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

Correspondence

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

rigorously analyses the geometry of explant buckles and from that analysis concludes that the shape, or more precisely the orientation, of the explant and the length of a limbus parallel buckle explant contribute to the fishmouth phenomenon.

A meridional orientation for a silicone sponge explant is preferred to a limbus-parallel orientation; the wedge-shaped implant proposed by Pruett appears to accomplish the same as the meridional silicone sponge explant. If a sponge explant is placed in a limbus parallel direction, a length less than 90° is unlikely to produce fishmouthing, whereas a length greater than 90° is likely to produce retinal folds on the buckle and the fishmouthing phenomenon. An additional tight encircling band can exacerbate these effects.

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References

- ¹Birchall CH. The fishmouth phenomenon in retinal detachment: old concepts revisited. *Br J Ophthalmol* 1979; 63: 507-10.
- ²Pruett RC. The fishmouth phenomenon II. *Arch Ophthalmol* 1977; 95: 1782-7.
- ³Goldbaum MH, Smithline M, Poole TA, Lincoff HA. Geometric analysis of radial buckling. *Am J Ophthalmol* 1975; 79: 958-65.

SIR, I wish to thank Dr Goldbaum for his letter confirming the factors involved in the pathogenesis of the fishmouth phenomenon in retinal detachment surgery. We are in broad agreement.

My phrase 'relative to the circle of the eye that is being indented' qualifies the factor of the length of a limbus parallel buckle. I agree that a length of limbus parallel buckle of less than 90° sector is unlikely in the majority of patients to produce the phenomenon if other contributing factors are absent.

The third factor not mentioned in Dr Goldbaum's letter is the height of the buckle. This is important. Dr Goldbaum draws attention to this in his calculations in his paper¹ and he also mentions in his letter that 'an additional tight encircling band can exacerbate the effect'. Depending on the position of such an additional band this may increase the height of the buckle.

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British Columbia.

Reference

- ¹Goldbaum MH, Smithline M, Poole TA, Lincoff HA. Geometric analysis of radial buckling. *Am J Ophthalmol* 1975; 79: 958-65.

Seasonal incidence of retinal detachment

SIR, The catchment area of the Princess Margaret Hospital, Swindon, is about 250 000 people. Between January 1973 and December 1979 (7 years) 140 patients were operated on for detached retina (all first operations). Twice as many occurred in the first 4 months of the year. There must be, as in any biological series, a monthly detached retina mean, the usual explanation being a combination of anatomical defects and physical stress. Is it possible that there is an additive due to heavy head colds? Maybe not, because November's figures for the period reviewed were the lowest of all despite the fact that 'November's chill blows loud wi' angry sugh'. Whatever the explanation, I always brace myself for a run of detachments after New Year, and it always happens.

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Okus Road,
Swindon SN1 4JU.

F. C. RODGER

Notes

All-India Ophthalmological Conference

The fortieth All-India Ophthalmological Conference will be held at Ravindra Nath Tagore Medical College, Udaipur, on 10-13 January 1981. Further details from Professor M. R. Jain, Ravindra Nath Tagore Medical College, Udaipur, Pin-313001, India.

Glaucoma symposium

The Israel International Symposium on Glaucoma will take place at Tel Aviv, Israel, on 3-5 September 1980. Details from the Secretariat, Israel International Symposium on Glaucoma, PO Box 16271, Tel Aviv, Israel..

Surgical aphakia

The Rochester Eye Institute and the Department of Ophthalmology at Park Ridge Hospital, Rochester, New York, will hold the fifth annual ophthalmic seminar on 15-16 August 1980 at the Rochester Americana Hotel. Details from Ms Katherine Sgabelloni, RN Co-ordinator, Ophthalmic Services, Park Ridge Hospital, 1555 Long Pond Road, Rochester, New York 14626, USA.

American Academy of Ophthalmology

The annual meeting has been rescheduled at Chicago's McCormick Place on 2-7 November 1980. Further details from the American Academy of Ophthalmology, 1833 Fillmore Street, PO Box 7424, San Francisco, CA 94120, USA.