LETTERS TO THE EDITOR

Chart for visual acuity screening

SIR,—I read with great interest the paper by Wong and Kaye on a suggested chart for visual acuity screening.¹ However, I was surprised to find that they recommended widespread clinical use of this chart without any clinical data to confirm its suitability. The statistical argument they use is compelling, but surely a comparison with other methods of acuity testing should be undertaken to confirm both its efficacy and its potential for rapid testing?

ROGER GRAY
Oxford Eye Hospital,
Walton Street,
Oxford

1 Wong D, Kaye SB. Chart for visual acuity screening. *Br J Ophthalmol* 1989; 73: 457–60.

number of letters per line leads to a varying and often indeterminate threshold per line – for example, part scores and interline comparison.

Because of these considerations the NAS-NRC recommended a chart containing 10 letters per line.¹ The Ferris chart is a modification of this, but in addition it is logarithmically progressive from line to line, each line having a similar difficulty score.²

These two charts have their value in that they are specific and have attained credence not from comparison with other charts but from their sound theoretical foundation. The chart proposed in our paper¹ uses the same stimuli and is constructed in much the same way as the latter two charts. It is designed for screening purposes and differs by having only two equivalent letters per line. As discussed in the article, reducing the number of letters per line minimises testing time without significantly altering the sensitivity of the chart, provided the letters of any pair are equivalent and the end point stringent – that is, both offers need to be correctly identified. What is proposed is not a new method for recording visual acuity but a new convention for defining the end point.

D WONG
S B KAYE
St Paul's Eye Hospital,
Old Hall Street,
Liverpool L3 9PF

- 1 NAS-NRC Committee on Vision. Recommended standard procedures for the clinical measurement and specification of visual acuity. *Adv Ophthalmol* 1980; 41: 103.
- 2 Ferris III FL, Kassoff A, Bresnick GH, Bailey I. New visual acuity charts for clinical research. *Am J Ophthalmol* 1982; 94: 91–6.
- 3 Wong D, Kaye SB. Chart for visual acuity screening. *Br J Ophthalmol* 1989; 73: 457–60.

SIR,—The most widely used visual acuity chart in the United Kingdom, namely, the Snellen chart, has questionable theoretical foundations, its credence lying in its widespread use. Indeed its design disqualifies it from being used as either a reference or a comparative chart in any proposed clinical trial. That is, the variable

Most textbooks of ocular oncology published so far have tended to concentrate on differential diagnosis and pathology. To some extent this approach has tended to conceal a relative lack of knowledge and understanding of how best to manage patients with ocular and adnexal tumours. Since Reese's time diagnostic and treatment approaches have changed dramatically with the advent of ultrasound, computerised tomography, and magnetic resonance imaging, with improvements in scleral plaque radiotherapy, and with the arrival on the scene of charged particle radiotherapy using protons and helium ions. There is now a great deal of information in the literature on the efficacy of these newer methods of diagnosis and treatment, and Dr Char has chosen wisely to depart from the tradition to include detailed pathology so as to accommodate adequate discussion of the clinical aspects. The result is a very practical text with its emphasis on diagnosis and management.

This well referenced book benefits from a wealth of illustrations, many in colour, which show clearly the clinical and diagnostic scan appearances of all the common ocular and adnexal tumours and which include diagrams of operative techniques and photographs of surgical instrumentation and radiotherapy equipment. These, and its clear layout, will find favour with general and specialist ophthalmologists and residents in training alike.

JOHN HUNGERFORD

Current Neuro-Ophthalmology. Eds. Simmons Lessell and J T W van Dalen. Pp 370. £64.00. Churchill Livingstone: Edinburgh. 1988.

This practical volume provides an authoritative review by 27 authors of recent advances in neuro-ophthalmology. The critical analysis is provided in six sections, with the largest section being devoted to the sensory visual system. Thus the differential diagnosis of optic neuritis is considered (Currie) and then tumours of the optic nerve (Kennerdell). Radiotherapy is recommended for nerve sheath meningiomas and optic nerve sheath biopsy/decompression for idiopathic lesions. The importance of a small optic disc has been confirmed as a predisposing factor in anterior ischaemic optic neuropathy, though there are no conclusive thoughts on treatment (Behrens). Succeeding chapters discuss the chiasm, retrochiasmal pathways, and higher visual functions.

The ensuing five chapters discuss aspects of ocular movements, including the eyelid, the neural integrator, nystagmus, supranuclear disorders and non-myasthenic ophthalmoplegia. These chapters are up to a good standard, have an extensive bibliography, and reflect the current state of the art. In a 15-page review of the pupil Thompson discusses autonomic disturbance and concludes with tadpole pupils. Final chapters deal with more specific subjects, such as the orbit, myasthenia, facial pain, and neuroradiology.

This remains a very useful volume and has a prime function of introducing recent advances and current thoughts in neuro-ophthalmology. All the authors are experts in their field, so that the review of the literature includes a critical and advisory function. The practising neuro-ophthalmologist will find this book essential, but the clinical ophthalmologist will also find it an extremely good source of reference.

M SANDERS

NOTES

ment of cataract-glaucoma'; at Athens, Greece. Further information from: Panhellenic Ophthalmological Society, University Eye Clinic, AHEPA Hospital, Thessaloniki, Greece.

Cataract congress

The Welsh Cataract Congress 1990 will be held on 13–16 September 1990. Details from Eula Mae Childs, Cullen Eye Institute, Baylor College of Medicine, 6501 Fannin (NC 200), Houston, TX 77030, USA.

Ocular pharmacology

An international symposium will be held on 'Ocular pharmacology and therapeutics' at New Delhi, India, on 8–10 August 1990. Details from Dr S K Gupta, Dr Rajendra Prasad Centre for Ophthalmic Sciences, All India Institute of Medical Sciences, Ansari Nagar, New Delhi-110 029, India.

Paediatric ophthalmology

A course on paediatric ophthalmology will be held on 10–15 September 1990 at Nadi al Bassar North African Centre for Sight Tunis. Details from Nadi al Bassar, 9 Boulevard Bab Menara, 1008 Tunis, Tunisia.

Panhellenic Ophthalmological Society

The society will hold the following congresses in 1990. 7 April: Spring Symposium, with main topic 'Management of unilateral aphakia in children and young adults'; at Patra, Greece. 30 May: 3rd Annual Meeting (educational courses), with main topics: (1) Trauma, (2) Refractive surgery, (3) Contact lenses, (4) Neuro-ophthalmology; at Thessaloniki, Greece. 8 September: Current Concepts in Ophthalmology, with main topic: 'Manage-

BOOK REVIEWS

Clinical Ocular Oncology. By Devon H Char. Pp. 402. £130.00. Churchill Livingstone: Edinburgh, 1989.

Only one previous author has attempted to cover the entire field of ocular oncology in a single volume. Algernon B Reese included tumours of the eyelid, conjunctiva, orbit, and eye in his classic book, the last edition of which appeared in 1976. It is to the credit of the present author that he has succeeded in repeating this mammoth task in a slimmer volume.