

this retrospective opportunity to share opinion on the management of this very complex disease.
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References

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- 2 Ben-Sira I, Nissenkorn I, Grunwald E, Yassur Y. Treatment of acute RLF by cryopexy. *Br J Ophthalmol* 1980; **64**: 758-62.
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- 6 Majima A, Takahashi M, Hibino Y, Kamao N, Takai M. Clinical observation of photocoagulation on retinopathy of prematurity. *Jpn J Clin Ophthalmol* 1976; **30**: 93-7.
- 7 An international classification of retinopathy of prematurity. In press.

Slit-lamp photography

SIR, I wish to make a simple suggestion regarding the problem of focusing accurately by Thaller's method¹ on the eye to be photographed. Rather than change the focusing screen in the camera as suggested, the simple expedient of turning the camera mounted on the eyepiece clockwise through 90° allows the observer to look with his right eye through the left-hand eyepiece of the slit-lamp itself and focus accurately with the slit-lamp joy-stick. The monocular view obtained from the left-hand ocular is not of course the same as that obtained from the right-hand ocular. But, if important, this simple matter of alignment can be adjusted to the desired position through the camera itself, as it does not require critical focusing. This can be finally adjusted through the other eyepiece, as suggested, provided the subject does not move his eye at all in the meantime.

The vertical orientation of the camera results in the medial to lateral axis of the palpebral aperture occupying the shorter rather than the longer axis of the resulting photograph, which is less satisfactory and requires complete reorientation, but this might be acceptable if superior focusing is obtained in this way.

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Reference

- 1 Thaller VT. An inexpensive method of slit-lamp photography. *Br J Ophthalmol* 1983; **67**: 63-6.

SIR, In reply to J. D. Huggan's suggestion of focusing the camera through the second eyepiece I wish to make the following points: (1) Unless the second eyepiece is fitted with crosshairs, accurate focusing can be difficult due to accommodation. (2) Light reflexes viewed by the camera are different from those viewed through the second slit-lamp eyepiece and may interfere with the subject matter of

the photograph. (3) If retroillumination is required for the photograph, this is again difficult to adjust through the second eyepiece.

In practice accurate focusing is not difficult through a ground glass focusing screen, as this precludes the possibility of accommodation. The image is, however, rather dim with little depth of field, which makes viewing less pleasant.
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Book reviews

Plastic and Reconstructive Surgery of the Eyelids. By CHARLES K. BEYER-MACHULE. Pp. 135. DM 68-00. Thieme-Stratton: New York. 1983.

This book was originally published in German as part of a series of books on eye surgery. It contains a number of procedures which the author finds useful and predictable and is not intended to be a comprehensive guide to eyelid surgery. However, this English edition has been expanded to cover some of the newer techniques. The six chapters are devoted to anatomy, lid trauma, lid malpositions, upper and lower lid reconstruction, lid retractions, and blepharoplasty procedures.

Anatomy is covered in note form. There is a major concentration on lacrimal reconstruction in the chapter on lid trauma, and the author insists on repairing an upper canaliculus, which many surgeons consider controversial. The chapter on lid malposition covers entropion and ectropion in considerable detail, giving good descriptions of the various procedures and full credit to the original authors, including diagrams taken from their publications with permission. Lid reconstruction is covered with logical step by step descriptions, but there is sometimes insufficient explanation of why alternative procedures may be preferable in different situations; for instance, the management of marginal defects is not differentiated from that of more extensive defects. There is an excellent extensive, comprehensive, and up-to-date section on composite lid grafting under the heading of new techniques which covers full-thickness, tarsomarginal, and tarsoconjunctival grafts and the various modifications which have improved their effectiveness. A clear description of upper lid lowering and lower lid raising techniques is given in the chapter on lid retraction, and blepharoplasty is covered factually with sensible emphasis on patient evaluation and the avoidance of complications.

The book does not cover ptosis or lacrimal, socket, or orbital surgery, but there must be omissions in any small book in the interests of maintaining its size. The procedures which are covered are well described, with excellent and profuse diagrams. The possible complications and their management are mentioned, and there is a very comprehensive and current list of references for those wishing to explore the original descriptions further. It is impressive how many individual contributions the author himself has made to the field of plastic and reconstructive surgery of the