Ophthalmologists will be interested that a first description of Behechet'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 opthalmies of a chronic character with pains, fugent 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) perivenuous 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 Behechet's syndrome is recommended, as one asymptomatic patient had mild uveitis.

Behechet'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 Behechet'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

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.

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 Walker Gate 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.

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.
except when Wimbledon, Covent Garden opera, or Glyndebourne proved irresistible. In conjunction with Ambrose King and Eric Dunlop he did valuable investigations into the correlation of ocular signs with the various stages of syphilis, some results of which have been published. His seniors and equals recognised his exceptional judgment in diagnosis, but it was the succession of housemen who really most appreciated his gifts as an outstanding teacher. He enjoyed inculcating a logical and reasoned approach to a problem, and many ophthalmologists can look back to their first house appointment at the London, where he taught them to think lucidly.

He is greatly missed in every part of the London Hospital and by his patients in East London. Our deepest sympathy is due to his wife, Pat, also a doctor, and to his children.

J.A.

Notes

New journal of visual impairment

The British Journal of Visual Impairment is a new quarterly journal being launched this year by Newton Mann Ltd and the Visual Impairment Association (Great Britain and Ireland). Each issue will be linked to a theme, and initial themes will include co-operation, co-ordination, and communication in the provision of services; diabetes and failing vision; and low vision/low vision aids. Details from Newton Mann Ltd, Sherwood House, Matlock, Derbyshire DE4 3LT.

Register of research on blindness

The 1980 edition of the International Register of Research on Blindness and Visual Impairment contains: a list of projects on nonmedical research and innovation practice for the blind and visually impaired; a list of the main organisations in each country, of and for the blind and visually impaired; a list of sources of information including periodicals, abstract journals, and information services. The price is £10.00, which includes packing and airmail postage for destinations outside Europe. Obtainable from Dr J. M. Gill, Warwick Research Unit for the Blind, University of Warwick, Coventry CV4 7AL.

Pakistan conference

The Ophthalmological Society of Pakistan, North Zone, Lahore, will hold its annual conference on 19-21 December 1980 at F. J. Medical College, Lahore. Courses will be conducted on detachment of retina, anterior vitrectomy, and fluorescence angiography. Further details from Dr Dil M. Mirza, Cairns Hospital, Allama Iqbal Road, Lahore 5, Pakistan.

Symposium on the anterior segment

The Eye Foundation of America will hold a symposium on the anterior segment on 20-21 February 1981, at New Orleans, Louisiana. Fee: $200 for practising physicians, none for residents and fellows. Details from Dr Kenneth G. Haik, The Eye Foundation of America, 823 Maison Blanche Building, New Orleans, Louisiana 70112, USA.

Contact lens fitting

The Rudolph Ellender Medical Foundation will hold its 21st annual instructional course in contact lens fitting at New Orleans on 3-5 April 1981. Details from the Secretary-Treasurer, Rudolph Ellender Medical Foundation Inc., 136 So. Roman Street, New Orleans 70112, USA.

International Intraocular Implant Club

Dr Cornelius D. Binkhorst has been nominated to deliver the second Ridley medal lecture during the joint meeting of the IIC with the American Intraocular Implant Society during the International Congress of Ophthalmology in San Francisco in November 1982.

International Strabismological Association (ISA)

A meeting of the ISA will be held near San Francisco shortly before the main International Meeting in November 1982. Members of the ISA should notify the Secretary-Treasurer, Dr A. Huber, University Eye Clinic, CH-8091 Zurich, Ramistrasse 100, Switzerland, of any change in address since the last meeting in Kyoto, so that they can be informed about the details of the meeting. Also, any intending new members of the ISA should contact Dr Huber for details about this.