the clinical course and the absence of cataract. Extinguished electrotetogramgrams are not exclusive to primary tapetoretinal degeneration; subnormal and extinguished responses have been reported in various types of uveitis including birdshot retinochoroidopathy.3 4 The diagnosis of sarcoidosis is not probable since, over the years, our patient has never exhibited signs of systemic disease nor associated anterior uveitis or retinal 'candle wax' vasculitis.

Late in the course of birdshot retinochoroidopathy the development of optic disc atrophy, attenuated vessels, and fine pigmentary changes has been documented.5 The extreme findings for our patient may, in part, be attributed to the inadequacy of his treatment; however, the effect of corticosteroids or cyclosporin on the final prognosis remains to be assessed.6 Noting the useful vision and the slight macular oedema of the left eye we considered a therapeutic approach, starting with periocular corticosteroids, to be worthwhile.

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BOOK REVIEW


The authors, two anaesthetists, have produced a well referenced monograph which they hope will be of interest to ophthalmologists as well as anaesthetists. The monograph provides anaesthetics involved in ophthalmic surgery and anaesthetists in training with a very competent overview of the subject. However, ophthalmologists may find only some sections of the book of interest: the chapters on local anaesthetic drugs, local anaesthetic techniques, and day-case surgery would certainly fall into that category and could be useful and profitably read by ophthalmic trainees. They contain many germane observations that will aid practitioners in their quest to produce better and safer regional anaesthesia for their patients. However, the chapters on orbital anatomy and ocular physiology might be too superficial and the chapters on general anaesthesia irrelevant for ophthalmologists.

The illustrations are clear line diagrams but some of the anatomical drawings would be enhanced by colour. The review—would suggest different emphasis in future editions, with some subjects particular to ophthalmic anaesthesia given more in depth treatment and with other more general topics such as resuscitation, malignant hyperthermia, and how to insert a laryngeal mask airway being omitted altogether.

There are occasional errors such as the unqualified statement that adrenaline does not reduce the absorption of bupivacaine. Adrenaline has been shown to reduce peak concentrations of bupivacaine in many forms of regional anaesthesia. However, these minor criticisms should not detract from what will be a useful monograph for anaesthetists. Ophthalmologists may also find sections of the book of interest.

D NOBLE

NOTICES

Royal Society of Medicine, Section of Ophthalmology REGISTRAR’S PRIZE WINNER
This year the RMS Section of Ophthalmology Registrar’s prize winner is Mr S Beatty, senior house officer, Birmingham and Midland Eye Hospital, Birmingham B3 2NS.

MEETINGS
The following meetings (beginning at 5 pm) are open to RMS members and their guests only.

LIMTS TO PRECISION, 9 NOVEMBER 1995
Contact lens manufacture; Microsurgical instrument manufacture; Quality aspects of Healon; Manufacture of ophthalmic sutures.

CHRISTMAS MEETING, 14 DECEMBER 1995
A vision of sport; Dr Charles Kelman— the pedigree’s chum; Traditional Chinese medicine and its application to ophthalmology; The eyes, windows to the soul.

BLINDING DISEASE IN THE DEVELOPING WORLD, 11 JANUARY 1996
Update and magnitude and causes of blindness; Latest strategies against onchocerciasis; Risk factors and interventions for cataract in developing countries; Current thinking in childhood blindness.

TOXOPLASMOsis, 8 FEBRUARY 1996
Epidemiology of toxoplasmosis; Representing people affected by toxoplasmosis; The diagnosis of ocular toxoplasmosis; Clinical aspects of toxoplasmosis.

LNG LECTURE, 14 MARCH 1996
New perspective; corneal grafting Professor David Easty.

NEW HORIZONS IN THERAPEUTICS, 9 MAY 1996
The identification of human tumour antigens: strategy for developing tumour vaccines; New developments in the management of CMV retinitis; The development of ophthalmic drugs; The challenge of gene therapy in the context of eye diseases.

Further details: Alyson Taylor, Sections Officer, Royal Society of Medicine, 1 Wimpole Street, London W1M 8AE. Tel: 0171 290 2985; fax: 0171 290 2989.

REGISTRARS’ MEETING, 13 JUNE 1996, 2 pm
For registrars to present research work and case reports. Papers to be considered for publication. Abstracts should be submitted (max 200 words) for the attention of P Murray, The Royal Society of Medicine, 1 Wimpole Street, London W1M 8AE. Closing date for entries is 12 April 1996.

Wellcome General Overseas Travelling Research Fellowships 1994–95

The purpose of these fellowships is to allow postdoctoral scientists and medical graduates to gain further research experience by working in leading laboratories in the UK or the Republic of Ireland. Applications are invited from such workers who wish to undertake a research project in any branch of the natural or clinical sciences, which has a bearing on human or veterinary medicine, with the exception of cancer. Applicants may be from any country outside Europe, with the exception of New Zealand and the USA for whom special schemes are available. Awards will be made on the basis of the research proposal. The research proposal should be relevant to the research interests of the candidate in his/her own country. Awards are made for one year in the first instance, although requests for an extension may be considered. Fellowships provide a stipend within the range from £13 941 to £27 869 per annum, depending on age and experience. They also include the cost of research, attendance at scientific meetings, and return travel.

Candidates must be nominated by a sponsor in the UK or the Republic of Ireland, through whom all initial inquiries should be made. A pre-liminary proposal should include a one or two page outline of the research proposed, the curriculum vitae of the candidate, and a letter indicating that he/she has a position to return to at the end of the fellowship. There are no special deadlines for this scheme and applications may be submitted at any time during the year.

Requests for application forms should be addressed to: Dr J M Wilkinson, The Wellcome Trust, 183 Euston Road, London NW1 2BE. Tel: 0171-611 8407.

Candidates from New Zealand and the USA should contact the Health Research Council of New Zealand, Auckland, NZ or the Burroughs Wellcome Fund, Morrisville, NC 27560, USA, respectively, for details of appropriate schemes.

Office of Continuing Medical Education

The 8th Annual Widmer Institute’s Current Concepts in Ophthalmology will be held on 7–9 December 1995 at the Johns Hopkins Medical Institutions, Baltimore, Maryland, USA.