Table 1 Examined cases of Peters’ anomaly. Cases 1, 2, and 3 had Axenfeld’s anomaly.

<table>
<thead>
<tr>
<th>Case No</th>
<th>Age at first examination (months)</th>
<th>Sex</th>
<th>Ocular tension</th>
<th>Gonioscopic findings</th>
<th>Other anomalies</th>
<th>Anesthesia</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>Male</td>
<td>R12</td>
<td>Several iris strands attached to the posterior embryotoxon in the temporal and upper parts of the right anterior chamber</td>
<td>Microcornea of both eyes</td>
<td>General</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
<td>Female</td>
<td>R15</td>
<td>Two iris strands attached to the posterior embryotoxon in the temporal lower parts of the right anterior chamber</td>
<td>Microcornea of the right eye, congenital cataracts of both eyes</td>
<td>General</td>
</tr>
<tr>
<td>3</td>
<td>22</td>
<td>Female</td>
<td>R15</td>
<td>Closed angle.</td>
<td>Microcornea</td>
<td>General</td>
</tr>
<tr>
<td>4</td>
<td>37</td>
<td>Male</td>
<td>Treated with β blocker</td>
<td>Typical Axenfeld’s anomaly</td>
<td>None</td>
<td>Topical</td>
</tr>
</tbody>
</table>

but the reports he presented were about the case of Peters’ anomaly with posterior embryotoxon, small eye, and microcornea. Unfortunately there has been no report about PAX6 analysis of a case of Peters’ anomaly with Axenfeld’s anomaly yet. He pointed out that it might be premature to conclude that the concurrence of Peters’ anomaly and Axenfeld’s anomaly was the usual case. We have started a prospective study of gonioscopic examination of Peters’ anomaly as we first examined a case with this combination from the same standpoint as his. We have already examined three infants with Peters’ anomaly, under general anesthesia, and one adult patient, under topical anesthesia. We have found Axenfeld’s anomaly in two infants and one adult patient including our first case (Table 1). Two infants had two or three iris strands attached to the posterior embryotoxon, but without careful examination under general anesthesia these strands would have been overlooked. Though our study is still in progress, our conclusion that careful examination of patients with Peters’ anomaly with a gonioscopic lesion under general anesthesia would reveal latent Axenfeld’s anomaly looks like being confirmed.

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BOOK REVIEW


Wendy Hughes is a co-founder of the Stickler syndrome patient support group, the inaugural meeting of which was held in 1994 and attended by Gunnar Stickler. Thereafter, annual meetings have been coordinated by the author.

This book is written by a patient who suffers from Stickler syndrome and is intended to provide an informative guide to fellow sufferers and their families in the light of the many difficulties this remarkable individual has faced. It covers the articular, auditory, and orofacial features in addition to the severe ophthalmic problems, and the appendix provides some useful references and contact addresses for patients. The recent subclassifications of this disorder are not alluded to, but with the current genetic advances in this field, the prenatal and postnatal testing mentioned by the author will be available to the majority of these patients within a year.

The high incidence of mitral valve prolapse referred to has not been confirmed by later studies and the routine screening for this has now been abandoned in our unit. Similarly, urinary hydroxyproline measurement has not been adopted as a reliable diagnostic or screening test.

This book is clearly written, easily read, and fulfills its role admirably. The chapter dealing with a sighted person’s interaction with the visually impaired is excellent.

MARTIN SNEAD

OBITUARY

A CROSS

One of the leading figures in British ophthalmology during the three decades following the second world war, AG Cross died recently aged 87. Legendary for his voracious appetite for work, both clinical and administrative, he enjoyed the rare distinction of having served both as dean of St Mary’s Medical School and then later of the Institute of Ophthalmology. He was a quiet and unassuming man, but behind his mild exterior appearance there was a determined and well organised character with a talent for committee work. This was facilitated by a remarkable ability to recall what had been said at a previous meeting—a gift not possessed by the average member.

Alexander Galbraith Cross (Alexander) was born on 29 March 1908 in Wimbledon where he was to spend the whole of his life except for war service. He was educated at King’s College School, Wimbledon and Gonville and Caius College, Cambridge. He entered St Mary’s Medical School in 1931 having obtained his BA Cambridge and qualified in 1933. After residencies in the professorial medical unit and then the surgical unit (under Professor Aubrey Pannett, the uncle of his future bride), he passed his first FRCS and later the final in general surgery, there being no ophthalmological FRCS in those days. There followed a residency at Moorfields Eye Hospital (then the Royal London Ophthalmic Hospital).

In 1939 he married Eileen Longman Currie, one of identical twin daughters of Dr HB Currie of Lis, Hants.

During the war he served as a wing commander in the RAFVR 1941–6, being Adviser in Ophthalmology South East Asia Air Forces. When peace came he was appointed to St Mary’s and Moorfields, which hospitals he served till his retirement in 1973.

He held numerous other consultant hospital appointments during his career and was also consultant ophthalmologist to the Royal Navy, to St Dunstan’s, and to the Royal National Institute for the Blind.

In 1975–7 he was President of the Ophthalmological Society of the United Kingdom.

He was a busy man yet he was always courteous and helpful to all, especially his juniors to whom he gave much valuable advice. His clinical work was soundly based on his training and a spell as pathologist at Moorfields. His surgery was straightforward, competent, and of legendary speed; residents, entering the theatre having just scrubbed up, were known to encounter him leaving the theatre having done the first case.

Always keen on sport, he played rugby at first class level as a young man and later enjoyed squash, tennis, and golf. But his principal hobby was gardening, and an unexpected secondary accomplishment was tapestry as visitors to his home were bound to notice.

He is survived by his devoted wife, daughter, and grandchildren.

REDMOND SMITH