Since then I have summarised my work on ocular neovascularisations several times, and I know of some work of others confirming my findings. For example, Deem and Cunha-Vaz have found that after a single injection of lactic acid into the vitreous there was an intensive endothelial proliferation or thymidine uptake – that is, the first signs of neovascularisation – in the retinal venules of experimental animals. I see that you have not met with these publications.

I have not dropped the lactic acid and I am still working in it, and my results prove the following: (1) The lactic acid concentration of vascularising tissues is increased. (2) Increasing the lactic acid concentration of avascular tissues leads to vascularisation. (3) In cases of vascular swelling the lactic acid concentration is decreased. (4) L-lactate induces more intensive corneal vascularisation than D-lactate foreign to the organism. (5) L-mol concentration stimulates the thymidine uptake and the proliferation of cultivated vascular endothelial cells in vitro.

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Figure 1: Straight arrows indicate discrete, mammal, deep corneal stromal infiltrates round partially degraded hairs. Curved arrow indicates keratic precipitate surrounding spider hair protruding posteriorly through Descemet's membrane into anterior chamber. Hairs not visible in photograph, but were better appreciable by actual clinical examination.

Patients suspected of having ocular injuries should be examined closely by slit-lamp microscopy.

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Lactic acid and neovascularisation

Stir, —My opinion was that the British Journal of Ophthalmology is one of the best ophthalmological journals all over the world, but reading your editorial in the June issue I am disappointed. In your editorial you cite my work and then write: "Later attempts to confirm this by demonstrating excess lactic acid in the vitreous of kittens and rats whose retinas have been rendered ischaemic were unsuccessful, and lactic acid seems to have been dropped." This was the work of Gerke et al., and I am sorry that you have not read my answer to it. I reported that in cases of rubiosis iridis the lactic acid concentration of the aqueous humour is significantly increased, and stated that "the findings of Gerke et al. (1976) prove that at the beginning of the proliferative phase of experimental fibroplasia the lactate content of the inner layers of the retina, i.e., of the least part of the investigated specimens, did not rise to a degree which could have significantly increased the lactate concentration of the whole vitreous-retina-choroid specimen".

Aqueous humour in insulin-dependent diabetic patients

Stir, —I read with much interest the article by Hayashi M, et al. which reported on the decrease of aqueous humour formation in insulin-dependent diabetic patients, as measured by means of fluorophotometry. It is interesting to note that in 1965, by means of other methods (the suction cup of Rosenberg
and Ericson and the recovery rate according to Okun), I and Dottallevi reported on the
increase of aqueous humour formation in diabetic patients. No difference was found
between diabetics with and without retinopathy. In contrast, we found that insulin
treatment was able to restore aqueous humour formation to normal values in diabetic patients,
provided retinopathy had not yet been observed. Our findings suggested that the rate
of aqueous flow is influenced by insulin treatment in diabetic patients, at least in the initial
stages of the disease.

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1 Hayashi M, Yablonski ME, Boxrud C, Fong N, Berger C, Iwanowicz LJ. Decreased formation of
2 Auricchio G, Dottallevi M. Beziehungen zwischen Insulinbehandlung und Kamerawasserproduk-

SIR,—We appreciate Dr Auricchio’s interest in and comments on our article. The suction cup
method which Dr Auricchio used to measure aqueous humour formation is a pressure-
dependent technique and has several inherent problems similar to those of tonography. We
believe that fluorophotometry is a much more accurate method of investigating and
humour dynamics. However, we regret that we did not refer to Dr Auricchio’s paper, which
also found a decrease in aqueous humour formation in diabetic patients.

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Bacillus-induced endophthalmitis

SIR,—We regret that we incorrectly stated some antibiotic dosages in our article entitled
‘Bacillus-induced endophthalmitis: new series of 10 cases and review of the literature’ in the

In Table II (p 27) the doses of 400 milli-
grams (mg) gentamicin (patients 5 and 8) are incorrect; the intravitreal dosage of gentamicin
was 400 micrograms (μg). The doses of cli-
damycin 1 gram (g) in patients 5 and 8 are also incorrect; the dose was 1 milligram (mg).
Finally, the vancomycin 1 gram (g) dosage for patient 8 is incorrect; the dosage was 1 milli-
gram (mg).

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BOOK REVIEWS

Primary Angle Closure Glaucoma. By R F
Lowe and A S M Lim. Pp. 89. No price given.

This slim volume distils the experiences of two eminent ophthalmologists in the diagnosis and
management of angle closure glaucoma. The first eight chapters were written by Ron Lowe and
reflect publications written by him on this subject dating from 1961. The remaining four
chapters were written by Arther Lim and describe his operative and laser techniques in the
treatment of this condition.

Dr Lowe’s contribution covers pathophysi-
ology, clinical examination, and manage-
ment. Each chapter carries many words of
wisdom, as is to be expected from an ophthal-
omologist who has spent much of his profes-
sional career studying angle closure glaucoma.
Each chapter concludes with references for
further reading.

Dr Lim’s contribution describes methods for the surgical and laser treatment of angle
closure. He covers iridectomy (though the illustrations for this appear to be the same,
but smaller than those which appeared in his book Peripheral iridectomy, also published by
PG Publications), trabeculectomy, including complications, and concludes with a small
section on combined cataract and glaucoma.
The authors do not identify a readership.
This reviewer also found it difficult to see
whom the book was directed towards. The book is a simple and didactic description of angle closure glaucoma. It would be covered in
content by more general ophthalmological
texts. The illustrations have substantially been published elsewhere. The text is too simple and without adequate references for the specialist student of glaucoma. If a coffee table existed for ophthalmology textbooks, this one could be
on it, but it need not grace the bookshelf.

R HITCHINGS

Synopsis of Ophthalmology. 6th Edn. By Jack

Aids to Ophthalmology. By P T Khaw, D S
Hughes, S J Keoghley, R F Walters, A R
Elkington. Pp. 294. £35.95. Churchill Liv-

These two books cover similar subject matter
and are reviewed in Chang’s recent paper, a com-
pletely revised 6th edition, the previous edition
having been originally published in 1975. Aids
is a new book from a group of authors from Southampton Eye Hospital. Similarities be-
tween the two books are, on the one hand, the
easily transported paperbacks, and intended
audiences, in both cases ophthalmologists in
training approaching their postgraduate exami-
nations. They are also similar in use of short
note/list presentation rather than prose, and
neither contains any illustrations or diagrams.

The subject matter in Kansi’s book is a systematic review of the main aspects of clinical
ophthalmology, the chapter titles including
anatomy, physiology, etc. Kubiak and others,
including co-authors cover this ground but add
more basic scientific material including optics and
ophthalmometry, a detailed chapter on visual
standards and a dedicated chapter on medical
ophthalmology. Novus-optic can really be faulted for the accuracy of information pre-
presented. Interestingly, both books cover the
difficult topic of nystagmus, but neither quite
reaches the standard of the masterly chapter in
Bajandas and Klein’s Neuro-ophthalmology
review manual (Slack, 1988).

The print is much tighter on the pages of the book by Khaw and co-authors and is therefore
a much more daunting prospect than the
spacious and concise layout of Kansi’s book.
The quantity of information in Aids is also
much greater, and it has much more the feel of
a condensed version of a textbook such as
Newell’s Ophthalmology: principles and concepts
(Mosby, 1986). By contrast, Kansi sticks to
mainstream clinical matters, which are covered
in the neat way we have come to enjoy in his
other books, including Clinical ophthalmology
and The eye in systemic disease. The effect of
these differences would be to make memorising
this book by Khaw and co-authors a major
challenge unless tackled with advanced exami-
nation preparations. Conversely, the moder-
ately well read ophthalmologist in training
would skim through Synopsis quite quickly and
feel that new facts had been learnt on each page.

Both of these are good books and their authors are due great credit for the effort that
their production must have involved. Aids to
ophthalmology is packed with information and
represents extremely good value for money. If I
had to choose one to take on a desert island I
would probably choose Synopsis because the
delivery of information is so smooth.

Finally, I noticed that Duke-Elder’s System
of ophthalmology did not appear in the sug-
gested reading at the end of Aids. I wonder
if we could persuade the energetic authors of
these two books to update the Synopsis of
ophthalmology; this might once again mean
that the definitive ophthalmic textbook came from
the United Kingdom.

JOHN BRAZIER

Manual of Retinal Surgery. Edited by Andrew
J Packer. Pp. 126. £29.95. Churchill Liv-

This manual has been collected by a number of well-known American vitreoretinal
surgeons. Nine chapters make up information run-
ing much valuable information into a short
book. It forms an admirable way for a junior
ophthalmologist to get a quick overview of the
principles of an approach to a patient with retinal detachment. As always in a book of this
type there is a challenge to the contributors to
limit their comments to what they consider to
be the most important topics. It was nice to see
publishing of new ideas that have been carefully
the original title of this publication has been
as to the decision of an operation by
mechanism by Abraham Chang, and the
the principles governing non-drainage retinal
treatment surgery are poorly explained and
some of the indications for encirclement (the
(Continued on next page)