

## Book reviews

**Parsons' Diseases of the Eye.** 16th edn. By STEPHEN J. H. MILLER. 1978. Pp. 598, figs. Churchill Livingstone, Edinburgh (£10)

The sixteenth edition of 'Parsons' appears with a new editor, only the third in this classic textbook's 70 years' history. This book has the distinction and indeed the responsibility of being the basic annual of instruction of many thousands of ophthalmologists, and the whole gamut of ophthalmology is covered in some 600 pages of very concisely written text.

It is not difficult to discover the editor's special interests, for the chapters on neuro-ophthalmology, glaucoma, and ocular motility have not been bettered in far larger textbooks. This edition is particularly well balanced, so that a beginner in ophthalmology would find nearly every aspect covered. The descriptions of some techniques, as for example on the theory and practice of photocoagulation and fluorescein angiography, might well be expanded in the next edition, and some of the black-and-white photographs of pathological conditions in the anterior segment could be better shown by drawings.

In general, however, this is an excellent textbook and a worthy successor to the previous editions. It is remarkable that it has been possible to compress so much information in a single volume, and it should attract a particularly wide readership.

J. H. DOBREE

**Glaucoma, Conceptions of a Disease: Pathogenesis, Diagnosis, Therapy.** Ed. KLAUSE HEILMANN AND KENNETH T. RICHARDSON. Pp. 434. £35.00. Holt-Saunders: Fastbourne. 1978.

The editors of this very readable and worthwhile book have started from the premise that 'the "disease" glaucoma—although defined as an interrelationship between elevated intraocular pressure, visual field loss and optic nerve disease—is not the same thing to all men—at least to all glaucoma experts.' The editors have selected a number of acknowledged authorities on glaucoma and asked from each an outline of their ideas on the disease, 'with information on the present state and continuing development of glaucoma research'. The authorities chosen have rewarded us with discussions on their chosen field within glaucoma. The editors have combined these discussions into sections, each discussion comprising a chapter or part of a chapter within a section. The result is a book for the clinician which has special emphasis on basic sciences and also a book for the basic scientist needing readable chapters on clinical glaucoma. Most chapters are extensively referenced, allowing easy progression to original papers for any point in the text that the reader may wish to explore in greater detail.

The book may be divided into 2 unequal parts. The first, containing sections on 'conceptions', basic sciences, pathogenesis of glaucoma damage, methods of examination and pharmacology, accounts for the first 300 pages, while the last quarter of the book deals with 'manage-

ment', 'surgical techniques' and 'classification and synthesis' in that order. The book is introduced with a foreword by Hans Goldmann and has an epilogue by Stephen Drance.

Despite the authors' original introduction of individualistic ideas about glaucoma there is remarkably little dissent between authors within the book. In an excellent chapter on the chamber angle Rohen states that intraocular pressure does not increase with age—a point at variance with the conclusion reached by Worthen 2 chapters later. Rohen observes age related changes in the trabecular meshwork, and, noting that the outflow facility falls with age while intraocular pressure apparently does not, considers that aqueous production must also fall. This may well be true, but not necessarily for the reason stated.

Henkind explains glaucomatous visual field defects on the basis of loss of the radial peripapillary capillaries in one chapter, only to have this explanation attacked and near demolished by Hayreh in the succeeding chapter. Hayreh, in 2 comprehensive chapters, describes the structure of the optic nerve and the pathogenesis of visual field defects. He summarises his own work and critically reviews others' work in this field before concluding that visual field defects in glaucoma *must* be vasogenic in origin. While his conclusions are not universally accepted, none can disagree with the volume and quality of work Hayreh has carried out while investigating this problem.

Apart from slight disagreements between authors the reader has been given many excellent chapters, frequently containing useful tips to assist us in the management of patients with glaucoma. Although it is not possible to mention each, a few will be commented on here.

The section entitled 'Glaucoma damage' includes a discussion by several authors on visual field loss. An important contribution by Aulhorn describes the earliest visual field defects detected in glaucoma patients at Tübingen, while Heilmann discusses progression and regression of visual field defects. Under the section 'Methods of examination' an excellent chapter by Greve discusses different methods of perimetry, concentrating on static perimetry. One point which these authors might have discussed more fully when describing very, very early defects is their reproductibility, for identification of such defects by static perimetry is of little use if the defects reflect only transient aberrations in the receptor system.

'Methods of examination' concludes with a practical treatise on photography by Reidel, put in perspective by the editors in a discussion entitled 'Clinical value of photography', in which they separate photography for record purposes from photography to document progression of the disease. The editors stress the limitations and value of colour photography of the optic discs in this latter regard.

Richardson, in discussing 'Management', emphasises the role of 'office phasing' and describes a therapeutic trial that should be undertaken before embarking on long-term topical glaucoma therapy. He divides the patients with chronic open-angle glaucoma into degrees of 'functional status' and manages them accordingly

Kolker identifies problems in management of glaucoma patients with interrelated diseases, stressing the potential role of systemic hypotensives in reducing optic nerve perfusion. He notes that, while beta blocking agents lower both systemic and ocular pressure, other systemic hypotensives may significantly reduce perfusion pressure at the optic nerve by leaving intraocular pressure unchanged. Clonidine is particularly singled out because the ocular hypotension is considered by some to follow ocular vasoconstriction—not an ideal state for the glaucomatous optic nerve. Kolker also emphasises the role of the ophthalmologist in informing the patient's physician of the existence of asymptomatic shallow anterior chambers, for such a patient might be considered at risk should systemic drugs that produce mydriasis be prescribed.

In the section on management Krupen and Podos adopt an almost didactic approach when classifying the primary glaucomas together with identification of symptoms and signs. Of particular importance are their paragraphs entitled 'problems for consideration', in which they outline imperfectly resolved questions that affect both closed- and open-angle glaucomas. These 2 authors have written a masterly account of the primary glaucomas; it should be on the reading list of all Fellowship candidates.

The book contains a wide range of subjects, written by acknowledged experts in Europe and the USA. Despite expected divergences of opinion it possesses as a whole a remarkable cohesiveness, for which the editors are to be congratulated. The book is a worthy addition to any ophthalmologist's library and should act as a useful reference source for many of the problems met with in dealing with glaucoma patients. ROGER HITCHINGS

**Plasties et reconstructions orbito-palpébrales.** By DENYS MONTANDON and GASTON F. MAILLARD. Pp. 128. SwFr 75.00. Médecine et Hygiène: Geneva. 1979.

This book on plastic surgical techniques in the orbital region is written in French, but the excellent line diagrams next to operative photographs illustrate the procedures so well that only a minimal understanding of the language is necessary. It is well researched with a short historical introduction and an excellent bibliography at the end of each chapter. Basic techniques are covered at the beginning of the book and the text is subsequently kept to a minimum. The section on eyelid reconstruction is especially well presented and reflects the author's excellent training in plastic surgery. It provides a very good appreciation of what soft tissue reconstructive procedures are available in this region. By contrast ptosis surgery and the correction of eyelid malpositions are not adequately covered for an ophthalmologist, although references for further reading are given in the bibliography. Fractures and orbital skeletal surgery for congenital malformations are discussed, but the correction of soft tissue anophthalmic socket deformities and lacrimal disorders are considered too briefly for an ophthalmologist. It is therefore primarily a book for

plastic surgeons operating in the orbital region, but it should also be of use to ophthalmologists, particularly those prepared to embark on more extensive and ambitious eyelid reconstructions. J. R. O. COLLIN

## Notes

### Keeler award for clinical study

In addition to the existing awards the trustees have decided to create an additional travelling fellowship of up to £2000 in any one year which would involve the applicant attending one centre for a continuous period of not less than 6 months. Applications are now invited from consultant ophthalmologists or senior registrars in the United Kingdom about to take up consultant appointments, and any other suitable applicants, the latest date for receipt of such applications to be 31 March 1980, which will be considered by the trustees in July 1980. Further information from the Secretary, Keeler Award, Angus, Campbell & Co., Metropolis House, 39/45 Tottenham Court Road, London W1P 0JL.

### Change in style of references

In accordance with the Vancouver agreement many medical journals are to standardise the instructions they issue to authors on the preparation of articles. References will be cited by the numerical system already familiar in many journals, including the *British Medical Journal*.

A paper (or book) cited in the text is referred to there by a superscript number. In the list of references the papers (or books) appear in the numerical order in which they are first cited in the text, not in alphabetical order by authors' names. For convenience in preparing the typescript the reference number may be typed between parentheses on the line, not superscript. The titles of journals will be abbreviated in accordance with the style of *Index Medicus*. In the typescript they should either be abbreviated in that style or given in full. This journal will change to the numerical system from the first issue of 1980. *Authors submitting papers are asked to adopt it now in order to facilitate editing.* Three examples follow:

- 1 Green A B, Brown C D, Grey E F. A new method of measuring the blood glucose. *Br J Ophthalmol* 1980; 64:27-32.
- 2 Green A B, Brown C D. *Textbook of Medicine*. London: Silver Books, 1980.
- 3 Grey E F. Diseases of the pancreas. In: Green A B, Brown C D, eds. *Textbook of Medicine*. London: Silver Books, 1980; 349-362.

Copies of the Vancouver agreement (50p, post free) are obtainable from the Publishing Manager, British Medical Journal, BMA House, Tavistock Square, London WC1H 9JR.