

## Book Reviews

**Fundamentals of Ophthalmology** (Grundriss der Augenheilkunde). By W. LEYDHECKER. 15th ed., 1968. Pp. 252, 280 figs (46 col.). Springer, Berlin. DM.36.

This students' textbook of ophthalmology, begun by F. Schieck in 1930 and continued by E. Engelking, has now been taken over by W. Leydhecker of Würzburg who has prepared the 15th edition. The book has been somewhat curtailed, but the number of illustrations has been increased from 254 to 280. It is an excellent book, as indeed is testified by its fifteen editions, and contains all the groundwork required by the ophthalmological student without being overburdened with unnecessary detail or descriptions of rare conditions. The illustrations, many of them in colour, are unusually good and it continues to deserve the popularity it has obtained in the German-speaking world.

**Microscopical and Histological Test Methods with Special Reference to the Eye** (Mikroskopisch-histologische Untersuchungsmethoden unter besonderer Berücksichtigung des Sehorgans). By A. HEYDENREICH, F. BAUER, K.-TH. BUSCH, R. HAHNE and I. TRAUTMANN. 1968. Pp. 419, 141 figs, 11 plates, bibl. Thieme, Leipzig. £11 14s.

This is a very fine book which will be of great help to every ophthalmic pathologist, as it gives a complete list of the different test methods used in this field.

In the general part of the book the preparation of the various tissues to the final stage is described and there are chapters on histochemical tests as well as on various microscopical methods.

The anatomy of the eye is also described with special reference to methods of obtaining specimens.

The lay-out is excellent and the reader can easily find the reference to any particular method.

**Surgical Treatment of Caustic Injuries of the Eye.** By B. ALBERTH. 1968. Pp. 146, 194 figs, bibl. Akadémiai Kiadó. 3 guineas.

This little book represents the author's experience in the treatment of so-called hopeless cases of caustic injuries to the cornea. Cases without symblepharon are treated with total lamellar keratoplasty or perforating keratoplasty, and the author follows this with a description of possible complications. Cases with symblepharon are treated by a series of procedures which are probably not very often performed in English-speaking countries: extracorneal keratoplasty, skin-grafting, amnion-grafting, peritoneum-grafting, conjunctival-grafting, or oral mucous grafting. All stages are illustrated with black-and-white and colour photographs and described in a rather informal style, which at times is certainly not fluent (*e.g.* "The eye was immediately flushed, but the cloud could be removed only three hours later at the clinic", p. 12.)

This book represents a considerable experience in these rather rare injuries and as such is probably not one for the general ophthalmologist but rather for assimilation by the fully experienced corneal surgeon.

**May's Diseases of the Eye.** By J. H. ALLEN. 24th ed., 1968. Pp. 430, 258 figs, refs. Williams and Wilkins, Baltimore; Livingstone, Edinburgh. 90s.

In recent years several excellent new textbooks of ophthalmology have appeared to join the classics. With its 24th edition May's textbook must belong to the second group and it must prove that

revision has been adequate to compare with its more youthful companions. Despite the fact that it encompasses a vast amount of information, it is difficult to recommend this book to any ophthalmologist or to anyone interested in the subject.

Much of the material is old-fashioned or untrue. There is great emphasis on rheumatic and gouty types and frequent non-specific recommendation to look to general hygiene or septic foci. Strychnine is recommended for diphtheritic accommodation palsy, morphine for atropine overdose. Diplopia tests are done with a lighted candle and ionone drops are still used.

Despite many more such echos from the past there is still much that is good and new, but its impact is lessened by the very inadequate proof reading. A paragraph on eczema appears twice on adjacent pages. The description of retinal arteriosclerosis and arteriolosclerosis is virtually incomprehensible. The illustrations of cataracts are so badly captioned that it is difficult to know which is the correct one. As far as drug doses are concerned the author is caught between pounds and kilograms, particularly evident with his varying advice on glycerol.

The 25th edition will need more than revision—it will need rewriting.

**Prevention and Treatment of Squint Amblyopia** (Prophylaxe und Therapie der Schielschwach sichtigkeit). By W. AUST. 1968. Pp. 42, 20 figs. Karger, Basel. 20s.

This booklet has been awarded the Hufeland prize 1967 as an excellent paper on preventive medicine. The author wants the eyes of children to be examined before the age of 2 years. If squint is present glasses should be prescribed to eliminate the accommodative factor, and occlusion treatment (first inverse occlusion) should be started. If this is done correctly before an eccentric fixation has become stabilized, 90 per cent. of children under the age of 5 years can be cured. The methods of orthoptics and pleoptics, especially the technique of Bangerter and Cüppers, are discussed briefly, but the author thinks they should be reserved for failures in occlusion treatment and for older children. If an improvement in fixation is not observed within a short time, an operation is indicated.

All this can be accepted with some reservations. The question remains whether the appeal to send children at an early age to the ophthalmic surgeon has not been obscured by too much specialist detail. The general practitioner cannot derive a full understanding of these details from this small booklet. A short comparison of the result of early and late, often too late, treatment of concomitant convergent squint would be more impressive.

**Iridocyclitic Retinopathy** (Iridozyklitische Retinopathie). By J. VELICKY. 1968. Pp. 66, 28 figs, 7 tables. Enke, Stuttgart. DM.16.

The author stresses the importance of thorough treatment of endogenous iridocyclitis to prevent or reduce the occurrence of relapses and complications. As the aetiology is usually unknown treatment has to be pragmatic. A serious and rather late complication is damage to the retina, especially at the centre. These changes may become manifest even after the anterior uveitis has subsided and the media have become clear. The author rejects allergic considerations. He believes that products of the anterior inflammation find their way to the retina, and produce a disturbance of the capillary circulation. The ophthalmoscope often shows no marked changes or none at all. The author relies for diagnosis on the widening of the angioscotoma, and judges the effect of treatment by its return to normal. He does not support his theory about a capillary dysfunction by histological evidence, nor has he used fluorescence angiography which should show a delay of the venous phase.

It is difficult to understand why capillary dysfunction without visible dilatation of the retinal vessels should increase an angioscotoma. Further, angioscotometry requires very exact fixation. An eye with reduced central vision is likely to make larger fixation excursions. Binocular or stereo fixation devices do not eliminate these independent movements. Thus, the author's conclusions may be valid, but the angiometric methods by which he has reached them are of doubtful value.