of reference for the more experienced investigator.

Message from Prof. Hans Selye

The research library of the Institute of Experimental Medicine and Surgery of the University of Montreal has suffered extensive losses owing to destruction by fire. In attempting to rebuild our library, we should like to enlist the assistance of the readers of the

British Journal of Ophthalmology,

and to ask them to send us copies of all available reprints of their work, especially those dealing with ENDOCRINOLOGY and STRESS.

At the same time we wish to point out that our permanent mailing list was also destroyed, hence we shall be able to send reprints of our own publications only to those who write for them.