
The phenomenal advance of the technological aspects of computed tomography mean that a book such as this, published in 1982, is necessarily out of date since many of the illustrations will have been gathered over several years from the use of CT machines whose resolution would today be unacceptable. This should not put off anyone who is interested in neuro-ophthalmology from buying this book, because it is in its own right a classic which contains a distillate of the authors' unrivalled experience.

After a brief but concise introduction to the radiological background the authors give a well illustrated account of radiological anatomy, using normal CT scans to illustrate the text. This is followed by sections on orbital disease, visual loss, optic nerve disease, eye movement disorders, and a section on developmental and heredodegenerative disorders. There is a brief chapter at the end which guides the reader through the difficult process of integrating the further investigations in patients with various symptoms.

Each chapter is enhanced by descriptions of cases that the authors have seen, many of which contain not only CT scans but also face and fundus photographs and visual fields; these are exceptionally illustrative. The authors have not, however, fallen into the trap of using their book to publish a series of rare cases but have chosen carefully cases which illustrate and enhance the text. There is a useful list of references at the end of each chapter.

The practice of neuro-ophthalmology has been profoundly changed by computed tomography and this book shows how it has been made more relevant and more exciting. A sound knowledge of CT is a prerequisite of neuro-ophthalmology in the 1980s, and this book does much to provide that knowledge.

David S. I. Taylor


The spectrum of ophthalmic textbooks continues to grow, augmented at regular intervals by contributions from various European series entitled 'Modern Problems,' 'Advances,' 'Developments,' etc. The form of each volume is always similar—a small group of articles, some contemporary, some reviews, and sadly some very ancient work on subjects that are often unconnected. These commissioned articles appear in English, French, and German, often without translated summaries, the standards of content and writing vary greatly, and bargains are sometimes hard to find.

The volume under review—the sixth in the series 'Developments in Ophthalmology,' while being no exception to the general formula, happens to be a bargain by virtue of the excellence of its main article on 'specular microscopy of the corneal endothelium' by Bigar from Zurich. This is a beautifully illustrated, well-referenced, definitive discussion on the corneal endothelium and its study by specular microscopy. The applications and shortcomings of this new technique are assessed and its role in cataract and corneal surgery evaluated. Two short articles complete this volume. Strempel writes on the value of P37 tests in malignant melanoma of the choroid. The results in a series of 20 patients are still inconclusive, and little mention is made of false positive readings that occur in choroidal lesions that are not tumours. (This article is in German without an English summary.) The final paper, by Ketelsen, Schmidt, Beckmann, and Haralamib, discusses the Kearsn-Sayre syndrome—progressive external ophthalmoplegia, pigmentary degeneration of the retina, and conduction disturbances in the heart. Two cases are presented, and the clinical, morphological, and biochemical results support the hypothesis that the syndrome is caused by a primary mitochondrialopathy.

With ingredients mixed so randomly it is hard to give praise to this type of series, but this particular volume can be strongly recommended for postgraduates, especially those concerned with corneal problems, by virtue of its main article.

T. J. Fytyche


The strength of this excellent book lies in the clarity of exposition. In his introduction Professor Parr makes it clear that he is writing for medical students, so he gives generous coverage to the basic sciences of ophthalmology and methods of examination. These sections, which are aided by numerous black-and-white and 2-tone illustrations, take up half the book and could hardly be bettered. But this is at the expense of the clinical sections, which are often too sketchy. It is hoped that this imbalance will be rectified in future editions.

John H. Dobree


The busy clinician, when deciding to buy a perimeter, is faced with a bewildering display of machines from which to choose. At present over 20 perimeters are available. These perimeters may be manually operated, semi-automatice, or fully automatic. They provide either kinetic or static perimetry; static perimetry may be single or multiple, profile or random dot presentation. The conditions under which perimetric examination are carried out differ from machine to machine, for the background illumination varies from 31·5 Asb to 1 Asb, testing photopic or low mesopic levels of vision. Target presentation can be by LED xenon flashlamp, fibre optics, or cathode ray tube. The bowl perimeter screen may be ½ or ½ metre from the eye.