REFERENCES

1. Sandberg MA, Rosner B, Weigel-DiFranco C, et al. Lack of scientific rationale for use of valproic acid for retinitis pigmentosa. *Br J Ophthalmol* 2011;**95**:744.
2. Clemson CM, Tzekov R, Krebs M, et al. Therapeutic potential of valproic acid for retinitis pigmentosa. *Br J Ophthalmol* 2011;**95**:89–93.
3. Rosner B, Glynn RJ, Lee ML. The Wilcoxon signed rank test for paired comparisons of clustered data. *Biometrics* 2006;**62**:185–92.
4. Berson EL, Rosner B, Weigel-DiFranco C, et al. Disease progression in patients with dominant retinitis pigmentosa and rhodopsin mutations. *Invest Ophthalmol Vis Sci* 2002;**43**:3027–36.
5. Massof R, Dagnelie G, Benzschawel T, et al. First order dynamics of visual field loss in retinitis pigmentosa. *Clin Vision Sci* 1990;**5**:1–26.
6. Berson EL, Rosner B, Sandberg MA, et al. A randomized trial of vitamin A and vitamin E supplementation for retinitis pigmentosa. *Arch Ophthalmol* 1993;**111**:761–72.
7. Schmidt D. Adverse effects of valproate. *Epilepsia* 1984;**25**(Suppl 1):S44–9.
8. Herranz JL, Arrijo JA, Arteaga R. Effectiveness and toxicity of phenobarbital, primidone, and sodium valproate in the prevention of febrile convulsions, controlled by plasma levels. *Epilepsia* 1984;**25**:89–95.
9. Bourgeois B, Beaumanoir A, Blajev B, et al. Monotherapy with valproate in primary generalized epilepsies. *Epilepsia* 1987;**28**(Suppl 2):S8–11.
10. Clemson C, Tzekov R, Checchi J, et al. Re: Conclusions of Clemson et al. concerning valproic acid are premature. *Br J Ophthalmol* 2011;**95**:153–4.
11. Peterson GM, Naunton M. Valproate: a simple chemical with so much to offer. *J Clin Pharm Ther* 2005;**30**:417–21.
12. ClinicalTrials web site. Trial entry: NCT01233609. <http://clinicaltrials.gov/ct2/results?term=NCT01233609> (accessed 17 Dec 2010).

BOOK REVIEW

Visual fields: examination and interpretation. Third edition

Edited by Thomas J Walsh, Published by Oxford University Press in cooperation with the American Academy of Ophthalmology, 2011, pp 311.

The ability to choose and accurately interpret visual fields is an essential skill for all

practising ophthalmologists. Current options available include everything from Amsler grid testing to automated perimetry with multiple different testing algorithms and visual-function-specific technologies. Correct diagnosis and implementation of therapy rest with a thorough understanding of these tests. The third edition of *Visual Fields: Examination and Interpretation*, published by Oxford University Press in cooperation with the American Academy of Ophthalmology, seeks to equip the reader with the background knowledge necessary to handle all types of visual-field analysis. Written clearly with detailed explanations accompanied by illustrations, it allows the reader a complete picture of the presented material.

The book is well organised, with information from each chapter building on previous ones to form a deeper understanding of what causes changes in visual fields and how to correctly identify the aetiology of these changes. The book begins with a comprehensive review of the structure of the visual pathway and different techniques of field testing. Subsequent chapters continue to reinforce the anatomical basis and differential diagnosis as they divide defects into the observed type. Next, the book thoroughly reviews automated perimetry. Algorithm choices and custom testing are well explained. Clear overviews are given for the correct manner of interpretation of initial tests and comparative interpretation of subsequent testing, as well as artefacts that may interfere with correct diagnoses. Focus then shifts to visual-field defects associated with specific diseases and locations within the visual pathway. A detailed section is given specifically for automated perimetry in glaucoma. Again, the authors do an excellent job of illustrating not only how to correctly interpret a given field, but also how to compare multiple tests over time to establish the presence or absence of progression. Throughout the book, various types of visual-field defects are

included to further enhance understanding of the text.

The third edition of *Visual Fields: Examination and Interpretation* is much more than a simple book on visual fields. It allows for an understanding of the physiological cause of the visual-field appearance, and therefore a superior understanding of which test is most useful in each circumstance and why. Reviews of some of the newer tests being used to diagnose glaucoma at earlier stages such as short-wavelength automated perimetry and frequency-doubling technology are also included. This book is an excellent tool for residents, fellows and practising ophthalmologists.

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Y Wang, G L Spaeth. Baseline disc damage as the predictive factor in reversal of the optic disc cupping in glaucoma. *Br J Ophthalmol* 2009 Published online first 1 September 2009. This article has been retracted.