

and Ericson and the recovery rate according to Okun), I and Diotallevi reported on the decrease of aqueous humour formation in diabetic patients.² 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.

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

- Hayashi M, Yablonski ME, Boxrud C, Fong N, Berger C, Iovanovic LJ. Decreased formation of aqueous humour in insulin-dependent diabetic patients. *Br J Ophthalmol* 1989; 73: 621-3.
- Auricchio G, Diotallevi M. Beziehungen zwischen Insulinbehandlung und Kammerwasserproduktion bei Diabetikern. *Graefes Arch Clin Exp Ophthalmol* 1965; 168: 85-9.

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 aqueous 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 42nd Street,
Omaha, 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 *BJO* 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 (μ g). 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

Primary Angle Closure Glaucoma. By R F Lowe and A S M Lim. Pp. 89. No price given. PG Publishing: Singapore. 1989.

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 pathophysiology, clinical types, 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

Synopsis of Ophthalmology. 6th Edn. By Jack J Kanski. Pp 237. £14.95. Butterworth: Sevenoaks, Kent, 1989.

Aids to Ophthalmology. By P T Khaw, D S Hughes, S J Keightley, R F Walters, A R Elkington. Pp. 294. £8.95. Churchill Livingstone: Edinburgh, 1989.

These two books cover similar subject matter so are reviewed together. *Synopsis* 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 include their size, both being easily transported paperbacks, 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 eyelids, orbit, lacrimal apparatus, etc. Khaw and co-authors cover this ground but add more basic science material including optics and pharmacology, a detailed chapter on visual standards and a dedicated chapter on medical ophthalmology. Neither book can really be faulted for the accuracy of information 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 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 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 the book by Khaw and co-authors a major challenge unless tackled with advanced examination preparations. Conversely, the moderately well read ophthalmologist in training could 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 suggested reading at the end of *Aids*. I wonder if we could persuade the energetic authors of these two books to update the *System 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 Livingstone: Edinburgh. 1989.

This manual has been collected by a number of well-known American vitreoretinal surgeons. Nine chapters make up its contents, compressing 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 the chapter by Chang emphasising the need for careful preoperative examination and charting, though it had not occurred to me that the nasal periphery of the retina is easier to examine after indentation of the temporal periphery has softened the eye. There are useful comments on the use of preoperative 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 retinopathy 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 practical information, but sadly the principles governing non-drainage retinal detachment surgery are poorly explained and some of the indications for encirclement (the treatment of aphakic retinal detachment) are contentious. It would also have been better if the principles of preoperative injection of air and the operative sequence necessary for its correct use had been clearly elucidated.

The chapter on posterior segment vitrectomy by Abraham is particularly effective. The length of this section reflects the increasing use of vitrectomy in modern vitreoretinal surgery. The author cleverly manages to incorporate a substantial degree of sophistication in the techniques that he describes. These techniques are of course well beyond the capabilities of those for whom this manual is intended, but it

does at least expose them to the up-to-date assessment of current methods. The last chapter deals with complications and postoperative management. The author takes trouble to concentrate on fluid-gas exchange for post-operative problems arising from vitrectomy. It would perhaps have been appropriate for a discussion of the commonest complication of retinal surgery to have been included. This is of course failure of the procedure itself owing to an inadequately sealed retinal break, either due to a break that has been seen but inadequately closed or due to one that had been missed altogether.

Although it is rather expensive, the book is thoroughly enjoyable and informative, and I strongly recommend it to those entering ophthalmology who wish to become familiarised quickly with the principles of retinal surgery.

A CHIGNELL

The Eye in Systemic Disease. Eds. Daniel H Gold and Thomas A Weingeist. Pp 710. US\$87.50. Lippincott: Philadelphia, 1990.

This magnificent compendium comprises 20 parts and 230 chapters, each describing a different systemic disease. The number of chapters indicates the huge range of topics covered. They include chromosome disorders, infectious diseases, metabolic, skeletal, and skin disorders, as well as those diseases more familiar to ophthalmologists.

Each chapter is written by an expert with a personal interest in the subject and generally follows a similar format of introduction, systemic manifestations, ocular manifestations, and management. The section of systemic manifestations in each case is particularly useful for the ophthalmologist. This information is not found in any other ophthalmological textbook but has to be searched for in the appropriate medical encyclopedia. Overall the standard is very high, though some of the bibliography is old fashioned. This is more likely to be due to a defect of the time taken to produce such a book rather than the fault of the respective authors.

All multiauthor books vary in the standard of individual chapters. Generally the information is relevant and succinct, and the illustrations, though limited by necessity, are informative. However, the management section of a few chapters is conspicuous by its absence or lack of information, particularly those on tuberculosis, histoplasmosis, and toxoplasmosis. Fortunately the chapters that seem weakest overall are the ones concerning problems most familiar to the ophthalmologist, for example, Graves' disease and herpetic disease: it is likely that the authors' brief in these cases was practically impossible to fulfil, and all ophthalmologists know how to obtain additional information on these subjects.

This book is great fun to dip into and succeeds in giving the ophthalmologist a comprehensive introduction to the systemic diseases associated with eye problems. It is a welcome addition to the ophthalmic literature and should be an essential part of all libraries and particularly those in general hospitals. The editors should be congratulated on their tremendous effort and proud of their appropriate dedication to Samson Weingeist and Paul Henkind, the latter a master of the importance of the eye in the diagnosis and management of systemic disease.

ELIZABETH GRAHAM

A Manual of Systematic Eyelid Surgery. 2nd Edn. By J R O Collin. Pp 166. £18.50. Churchill Livingstone: Edinburgh, 1989.

At a time when interest in ophthalmic plastic surgery is expanding and new operations seem to appear every month the updated second edition of this popular manual is a refreshing reminder of the well tried techniques. Richard Collin is a widely recognised teacher of ophthalmic plastic surgery, and the clear style and systematic approach reflect this. The concise step-by-step description of each operation is illustrated with excellent line diagrams by Mr Terry Tarrant, and flow charts simplify the decisions. Discussion is kept to a minimum, but this is balanced by suggestions for further reading.

Several changes have enhanced the value of the second edition. A new chapter on lacrimal surgery has been contributed by Mr Dick Welham. The revised approach to eyelid reconstruction includes new flow charts for posterior lamellar defects (symblepharon) and full thickness defects; the uses of local transposed flaps, omitted from the first edition, are described, and the principles of eyelid tumour management are discussed in more detail. A separate chapter is given to an expanded section on eyelid injuries which includes medial canthal tendon injuries and traumatic ptosis. Other additions to this edition include the dermofat graft and new flow charts for the management of thyroid eye disease and myogenic ptosis.

Successful surgery depends on translating the principles into practice – essentially, recognising the anatomy at operation. Experienced ophthalmic plastic surgeons will have no difficulty in following the diagrams accurately. Those with less experience may need help with some of the operations described. However, the particular appeal of this manual will be to general ophthalmic and plastic surgeons and those starting ophthalmic plastic surgery as a special interest. It is concise, comprehensive (an answer is offered for almost every circumstance), and very good value for money. Every medical library should have a copy, but most surgeons who operate on eyelids will want one of their own. Highly recommended.

A G TYERS

NOTES

Association for Eye Research

The Association will hold its 32nd Annual Meeting on 3–7 July 1991 at Århus, Denmark. Details from Professor N Ehlers, Department of Ophthalmology, Århus University Hospital, DK-8000 Århus C, Denmark.

£100 Award. The Association will award a Publication Prize of £100 sterling for the best paper on eye research published in the 12 months up to the meeting whose principal author (member or non-member) is under 35 at the time of publication. Closing date 1 May 1991. Details from Dr N J van Haeringen, General Secretary AER, Netherlands Ophthalmic Research Institute, PO Box 12141, 1100 AC Amsterdam, The Netherlands.

Vision research course

The 12th annual course of the National Eye Institute, USA, will be on 'Clinical vision research: epidemiologic and biostatistical approaches' on 24–27 April 1991 at Longboat Key, Florida. Details from Christine Stewart, Maite Mavila, Stewart International Ltd, 87 Boylston Street, Brookline, MA 02146, USA. Tel: 617 738–1575. Fax: 617 738–8215.

Polish congress

The First World Congress of Medical Polonia (doctors of Polish extraction) will be held on 19–23 June 1991 at Czestochowa, Poland. Details from: Krzysztof Muskalski, MD, 1st World Congress of Medical Polonia, Dr Rydygier's Surgical Hospital, ul Mirowska 25, 42–200 Czestochowa, Poland.

Korea conference

The 4th International Cataract, Implant, Microsurgical and Refractive Keratoplasty (ICIMRK) meeting will be held at Seoul, Korea, on 8–10 May 1991. Further information from: Jae Ho Kim, MD, Department of Ophthalmology, Kangnam St Mary's Hospital, Catholic University Medical College, 505 Banpo-dong, Seocho-ku, Seoul 137–040, Korea. (Tel: 82–2–593–5141, 6121 (ext 1335). Fax: 82–2–533–6718.)

German Ophthalmological Society

The German Ophthalmological Society will sponsor an International Symposium in Bonn-Köln on 19 to 21 September 1991. The symposium will cover both clinical and research aspects of ocular infections and will include a basic sciences course. Further information from A A Bialasiewicz, MD, University Eye Hospital Bonn, Sigmund Freud Str 25, 53 Bonn 1, West Germany.

Endogenous ocular inflammations

The University Eye Clinic of Jena, Germany, will hold an international symposium on 'Endogenous ocular inflammations – Uveitis '91' on 2–6 October 1991 in Weimar/Thuringia sponsored by the Thuringian Ophthalmological Society. Further information from: Professor S Klein, Chairman, Department of Ophthalmology, Bachstrasse 18, D-06900 Jena, Germany. (Tel: Jena 8223270.)

David Cole travel fellowship

The David Cole travel fellowship, instituted by Merck Sharp and Dohme in memory of Professor David Cole, will assist a visit to a hospital or research centre during the academic year starting 1 October 1991. The award will be equivalent to £2000. Its purpose is to enable the successful applicant to gain experience and knowledge in pursuit of a specific project related to glaucoma.