

Dr JOSEPH TAYLOR OBE FRCS FRCOphth

Dr Joseph Taylor, ophthalmologist, esteemed colleague and friend, died on 21 November 1997, after a short illness in his home town in England. He was 69.

For more than 30 years Dr Taylor worked as one of the great pioneers of eye work in Africa and, with immense personal commitment, promoted the development of programmes for the prevention of blindness. Recognising the importance of 'avoidable' blindness, treating eye diseases, making sure that the poorest of the poor were guaranteed high quality medical care, he gave practical expression to his strong Christian belief. He dedicated all his energy into this work until the very last hour of his life.

Born on 18 February, 1928, in Falkenau, today called Sokolof, in the Czech Republic, he was forced, when still very young, to escape from the Nazi occupation to England. From 1946 until 1951, he studied medicine at St. Bartholomew's Hospital Medical College and, one year after his final examinations in England, left for Kenya and Tanzania. Supported by his wife, Joan, he developed medical ser-

vices for the poorest people of these populations under the most difficult conditions.

Confronted with innumerable people suffering from blindness or from eye diseases, and, in view of the then still very poor quality of eye care in the countries of East Africa, Dr Taylor decided to study ophthalmology in London. Afterwards he concentrated all his efforts on eye care programmes such that developments in eye care in the whole of Africa progressed enormously.

In addition to his work as ophthalmologist at the Kilimanjaro Christian Medical Centre, Moshi, Tanzania, Dr Taylor was highly esteemed in many projects and programmes as an Ophthalmic Consultant. In this capacity, he was instrumental in developing policies and strategies for blindness prevention in developing countries and these are still considered to be models in the field. The emphasis of his work also focused on the development of appropriate technology in eye care, for example the local production of eye drops and the manufacture of low-cost eye glasses in local workshops. For this initiative and for many other innovative ideas he acquired an outstanding international reputation.

The name of Dr Joseph Taylor will always be closely linked with the history of eye care in developing countries and with



the work of Christoffel Blindenmission. His personal commitment, his caring nature and his passion to meet the needs of others, will always be an example for ophthalmologists all over the world.

We say good-bye to an outstanding personality. We look back on his life and work with admiration and gratitude. Our deepest sympathy is with his wife, Joan, who was at his side from the beginning to support him in all his efforts, and with his children and relatives.

*Christoffel Blindenmission
Bensheim
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Abstract

BOOK REVIEW

A TEXTBOOK OF CLINICAL OPHTHALMOLOGY

A Practical Guide to Disorders
of the Eyes and their
Management (2nd Edition)

**Editors: Ronald Pitts Crick FRCS
FRCOphth
Peng Tee Khaw PhD MRCP FRCS
FRCOphth**

This compact book, which surprisingly has nearly 600 pages, is packed with information and advice for the busy general practitioner, medical student, optometrist or ophthalmologist-in-training.

The text is well illustrated with colour plates, black and white photographs and line drawings. We have the advantage in 'eyes' that we can often 'see' the problem, and the line drawings should encourage eye health care workers to illustrate their own clinical findings.

Thirteen eye specialists have contributed to the text. The section on Common Ophthalmic Problems, where symptoms and signs as they present to the practitioner are considered, is rightly described as a 'book within a book'. From the perspective of the Journal of Community Eye Health, it is good to find significant reference to infections, infestations and nutritional diseases, recognising the great importance of tropical and subtropical ophthalmology in the appreciation and understanding of eye diseases worldwide.

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Editor**

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A clinic based survey of blindness and eye disease in Cambodia

Ian Thomson

Aims: To survey the spectrum of eye disease presenting to rural eye clinics in Cambodia.

Methods: A total of 1381 patients seen consecutively at 13 eye clinics were examined and the findings recorded.

Results: 231 (16.7%) were bilaterally blind (visual acuity <3/60 in both eyes); 263 (19%) were unilaterally blind, and 169 (12%) had low vision (visual acuity <6/18 in the better eye). Cataract was the commonest cause of visual loss in all three categories and was responsible respectively in 69%, 40% and 55% of each group. Trachoma was diagnosed in 13% of patients. Thirty-three of them needed lid surgery for trichiasis.

Conclusion: With the difficult practical and political situation in Cambodia there seems little prospect of making substantial inroads into the backlog of avoidable blindness in the near future.

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