Shoulders, which may entrapment.

Height of the shoulders may occur.

Fig. 1 Fluorescein angiogram in the late venous phase showing leakage of dye and surrounding choroidal hypofluorescence at the sites of photocoagulation.

Application the embolus was noted initially to pulsate and then it melted, disappeared, and reappeared at the next bifurcation where treatment was reapplied, and the embolic material was seen to disappear into the peripheral retinal vascular tree. Unfortunately in this case there was no recovery of visual function. Fig. 1 shows the appearance of a fluorescein angiogram taken 24 hours after treatment. A further angiogram taken one week later demonstrated no vascular leak.

To our knowledge treatment of retinal emboli by long-duration, low-intensity argon laser photocoagulation has not hitherto been reported. Although in this case no visual function was restored, consideration could perhaps be given to this treatment in cases in which ‘traditional’ treatment has been unsuccessful.

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Needle holder with gap joints

Sir, Although very fine suturing usually requires suture tying forceps, there are many circumstances when time can be saved by the use of the needle holder, especially, for example, in tying sutures used for closure of conjunctival or skin wounds and in operations for squint and retinal detachments. Sometimes the suture material is entrapped in, or even cut by, the joints of the standard needle holder.

Fig. 1 shows the modification of the joints which avoids this entrapment. There is a generous gap between the shoulders, which are also rounded off to prevent snagging (which may occur even when entrapment has been avoided). Box joints have also been incorporated, partly to reduce the height of the shoulders on each side but mainly to improve stability of the joints: box joints are not essential to the principle.

The basic needle holder we have chosen for this modification is the Barraquer pattern with curved jaws which has been such a fundamentally original contribution to ophthalmic and other surgery. Other needle holders could be adapted in the same way. We have used this modified needle holder successfully in many operations, particularly for squint, eyelid surgery, and dacryocystorhinostomy.

The needle holder has been specially made by Dixey Instruments Ltd, 19 Wigmore Street, London W1A 4DU.

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References


Book reviews


This book constitutes the proceedings of a symposium held in the Netherlands in 1986. There are sections on anatomy and physiology, clinical and paraclincal (whatever that is) examination, ophthalmic causes of diplopia, myogenic disorders, neurology, and treatment. The various contributors are either ophthalmologists, neurologists, neurosurgeons, orthoptists, or basic scientists.
Of the contributors only four out of 29 are not based in the Netherlands and about half are from Leiden University Hospital. The preface, written by Neil Miller, states that the symposium was ‘aimed towards orthoptists, ophthalmologists, optometrists, neurologists and neurosurgeons’. Unfortunately in aiming for this broad spectrum of interest I think that the editors may have failed to make the book of adequate interest to the average ophthalmologist.

There is a great deal of duplication. The anatomy and applied physiology of eye movement control and the role of the parapontine reticular formation are summarised no less than five times under various chapter headings. Evidently each speaker began his talk with a brief preamble and this was not removed or rationalised in the editing process. In general the anatomy and physiology section covers the matter under review well and is well illustrated and to the point.

In the section on clinical and paraclinical examination there is a useful section on recording eye movements, but there is remarkably little on tests for bilateral acquired IVth nerve palsy and nothing on tests for the presence of cyclotorsion or on serial measurement of the field of binocular single vision. There is nothing on the cocontraction syndromes such as Duane’s syndrome and vertical retraction syndrome, which are among the more interesting abnormalities of eye movement.

The section on myogenic disorders is to my mind the best in the book. There are some good papers here on the histochemistry or extraocular muscles and on ocular myopathies and myasthenia. For some reason, however, there is an entire chapter on ptosis, which is good but hardly qualifies as an eye movement abnormality.

In the neurology section the chapter on nystagmus is good so far as it goes. There is little or nothing on congenital nystagmus or latent nystagmus and nothing on the possible causation of these conditions, though earlier on in the anatomy and physiology section the work of Hoffman is briefly alluded to. This work is highly relevant to the suggested pathogenesis of congenital and latent nystagmus, and it is surprising that there is no reference to it. There is a good chapter on disorders of gaze and some useful references on vestibular eye movement disorders. There is an excellent review of the literature on ocular motor disturbance and extraparamidal disorders, with a very useful bibliography. Sadly, in the section on psychogenic eye movements it is implied that blepharospasm is a psychogenic disorder, whereas most authorities would nowadays agree that it falls much more into the realm of dystonia and can no longer be classified with other psychiatric disorders and psychosomatic disorders.

In the chapter on treatment botulinum toxin is described as a somewhat experimental treatment in the management of diplopia. Although this symposium was prepared two years ago, it would still seem an inappropriate suggestion in view of the amount that has been written on this agent in the world literature to date.

The section on eye muscle surgery and peripheral IIIrd, IVth, and VIth nerve palsy by Marc Gobin is entirely adequate so far as it goes in that it describes Professor Gobin’s own approach. He is also to be congratulated in being the only contributor in the entire eye movement disorder symposium to mention bilateral IVth nerve palsies as a possible problem presenting to the clinician, but for some reason he fails to mention extorsion of the eyes and its effect on sensory symptoms. I also find myself concerned that in a chapter on eye muscle surgery and cranial nerve palsy there is no statement or even suggestion that adjustable suture techniques can be of value in these patients.

The final chapter is an article about neurosurgical aspects of tumour induced diplopia which mainly involves the treatment of the causation of eye movement disorders, but has nothing really in it about the actual disorders themselves. It seems to be an afterthought in a symposium which otherwise has not addressed neurosurgery directly.

In addition to the points raised about the lack of coverage of so-called musculofascial syndromes and of congenital nystagmus there is almost nothing in this symposium about concomitant squint. There is no mention of the congenital strabismus syndrome with dissociated vertical deviation and latent nystagmus, and there is certainly no attempt to address the possible causation of various types of strabismus.

The book has been somewhat sloppily edited. There are many minor spelling mistakes; the index is rather poor. On a number of occasions matters covered in the text are not indexed to the right page. The illustrations are in general of reasonable quality, though the black-and-white reproduction is occasionally difficult to interpret. There is one striking illustration, Fig. 3, paper 114, which claims to show an orbital varix both before and after a Valsalva manoeuvre on the same single still photograph.

The interested reader who wants a book for his own shelves on eye movement disorders would be better advised to purchase Leigh and Zee’s The neurology of eye movement, which has excellently organised chapters and a first class bibliography. I think that this book should probably have a place in large ophthalmic libraries, as in particular the muscle section would be hard to reproduce elsewhere, but I feel it does not really address the matter of eye movement disorders for either the clinician who wishes to learn something about the area or the person who has already got an established interest in the field.

John P Lee


Clinical immunology has seen a rapid expansion in the last decade and to non-specialists has become a complex subject. This book is an excellent summary of recent work on organ-specific autoimmunity in relation to the aetiology of a range of diseases. Some of them are admittedly quite rare, such as Carpenter’s syndrome or Schmidt’s syndrome, but the net also catches some important adult diseases, such as type 1 diabetes mellitus. The subject cuts right across the usual boundaries of clinical medicine, and there are excellent chapters dealing with thyroid disease, gut autoimmunity, and pituitary and hypothalamic disorders. As the editors point out, even though some of these diseases are rare, if the steps in their aetiology were thoroughly understood a more effective treatment might be developed for some of the other commoner disorders—provided the mechanisms have a common basis. The test of course will be to see if the knowledge produced by the studies reported in