BOOK REVIEW


The prospective reader of a treatise running into 350 pages on the oblique muscles of the eye, is bound to consider whether his time will be well spent. He may assume that the subject will be exhaustively ventilated, and that our old text-book friends, embryology, comparative anatomy, developmental anomalies, microscopic anatomy, and gross anatomy will be present in full dress. There is no disappointment on this score, for a full chapter is devoted to each and together they occupy nearly one-third of the text.

Chapters on the surgical anatomy of the superior and inferior oblique muscles occupy 44 pages. A random sample from this section reads as follows:

The surgeon should be able to visualize the area near the posterior tip of the insertion of the inferior oblique and the important structures in the vicinity. The following intimate relations to the macula area, optic nerve, ciliary nerves and vessels, superior oblique insertion, and vortex vein should be borne in mind when operating on the muscle:

(a) The macula is 1 to 2 mm. posterior to, and slightly above, the posterior tip of the insertion.
(b) The posterior end of the insertion is 4.2 mm. from the optic nerve and slightly above its lower edge. In extreme variation, it may encroach upon the optic nerve.
(c) The posterior ciliary vessels and nerves are distributed between the insertion and the optic nerve, lying 2 to 3 mm. from the tip of the insertion.
(d) The posterior end of the insertion is about 13 mm. from the superior oblique insertion above.
(e) The superior lateral vortex vein is about 10 mm. above the insertion of the inferior oblique, and the inferior lateral vortex vein is 8 mm. below the insertion, less than 1 mm. anterior to the posterior margin of the muscle. In an 8 or 10 mm. recession, the posterior tip of the inferior oblique muscle will be placed very near this area. It should be remembered that the vortex vein emerges from the sclera obliquely (antero-posterior) 3 to 4 mm., and a needle passed into the sclera in this area just anterior to the exit of the vein will perforate the vein as it passes through the sclera.

Part II, entitled "Management of Oblique Muscle Defects", opens with a historical review of the surgery of the oblique muscles, and subsequent chapters discuss the frequency and aetiology of defects in these muscles and their physiology. This accounts for a further 50 pages. The next 70 pages deal with diagnosis, and chapters on surgical indications and surgical techniques bring the reader to page 308.

So far the author has kept to the principle enunciated in the preface.

No claim is made for originality... The material consists, to a considerable extent, of data which have been taken from the literature...

In the last chapter, entitled "Surgical Techniques based on the Anatomy of the Area", scope is allowed to the author's personality and judgment, and we are given a valuable and clear description of the techniques he employs "because they seem most effective from the practical standpoint." An appendix deals with anatomical considerations in operations for retinal detachment, and an index completes the volume.

"For the average surgeon an operation on an oblique muscle is a formidable procedure", states the author. We wonder how factual this statement is, but if it is indeed a statistical truth, it is likely that a book of this size and of this detail tends to make the procedure even more formidable, not because the important points in anatomy and technique are inadequately described, but because they are buried in a mass of trivial data which are given equal emphasis. The author, perhaps unconsciously, has set himself the task of compiling an encyclopaedia of the oblique muscles, and in this he has fully succeeded, but how far this aim is compatible with simplifying surgical diagnosis remains a moot question.