

including their differential diagnoses and possible treatments. There follows a section on basic techniques such as wound closure, Z-plasty, rotation and transposition flaps. The second half of the book is on the actual procedures which can be used in individual areas and this is amply illustrated with clear line diagrams.

Only six pages are specifically devoted to eyelid surgery, but the book aims at covering a wide field and is not just for ophthalmologists. Although it is entirely written in German, the illustrations are easy to interpret and the 520 references make it a useful introduction to the techniques of and indications for plastic surgery.

J. R. O. COLLIN

Modern Ophthalmic Nursing. By PETER WILSON. 1976. Pp. 64, 72 figs. Edward Arnold, London (£1.50)

This book makes a valiant attempt to help a generation taught by visual images, and for this reason I think it regrettable that a line scale is not given.

The text is more assured on personal medical knowledge than on an accepted nursing range, and for student nurses the section on clinical studies could well have preceded that which deals with abnormal conditions.

J. WILLIAMS

Ocular Photocoagulation: A Stereoscopic Atlas. By F. A. L'ESPERANCE. 1975. Pp. 337, figs. Mosby, St Louis; Kimpton, London (£38.25)

Photocoagulation has now become one of the most effective methods of treatment available to the ophthalmologist, but because of the expense of the equipment and in many countries the lack of training facilities, only a small fraction of the patients who would benefit actually come to treatment. This book supplies a long-felt want and will be of inestimable help to all oculists; those actively engaged in photocoagulation will benefit from the knowledge and experience of one of the most experienced and skilful exponents in the world; those in training or who are relatively inexperienced in photocoagulation will find clear instructions on the techniques employed in dealing with every type of lesion, and those whose role must be primarily that of referring patients to other centres will find considerable help in the selection of suitable candidates for treatment.

The book, which is well produced and very readable, has some excellent opening chapters, including one of great value (by Dr Vassiliadis) on the physics and optics of photocoagulation, and another on the effects of photocoagulation on the ocular tissues. The advantages and disadvantages of xenon-arc and argon laser in dealing with different disease conditions are discussed objectively, and readers may be relieved to find that for most lesions there is little to choose between the two energy sources.

The main bulk of the book deals with the actual technique of light coagulation in a wide variety of fundus diseases. The author shows sound judgement in the space he devotes to the more difficult problems, such as new vessels arising from the disc in diabetic retinopathy, and various types of disease involving the posterior pole.

The illustrations are mainly black and white photographs of the fundus, but they are numerous and well selected. There is also a set of 100 or so stereoscopic fundus photographs in colour which can be mounted in a small plastic viewer (also supplied in the back flyleaf) and these are particularly useful for teaching small groups.

Dr L'Esperance is to be congratulated on producing an excellent textbook which may well prove to be an ophthalmic classic.

J. H. DOBREE

Ophthalmic Diagnostic and Operating Clinics in Rural Asia. By R. W. B. HOLLAND. 1976. Pp. 28. Royal Commonwealth Society for the Blind, Haywards Heath (No price quoted)

It is a privilege to review this booklet written by one of the famous names in cataract surgery. It is about Eye Camps and is essential reading to those who would do this work and of value to all cataract surgeons.

Eye Camps are essentially a second best, but in an expanding Indian population, temporarily estimated at 550 million of which 2 per cent are blind from cataract, there is no choice. Essentially an Eye Camp is an extraction production line with the blind going in and the seeing coming out, but a carefully documented sample reveals excellent results.

The siting of the camp, the logistic problems, and the surgical techniques are described. Graefe section with a conjunctival flap is recommended, extracapsular extraction if the lens bulges after the incision is a common procedure, and the importance of good anaesthesia is stressed. It is interesting to learn that leaving the wound unsutured has as good results as stitching provided there is an adequate conjunctival flap. A neat method of improvisation involves the use of a hand-held lid speculum to prevent pressure on the globe. As time is so important valuable advice is given on the choice of lid operations and a rapid method of carrying out dacryocystorhinostomy.

JOHN SALMON

Orthoptics: Past, Present, Future. By S. MOORE, J. NEIN, and L. STOCKBRIDGE. 1976. Pp. 592, figs, tables, refs. Stratton, New York (\$19.95)

This beautifully-bound volume covers the transactions of the third International Orthoptic Congress. It contains 69 papers read at the Congress from ophthalmologists and orthoptists who are recognized as the leading authorities throughout the world in the study of orthoptics.

Tribute is paid to Dr Hermann M. Burian who unfortunately died before he could take up the office of President.

The book is excellent; it is easy to read and well illustrated. The history of orthoptics is covered by copious references in all the papers; the present state of orthoptics and the close association between the ophthalmologist and the orthoptist in the investigation, treatment, and research in all conditions involving abnormalities of ocular muscle balance is amply covered. There is no doubt that this book illustrates world-wide views held in the history, the present position, and the