

## Correspondence

### Quantitative trabeculectomy

SIR, I would like the opportunity to comment on the correspondence that appeared in the July edition of the *British Journal of Ophthalmology*, where Robert David<sup>1</sup> replied to a letter by Geoffrey Jay.<sup>2</sup> Geoffrey Jay had criticised David and Sachs's paper<sup>3</sup> on quantitative trabeculectomy, stating that for the authors to make the claims that they did they should have had a control series. Robert David disagreed, on ethical grounds, with this suggestion that 'control operations for comparison' should be performed.

In their paper David and Sachs started out with the premise that, if a superficial lamellar scleral flap of varying thickness was left behind at the time of trabeculectomy operation, then the pressure reduction achieved would be varied accordingly, and they suggested that there would almost be an inverse relationship between the thickness of the flap and the pressure reduction achieved. Starting out with the premise they applied it to a series of patients with varying intraocular pressure noted preoperatively. They found that all their patients had intraocular pressures controlled by their procedure and used this control as evidence that their initial premise was correct. Geoffrey Jay pointed out that in his and Murray's paper<sup>4</sup> they found that a pressure reduction which was proportional to the starting pressure was achieved, although they made no conscious effort to vary the thickness of the lamellar scleral flap. David and Sachs appeared to have ignored this point. For their premise to be correct they should have said we will take 2 series of patients with varying preoperative pressures. In one series we will apply the 'quantitative trabeculectomy' technique and see what the intraocular pressure control is likely to be, and for the other series perform a standard trabeculectomy and then see whether the degree of pressure control is any different. As this premise was unproved at the outset of study, I see no ethical reason why this approach should not have been taken.

I have a second criticism of David and Sachs's paper, which is that they gave no method by which they could demonstrate a constant thickness of the lamellar scleral flap they allowed to remain. In their paper they illustrated diagrams showing  $\frac{1}{2}$  thickness or  $\frac{1}{3}$  thickness or a  $\frac{1}{4}$  thickness remaining, and they gave a table where they showed that up to  $\frac{4}{5}$ ths of the scleral tissue could be removed. Unfortunately without a reasonable method to demonstrate that they can be sure that they were removing the amounts of tissue that they say they removed one has to suggest that considerable overlap between the groups could occur.

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#### References

- 1 David R. Quantitative trabeculectomy. *Br J Ophthalmol* 1982; **66**: 474.
- 2 Jay JL. Quantitative trabeculectomy. *Br J Ophthalmol* 1982; **66**: 474.

3 David R, Sachs U. Quantitative trabeculectomy. *Br J Ophthalmol* 1981; **65**: 457-9.

4 Jay JL, Murray SB. Characteristics of reduction of intraocular pressure after trabeculectomy. *Br J Ophthalmol* 1980; **64**: 432-5.

### Simultaneous trabeculectomy and cataract extraction

SIR, I read with great interest the paper by Miriam Romem *et al.*<sup>1</sup> I fully agree with the authors' point of view that a simultaneously performed trabeculectomy and cataract extraction in those patients in whom these procedures are indicated has significant advantages when compared to doing the procedures separately. This point was made by Dr Berlin and myself.<sup>2</sup> We also pointed out the advantages of using a fornix-based conjunctival flap for the procedure rather than a limbus-based flap as described by the authors. There are many advantages to a fornix-based flap, particularly the opportunity of safely fitting a contact lens a few weeks after the surgery. We thought it worthwhile bringing this point to the attention of your readers.

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#### References

- 1 Romen M, Isakow I, Zvi D. Simultaneous trabeculectomy and cataract extraction. *Br J Ophthalmol* 1982; **66**: 250-2.
- 2 Luntz MH, Berlin MS. Combined trabeculectomy and cataract extraction. Advantages of a modified technique and review of current literature. *Trans Ophthalmol Soc UK* 1980; **100**: 533-41.

## Book reviews

**Essential Ophthalmology.** By H. B. CHAWLA. Pp. 179. £4.95. Churchill Livingstone: Edinburgh. 1981.

A racing driver if asked to nominate the exact position of his gear handle in the highest and lowest position will probably have to think it out, having long ago relieved his cerebral cortex of such monitoring by relegation to his cerebellum. So with the experienced ophthalmologist who feels he could probably perform a cataract extraction in his sleep but if asked how he did it would have to wake up.

This book is a product of just such an exercise. Written by an ophthalmologist of wide interests who has relived his processes of learning, it records in simple language what he found to be all important. Such an account cannot enable the reader to solve all problems in ophthalmology, but if the main message is hoisted in, the student is likely to sense his limitations when confronted by a problem and realise when advice is required. Illustrated by line diagrams, the book must be judged within its framework, and as a first introduction to the discipline of ophthalmology it is readily understandable and soundly based. It is, however, an introduction only; a stepping-stone to higher things if the reader is so inclined; excellent for the medical undergraduate or

nurse in training and perfect for the senior house officer about to accept his first resident job in ophthalmology; a bird's-eye view stressing the important highlights, but leaving the cat, not among the pigeons, but in the shades of the undergrowth, stalking like Nemesis the flighty tyro who has read *Essential Ophthalmology* and thinks he knows it all.

STEPHEN MILLER

**Atlas of the Human Skull.** By MARGARET M. WADDINGTON. Pp. 196. No price given. Academy Books: Rutland, USA. 1981.

This is a beautifully produced atlas of the cranial skeleton, divided into 2 main sections and illustrating by means of coloured photographs and simple line drawings the topographical anatomy of the intact skull (82 pages) and of individual bones (62 pages). In the section on the skull colour coding demonstrates clearly which bone is which, and muscular attachments are indicated on separate drawings. The muscles and their actions are listed in an appendix. While the extensive but not very useful glossary probably does not justify the 30 pages it takes up, there is an excellent index.

The book stands or falls by its pictures, which are generally excellent, although a surprising number seem to suffer from poor colour registration (or possibly unsharp focus). Photographs are supplemented by at least one labelled drawing in every case, and whatever may not be completely clear in one is brought out in the other. Any quibbles with the anatomical nomenclature are minor. However, the section specifically devoted to the orbit is only 14 pages long, whereas those of interest to otolaryngologists (including several pages redrawn from Anson and Donaldson's *Surgical Anatomy of the Temporal Bone and Ear*) are much more extensive. A luxury production such as this would undoubtedly be of more value to neuroscientists and rich medical students, but should certainly find shelf space in any extensive departmental library.

In an unfortunate turn of phrase, the writer of the preface suggests that Dr Waddington has a 'facile mind.' The care and skill which have gone into the production of this atlas belie that (presumably inadvertent) attribution.

I. F. MOSELEY

**A Colour Atlas of Head and Neck Anatomy.** By R. M. H. MCMINN, R. T. HUTCHINGS, B. M. LOGAN. Pp. 240. £18.00. Wolfe Medical Publications: London, 1981.

This is a superb atlas for students in the 1980s. The book contains a series of wonderful photographs each with an adjacent and a readily comprehensible key. The sheer quality of the photographs and the care that has gone into clearly labelling even the most obscure structures is superb. Technically this book is brilliant. All of us would have welcomed it during our student days. Gone are the shadowy wood blocks or minute etchings of incomprehensibly dissected and obscurely displayed specimens. Instead we have stark photographs showing wherever possible all required relationships in exploded views that would delight an engineer.

The book starts with the osteology of the skull showing bones on a black background, and it goes on to explain their relationships with soft tissues. The gross anatomy of soft tissues is cleverly presented, starting with external features and then showing photographs of dissections getting progressively deeper into tissue systems. A brilliant standard of photography is maintained throughout. I cannot recommend this book too highly. For me it was a pleasure to study the relationships of systems that I had long forgotten and sometimes mislearnt. The authors should be highly commended for realising a student's dream. It is a must for anatomists.

JOHN MARSHALL

**Sights and Sounds in Ophthalmology. Vol. 4. Diabetic Retinopathy.** By S. L. FINE and A. PATZ. Pp. 61 with slides and tapes. £130.00. C. V. Mosby: St. Louis. 1980.

This is a tape-slide teaching programme comprising 3 standard double-sided cassettes and 100 35-mm transparencies; the total running time is about 4 hours. There is an accompanying parallel written text, which includes a number of tables not illustrated on the slides but mentioned in the commentary. The majority of slides present multiple fundus photographs, including fluorescein angiograms, and there are also some photomicrographs and diagrams.

The principal purpose of the programme is to teach by clinical illustration the management of proliferative diabetic retinopathy by argon laser photocoagulation. The commentary gives concise clinical details, a description of the slides, and a commentary on the management. The pathogenesis of diabetic retinopathy, macular oedema, and vitrectomy in diabetic retinopathy are also mentioned, and there is a short personal assessment section at the end by way of revision.

This is a teaching programme of high quality in a subject of great importance to all ophthalmologists and physicians in diabetes. It is to be hoped that despite the price it will be made widely available in ophthalmic and general medical teaching centres. It provides a thorough didactic presentation of the 'state of the art' with much practical information and opinions which will be generally acceptable.

There were some minor mistakes in the review copy. Two slides were missing in the sense that, though the mounts were present, they contained only a duplicate of the transparency serially preceding. The orientation of one transparency was also reversed, which confused the references in the commentary.

DAVID W. HILL

**Orbital Disease: A Practical Approach.** By GREGORY B. KROHEL, WILLIAM B. STEWART, RICHARD M. CHAVIS. Pp. 160. £13.00. Grune and Stratton: New York. 1981.

In this small book the authors suggest that ophthalmologists are now actively assuming the role as the primary physicians of orbital disease, and their volume is aimed to provide a clinically orientated practical text based on signs and