

The last section on skin complications covers a wider field than is usually encompassed by the ophthalmologist. Nevertheless it discusses a host of syndromes familiar to the eye department and describes not only their dermatological manifestations clearly and concisely but also the pathological and immunological aspects which in many cases are still not fully understood and remain *sub judice*.

There is an excellent bibliography and a workable index. The reader cannot fail to be impressed with the knowledge, which is being gradually wrested from nature, concerning immunological problems and at the same time to be made aware of the gap which has still to be bridged.

**A Handbook of Ophthalmology for Developing Countries.** By G. G. BISLEY. 1973. Pp. 142, 32 figs, 16 plates. Oxford University Press, London. (£1.25)

In tropical and subtropical countries disorders of the eye are among the commonest of ailments needing treatment, and the blind in Africa number about 5 million, most of the cases being preventable. Yet in North Nigeria, for instance, there is only one ophthalmologist to every 10 million of the population (in the U.S.A. there are 350). The paramount need is thus not for a limited number of expensively trained ophthalmologists, but for an army of orderlies, students, or nurses, who after a short training in basic medicine and ophthalmology can be quickly deployed into the neglected rural areas.

Dr. Geoffrey Bisley has a distinguished record in this field. After 26 years in Government Service in Kenya, where he directed one of the most efficient ophthalmic centres in Africa, and where he inaugurated an excellent system of mobile eye-units (which has been the envy of many less fortunate communities), he clearly appreciates the problems and needs of such underdeveloped lands.

This is an admirable book, since it is almost unique in covering the special requirements of such a practical, but limited, ophthalmic service. It is well written, with very clear diagrams, gives a balanced account of basic ophthalmology, with special emphasis on tropical ocular infections, simplified cataract camps, and so on; the final chapter (by Dr. W. R. Burkitt) on rural ophthalmology is excellent. Thanks to assistance from the Royal Commonwealth Society for the Blind, the book is also gratifyingly cheap.

**Cataract Surgery and its Complications.** By N. S. JAFFE. 1972. Pp. 417, figs, refs. Mosby, St. Louis; Kimpton, London. (£19.50)

The management of cataract problems is discussed in a concise and helpful way. This is achieved by correlating pathogenesis, pathophysiology, and the clinical picture. The value of recent contributions to surgical technique is also discussed, and the author, drawing upon his large experience, has made a critical selection of important advances, although the technique of phako-emulsification has been omitted.

The layout is excellent but the percentage of histological illustrations seems excessive in a book dealing with surgical problems. The reader can, however, obtain an excellent and authoritative review of current thought on cataract extraction, methods of treatment, and the avoidance of complications. This type of review has not been covered recently by books devoted to the description of operations and it is therefore to be welcomed.

**Mikrostrabismus. Die Bedeutung der Mikrotropie für die Amlyopie, für die Pathogenese des grossen Schielwinkels und für die Heredität des Strabismus.**

By J. LANG. 1973. Pp. 121, 39 figs, 168 refs. Enke, Stuttgart (Bucherei des Augenarztes No. 62). (DM29)

The author defines mikrostrabismus as a squint of less than 5 degrees with anomalous retinal correspondence—a sensory rather than a motor disturbance.

He deserves credit for stressing the importance of this condition, which had been previously diagnosed as amblyopia without squint. Such an error was understandable as the cosmetic defect