

To the Editorial Committee of the BRITISH JOURNAL OF OPHTHALMOLOGY

DEAR SIRS—May I reply to Mr. Recordon's letter. His objection has substance but I believe arises through slovenly expression on my part. I think that what I and the Faculty Council meant was that reading glasses should enable a patient to read at 35 cm.—for there are many conditions under which this is necessary. Except in the very old, or in parietic cases, the range afforded is considerable, and the patient is by no means restricted to this distance by a properly prescribed pair of readers.

Regarding the "Snellen Equivalent", it is important to note the contents of the third paragraph of the second article on Reading Types (*British Journal of Ophthalmology*, 1952, 36, 689), where it is clearly pointed out that the reduced Snellen type is not to be used in the ordinary sense of a test, but as a means of recording the near acuity on a scientific basis. For this purpose clearly an arbitrary distance must be specified, and this has been done. To what extent this record (when it is made) shall influence the strength of reading glasses eventually prescribed is entirely in the hands of the examiner.

Yours faithfully,

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## BOOK REVIEW

**Ophthalmic Plastic Surgery.** By SIDNEY A. FOX. 1952. Pp. 290, 133 figs. Bibl. Grune and Stratton, New York. (£6).

The author has drawn extensively on his own large experience in plastic surgery of the eyelids and orbit, and he describes those operations which he has found to work well in his hands. His descriptions of operations are well illustrated, some by photographs but mainly by line and wash drawings which show clearly the steps of the reconstructive work. After the account of almost every operation, there is a commentary on alternative procedures and the reason for the choice of the operation described.

The author might with advantage have stressed the urgency of providing skin cover when all four eyelids are severely burnt in war and aviation injuries. He begins Chapter IV on technical details with the unfortunate comment "A chapter on this subject is usually written to be ignored". Technique is of immense importance in reconstructive surgery, and it would have been well if the author could have instructed his ophthalmologist readers by a fuller description of surgical technique and the necessary instruments to achieve this.

There are several small omissions, in particular the need for suturing the orbicularis oculi as well as the periosteum over a cartilage wedge graft in the floor of the orbit; and the suture of the bulbar and palpebral conjunctiva after division of a small symblepharon by a vertical opposed to a horizontal line.

Few plastic surgeons would agree to the closure of a large lower-lid coloboma by a sliding advancement flap brought up from the cheek between two vertical incisions. Secondary scars placed at right angles to normal lines of tension and the downward traction of subcutaneous fibrosis are liable to spoil the cosmetic result.

The operations for ptosis, ectropion, and entropion are orthodox and sound. The book gives a good simple account of the principles and practice of reconstructive work on the eyelids, conjunctiva, and orbit. The book is well printed and produced, and the illustrations are clear.