Correspondence / Book reviews

this retrospective opportunity to share opinion on the management of this very complex disease.
University of Calgary

N. WARREN HINDLE

References


Slit-lamp photography

Sir, I wish to make a simple suggestion regarding the problem of focusing accurately by Thaller’s method1 on the eye to be photographed. Rather than change the focusing screen in the camera as suggested, the simple expedient of turning the camera mounted on the eyepiece clockwise through 90° allows the observer to look with his right eye through the left-hand eyepiece of the slit-lamp itself and focus accurately with the slit-lamp joy-stick. The monocular view obtained from the left-hand ocular is not of course the same as that obtained from the right-hand ocular. But, if important, this simple matter of alignment can be adjusted to the desired position through the camera itself, as it does not require critical focusing. This can be finally adjusted through the other eyepiece, as suggested, provided the subject does not move his eye at all in the meantime.

The vertical orientation of the camera results in the medial to lateral axis of the palpebral aperture occupying the shorter rather than the longer axis of the resulting photograph, which is less satisfactory and requires complete reorientation, but this might be acceptable if superior focusing is obtained in this way.

J. D. HUGGAN

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Reference


Sir, In reply to J. D. Huggan’s suggestion of focusing the camera through the second eyepiece I wish to make the following points: (1) Unless the second eyepiece is fitted with crosshairs, accurate focusing can be difficult due to accommodation. (2) Light reflexes viewed by the camera are different from those viewed through the second slit-lamp eyepiece and may interfere with the subject matter of the photograph. (3) If retroillumination is required for the photograph, this is again difficult to adjust through the second eyepiece.

In practice accurate focusing is not difficult through a ground glass focusing screen, as this precludes the possibility of accommodation. The image is, however, rather dim with little depth of field, which makes viewing less pleasant.

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Book reviews


This book was originally published in German as part of a series of books on eye surgery. It contains a number of procedures which the author finds useful and predictable and is not intended to be a comprehensive guide to eyelid surgery. However, this English edition has been expanded to cover some of the newer techniques. The six chapters are devoted to anatomy, lid trauma, lid malpositions, upper and lower lid reconstruction, lid retractions, and blepharoplasty procedures.

Anatomy is covered in note form. There is a major concentration on lacrimal reconstruction in the chapter on lid trauma, and the author insists on repairing an upper canaliculus, which many surgeons consider controversial. The chapter on lid malposition covers entropion and ectropion in considerable detail, giving good descriptions of the various procedures and full credit to the original authors, including diagrams taken from their publications with permission. Lid reconstruction is covered with logical step by step descriptions, but there is sometimes insufficient explanation of why alternative procedures may be preferable in different situations; for instance, the management of marginal defects is not differentiated from that of more extensive defects. There is an excellent extensive, comprehensive, and up-to-date section on composite lid grafting under the heading of new techniques which covers full-thickness, tarsomarginal, and tarsocconjunctival grafts and the various modifications which have improved their effectiveness. A clear description of upper lid lowering and lower lid raising techniques is given in the chapter on lid retraction, and blepharoplasty is covered factually with sensible emphasis on patient evaluation and the avoidance of complications.

The book does not cover ptosis or lacrimal, socket, or orbital surgery, but there must be omissions in any small book in the interests of maintaining its size. The procedures which are covered are well described, with excellent and profuse diagrams. The possible complications and their management are mentioned, and there is a very comprehensive and current list of references for those wishing to explore the original descriptions further. It is impressive how many individual contributions the author himself has made to the field of plastic and reconstructive surgery of the

This volume maintains the high standard of its predecessors. The International Perimetric Society, from whose meeting these papers are derived, represents a happy point of contact between all interested in perimetry, be they ophthalmologists, physicians, psychologists, or physiologists. In consequence the papers tend to be diverse and of interest. As before, the papers presented are collected in this volume within sections. On this occasion sections are entitled, firstly, glaucoma (a) correlation of disc, retinal nerve fibre layer, and visual field (b) visual field and low tension glaucoma; and (c) general. Other sections are devoted to ergo-perimetry, neuro-opthamology, automated perimeter, and general topics.

With this cornucopia of perimetric papers a number are especially notable. Bynke noted, for the historically minded, that Hippocrates (whether this was the Hippocrates or a physician of the same name was not clear) identified visual field loss in a migraine-like illness. For the medico-legally minded the section of ergo-perimetry has assessed the functional visual field (that is, the effect of visual field loss on a patient using both eyes simultaneously as opposed to the normal perimetric technique of testing one eye independently of the other) and is essential reading. Among these papers was one by Gandolfo with the welcome knowledge that the visual field is, if anything, improved following the ingestion of ethylalcohol. Neuro-ophthalmologists benefited from a large section containing a number of useful papers, together with comments by Keltner on the importance of testing the central field alone for the identification and monitoring of visual loss in neurological disease. It is, however, to the glaucoma orientated ophthalmologist that large sections of the proceedings are directed.

The glaucoma section was divided into three; one of these sections was a special topic on visual field loss in low tension and chronic simple glaucoma. It was reassuring to note that the authors presenting these four papers could not agree as to whether there was any real difference in the type of visual field loss seen in low tension and chronic simple glaucoma. The general glaucoma section introduced the concepts of ocular fatigue during (prolonged) perimetry, the observation that acetazolamide improved while timolol and epinephrine decreased visual function, and included a paper on the long term fluctuation in differential light threshold which would effect visual performance at different times.

The section that discussed automatic perimeters was in general agreement about their worth. In part this general agreement stemmed from the inability of obtaining reliable perimetrists and the necessary reliance on a machine to do the same job. However, it was also noted that the sophisticated computer driven perimeter in use today is able not only to produce a far more accurate visual field than the best perimetrists-guided kinetic field testing but also that sophisticated statistical analysis can glean even more information than the surface appearance of the visual field would suggest.

In summary, this volume provides a useful up to date message for all ophthalmologists, and others, who are interested in perimetry today.


The 96th volume of this ongoing series 'Bucherei des Augenarztes' is a contribution by Wolfgang Hammerstein on rehabilitation in ophthalmology. Once again the editors of this popular series are to be complimented on their originality in choosing a subject that embraces several different aspects of the specialty. Methods of improving visual function are discussed from anatomical, physiological, and optical standpoints, and there are instructive chapters on visual aids and blind rehabilitation. An English translation of this edition would be a valuable addition to the libraries of ophthalmologists and opticians.

Notes

Intraocular Implant Lens Council

The Fourth Meeting of the European Intraocular Implant Lens Council will be held on 28-31 October 1985 at Cannes, France. It will cover meetings of the French Implant Society, the French Society of Contact Lenses, the 3rd European Meeting of the Intraocular Society of Refractive Keroplasty, the 2nd Cannes Film Festival of IOLs, and the award of the Kiewiet de Jonge prize. Details from the Congress Secretary, APCO, Palais Armenonville, 06400 Cannes, France.

Eye disease epidemiology

The National Eye Institute is holding its Second NEI Symposium on Eye Disease Epidemiology on 5-7 June 1985, in Bethesda, Maryland, USA. People interested in attending are invited to register for the meeting as soon as possible and to submit abstracts if they also wish to present papers. Early registration is advised because space is limited. Abstracts must be received by 15 January 1985. Details from Dr Daniel Seigel, Office of Biometry and Epidemiology, National Eye Institute, Building 31, Room 6A-33, 9000 Rockville Pike, Bethesda, MD 20205, USA.