

Book reviews

System of Ophthalmology. Vol. XI. Diseases of the Lens and Vitreous; Glaucoma and Hypotony. Edited by S. DUKE-ELDER. 1969. Pp. 779, 686 figs, 9 col. pl., bibl. Kimpton, London. (£11.)

Volume XI of the *System of Ophthalmology* presents three separate sections. The first concerns itself with diseases of the lens and particularly with cataract: its aetiology, pathology, symptomatology, clinical types, and treatment. Although there have been marked advances in the surgical management of cataract over the last 30 years, its aetiology remains a complicated enigma which defies even the pen of Duke-Elder.

Diseases of the vitreous comprise the second section. They are largely degenerative in nature but may lead to changes in the retina which endow them with vital importance.

The third section is devoted to glaucoma and hypotony. There is a masterly description of the primary glaucomas which makes them sound easier to manage than they often are in practice. Secondary glaucoma has a chapter on its own and herein are described the many examples of glaucoma arising in association with systemic disease. A final short chapter on hypotony completes a volume of 779 pages.

As in all Duke-Elder's productions the facts are allowed to speak for themselves but they are so marshalled and arrayed that the ensemble acquires a dynamism greater than the sum of its components, a dynamism which suspends disbelief or criticism. The content is, as always, scientifically accurate; the form inimitable. Who can compete with such monumental industry?

Problems of Industrial Ophthalmology. 1st and 2nd Symposia of the International Study Group for Ergo-ophthalmology: Munich 1966 and Amsterdam 1968. Edited by H.-J. MERTÉ. 1969. Pp. 288, 79 figs. Karger, Basel. (148s.)

This book about occupational ophthalmology contains 57 papers, read at Munich in 1966 and at Amsterdam in 1968, dealing with the relations of the visual capacity of the worker and the efficiency of his work, industrial hazards and ocular injuries, illumination of the place of work, and the psychological factors involved in partial sight and in blindness. It is unavoidable that there should be some overlapping of the subjects. Many statements are generally known, *e.g.* it is accepted that the personality of a motorist is more important than perfect visual acuity and binocularity. The investigations of Dubois-Poulsen on motor and sensory visual fatigue, which may involve the extra-ocular muscles, the ciliary muscle, the retina, and the higher cerebral centres, are very interesting. Schober discusses functional myopia, which can occur when using optical instruments. Krejčí reports good results of irrigating the eye with DETA (di-ethylon-triamine) in cases of caustic injury caused by formaldehyde, phenol, and acids. In severe injuries, however, preliminary perilimbal (Passow) opening of the chemotic conjunctiva must be performed. Jacobi and Rüter have carried out experiments in rabbits on lens changes caused by 15-MeV neutrons and the inhibitive value of intraperitoneal injections of compounds containing serotonin.

Among the many attractive papers none is devoted to the psychological and ocular requirements of the ophthalmic surgeon. Evidently, a perfect von Graefe section requires good visual acuity, binocular depth appreciation, and a well-trained kinaesthetic sensation of the hand and fingers. The psychological factor is difficult to determine. Intuition is important for its evaluation. Binocularity is also required for slit-lamp examinations. The optical equipment of the ophthalmic "worker" should be worthy of consideration in future international study groups.