BOOK REVIEWS


There must be few ophthalmic surgeons who have not been exasperated by the occasional patient, operated upon for cataract, who complains continually of his inability to tolerate his aphakic correction. This book should be a valuable guide to the minimization of this problem although the text will be found too technically difficult by the majority of surgeons. Unfortunately many of the preferred spectacle lens forms and frames are trans-Atlantic in origin, being difficult to obtain or very expensive elsewhere.

The authors’ concept of minimum effective diameter centering is explained fully and dispensing instructions are given. The extensive American use of aphakic bifocals should stimulate interest in their wider introduction. There are interesting discussions of field limitations, particularly the so-called roving ring scotoma. Problems of binocularity and eye dominance are also reviewed.

This slim volume is a compact and useful adjunct to the bibliography of cataract surgery.


As the days (not the years) go by, ophthalmic surgery becomes more and more complicated and exact. Surgeons of a previous generation as they grew older were content to use telescopic spectacles to magnify the field; but today the young demand an operating microscope of a power such that the magnification has now become limited by the physiological tremor of the surgeon’s hand. Indeed, lest the experienced and sanguine operator think he has regained the nervous tremor which may have marked his first attempt at surgery, an arm-and-wrist-rest is sometimes added to the elaborate equipment and illumination demanded by micro-surgery. There is no doubt that in some aspects of ocular surgery, particularly keratoplasty, this equipment is of immense value, but its complication and the necessary limitation of the visual field make it less useful in such procedures as the surgery of cataract and glaucoma. Perhaps, however, this is coming; and perhaps the reviewer is old-fashioned. However that may be, the present volume gives a full account of these techniques, clearly written, fully annotated, and beautifully illustrated, and the volume is the first of its kind to be published.


Is a symposium a lazy way of writing a book? Certainly a symposium has neither the completeness of a text-book nor the thoroughness of an original paper, but it does have topicality and helps us to keep up to date in certain selected subjects. The established American professors of ophthalmology are expected to attend a great many conferences and they can hardly each be expected to be a von Graefe in the quality, originality, and volume of their work.

This particular symposium concerns retinal diseases in so far as they are related to the differential diagnosis of posterior uveitis. The participants in this symposium consisted of the Ophthalmological Faculty at the University of California School of Medicine, San Francisco, and eleven guest speakers:


The book is unequally divided into seven chapters as follows:

chapter I is the 19th Proctor Lecture on dystrophy of the macula, chapters II to IV are accounts of certain aspects of histo-anatomy, fundus examination, and “differential diagnosis”, chapter V concerns a number of retinal diseases including lattice degeneration, retinoschisis, cobblestone degeneration, macular degeneration, serous retinopathy, and retinitis pigmentosa, chapter VI...
concerns chronic inflammatory diseases such as toxoplasmosis, syphilis, histoplasmosis and nematodiasis, and chapter VII mentions aspects of intra-ocular tumours.

Accounts of the main subjects have mostly been published elsewhere but, of course, the discussions, which always appear so much more superficial when printed than they really are, are fun to read. Schepens especially always has original and intriguing things to say. This is a book that should certainly be available in ophthalmic libraries although it is perhaps not definitive enough to justify individual purchase.


This book is of great value to workers interested in immunology. It will be useful for those studying clinical aspects of immunology, but is intended primarily as a guide, manual, and reference book for laboratory workers. The book is divided into four parts: Part I describes basic principles of immunology and immunological methods, Part II quantitative immunochemical procedures, and Part III chemical and physical methods of importance in immunochemistry; Part IV is concerned with the preparation of biological materials commonly used in immunology, such as purified proteins, antibodies, bacterial polysaccharides, and other antigens.

Whilst many details of techniques are given it is frequently necessary to refer to other publications, and the bibliographies which are given at the end of each chapter are long and excellent. This book is not inexpensive but is certainly worth its cost.


In 1964 the first World Congress on the cornea, organized by the International Eye Bank, was held in Washington, D.C. The numerous papers, well presented by many world authorities, are grouped under five section headings, each dedicated to an eminent pioneer in ophthalmology, viz., Burke, Berens, Ishihara, Alvaro, Sourdille, and Filatov. Emphasis is placed on recent discoveries, and there are valuable contributions on anatomy, physiology, and pathology, including discussions on wound healing, oedema, and vascularization. Attention is also paid to the corneal dystrophies and to a variety of inflammatory conditions. Much of the subject matter, however, considers the question of keratoplasty from the clinical angle, and there are contributions on operative techniques and on the indications for grafting and on its limitations, while several papers deal with modern methods of preserving donor material. A great deal of the material presented is not available elsewhere in the literature and this finely-produced and well-illustrated book should prove an invaluable work of reference.


This is a compilation of the lectures given at the Symposium on Surgery of the Ocular Adnexa at the 14th Annual Session of the New Orleans Academy of Ophthalmology, held on February 14-19, 1965. The lecturers were A. G. DeVoe, S. A. Fox, H. Naquin, T. E. Sanders, Byron Smith, E. R. Veirs, and J. A. C. Wadsworth, all well known for their contributions in the fields of reconstructive surgery, surgery of the lacrimal drainage system, pathology of orbital tumours, and surgery of the orbit.

The outstanding contribution is a survey of orbital tumours, a more lucid classification of these than is generally found in text books of ophthalmology, and an admirable commentary on the morbid histology of these neoplasms. An anticlimax to this are certain controversial points in the surgery of the orbit, in particular the description of removal of a lacrimal gland neoplasm by the anterior approach. Later in the chapter the lateral approach through Berke's modification of Krönlein's operation is advised for large lacrimal gland neoplasms which probably extend posteriorly into the orbit. No mention is made of a lateral orbitotomy operation which resects in one piece the lateral two-thirds of the supra-orbital margin with the whole of the lateral wall flush with the temporal fossa and so facilitates removal of a lacrimal gland neoplasm with the minimum of dangerous manipulation, and moreover permits resection of bone infiltrated by the neoplasm.
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There is no comment on the disadvantage of filling an orbit, exenterated for a malignant neoplasm, with a pedicle of temporalis muscle which would mask a small local neoplastic recurrence in the orbital wall at a stage when it might be eradicated by surgery and irradiation.

Not all ocular surgeons would agree with irrigation of an infant’s lacrimal passages immediately after probing under general anaesthesia.

The reconstructive surgery after excision of a neoplasm of the eyelids is limited, probably because of lack of lecturing time, to four procedures. For ptosis the anterior approach for partial resection of the levator palpebrae superioris is quite rightly recommended, and the fascia lata sling to the frontalis muscle when there is no levator action.

The author criticizes the deplorable cosmetic result of a full-thickness wedge excision of the lower lid for senile atonic ectropion but wastes space showing a picture of this.

Inevitably such a symposium suffers from some repetition and overlapping or disagreement between its several authors; for example, one advises dacryocystography for all patients with defective lacrimal drainage whilst another comments that this is usually unnecessary.

Some of the illustrations are very good, some are indistinct, one is incomplete, another showing a dacryocystorhinostomy with silastic intubation is grossly out of proportion, and some are primitive.

At the end of the book, 40 pages are devoted to the stimulating cut and thrust of questions and answers at “round-table discussions”. The printing and reproduction of the book are admirable.


This monograph gives the authors’ views on the effects of an increase in the intra-ocular pressure in causing the optic atrophy of glaucoma, based on their well-known studies of the anatomy of the vascular system of the eye, with clinical studies, and animal experiments. It is believed that increase in the pressure readily deviates the blood supply from the optic nerve-head through the vascular anastomoses with the arterial circle of Zinn-Haller, a deviation which can occur before the greater vessels have collapsed. This local anaemia causes demyelinization of the nerve fibres and the development of cavernous atrophy, the excavation being gradually deepened by compression of the mesodermal tissue of the lamina cribrosa. A primary atrophy of the nerve due to an ascending Wallerian degeneration ensues, with atrophy of the ganglion cells. The defects in the visual fields are a direct consequence of these changes. When there is an increased arterial pressure in the branches of the ophthalmic artery measured dynamometrically, the optic nerve-head is able to withstand a considerable rise in the intra-ocular pressure; with a low arterial pressure, however, a rise in ocular tension has a bad prognosis, particularly if arterial disease is present, leading rapidly to optic atrophy and loss of the visual field.


That a book of considerable size and interest should be written on this relatively circumscribed subject may seem strange to many readers; but the result is worth study. It is the distillation of more than 2,300 radiograms taken in association with 1,000 operations on the lacrimal passages; every conceivable type of obstruction and defect and its relief by dacryocystorhinostomy and other surgical procedures is discussed. Each condition is fully illustrated radiographically as demonstrated by radio-opaque substances.

**NOTE**

**THE BRITISH EYE STUDY GROUP**

**Annual General Meeting, 1966**

The British Eye Study Group held its fourth Annual General Meeting at Southampton on October 15–16, 1966, under the Chairmanship of Mr. Edward Zorab. Seventeen members were present.