

Binocular Vision Anomalies: Investigation and Treatment. By DAVID PICKWELL. Pp. 178. £17.50. Butterworths: Sevenoaks, Kent. 1984.

The author is a professor of optometry at Bradford University, and this book is intended for students and practitioners of optometry. Accordingly, there is greater emphasis on spectacles and exercises for the treatment of binocular anomalies than might be found in a medical or orthoptic text. There are a number of points that I disagree with in the text.

In chapter 1 the author states that cyclophoria can occur on dissociation. There is no evidence that this occurs, and in fact the author retracts the statement later in the text. In chapter 2 the fact that the eye behind the occluder may move in latent squint does not contravene Hering's law, which applies to conjugate gaze efforts only. Although the Hirschberg test is described, the much more accurate prism reflection test (Krimsky test) is not. In general, the section on measurement of angle of squint is sketchy.

In chapter 3 for some reason the prism and alternate cover test is not mentioned in the section on measurement of degree of heterophoria, despite its ease, accuracy, and universal use. In chapter 4, on prism relief of heterophoria, the use of Fresnel membrane prisms for temporary relief and for discovering the optimum correction is not described. In chapter 5 the striking claim is made that patients who work in stuffy atmospheres develop anaemia, which causes divergence weakness exophoria. The association of divergence weakness with raised intracranial pressure is not mentioned. I can find no reference to the use of miotics in convergence excess esodeviations. In chapter 6 it is implied that distinguishing between true and simulated divergence excess exodeviation is unimportant. Accordingly a distance cover test and measurement of AC/A ratio are not mentioned. In general the importance of the AC/A ratio in latent, and manifest horizontal deviations is surprisingly neglected. In chapter 7, on hyperphoria, nothing is said on compensatory head tilting (including examination of the family photograph album) or on the Bielschowsky head-tilt test. Dissociated vertical deviation is treatable surgically, with reasonable if not excellent results.

Chapter 11, on amblyopia, presents the now rather obsolete classification of 'amblyopia of arrest' and 'amblyopia of extinction,' based on a very misleading concept of infant visual acuity. 'Amblyopia ex anopsia' is preferred as a term to the much clearer 'simulus-deprivation amblyopia,' and bilateral ametropic amblyopia, as in high hypermetropia, is not mentioned, though meridional amblyopia is. It is recommended that children should be tested for visual acuity of the worse eye first to avoid memorising the letter chart. It should be remembered that some children regard the letter chart as a test, and are probably best encouraged by using the better eye first, with a fresh chart for the other eye.

In the treatment of amblyopia full-time occlusion is recommended, with part-time occlusion if this is impracticable. Current orthoptic practice, in Great Britain and elsewhere, regards part-time occlusion as at least as effective as full time treatment and much less likely to lead to problems. It is suggested that amblyopia can be treated by teaching awareness of physiological diplopia. I am sceptical about this.

In chapter 13 the traditional and never-explained 'tonus' allowance in cycloplegic refraction appears. There seems to be no sense in continuing this tradition if the object of convex lenses in esotropia is relaxation of accommodation. It is implied that consecutive exotropia is caused by giving glasses to hypermetropic patients who were operated on as children. Chapter 15 concerns examination of young children. Table 15.1 perpetuates the hoary old idea that a child can see no better than 6/36 at 1 year and 6/12 at 2 years. This has been conclusively disproved by preferential looking tests of acuity. In the description of nystagmus blockage syndrome (p. 146), the head turn is the wrong way. In chapter 16 investigation of incomitant deviations is considered. Obviously only guidelines are being given here, but a simple guide such as the Parks's three-step test would aid understanding of how to elicit the responsible vertical paretic muscle. The vital fact that *all* third nerve palsies with pupils affected are potentially aneurysmal is not mentioned, and should be. Traumatic fourth nerve palsies are not due to direct trochlear trauma as a rule. Again the role of Fresnel prisms is not covered in the section on management. In chapter 17 it is implied that 'miners' nystagmus' is still seen in mining areas. It is, but only because some individuals learn how to cause it voluntarily in order to gain compensation.

Overall, the role of surgery is underplayed and is consistently said to be inaccurate. With newer techniques such as adjustable sutures and botulinus toxin, this is no longer the case. In summary, although the book may well have a place in the optometry curriculum, it is not of value for ophthalmologists in training.

J P LEE

Diagnostic Diagrams: Ophthalmology. By ANDREW P SCHACHAT AND ALAN F CRUICK. Pp. 124. £10.00. Williams and Wilkins: London. 1984.

The authors, in their foreword, realise the significant increase in material which the medical student has to assimilate, and their book is an attempt to make the assimilation of ophthalmology easier. They then provide a suggested reading list of 19 comprehensive books and articles and a slide collection of clinical photographs which rather negates the purpose of a simple book for medical students. The interested student very quickly finds further reading from his teachers; the rest require one simple readable book for their short time in ophthalmology.

The book is illustrated throughout in black-and-white and consists of text and diagnostic diagrams which lead to diagnosis of certain groups of symptoms and signs. In this manner, by describing the relevance of symptoms and signs and their elicitation, each chapter progresses to a diagnostic diagram. Visual loss, the red eye, anisocoria, visual field defects, strabismus, leucoconia, glaucoma, diplopia, proptosis, headache, and ocular emergencies are each treated in this way in turn. This type of diagnostic diagram is at present having a certain fashion in medical student teaching but is after all what all students have been doing informally for many years. It is a good way of revising and testing one's own knowledge, but whether it is beneficial as the formal basis of a textbook is open to question.

There is probably too much complicating detail for most medical students, and the lack of colour illustrations takes

away much of the value of several chapters. Ophthalmology par excellence requires colour illustration, and much of the careful text loses its point without colour, for example, in describing 'red' lesions in the retina with a black-and-white fundus photograph. It is also very unsatisfactory for the medical student not to have any simple details of treatment when required. Students have a good knowledge of pharmacology and not even to mention simple antibiotic eye drops in the treatment of conjunctivitis is a remarkable omission. Altogether this is a new book which has not really come off, and it would leave the medical student feeling there were too many loose ends not tied up, especially with regard to simple treatments. JAMES L KENNERLEY BANKES

Visual Disorders in the Handicapped Child. By JOHN L GOBLE. Pp. 287, SFr. 127.00. Marcel Dekker: New York. 1984.

This excellent book fulfils everything that it sets out to do. The author aims to help general physicians, paediatricians, and neurologists, but also intends to interest ancillary personnel who deal with handicapped children in understanding their visual disorders. Most of the conditions are explained simply, and there are ample further references for those wishing to look further into the subject.

Although the book is laid out in a logical and compartmented way, the author's experience comes through in the practical and clear manner in which he explains many of the conditions and problems that these children have. There is a good author and subject index. If there are any criticisms it may be that there is not enough detail on practical aspects on helping blind babies and children, or on practical aspects of vision testing by non-ophthalmologists. In spite of these criticisms, however, I think that this is a useful book. DAVID TAYLOR

The Visual System in Myelin Disorders. Eds. A NEETENS, A LOWENTHAL, J J MARTIN. Pp. 518. Dfl 225.00. Junk: The Hague. 1984.

This book has resulted from a long collaboration in Antwerp between an ophthalmologist (A Neetens), a neurochemist (A Lowenthal), and a neuropathologist (JJ Martin). A further eight Belgian contributors were invited in addition to 16 American and 24 European contributors, thus producing a truly international book.

The book is subdivided into sections on basic research into normal and abnormal myelin, and the pathophysiology of myelination. The major section and indeed the major part of the book is devoted to human and animal myelin disorders. This section includes a number of distinguished experts discussing the diagnosis and clinical features of demyelination in the afferent visual system and in the ocular motor system. The metabolic disorders from metachromatic dystrophy to Menkes' disease are fully described. Finally there is a short chapter on treatment.

The chapters vary in length, but on the whole the standard is good. This book therefore provides a comprehensive review on myelin and its disorders, but some com-

plex chapters on basic aspects of myelin may frighten many ophthalmologists away. They should, however, avail themselves of the opportunity to browse through this book, for the emergence of nuclear magnetic resonance scans provides an exciting glimpse into the future. They may also obtain stimulating thoughts from other chapters, such as why conjunctival biopsy is used for the diagnosis of neuro-lipidoses but is not used by ophthalmologists for other diagnostic purposes. M D SANDERS

Notes

Adaptive processes

An international symposium on 'Adaptive processes in visual and oculomotor systems' will be held on 16-20 September 1985 at Asilomar, California, USA. Details from D Zee, Conference cochairman, Department of Neurology, Johns Hopkins Hospital, 600 N Wolfe Street, Baltimore, MD 21205, USA.

Classification of retinopathy of prematurity

An international committee with Professor A Garner (UK) in the chair prepared an 'International classification of retinopathy of prematurity.' This classification was published in the *BJO* last October (*Br J Ophthalmol* 1984; **68**: 690-7). It has also appeared in *Pediatrics* 1984; **74**: 127-33 (July 1984 issue), *Archives of Ophthalmology* 1984; **102**: 1130-4 (August 1984 issue), and *Ophthalmology* 1984; **4**: 13-6 in an edited version. It has been submitted for publication to several other journals likely to reach an audience concerned with the problems it discusses.

Metabolic eye disease

The seventh symposium of the International Society on Metabolic Eye Disease will be held at Parma, Italy, on 11-14 May 1986. Theme: 'Neonatal aspects.' For free communications a topic and 500-word abstract should be sent before 1 November 1985 to Heskell M Haddad, MD, Program Chairman, 1125 Park Avenue, New York, NY 10128, USA.

Correction

In the article entitled 'Contrast sensitivity and visual disability in chronic simple glaucoma' by J E Ross, A J Bron, and D D Clarke (*Br J Ophthalmol* 1984; **68**: 821-7) an error occurred in Table 2. The degrees of freedom referred to in an analysis of variance, and in each case the figure 1 should have been separated from the subsequent three figures as follows: 1, 184; 1, 204; 1, 210; 1, 141; 1, 106; 1, 113; 1, 101; 1, 104.



Diagnostic Diagrams: Ophthalmology

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