in hospital, and non-organic presentations. There seems to be an advocacy of a reduction in the ophthalmologist’s role as a doctor. Perhaps the 6 patients out of 17 who refused psychiatric referral were correct in expecting more from their ophthalmic physicians. Certainly most patients with psychosomatic presentations do not merit or want psychiatric referral.

A. KARSEAS


This book consists of 12 excellent reviews of areas of immunogenetics, the HLA and the complement system, and the immunology of rheumatic diseases in which striking advances have been made in recent years. It also examines some of the ocular problems which are associated with joint diseases in general and Still's disease in particular. The editor and the contributors are all recognised experts, and together they have produced a manageable text on this rather complicated subject. The articles are thoughtful and explanatory and will appeal to physicians and ophthalmologists as well as laboratory scientists and students of immunology, who will find this book of great assistance.

AMJAD H. S. RAHI


This is the second edition of a book which was published originally in 1969, and it is an authoritative account of the whole complex of ptosis and its related disorders. The text is enhanced by new drawings which illustrate the anatomical and surgical details of the whole subject with great clarity.

The history of ptosis surgery is discussed from the time of the ancient Arabian surgeons, who limited the treatment simply to the removal of redundant skin from the upper eyelids, through all the other techniques involving resection of the tarsal plate, full-thickness resection of the eyelid, suspension from the brow, resection of the levator muscle, utilisation of the superior rectus, and such recent techniques as the use of magnets as a source of elevating power. This is followed by detailed descriptions of the anatomy and physiology of the upper eyelid and its associated structures. Mention is also made of the pathology of ptosis, but knowledge of this is sparse. The main part of the book deals with all the different forms of ptosis and with the multitude of surgical techniques.

There can be few criticisms of a book of this kind, which is written by an ophthalmic surgeon who has made an intense study of the subject based on personal experience of 800 cases (450 in the first edition with 350 other cases added to this second edition). The most controversial issue would appear to be the management of the Marcus Gunn (jaw-winking) phenomenon, when it is advised that the retraction phase should be eliminated by an excision of the aponeurosis and terminal part of the levator, with a repair of the resultant complete ptosis by a brow suspension procedure, and with a similar operation on the other (unaffected) eye in order to obtain a cosmetically symmetrical result. It is difficult to accept this as sound advice in the handling of such cases, particularly the operation on the unaffected eyelid, and regard must be taken of the spontaneous reduction in the effects of the Marcus Gunn phenomenon in the older child and certainly in the adult. This point is mentioned in the text but without any conviction.

It is perhaps appropriate for the book to mention malignant hyperthermia may result from an abnormal response to certain anaesthetic agents or certain neuromuscular blockers, but it is scarcely a consideration which enters into the taking of a routine history in a case of ptosis.

KENNETH WYBAR


The proceedings of the Second International Visual Field Symposium contains the papers delivered on 19–22 September 1976 at Tübingen. The editor, Dr E. L. Greve, and publishers are to be congratulated on the speed with which they have produced this book.

Seventy-two papers of varying quality are reported, ranging from excellent to less so. A number of the authors clearly do not use their native tongue when writing in English. The papers form a solid collection not to be read and digested at once but to be assimilated little by little. This approach is facilitated by the book’s division into eight sections, each devoted to an aspect of instrumentation or the field defects occurring in different eye conditions. These sections are: automatic perimetry, visual field defects in glaucoma, objective perimetry, visual field in diseases of the fundus and optic disc, visual fields in neuro-ophthalmology, free papers on methodology, free papers on squint, and colour perimetry. Each represents a conference session and is followed with a brief discussion and chairman’s summary.

The session on automatic perimetry involved descriptions both of machines used for and patients’ reaction to this form of perimetry. Automatic perimeters may produce a complete field analysis or act as a visual field screener. In the first group the Octopus described by Frankhauser and co-workers had been evaluated for the longest period. It transpired, however, that this type of automatic perimetry took three times as long as manual perimetry, considerable mental stamina being required to complete the test. Axelhorn and Durst noted that 35 of 56 patients found this type of perimetry ‘very’ exhausting, 36 of the 56 preferring manual perimetry. That patients were apt to feel a sense of isolation and confusion, and be unable to follow instructions, was noted by Greve and co-workers. At present this type of complex automatic perimetric analysis does not seem suited for routine clinical use.

A more encouraging picture emerged from the auto-
motic visual field screeners reported on by Pashley, Heijl, and others. These relatively rapid tests could well find a place in large-scale glaucoma screening.

The section on visual field changes in glaucoma included a memorable paper by Aulhorn and Karsmeyer. These authors analysed the location of 'early' visual field defects defined as 'spot-like, stroke-like, arcuate defect, still without connection to the blind spot'. They found scotomata in the upper and lower field to occur with equal frequency. However, in the upper field the scotoma lay in an arcuate fashion close to fixation centred around the 12% meridian, while in the lower field they were sited inferonasally and further from fixation.

Drance and co-workers sought reversible defects in the visual field after surgical reduction of intraocular pressure, finding significant regression in visual field defects sited in the inferonasal quadrant. They pointed out the pitfalls inherent in comparing sequential visual fields from any one patient and did not draw strong conclusions from their findings.

The question of reproducibility of visual fields was discussed by Wheeler and Weale. Their paper, for the full text of which the reader is referred to the British Journal of Ophthalmology, analysed the results of sequential field tests repeated over a short period of time, noting quite large variability. The existence of this 'natural fluctuation' in visual field defects should be of concern to all clinicians whose management of patients is influenced by minor increases in the size of visual field defects.

Objective perimetry, could in theory, overcome variations induced by both subject and perimetrist. Three methods were reported—perimetry by focal ERG, VER, and pupillometry. Of the 3, fewest methodological difficulties were experienced with pupillometry. However, no mention was made of extraocular stimuli affecting the pupillary response; a stray thought could well override light-induced pupillary reactions. Objective perimetry is not yet ready to emerge from the laboratory and enter the rough and tumble of clinical ophthalmology.

The Second Visual Field Symposium was held so that it could bring together people interested in perimetric analysis. The proceedings reflect the wide range of interests represented, and the papers embody current thought in many branches of perimetry. They should be read by all wanting to up-date their knowledge in this expanding field.

R. A. HITCHINGS

Correspondence

Soft contact lenses

TO THE EDITOR, British Journal of Ophthalmology

Sir, With regard to our paper ' Infective keratitis in soft contact lens wearers' (April 1977, pp. 250 to 254) an error has been brought to our notice, in which it can be seen that on p. 252 Case 4 is stated to be wearing Hydron contact lenses, whereas in Table 1 on p. 253 she is stated to be wearing Bausch & Lomb lenses. Over the past 7 months we have finally traced the patient, and confirmed that the correct lenses were Hydron lenses by Contavu. Further investigations have shown that Case 2 was wearing Sauflon 70% lenses. Yours sincerely,

R. L. COOPER
I. J. CONSTABLE

University of Western Australia,
Western Australia 6009
11 January 1978

Obituary

I. Spiro, FRCS

Mr Isidore Spiro, formerly consultant ophthalmologist to Queen Mary (Stratford), Hillingdon, and Lister Hospitals, died on 7 January at the age of 79. Mr Spiro served in the infantry during the first world war in France. He then studied medicine at Liverpool University and at University College Hospital, London, qualifying in 1924. During the second world war he served in Gibraltar as an eye specialist with the rank of major. He was also interested in the repatriation of displaced persons. Fundus photography was one of his hobbies. He is survived by his widow.

Mr F. Jones, MB, BS, FRCS, DO

Mr Ralph Jones, consultant ophthalmic surgeon to Bournemouth and East Dorset Hospitals, died on 7 December 1977. He was 52.

Ralph Francis Jones was born at Hereford on 30 May 1925, receiving his early education at Hereford High School. Before starting his medical education he spent 2 years working underground in a coal mine, under the war-time Bevin Boy scheme, surviving a coal-face accident in which he broke a leg.

He then proceeded to St. Bartholomew's Hospital, London, where he qualified MB, BS in 1951. Soon attracted to ophthalmology, he was house surgeon,