

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

of corneal surgery in carefully selected patients.

M.J. Roper-Hall

Review of 'Infections of the Eye' edited by K.F. Tabbara and R.A. Hyndiuk

This large book contains excellent clinical descriptions of infections, especially of endophthalmitis, and covers the fields of bacteriology, virology, mycology, chlamydia and parasitic and protozoal diseases. As such, it can be considered a useful reference textbook, composed by different expert authors, with many valuable references. However, it also contains much general information about microbes, their epidemiology and life cycles and mechanism of action of antibiotics which makes this book unnecessarily long. It is aimed at clinical ophthalmologists with an interest in infection and has the advantage of containing a wide variety of information about ocular infections within one volume. It will also provide pathologists with many details of ocular infections, otherwise difficult to obtain, but is best considered as a general textbook for clinical management of infection and specimens suitable for diagnosis.

D.V. Seal

Ophthalmology Annual 1988 Ed. Robert D. Reinecke, Raven Press - New York

When reading this annual it is essential to remember that it is written by specialists with their own opinions on management and who trained or are working in the North American continent. With this in mind more than half the chapters make a pleasant evening's reading.

However, I do not agree with the editor that each chapter has "useful clinical pearls there for the taking". Two in particular were treated with such personal bias as to be controversial and thus of limited clinical value: Kelman's "Current uses and technical updates of phacoemulsification", which nevertheless had an entertaining sense of

drama and suspense and Pratt-Johnson's "Contact lens for aphakic infants", which was compensated for by the more practical chapter on the logistics of fitting lenses by Gold and his colleagues.

The opening chapters on glaucoma by Tomey and Jaffar are clear and read easily though certain aspects of the subject are still open to debate. How many advocate to their students the use of i.v. mannitol as a first line drug in acute angle-closure glaucoma irrespective of the patients age and why give diamox i.v. when in the non-vomiting patient it is well established that oral or parenteral administration have similar effect? Choroidal effusion after a trabeculectomy (other than the 'kissing type' or as one of the consultants I have worked for so aptly describes it, the 'Dolly Parton Sign') is not a serious post-operative complication. Indeed there is often a peripheral 360° tyre of effusion easily seen with an indirect ophthalmoscope. In the chapter on buphthalmos, the table of aetiologies is comprehensive but, without some indication of incidence, is misleading. When discussing surgery of this condition it was not explained why diamox was necessary post-operatively as most hyphemae are small and resolve within 36 hours, nor was it evident why atropine was used; this presumably can induce further amblyopia in an eye whose visual prognosis is already jeopardised.

Crawford's chapter on lacrimal surgery is full of easy-to-follow diagrams but why is it that when percentage figures are offered they never add up to 100! More could have been made of the 'clinical pearl' that probing should be avoided before the age of one: this was the most useful piece of advice in the whole chapter yet was slipped in so quietly as to go almost unnoticed.

For those who find examining visual acuity in children a stressful experience, the concise and honest account given by Fulton and her colleagues is refreshing.

The discussion on the explanation of intraocular lenses by Kraff is instructive as by its very title it is based on failure, but the presentation of data as lists of numbers is uninspired. Pie charts or histograms would have been less difficult to interpret. It would have