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. FFYTCHE

The Macula: A Comprehensive Text and Atlas. By LAWRENCE A. YANNUZZI, KURT A. GITTER, and HOWARD SCHATZ. Pp. 412. $82·50. Williams and Wilkins: Baltimore, Maryland. 1979.

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 fulfils 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. FFYTCHE

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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.[2,3] 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 given 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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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.