

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 subsection 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