
This book sets out to provide a clear guide to the various types of strabismus requiring surgical correction, with diagrams on how to carry out the appropriate operation. Chapters are devoted to all aspects of the problem, beginning with surgical anatomy. It is a pity that the helpful diagrams of all the fascial layers around the globe and extracocular muscles do not have corresponding reference numbers in each diagram for ready cross-reference. Most unfortunate is the photograph demonstrating the ease with which a rectus muscle insertion can be identified beneath the intact conjunctiva because the dotted outline purporting to show this is drawn quite incorrectly. Considering the emphasis in the text on Lockwood’s ligament, a full description of it with diagrams would be useful.

The instruments normally required for squint surgery, the sutures used, anaesthesia, and post-operative care are all mentioned.

Further chapters are devoted to the conjunctival exposures possible, and detailed descriptions of recession, resection, and marginal myotomies are given. A sensible approach to dealing with strabismus with restricted movement (due to congenital abnormalities, muscle paralysis, or adhesions) is proposed, followed by a review of muscle transposition procedures. The comprehensive chapter on “complications” goes beyond operating on the wrong eye to operating on the wrong patient!

A few minor quibbles include the spelling of Professor Reinecke’s name in three different ways and a reference to “prolonged Marlow occlusion” whatever that may be. Less minor is the misuse of the word “ptosis” when the author means retraction of the lower lid after a large inferior rectus recession such as may be required in thyroid myopathy.

However, the criticisms must not be allowed to detract from this well-produced and constructive Atlas, which provides a valuable guide for both residents and ophthalmologists. The next edition will be even more useful if it includes complete descriptions of the surgical management of orbital blow-out fractures and Duane’s retraction syndrome.

P. Fells


The author, who has had wide experience of testing railway personnel for colour vision deficiencies, gives a survey of the theory and practical examination of congenital colour-vision anomalies. He discusses the limitations and pitfalls of the tests, especially the way in which a subject may simulate normal trichromatism. There is a detailed presentation of diagnostic methods, using veiled contrast, lantern lights, and the pigmented colours of pseudosochromatic tables. A special chapter deals with examination by Nagel’s anomalouscope, by far the best method of differentiating types and degrees of colour defects. The book is a useful guide to the assessment of colour vision.

H. Lytton


This compact little volume discusses the principles and clinical uses of ophthalmoscopy. The optical systems of several types of ophthalmoscope are described and the book concludes with a brief presentation of the most frequent fundus abnormalities likely to be encountered by the physician. The text is straightforward and simple and provides a useful introduction to ophthalmoscopy with sufficient detail to interest the specialist.

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