Book reviews

A Short English-Swahili Medical Dictionary. By T. HEDLEY WHITE. Expanded and edited by C. E. Sorsbie, Nathan Mbwele, and Anne Ndubbi. Pp. 128. £3.50. Churchill Livingstone: London. 1979.

Swahili is a beautiful and growing language which is rapidly becoming the national tongue of Kenya. The purpose of this English/Swahili medical dictionary (in 2 volumes) is to translate standard medical vocabularies used all over the world by English-speaking peoples into Swahili and thus provide accurate communication between doctor, patient, and nurse. It is a pioneer piece of work because many of the technical medical terms have no absolute equivalent in the Swahili language, and Lady Sorsbie and her two collaborators Nathan Mbwele and Anne Ndubbi are to be congratulated on the time and care which they have spent with the author on this dictionary with a view to making it easier for the primary-care doctor to make a scientific diagnosis and apply appropriate treatment. Ophthalmology, which is said to have a sublanguage of its own, is well represented, as well it should be considering the amount of ocular disease which still exists in East Africa. Designed to fit into the pocket of a doctor's or nurse's white coat, the dictionary will prove a tireless medical auxiliary. We wish it every success.

S. J. H. MILLER

Ocular Toxoplasmosis and Pars Planitis. By T. F. SCHLAEGEL, JR. Pp. 378. \$34.75. Grune and Stratton: New York. 1978.

This book of 378 pages tells the story of toxoplasmosis and pars planitis in some detail. It traces the advances in our knowledge contributed by many research workers.

Systemic toxoplasmosis is a protozoan infection of man and most of the animal kingdom. It is present worldwide, being more common in warm, moist, sea-board climates. It is usually asymptomatic, but when it is symptomatic it produces lymphadenopathy in man.

In 1923 Jankú, of Prague, described a boy who became blind at the age of 3 months and died of hydrocephalus. This infant had a granulomatous inflammation of the eyes due to the protozoan *Toxoplasma gondii*. In 1948 Sabin and Feldman presented their dye test, and in the same year Frenkel introduced the toxoplasmin skin test and showed its value in providing evidence of toxoplasmosis as a presumed cause of posterior uveitis. In 1952 Helenor Wilder demonstrated *T. gondii* in tissue sections in 53 adults who showed retinochoroiditis, and 30 of these cases had previously been diagnosed as probable tuberculosis.

The feline is the definitive host of toxoplasma but the organism is ubiquitous. The discovery of the coccidial stage of toxoplasma in intestines of cats and of oocysts excreted in cat faeces suggests that the oocyst form of the parasite may be the major source of transmission. Since there is an increasing prevalence of positive serological titres with increasing age it would appear that

many people acquire the disease at some time during their lives.

In congenital systemic toxoplasmosis the organism is transmitted to the fetus from the maternal circulation or a focus in the uterus. It has a predilection for nervous tissue. Characteristic features are an encephalomyelitis succeeded by areas of calcification in the brain and bilateral chorioretinal lesions often affecting the maculae. High antibody titres are found in sera from mothers who have just been delivered of diseased children, but the mother does not give birth to more than 1 child with congenital toxoplasmosis. Once a woman has had toxoplasmosis and has become immune she cannot give it to any subsequent children. Most authorities now think that ocular toxoplasmosis is usually congenital in origin, and as 3000 of the 3 million babies born in the United States each year have congenital toxoplasmosis there is still a sizeable medical problem to be solved.

Wilder pointed out that it is not the level of serum titre that is important in the diagnosis of ocular toxoplasmosis but rather the presence of a positive skin test or dye test. A rising titre in ocular toxoplasmosis does not occur except in those rare patients with acquired systemic toxoplasmosis complicated by toxoplasmic retinochoroiditis. The vast majority of cases of toxoplasmic retinochoroiditis are of congenital origin. *Toxoplasma* organisms lie dormant as cysts in the retina, to be awakened later. The incidence of ocular toxoplasmosis in posterior uveitis is variously estimated from 25% (Perkins) up to 70% (Cassady).

Satellite foci are most helpful in pointing to the presumed aetiology of the toxoplasmosis, since most cases of toxoplasmic retinochoroiditis occur at the edge of a previous scar. It affects patients between the ages of 11 and 40 years and is often unilateral and single. Cells appear in the vitreous and disappear with recovery. The diagnosis should be based on a typical clinical picture plus laboratory evidence of toxoplasmosis. The mainstay of the diagnostic armamentarium is still the Sabin-Feldman dye test.

In treatment at least one antimicrobial agent must be used if corticosteroids are employed because of the hazard of generalised toxoplasmosis in the immunologically compromised patient. The common routine is to give triple sulphonamides in a dosage of 3 500-mg tablets every 6 hours with 100 mg of pyrimethamine twice the first day and 25 mg twice a day thereafter. It is important that the patient receives 3 mg of citrovorum factor or folic acid once weekly.

Pars planitis was first described by Schepens in 1950 after the introduction of the binocular ophthalmoscope. The condition involves retinal phlebitis with leakage into the vitreous and the late development of collagen in the vitreous. It accounts for 4 to 8% of patients with uveitis, and it affects mainly children and young adults.

A child with uveitis has about 1 chance in 5 of having pars planitis. There is no sex predilection. Two-thirds of the cases are bilateral. Symptoms and external signs are minimal. The type of complaint consists of seeing black spots, strands, or thin veils or having blurred vision. Most cases in the population at large, perhaps as many as 80%, do not need any treatment. In cases lasting from