receiving special consideration are the level of adaptation at which the visual field is tested, the size of the test object to be used, and the duration of presentation of the stimulus in static perimetry.

On the basis of theoretical considerations and experimental findings, the author maintains that static perimetry is to be preferred to kinetic perimetry, but with the former method it is necessary to present stimuli at many positions in the central field in order to give a good chance of discovering any field defect which may be present. The problem here is that, if one were to wish to determine the threshold at each of these positions, the time required for examination becomes very lengthy. There are only two ways of reducing this; either the number of steps of luminance required for the threshold determination can be reduced, or more than one stimulus can be presented at a time. This brings the author to a consideration of the various instruments which can be used for static perimetry. There is a section describing glaucomatous defects as found with the Goldmann and Tübingen perimeters, with the double projection campimeter and with the Friedmann Visual Field Analyser on over 1,300 eyes of patients with raised intraocular pressure. The purpose of this section is to describe the various examination procedures and to compare their results, rather than to add to the classical descriptions of glaucomatous field defects. However, attention is drawn to the relative wedge-shaped scotomata which may be found anywhere in the 30° visual field and which are regarded by the author as some of the earliest signs of reduction of visual sensitivity in glaucoma.

The most interesting part of this book is that which deals with the author's development of practical procedures for dealing with glaucoma patients. It is not surprising to learn that such procedures for examining the field of vision are time-consuming.

While much information is given in this book, a great deal of it has to be looked for carefully, and the text is so full of facts and figures that in many places it is not easily readable. Important points are not always emphasized strongly and clearly to make them stand out from the mass of information upon which they are based. The author summarizes the whole book, chapter by chapter, in the space of 12 pages, and from these it is possible to grasp most of the important things that he wishes to say.

J. Gloster


This small handbook discusses the clinical management of glaucoma from the point of view of its diagnosis, its investigation and its treatment. The different forms of glaucoma are described and there is an excellent section on the principles and practice of tonometry. Tonography, surprisingly, still merits a detailed chapter and field testing is dealt with extensively. There are sections on medical therapy for the glaucomas with up-to-date information on the newer drugs, and the book concludes with a short illustrated description of the classical glaucoma operations. Professor Leydhecker's handbook is a useful little volume which can be recommended as a clinical reference book. It is, however, surprising to find so little mention in the text of the evaluation of optic disc cupping in the assessment of the glaucoma case.

T. J. Fyfe


This well-produced paper-back edition provides the ophthalmologist with a brief introduction to 354 syndromes and a short bibliography on each subject. The final 58 pages tabulate the syndromes described for a variety of ophthalmic signs; for instance, the uninitiated will be interested to learn that 69 of the syndromes described produce nystagmus.

The problem with this book is the failure to appreciate the significance of the word "syndrome", which is defined (Oxford Dictionary) as a distinct group of symptoms or signs which in association form a characteristic clinical entity. This disregard has led the author to compile an enormous list which would benefit from pruning. Thus metabolic disorders (homocystinuria and Niemann–Pick