thus showing an incidence rate of 30·7%. As mentioned by the authors of that letter, the incidence of side effects depends on the content of the questionnaire and the way the necessary information is collected. In 1982, at the start of our study using Anandron, the visual symptoms noticed in a large proportion of patients were felt to be of low priority, considering the usually serious secondary effects induced by chemotherapy. In fact in the first 60 patients this secondary effect called 'snow-blindness' (or delay in the recovery of vision when going from a light to a dark environment) was reported in 80% of patients, and this information was brought to the attention of the monitor of the Anandron study.

We then realised that any side effect can become a serious problem in the treatment of prostate cancer, where it is imperative to maintain a constant level of antiandrogen in the circulation in order to block the action of androgens at all times. Any lack of compliance or failure to take the drug regularly can cause the development of tumours which will become resistant to the treatment. It is difficult, especially in this category of relatively old patients, to convince all of them of the absolute need always to take the antiandrogen at the prescribed times without any interruption. It is reasonable to assume that any side effect of a drug can become a problem for compliance, especially when the pain and the other symptoms of cancer have disappeared and the patients are back to their normal activity. It is thus extremely tempting for these patients to discontinue taking a drug which has some side effects.

Following this reasoning, we have decided to change to another pure antiandrogen devoid of such visual secondary effects. The 18 patients included in our detailed study recently published[1] were chosen at random among the initial patients treated with Anandron who complained of 'snow-blindness' and were willing to follow the appropriate ophthalmology tests. The photostress recovery time, a photopic test, was higher than normal. As indicated in the letter of Brisset *et al.*, the ocular symptoms disappeared in all cases on cessation of Anandron and change to Flutamide.

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Reference

1 Harnois C, Malenfant M, Dupont A, Labrie F. Ocular toxicity of Anandron in patients treated for prostatic cancer. *Br J Ophthalmol* 1986; **70:** 471–3.

Book reviews

Ocular Therapeutics and Pharmacology. By PHILIP P. ELLIS.. Pp. 362. £43·50. Blackwell: Oxford. 1985.

This is a concise book on clinical ocular pharmacology by an American author, and therefore American medications are emphasised. The book is divided into two sections but the first can be split into two subsections as well. It is entitled ocular therapeutics and covers the clinical pharmacology of common ocular drugs and a large section on the therapy of individual diseases. The second section is entitled therapeutic agents and takes approximately one-third of the book. The text and material are clearly presented.

The first section of the book is basic but practical and well written. It would make an easy source for examination revision, quick reference for unusual drug side effects or treatment of uncommon conditions. The information is generally practical rather than academic, giving, for example, appropriate dosages of subconjunctival antibiotics. A bibliography is given after each chapter but its usefulness is limited by absence of references to it in the text. Perhaps the greatest shortfall of this section (and many other books on ocular pharmacology) is a total lack of data on intraocular drug concentrations and pharmokinetics. Until clinical textbooks contain this type of information ocular pharmacology remains based on clinical experience rather than scientific knowledge. The second section lists most of the usual drugs used in clinical practice and gives their therapeutic data in a similar way to the *British National Formulary*. British readers, however, would find the *BNF* or individual data sheets more useful because these cover drugs more related to British practice but also because they contain more detail.

In summary, this is a book for the clinical ophthalmologist and is perhaps more suited to American than British practice.

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Diagnostic Imaging in Ophthalmology. Eds CARLOS F GONZALEZ, MELVIN H BECKER, JOSEPH C FLANAGAN. Pp. 366. DM 398.00. Springer-Verlag: Berlin. 1986.

This is the work of multiple authorship (31 contributors) which has been written for radiologists, ophthalmologists, neurologists, neurosurgeons, plastic surgeons, and others interested in evaluation of disorders with ophthalmological signs and symptoms. The authors' design is to provide recent knowledge in this subject in ultrasonography, computerised tomography, and nuclear magnetic resonance. There are three sections to the book: the first is a discussion of the imaging techniques; the second is devoted to the role of these imaging methods in the evaluation of ophthalmic disorders; and the last deals with the radiology of ophthalmic tumours.

The book is well produced with excellent illustrations, and it is undoubtedly the most up to date work on the subject. Like most multiple author texts there is some uneveness in the contributions. The section on plain *x*-ray diagnosis is inadequate, simply consisting of an unqualified list of radiological signs and their known causes without illustrations. On the other hand there is an excellent chapter on the investigation of the orbit by magnetic resonance and an interesting and informative section on computerised tomography in ocular motility disorders. Best of all there is a long chapter on congenital abnormalities which must now be the definitive text on this subject.

The work achieves its objective and is recommended to librarians looking for a textbook on orbital diagnostic imaging. Individual ophthalmologists interested in the subject may find its price excessive.

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