

Book reviews

Pediatric Ophthalmology: Current Aspects. Eds. KENNETH WYBAR AND DAVID TAYLOR. Pp. 484. SFr. 198.00. Marcel Dekker: New York. 1983.

There are 45 contributors to this new book, almost all from Great Britain and the United States, including many with established international reputations in the special fields about which they write. The editors have not attempted a further comprehensive textbook of paediatric ophthalmology but have concentrated on the wide variety of topics in which significant recent advances have occurred which either directly affect the management of eye disease or indirectly contribute to the comprehensive care of children's health. The emphasis has been placed on practical aspects, and considerable efforts have been made to avoid duplications and any excessive fragmentation of information.

The first section is devoted to methods of investigation, starting with the clinical assessment of vision in infancy and going on to electrodiagnostic tests, ultrasound, and neuro-radiological and fluorescein angiographic techniques. The second part of the book is concerned with the visually handicapped child, including effects of blindness on general development and relationships within the family and on education. Services for visually handicapped children both in Great Britain and in the United States are described in some detail, and there is a separate chapter describing low-vision aids available for children.

The succeeding chapters deal in well organised groups with disorders of the lens, the retina, the anterior visual pathways, and of ocular motility. A final miscellaneous section includes short chapters on ptosis, hysterical blindness, uveitis related to arthritis, malignant disorders, congenital and perinatal infections, and albinism.

This book is undoubtedly a very helpful addition to the essential reading list for all specialist paediatric ophthalmologists, and it should also be of considerable interest as an up-to-date reference book for other ophthalmologists and also for paediatricians. The text is well set out and adequately illustrated, and there are good contemporary references with each chapter. Inevitably there are omissions which many readers will regret; developmental disorders associated with glaucoma in childhood, corneal and lacrimal drainage disorders are all excluded, and there is only scattered reference to genetic counselling. Nevertheless more than sufficient is included to justify all the work which has gone into the book's production.

B. HARCOURT

Fundamentals of Ocular Motility and Strabismus. By ROBERT T. DALE. Pp. 458. £39.40. Academic Press: London. 1982.

The author is qualified both as ophthalmologist and neurologist, and the excellent chapters on anatomy of the extraocular muscles and the physiology and neuroanatomy of eye movements reflect this. His sections on recent

concepts of extraocular muscle actions are most welcome, but he has not yet had the courage to abandon the traditional descriptions completely. The chapter on developmental amblyopia is equally up to date. It is gratifying to see descriptions of both the Hess screen and the Lees modification of it, with even a footnote on its use to measure torsion, only to be disappointed by the antique 'knotted string' Hess test being shown instead of the long available electric version.

His recommendations on glasses in esotropia would not find favour with either doctors or patients in this country: 'Any infant under four or five months (sic) of age with a definite esotropia and a hypermetropia of +2.00 DS or more should be given glasses of the full retinoscopic findings plus an additional +1.50 DS as a single vision lens.' He apparently uses bifocals with a +3.00 DS bifocal addition in children with a high AC/A ratio from 2 to 5 years of age. Otherwise the chapters on eso- and exodeviations are satisfactory.

Useful accounts are given of cyclodeviations, their diagnosis, and management. Incomitant strabismus is covered well, in particular the differentiation of muscle weakness from restriction. The reviewer's pet hatred of 'inhibitional palsy of the contralateral antagonist' is shared, but I wish he would replace the meaningless 'passive forced duction test' by the simple and clear 'traction test'. As would be expected the sections on aetiology of incomitant strabismus are better than usual, though he seems to think that a golf ball may cause an orbital blow-out fracture because its diameter is greater than 5 cm (this is not even true of an American golf ball). The innovative appendix D comprises 52 multichoice questions to be answered for 25 hours of category 1 accreditation. Surprisingly the page for answers is not perforated for easy removal and posting.

I looked in vain for Marshall Parks's name among acknowledgments with the heavy reliance on the Worth 4-dot test at all distances, the absence of any role for orthoptists, and the use of the cul-de-sac surgical approach. However, I was pleased to find Dr Robert Jampel mentioned, from whom I first learnt about cyclorotations.

The biggest disappointment is the poor quality and inconsistency of the illustrations. The photographs are of uneven contrast, (Figs. 10-1, 12-16), sometimes repetitious (e.g., the fundus pictures with the indirect ophthalmoscope (Figs. 10-4, 10-6, 11-11), and poor quality line drawings used where good quality photographs would be better (Figs. 8-5, 12-10). The surgical diagrams are inaccurate—for example, Fig. 14-4—the 'carefully' drawn knot if pulled tight would come undone, as the correct drawing, Fig. 14-5A, shows. In Jensen's procedure the muscle halves are shown sutured at the same distance from the limbus as the lateral rectus insertion and nowhere near the equator as described (Fig. 14-11). The Faden operation (Fig. 14-12) shows a single central suture much too anterior instead of 2 sutures through the muscle margins. The superior oblique operation, incorrectly described as the Harada-Ito procedure, shows the anterior half of the tendon is not displaced far enough forwards or laterally. In conclusion, this is a book that starts well with the anatomy and neurophysiology but regrettably falls short when it comes to clinical management and surgery.

PETER FELLS