Statistical Analysis

No mention of the odds against mere chance as the explanation for the observed differences seems to have been made.

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May 11, 1973

References

EDERFIR, F. (1973) Arch. Ophthal. (Chicago), 89, 1 (Editorial)

To the Editor of the British Journal of Ophthalmology

Sir,—The reason why a statistical analysis was not given is that it is not known if the disease existed in comparable severity in the treated and untreated cases; many of the local and general factors influencing the prognosis are still unknown. It is for this reason that the word controls was put in inverted commas.

As Professor Phillips states, a satisfactory control is to use one eye chosen at random, but this depends on the symmetry of the disease in paired eyes, a fact which has only recently been shown in our own unit (Taylor and others, 1973) after the present paper was sent for publication.

What we have done is to make the third, and we hope not the final, report on the results of a continuous series which now includes some 200 cases of proliferative diabetic retinopathy. We believe these results to be encouraging.

Yours faithfully,

J. H. DOBREE
Enid Taylor

July 17, 1973

Reference


Book reviews


This handy little volume of only 206 pages consists of a series of articles written by different contributors upon subjects in which they have been particularly interested.

The subject matter is divided into three separate parts: (1) Diagnostic; (2) Clinical; and (3) Treatment, ending with an excellent special review article on herpes simplex and allied disorders by Crews and Patterson.
In the first section the article by J. Gloster on the "Identification of the central field" and that by P. A. Graham on "Screening for glaucoma" are of much practical value and clearly written. A. H. Keeney, in an article on the diagnosis of orbital lesions, describes every possible method of examination available but wisely sums up the situation in the last paragraph by stating that "the competent diagnostician will cull the maximum information he can obtain from the patient's history and physical examination, and will employ the minimum number of instrumental or laboratory procedures".

Some chapters such as "Prospects in retinal fluorography" by E. S. Rosen and "Prospects in biomicroscopy" by K. Hruby only highlight some of the particular uses of these techniques, and D. Gordon's article on "Ultrasonography in diagnosis" gives a good hint that this method may have valuable future in the diagnostic field.

Miller, in a useful chapter on "Unusual forms of secondary glaucoma", wisely states, with regard to the treatment of carotid-cavernous fistula by carotid ligation and its possible complications, that "ophthalmic aspects and their importance should take a higher priority in the planning of therapy for this relatively benign condition and the present clinical preoccupation with elimination of the bruit and reduction of proptosis relegated to second place".

The ocular manifestations of chromosomal disorders and some newer genetic entities are dealt with by C. G. Keith and Arnold Sorsby respectively, and M. F. Armaly has contributed a chapter on the "Polygenic determination of open-angle glaucoma".

D. Nicholson, in an article on the "Complications of systemic glaucoma therapy", concludes that "The majority of systemically administered drugs which have at some time been thought beneficial in the treatment of glaucoma have proven either ineffective or too toxic".

Lincoff's chapter on "Cryosurgical treatment of retinal detachment" is excellent, as is also Binkhorst's article on "Lens implants".

This is a nicely produced book and one which can be thoroughly recommended.


This book consists of three reviews: "Ocular Manifestations of Rheumatic Disorders, Natural and Iatrogenic" by P. Henkind and D. H. Gold, "The Oral-Mucosal Manifestations of Rheumatic Diseases" by N. A. Cummings, and "The Skin as a Reflector of Immunological Change" by W. M. Sams and W. S. Logan. The first two essays are of particular interest to ophthalmologists.

Rheumatic disorders frequently have ocular manifestations. They may be the initial presenting sign or symptom of the disease and in some cases are pathognomonic or at least indicate the diagnosis of the underlying systemic disorder. Ocular complications are such a common accompaniment of juvenile rheumatoid arthritis as to form one of the dreaded complications if overlooked or ignored. For this reason such children should be periodically examined. Lastly, ocular pathology and its understanding may help towards the elucidation of the widespread signs and symptoms and the subtleties of the basic cause.

The chapter on oral-mucosal manifestations of rheumatic disease is most informative and must encourage the practising ophthalmologist to shine his inspection torch on the open mouth. The "oral apparatus" is extraordinarily diverse with regard to tissue elements, including supportive, connective, vascular, and epithelial structures, and it is for this reason that it is commonly affected in "collagen-vascular" syndromes.

Oral involvement is sometimes an essential part of the disease complex, as in Sjögren's and Behçet's syndromes; a frequent and significant feature, as in systemic lupus erythematosus, Reiter's syndrome, and scleroderma; or an uncommon complication as in dermatomyositis, chronic ulcerative colitis, psoriasis, and ochronosis. Some drugs commonly used in the treatment of connective tissue disease such as gold salts, immunosuppressives, and antimetabolites, may affect oral structures adversely. This chapter is well illustrated.