**Book reviews**


This book provides a summary of the authors' experience in ophthalmic diagnosis using the Sonometrics ultrasonic system. The system is a manually-operated B-scanner with A-scan and M-scan facilities. The first 2 chapters cover with clarity the basic physical principles of ultrasound, its application and display, and are essential to ophthalmologists applying the technique. A third detailed chapter is devoted to ultrasonic biometry of the eye. The final 3 chapters are concerned with the use of ultrasound in ocular and orbital diagnosis. Ocular problems considered are abnormalities within the anterior segment, the vitreous, the retina, and the choroid. A separate section is devoted to traumatic ocular conditions. The discussion of vitreous pathology is limited, which is unfortunate, as vitreoretinal disorders are one of the key areas for ultrasonic examination. This might reflect the fact that the system used is manually operated.

Although the quality of publication is good, the B-scans selected for publication show poor tonal quality, and many display artefact, features which do not do justice to the potential of B-scan ultrasonography in ophthalmic diagnosis. Two interesting pages of colour plates illustrate the use of colour to represent shades of grey on the B-scan, and isometric B-scanning. The final chapter of the book deals with orbital conditions—tumours, inflammation, arteriovenous anomalies, and injuries. Of particular interest is the section on inflammation. Exhaustive lists of references follow each chapter. The appendix supplies some useful hints on techniques of examination. Diazefram, 10 mg administered 1 hour before examination, has been found useful when examining children aged between 5 and 8 years.

The book will be of particular interest to those ophthalmologists with access to a Sonometrics system.

MARIE RESTORI

**Can't Your Child See?** By Eileen P. Scott, James E. Jan, and Roger D. Freeman. 1977. Pp. 201, figs. University Park Press, Baltimore, Maryland (£5.50)

It is perhaps natural for an ophthalmologist who was trained in a previous generation to have instinctive doubts about the wisdom of a book of this kind which seeks to educate the lay public in an understanding of the complex problems involved in the determination and management of grossly defective vision in childhood. The view that 'a little learning is a dangerous thing' can be put forward all too readily to avoid the difficulties of providing comprehensive information about the implications to the parents of a child who is about to be registered as partially sighted or blind.

This is no longer acceptable, and an ophthalmologist who first sees such a child has a clear obligation not only to take the necessary steps to reach a precise diagnosis with the full use of the appropriate modern methods of investigation in order to determine the short- and long-term prognosis, but also to involve the parents in the different stages of the investigations. Any failure of the ophthalmologist only increases the anguish of the parents, with the likelihood that the unfortunate child is trailed from clinic to clinic, and even from country to country, in a search for the truth, with the inevitable increase in the stresses within the family as a whole, and with the greater possibility of the parents succumbing to the false attractions of methods of so-called treatment which have no validity in accepted medical practice.

This is a well-written and factual book which lightens the task of the ophthalmologist who is confronted with a young child who has a serious visual problem. Its theme is stated clearly on one of the early pages: 'It is easier to live with facts, no matter how unpleasant, than to hang in suspense, not knowing'. The need for urgency in dealing with the situation is stressed. When a baby is born blind or nearly blind the parents must be informed of his condition as early as possible, because any undue prevarication by the ophthalmologist delays their understanding of methods which are essential for the progress of the child and delays also the re-establishment of an emotional equilibrium within the family. The normally sighted infant learns much in early life from what he sees, but the blind or nearly blind infant must be encouraged to develop other sensitivities as early as possible—hearing, touch, smell, etc.

The clinical section of the book is deficient in certain aspects, such as a failure to deal adequately with the role of amblyopia, particularly the stimulus deprivation type, in defective vision in early childhood, and also a failure to discuss the value of contact lenses except for a brief reference with regard to aphakia after surgical treatment for congenital cataract. However, this is of little significance because the book is essentially a 'life-line' to the parents of a child with a severe visual handicap. It contains a wealth of practical advice which will prove of great value to them, and this will benefit the child in years to come.

KENNETH WYBAR


This book contains the proceedings of an international symposium held in Paris in July 1977. The symposium follows a number of recent symposia on control of ocular movement but shows the increasing sophistication of the subject by restricting its 500 pages to brain stem control of ocular movements. The book is divided into 4 sections. The first is concerned with eye movements and model systems, and the second discusses anatomical and physiological organisation of brain stem pathways. The third section investigates the role of the vestibular and reticular nuclei, and the fourth section discusses the influence of supranuclear structure on brain stem neurons.

In many ways too complex for most practising ophthalmologists, this book is aimed primarily at those interested in research into eye movement systems. There are numerous authors, the papers are brief and well written, the printing is good though minuscule, and the bibliography is extensive.

M. SANDERS