Book reviews

this volume leads to a cure of, for example, type I diabetes mellitus. The processes are clearly complex, involving the interaction of genetic, virological, immunological, and environmental factors, so it seems difficult to pinpoint which are the key points to attack. The answers at present do not appear to be known, but the contributors to this volume demonstrate a large number of imaginative and fascinating studies in this field. For readers who want an overview of where work on organ-specific autoimmunity has reached I think this volume is to be highly recommended.

D J GALTON

A Colour Atlas of Ophthalmology. 2nd Edn. By A S M LIM AND I J CONSTABLE. Pp. 147, £10.95. Wright: Bristol. 1987.

This is the second edition in English of the colour atlas that was first published in 1979 with the aim of assisting in the teaching and practice of ophthalmology for general practitioners and other non-ophthalmologists, including nurses, medical students and paramedical staff. Both authors are internationally known, and have wide teaching experience.

The first edition was very well received and it was widely translated. The second edition more than maintains this high standard. The text is concise and well written; the illustrations are profuse and in colour and of excellent quality, though it is a little awkward to find them at the end of each chapter rather than with the text—it would probably be difficult to organise this otherwise. Both in its size and its price this book will be suitable for the pockets of those to whom it is directed. It should be highly successful.

M G FALCON

Community Ophthalmology. By SYED MODASSER ALI. Pp. 144. Tk.150. Anamoy: Bangladesh. 1985.

The significance of this small textbook is that it is the first one to appear on the emerging subject of community ophthalmology. As Professor M A Matin says in his introduction, it is 'by all standards a timely book.'

The first four chapters deal with the theoretical basis of community ophthalmology: What is a community? What is meant by community eye health? There is a good section on community diagnosis. The author puts the real cause of most blindness in the developing world where it belongs: poverty, ignorance, and lack of services in rural areas. There is a good section on community ophthalmology, emphasising the difference between conventional ophthalmic practice and the function of the ophthalmologist in his new role as a team leader. The sections dealing with primary health care and primary eye care are rather theoretical and idealistic. It is difficult actually to visualise what may be going on in a country such as Bangladesh. It would be a great benefit to the understanding of community ophthalmology if the author in future would give us the benefit of how this works out in practice in Bangladesh and some of the problems encountered and how they have been overcome.

The author has thought in detail about the function of

primary eye care workers—their role in examination of the eye and the types of treatment they may be able to undertake. By the standards of other countries these plans for the clinical activities of the primary eye care worker are somewhat ambitious, and again it would be useful to know how they work out in practice in Bangladesh.

Fifty-three pages deal with the major blinding diseases—xerophthalmia, trachoma, onchocerciasis, cataract, ocular trauma, and glaucoma. Under each heading the author discusses the aetiology, risk factors, epidemiology, and methods of intervention which are possible. There is then a detailed consideration of the action required at primary, secondary, and tertiary levels and the organisational aspects, including planning and evaluation.

The copy we were sent for review dates from 1985 and therefore inevitably some aspects are out of date. The number of blind by present WHO criteria is exaggerated. The drug ivermectin is not mentioned in the section on onchocerciasis, and the final outcome of the large number of people with temporary visual loss in the Bhopal disaster could not be included. There are many spelling mistakes.

These comments, however, do not detract from the author's achievement in being the first person to set down in one book the framework of community ophthalmology. Those involved in this emerging speciality will wish to have a copy in their library.

GORDON J JOHNSON

The book can be obtained from Anamoy Publishers, 367 Elephant Road, Dhaka-5, Bangladesh.

Near Visual Acuity Tests and Professional Vision Testing Charts. By MATTHIAS SACHSENWEGER. Pp. 62. £14.95. MTP: Lancaster, Lancs. 1987.

This book is a translation from the German and is a comprehensive collection of test types of all forms including standard printers' point types (N types) familiar to most British ophthalmologists, as well as texts in French and German and some in Gothic script, and Landolt's C and E and illiterate type diagrams. There are also specialised vocationally orientated test diagrams for microscopy and cytometer slide reading, Vernier reading, chemistry, mathematics, electronic diagrams, etc, and aerial photographs such as might be used in photogrammetry. In addition, there are unusual types such as might be displayed on video low vision aids and also samples of Moon and braille characters for those with no sight.

While the standard test types are well laid out, it is unlikely that the specialised types such as the Landolt's Cs would be of clinical value for use at 1 metre. Equally, the cytometer and microscopy plates, while demonstrating the work requirement, would be better replaced by actual slides in the cytology laboratory. The photogrammetry plates suffer from unavoidable printing problems such as variable and low contrast. The anaglyph stereo colour plate, while of interest, is not sufficiently well planned to include distractor information and would not be diagnostic. In summary, this book is likely to be a comprehensive work of reference for the varying types and vocational displays rather than a clinical test type aid.

C G F MUNTON