LETTER TO THE EDITOR

Alternative method for laser treatment of superior retinal tears in eyes with gas tamponade

SIR,—Intraocular injection of slow absorbing gases either as a primary procedure or in addition to conventional buckling operations has become widespread.

While the tamponade obtained by the intraocular gas is sufficient for closure of retinal tears and absorption of subretinal fluids, it does not detract from the need for either cryo or photocoagulation in order to obtain stable retinal attachment following an initial attachment of the retina.¹ Laser treatment of a retinal tear in the superior 2 o'clock position through a gas bubble is, however, sometimes difficult. The multiple curved refracting surfaces and the flattening effect of the gas on the tear's edges make the tear at times difficult to localise. To overcome this problem the patient's head is tilted to the side at the slit-lamp, thus moving the gas bubble to one side and allowing a view of the tear unhindered by a gas interface.² We found this manoeuvre to be difficult for some patients who cannot tilt their head enough, especially when the tear is located in the superior 2 o'clock position.

We developed an alternative method which is illustrated in Figure 1. This requires the

Figure 1 Upper: the eye looks straight ahead and the intermediately tilted mirror (67°) of the three mirror contact lens is best suited for viewing anteriorly located tears. Lower: the patient looks down, which results in the gas bubble moving backwards away from the tear. The three mirror contact lens is also tilted inferiorly so as not to lose contact with the cornea. When the contact lens is tilted down however, the most vertical (73°) mirror of the contact lens is now better suited for viewing an anterior tear.

patient to look down, which results in the gas bubble moving backwards away from the tear (lower diagram). The three mirror contact lens is tilted inferiorly so as not to lose contact with the cornea, and the most vertical (73°) mirror is used. This contrasts with the more normal use of the contact lens when the eye looks straight ahead, and the intermediately tilted mirror (67°) of the three mirror contact lens is better suited for viewing anteriorly located tears (upper diagram). We successfully implemented this technique in both phakic and aphakic eyes following primary gas injection and following gas injection after a previous

buckling operation. We recommend its use in such cases when the retinal tear is located in the superior 2 o'clock position of the eye.

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- 1 Tornambe PE. Pneumatic retinopathy. *Surv Ophthalmol* 1988; 32: 270–81.
- 2 Hilton GF, Grizzard WS. Pneumatic retinopathy – a two-step outpatient operation without conjunctival incision. *Ophthalmology* 1987; 94: 307–14.

BOOK REVIEWS

General Ophthalmology 1989. 12th Edn. Eds Daniel Vaughan, Taylor Asbury, Khalid F Tabbara. Pp 460. £26.65. Prentice-Hall: Hemel Hempstead, Hertfordshire, 1989.

The updated edition of the well known paperback came out in 1989. Because of its important position in the 'early postgraduate' part of the book market in British ophthalmology, it seems relevant to review it even at this stage. This 12th edition contains a number of changes including a specific chapter on lasers, a thoroughly revised chapter on neuro-ophthalmology (the editors have gone straight to the top, this chapter being written by Chavis and Hoyt), and a new section on low vision. Other parts have also been upgraded, including anatomy, embryology, and examination techniques. The strong chapter on ocular disorders associated with systemic disease (by Sanders and Graham) now includes a section on AIDS.

Chapters are laid out in a methodical fashion; basic sciences first, then examination and clinical material divided into broad groups. At the end there are appendices dealing with visual standards and aspects of visual function, a glossary of terms and a comprehensive index.

The main value of this book has always been to those who need more than an undergraduate textbook but have neither the resources nor desire to purchase one of the more substantial textbooks in this group which include Newell's *Principles and Concepts* and Kanski's *Clinical Ophthalmology*. This edition maintains this appeal, even enhancing it, at the same time containing considerable information and remaining brief.

Highlights include the chapter on examination (although the emphasis on Schiotz tonometry may puzzle young ophthalmologists in the UK) and the conjunctival chapter. The latter has always been a strong point and will continue to delight junior doctors who like learning lists. The general standard of the contributions is high with no major weak areas in content. Text is both easy to read and understand. A selection of references is given at the end of each chapter.

There are some minor flaws. The lack of colour plates must remain a problem to some potential buyers and the US bias of the appendices reduces their value on this side of the Atlantic. At this price it can be used intensively and discarded when the next edition appears.

Overall this will prove a useful book to junior

ophthalmologists who need a ready reference when seeing unusual clinical presentations in the evening and at weekends, and to general practitioners taking an interest in ophthalmic diagnosis and treatment.

CHARLES SANDY
JOHN BRAZIER

World's Major Blinding Conditions. Edited by Arthur Lim Siew Ming. Pp 204. **Leaders in Ophthalmology in the Asia-Pacific.** Edited by Lim Kuang Hui. Pp 280. **Major Eye Centres of the World.** Eds Lim Kuang Hui, Arthur Lim Siew Ming. Pp 190. Complete set in case US\$45.50 plus postage US\$12. Published by XXVI International Congress of Ophthalmology, 1990, c/o Department of Ophthalmology, National University Hospital, Lower Kent Ridge Road, Singapore 0511.

This compendium of articles to mark the XXVI International Congress of Ophthalmology, Singapore, 1990, is presented as a trilogy. For the student of worldwide ophthalmology they provide a stimulating introduction to the huge variety of ophthalmological needs in the developing world – with descriptions of major blinding diseases, past and present achievements in the Asia-Pacific countries in prevention of blindness, and eye centres which contribute to the campaign against world blindness.

World's Major Blinding Conditions, published eight years ago as *Vision*, has been updated in this second edition. Well-known contributors in this field have discussed world blindness and its prevention, cataract, glaucoma, blinding malnutrition, blinding ocular infections, ocular trauma, and diabetic retinopathy. Trachoma and onchocerciasis deserve more space and emphasis within the text, and a section on leprosy and the eye would enhance the overall presentation. However, the text provides valuable information which will be a source of reference for those aware of these huge problems in eye care and will open the eyes of the uninitiated. The important issue of intraocular lens implant surgery versus traditional intracapsular cataract surgery in the developing world, including discussion of eye camps and alternative cataract surgical delivery services, is introduced.

Leaders in Ophthalmology in the Asia-Pacific. For readers interested in the origins of ophthalmology in many countries of the region and how our specialty has developed this volume gives fascinating background information. Besides single articles on individual countries the text broadens to include papers on the Asia-Pacific Academy of Ophthalmology, the World Health Organisation (Ophthalmic Training in the Third World), the International Agency for the Prevention of Blindness, and National Prevention of Blindness Campaigns and Eye Health Care. The title of the volume requires a delicate approach in presentation by the invited authors as each is a recognised leader in ophthalmology in his or her own country.

MURRAY McGAVIN

Major Eye Centres of the World is a short collection of self appraisals of contributing centres. This colourful tour of 24 ophthalmic institutions illustrates some of the variety of approach and thought that exists within our specialty. The largely common aims of the institutions are influenced by financial, cultural, personal, and government factors which emerge in the varying accounts.

IAN MURDOCH