

subjects caught my eye and I would be drawn into reading the summaries concerned.

The book is of more interest to those wishing to benefit from a selective approach to the literature rather than for researchers who would wish to have a comprehensive list of abstracts. This is more readily (and I suspect more cheaply) available from computer searches such as 'Medline'.

In short, a good book to dip into when you have a spare moment but one which could easily gather dust on the shelves.

Robert Walters.

Manual of Clinical Problems in Ophthalmology. John W. Gittinger Jr, George K.

Asdauriaw, Little Brown, Boston, Toronto

This is an excellent book. The format is probably unique. 66 ophthalmic disorders are considered ranging from acanthamoeba keratitis to visual hallucinations. Each disorder is considered concisely in two or three pages in a fairly didactic manner with emphasis on practical management. The unique aspect of the text is the reference list, containing about a dozen references, that accompanies each topic. Each reference has a two line annotation summarizing its content. Thus the reader has a guide as to which references are worth following up. The list is up to date, including for instance articles on treating viral retinitis with DHPG and botulinum toxin treatment for essential blepharospasm.

This book is equally suitable for those starting ophthalmology and, as a revision text, for fellowship candidates. Qualified ophthalmologists would find it a useful guide to recent advances outside their main fields of interest.

Brett Halliday

Keratoprostheses Fyodorov S.N., Moroz Z.I. and Zuev V.K.: 1987: Churchill Livingstone, London

This is a very good translation of a small book published in Russian in 1982. The sub-

ject is one which has not been considered seriously by most ophthalmic surgeons. There is generally a negative attitude and yet there are some remarkable successes.

It will surprise many readers who have not seen a patient with a keratoprosthesis that there are 161 references quoted from publications on this subject in the world's literature. Most of these cover the period during which the development and adoption of intraocular lenses has taken place. Some parallels could be found in the doubts of the majority, the proliferation of different designs, the early claims and the scarcity of valid reports of outcome.

The book is a thorough review of work in this field which has been going on independently in many countries. The Russian publications were mostly unknown to me until I reviewed this book.

There are chapters on the development, optics, materials and types of keratoprosthesis, the indications, contra-indications, complications and results. Some comments and opinions are repeated in different chapters, but these are not inappropriate and save cross references. Rather surprisingly the authors declare a preference for the Frederick Ridley caustic soda method of sterilisation, which has now been abandoned in many countries. The value of visco-elastic materials is not mentioned in the discussion of management of complications, although references have been added since the first publication in 1982. The range of complications is divided into those which are non-specific and those which are specific to the presence of the implant. This is very helpful, because in the practice of this type of surgery there is a strong tendency for antagonists to blame all complications on the implant.

The Russians' series are large, perhaps because they advocate primary keratoprosthesis in one eye of patients with bilateral endothelial dystrophy. The more recent reports, including those from other countries indicate improved long-term results. Progress in keratoprosthetic surgery could prove of great benefit to patients whose blindness is due to corneal disease not amenable to keratoplasty. This book should help towards a wider recognition of the value of this form