Ophthalmologists will be interested that a first description of Behçet's syndrome is attributed to Hippocrates (fifth century BC) who is reported to have described aphthous ulceration, genital ulceration, and iridocyclitis. Lacking our present facilities, he wrote about 'watery ophthalmies of a chronic character with pains, fungous excretions of the eyelids externally and internally which destroyed the sight of many persons'.

The ophthalmic contributions included a report of 30 patients from Moorfields, in which visual acuity of 6/60 or less developed in 43% of the patients about 3 years after the first visual symptoms. Fifteen patients reported from St Thomas's Hospital were classified into 4 groups on the fundus and fluorescein angiographic appearances: (1) perivenous and capillary leakage; (2) venous occlusion; (3) retinal infiltration; (4) atrophic stage. It is interesting that venous occlusion was seen in 4 cases and was associated with a steroid responsive hyperviscosity syndrome. HLA B5 was seen in 71% of cases. A further series of 32 patients from Guy's Hospital show the ocular features and emphasise the association with HLA B5. Continued ocular observation of patients with Behçet's syndrome is recommended, as one asymptomatic patient had mild uveitis.

Behçet's syndrome is a good example of a systemic circulating immune complex disorder, as was reflected in papers on oral and genital ulceration, gastrointestinal changes, joint changes, neurological involvement, and renal involvement. Immunological studies comprise one-third of the book, and, though abnormalities are seen in most of the patients, few diagnostic tests emerge. Therapy remains based on steroids and azathioprine, and transfer factor and levamisole tend to have complications greater than their potential therapeutic benefits.

This is an interesting well produced book, which emphasises the multisystem involvement of Behçet's syndrome. The ophthalmologist plays a vital role in the detection and management of this condition, which tends to cause blindness in young people. M. D. SANDERS

Obituary

Charles R. Kanagasundaram, MBBS, DO

Charles Kanagasundaram died on 5 July 1980. He was born 57 years ago into a gifted Christian Tamil family in Ceylon, where he went to school, and qualified as a doctor. After 5 years in general medical duties in the Government Health Service he came to Great Britain in 1952, where he held junior ophthalmic posts at Coventry and Warwickshire Hospital and the Royal Eye Hospital, London, then becoming senior registrar at the Wolverhampton Eye Hospital and the United Birmingham Hospitals. In 1962 he became consultant at Newcastle upon Tyne General Hospital and Walkergate Hospital and took care of clinics at Hexham and Berwick. His publications up to that time indicated what were to be the outstanding features of his work as a consultant, namely, anterior segment surgery and clinical photography.

It was always a delight to watch Charles operating; he made it look so easy and graceful and one learned much by doing so. At this time, he brought to ophthalmology the fruits of his other hobby—engineering—and he applied his logical mind and knowledge of engineering principles to surgical techniques and to the improvement of surgical instruments and sutures. Indeed he actually manufactured some instruments of great delicacy in his own workshop, and he repaired instruments that the professional instrument makers claimed were beyond them.

His shrewd but sympathetic understanding of people combined with his foresight and willingness to spend much time and effort mastering all the relevant facts, enabled him to make a valuable contribution to the plans for the future of ophthalmology in Newcastle. His own absolute integrity and lack of personal ambition made his judgments particularly valuable.

A naturalised British citizen who enjoyed living in Britain, he nevertheless retained a great love for his own country and people. On his visits to Sri Lanka he was invited by the Association for the Advancement of Scientific Students of Sri Lanka to lecture in Columbo and spent part of his holidays operating in hospital there. He was vice-chairman of the Standing Committee for the Economic Betterment of Underprivileged Tamils (SCOT) and this entailed regular journeys to London.

After a massive stroke his recovery was encouraged by his devoted wife, and his inventive mind was put to solving the problems he encountered, so that he had already designed devices for use by paraplegics and was taking steps to see that they were manufactured, when he had a further coronary occlusion, which proved to be his last illness.

His sense of humour gave him great delight in the fact that his young son is particularly good at English and that his daughter shows signs that she has inherited his own engineering aptitudes. M.A.C.J.

Brian Zwink, MB, BS, DOMS

Brian Zwink, who died recently after a long and trying illness, was an associate member of the Faculty of Ophthalmologists and a valued member of the staff of the Ophthalmic Department of the London Hospital.

He was born in Ilford in 1917, and was educated at Aldenham School and the London Hospital, where he qualified in 1941. After a year of house appointments he joined the RAMC, and was sent to Egypt. He worked in the 13th and later the Scottish General Hospitals, and became a graded ophthalmologist at No. 1 General Hospital. On demobilisation in 1947 he was at the No. 12 GH in Palestine.

Returning to the London Hospital, he made his career there. Having taken the DOMS in 1948 he became chief assistant, and after this continued to work there as an SHMO. He took over Preston's practice in Ilford, where he became universally known and deeply respected. He was an invaluable member of the eye department, with an enormous capacity for hard work, and was never daunted by the seemingly endless stream of patients, being the first to arrive and the last to leave