especially the VER. Thus the response may be influenced by the patient's mood as well as the state of the sensory channel. As with the ERG the techniques, stimulus parameters, and the use in children are reviewed. Higher visual centres, including binocular vision, may also be investigated. It is sadly evident that many investigators are unaware of the established clinical concepts of simultaneous perception, fusion, and stereopsis. Much of the treatment is mathematical. The genius who is able to explain to the clinician the application of Fourier analysis to a nonlinear multichannel system has yet to publish.

This is not the book for the clinician looking either for easy reading or an authoritative review. The former may never appear and the latter is awaited. It is an invaluable source of information and with the previous 18 volumes an essential part of any ophthalmic library. Anyone interested in this field can do only one thing better than looking through this volume and that is to join the society. The book then comes free.

J. H. KELSEY

The Complete Medical Consultant. By A. H. OSMOND. Pp. 114. £7.00. H. K. Lewis: London. 1982.

The author declares that this work is mainly intended for medical students contemplating their future, but it should be added that the book also has much to say to the newly appointed consultant and even to the established professional. In a way this little book simply states the obvious, and yet as one turns its pages one is forced to accept that much of its material, which bears so directly upon many vital aspects of successful professional life, is by no means always capable of obvious definition. Therefore the identification and analysis of so varied a collection of possible stumbling blocks in the path of the consultant's progress through his professional life, and by so understanding an author, will undoubtedly give valuable insight to the uninitiated, whether as student or as young consultant on the threshold.

Despite his prolonged professional training, nowhere in the curriculum is the trainee likely to have received much help in the many practical matters touched upon in this book. Much sound, if avuncular, advice is offered on topics as varied as the choice of house from which to practise (including spouse with whom to share it) on the one hand, to public speaking on the other. All of it is directed towards the maintenance of the highest standards in professional life, so that the consultant may the better serve his patients and thereby fulfil himself. The book is therefore recommended to a wide readership.

J. WINSTANLEY

The Secondary Glaucomas. By ROBERT RITCH and M. BRUCE SHIELDS. Pp. 429. £39.25. C. V. Mosby: London. 1982.

Textbooks on glaucoma and glaucoma teaching in general have tended to concentrate on the problems posed by the primary glaucomas. As a result the student may be misled into thinking the secondary glaucomas are an unimportant extra in the specialty, one of a list of complications arising from a disease process or an unwanted side effect following a form of treatment. Although less common than primary glaucoma, these diseases can be the most difficult of all glaucomas to treat. There has clearly been need for the

secondary glaucomas to be collected together under one roof, when their multiplicity and extraordinary variations can be seen and appreciated.

This the editors have set out to do—and succeeded in their task. They have collected together a group of writers, known for their expertise with a particular type of secondary glaucoma, and asked them to describe their experiences. The book is prefaced with a chapter on 'Classification and mechanisms' to give an embrace to all the following chapters. The whole is written in that uncluttered prose that characterises American medical writing. For any ophthalmologist wishing to learn more about secondary glaucomas this book is a must.

ROGER A. HITCHINGS

The World's Eye. By ALBERT M. POTTS. Pp. 93. US\$21.50. University Press of Kentucky: Lexington, USA. 1982.

To only a limited band of recent sophisticates has a study of the eye suggested the ophthalmology we all know and practise. To the world at large it is a symbol of God, truth, sex, and a host of other half-articulated hopes and fears.

This handsome book seeks to explain how wonder and the primitive mind have endowed the eye with such special properties. To some extent it is a guided tour through the labyrinth of prehistoric artefacts and records, and through the folklore of yesterday and today, with the interpretations of the Jungian analyst always in the wings.

In that dark jungle of ancient (and modern) mysteries we could soon become lost and dispirited. But the book is primarily about the eye as it is depicted (and the illustrations are both excellent and voluminous). It is about the associated patterns of symbolism rather than about anthropology or psychiatry; and although sex lurks throughout the panorama it provides is exhilarating.

P. D. TREVOR-ROPER

Progress in Clinical and Biological Research. Vol. 82. **Clinical, Structural, and Biochemical Advances in Hereditary Eye Disorders.** Ed. DONNA L. DAENTL. Pp. 172. £25.90. Alan R. Liss: New York. 1982.

Recent advances in clinical genetics have resulted in a number of symposia being dedicated to particular specialties. This is the report of such a symposium of the Society of Craniofacial Genetics, and it covers a number of topics of interest to ophthalmologists.

The first 3 papers are concerned with various aspects of ocular development in birds and in man. The importance of neural crest cells in the development of ocular tissues, supplanting mesoderm as the major mesenchymal component, is an important advance in our understanding of this topic, as is the contribution of the extracellular matrix, which influences the migration of these cells. The material in these papers is not easy for ophthalmologists to find elsewhere and for those interested in these aspects of the subject is useful reading.

These are followed by several short reviews on connective tissue diseases, macular corneal dystrophy, conjunctival biopsy in lysosomal disorders, and gyrate atrophy. Each is succinct, up to date, and easy to read, available elsewhere

but conveniently placed in this volume. The last contribution is a genetic survey of a large population with retinitis pigmentosa. It is difficult for the average reader but useful for those concerned with the management of patients with one of this group of disorders.

Reports of proceedings are notoriously patchy; this is no exception. It is useful to have this material in one place, yet no one will find every paper of interest. To the reviewer the most important papers were the first 2, and these could easily be overlooked by the majority of ophthalmologists. This is a book for the library, one to dip into if one is an established ophthalmologist, but one to read carefully if one is in training.

BARRIE JAY

A Colour Atlas of Contact Lenses. By MONTAGUE RUBEN. Pp. 151. £25.00. Wolfe Medical Publications: London. 1982.

This is an excellent and much needed book to supplement the available contact lens textbooks which for economic reasons often have only a few colour photographs. There is a good blend of tables, diagrams, photographs, and descriptive text. The colour reproduction and detail are very good indeed. Fitting procedures for hard, soft, and scleral lenses are covered, and there is a section on cosmetic contact lenses. There is a large section on clinical cases, which includes therapeutic cases, and on adverse reactions to contact lens wear. There are just over 460 photographs, and 140 tables, diagrams, and drawings. This is a book which should be in every ophthalmic library.

MICHAEL S. WILSON

Lens Implantation: 30 Years of Progress. By P. LEONARD and J. ROMMEL. Pp. 600. Dfl. 240.000. Junk: The Hague. 1982.

In the late 1970s the Belgian Ophthalmological Society gave the 2 co-authors the assignment of constructing a report on the evolution and the current concepts of lens implantation and the rehabilitation of the cataract patient. Their book very truly records 30 years of progress in lens implantation.

The first chapter gives an interesting history of the lens implant, starting with Tading in 1766, and the first recorded actual lens implant being carried out by Casaamata in 1797. Respect is given to Harold Ridley for the introduction of modern lens implantation some 30 years ago with the standard posterior chamber implant of +24 DS made of fully polymerised methylmethacrylate (Transpex, ICI). It measured 8.32 mm in diameter and 2.40 mm in thickness. The weight in air was 112 mg. The immediate drawbacks were the high incidence of dislocation, iris atrophy, and glaucoma. The implant had to be extracted in some 15% of the cases. Undoubtedly; as was observed by J. Pearce, who was the first to reapply the concept of posterior chamber implantation, a less bulky lens, routine use of the operating microscope, precise handling of the posterior capsule, and

watertight wound closing with modern suturing techniques would have given far better results than those achieved with the Ridley lens. A very comprehensive review of the history of the anterior chamber lens is given followed by a review of iris-diaphragm-supported lenses introduced by E. Epstein and C. D. Binkhorst.

There are 3 excellent chapters on the classic modern lens design, the materials, manufacturing optics, and sterilisation of intraocular lenses. In the section on lens materials a very full account is given of the chemical formulae and production methods of polymethylmethacrylate. A whole chapter is devoted to pre-, per-, and postoperative management of the patient requiring a cataract extraction and lens implant.

Some 200 pages are devoted to a review of the various styles of currently available lenses, divided into sections on the iris supported lenses, iridocapsular and capsular supported lenses, and angle supported lenses. Each individual lens in one of these 3 divisions is analysed, with an introduction, description of implantation technique, survey of early results, recent studies, and conclusions. At present in the USA some 38% of implants are angle supported, 32% are iris supported or iridocapsular supported, and 30% are totally posterior chamber implants. While the percentage of angle supported lenses is expected to remain constant, the percentage of iris supported and iridocapsular lenses is continually dropping, while that of the posterior chamber implants is increasing. It has been forecast that within 10 years in the USA only 4% of implants will be iris supported. In view of these statistics it is perhaps unfortunate that, while 125 pages are devoted to iris supported and iridocapsular lenses, only 24 pages deal exclusively with the posterior chamber implant. To make amends there are 55 excellent pages on angle supported lenses.

Comparative studies are given by surgeons including, Worst, Hirschman, Jaffe, Shepard, Snider, McRaynolds, Kratz *et al.* A chapter is included on secondary implantation which concludes on a cautionary note that it should be considered only when visual rehabilitation is very important. Extracapsular aphakia undoubtedly involves the least amount of risk for the eye with secondary implantation, and it may be considered for various types of lenses. With intracapsular aphakia iris supported lenses are not indicated because of their lack of long-term stability. For these cases lenses such as Choyce's, that rely on angle support, have proved to be superior.

Lens implantation in children is very fully reviewed, with an analysis of results and complications. A section is included on the more recent advances in specular microscopy of the corneal endothelium. The book concludes with a chapter on guidelines for the surgeon, and then a full section on the postoperative complications of uveitis, glaucoma, cystoid macula oedema, and retinal detachment.

Much work and great care must have been taken in compiling this book, which is excellent for reference and study. These are aided by a very complete index and bibliography.

ERIC J. ARNOTT