and Ericson and the recovery rate according to Okun, I and Dottallevi reported on the decrease of aqueous humour formation in diabetic patients. No difference was found between diabetic 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.

G AURICCHIO
Eye Clinic, 1st Faculty of Medicine, University of Naples, Italy


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 measuring 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.

MIEKO HAYASHI
MICHAEL E YABLONSKI
Department of Ophthalmology, 600 South Ewing Avenue, Omaka, NE 68198-5540, USA

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 BJ OJOY 1990; 74: 26-9.

In Table II (p 27) the doses of 400 milligrams (mg) gentamicin (patients 5 and 8) are incorrect; the intravitreal dosage of gentamicin was 400 micrograms (mg). The doses of clindamycin 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 milligram (mg).

ANN S BAKER
RAMZI HEMADY
Harvard Medical School, Massachusetts Eye and Ear Infirmary, 243 Charles Street, Boston, MA 02114, USA

BOOK REVIEWS


This slim volume distills 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 pathophysiology, clinical diagnosis, examination, and management. Each chapter carries many words of wisdom, as is to be expected from an ophthalmologist who has spent much of his professional 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 as, 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


These two books cover similar subject matter and are reviewed together. Aids to Ophthalmology is a completely 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 between the books exist in that both are written by authors who are well known for their carefully written and easily transported booklets, and intended audiences, in both cases ophthalmologists in training approaching their postgraduate examinations. 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 Kanski's book is a systematic review of the main aspects of clinical ophthalmology, the chapter titles including ocular surface, eyelids, orbit, ocular adnexa, etc. Kanski and co-authors cover this ground but add more basic scientific material including optics and pharmacology, a detailed chapter on visual standards and a dedicated chapter on medical ophthalmology. This would be a better book for the reader without a basic understanding of the principles of ophthalmic pharmacology.

Interestingly, both books cover the topical 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 subject than the spacious and concise layout of Kanski'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, Kanski sticks to mainstream clinical matters, which are covered in the next 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 the book by Khaw and co-authors a major challenge unless tackled with advanced examination preparations.

Finally, I noticed that Duke-Elder's System of ophthalmology did not appear in the suggested 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


This manual has been collected by a number of well-known American vitreoretinal surgeons. Nine chapters make up the book and cover the vast field of ophthalmology, included, are quite substantial, and are an incredibly useful information source 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 size 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 that recent techniques are included, such as the use of peroperative ultrasound, and the chapter on prophylaxis poses the questions but is not strong enough on providing clear-cut guidance on the author's views as to when treatment should be recommended. The controversial topic of pneumatic retinopexy is included, and there is a welcome, but relatively long contribution on the anaesthesia for surgery. The section on scleral buckling surgery is full of useful information, including 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 size 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 that recent techniques are included, such as the use of peroperative ultrasound, and the chapter on prophylaxis poses the questions but is not strong enough on providing clear-cut guidance on the author's views as to when treatment should be recommended. The controversial topic of pneumatic retinopexy is included, and there is a welcome, but relatively long contribution on the anaesthesia for surgery.