

Although the content is essentially as in the previous editions, there are few topics which do not show evidence of revision. Some sections, such as those dealing with immunity and allergic reactions, with fungal and chlamydial infections, with precancerous epidermal lesions, with corneal dystrophies, and with the vascular retinopathies, have been expanded slightly. Electron microscopy is introduced, albeit to a very limited extent, for the first time. The overall length of the book is nevertheless almost the same as that of the previous edition owing to pruning of obsolete material. Unfortunately, while some figures have been replaced, there are still too many inferior photomicrographs.

This is a reliable and lucid introduction to eye pathology which can be recommended to students with confidence.

A. GARNER

Praktische Glaskörperchirurgie. By JEAN HAUT and SYLVIE LIMON. Pp. 166. DM54. Enke: Stuttgart. 1978.

Vitreous surgery is advancing so rapidly that it is sometimes difficult to keep up with the new instrumentation and techniques of this fascinating branch of ophthalmology. 'Practical vitreous surgery' is a German translation of a book originally published in French. Unfortunately between the time of the initial text and the final translation many major advances have occurred, with the inevitable consequence that the book is sadly out of date. There is no reference to work after 1971, and thus all the revolutionary techniques of closed vitreous surgery are missing. Nevertheless this volume provides much useful and interesting information about basic vitreous physiology and pathology, and at the time of its original publication it provided a rational appraisal of contemporary surgical procedures concerning the vitreous, especially in the management of vitreous loss during cataract surgery. Ophthalmic surgeons without access to modern vitrectomy instruments will find the chapters on 'open sky' techniques valuable, but the book is unlikely to have a general popular appeal.

T. J. FFYTCHÉ

Ophthalmology Study Guide for Students and Practitioners of Medicine. 3rd edn. Joint Committee on Medical Student Education. Pp. 196. No price given. American Academy of Ophthalmology and Otolaryngology: Minnesota. 1978.

This guide to 'patient problem-areas' and 'important concepts of diagnosis and management in the field of eye care' is written to supplement the various standard primers of ophthalmology. Rather like a breviary, it selects from the established ophthalmology bibles (to which the student is throughout referred) aspects which need amplification and it gives general guidance to practice. It is well laid out, with lists of questions and a loose plate of micro-fiches (a sheet of miniature coloured transparencies).

The traditional English student might cavil at the rather hectoring approach, the prolixity, the polysyllables, the jargon, the sociological catch-phrases, and so on, but I am sure that the authors know the sort of

language to which their students respond best; and there are indeed many felicities and aphorisms that lighten the ever-insistent 'problems' and 'situations'. Odd statements also sometimes take one aback. Thus on starting off with section 1 (headed 'Visual Acuity'), subsection 1 (headed 'Relevance'), macular degeneration is quoted as the first of the 'Blinding eye diseases which may be treated and vision restored'.

But these limitations should not detract from the central virtue of this book, which is to provide a new dimension to ophthalmology as it is gleaned from the standard textbook, like a template, filling in its gaps and ambiguities, highlighting, clarifying, and consolidating. It is an original approach, and many an eye doctor will be the wiser after reading it.

P. D. TREVOR-ROPER

Taschenbuch der Augenheilkunde. By H. J. KÜCHLE and H. BUSSE. Pp. 408. DM68. Verlag Hans Huber: Bern. 1978.

Handbooks of ophthalmology are always welcome, and when they succeed in condensing an exhaustive number of facts under one cover they are to be congratulated. This small compact volume (less than 400 pages) is comprehensive enough to serve as textbook for undergraduate and postgraduate students and also to provide a ready reference book for practising ophthalmologists. There are sections on basic physiology, pathogenesis, and treatment of common and uncommon ocular disorders, though surgical techniques are not discussed in detail. More important for those revising for examinations, there are lists and tables and a glossary of over 250 syndromes. Unfortunately there are very few illustrations, and many of the treatments have a strong Continental flavour, but these are minor criticisms of this splendid little book. If it were translated into English it would certainly find a place in most eye departments and consulting rooms as well in the pockets of postgraduate students.

T. J. FFYTCHÉ

Intraocular Lenses. By RONALD A. SCHARCHAR. Pp. 133. \$16.75. Charles C Thomas: Springfield, Illinois. 1979.

If there has been, over the last 30 years, an ophthalmic surgical subject fraught with controversy, then the subject of this book must certainly be the one. This controversy has arisen largely because of the refusal or inability of those persons connected with its development to apply to its study the level of scientific critical assessment it required. So outstandingly encouraging were the results obtained in favourable cases that those that fell short of this attainment tended to be disregarded. As the failed cases became the responsibilities of other surgeons, so factions strongly for and against intraocular implants came into being.

Over the last 10 years responsible surgeons have made a vigorous effort to correct this disastrous state of affairs. Scientific methods have been applied to implant design, to surgical techniques, to case analysis, and to the study of complications and how they may be avoided. Useful progress has been made. This form of surgery now has

a place in ophthalmology which can be described as both ethical and valuable.

With this in mind it is desirable that comprehensive contributions to the relevant literature should be seen to build on this late foundation and not to turn the clock either back or too far forwards with ill-advised haste. In this respect, this book falls short of what is required. It represents a very personal account of Dr Scharchar's views, with much detail about his surgical techniques and the value of his design of implant. His views are unsupported by statistical evidence of his own, and no mention is made of the need to make further study and assessment of results and complications in a proper scientific manner.

Because of the number of astonishing and possibly dangerous assertions such as that α -chymotrypsin causes glaucoma and delayed wound rupture, or that endothelial dystrophy does not constitute a contraindication to implant surgery, this book should be regarded as unsuitable for postgraduate study, unless read with well-developed critical faculties. The text is not assisted by medical illustrations of poor quality.

This book reflects an attitude in favour of implantation for almost every type of patient with cataract and belittles the disadvantages, attributing most complications to faulty surgical technique rather than to unsatis-

factory clinical judgment. Such teaching could easily lead the inexperienced surgeon and his patients into serious trouble.

A. D. MCG. STEELE

Colour Vision. By GERALD S. WASSERMAN. Pp. 224. £13.40. John Wiley: Chichester. 1978.

This useful historical review will be of interest to both the expert and the layman. It is eclectic in the sense that it starts with Newton, even though the study of colour vision received a considerable impetus a century and a half earlier at the hands of Leonardo da Vinci. The author spends quite some time in grappling with psychological concepts—a thankless task, in your reviewer's opinion. His description of fundamental physiological studies on primates is brief to the point of being curt, but perhaps this restores a recent imbalance in the literature on colour. It is interesting to witness the resuscitation of long-laid ghosts, and to see recent ones confirmed. For example, the so-called principle of univariance (p. 91), linked with Rushton's name, was stated by Einstein at the beginning of this century and really stems from photochemical principles datable to the middle of the last century. But if we credit someone with a discovery often enough he will make it one day.

R. A. WEALE

Correspondence

Experimental branch retinal vein occlusion

SIR, I was interested to read the 3 publications¹⁻³ in the June 1979 issue of the *British Journal of Ophthalmology* on experimental branch retinal vein occlusion (BRVO). We have had similar results in our identical experimental studies on BRVO, conducted over the past 6 years, with a follow-up of eyes in rhesus monkeys up to 2 years (not published as yet). While I support, in general, the findings of the authors on BRVO, I take very strong issue with some of the statements regarding our work on central retinal vein occlusion (CRVO) by Hamilton *et al.*¹ and particularly in the anonymous editorial⁴ preceding that paper.

The editorial⁴ appears to make the mistake of equating CRVO with BRVO. The articles describe studies of BRVO and *not* CRVO, and the author of the editorial has drawn conclusions from those studies on the BRVO only. CRVO and BRVO are 2 very distinct conditions. The anatomy of the CRV, the various physiological and pathological aspects of its blood flow, and the pathogenetic factors in its occlusion are very different from those of the BRV. Moreover, studies reported do not even reproduce all aspects of the clinical syndrome of BRVO in the animals. To apply the findings to CRVO (without doing any exhaustive studies on CRVO) is in my view ridiculous.

In the field of research, the emergence of new facts and evidence makes us modify our views as we go

along, provided we keep an open scientific mind. My studies, conducted in the early 1960s and published in 1965,⁵ were conducted on a small series and, more importantly, before the advent of fluorescein angiography and it was impossible to determine the extent and type of occlusion of retinal vessels under those experimental conditions. Our recent studies⁶ clearly revealed the limitations in those earlier studies, and the consequent erroneous impressions. Recently we pointed out⁶ the discrepancy in the 1965 study in the light of our recent findings, but the author of the editorial has taken no notice of that fact. The editorial writer even misrepresents our current views on the subject.

According to the author of the editorial, 'the difference in the clinical appearances [between the CRVO and BRVO] are due to differences in the site of the obstruction'. Site of occlusion undoubtedly plays an important role in the severity of the clinical picture of CRVO, and we strongly emphasised this fact in our paper,⁶ but that does not explain everything about the pathogenesis of CRVO. For example, one-third of the patients with CRVO have ocular hypertension or chronic simple glaucoma, whereas in BRVO the incidence is *no* higher than in the general population.

The author admits the presence of 'ischaemic capillaropathy'. This can be reproduced by more mechanisms than one. No doubt isolated venous occlusion by itself