

the authors infer that this classification is an anachronism. In their series simple glaucoma is diagnosed by a process of exclusion and accounts for only 5% of all cases. The largest percentage is congenital (55.6%), followed closely by exfoliation glaucoma (35.6%). Pigmentary glaucoma accounts for 1.2% and closed-angle glaucoma 1.7%. After their clear exposition of the importance of goniodysgenesis in most types of glaucoma the authors put forward the idea that goniodysgenesis is the real cause of simple glaucoma but the signs may be so minimal as to be difficult to diagnose with the gonioscope.

The proceed to discuss goniodysgenesis and closed-angle glaucoma, particularly of the chronic type, and make a strong case for maldevelopment of the angle as a factor in this type of glaucoma as well as in cases of glaucomato-cyclitic crises. They also suggest that the corticosteroid response is one which is probably secondary to goniodysgenesis.

The final chapter is on therapeutic considerations. Following the introduction of trabeculectomy, which is a relatively safe surgical procedure, they are of the opinion that it is unwise to withhold trabeculectomy in favour of doubtful medical control, particularly as trabeculectomy is a surgical exercise attacking the main aetiological factor in glaucoma (goniodysgenesis) by excising a section of abnormal trabecular and pretrabecular tissue, allowing flow of aqueous into the region of the canal of Schlemm.

J. B. S. Haldane states somewhere in his writings that in his opinion 'the salt of the earth' are 'those who work and think about their work'. There is no doubt that the authors of this short book on goniodysgenesis, with the subtitle 'A new perspective on glaucoma', qualify for this description. They have lived with their patients and studied them with extraordinary care. Their thesis is thought-provoking and an expression of years of devoted attention to detail.

S. J. H. MILLER

Strichskiaskopie. By WOLFGANG GRIMM, CHRISTIAN UCKE, and DIETER FRIEDBURG. Pp. 93. DM33. Ferdinand Enke Verlag: Stuttgart. 1978.

Streak retinoscopy is regarded by most ophthalmologists as an art rather than a science. This comprehensive volume discusses the optics and practice of retinoscopy and includes a large number of ray diagrams and experiments with artificial eyes. Many ophthalmologists will find the information about this relatively simple technique too detailed, but the book should appeal to opticians and those studying optics.

T. J. FFYTCH

Obituary

Robert Leishman, MD, FRCP Glas, DOMS

Dr Robert Leishman, a distinguished eye surgeon, died on 1 May 1979. In active practice until his retirement in 1975, he had been consultant ophthalmologist in the Victoria Infirmary and Southern General Hospital in

Glasgow and honorary clinical lecturer in the University of Glasgow, and made an international reputation following his research and publication on vascular disease in the eye and other topics.

Robert Leishman was born on 31 March 1910 and was educated at Stirling High School and the University of Glasgow, where he was an outstanding student, graduating MB, ChB in 1932. After a period as house surgeon in Glasgow Royal Infirmary he practised in London until the outbreak of war, gaining experience in the specialities of ophthalmology and otolaryngology until he volunteered for duty and served as surgeon lieutenant commander RNVR with the Royal Navy and Royal Marine Commandos in several theatres of war. He was glad to have been in active service, but with his natural talent for research he was recalled to the Government Research Department at Porton, where he worked on defence against biological warfare. During this period



he was influenced by Ida Mann, Foster Moore, and others, who stimulated his wish to enter the specialty of ophthalmology, and he was appointed an ophthalmologist to the Royal Navy serving in London until his return to civilian life in 1946.

He left the Royal Naval Establishment in Queen Anne's Mansions in London in 1946 to join the staff of the Tennent Institute in the University of Glasgow under the late Professor W. J. B. Riddell. From then until his retirement in 1975 he enjoyed a full career in ophthalmic surgery. He carried out research (graduating MD with honours in 1948) and lectured extensively, not only in the medical school but to innumerable professional bodies and lay organisations. In addition to his hospital work in Glasgow Western Infirmary and the Royal Hospital for Sick Children he built up a successful private practice based on his clinical ability and his excellence as a surgeon, supported by his sympathy for