

Clinical Orthoptics

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second edition,
Blackwell Publishing, Oxford,
2004, 357pp, 117 Figures and Tables,
Price: £32.50.
ISBN: 1405113421

Eye (2006) 20, 404.
doi:10.1038/sj.eye.6701880

Clinical Orthoptics is divided into four main sections. Section I (four chapters) contains basic information about extraocular muscle anatomy and innervation, binocular single vision, ocular motility, and orthoptic investigative procedures. Section II (five chapters) and Section III (nine chapters) cover concomitant strabismus, and incomitant strabismus, respectively. The final section includes 'diagnostic aids', abbreviations of orthoptic terms, a glossary, and case reports.

The second edition of this book is a much more substantial text than the first edition, providing, as the author states, 'fundamental information on anatomy, innervation, and orthoptic

investigation, plus diagnosis and management of strabismus, ocular motility and related disturbances'. As before, the book has no pretensions to provide in depth discussion, recognising that there are already excellent texts available. *Clinical Orthoptics* is, however, well referenced and provides not only a complete reference list following each chapter, but also substantial suggestions for further reading, which would be desirable for anyone looking for more than the basic information supplied.

The layout of the book is clear and straight forward and figures and photographs are used effectively throughout Sections I–III. The additional text in Section I on ocular motility and orthoptic investigative techniques in the second edition is welcome, providing fundamental information. The case reports in Section IV provide brief classic examples of the main clinical characteristics of 21 different types of strabismus, nine concomitant and 13 incomitant, however, their brevity generates at least as many questions as they answer. For example, in the case of the convergence excess esotropia (case report 3) it states that

'the deviation decreased to 16 prism dioptres' with +3.00DS lenses but fails to remark if the patient was rendered binocular with the lenses, which is far more important diagnostically. The incomitant cases would have benefited from pictures of Hess charts, fields of binocular single vision, or fields of uniocular fixation, where appropriate.

The target audience for *Clinical Orthoptics* is trainee ophthalmologists and orthoptic undergraduate students. The former will undoubtedly find the book extremely useful, as will optometry students and optometrists. Undergraduate orthoptic students will also be pleased to find another text concentrating on orthoptics, but will perhaps find that they outgrow it quite quickly as their need for greater detail and in depth discussion increases. However, the relatively sensible price of this book will probably ensure that it finds a welcome place on their book shelves.

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