

## BOOK REVIEWS

**May's Manual of the Diseases of the Eye for Students and General Practitioners.** 23rd Edition, 1963. J. H. ALLEN. Pp. 382, 374 figs, 32 col. pl. Williams and Wilkins, Baltimore. (\$9.25).

When a text-book reaches its 23rd edition in English, its 12th in Spanish, its 7th in Italian, its 6th in French and Dutch, its 4th in Chinese and Portuguese, its 2nd in German and in Japanese, and has also been translated into Urdu, it can be safely assumed that it is good; and that assumption is correct. It is surprising, however, how tenacious are false doctrines. We thought, for example, that infection by *Proteus vulgaris* was typically and persistently chronic, not an acute conjunctivitis, that presbyopia (defined as when the near point recedes beyond the distance at which ordinary print is read) need not necessarily commence between the 42nd and 45th years, that ethylhydrocupreine was no longer used in pneumococcal ulceration, that Parinaud's conjunctivitis was not specifically due to a *Leptothrix*, and so on. Moreover, some of the coloured illustrations, particularly those of trachoma and the limbal form of spring catarrh, are reminiscent of the era of Charles H. May. All this will doubtless be put right in the 24th edition—which we hope will come in due time, for a book which has proved of such value to generations of medical students and medical practitioners must on no account be allowed to fall into desuetude.

**Optokinetic Nystagmus. Its Use in Neuro-ophthalmological Diagnosis.** By J. L. SMITH. 1963. Pp. 141, 44 figs, bibls. Thomas, Springfield, Ill. (\$6.75).

The voluntary ocular movements elicited by objects moving before the eyes of a normal individual have been known since the days of Purkinje. It is on record that, while attending a cavalry parade in Vienna in 1825, he watched the spectators' eyes instead of the Emperor's horses and, assuming that all the people in the crowd were not the victims of a sudden epidemic disease, concluded this to be a normal phenomenon. So far as supratentorial lesions are concerned, an abnormality in the kinetic response associated with a field defect is generally considered to indicate a lesion involving both the afferent visual pathways and the cortico-fugal fibres, two systems which approximate in the internal and external sagittal strata, situated deep in the parietal lobes; a hemianopia with normal kinetic responses may therefore be caused by a lesion in the lateral geniculate body, the optic tract, or the temporal or occipital lobe, but is unlikely to be due to a lesion in the parietal lobe. Infra-tentorial lesions have a less clear-cut symptomatology, but abnormalities in the kinetic response, particularly a dissociation of its vertical and horizontal components, are of significance in differentiating pontine and mesencephalic lesions. These and similar problems have received scant discussion by English authors (although the German literature is fuller) and the close analysis of such neurological signs, copiously illustrated by clinical cases, presented in this volume fills an important blank in our neurological and ophthalmological knowledge.

**Advances in Ophthalmology.** Volume 14, 1963. Edited by E. B. STREIFF. Pp. 286, 8 figs. Karger, Basel. (Swiss frs/D.M.66).

The 14th volume of *Advances in Ophthalmology* contains three chapters, all of them good. The first is an essay on haemorrhagic glaucoma by Krüger of Basel in which the aetiology, pathology and clinical characteristics of thrombosis of the central retinal vein are discussed as well as the problems of treatment, including the vexed question of anti-coagulants, and the prognostic significance both as regards vision and life. The second

essay by Karli of Strasbourg is an account of retinal degenerations seen in animals, both those induced experimentally by such factors as lack of vitamin A, oxygen intoxication, and chemicals such as iodoacetate, and those appearing spontaneously. The final contribution is a review of the general literature on the retina from 1952 to 1959, a lengthy and elaborate contribution.

**Vascular Symptomatology of the Conjunctiva.** (Sémiologie vasculaire de la conjonctive.)

By E. SALGADO. 1963. Pp. 175, 90 figs. Doin, Paris. (44 NF.)

This study concerns the changes in the conjunctival circulation which occur in the course of certain systemic diseases. Observations have been made by direct examination with the slit-lamp and by photographs taken with a camera mounted on one ocular of the same instrument.

Cor pulmonale studies occupy much of the monograph and many case histories and photographs are presented. The changes in the conjunctival circulation consist of a generalized dilatation and tortuosity of the conjunctival arterioles and veins with slowing or stopping of the capillary flow in certain groups of the smaller vessels.

In mitral stenosis the conjunctival vessels show little change in their form but the capillary flow may be slowed.

Arterio-sclerotic changes are easily seen in the conjunctival vessels and are said to precede those in the retinal vessels. Increased tortuosity of the arterioles, calibre, irregularities, aneurysmal dilatations, and subconjunctival haemorrhages are common. In severe hypertensives a conjunctival oedema, an arteriolar narrowing, and a reduction in the number of vessels forming the capillary network are described.

In diabetes, the veins show dilatation and tortuosity, perivascular hyaline infiltrations, and often sludging and perivascular oedema.

Lesions occurring in a case of scleroderma and in cases of multiple arterio-venous varicosities are described.

The inherent difficulty in a study of this kind is the great variation in the conjunctival vascularity in the same individual observed at intervals in the 24 hours and between perfectly healthy individuals.

## NOTES

### FACULTY OF OPHTHALMOLOGISTS

#### *Study Tour to the U.S.S.R., May 10 to 24, 1963*

The party comprised 22 surgeons, five of whom were accompanied by their wives. When we arrived in Moscow, a young man made himself known to us and announced that his name was Mikhail Alexandrovitch Ananyef but we could call him Michael; he was to be our guide throughout our stay in Russia. He spoke English exceedingly well and was invaluable both as a guide and as an interpreter at the various hospitals and institutes we visited. He had a ready answer to the very numerous questions put to him about the political, economic, and domestic life of the country and accepted a good deal of leg-pulling in excellent good humour.

The following two days, Saturday and Sunday, we were unable to visit any hospitals so the time was devoted to sight-seeing; outstanding places of interest were the Kremlin Museum and the Pushkin Art Gallery. In the evening we attended a brilliant performance of Swan Lake in the Palace of Congresses, a building capable of seating 5,000 people as well as affording restaurant facilities of a high order. On Sunday we visited