BOOK REVIEW


It is now 30 years since the appearance of the first edition of "An Introduction to Clinical Perimetry" by H. M. Traquair. Its message to ophthalmologists was the importance of quantitative perimetry and the interpretation of results produced by a technique which, in modern times, might be called reconnaissance in depth. As the years passed Traquair added more and more to his store of personal observations and his book in the end contained a vast amount of information. Prof. G. I. Scott has just edited and published the seventh edition, which he has renamed "Traquair's Clinical Perimetry". He has taken, as his main purpose, a simplification of presentation, in order that the basic principles of perimetry may never be obscured. It is the reviewer's opinion that there was need for simplification, remembering weary hours struggling to understand the intricacies of complicated fields of vision. The nature of perimetry itself contributes to the difficulties encountered by the student, because it is an art which cannot be learnt from a textbook. In this aspect of ophthalmology the teacher comes into his own and a good hour of practical instruction is worth nights of solid reading. Just as it is difficult to learn the art of perimetry book-wise, it is almost impossible to understand the full significance of pathological fields of vision until some practical experience has been gained with the Bjerrum screen.

In this edition, which follows a similar pattern to its predecessors but which flows more smoothly and is beautifully illustrated, there is a fuller discussion of the applied anatomy of the visual pathway. There are alterations in the sections on optic neuropathy and in the chapter on affections of the anterior part of the optic radiation. It is interesting to find that Scott admits that the use of projection apparatus has some advantages although it seems unlikely to replace entirely the classical methods of examination, and at last, we find a picture of a perimeter which has a self-recording apparatus attached to it. It may be true that all great perimetrists have advocated the use of simple non-mechanical instruments, but we are not all great perimetrists or ever likely to be so, and mechanical instruments are well suited to the routine clinical work of an out-patient department, especially when there is any kind of pressure for time.

In the last 30 years the position of perimetry as a means of diagnosis in neurology has changed. It has now to share its place with air encephalography and angiography in the preliminary investigations and, whereas these new techniques have been revolutionary in their methods and in their precision, perimetry has advanced in refinement only through collation of fields of vision with autopsy findings. This does not in any way underestimate the importance of perimetry; indeed, a defect in the field of vision is often the first step towards the elucidation of a disease process in the central nervous system, and this being so, one would welcome, from a purely practical point of view, a chapter on the factors which induce an ophthalmologist to undertake detailed exploration of the visual fields. Anyone who has seen large eye hospitals at work realizes that there must be some guiding principles which will help the consultant to decide which of their patients need this time-consuming investigation. This would be a difficult chapter to write but, unless there is some answer to such a challenge, it might be supposed that the decision to employ perimetry was guided by guess or by God, an unbearable conclusion to have to draw.

Traquair was probably most fortunate in this particularly subjective type of testing in having as his patients the Scots in their capital city. They see things in black and white with hard margins, and if they cannot, have no hesitation in saying "No", without the soothing cadence of a diphthong. Their lack of compromise makes them good perimetric subjects and from brief encounters with Traquair at the meetings of the Scottish Ophthalmological Club during the war, the reviewer would suspect that he gained much
satisfaction from blasting their answers upon the sands of time in deep and unequivocal furrows. The new editor has earned our gratitude by tidying and bringing up to date this monument of industry and careful observation, and has made sure that the seventh edition is the best available guide for the understanding of the visual field in health and in disease.

NOTES

OXFORD OPHTHALMOLOGICAL CONGRESS
43rd Annual Meeting, 1958

Master ........................................... Sir Tudor Thomas
Deputy Master ................................... C. H. Bamford
Editorial Secretary ............................ L. P. Jameson Evans
Hon. Secretary and Treasurer .......... Jan C. Fraser

The Oxford Ophthalmological Congress will again assemble at Balliol College, Broad Street, Oxford, on July 6 and meetings will be held on July 7, 8, and 9, 1958, in the Lecture Hall of the School of Physiology, South Parks Road, Oxford.

The Doyne Memorial Lecture will be delivered by Mr. O. Gayer Morgan (London) and will be entitled "The Early Clinical Diagnosis of Glaucoma".

There will be discussions on "The Influence of Vascular Changes in Progressive Failure of Vision", and "The Aetiology and Treatment of Uveitis"; any member wishing to contribute to these discussions should send his name to the hon. secretary.

It is proposed to repeat the successful "Any Questions" session and members are invited to send in queries for debate before the meeting.

Ophthalmologists not already members of the Congress who wish to attend the meetings should communicate with the hon. secretary. There is no entrance fee or annual subscription, but a fee of three guineas is payable on each occasion of attendance at a Congress.

OBITUARY

WILLIAM GORDON MATTHEW BYERS

Every British ophthalmologist will regret the death of Gordon Byers on August 2, 1957. He was born in Ontario in 1872 and graduated in medicine from McGill University in 1894, taking a post-graduate course thereafter in Edinburgh and serving for 18 months as a house-surgeon at Moorfields. Following this he studied for a year in Berlin, Paris, Vienna, and Utrecht, and on his return to Canada from Europe, joined the staff of the Royal Victoria Hospital, Montreal, in 1898. He became senior ophthalmologist in 1921 and professor of ophthalmology at McGill in 1923. He retired from the hospital in 1935, from the university in 1937, and from private practice in 1946.

Byers probably did more than any other to establish Canadian ophthalmology on a sound footing, and the debt that Canadian ophthalmology owes to him is immense. In 1920 he was essentially responsible for founding the Montreal Ophthalmological Society and became its first president, and in 1937 he was largely responsible for founding the Canadian Ophthalmological Society and was again its first president. In 1934 he was president of the American Ophthalmological Society and he was also a member of the Ophthalmological Society of the United Kingdom from 1897. Exact and methodical in his work, concise and punctilious in his writings, beneath a certain stiffness of manner, he was essentially one of the most kind and generous of men. Apart from ophthalmology, he had many hobbies, all of which he embraced with enthusiasm—gardening, farming, bird-watching, and sailing. He is survived by his wife, two sons, and two daughters; one son was killed while serving with the Canadian Royal Air Force in the second world war.