applied for most ophthalmologists, but it provides a useful account of the development of glaucoma microsurgery over the past decade and in particular one surgeon’s contribution to this field.

ROGER COAKES


Goldman and Kaufman discuss the VIIth nerve lid block described by Nadbath and Rehman. The anterosuperior border of the mastoid process and the posterior border of the mandibular ramus are palpated where a 25-gauge \( \frac{3}{2} \)-inch (16 mm) needle is advanced into the tissue perpendicularly to its full length, and thus the main trunk of the facial nerve is bathed in anaesthetic before its first bifurcation. A straw ring blepharostat is described for penetrating keratoplasty which provides protection against anterior scleral collapse and separates the lids as well. In lens extraction combined with keratoplasty they suggest that the combined movement of lifting up and slightly twisting the lens about its vertical axis and at the same time pressing down with an iris spatula against the limbus disrupts zonules at the point of contact, and in this way the lens may be freed and then lifted out. The Kaufman vitrector has been redesigned from a rotating cutting blade to an oscillating-type cutter which prevents spoiling of the vitreous. Irrigating solutions are discussed, and it is agreed that the glutathione-bicarbonate Ringer’s solution is the least toxic to the endothelium of the cornea.

A double-running technique is described for keratoplasty using 2 continuous sutures of different calibre and different relative tightness running in the same direction. The 2 sutures are 22–25 \( \mu \)m nylon 10–0 on a GS-9 needle and the 16–18 \( \mu \)m nylon on a GS-14 needle. When performing keratoplasty those patients with larger donor buttons than host beds do not develop the typical postoperative glaucoma syndrome. The disparate size of the donor button to host recipient bed changes the mechanics of the angle structures. If the donor button is the same size as the recipient bed, tight sutures and a thick host corneal periphery distort the angle and may collapse the filtering meshwork.

Katz and Kaufman discuss the effects of ocular surgery on the corneal endothelium, pointing out that human cell regeneration does not take place following trauma, and as the cornea advances in age the cells become larger and fewer. Intracocular lens implantation appears to be more traumatic to the corneal endothelium than uneventful cataract extraction. Endothelial damage is best prevented by ensuring nontouch between the intracapsular implant and the endothelium itself as a cushion of air or preferably GBR solution. Centifanto discusses host resistance in recurrent herpes simplex infection. Gasset contributes a chapter on lamellar keratoplasty and the treatment of keratoconus and describes the procedure of conenectomy. The procedure is safe and the results compare favourably with those of penetrating keratoplasty.

Morse writes a chapter on the practical treatment of diabetic retinopathy; and this is followed by a paper on refractive keratoplasty by Friedlander and Granet.

Enoch discusses vertebrate photoreceptor orientation, showing that a fundamental property of vertebrate receptor optics is anterior pointing by the retinal receptors. If this orientation is disturbed, there is a reduction in light-guiding capability, reduced contrast sensitivity and resolution capability. Olsen and his coworkers discuss in more detail the question of postoperative glaucoma in keratoplasty. Slow-release artificial tears as a method of treating the dry eye syndrome are described by Katz and Kaufman. Dawson and Lieberman give the evidence to support the idea of control retinal loops. There is a feed-back or control loop element located in the outer and inner vertebrate retina. The retina would seem to transmit and process visual information by graded potential as an analogue rather than a digital system.

Trobe and Quising discuss the ophthalmologist’s role in the prevention of overinvestigation of patients with neurological syndromes with eye complications. Chiou and Trzebiakowski provide a chapter on advances in cholinergic drugs for glaucoma therapy. Olson and Kaufman discuss recent advances in herpes simplex, vaccinia, varicella-herpes zoster, and epidemic keratoconjunctivitis. Immunotherapy of external disease and ocular malignancy is briefly reviewed by Boone, clinical research on timolol by Zimmerman, specular microscopy by McCarey, newer methods in diagnosis of herpes simplex keratitis by Reinhorn and Kaufman, host defences in ocular herpetic infection by McNelling, and clinical ophthalmic ultrasonography by Blackwell.

The book is an entertaining and instructive summary of recent research in ophthalmology and is a quick way for the busy ophthalmologist to update his knowledge and familiarise himself with the problems which are under present investigation. The standard of production in the illustrations and format is first-class.

S. J. H. MILLER


This book on the pathology of the eye is the tenth volume in a remarkable series dealing with the special pathological anatomy of the individual body tissues and organs. As such it is the modern counterpart of the internationally famous series of handbooks by Henke and Lubarsch so greatly esteemed by an earlier generation of pathologists.

Although almost of necessity in a book covering the whole of ocular pathology the services of several experts have been called upon, there is no variation in approach to the different chapters or in the depth of coverage as so often occurs in multiauthor texts. This is because Professor Naumann has himself had a hand in the writing of all 17 chapters (5 were prepared by him alone). The book covers 994 pages and is written from a clinician’s standpoint with an emphasis on clinicopathological correlation and differential diagnosis, the latter generally and conveniently being managed by means of tables. Photographic illustrations are plentiful and apposite, and there are over a hundred carefully devised and extremely helpful line diagrams. The comprehensive
nature of the book is a tribute to teutonic thoroughness, very few conditions of importance escaping mention. Inevitably this means the briefest of comment in some cases, although this limitation is offset to some extent by the plentiful provision of references. In reading the sections of special personal interest I found little to fault, and my sole complaint of any substance is the perfunctory way in which diseases of the orbit are dismissed.

In summary this beautifully produced book is an excellent (if expensive) addition to the literature of ophthalmic pathology.

ALEC GARNER

Notes

Retinal detachment surgery
A course on ‘Retinal detachment surgery—strategy and tactics’ will be held at the Manhattan Eye, Ear and Throat Hospital on 13–14 March 1981. Details from Dr James S. Schutz, Manhattan Eye, Ear and Throat Hospital, 210 E 64th Street, New York, NY 10021, USA.

Contemporary ophthalmology

Scottish Ophthalmological Club
Meetings will be held at Ninewells Hospital, Dundee, on 20 March 1981, and at the Southern General Hospital, Glasgow, on 23 October 1981.

Third World Congress of Ergophthalmology
This congress will be held in Istanbul, Turkey, on 14–18 June 1981. The main themes will be: (1) Accident and occupational disease in agriculture. (2) Impairment of the visual organs by light (phototraumatism). Details from Dr Ercan Öngör, PO Box 29, Tesvikiye-Istanbul, Turkey.