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Book reviews

Your Eyes and Their Care. By MONTAGUE RUBEN AND JUSTIN WINTLE. Pp. 144. £3·95. Granada: London. 1985.

The book is a joint offering by a contact lens wearing journalist and a medical contact lens specialist. However, it covers not only contact lenses but the whole field of ophthalmology for the benefit of the laymen.

One would hope that a book of this type would give helpful advice and dispel some of the myths about so-called 'eye care.' Unfortunately one is in for a disappointment here: on page 2, for example, we are told that 'television screens, artificial lighting, abundant reading materials . . . can all contribute to individual cases of deteriorated vision.' One suspects that J Wintle (the journalist) must have slipped this in without M Ruben (the ophthalmologist) noticing.

Chapters 1 and 2 describe the structure and optical characteristics of the eye quite nicely, but we are in for another shock in chapter 3 when the old chestnut of myopia acquired by too much reading is presented once again. One feels that, although this is a book for laymen, nevertheless such an inflammatory statement as 'children who read too much, or read in circumstances where they have constantly to "strain" the eyes, are likely to increase the physical length of the eye artificially, and, as we saw in the last chapter, this is the main cause of short sight' ought to be backed up by proper evidence.

The chapter on contact lenses and their problems is, as one would expect, excellent and pulls no punches in describing complications.

Chapters on glaucoma, corneal degeneration, lids and tears, squint, cataract, retina, uvea, trauma, and blindness are satisfactory, but there is a strange chapter on 'eye strain.' The disorder is not defined (which is not surprising as it probably does not exist), and, having told the reader that it may be caused by long or short sightedness and astigmatism, the text drifts away from the subject into a desultory series of observations about 'off the shelf' spectacles, ocular dominance, amblyopia, and the examination of children.

The book is of little interest to ophthalmologists but would possibly attract a readership of moderately well educated laymen. REDMOND J H SMITH

Ophthalmology. 3rd edn. By KENNETH WYBAR AND MALCOLM KERR MUIR. Pp. 375. £7·95. Bailliere Tindall: London. 1984.

This third edition of what has become one of the standard postgraduate ophthalmology texts has been significantly changed and brought up to date to good effect. With the help of coauthor Malcolm Kerr Muir, Kenneth Wybar's original text has been rewritten, in particular in the advancing topics of retinal disease, surgery of the vitreous, immunology, and investigative ophthalmology. It is pleasing to see CT scanning and nuclear magnetic resonance receiving proper emphasis, especially in the investigation of orbital disease.

The book takes the traditional form of describing disease under the usual anatomical headings, such as conjunctiva, cornea, sclera, etc. Illustrations are relatively few and almost entirely consist of black-and-white drawings and diagrams. Although this makes the book less expensive, some doubt has been expressed whether texts such as this should be without colour. The patient's history could do with more emphasis, and it would have been appropriate to make this the opening section before 'Basic methods of examination.' Mention of the epidemiology of strabismus and glaucoma would have been appropriate to put these common conditions into context.

This very satisfactory new edition will be welcomed by ophthalmology postgraduates studying for higher examinations, especially the diploma in ophthalmology. It deserves its place in postgraduate ophthalmology as a concise text at a reasonable cost. JAMES L KENNERLEY BANKES

Documenta Ophthalmologica Proceedings Series 38. Ophthalmic Ultrasonography. Proceedings of the 9th SIDUO Congress. Eds. J S HILLMAN and M M LE MAY. Pp. 502. £59·75. Junk: The Hague. 1983.

This volume is divided into three parts, 'The eye', 'The orbit', and 'Physics and techniques.' The first part opens with a section devoted to intraocular tumours. The role of ultrasound in the detection, diagnosis, and measurement of tumours, in particular of malignant melanomas, is discussed by several authors. Its value in determining extrascleral extension of tumours is also covered. The use of ultrasound biometry data to select the optimum orientation of eyes with malignant melanomas for proton beam irradiation was discussed by Lou and Gragoudas. Problems associated with the differentiation of choroidal haemangioma, metastases, and retinoblastoma are also covered. A section dedicated to vitreoretinal disorders contains some interesting material concerned with, for example, disciform (Byrne) and movement of the vitreous gel and retina (Susal and Walker).

Sections devoted to A-scan measurement of the eye contain a selection of both interesting and disappointing papers. Of particular note were papers concerning ultrasound velocity in different types of cataract (Loffredo *et al.*); measurements in glaucomatous eyes (Bluth); a comparison of an ultrasonic and optical measuring system (Fledelius *et al*), and volume changes after encircling procedures (Zingirian *et al.*).

Part 2 of the book concerns the orbit and contains some well written papers but very little new material. Papers dedicated to blood vessels in tumours (Susal), the diagnosis of haemangioendothelioma (Byrne), and optic nerve tumours (Buschmann *et al.*) are worthy of mention. The final part of the book, on physics and techniques, is opened by Restori *et al.* with a paper on interaction of sound pulses with tissue. Haigis and Buschmann presented some worthwhile material about performance measurements on various ultrasound systems. An interesting paper on the use of a microcomputer based imaging system for volume measurement (Yamamoto *et al.*) is also to be found in this section.

These congress proceedings will be a valuable reference book for those working or planning to work in the field of ophthalmic ultrasound. It points out in a refreshing manner some of the pitfalls associated with ultrasonic diagnosis in ophthalmology. MARIE RESTORI AND DAVID McLEOD

Documenta Ophthalmologica Proceedings Series 40. 21st ISCEV Symposium, Budapest 1983. Pattern Electroretinogram, Circulatory Disturbances of the Visual System, and Pattern-Evoked Responses. Eds. JOHN R HECKENLIVELY, G H M VAN LITH, T LAWWILL. Pp. 328. No price given. Junk: The Hague. 1984.

The 21st symposium of the International Society for Clinical Electrophysiology of Vision (ISCEV) was held in Budapest in 1983 on the 25th anniversary of the foundation of the society (originally known as ISCERG). This volume is introduced by a history of the society written by Professor Harold Henkes, who was president in 1973–83.

In recent years it has been the custom to select specific topics for discussion, and these are indicated in the title. The pattern electroretinogram (PERG) was described many years ago, but with the introduction of electrodes that do not degrade the retinal image it is becoming a valuable clinical method. Lawwill reviews the technique in his invited lecture, and this is essential reading for anyone interested in the topic. There are several other good contributions on this subject.

The second topic, on circulatory disturbances, is less useful. There is still interest in the oscillatory potentials, which will surely become clinically more useful as their origins are elucidated. The final topic is the pattern evoked response. This could be contracted to the acronym PER, but as there are at least 25 others confusion over this procedure exists even before its complexities are considered. It is already a valuable clinical investigation, but for many reasons its experimental promise has not been realised.

Visual electrophysiology is a difficult and not generally known subject. This report will not be of general interest, but, with its predecessors, it is an invaluable guide to the literature. J H KELSEY

Glaucoma Surgery. By MAURICE H LUNTZ, RAYMOND HARRISON, HOWARD I SCHENKER. Pp. 149. £67·00. Williams and Wilkins: London. 1984.

In the early part of the 20th century the most successful glaucoma operation was that of iridectomy. Subsequent additions to the ophthalmologist's surgical repertoire have meant that in the late 20th century he has a bewildering array of operations to choose from when considering surgical control of this group of diseases. And no shortage of texts either. What the authors of this short text have done is to use their own considerable experience in glaucoma surgery to present us with 'an atlas approach' which they hope will act as a guide to the operations they use in the surgical management of the glaucomas. As the old adage concerning glaucoma surgery has it, 'the best glaucoma operation is the one which works in my hands.' This reviewer looked with interest to see what operations were recommended by these authors.

The book is not entirely an atlas. It gives a historical review of the surgery of congenital glaucomas, fistulising surgery, and combined procedures. It outlines concepts of pathogenesis of congenital glaucomas and glaucoma in aphakia. It gives indications for fistulising surgery (which include ocular hypertensives more than 65 years old with an IOP >26 mmHg, an enlargement of the C/D ratio to 0·6 or 0·7 (at whatever the IOP ?), and myopes with large saucer-shaped optic discs with IOPs >30 mmHg). In addition the section on congenital, infantile, and juvenile (CIJ) glaucomas is covered in greater depth than other glaucomas because of the 'paucity of available literature in these areas.'

The book is divided into two sections. Section 1 deals with the CIJ glaucomas and section 2 with adult glaucomas. In section 1 it is pointed out that these three types of glaucoma usually share a common developmental anomaly of the angle. The angle anomaly may be separated descriptively into mesodermal remnants (Barkan's membrane) and 'cicatrical' and iridocorneal dysgenesis. Although gonioscopic photographs well illustrate differences between the first two of these groups, this reviewer found the term 'cicatrical' difficult to understand in a primary glaucoma. The term suggests (postinflammatory) fibrosis, and, as the angle appearance suggests the formation of peripheral anterior synechiae, it might be clearer to call it trabeculodysgenesis. But this term has recently been suggested by Hoskins *et al.*[1] with a rather different meaning as to the final prognosis from that given by these authors.

In this section the authors state the importance of equating IOP readings obtained under anaesthesia with the clinical features. This is important, because they use halothane anaesthesia and schiøtz tonometry rather than ketamine and applanation tonometry as used elsewhere. They describe their operations for trabeculectomy well but dismiss goniotomy in only eight lines, for they do not use this operation.

Section 2 deals with adult-onset glaucomas. In this section the authors rely on their experience as justification for a described procedure usually without informing us of the insights or trials which led to its adoption. This is particularly important when they have to decide between using the trabeculectomy, Scheie's operation, subscleral Scheie, etc. The authors still find iridocycloretraction to be helpful despite reports to the contrary. They describe only intracapsular cataract extraction combined with trabeculectomy rather than extracapsular extraction and apparently do not insert intraocular lenses in these cases.

The book offers an atlas approach to glaucoma surgery. The reader must say to himself, 'These authors are experienced and this experience is their justification for performing the operations they recommend? Reader must provide their own answer to whether a particular operation is required for their own surgical repertoire. If it is, then they must ask, 'Can I perform operations X or Y after reading the description in this book?' For a number of the operations described the answer is a definite yes. The descriptions of trabeculotomy, trabeculectomy, iridectomy, subscleral Scheie, and combined intracapsular cataract extraction with trabeculectomy are good. Other operations are described