Book reviews


This is a catalogue of over 600 volumes on historical ophthalmology from the unique collection which Bernard Becker has presented to the Washington University Medical School Library. It includes a note of all the pre-1850 books and important historical texts from after that date, with collations, references, a brief evaluation of the book, and microfiches of all the title pages. The presentation is superb. The type face, paper, decorative illustrations (also from the Becker collection), and general lay-out are exemplary. The book is a pleasure to handle, which will be an added reward for those specialist libraries (and the even more select band of cognoscenti) for whom it is written.

P. D. TREVOR-ROPER


The contents of this book represent the proceedings of the second meeting of the European Club for Ophthalmic Fine Structure held in Paris in the spring of 1978. Individual papers range from comparative anatomy to pathology, the latter including aspects of both experimentally induced and naturally occurring ocular disease. As with the proceedings of most meetings, many of the topics have been or can be expected to be presented elsewhere in the body of ophthalmic literature, but it is useful to have so many papers with a common theme drawn together in this way, especially as they generally observe a high standard of scientific validity and clinical relevance. There can be no hesitation in recommending this book to all who are involved in the morphological study of the eye and its diseases.

Having declared my enthusiasm for this publication I do, nevertheless, have reservations as to the value of research which is artificially limited to a single technique. It is by study based on scientific disciplines, and that often multidiplinary, rather than isolated methods that progress is fastest. An apposite example occurs in an otherwise excellent article on peripheral subretinal neovascularisation: filaments are described in Bruch's membrane with ultrastructural features consistent with elastic-related oxytalan, but because of technical limitations imposed by themselves or the conference the authors cannot do more than speculate. The application of histochemical methods would almost certainly have clinched the matter.

The standard of publication is good, with mostly adequate reproduction of electron micrographs, though here and there it is evident that English is not the first language of either author or editor. Thus on page 178 we gather that specimens of extracocular muscle were obtained from people who had been sacrificed.

A. GARNER


This atlas on contact lens practice is written in German and contains sections on material, hygiene, fitting of various types of lenses, keratoconus, irregular astigmatism, and the various medical uses of the appliance. The illustrations are excellent and the legends are explicit. While the whole range of contact lens practice is not covered, it may be argued that there are several technical aspects which do not lend themselves to illustrations. The atlas should be used therefore only as a supplement to a contact lens textbook or by practitioners wishing to study illustrations and who are not necessarily directly involved in this speciality.

MONTAGUE RUBEN


It is not clear why this collection, which includes some excellent papers, is entitled as above. Some of the work forms the backbone, of current research (for example, papers on the corneal environment, on photoreceptor shedding, on retinotopic organisation, on stereotypes, on cortical edge detectors, on visual experience, etc.) Some other papers are old hat and have been published before (for example, analysis of colour vision by exchange thresholds, and microspectrophotometry of outer limbs). And some, such as papers on education and health care, have nothing to do with the topic. This means that one has to rummage for the nuggets of gold. Perhaps this explains the word 'frontiers' after all.

As happens so often in such volumes, editing appears in name only. Cross-references, which might help the reader, are omitted, and the standard of the volume is high only because some of the component contributions are good. No reason is given why only some of the discussions are reproduced: all of them were taped. Since no proper editing is undertaken, the reader would benefit if an author's paper were accompanied by the comments of his peers. This said, the book can be recommended as a representative cross-section of current fundamental research in the major fields covering ocular and visual mechanisms and the relevant anatomy.

ROBERT WEALE


This small handbook is designed to provide the ophthalmologist with guidelines on the diagnosis and management of glaucoma in all its various forms. The author has combined a review of contemporary investigations and therapy with an assessment of some of the less modern techniques, many of which are now passing into ophthalmic history. It is interesting, for instance, that tonography still merits a whole chapter. The book
is sufficiently up to date to mention some of the new pharmacological preparations such as timolol, and the modern forms of drainage operations are reviewed. The text is completed with a useful bibliography. Professor Leydhecker is to be congratulated on this revision of his previously published handbooks on glaucoma, and this book should make interesting reading for all wanting to learn about the subject.

T. J. FFYTCHÉ


Now that the initial romance of fluorescein angiography and laser therapy has begun to die down there has been a need, for the past few years, for an ophthalmic textbook which would take a reasoned and well-informed look at macular disease and provide guidelines for both the investigation and therapy of these important conditions. The Macula by three co-authors who have worked together on several other projects fulfills this role admirably and is to be highly recommended.

The book incorporates the contributions of many other authors with international reputations and is divided into a series of chapters on the macula and its diseases. The illustrations rely not surprisingly a great deal on fluorescein angiograms, though colour photographs and red-free pictures are used frequently. The selection of the illustrations is excellent throughout, and simple diagrams are used to augment the information derived from some of the pictures.

The subject of macular disease is dealt with in very broad terms, and most of the clinical manifestations of retinal disease are discussed. This leads at times to repetition, but many readers would find this a useful attribute. There are very few faults in the text itself—a line missing on p. 118, an inverted colour photograph on p. 321, and wrong numbering of Figs. 25.18 and 25.20—but everywhere the text is lucid and the illustrations relevant. A special mention should be made of the final chapter on the evaluation of photocoagulation therapy. Anyone about to embark on a clinical trial of this type of therapy is advised to read it carefully and be reminded of the pitfalls that occur along every step of therapeutic research.

This book makes essential reading for all ophthalmologists, not only those concerned with retinal disease, since macular function performs such an important role in the life of each one of us. The authors and their co-workers are to be congratulated on a very fine achievement.

T. J. FFYTCHÉ

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Usher's syndrome

SIR, Fishman et al.¹ attempt to correlate age-related loss of central visual acuity in the Usher syndrome with 'quantitative' estimates of 'contributing factors' such as foveal lesions and cataracts in hopes of generating data for the purposes of counselling patients 'as to the potential for visual loss with age'. These authors may have overlooked the most useful and reliable predictor of age-related visual loss in the Usher syndrome, namely, the degree of congenital neurosensory hearing loss. Several investigators have suggested that the Usher syndrome is genetically heterogenous, with approximately 90% of patients having profound congenital deafness, vestibular dysfunction, and onset of retinal dystrophy before age 10 years, and 10% having some residual hearing with normal vestibular function and onset of retinal dystrophy after adolescence.²³ Although both forms are inherited in an autosomal recessive way, they appear to be two genetically distinct entities that show little overlap between families.

Degree of sensorineural hearing loss and age of onset of symptoms of retinal dystrophy would appear to be better predictors of age-related visual acuity than foveal lesions, since there was not an invariable correlation between decreased visual acuity and foveal lesions in the study of Fishman et al.¹ nor was there an attempt to determine the predictive value of a foveal appearance for visual acuity over time.

PROSPECTIVE studies to define the natural history of genetic disorders such as the Usher syndrome are badly needed. A 'sampling' of larger numbers of patients will not clarify the natural history unless all possible factors that may predict rate of age-related visual loss are studied.

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References


SIR, Dr Pagon's remarks refer to our findings on 48 patients with Usher's syndrome. The data which we presented documented central visual loss, quantitatively listed the extent of lens opacities, and described the presence or absence of foveal lesions in each patient.