

to produce a work which faithfully fulfils Gifford's original purpose and gives excellent accounts of the more recent diagnostic procedures, such as ultrasound and fluorescein angiography, together with informative sections on the basic sciences in ophthalmoscopy, pharmacology, and genetics. The great strength of the book, however, lies in its medical ophthalmology chapters, and there is a wealth of information on some of the rarer diseases and little-known syndromes of childhood. Numerous tables provide diagnostic data, and at the end of each chapter are a number of key references. The illustrations are in the main excellent, though some of the smaller colour pictures lack definition.

Though he will find a clear exposition of glaucoma, the younger specialist ophthalmologist will have to turn to other textbooks for detailed accounts of more local eye conditions such as uveitis, retinal detachment, or cataract, and for the surgery of these conditions.

This is a most interesting and informative book, and should do much to stimulate interest in ophthalmology.

J. H. DOBREE

**Surgery of the Eye.** By E. D. DORRELL. 1977. Pp. 217, figs., refs. Blackwell, Oxford (£10.50)

This well-written book is primarily of value to trainee ophthalmic surgeons. A comprehensive account of ocular surgery is given in separate chapters, with instructions and descriptions which are brief but explicit while being abundantly illustrated by accompanying monochrome line drawings. Throughout the text the author draws on his extensive experience by pointing out the various pitfalls which may arise during the course of the surgery while, at the same time, he offers advice on measures which may be adopted to combat them. It is to be expected that every surgeon will find some item of technique with which to disagree, and this is indeed so with this book, although happily these individual disagreements are very rare and minor. A well-merited place is assured for this book in both large and small ophthalmic libraries.

IAN M. DUGUID

**Orbit Roentgenology.** Edited by PETER H. ARGER. 1977. Pp. 274, figs., tables, refs. John Wiley, Chichester (£33.85)

This work is a multiple-author volume edited by Professor Arger, of the University of Pennsylvania, and includes among the contributors many leading experts in the field of ophthalmology and ophthalmic radiology.

The aim of the book is to provide physicians with the information necessary to provide the best possible care for patients with orbital problems. Like many multiple-author works it suffers from some unevenness both in the length of contribution and in quality. Plain x-ray changes and computerised tomography of the orbit are now the dominant investigations in orbital disease. These investigations are given rather less prominence in the text than are angiographic studies (carotid arteriography and orbital venography), which are now only required in selected patients. There are also some omissions: for example, there is no chapter on dacryocystography or on

the localisation of foreign bodies in the eye by radiography. These are surely needed in a textbook of ophthalmic radiology.

The standard of illustration is excellent, and one would particularly pick out the contributions of Dr Jacqueline Vignaud and her colleagues in this respect: the chapter on the external carotid supply to the orbit is quite superb, both in text and illustration, though perhaps an over-elaboration in a textbook of this size.

In short, this is a work of mixed quality with many excellent contributions and perhaps most appeal to the specialist radiologist or ophthalmologist. It is too unbalanced to be recommended as a primer on the subject for trainees.

GLYN A. S. LLOYD

## Correspondence

### Adjunct to tonometry

SIR, I wonder if I could bring to your attention a useful adjunct to tonometry. In cases where one suspects that an eye may be infected, particularly with a virus disease, it is always rather unpleasant to have to use an applanation tonometer because one is well aware of the considerable difficulty in sterilising it afterwards with real confidence.

Back in the 1950s, I recollect that someone in the USA described a device called a Tonofilm which was to be used under a Schiotz tonometer, but I am not aware that this ever became widely used. I find, however, if one takes a small piece of Cling-Film of the sort that is sold in ordinary grocers' shops to wrap sandwiches, etc., one can in fact wrap the end of an applanation tonometer and thus carry out tonometry insulated from the conjunctival secretions. It is necessary to make sure that the film is smoothed down accurately on the plane surface at the contact head of the applanation prism, otherwise a high reading is obtained. If, however, the film is smoothed down carefully the reading appears to be exactly the same as obtained with no film in position. I hope that this little tip may be of assistance to people working particularly in casualty departments, where the danger of cross-infection with virus conditions is sometimes a problem. If it is wished to sterilise the film it can be cut into small squares packed between layers of paper and autoclaved in the usual manner.

REDMOND J. H. SMITH

Moorfields Eye Hospital,  
City Road,  
London EC1V 2PD.

## Notes

### Services to the visually handicapped

A cross-section of workers with visually handicapped persons met at Coventry on the 21-22 October 1978 and resolved to form a single new organisation of individuals