

Book reviews

Mikro-Chirurgie der Glaukome. By M. M. KRASNOV. 1977. Pp. 174, figs., tables, refs. George Thieme, Leipzig (49 DM)

This book gives the impression that it has been in press for about 10 years. It appears to deal with the microsurgery of glaucoma prevailing at the time of the Burgenstock microsurgery conference in 1968.

At present sinusotomy is being performed nowhere except perhaps in focal regions in the Soviet Union. Trabeculotomy for open-angle glaucoma has to all intents and purposes been abandoned even in West Germany. Trabeculectomy—here named *Sektorensinus-ektomie*—has replaced both procedures everywhere, including, by all accounts, the Soviet Union. The extensive literature on trabeculectomy has been completely ignored. Indeed, the grossly inadequate bibliography contains no references later than 1972, and many important references before this date are missing. For example, no credit has been given to Walker and Kanagasandram, whose external fistulisation of Schlemm's canal preceded sinusotomy, and is exactly the same procedure. The concept of canalicular blockage receives scant attention, and surgical procedures based on it—namely, goniospasia and laser coagulation of the peripheral iris—none at all. The illustrations are in general adequate, but it is sad that many of them have been reproduced without any acknowledgement of their source.

As a propaganda exercise this book may succeed in the Eastern bloc, but as an international contribution to the microsurgery of glaucoma it is inadequate. J. E. CAIRNS

Vitreous Surgery and Advances in Fundus Diagnosis and Treatment. Edited by H. MACKENZIE FREEMAN, TATSUO HIROSE, and CHARLES L. SCHEPENS. 1977. Pp. 681, figs., tables, refs. Appleton-Century-Crofts, New York (£50)

This is one of the best of several recent publications on vitreoretinal disorders. It presents the proceedings of the Vitreoretinal Congress which was held in Boston in June 1975.

The text is divided into two main parts. The first, and by far the largest part, deals with the vitreous. It begins with a detailed description of the normal and abnormal vitreous. The short chapter by Constable on vitreous membranes is particularly interesting. The second section deals with methods of examination of the vitreous, with detailed descriptions of ultrasonography and the evaluation of retinal function in the presence of vitreous opacities. The last chapter in this section, on the pre-operative medical evaluation of patients undergoing vitrectomy, written by a physician, is particularly important. By far the largest section is devoted to closed vitreous surgery. It deals with observation and illumination during surgery and detailed descriptions of all the vitrectomy instruments by their designers. The many chapters on surgical techniques are of particular interest. They include vitrectomy techniques and results in

diabetes, trauma, and complicated retinal detachments. The section on vitreous injections describes the use of intravitreal gas injections and vitreous substitutes. It is interesting to note that liquid silicone is mentioned only very briefly. The last section, written mainly by the Boston group, deals with open-sky vitrectomy.

The second part of the book deals with the retinal and choroidal circulation and the use of monochromatic light in the diagnosis and treatment of retinal disorders.

This book is highly recommended to readers interested in vitreoretinal surgery. Most of the chapters are short and very readable, with excellent illustrations. The discussions that follow most of them are particularly informative. J. J. KANSKI

Optics in Vision. By HENRI OBSTFELD. 1978. Pp. 327, figs., tables, refs. Butterworths, London (£10.50)

This useful book covers the subject of ocular optics adequately. To be precise, the question of vision does not enter the problem except when subjective refraction comes to the aid of objective methods. The term 'visual optics' covers a larger field not encompassed by this book.

The text leans heavily on old friends, well-known diagrams having been lucidly redrawn and computational methods having passed through a clarifying sieve. On the rare occasions when the author strays into perceptual problems, such as perceived size, he slips up not on grounds of psychology but on those of physiology. The book illustrates the unfortunate situation generated by the SI system of units, metres and millimetres being mixed almost *ad lib*. A generation beginning to come to grips with the advantages of the decimal point could have been spared this unnecessary complication. However, the book covers all clinical needs, and its approach to contact lens optics is of more than a passing interest. R. A. WEALE

Symposium on Ocular Therapy. Vol. 10. Edited by IRVING M. LEOPOLD and ROBERT P. BURNS. 1977. Pp. 123, figs., tables, refs. John Wiley, Chichester (£9.90)

This volume consists of 10 chapters providing current information on drug therapy and ophthalmology. In glaucomato-cyclitic crises prostaglandins, particularly PGE₂, were found in high concentration in aqueous humour during the attack. Intraocular pressure and the aqueous PGE content could be correlated. Oil drops of indomethacin in concentrations of 0.5% were found to reduce postoperative inflammation following soft-cataract aspiration. It seems possible that miosis and post-operative inflammation are the result of prostaglandins.

Four cases were reported in which prolonged use of local anaesthetics resulted in the development of a yellowish white ring in the corneal stroma after primary epithelial disease, a corneal abrasion, or a contact lens injury.

The best intraocular irrigating solution—one which spares the endothelium—is glutathione bicarbonate

Ringer's solution followed by balanced salt solution. This information is particularly valuable in eye surgery on patients who already have corneal endothelial decompensation (corneal guttata) or on those who are undergoing phako-emulsification and pars plana vitrectomy.

There is a chapter on timolol, a beta-adrenergic blocking agent which shows great promise as a new drug for the treatment of glaucoma. It seems possible that the mechanism of action is by decreasing the secretion of aqueous humour. The duration of action is at least 24 hours in a concentration of 0.5%.

A slow release of artificial tears offers a new approach to the control of keratitis sicca. It offers a functional approach to an otherwise difficult and common clinical problem by producing a tear film that is clinically thicker than normal and retains fluid within it. It is a pliable rod composed solely of a water-soluble cellulose polymer and

is inserted below the tarsus of the lower lid. It slowly dissolves and appears to provide in some patients great benefit.

Increased use of ointments may prove the most effective way of applying some drugs to the anterior segment of the eye. In animals sustained therapeutic levels in the tears, aqueous humour, and cornea are superior, with antibiotics in ointment used 4 times a day in contrast to once daily subconjunctival injections. Topical disodium cromoglycate drops produced significant improvement in 18 patients with vernal keratoconjunctivitis or atopic keratoconjunctivitis in a double blind placebo-controlled clinical trial.

The final chapter describes molecular alteration of epinephrine to produce a prodrug, dipivalyl epinephrine, that is a more potent adrenergic compound and better tolerated than standard epinephrine preparations.

S. J. H. MILLER

Notes

Retinal diagnosis and therapy

A 5-day course on techniques of retinal diagnosis and therapy will be held at the Institute of Ophthalmology, Cayton Street, London EC1V 9AT, between 27 November

and 1 December 1978; suitable for consultants and senior registrars or overseas equivalent. Course fee £70.

Workshop on microsurgery 1978

The Royal Australasian College of Surgeons will be organising a second teaching workshop on microsurgery in Singapore during 4–10 December 1978. The workshop is designed for surgeons who have never used the operating microscope or who are having adjustment difficulties.

Further information from Dr Arthur S. M. Lim, Chairman, Workshop on Microsurgery, 441 Singapore Medical Centre, Tanglin Shopping Centre, 19 Tanglin Road, Singapore 10.

European Ophthalmic Pathology Society

The European Ophthalmic Pathology Society held its annual meeting in Belgrade, Yugoslavia, on 14–17 June 1978. Dr A. P. Ferry (Richmond, Virginia, USA) was the guest of honour. The scientific programme included 39 case presentations by members and guests, and 17 nations were represented. For each presentation a protocol, histopathological sections, and clinical or macroscopic transparencies were provided. Most of the case presentations dealt with benign or malignant

neoplastic processes involving the globe, orbit, or eyelid, and the discussion was concerned predominantly with classification, prognosis, and management. Congenital malformations were also a prominent feature among the presentations, and the remainder of the cases provided examples of systemic disorders involving ocular or adnexal tissues. Thirty-one members attended and 7 guests.

Prevention of blindness

The first general assembly of the International Agency for Prevention of Blindness was held on 6–8 July at Oxford under the presidency of Sir John Wilson. The president said the primary purpose of the agency was to create a new climate of opinion in which immediate and decisive action could be taken to reduce the economic loss and human misery resulting from 40 million blind people in the world. Statistics from the United States International Eye Institute showed that unless decisive action was taken the number of blind people in developing countries might increase five-fold in less than 50 years. The assembly considered that adequate technology exists

to reduce the 4 causes of eye disease which account for 80% of blindness in the developing world, namely, trachoma, xerophthalmia, onchocerciasis, and cataract. Another statistic showed that 250 000 people go blind annually from vitamin deficiency. According to the Director-General of the WHO, the prevention of blindness now represents one of the most advantageous options in the whole range of public health policy. The British Government has decided to make available to the Royal Commonwealth Society for the Blind the funds to enable it to continue to provide in the United Kingdom an administrative base for the agency.