
BOOK REVIEWS

Diabetic Retinopathy: A Slidescript Programme

American Academy of Ophthalmology, San Francisco, California, USA

This is an educational programme published by the American Academy of Ophthalmology and aimed at the non-ophthalmologist. It consists of a booklet of 26 pages and a package of 59 slides. The programme is in fact a lecture covering the pathogenesis, natural history, treatment and epidemiology of diabetic retinopathy and in many ways makes an ideal introduction to the subject for medical students and non-specialist physicians. Ophthalmologists would find it rather glib and superficial, but they are not the audience that it is aimed at. Many of the slides are text, and are clear and hard hitting and uncontroversial. The reproduction of the colour slides is good but the number of fundus photographs within the programme is rather limited; if anything it would benefit from more fundus photography to show a wider range of physical signs. The section on laser treatment is also rather superficial and perhaps over-optimistic. Greater awareness of the physical signs and importance of diabetic retinopathy can only be to the patient's advantage, but one is left with a slight suspicion that if the programme leads to further referrals for the American ophthalmologist this would be no bad thing either.

D. J. Spalton

The Surgical Rehabilitation of Vision

L. T. Nordan, W. A. Maxwell and J. A. Davison
Gower Medical Publishing: New York, 1991

This large well-bound text is well printed and easy to read. It starts with an enlightening eulogy to aspirations of excellence. This continues in a chapter on the authors' philosophical concepts of anterior segment surgery, which they define as the pursuit of the 'best uncorrected visual acuity' for that patient.

Whilst transatlanticisms such as 'center' can be irritatingly tolerable, spelling errors such as 'diopter' should not be encountered. Other neologisms ('explicated' for

'explained', 'designee' for 'designated person', and 'be-tween' for 'between') abound.

Some of the comments on aspheric optics are controversial, and in these cases specific references would have been beneficial. The comments on the inherent limitation of computerised corneal modelling systems are accurate and helpful.

The list of drugs used for 'local anaesthesia' suggests that the borderline between local and general anaesthetic may be blurred. It is interesting to hear a defence for the continued use of retrobulbar injections, which many of us still prefer.

The chapter on instruments is excellent, and correctly stresses the need for surgeons to own their own set of high-quality instruments to achieve an optimal performance. The subsequent chapter on needles and suture materials is also excellent, even if sutureless phacoemulsification renders some of it redundant.

The subsequent chapter on the theoretical aspects of monofocal and multifocal intraocular lens design is a masterpiece of *précis*. Unfortunately, the dangers of trying to express a nucleus through an intact capsulorhexis are not mentioned, and are a potential pitfall for surgeons converting to this excellent technique.

The chapter on extracapsular lens extraction, the standard by which all current surgery is measured, is unfortunately not representative of the technique as generally practised in the United Kingdom. It is difficult to reconcile the recommendation that 'improved technique should minimise manipulation of the anterior segment' with the use of manual nucleus splitting devices and continuous fluid irrigation via a separate paracentesis for an 'anterior chamber maintainer'. There is no discussion of sutureless surgery, yet the routine use of astigmatic keratotomies is advocated.

The chapter on the details of phacoemulsification technique is excellent, with appropriate stress on the importance of the inter-relationship of the surgical steps and a good 'phaco-philosophy' to allow techniques to be adapted to different degrees of nuclear hardness and unplanned surgical occurrences! Most of us would not use superior and inferior rectus sutures routinely, but this may be of use when first starting. The author of this chapter (who tells us he is 6 foot 2 inches tall) describes in detail how to position oneself comfortably, but does not offer any advice to those of us of more average height!