amply illustrated. For those who do not wish to become involved with the complicated and delicate manoeuvres within the vitreous cavity there is an excellent section on the use of vitrectomy instruments in anterior segment disorders. Of particular interest is the treatment of pupillary membranes and the management of neovascular glaucoma by a filtration procedure over the pars plana.

This is one of the best of many books on vitrectomy that have recently appeared on the market and is strongly recommended.

J. J. KANSKI

Real Time Ophthalmic Ultrasonography. By S. N. HASSANI. Pp. 214. DM69. Springer-Verlag: Berlin. 1978.

This book describes contact B-scanning of the eye and orbit with the Bronson Turner B-scan unit and is written by 2 radiologists. One of the authors' presumed intentions was to orientate the nonophthalmically trained examiner to ocular anatomy, pathology, and therapy. Unfortunately much of the book reads like a student's hectic jottings from some out-of-date ophthalmic text, and ophthalmologists will wince at the wealth of confusing statements, inaccuracies, and frank errors. A few examples might be cited: the cross-sectional diagram of the eye implies that the vitreous is richly vascularised; another diagram labels the posterior lens capsule 'anterior capsule' and presents a novel interpretation of the site and configuration of the ciliary body; there is no description of the ora serrata, which, to judge by the diagrams, enjoys an enormously diverse anatomical position; the optic nerve is described as having an S-shaped curve. Furthermore, little priority is given to those aspects of ophthalmology likely to be encountered in an ultrasonic department. In the section on systemic hypertension, for example, the retinopathy is described but there is no mention of the commonest ultrasonic presentation, that is, vitreous haemorrhage and incomplete posterior vitreous detachment arising from retinal branch vein occlusion complicated by neovascularisation. This curious disorientation is most evident in the glossary of ophthalmic terms at the end of the book. For some reason, 'anomalous retinal correspondence', 'cyanosis retinae', 'snow blindness', and 'Haller-Streiff syndrome' are considered worthy of definition, but there is no mention (anywhere) of the 'vitreous base', 'giant retinal tear', or 'massive periretinal proliferation'.

There are approximately 400 B-scan photographs covering a wide range of pathology. Again, there is a curious imbalance in emphasis—there is no clear illustration of a 'collar stud' choroidal melanoma, a diabetic traction detachment, or an optic nerve tumour. Yet there are dozens of pictures of normal extraocular muscles and cataractous lenses, 9 examples of asteroid hyalosis, and, unbelievably, 5 pictures of so-called 'reflection artefacts' arising from faulty camera technique. The labelling of B-scans also leaves much to be desired—sheets of echoes in the posterior vitreous are labelled 'macular oedema', 'retinitis', and 'diabetic retinopathy', and many archetypical ultrasonic findings are confused—for example, cyclitic membrane versus posterior hyaloid

membrane and 'organised' haemorrhage versus retrohyaloid debris. Occasionally the figure legends indicate one disorder and the labelling on the B-scan indicates another.

Even the introductory chapter on the 'Principles of ultrasonography' contains many incorrect statements, highly confusing diagrams, and spelling mistakes.

In the foreword close co-operation between the ophthalmologist and the ultrasonographer/radiologist is recommended. Sadly, this book demonstrates many of the pitfalls which arise when such liaison is lacking. In view of the recent flurry of books on ophthalmic ultrasound, it is difficult to imagine any ophthalmologist, radiologist, or ultrasonographer who might benefit from reading this one.

M. RESTORI

D. MCLEOD

A Guide to Medical Photography. Ed. PETER HANSELL. Pp. 163. £17.95. MTP Press: Lancaster. 1979.

Peter Hansell has edited the work of eight other authors from various countries and contributed 1 chapter himself to complete this attractive book on medical photography, a subject about which there are very few other textbooks. It is a nicely produced and very well illustrated volume, which will serve to show the ophthalmologist what is possible in medical photography and so may help him in preparing material for teaching and publication.

There is just 1 chapter on ophthalmic photography, by Phillip Hendrickson of Alabama, USA, in which he has to encompass the entire scope of his subject in just 10 pages. An ophthalmologist wishing to apply photography to clinical or research purposes, such as in the fields of fluorescein angiography and slit-image photography, will not find sufficient information to allow him to become proficient in this work. But a reasonable number of references are provided for those willing to progress beyond the scope of this book.

NICHOLAS PHELPS BROWN

A Colour Atlas of Ocular Tumours. By MICHAEL A. BEDFORD. Pp. 78. £12.00. Wolfe Medical Publications: London. 1979.

This is an excellent book which provides comprehensive photographic recordings with accompanying short factual accounts of the various benign and malignant tumours which involve the skin of the eyelids, the conjunctiva, the uvea (iris, ciliary body, and choroid), and the retina.

In any medical textbook the question of illustrations is a vexed one because it involves inevitably a compromise between providing a comprehensive photographic account of the various diseases, which frequently must be in colour to be effective, and providing a book which is economically viable. Sometimes illustrations may be reduced to a minimum, so that a factual text is achieved at a reasonable cost. As the late Sir Stewart Duke-Elder said, 'Live pictures should be available in the clinic'. This is appropriate when the book is confined largely to

a description of routine ocular conditions which can be viewed readily in the outpatient department, but it does not apply to specialised conditions like ocular tumours, and, as stated in the introduction to this book, the relative infrequency of many of these tumours precludes the average eye surgeon from becoming familiar with them, particularly during the various stages of their development. Such knowledge is essential in making an early diagnosis, which is so important in any form of malignant disease.

This book fulfils a great need, and the standard of the illustrations is extremely high. The short comments are entirely complementary to the illustrations. There is a fair balance between the roles of surgical treatment and modern methods of irradiation in the management of many of the conditions.

Relatively few criticisms need be made, but there is some confusion about the management of surface melanomata. The book indicates that a flat surface malignant melanoma may be treated by beta irradiation whereas a raised lesion should be treated by exenteration, though it is possible that this advice is limited to the fornices and the palpebral surfaces of the eyelids. In fact, however, it is extremely rare for a surface melanoma to assume malignancy without becoming elevated (a possible exception is cancerous melanosis of the eyelid—the lentigo maligna of Hutchinson). Indeed a junctional naevus is elevated in the absence of proved malignant change, so that elevation of a lesion is a doubtful means of determining the precise nature of the lesion and, therefore, the most effective method of its treatment. Exenteration is the essential measure in certain cases, but as a general rule irradiation should be carried out as a primary procedure, and a 'flat' surface which is appropriate for beta irradiation can be achieved when the bulk of the lesion is removed for biopsy.

The other criticisms are only trivial. Fig. 13 is to the left (rather than above) Fig. 12, and proper recognition should be made of George Coats, who contributed so much to ophthalmology in the relatively short age span of 39 years, by placing the apostrophe in the correct place, so that Coats's disease is not correctly described as Coat's disease, though to be less pedantic Coats' disease may suffice.

This book should be of distinct value to the practising ophthalmologist who sees cases of malignant disease of the eye infrequently.

KENNETH WYBAR

Colour Atlas of Ophthalmology. By ARTHUR LIM SEW MING and IAN J. CONSTABLE. Pp. 151. £5.00. Henry Kimpton: London. 1979.

This is a useful little pocket-book designed primarily for general practitioners, medical students, and paramedical personnel rather than the ophthalmologist proper. Published in Singapore, it contains some 190 colour illustrations, mainly well reproduced and of good variety. From the photographic aspect the inadvisability of using a ring-flash for close-ups of the external eye is apparent in several examples, but by and large the standard is high. The subject matter is logically covered in 11 chapters and includes sections on examination of

the eye and refraction. Indexing is adequate, and the price is reasonable. The few minor and easily corrected errors do not detract generally from the potential usefulness of this book.

PETER HANSELL

Medical Examination Review, Ophthalmology: 1630 Multiple Choice Questions with Answers. By H. N. YADAV and ASHOK PRAKASH. Pp. 206. £2.40. Prakash Publication: Darbhanga, India. 1979.

This paperback contains 1630 multiple choice questions, with answers in the last pages of the book, designed for undergraduate and postgraduate medical students. Their basic objectives are stated openly in the preface to be 'to reasonably master over the subject, to reproduce the knowledge in the examination and to get a suitable job through various competitive tests'.

The book would have been improved by a separate grouping of the questions into those suitable for the undergraduate, the postgraduate, and for both. I suspect that most British examiners would think that many questions were unsuitable for either. There is a surprising tendency to expect precise numerical answers, for example,

Sex incidence of dacryocystitis:

A 60 : 40 M : F

B 50 : 50 M : F

C 40 : 60 M : F

D 30 : 70 M : F

E 20 : 80 M : F

(E is the answer given)

or precise semantic knowledge. I have never met 'madarosis' and 'tylosis' used other than facetiously outside the covers of encyclopedic works. Candidates are expected to know the identity of eponymous structures like Hannover's, Sondermann's, and Petit's canal. I wonder how many experienced ophthalmologists who take a careful history would agree that refractive errors are a contributory or aggravating factor in migraine?

The MCQ seems to me to be less objective than its supporters claim—granted that fair assessment of an essay answer is not at all easy. Compiling a satisfactory MCQ is a very difficult art, and these authors are to be commended for making a brave attempt. However, we must continue our efforts in medicine to escape from teaching and examinations which encourage our students only 'to reproduce the knowledge in the examination'.

CALBERT I. PHILLIPS

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The fishmouth phenomenon in retinal detachment

SIR, In his article Mr Colin H. Birchall¹ mentions that Pruett concludes² that the length of a limbus-parallel buckle and the shape of the implant or explant contribute to the pathogenesis of the fishmouth phenomenon. There is, however, an article he did not refer to that predates Pruett's article by 2 years.³ That article