

There was no iris bombé and no pupil block. Initial treatment comprised topical steroid and timolol with oral acetazolamide. This was unsuccessful. The addition of 2% pilocarpine 12 hours later successfully controlled the intraocular pressure. All treatment was stopped the following day, and the intraocular pressures remained at 14 mmHg. The drainage angle was wide open all round, and a mydriatic test performed two weeks later was negative. Her visual acuity improved to 6/9 with her contact lens and no visual field loss was detected.

To our knowledge angle closure, without pupillary block, following Nd-YAG laser capsulotomy has not previously been reported. A rise in intraocular pressure, which may exceed 50 mmHg, is a well documented complication of this procedure, but timolol and/or acetazolamide have hitherto been used successfully in treatment. Explanations which have been given for the pressure rise include diminished outflow facility resulting from deposition of debris in the trabecular meshwork⁴; neurovascular mechanisms⁵; trabeculitis as a result of the radiating shock wave⁶; and pupillary block.¹ In this case it was initially considered that inflammatory swelling of the ciliary body secondary to the pressure wave was the most likely pathogenetic mechanism of angle closure, which provided the rationale for the use of steroid. However, pilocarpine successfully reduced the intraocular pressure, implicating such mechanisms as angle crowding due to swelling of the iris root or ciliary body.

This report serves to illustrate that careful observation and follow-up is warranted for all patients undergoing Nd-YAG laser treatment to the eye, as hitherto unreported complications are likely to be observed when this novel treatment becomes more widely used.

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Book reviews

Chirurgie des Strabismes. By P V BÉRARD, M A QUÉRÉ, A ROTH, A SPEILMANN, M WOILLEZ. Pp. 470. 520F. Masson: Paris. 1984.

This large (470 page) book is a collaboration by five members of the Société Française d'Ophthalmologie all of whom are well known in the field of ocular motility and strabismus. As the title suggests, this is a large and compendious manual of surgical techniques and methods in strabismus and related conditions such as nystagmus. I could find no notable omissions, and in particular the diagrams and bibliography are excellent. The only major fault is one common to all books of this kind, that it is difficult for the unknowledgeable reader to get good advice on what procedure to choose in any particular clinical situation. Perhaps a little more attention could have been paid to the timing of surgery, especially in congenital esotropia, but nevertheless all the relevant authors are quoted.

This book deserves a good, sympathetic translation into English, as it represents the most complete listing of techniques in strabismus surgery currently available.

J P LEE

Hyaline Membrane Disease: Pathogenesis and Pathophysiology. Edited by LEO STERN. Pp. 297. £30.50. Grune and Stratton: London. 1984.

This monograph, which is of considerable value to the paediatrician and neonatologist, must be of limited interest to an ophthalmological readership. It provides a detailed up-to-date account of the pathogenesis, clinical features, and complications of this condition, with many eminent contributors. The book is subtitled pathogenesis and pathophysiology, and it is in this area that it makes its greatest contribution. The chapters on clinical management and follow-up are less comprehensive.

Although there is a section on pulmonary oxygen toxicity, there is scant mention of retrolental fibroplasia, which fails to feature at all in the index. The chapter on follow-up does mention that up to 32% of survivors of mechanically ventilated premature infants with birth weights of less than 1250 g may develop this condition, which remains a major hazard in the management of premature infants with hyaline membrane disease and other oxygen dependent conditions. It deserves greater emphasis in this text with at least a reference to its sister volume in this series of Monographs in Neonatology—Retrolental Fibroplasia, a Modern Parable by W A Silverman.

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