

and also for certain of the atypical forms of retinitis pigmentosa; this is confusing. Haldane's interpretation of dominant partial sex-linkage for a family with retinitis pigmentosa hardly merits mention; transmission appears to be autosomal dominant. Ichthyosis is said generally to be recessive, yet autosomal dominant transmission is the most common with autosomal recessive transmission being distinctly uncommon. Despite these minor criticisms this book can be recommended to all ophthalmologists as an excellent readable manual on this important subject.

**Manual of Refraction.** By A. E. SLOANE. 2nd ed., 1970. Pp. 282, 54 figs, bibl. Little Brown, Boston; Churchill, London. (110s.)

This second edition of the "Outlines of Refraction" is similar in form to the first, but new chapters on streak retinoscopy and recent trends in refraction have been added. The book, based on lecture notes in refraction given to post-graduate students, sustains its original elementary approach to the problems of refraction which it presents in a clinical form. The optical principles underlying the practice of refraction are not dealt with in great depth and only a very small amount of mathematics is displayed.

The book is easily and quickly read and may serve to augment clinical aspects of refraction not covered fully by more comprehensive text-books, although the expense probably will outweigh these debatable advantages.

**Ultrasonography in Ophthalmology.** By J. VANÝSEK, J. PREISOVÁ, and J. OBRAZ. 1970. Pp. 222, 100 figs, bibl. Czechoslovak Medical Press, Prague; Butterworths, London. (76s.)

This is a review of 8 years' experience of a group of pioneers in this new field. The first part of the book is devoted to the physical properties of ultrasound and the instrumentation for its use in ophthalmology. The average clinician will be flattered by the authors' assumption that this will be readily intelligible to him, but it does at least emphasize that there is more to the subject than mere bat-squeak echography.

The clinical section occupies half the book, but it is expanded by case histories and illustrations of echograms so that the amount of clinical material is less than may be apparent at first sight. It is apparent that most of the work has been carried out by the A-scan method. Emphasis is placed on the investigation of ocular tumours, retinal detachment, intra-ocular foreign bodies, and ocular measurement. There is a section on the more difficult technique of studying orbital lesions.

Ultrasonography is a very new technique but its potentials in some fields, as in eyes with opaque media, have always been obvious. In most of the cases cited by the authors it would seem that the investigation offered little more information than could be obtained by well-established methods. A feature of note is the possibility of relating a foreign body to the walls of the globe, thus showing whether it is extra- or intra-ocular. More diagnostic accuracy may be expected, although the authors have added a note of caution in that ultrasound is potentially damaging to tissues. A theoretical possibility of great potential is that the nature of a tissue may be predicted from its reflecting properties to various wavelengths of ultrasound.

**The Vitreous in Clinical Ophthalmology.** By N. S. JAFFE. 1969. Pp. 310, 334 figs (some col.), bibl. Mosby, St Louis; Kimpton, London. (292s.)

This book is written by a clinician seeking to explain clinical observations by applying factual knowledge and hypotheses to the behaviour of a tissue about which little was known before the introduction of the newer methods of examination. The author is to be congratulated on gathering an extensive bibliography dealing with current concepts of the normal vitreous, the part it plays in producing complications after lens extraction, and its role in retinal detachment, diabetic retinopathy,

and many of the more rare clinical syndromes. Most of the hypotheses are supported by credible logic, but there are occasional lapses into such emotive statements as "the inadequate surgeon does not belong in the operating room. He should restrict his manipulations to the intact globe".

A suitable proportion of the text is devoted to a detailed description of surgical techniques.

The book is well illustrated and is thoroughly recommended as a book of reference for clinical problems related to the vitreous.

**Facial Injuries.** By R. C. SCHULTZ. 1970. Pp. 264, 174 figs. Year Book Medical Publishers, Chicago; Wiley, Chichester. (196s.)

A well-illustrated, well-produced book, but one which is not intended for ophthalmic surgeons. Indeed the ocular signs, where relevant, are poorly described.

## Notes

### Ophthalmological Society of the United Kingdom

*90th Annual Congress, April 1970*

The 90th Annual Congress of the Ophthalmological Society of the United Kingdom, held at Churchill College, Cambridge, on April 6-8, 1970, under the presidency of Mr. T. Keith Lyle, departed from the pattern of its predecessors. There were some sixteen "free papers" and two symposia, but there was also an afternoon of seminars.

These seminars, twelve in number, had a chairman and three panellists, and up to 25 members of the Congress could attend each seminar which lasted 1½ hours. There were thus two sessions in the afternoon separated by a tea interval. The subjects included "Management of palsy of traumatic origin", "Simple glaucoma", "Modern techniques in retinal detachment", "Pallor of the disc", "Herpes simplex", "Iatrogenic ocular disease", "Recent trends in prosthetics, implants, and contact lenses", "Retinal vascular disease", "Retinal neoplasm", "Recent trends in corneal transplantation", "Complicated lacrimal obstruction", and "Modern therapy of uveitis". The layout at Churchill College was ideal for this type of session which seemed very popular with the members, but it seems unlikely that this could be repeated at the Royal College of Physicians, London, as the required number of rooms would not be available. Though, because of the time taken up by the symposia and seminars, there were only sixteen "free papers", these were all of a high standard introducing new ideas.

Mr. J. C. Mustardé discussed the surgical approach to tumours of the eyelid. He emphasized that the upper lid should not be used to make up defects of the lower lid. He described a method of reconstructing the lower lid by rotation of a cheek flap lined with a composite graft of nasal septal mucosa and cartilage, and of reconstructing the upper lid by using a switch flap taken from the lower lid.

Dr. Charles D. Kelman flew from New York to read his paper on "Phaco-emulsification"; a film showing this technique was accompanied by his own music! In this technique the lens matter is aspirated through a 2-mm. incision at the limbus. A high-frequency needle surrounded by a protective silicon sleeve emulsifies the lens matter which is removed by suction with a flow of fluid.

Mr. J. D. Scott discussed retinal detachment surgery without drainage of fluid. Using silastic sponge plombage, he advocates that the implant should be radial to the limbus rather than circumferential, to avoid the danger of that the retinal hole will gape.

Mr. R. F. Fisher showed that there is a relationship between lens fibre stress, as in accommodation, and lens opacity formation.