CORRESPONDENCE

To the Editorial Committee of the British Journal of Ophthalmology

Sirs,—That dichlorphenamide, which is much in use for reducing the intra-ocular pressure, is capable of causing kidney damage is well known, and a check on electrolyte balance and urine examination is advised, but this in itself may not be an adequate precaution.

We have encountered a case of anuria 7 days after the administration of the drug Daranide in therapeutic doses. The investigations on blood electrolytes showed no abnormality and the urine started to be formed 48 hours after the drug was withdrawn. Kidney functions were normal afterwards.

Since this drug is sometimes used in Out-Patients Departments in ophthalmic practice, its toxic effect on the kidneys common to all sulphonamides should be kept in mind.

Yours faithfully,

A. Grover, Ophthalmic Registrar.

The Royal Infirmary,
Huddersfield, Yorks.
October 14, 1963.

BOOK REVIEWS


This latest volume of the "System of Ophthalmology" is divided into two parts. The first of these, on the development of the eye, is published separately; the second part, on congenital anomalies, is to follow.

The clinician may view with some misgiving the prospect of reading embryology once again: he may rest assured that no such misgiving is justified. The development of the eye is presented with the same combination of panoramic comprehension and attention to minutiae that has become the mark of the work as a whole, as of its predecessor, the "Text-book". The leisurely style and readability are here as before.

A concise exposition of the history of the science of embryology opens the book and an account is then given of the general development of the embryo. The study of the developing human eye is allowed to enter only after a careful grounding in modern views on tissue and organ determination. The whole work is permeated by examples drawn from experimental and comparative embryology.

The main features of ocular development are covered by considering successively the neural and surface ectoderm and the mesoderm. A slight disadvantage is the need to refer to several parts of the book in order to get a complete account of the embryology of a composite organ such as the cornea or iris.

There are full and detailed presentations of the development of the ocular vascular system and of the adnexa. A useful chapter on the time sequence of the embryology of the eye is given, and finally there is an excellent section on post-natal growth. Profuse illustrations are given which enhance an already lucid text. The numerous references to electron microscopy are testimony to the modernity of the work.

The reduced size—and therefore easier handling—of this book is an innovation in the "System". Its compactness bears witness to the editor's clarity of presentation.

It is little more than 20 years since the Toxoplasma has been recognized as pathogenic for man, but the great interest shown in the subject is evidenced by the hundred pages of bibliography, with over 3,000 references, in this book. The volume is, in fact, a giant review of the literature, covering all aspects of the subject from the organism itself and its animal hosts to the treatment of the human disease. The author's original observations confirm the generally-accepted view that toxoplasmosis is an important cause of recurrent focal chorio-retinitis in adults and of congenital systemic and ocular disease in infants. Many fundamental questions still remain unanswered.

How does man become infected? What proportion of cases of ocular toxoplasmosis result from acquired infection in adult life, and how many are recrudescences of congenital infection? What are the factors which cause these recrudescences after periods of 10 or 20 years of inactivity? How can the diagnosis be confirmed in the individual case?

These difficulties are demonstrated by some of the case reports: for example, there are details of nine cases said to represent acquired ocular toxoplasmosis. The evidence for such a diagnosis rests in the main on a chorio-retinal lesion without any obvious old scar, a positive dye test, and a response to so-called specific treatment. As this consisted in these cases of DaraPrim, sulpha drugs, and steroids it can hardly be considered specific for toxoplasmosis, and none of the cases gave a history suggestive of a systemic toxoplastic infection. Although they may well have been toxoplasmic, the evidence is not conclusive and emphasizes the difficulty of making a firm diagnosis in the individual case. Perhaps the most hopeful method so far used is the examination of the aqueous humour for antibodies, although there is still doubt about the correct method of calculating the ratio of antibody in blood and aqueous and what constitutes a positive result.

It is perhaps disappointing that such a large and well-produced book should fail to signal a major advance in our knowledge of ocular toxoplasmosis, but those who are working on this problem will certainly be grateful for such a comprehensive review of the literature on the subject.


This is a reprint of the classic volume first produced in 1942 and then reviewed in detail in this journal (B.J.O., 26, 568). Now, as then, it is recommended to all those interested in this subject, covered so well and interestingly by the author.


The third edition of this concise and well-balanced manual has appeared, and like the second edition (1955), has augmented and enlarged the existing text. Two new chapters have been added on refractive errors and syndromes with one or more ocular manifestations. Many additions are also made to the original text on such subjects as night vision, gonioscopy, Eales's disease, retinopathy of prematurity, and the ocular signs of disseminated sclerosis and poliomyelitis, to cite but a few.

Therapeutic advances include notes on the use of Mintacol, Daranide, α-chymotrypsin, and light-coagulation. Chapters dealing with exophthalic goitre, nystagmus, strabismus, and hemianopia have been largely reorganized to bring the material in line with modern progress.


In this volume a very complete and readable account is given of the clinical, biochemical, and genetic aspects of dystrophia myotonica and related conditions. Apart from the occasional involvement of the intra-ocular and extra-ocular muscles, the main ophthalmic interest in this disease lies in the frequent although not universal occurrence of cataract, which the authors consider to be probably related to a disturbance in carbohydrate metabolism. Its pattern of onset is
random, suggesting a pleiotropic effect of the gene. The book gives a reasoned and critical account of our present-day knowledge of a condition of great interest in which many problems remain unsolved.


This is a general atlas of plastic surgery wherein teaching is carried out almost entirely by illustrations with a minimum of text—a very satisfactory way of dealing with a subject in which the technical details are all-important. A chapter is devoted to ophthalmological problems, such as the repair of defects and deformities of the eyelids and the restoration of the socket. Cosmetic problems, such as the transformation of the oriental into the Caucasian eye are fully described; others are treated more lightly. The surgical treatment of ptosis, for example, is cursory, and is confined to the excision of skin and fat; the operation of dacryocystorhinostomy would be difficult for the tyro to follow, and the two pages devoted to keratoplasty would have been better omitted.


A booklet explains how to use sixty pairs of pictures in the treatment of squint. The pictures are arranged in order of increasing difficulty, the first thirty to be used for fusion exercises and the rest for stereopsis.

**NOTES**

**ROYAL SOCIETY OF MEDICINE OPHTHALMOLOGY FUND**

Applications are invited for the following awards from this Fund:

1. From an ophthalmologist of any nationality for consideration of original work carried out in Great Britain and published during the year 1963. Applicants must not have been of consultant status at the date when the work was submitted for publication. A prize of £50 will be awarded.

2. From junior ophthalmologists, if consultants preferably of not more than 5 years’ seniority, wishing to travel abroad during 1964 (or to work in Great Britain if a foreign ophthalmologist). Up to £400 may be awarded. British ophthalmologists should normally apply for study leave with pay and expenses and should give the name and address of the authority to which they have applied. An outline of the project should accompany the application.

Applications for either the Prize or the Travelling Fellowship should be addressed to The Ophthalmology Fund, Royal Society of Medicine, 1 Wimpole Street, London, W.1., to be received not later than March 1, 1964.