

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

patients with eye disease and his understanding of their problems. Most of his patients regarded him as their friend and many became close friends.

Dr Leishman left the Tennent Institute in 1953 to become senior consultant ophthalmologist in the Victoria Infirmary and Southern General Hospital, Glasgow, where he remained until his retirement. He built up an excellent eye department in the Southern General Hospital, attracting staff from this country and overseas, and was a good and popular teacher of students, but he will be remembered principally for his research in many fields of ophthalmology and particularly for his carefully reasoned work on the effects of vascular disease on the eye, which brought him the Treacher Collins prize in 1954. With subsequent international recognition he became an authority on this subject.

Robert Leishman had many interests in addition to his profession, and he enjoyed all aspects of life. He devoted himself to his patients and research, and although his name was a byword among his ophthalmic colleagues and physicians he rarely attended meetings and was amazed by the trend he saw in his later years towards national, international, and world congresses, 'teach-ins', and television interviews, believing, as so many do, that more is achieved in the intimacy of consultation or in quiet reading and research than by these modern phenomena. He is survived by Mrs Leishman and by their son, Ralph.

Notes

Intraocular Implant Society

The United Kingdom Intraocular Implant Society will hold its next workshop at the Birmingham and Midland Eye Hospital on 15–16 November 1979. Details from Mr J. L. Pearce, Hon. Secretary, 2 Windsor Street, Bromsgrove B60 2BG.

Contact lens practice

An advanced course in contact lens practice will be held on 19–23 November for medical practitioners, limited to 25 delegates. The lectures and topics discussed will be at symposium level and will be held in the Contact Lens Department at Moorfields Eye Hospital, London. Applications to join the course should go to the Dean, Institute of Ophthalmology, University of London, Cayton Street, London, EC1. Successful applicants will be notified of the cost of the course.

Intraocular lens implants

The Florida Ophthalmological Society will hold a 4-day symposium on 'Complications of intraocular lens implants', at the Boca Raton Hotel and Country Club, Boca Raton, Florida, on 6–9 December 1979. Further

information may be had from Thomas R. Bates, MD, 85 W Miller Street, Orlando, Florida 32806, USA.

Contact lens research

The International Society for Contact Lens Research has recently been established as a completely independent body which will meet periodically and transactions will be published. Membership is by election and all must be bona-fide research workers in contact lens practice. The Corresponding Secretary is Raymond I. Myers, OD, University Club Tower, 1034 S. Brentwood, St Louis, MOD 63117, USA. The Chairman of the Steering Committee is Montague Ruben, FRCS, 5 Devonshire Place, London W1.

Ocular fine structure

The European Club for Ocular Fine Structure will hold its next meeting in West Berlin in April 1980. The club was formed in 1972 to bring together annually young electron microscopists actively engaged in the study of problems relevant to the subject of ophthalmology. Further details may be had from the Organising Secretary, Dr J. P. Harnisch, Klinikum Steglitz, Augenklinik, Hindenburgdamm 35, West Berlin, West Germany.

Change in style of references

In accordance with the Vancouver agreement many medical journals are to standardise the instructions they issue to authors on the preparation of articles. References will be cited by the numerical system already familiar in many journals, including the *British Medical Journal*.

A paper (or book) cited in the text is referred to there by a superscript number. In the list of references the papers (or books) appear in the numerical order in which they are first cited in the text, not in alphabetical order by authors' names. For convenience in preparing the typescript the reference number may be typed between parentheses on the line, not superscript. The titles of journals will be abbreviated in accordance with the style of *Index Medicus*. In the typescript they should either be abbreviated in that style or given in full. This journal will change to the numerical system from the first issue of 1980. *Authors submitting papers are asked to adopt it now in order to facilitate editing*. Three examples follow:

- 1 Green A B, Brown C D, Grey E F. A new method of measuring the blood glucose. *Br J Ophthalmol* 1980; **64**:27–32.
- 2 Green A B, Brown C D. *Textbook of Medicine*. London: Silver Books, 1980.
- 3 Grey E F. Diseases of the pancreas. In: Green A B, Brown C D, eds. *Textbook of Medicine*. London: Silver Books, 1980; 349–362.

Copies of the Vancouver agreement (50p, post free) are obtainable from the Publishing Manager, British