progressive loss of vision, neuro-ophthalmology, vascular retinopathies, trauma, eyelids, orbit, watering eye, tropical and hereditary ophthalmology, and preventive and social aspects.

There are many good black-and-white diagrams and photographs but unfortunately only a relatively small number of colour illustrations placed separately in the middle of the book. Colour illustrations are essential in any modern ophthalmology textbook to show the detail of clinical appearances matched with the text. *Basic Clinical Ophthalmology* has unfortunately fallen short here and will irritate the reader by making him refer constantly to another part of the book.

The detail provided is particularly good on clinical examination and glaucoma. In contrast the vascular and diabetic retinopathy chapter has 25 pages without a single adjacent illustration, and trauma has single separated illustrations of corneal abrasion and infected abrasion only, with no illustration of the vital-to-recognise penetrating eye injury. Preventive and social aspects are covered in a useful chapter properly emphasising practical aspects.

The modern undergraduate medical course has expanded significantly in recent years and the time available for ophthalmology, as with all specialties, is limited. The chapter on basic clinical ophthalmology is probably too detailed for most medical students but is well suited to the resident in ophthalmology in his first appointment. The uneven style of the book and the relatively few colour illustrations, separated from the text, divert the reader from a natural flow, which is probably as a result of the multiple authorship. For example, there is less than a page on the clinical presentation of senile cataract, with one illustration, but almost twice as much listing the rare and unusual causes of cataract such as galactosaemia and hypocalcaemia; detail concerning neutralising a spectacle lens, but not a mention in the whole book of colour vision!

In general it is a well laid out text, lacking in colour illustrations, but well suited to the new ophthalmology resident and at a reasonable price.

JAMES L KENNERLEY BANKES

**Real Time Ophthalmic Ultrasonography and Biometry.** By RICHARD S KOPLIN, MARTIN GERSTEN, BARTON HODES. Pp. 187. US$24·50. SLACK: New Jersey. 1985.

This well written spiral-bound handbook provides a sensible introduction to the clinician starting out in ophthalmic ultrasonography, covering topics such as 'three dimensional conceptionalization,' and the 'indications and limitations of ultrasonic diagnosis.' Some useful diagnostic B scanning hints are to be found at the end of chapter 3. This book reflects the views of the Iowa and Cornell schools of ophthalmic ultrasound, and this has tended to make it particularly non-controversial.

The authors stress that 'ocular sonography is a dynamic process.' It should also be noted that, in differentiating certain lesions, they admit to adding historical information to the equation 'for the purposes of making a presumptive diagnosis.' Pathology of the eye is covered in chapters 9 to 14 and is followed by a chapter dedicated to a 'standardised' A scan technique. The use of A and B scan techniques in the diagnosis of intraocular and orbital tumours is covered in later chapters. Generally the B scan images are disappointing and some of the ultrasonic diagnoses rather fanciful–for example, the alleged demonstration of a choroidal rupture in chapter 14. The oft repeated principle that choroidal separation 'rarely extends posteriorly beyond the vortex vessels' does not accord with either the presented illustrations or the reviewers' experience. The book closes with a practical discussion on axial length measurement of the eye and calculation of lens implant power. References are to be found at the end of the book.

This is a lucid introduction for those intending to become involved in ophthalmic ultrasonography, though it offers no exceptional features in comparison with the several previously published books covering the same field.

MARIE RESTORI
DAVID MCCLEOD

**Échographie en Ophtalmologie.** 2nd Edn. By J POUJOL. Pp. 79. F 139. Masson: Paris. 1984.

Written in French and soon to be translated into Italian, this book presents the possibilities and limitations of A scan and B scan ultrasonography in the author's experience; Dr Poujol performs nearly 3000 examinations a year. Some useful recommendations for B scan imaging are to be found at the end of chapter 2. Later chapters deal with biometry, methods of making echographic diagnoses, determining causes of error and artefacts, and ultrasonic examinations of the globe. It is refreshing that the author has considered that the ultrasonic appearances of surgical explants are important enough to be covered. Chapter 6 covers orbital examination by ultrasound. Some good images are to be found in this chapter; of particular note are the coronal sections. The book concludes with a page on the indications of ultrasonic examinations and the limitations of the techniques, with a brief look to the future. References are to be found at the back together with an alphabetical index.

This book will be of interest to those fluent in French. It contains some very interesting B scan images of various intraocular and orbital lesions.

MARIE RESTORI
DAVID MCLEOD

# Notes

## Cataract and implant meeting

The International Cataract, Implant, and Microsurgical Meeting will be held in Singapore on 29–31 May 1987. This is a joint meeting of the International Intraocular Implant Club and the Asia-Pacific Intraocular Lens Implant Association. This is a post-congress meeting of the 11th Asia-Pacific Academy of Ophthalmology Congress. Further information from Dr Arthur S M Lim, 3 Mt Elizabeth 0605–0608, Mt Elizabeth Medical Centre, Singapore 0922.