Book reviews

choroidopathy, vitrectomy, chloroquine retinopathy, and automated perimetry. Sections on medical ophthalmology (including drug therapy), ophthalmic surgery, basic sciences, injuries, and miscellaneous subjects complete a comprehensive review of the essence of ophthalmic literature for 1980. A busy practitioner could not do better than make this his bedside book and in this way keep himself up to date at a cost of approximately 50p per week.

STEPHEN MILLER

Glaucoma. 2nd edn. By PAUL A. CHANDLER and W. MORTON GRANT. Pp. 381. £18.00. Lea and Febiger: Philadelphia. 1979.

This is a new edition of Chandler and Grant's classic text, *Lectures on Glaucoma*. Written by 2 masters of their subject, with contributions from 6 of their younger colleagues, the aim of the book, stated in the preface to the first edition, of providing 'instruction in the diagnosis and management of glaucoma' has been amply fulfilled.

This is essentially a clinical book, and there is little discussion of the anatomy or pathophysiology of glaucoma except where relevant to a particular problem. The style is forthright, even didactic, but very readable. The contributed chapters and sections, which are clearly acknowledged, have been carefully edited by the senior authors to fit into the overall structure of the book and there is no jarring change of style or emphasis. At first glance the paucity of illustrations seems to be a major deficiency, and for the student this may be so, but the quality of the text and the profusion of illustrative case histories more than compensate.

It is hard to find fault with the contents. The section on examination of the eye in glaucoma reveals the authors' thorough approach, and the section on gonioscopy is particularly rewarding. But many ophthalmologists would probably place a much greater emphasis on the importance of detailed visual field examination. However, it is in the subsequent chapters on the diagnosis and management of the adult and childhood glaucomas, particularly the more difficult and less common types, that the greatest appeal of this book will lie. It will be used not only as a basic text by ophthalmologists in training but also throughout their career when confronted by an awkward glaucoma problem.

There is probably no better book than this on glaucoma, and it represents outstanding value for money. It is highly recommended.

ROGER COAKES

Documenta Ophthalmologica Proceedings Series 26. Fourth International Visual Field Symposium Bristol 1980. Eds. E. L. GREVE and G. VERRIEST. Pp. 406. Dfl. 170. Junk: The Hague. 1981.

The International Perimetric Society (IPS) was founded in Marseilles in 1974 with stated objectives that included: 'stimulating research into visual field and standardisation of method of visual field examination and equipment.' Since that time the society's 2-yearly meetings have established themselves as important landmarks in the development of perimetry. The published proceedings (under the skilled editorship of Dr Greve, who is joined in this volume by Dr

Verriest) provide a worthy edition to the library shelves, a useful reference for all those interested in current thought on perimetry. This latest volume in the series is no exception. The book is divided into 8 sections: computer assisted perimetry, instruments and strategies, psychophysical and visually evoked electrical responses, special psychophysical methods, colour perimetry, optic nerve, visual field in various diseases, and varia. Fifty-nine papers are included: the work described may have been totally new or an updating of the author's known interest on the subject.

With such a wide range of papers presented it is possible only to comment upon a few of them. In the section on computer assisted perimetry Bebie and Fankhauser and then Gloor and coworkers used the Octopus perimeter to detect intraindividual variations on sequential field testing. This is an important problem in glaucoma management. When does the patients' visual field really get worse, and when is apparent worsening of the visual field caused by inherent variability in the patients' response? Phelps and coworkers, Johnson and Keltner, discuss acuity perimetry, the latter authors using it to differentiate between optic nerve lesions and amblyopia. Drance, in the Richard-Cross lecture, noted that 19% of ocular hypertensives with 100 Hue score of ≤ 100 and 77% of ocular hypertensives with 100 Hue score ≥ 200 developed a field defect during a 5-year follow-up. Hedin and Verriest presented a comprehensive report on colour perimetry, reviewing current knowledge of peripheral colour vision physiology. They stated that with adherence to strict standards colour perimetry is of clinical value. One such example is provided by Genio and Friedmann, who demonstrated that blue rather than white light is more sensitive for detecting early field defects in glaucoma. Foulds, in an invited lecture, demonstrated the importance of different tests of visual function in assessing patients with optic nerve disease.

The IPS aims 'to promote the diffusion of knowledge and understanding of visual field examination . . . and to collect and compare knowledge about visual field defects as found with different methods of examination.' With its 2-yearly meetings and subsequent publication of the proceedings it has gone a long way in succeeding.

ROGER A. HITCHINGS

Soft Contact Lenses. By MONTAGUE RUBEN. Pp. 496. £28.50. Bailliere Tindall: London. 1978.

How much should the ophthalmologist know about soft contact lenses? At least enough to diagnose corneal oedema due to their use, to check whether the lens is in good condition and fitting reasonably well, and to spot the other gross corneal complication which may arise.

Is this a book to teach him what he wants? Not really. It is a book designed for the experienced fitter rather than a surgeon seeking a little knowledge. A multiple author book of almost encyclopaedic coverage, it is all there, history, chemistry, physiology, and physical and optical properties being considered in depth. Edited, and in part written, by the director of the Contact Lens Department at Moorfields, the clinical aspects are fully covered. The general reader will benefit from the chapters on spooliation (called spooliation in the text), complications, contact lens hygiene, and, to a lesser extent, that on fitting principles. He will learn much from the excellent colour plates. I found the sections on

chemistry of soft lenses and the verification of lens parameters particularly interesting.

There is little information on lens fitting and instructions to patients and none at all on lens handling, all of which would have been of value to the general ophthalmologist. There is also not much about ocular reactions to the anti-septics used in soaking solutions, which are becoming such a problem.

While this is essential reading for the contact lens fitter, the general ophthalmologist who does not fit lenses will probably prefer to save his £28.50 and borrow the book from the library, but look at it he should as there is much to interest him here.

ALAN HIGGITT

Diabetic Retinopathy: Clinical Evaluation and Management. By FRANCIS A. L'ESPERANCE, Jr. and WILLIAM A. JAMES, Jr. Pp. 294. £35.25. YB Medical Publishers: London. 1981.

After the glowing introductions by 2 such highly respected authorities as Dr Patz and Dr Rifkin this beautifully produced and profusely illustrated book promises to be a treat for the reviewer. Indeed, although it is expensive and only has one colour illustration (which unfortunately is inaccurate in its depiction of the vitreous), it is an easy book to read with a pleasant style. Does it live up to its promise in detail?

The book is divided into 2 parts: basic aspects of diabetic retinopathy, and the management of diabetic retinopathy. The first chapter on the history is interesting and fun, though the key reference to Desmarres, who was the first to give a proper and accurate description of diabetic retinopathy, is unfortunately not given. The chapter on pathology is good so far as it goes but does not take account of recent work, as can be seen by the rather old references. The same criticism might be levied at the chapter on pathogenesis, which is an interesting account of the author's concepts so excellently put in his thesis for the American Ophthalmological Society published in 1976. The historical approach to methods of classification is perhaps of limited value.

The author's major contribution, of course, concerns management of diabetic retinopathy. The chapter on medical treatment is short and to the point, but that on pituitary ablation is probably too long, since it is now only of historic interest. It is in the field of photocoagulation where the authors have made their greatest contribution, and this is described in commendable detail. Indeed this chapter is the heart of the book, although naturally, as in any surgical technique, many photocoagulators will not agree with all the details described. For example, the treatment of feeder vessels in neovascular complexes has largely been superseded. The chapter on vitrectomy is long and ambitious. This may not be the correct book in which to go into great surgical detail of apparatus and technique, especially in a subject which is changing so fast and in which the indications for surgery are not yet fully defined. Moreover, it may be wrong to popularise vitrectomy for diabetics, since this is the most difficult branch of vitreous surgery and should perhaps only be carried out in a limited number of centres. An understanding of the surgical pathology of vitreous

traction and its detailed interpretation by ultrasonography are fundamental to surgical technique, and might have deserved greater emphasis.

The final chapters on the future management of diabetic retinopathy is by Dr Friedman. He begins his chapter with the words, 'Diabetic retinopathy is probably entirely preventable,' and he then describes modern methods of controlling hyperglycaemia. Dr Friedman may well be right for the future. For the present, however, we are at the stage where, even if diabetic retinopathy cannot be prevented, at least most of its complications can. Vitrectomy would largely be an unnecessary operation if adequate photocoagulation were undertaken early enough, and it is a sad reflection on our community that diabetic eye disease is still the commonest indication for vitrectomy. It is hoped that books such as this (or perhaps shorter and cheaper ones) will help to achieve this aim.

R. K. BLACH

Ophthalmic Electrodiagnosis. 2nd edn. By N. R. GALLOWAY. Pp. 180. £14.00. Lloyd-Luke: London. 1981.

In this excellent book of 13 chapters with selected references the author describes very simply the principle and applications of electroretinography (ERG), electro-oculography (EOG), and visually evoked potentials (VEP) of the occipital electroencephalogram which assess functions of the retina, optic nerve, and visual cortex. He also briefly refers to other techniques, such as ultrasonography and electromyography, which use electrical measurements to assess orbital and ocular muscle problems. The first half of the book gives information on technical and the more theoretical aspects of the electrodiagnostic tests. In the last half changes in EOG, ERG, and VEP in various clinical conditions (inherited retinal degeneration, retinal detachment, diabetic retinopathy, vascular occlusion, uveitis, retrobulbar neuritis, tobacco and nutritional amblyopia, glaucoma, and contusion injuries).

The first chapter describing basic electronics as it applies to the field of electrodiagnosis and including a glossary of technical terms is rather charming and perhaps will make those who shrink away from any electrophysiological jargon at ease. Also anyone setting up or thinking of setting up an electrodiagnostic clinic will benefit from the 2 chapters, one giving practical details about equipment, including names of manufacturers and layout of clinic rooms, and the other dealing with 'normal' responses, the firm establishment of which is the most difficult but essential requirement in the field of electrodiagnosis. Since the book has been written microprocessors have begun to flood the market, with the hope that one day electrodiagnostic equipment may be carried in a suitcase, but this does not make the book out of date, because the basic principles and technical as well as clinical problems in an electrodiagnostic clinic remain the same regardless of whether the recording system is based on microprocessors or not. Indeed the emphasis of the book is on clinical ophthalmology and thus would be of interest to any ophthalmologists who seek objective measurements of functions of the retina and optic pathway, when the view of the retina is obscured or when the exact extent of functional loss needs to be assessed. The book is concise, readable, well illustrated, and has a good index.

H. IKEDA