

valuable, particularly in optics and mathematics, and was an essential prelude to the subsequent advances made by such workers as Newton. This volume provides delightful reading and is both critical and fully sympathetic; it is indispensable for anyone interested in the evolution of scientific thought, representing the first great step since the time of Aristotle. STEWART DUKE-ELDER

Symposium on Ocular Therapy, vol 8. Edited by I. H. LEOPOLD and R. P. BURNS. 1976. Pp. 92, tables, figs, refs. Wiley, New York (\$12)

One's heart sinks when books with a promising title turn out to be just the collected papers from some transient congress or symposium, and not a carefully planned and balanced presentation by the distinguished names which appear on the cover. One knows in advance that the result will be a hotch-potch of papers of widely differing quality, covering isolated topics which may, nevertheless, conflict or overlap.

However, within these formidable limitations, the material here is generally excellent. The 10 'chapters' are concise and readable, with much useful information. We are told about the toxicity of drugs used for squinting children (Apt and Gaffney), with a limited message that mongols, brain-damaged children, and infants are at risk from the stronger mydriatics and miotics; that corticosteroid-resistant uveitis is helped (but rarely healed) by azathioprine and chlorambucil (Burns, Laird, and Pirofsky); about the virtues and toxicities of the local anaesthetics used in ophthalmology (Ellis); of the disadvantages of corticosteroids (Havener)—a very good account; about newer antiviral agents (Kauffman), adenine arabinoside being a good alternative for IDU-resistant or IDU-allergic cases, while trifluorothymidine, which likewise does not share allergenicity or cross-resistance with IDU, has the advantage of greater potency and water-solubility; of the factors affecting drug penetration into the eye (Lieberman); wise words about the doctor-patient relationship (Newell); about the management of bacterial corneal ulcers (Pettit); of adrenergic drugs in simple glaucoma (Sears)—concluding that the usefulness of epinephrine is proved, but that this is not yet so for the newer synthetic drugs; that, although platelet aggregation occurs in humans with diabetic retinopathy, it is not evident when this is induced by alloxan or by pancreatectomy in dogs (March, Engerman, and Shoch), an interesting finding,

slightly clouded by the wry picture of those 15 beagles lining up for the chopper. P. D. TREVOR-ROPER

Xerophthalmia and Measles in Kenya. By J. J. M. SAUTER. 1976. Pp. 235. Kliniek voor Oogheelkunde, Rijks - Universiteit Groningen, Netherlands (Dfl 25)

The Dutch school of nutritionists and ophthalmologists with a special interest in malnutrition and the eye has always been conspicuous in these fields. Dr Sauter's book is a particularly successful and comprehensive account of the subject. The illustrations including several pages of colour photographs are excellent. Particular attention has been paid to vital staining of the cornea and conjunctiva, the author concluding that lissamine green has advantages over other traditional stains.

The author's particular concern was to examine the thesis that in many African countries much of the blindness was caused by xerophthalmia precipitated by the 'catalyst' measles. His conclusions were that xerophthalmia occurred nearly everywhere in Kenya in 1974, which shows that xerophthalmia is prevalent in communities which do not have rice but where maize is eaten as the staple food; xerophthalmia appeared to be the main cause of blindness in Kenyan children; measles often played, by means of local and general 'catalysing' effects, an important role in the development of blindness caused by xerophthalmia; in well-nourished children measles was of no consequence as a cause of blindness; staining by 1 per cent rose bengal or 1 per cent lissamine green appeared to be an asset in the early diagnosis of xerophthalmia in health centres and in field surveys. Staining is therefore important in the prevention of severe blindness inducing vitamin A deficiency.

Later the author performed a short additional xerophthalmia investigation in Java, Indonesia, where he examined a small number of xerophthalmia patients and children with measles keratoconjunctivitis. The result of vital staining and the corneal biopsies of these two groups of patients were in accordance with the findings in the Kenyan counterparts.

This is a fine publication, in English with Dutch summaries, and with an excellent bibliography. It deserves to be, and probably will become, a classic in this most important field of nutritional ophthalmology.

D. P. CHOYCE

Notes

Cataract Surgical and IOL Congress

Miami Beach, 5 to 9 February 1977

The fifth biennial congress will be held at the Fontainebleau Hotel, Miami Beach, Florida. There will be 70 speakers and approximately 200 papers which will be discussed by a faculty panel. Anyone wishing to present

papers or films should write to the Programme Chairman, Robert C. Welsh, MD, 168 SE 1st Street, Miami, Florida 33131, USA.

Postgraduate Course in Ophthalmic Plastic Surgery

University of California, 3 to 4 March 1977

This postgraduate course at the University of California, San Francisco, will cost \$150 (including lunches). Further information may be obtained from J. Earl

Rathbun, MD, Programme Chairman, School of Medicine, University of California, San Francisco, USA.