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. 20*s*.

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.