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 mislearned. 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 preceeding. 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

symptoms of orbital disease. They are successful in their aim, and the book has the clinical information provided by the close study of a large number of patients. It is organised in 4 sections. The first, on clinical evaluation, is based on the 6 Ps: pain, progression, proptosis, palpation, pulsation, and periocular. The remaining 3 sections include laboratory studies, surgical management, and general management.

However, the approach tends to lead to a rather superficial appraisal of the subject, which is evident in 3 ways. Firstly, some medical conditions are virtually neglected (e.g., amyloid, Wegener's granulomatosis, plasmacytomas) or treated without discussion of the modern concepts of pathogenesis. Thus in thyroid disease the immunological abnormalities produced by different antibodies are lacking, and in lymphomas there is scant mention of T or B subsets or the relevance of clonal studies. Secondly, the authors with their superior experience make brief clinical remarks without references or personal attributes, so the reader is not sure how to search for further information. Thus, for example, on 2 occasions uveitis in association with an orbital lesion is attributed to sarcoidosis. There are no references, and the inquisitive reader may like information on the frequency and validity of this rare association.

Thirdly, the text is rather hard to use as a reference book, because if in your clinic you have a patient with a particular condition there is no particular section of the book that deals with it. I therefore attempted to use this practical guide in my clinic for the next 2 patients I saw with orbital problems. The first was a case of carotid cavernous fistula, and I could find no diagnostic or therapeutic information on the subject, and only brief mention was made in the sub-section on arteriovenous malformations. The next case of an orbital apex mass with ptosis was also not diagnostically helped by this book.

This book therefore provides a useful practical introduction to the diagnosis and management of orbital disease. Providing some value to the practising ophthalmologist, I think the book's main role will be enabling residents to examine their patients more satisfactorily. The 3 authors all served fellowships with Mr John E. Wright, and this book is therefore in part a tribute to him and his contribution to orbital disease.

M. D. SANDERS

Management of Low Vision. By GERALD E. FONDA. Pp. 248. DM.88.00. Georg Thieme Verlag: Stuttgart. 1981.

Dr Fonda's second book includes a relevant and welcome chapter on genetics and updates the information on hardware such as closed-circuit television that was not in use when his first book on low vision was published many years ago. Never an advocate of telescopic lenses, his careful description of the disadvantages of the bioptic for driving should convince any waverers. Unfortunately the book does have shortcomings. The references are sparse and highly selective, and misuse of language both grammatically and semantically (for example, handicap is defined as deterioration) jars the reader and makes the book difficult to read despite the excellent print and illustrations.

JANET SILVER

Eye Surgery: An Introduction to Operative Technique. By GEORG EISNER. Pp. 189. DM.132.00. Springer-Verlag: Berlin. 1980.

The words of Hans Goldmann quoted at the beginning of this book endorse the view that the surgeon who has painstakingly to learn his skill becomes in the long run more expert than one who is so naturally talented that surgical expertise comes effortlessly. The author has put a great deal of time, thought, and effort into studying the mechanics of eye surgery, and the result is a fascinating and beautifully illustrated manual of surgical principles.

This is a book for the ophthalmologist who wants to know the precise reason for and mechanics of each surgical manoeuvre as well as the principles behind instrument design. It is an accurate and lucid guide to basic operative methods in ophthalmology. Instruments, materials, and techniques are described, discussed, and illustrated with regard to their mechanical and physical properties, and these are then related to their clinical use.

Professor Eisner found himself better pleased with the English version of the book than the original, and apart from the occasional Americanism such as 'saturation' the translation by Terry C. Kelgar is hard to fault. I found the text simple and easy to read, while the illustrations by Peter Schneider are for the most part superb.

Perhaps the best guide to how useful a surgical textbook will be to the student is to answer the question, Would I have found this book useful as an ophthalmology resident? As an introduction to operative techniques it is an important addition to the existing textbooks and is unlikely to become outdated in the foreseeable future. I can thoroughly recommend it.

PETER K. LEAVER

Anesthesia in Otolaryngology and Ophthalmology. 2nd edn. By JOHN C. SNOW. Pp. 278. £19.90. Appleton-Century-Crofts: New York. 1982.

This is a well produced book, easily readable and with plenty of references for the more inquiring reader. The illustrations are clear and to the point, as one would expect from such a famous author.

The book appears to be produced particularly for the nurse anaesthetist and so is very didactic. For instance, a local anaesthetic for a cataract extraction requires constant blood pressure recordings, an intravenous drip of dextrose 5%, a mask over the face supplying oxygen, and of course an electrocardioscope—no simpler method being thinkable. Apart from this it has good ideas and the author gives clear account of the problems involved.

JOHN D. SALMON

Ocular Therapeutics and Pharmacology. 6th edn. By PHILIP P. ELLIS. Pp. 320. £22.25. Mosby: London. 1981.

This is the sixth edition of a useful book which is intended as a guide and quick reference for busy ophthalmologists and training residents; it does not aim to be a complete textbook with comprehensive review. Many parts have been