From the ophthalmologist's point of view the area devoted to pathological conditions may be considered deficient, but since the text is written by optometrists and will essentially be used by optometrists this omission will not seriously restrict the use of the text by many people concerned with contact lenses. The printing is good, the lay-out clear, and the editing careful. This textbook can be recommended as a basic text for all those wishing to learn the practice of contact lenses.

MONTAGUE RUBEN


This book, according to the introduction by Stephen Miller, 'Has held to the general plan of providing clear illustrations of practical details backed up by captions as short as possible', and indeed for the most part the 25 contributors have observed this principle. The result is a really practical book which will enable the reader to grasp the main stages of the particular operation described in a remarkably short time. The illustrations are on the whole absolutely first-class, and the number given to each caption corresponds precisely to the illustration bearing the same number, but some contributors have put too much detail in their captions and an insufficient number of illustrations, and sometimes the relation of the caption to the illustration is not quite clear. There is also some overlapping and repetition which could be avoided, as in the use of the cryoprobe in cataract extraction (p. 61 and also p. 142).

Apart from the description of operations the book includes useful articles on akinesia and local anaesthesia, general anaesthesisa, the localisation of foreign bodies in the eye, dacryocystography, and orbital venography. On p. 144 application of the cryoprobe is recommended for 7 seconds during the procedure of cyclocryotherapy. Although there is a wide variability in practice, most surgeons prefer a longer period of application.

This is a most valuable book and one which will be of great use to the practising eye surgeon who wants to get information quickly not only about surgical technique but also about indications for operation and aftercare. It can be thoroughly recommended. T. KEITH LYLE


There are certain obligations that a really expensive textbook should fulfill. It must provide definitive information on the subject under discussion; it must collect together and interpret contemporary knowledge, setting it out in an instructive and logical manner; it must create guidelines for the diagnosis and therapy of the conditions it describes; and it must fill the role of a standard reference book. Lastly, its presentation and illustrations should be of the highest quality. In summary it should be better than any other contemporary volume on the subject. Judged by these standards Fundus Fluorescein Angiography, costing £100, falls short of the mark.

The book is built around a series of 100 colour transparencies consisting of 6 reproductions of colour photographs or fluorescein angiogram slides on each transparency. A comprehensive variety of fundus conditions is demonstrated. The photographs are of good quality, and although a certain amount of detail has obviously been lost in their reproduction they illustrate the fundus pathology adequately. It is in the text that the shortcomings of this volume are more evident. Each slide is accompanied by a case report, a description of the salient features of the photographs and angiogram, and a brief comment on the disease.

What is sadly lacking in a book of this calibre is any serious attempt to discuss the diseases in depth, with little emphasis on the pathogenesis and no guidelines on treatment. There seem to be few advantages in this form of presentation using slides over the more conventional fluorescein atlases. Indeed there are predictable disadvantages in that the slides may become damaged in time or lost. In practice, most ophthalmologists undertaking fluorescein angiography will have their own set of diagnostic slides, whereas those learning the subject will gain as much information from the cheaper conventional atlases where the reproduction of the illustrations is better and the text more comprehensive.

However, this book could well have a place in postgraduate and undergraduate teaching, and despite the general criticisms Dr Schatz is to be congratulated on his excellent selection of slides.

T. J. FFYTCH

Notes

Contributions to BJO

In future contributions intended for publication in the British Journal of Ophthalmology should be addressed to the Editor, British Journal of Ophthalmology, BMA House, Tavistock Square, London WC1H 9JR. For further instructions see inside of the front cover.

References in BJO

The attention of contributors is drawn to the style in which references should be set out. Instructions appear on the inside of the front cover. 1977 has been a year of transition to the new style, and from the beginning of 1978 all papers will be required to conform to it.

T. J. FFYTCH