of the metabolic background to glaucoma. Tumours are next fully considered, including a discussion on the immunology of neoplasms and the value of immunodiagnostic methods in appropriate cases.

In the second volume the most extensive section is one on storage diseases and metabolic errors; vitamin disorders, drugs, and toxins are also included. Previously known by eponyms, often multiple, many of these conditions may now have their features tabulated, showing the identity of the abnormal metabolite (which can often be demonstrated on electron microscopy), the nature of the enzyme defect, and also relevant clinical and genetic information. A further section relates to dystrophic conditions which may occur in the absence of any recognisable metabolic disturbance. Other contributions are concerned with degenerative and related conditions, cataracts and retinal and choroidal conditions in particular. An account of ocular involvement in disorders of the vascular, nervous, and muscular systems is followed by an epilogue by both editors in which recent work is considered in a variety of disorders.

The editors' aim of emphasising disease mechanisms seems to have been achieved within the limits of our knowledge. The aetiology of many conditions being still unknown, classification must depend on features other than causative factors. A beginner might have difficulty in following up the many page references in the alphabetical index, on broad concepts such as 'uveitis' or 'conjunctivitis', the information being present but not concentrated in one chapter or section; the more experienced reader should have no problem in finding his way.

The presentation of these 2 volumes is excellent, and the style is clear and attractive. The clinical and macroscopic illustrations, the diagrams, tables, flowcharts and pathways, and the light and electron microscopic pictures are of the highest order. The references to the literature are numerous, recent, and accurate, where they have been checked.

The work combines a full account of histopathological and ultrastructural changes in eye disease with other essential laboratory disciplines and techniques not readily obtainable in other works. These volumes should be made available to all those within an ophthalmic reference centre who are concerned with clinicopathological correlation, diagnosis, and teaching, and to all readers wanting to understand disease mechanisms more clearly.

The fruit of careful planning and of transatlantic co-operation, this work will surely be hailed as a most important addition to the literature of ophthalmology. The editors and all the contributors may well be proud of this achievement.

D. R. BARRY

Paediatric Ophthalmology. Ed. J. FRANÇOIS and M. MAIONE. Pp. 423. £19·00. John Wiley: Chichester. 1982.

This book is really a collection of over 70 papers by about 200 authors, most of whom are from continental Europe. Many of the papers are individual or limited case reports, some of which are instructive, and many of the papers are well illustrated. Although some papers are rather quaint in their content and presentation, some are excellent and are useful sources of references. In particular, papers by van Balen and Hagemans on amblyopia, by Fielder *et al.* on oxalosis, and by Harley and Spaeth on child abuse are outstanding.

The editors are to be congratulated on putting together a diverse group of papers into some semblance of logical order, but it is a shame that the index is only one-fifth the length of the table of contributors and contents.

DAVID TAYLOR

Automation und neuere Technologie in der Ophthalmologie. By OTTO-ERICH LUND and KLAUS RIEDEL. Pp. 201. DM 55. Ferdinand Enke Verlag: Stuttgart. 1982.

The age of computers and microtechnology has produced a number of automated techniques and instruments that are having an increasing application in ophthalmology. Some of these, such as computerised tomography and ultrasound, have already established their place in ophthalmic diagnosis. Others, such as automated refracting machines and visual field analysers, are emerging into clinical practice. And yet others, such as computerised image analysis of the fundus, may be the clinical techniques of the future.

The fundamental principles and application of these instruments are described in a series of articles by different authors in this well-illustrated handbook. The text is mainly in German with English summaries, and the contributions derive from a meeting held in Munich in 1980. In a field of ophthalmology in which techniques are changing so rapidly this volume serves as a useful reference book and introduction, even though many of these procedures are likely to become obsolete in a few years' time.

T. J. FFYTCHE

Field Guide to the Detection and Control of Xerophthalmia. 2nd edn. By A. SOMMER. Pp. 58. Sw.fr.10. WHO: Geneva. 1982

The first edition of this WHO Field Guide was published in 1978 and was designed to provide a simple, practical guide for clinicians, nurses, and public health officials. Xerophthalmia has been estimated to affect at least 5 million children in Asia every year and cause blindness in about 250 thousand of them. Dr Sommer, who is an acknowledged expert in the field, has incorporated many new observations on pathogenesis, epidemiology and treatment of xerophthalmia in this new edition. He has managed to compress the story of this major and preventable form of blindness into a mere 57 pages. There are sections on vitamin A metabolism and on the clinical classification and diagnosis. The 1982 revised classification of the features of xerophthalmia is tabulated, and its use, for instance with a clinic-based case reporting form, is indicated in an appendix. A number of other useful appendices are provided.

An introductory section on the epidemiology of xerophthalmia discusses case finding, seasonal effects on nutrition

and sources of vitamin A, and the precipitating effects of measles and diarrhoea on xerophthalmia. Corneal xerosis and ulceration are associated with severe protein-energy malnutrition and precipitating illnesses and show a peak incidence between 6 months and 3 years, while conjunctival xerosis does not have these associations and has a peak incidence of 3 to 6 years.

The longest section of the book deals with the formulation of effective intervention programmes. Dr Sommer suggests that an outside expert may make an important contribution to this process by visiting and making records at selected sites and interacting with local public health and medical personnel and nutritionists. Such preliminary studies may permit a rational approach to the mounting of complex, expensive, and time-consuming prevalence surveys. Dr Sommer lays down objective, clinical, and biochemical parameters for the diagnosis of xerophthalmia, and outlines the identification of populations at risk, sample size, and stratification of sampling, as well as the personnel involved for such studies, the data to be collected, and its subsequent analysis.

The final sections deal with treatment and prevention. Oral retinol palmitate or acetate (200 000 IU) is indicated immediately on diagnosis and repeated on the following day. Additional doses are given 1 to 2 weeks later and more frequently in severe protein-energy malnutrition until the protein status improves. Where oral treatment is impracticable, the parenteral route is used giving the water-miscible retinol palmitate (100 000 IU). This treatment is combined with the management of dietary deficiency and intercurrent illness. Indeed recurrence can be prevented only if mothers can modify diet to increase the content of vitamin A from inexpensive sources, such as mango, papaya, carrots, and dark-green leafy vegetables. Some emphasis is rightly laid on re-education of communities at risk in the use of foodstuffs, often abundant sources of provitamin A, based on a knowledge of local conditions. The problems of periodic dosing schedules of either infants at risk or potential mothers and of fortification programmes are also discussed.

This publication is already no doubt familiar to nutritionists and public health workers concerned with Third World countries. Every ophthalmologist should take the opportunity of reading it and it will no doubt stimulate many ophthalmologists in training to interest themselves in the possibilities of preventive ophthalmology. The guide is well printed and lavishly illustrated with coloured clinical photographs of the various stages of vitamin A deficiency. This is a particularly valuable feature which will no doubt be of great help to field workers.

ANTHONY J. BRON

Notes

Genetics meeting in Ghent

The International Society for Genetic Eye Diseases will hold the 1984 meeting in Ghent, Belgium, on 12-13 May under the auspices of the University of Ghent. Topics include: hereditary optic nerve diseases, mandibulofacial dysostoses, corneal and anterior chamber anomalies, and retinitis pigmentosa, gyrate atrophy, vitreoretinal degenerations. Further details from Professor Jules François, Graaf de Smet de Naeyerplein 15, B9000, Ghent, Belgium.

European Strabismological Association

The 14th meeting of the European Strabismological Association (ESA) will take place in Copenhagen 18-20 May 1984 as a satellite congress to the VIIth Congress of the European Society of Ophthalmology in Helsinki on 21-25 May 1984. The main topic will be: mechanical aspects influencing squint surgery. Free papers will be accepted. Further details from the ESA Congress Office, Eye Department, Rigshospitalet, 9 Blegdamsvej, DK-2100 Copenhagen, Denmark.

Abstracts from *BJO*

The Commonwealth Mycological Institute announces that papers published in the *BJO* are regularly abstracted in the *Review of Medical and Veterinary Mycology*.

Neuro-ophthalmology meeting

The 6th Meeting of the International Society of Neuro-ophthalmology and the 7th Congress of the Study Group of Neuro-ophthalmology and Neurogenetics of the World Federation of Neurology will hold a joint meeting in Antwerp, Belgium, on 14-18 May 1984. Details from Professor A. Neetens, Academic Hospital, University of Antwerp, Wilrijkstraat 10, 2520 Edegem, Belgium.

Correction

In the paper entitled 'Candida endophthalmitis in a heroin addict: a case report,' by J. F. Salmon, Betty M. Partridge, and D. J. Spalton (*BJO* 1983; **67:** 306–9) the dose for 5-fluorocytosine should have been given as 150 mg/kg/day instead of 150 mg/day, and the dose for ketoconazole should have been given as 200 mg/day instead of 200 mg/kg/day.