

Eye Diseases in Hot Climates, 3rd edition

John Sandford-Smith
Butterworth-Heinemann, Oxford, 1997
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There are so many books about eye disease available but hardly any which are written from the perspective of developing countries, the very place where most of the world's blind people live. So runs the second paragraph of the preface to John Sandford-Smith's latest edition of *Eye Diseases in Hot Climates*. I had thought that the introduction of so many colour illustrations into the text would place it beyond the reach of the intended audience; however, with well-deserved subsidies this excellent new edition will make a welcome and affordable addition to the armamentarium of any doctor, ophthalmic nurse, cataract technician or ophthalmic medical assistant who is working in the 'developing world'. The text is in plain English. The illustrations, including the many new colour ones, are of high quality. The layout is not unpleasant.

As the number of blind (worse than 3/60) in the world is shortly set to rise above the 50 million mark and those with severe visual impairment to many

times more than this, a book of this quality will be an essential tool to all involved in the struggle against avoidable blindness.

However, this should not be viewed as a book just for the stereotypical ophthalmologist in shorts and a sun-hat, wielding a pen-torch and cryo-extractor. Some of the major blinding diseases are virtually never seen within the context of a western medical education and are rarely (or only briefly) referred to in the standard texts. Most of them are nutritional or infective diseases of the anterior segment – trachoma, vitamin A deficiency and measles. As we progress to earlier and earlier cataract surgery for 6/9 lens opacities, it becomes rarer for us to see or manage bilateral mature cataracts. As we concentrate on the intricacies of which gene mutation might be responsible for a certain form of retinitis pigmentosa found only among three families in Lower Saxony, one-third of adults over 50 years (should they ever reach such a ripe old age) go blind from onchocerciasis in hyperendemic regions. This book acts as a welcome and radical reminder of where the major problems are to be found and what solutions may be implemented.

Perhaps it might be possible for the contents of this book to be viewed as essential knowledge for the F/MRCOphth, so that trainees will be as useful in Madagascar as they are in Manchester. One day might there be questions in the examinations such as:

Q. *The treatment for an infant with acute xerophthalmic corneal ulceration should include:**

- Systemic megadoses of vitamin A
- Topical antiviral agents
- Topical vitamin C
- Topical steroid
- Cessation of breast feeding

*You will find the answers on pp. 163–164

Q. *Among patients with leprosy:†*

- Lateral madarosis is common
- Corneal scarring follows facial paresis
- Systemic treatment may exacerbate iritis
- Corneal nerves become invisible
- Cataract surgery should be deferred until after bacillary clearance

†See p. 277 and following

I shall use the book tokens for this review to get myself a copy.

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