

There is no detail on 'patient satisfaction': did 33 of 40 patients actually refuse day case surgery for their second eye? Also the 5% incidence of posterior capsular rupture seems excessively high – could this be attributed to the technique? Finally, what would the surgeons have done in the recognition and management of any possible anaphylactic drug reaction?

We noted that the one patient who refused day only surgery was then offered only a general anaesthetic. We would argue for the presence of an anaesthetist at all cataract surgery, the use of appropriate low dose intravenous sedatives/hypnotics where indicated, and full monitoring techniques, which enable the selection criteria to widen to include almost every cataract patient. This assisted local anaesthetic (ALA) technique has been used successfully in our hands for many years now with minimal complications and great patient comfort.<sup>2</sup>

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- 1 Watts MJ, Pearce JL. Day case cataract surgery. *Br J Ophthalmol* 1988; **72**: 897–9.
- 2 Francis IC, Schumacher RS, Haylen MJ. Assisted local anaesthesia for cataract surgery (ALACS). *Aust NZ J Ophthalmol* 1987; **15**: 185–91.

SIR. We are grateful to Haylen, Schumacher, and Francis for their comments on our paper on day case cataract surgery and interested to hear of their different anaesthetic technique for day case patients.

We are certainly aware of the use of 'assisted local anaesthetic (ALA)' techniques, in which an anaesthetist gives intravenous sedatives and hypnotics in conjunction with local anaesthesia, and indeed use it regularly on patients staying overnight in hospital. However, for patients undergoing day case surgery we have preferred to use oral benzodiazepines and, although we would accept that these do not have amnesic properties, have found their sedative and anxiolytic properties to be good. These effects are indeed well recognised.<sup>1,2</sup>

Although details of perioperative monitoring were not given in our paper, it is in fact our standard practice to monitor patients with an electrocardiograph and automated sphygmomanometer for the reasons so correctly stated by Haylen *et al.* It is interesting to note that the incidence of expulsive haemorrhage may be lower under local than general anaesthesia.<sup>3</sup>

Patient satisfaction is, as we remarked, difficult to quantify particularly in those who have not previously undergone ocular surgery and therefore have nothing with which to compare. For this reason we did not attempt any formal analysis of it. Only the one patient cited declined surgery to the second eye under local anaesthesia as a day case.

With regard to the provision for management of any emergency, we would reiterate our comment that emergency anaesthetic cover should be available, and this remains a requirement of all our day case lists.

The choice between oral sedation and local anaesthesia and 'assisted local anaesthesia' remains controversial in the United Kingdom, both for ophthalmic and for other surgical procedures, and each unit must choose the appropriate technique to suit local requirements and facilities. We have found success using the technique described, but would not profess it to be the only one suited to day case cataract surgery.

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- 1 Nimmo WS. Hypnotics, sedatives and anti-depressants. In: Girdwood RM, ed. *Clinical pharmacology*. London: Baillière and Tindall, 1985: 152–3.
- 2 *British National Formulary* 1989; **17**: 429.
- 3 Taylor DM. Expulsive haemorrhage. *Am J Ophthalmol* 1974; **78**: 961–6.

## Book reviews

**Reap a Destiny: Divagations of a Taoist.** By T D V SWINSCOW. Pp. 334. £13.95. British Medical Journal: London, 1989.

*Reap a Destiny* is a success story but not in the conventional sense. In the dénouement there is no fortune gathered, no presidential appointments recorded, no civic honour flaunted. It is an account of personal adaptation from resentment and self-pity to peace of mind and inner harmony.

'I was about 7 when I realised that my parents often quarrelled over things I knew little or nothing about. . . . I would creep along a corridor, sit on the top stair of the staircase, and listen to their disputes with a lump in my throat and tears welling into my eyes.' At the age of 14 'I began to lose weight. . . and I recall staring into a mirror with a worried expression to see whether any of my hair had turned grey from sorrow.'

In these saddest of sad words lies the nub of the author's inherited problem and they declare the effect of parental strife, openly expressed on a child with an eye for beauty, an ear for music, a mind attuned to poetry, a numerate intellect, and a sensitivity to environmental disequilibrium as responsive as the G string to the bow of the violinist. Such is a prescription for what? A challenge to be faced or not to be faced?

The essential move made by the author to unravel this strangling knot was a process of liberation from the shackles of parental loyalty without irrevocably wounding himself or his parents. This was enacted over a period of lengthy incubation helped by delving into French literature and helped also by communing with Christine Nisbet, a cousin by marriage, a talented artist 10 years older than himself with whom he had fallen in love at a distance. He suddenly appreciated almost by a mystical experience that life on this planet formed a unit of which he was a sharing and significant member and in this concept he found consolation and confidence. At once it put his personal problems into perspective. It became apparent to him that what was denied him in his immediate family was on offer in abundance in the larger family of living organisms. His later researches

strengthened this philosophical outlook, and all his future decisions seem to have been made with reference to this concept.

In his choices throughout life fortune favoured him: in his marriage; in surviving the experience of active service in North Africa, Arnhem, and Norway; in joining the editorial staff of the *British Medical Journal* at a critical time in the development of the National Health Service; in arranging to meet a botanist, Francis Rose, who introduced him to the study of plants in their natural habitat; in his establishment of the British Lichen Society when the Natural History Museum had just appointed a scientist to take charge of its collections; in meeting a kindred spirit in Ursula Duncan; and in accepting an invitation to study the lichens of Uganda and Kenya which resulted in 17 most fruitful years of research recorded in some 30 published papers and gathered together in book form with Hildur Krog as his co-author.

The adventures of these exploits couched in flowing language and punctuated by poetic allusions form the substance of this biography with consummate pen pictures of the co-workers involved. But it would be wrong to think that the author was a passive recipient of these turns of good fortune. 'Fortuna fortes favet' is only part of the whole truth. Persistence of the prepared mind is equally favoured.

Dougal best reveals himself when he writes: 'I delight in the study of natural history because it establishes a sense of kinship with creation. No longer solitary and puzzled, I feel restored to the sea of genes that everywhere casts up living organisms in all their variety of form and function. In analysing their relationships I unconsciously count myself and my friends among them, finding a harmony between us in the matrix of our genetic concordance.'

Only a father of a happy family and a respected member of a close knit community could write in this way. In terms of his own outlook herein possibly lies his crowning achievement. Little wonder that Dougal subscribes to the philosophy of Taoism, the main tenet of which is the unity of all forms of life, a philosophy which appeals to the contemplative and particularly to those for whom the inner life is reality in itself.

STEPHEN MILLER

**Vitreous Microsurgery.** 2nd Edn. By STEVE CHARLES. Pp. 235. £56.00. Williams and Wilkins: London: 1987.

The second edition of Dr Steve Charles's classic text is an update on his previous work on decision making in vitreoretinal surgery. The book is aimed at ophthalmologists with an interest (and preferably with a certain amount of experience) in the surgical treatment of retinal disorders.

After outlining the principles of instrumentation in vitreoretinal surgery the author guides us through the intricacies of various types of operations on the vitreous in both the anterior and the posterior segments. Dr Charles makes use of algorithms to illustrate how to anticipate the various events and complications which may arise during complex vitreoretinal surgery. I find this approach helpful, as it enables the surgeon and the theatre staff to be prepared for,

and to react quickly to, the often sudden changes in the surgical plan.

The book is divided into chapters on a variety of topics such as proliferative vitreo-retinopathy, epimacular proliferation, trauma, and giant retinal tears. I particularly enjoyed the chapters on surgery for proliferative diabetic retinopathy and for the retinopathy of prematurity, subjects in which the author has particular expertise, having pioneered many of the operations described here. The text is illustrated by a few black-and-white photographs, but the book's real strength lies in the many simple but clear line drawings. These are used to emphasise the author's views on the rights and wrongs of various techniques used in vitreoretinal surgery.

The style of the book is somewhat unusual and in places rather authoritative, but those of us who have the privilege of knowing Steve Charles will appreciate his forthright approach to the subject. I have no hesitation in recommending this book to all colleagues interested in vitreoretinal surgery, and it is a must for all departmental libraries.

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**Ocular Circulation and Neovascularization: Documenta Ophthalmologica Proceedings Series 50.**

Eds D BENEZRA, S J RYAN, B M GLASER, R P MURPHY. Pp. 573. £105.00. Kluwer: Dordrecht, Netherlands. 1987.

This volume is a compendium of 88 scientific papers presented at the First Symposium on the Ocular Circulation and Neovascularisation held in Jerusalem, Israel, in September 1986. Dedicated to the memory of Isaac Michaelson, an early pioneer in this field, the book contains a wide range of clinical and basic scientific papers reflecting the interest of morphologists, physiologists, cell biologists, biochemists, and pathologists as well as ophthalmic physicians and surgeons in the ocular circulation and the phenomenon of neovascularisation.

The text is loosely organised into two parts. The first deals with retinal blood flow and vein occlusion, diabetic retinopathy, retinopathy of prematurity, age related macular degeneration, and some aspects of chronic ocular inflammation. The individual papers are wide ranging, with some inevitable overlap of subject matter. The figures and photographs are mostly of good quality, though more stringent editing would have improved the cohesiveness of the text and avoided numerous and unnecessary errors of spelling and syntax and inaccuracies in the reference sections.

The second part of the book is devoted to ocular vasoproliferation in its many forms, with separate sections on neovascularisation of the cornea, the iris, the angle of the eye, and the retina and choroid. A further chapter considers numerous putative angiogenic factors, their origin, nature, and effects on retinal vascular cells in vivo and in vitro. Arguments for the modulating effects of the retinal pigment epithelium on retinal and choroidal vasoproliferation are rehearsed in some detail but as yet without firm conclusion. The concluding section summarises the views of selected investigators in current concepts of ocular neovascularisation.



## Reap a Destiny: Divagations of a Taoist

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