

lend further and important support to its prompt treatment for best results. His long term follow-up is especially commendable and encouraging.

I would protest, however, against the continued and further abuse of the English language in descriptions of the surgery for this condition, which have now finally reached the point of miscommunication and erroneous meaning, to wit: In the first line of the summary what is or are the 'bilateral rectus muscles'? Later in line 6 of the summary the author talks further about 'bimedial rectus recession'. Further in the text he does state that what he is doing is as suspected: 'surgery is always symmetrical on the two medial recti, consisting of muscle recession . . .' We know then that what he is doing is what should be and has been properly described for many years as 'bilateral medial rectus recession'. This has been, unfortunately, shortened in the last decade by many authors to 'bimedial recession' or 'bimedial rectus recession'.

It is the history of language that man will violate spelling and grammar rules to save time and for greater efficiency. Our language is full of such contractions and abbreviations. Sometimes, however, such contractions are inappropriate or imperfect, and confusion results along with the saving of time and energy.

Such is the case here, for one should immediately realise that the use of the term 'bimedial' in this context destroys the standard medical meaning of its opposite term, 'bilateral'. No clearer case or example of this confusion has been printed in our literature, to my knowledge, than in the summary of this article, which starts off with the term 'bilateral rectus muscles'. This is the final end product of the wayward process of contraction.

Whatever then is this? If one accepts that a 'bimedial rectus recession' is short for a 'bilateral medial rectus recession', then 'bilateral rectus muscles' must mean 'bilateral lateral rectus muscles'. But can we arrive at this conclusion only by inference, because we know about this condition and we know what the author is trying to say? We cannot understand this by what he has actually said, because there is no such entity as 'bilateral rectus muscles'.

The situation is hardly lost or desperate. The language has suffered this sort of abuse before, and has survived. It has, however, developed some defences against the confusion which can result in these situations. When two words are contracted into one, the convention is to use a hyphen if nothing is left out, and to use an apostrophe if something is left out, as in the word 'can't', a contraction of two words, 'can not'. Another example is 'isn't', a contraction for 'is not'. So, technically, Dr Deller and others should be describing this as a '*bi'medial rectus recession*'. The operation which is usually performed for exodeviations, a 'bilateral lateral rectus recession', would then be a '*bi'lateral rectus recession*'.

But the apostrophe is not, to me, sufficiently strong for what has been left out. It is not just a letter or two which has been dropped. Rather, a whole 'side' has been dropped ('lateral'), and the apostrophe, though it is most correct, doesn't seem strong enough.

We have therefore used the hyphen, which though not entirely appropriate is strong enough to get even the casual reader's attention to the fact that something unusual and significant is going on here²—that is, *bi-medial recession* or

bi-lateral recession. We would like to encourage others to do likewise, or if they have a better idea, let us hear it.

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References

- 1 Deller M. Why should surgery for early-onset strabismus be postponed? *Br J Ophthalmol* 1988; **72**: 110–5.
- 2 Romano PE. More thank you's. (Editorial.) *Binocular Vision* 1985; **1**: 67–70.

PS Dr Deller does seem to appreciate precise words. He is to be commended for the use of the term 'retroquatorial myopexy'. His precision here makes the imprecision of his other terms, however, that much less understandable. Rather than 'alphabetical syndromes' he might prefer a word which seems to be gaining increasing use to describe these problems: 'anisotropia'.

SIR, I thank Dr Romano for his letter, which might otherwise be called a lengthy study on the hyphen—to be or not to be?

The terms 'bi-medial'¹ or 'bimedial'^{2,3} as used by my British orthoptist-translator, are widely used by respected authors of English ophthalmic literature. Any misunderstanding of the fellow 'bi-with-or-without-hyphen lateral' is regrettable, as I share Dr Romano's desire to render as comprehensible as possible our scientific communication. I therefore cannot condone his—albeit ironic—proposition of the term 'anisotropia', with which he obviously relishes the prospect of creating a further opportunity to comment on confusion and inefficiency.

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- 1 MacLellan V, Hughes J. Orthoptics and squint surgery. *Br Orthopt J* 1976; **33**: 82.
- 2 Parks MM. *Ocular motility and strabismus*. London: Harper, 1975: 108.
- 3 Helveston EM. *Atlas of strabismus surgery*. St Louis: Mosby, 1977: 211.

Book reviews

Systemic Inflammatory Disease and the Eye. By W J DINNING. Pp. 247. £30.00. Butterworth: Guildford. 1987.

This small book is written at the interface of ophthalmology and general medicine. The opening chapter, on the signs of ocular inflammation, is followed by six chapters describing the various systemic diseases which may be associated with ocular inflammation as part of their multisystem involvement. It is important to realise that the book takes ocular inflammation in its widest definition and is not merely a

catalogue of uveitic syndromes; it includes, for example, diseases such as polyphondritis and Sjögren's syndrome. Its approach is disease orientated, so that scleritis is, for example, discussed mainly under rheumatoid arthritis and alluded to elsewhere rather than discussed in its own right as an ophthalmic entity.

The chapters are headed sarcoidosis, systemic vasculitis syndromes, systemic lupus erythematosus, eye and joint disease, psoriasis polyphondritis and bowel disease (a slightly odd grouping), and finally infectious disease and the eye. There is a rather uneven emphasis on some conditions. There are, for instance, 16 pages on sarcoidosis, 10 on SLE, and only half a page on AIDS. The general arrangement is to describe the systemic features and the type of ocular involvement with notes on the aetiology, diagnosis and, briefly, treatment, with short descriptions on immunopathology and aetiology—which I found the most interesting. Each chapter is very well referenced and illustrated with black-and-white photographs, many of which are unfortunately rather poorly reproduced.

Books such as this have a difficult role, for they often fail to satisfy either ophthalmologists or general physicians because the volume of material to be covered is so large. For instance, most ophthalmologists will want to dispense with the first chapter on ocular signs, though it may be of interest to physicians, and vice versa the same may apply to some of the medicine. The ratio of general medicine to ophthalmology on each topic varies considerably but is probably in the ratio of two-thirds medicine to one-third ophthalmology. I found, not surprisingly, that the ophthalmology was better done.

Ophthalmologists may use the book as a short handbook but will want to turn to the larger textbooks for more complete descriptions of systemic diseases or the conventional ophthalmic specialist texts for a fuller discussion of complications and treatment. It does, however, contain much easily readable information and will certainly find a role for quick and easy reference. It is a pity that the publishers did not do a better job on the presentation of the material for their author.

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Ophthalmic Echography. Proceedings of the 10th SIDUO Congress. Edited by K C OSSOINIG. Pp. 625. £95.50. Kluwer: Dordrecht, Netherlands. 1987.

This book presents the proceedings of a congress held in 1984, but the contributions have been adapted for publication in 1987. It contains 103 papers drawn from 16 countries and is divided into three parts. The first part is dedicated to biometric ultrasound; the second and third parts deal with diagnostic ultrasound in intraocular and orbital and peri-orbital disease, respectively.

Some worthwhile papers dealing with axial length measurement and intraocular lens implant power calculation, corneal thickness measurement, and retinal/choroidal/scleral thickness measurement are presented in part I. Fortunately there appears to be a heightened awareness by some authors that the major source of error in axial length measurement is misalignment of the probe. Fourier analysis techniques are used by several authors in the measurement of retinal/choroidal/scleral thickness, and there is a

refreshing recognition that echoes detected on A or B mode do not necessarily correspond to the boundaries of these interfaces.

Part 2, dealing with intraocular diagnosis, contains a mixture of the well known and the controversial peppered with some interesting and worthwhile observations despite many very poor greyscale/bistable displays. One paper claims A mode is useful in the differentiation of spindle cell and epithelioid malignant melanoma, an observation which is contradicted by the following paper. Other papers look at the response of malignant melanoma to radiotherapy. Some describe doppler techniques, but surprisingly duplex imaging (combined simultaneous doppler and real-time B mode) in ophthalmology is mentioned but not used or referenced in this context. Colour doppler imaging is not mentioned.

A series of papers on orbital disease are to be found in the final part of the book. Some interesting observations and useful measurements are presented in some papers. In the concluding appendix, dealing with the therapeutic use of ultrasound in choroidal detachment, which is recommended to us by the authors, there is some confusion whether three patients or 42 patients received this ultrasonic treatment.

This book will be of interest to those actively engaged in the field of ophthalmic ultrasound but at £95.50 is unlikely to appeal to those on NHS salaries.

MARIE RESTORI

Proceedings of the Retina Research Foundation Symposium. Vol 1. Edited by DOMINIC MAN-KIT LAM. Pp. 220. US\$ 24.95. Portfolio Publishing Company: The Woodlands, Texas. 1988.

Normally the published proceedings of symposia are among the most frustrating volumes presented to the scientific community. For those who attended the symposium they are sometimes helpful as aide mémoires, but to those who did not they often appear as a series of disparate papers with little co-ordination of subject matter and great variation in scientific content and literary style. This volume is unique in that it will delight its readers from cover to cover.

It is divided into three sections—physiology of photoreceptors, molecular biology and biochemistry of photoreceptors, and functional organisation of the retina. In each section significant advances have been made over the last few years, and these advances are related to a great extent by their discoverers. Few books of this type have contributions by such eminent authorities as Sir Alan Hodgkin, Professor H Gobind Khorana, and Professor John Dowling. Each of these are at the forefront of their field but still retain the capacity to relate the complexities of their work to the interested reader.

The section on physiology of photoreceptor cells is a model of clarity and with three contributions is a must for all students in the field of phototransduction. After reading these three papers it would be very difficult for any student to fail an examination on this subject.

The clarity of the text and the comprehensive nature of the contents are maintained in the section on molecular biology and biochemistry of the photoreceptors. Here the latest developments in the structure and function of rhodopsin are described together with the important recent