

described in detail, whilst others, less common, are presented superficially.

I would recommend this text for basic students in schools of nursing, and for nursing staff who require a clear introduction to the principles of Ophthalmology. For such an audience, the book will provide clear facts and assistance in understanding the needs of those patients in their care who have an ophthalmic disorder.

I would recommend the book to nurses undertaking post-basic courses in ophthalmic care, only as a revision of experience gained in basic courses or as a brief introduction to principles of ophthalmology. Such a book may be recommended for pre-course reading. It is my opinion that the text lacks the development and application of detail required for nurses specialising in ophthalmic care.

The book, as its title suggests, is concerned with an account of ophthalmology for nurses, this it does very well, but, the approach is medically orientated, without application to individualised patient care and this, I feel, needs to be acknowledged to students or nurses to whom the text may be recommended.

M. Rowell

**Open Angle Glaucoma** by G. Weinstein.  
Churchill Livingstone £40

Surely all ophthalmologists will find this a most useful book. After all, glaucoma is common. Indeed in the preface the point is made that glaucoma is now the most common cause of blindness in the United States.

The thirteen chapters all relate to frequently encountered clinical problems. The topics range from signs of early damage to the eye, including an account of low tension glaucoma, to descriptions of medical and surgical treatment. The particular problems posed by the patient with glaucoma and a cataract are discussed and the specific difficulties that may be experienced when advising patients with glaucoma who have earlier had an intraocular implant inserted are helpfully reviewed. The management of complications is not shirked. There is a chapter on glaucoma associated with corneal disorders and another

on valves and drainage implants in neovascular glaucoma.

The chapters have been compiled by twenty-three contributors all but three of whom practise in America. However, such is the international nature of ophthalmology that it is only the occasional phrase that grates. The following two sentences might raise a few other European eyebrows; 'Many businesses have non-contact tonometers. Patients should be encouraged to take multiple measurements of intraocular pressure throughout the day in their normal environment.'

There is widespread evidence of a strong editorial hand which has paid dividends. The text has a relatively uniform and attractive style. The chapters are much the same length. Each has ample references; never less than thirty and in one instance almost a hundred. Thus there is plenty of scope for further reading.

The many black and white illustrations and diagrams are mostly of a good quality. Surprisingly, the diagrams in one chapter let the side down badly for the sketches do not make their points at all well. The book is well laid out and the tables and printed text are clear. Unfortunately, many of the pages of my copy are badly defaced by several black stripes. Let us hope mine is a single rogue copy. There is a good index.

In short, I recommend this book to other clinicians for they will find in it many useful tips which will help them in managing their patients who have glaucoma.

A. R. Elkington

**Oculoplastic Surgery—Second Edition** Edited by Clinton D. McCord and Myron Tanenbaum

This is an excellent up-to-date definitive textbook of all aspects of ophthalmic plastic surgery. It covers eyelid, lacrimal, orbital and socket disorders, and this edition has new chapters on anatomy, Graves disease, and essential blepharospasm. The preface states that details of surgical techniques not emphasised in the current oculoplastic literature will make this text of interest to the surgeon with

many years experience and that this book is intended to update, guide and expand the skills of the surgeon interested in eyelid, lacrimal and orbital surgery. It certainly achieves these aims but as a corollary the book is perhaps rather too extensive for the novice. It does not give major prominence to simple problems such as entropion and ectropion although they are covered, but equal prominence is given to excellent descriptions of techniques such as orbitotomies, coronal flaps and the correction of telecanthus.

There is an excellent first chapter on basic techniques including the taking of ear cartilage, nasal septal cartilage, and dermis-fat grafts which are not covered so well in most other textbooks. Procedures are described throughout with a combination of line drawings and photographs. There are excellent CT scans, X-rays and tomograms, especially in the section on trauma. Common eyelid tumours are very well illustrated with clinical photographs. The drawings often show the common errors in practice, ie the wrong as well as the correct technique. There are most useful lists in the orbital section on the differential diagnosis of anatomical abnormalities encountered with CT scans.

Although many surgeons have contributed to this book, the primary author has written at least part of almost every chapter and his influence and extensive experience is present throughout. His own very valuable contributions to ophthalmic plastic surgery are highlighted, such as his approach to the orbital floor via a lateral canthal incision. He also describes the importance of reattaching the posterior limb of the medial canthal tendon and marsupializing the cut inferior canaliculus in involutional medial ectropion. He was the first to explain the changes in some cases of involutional ptosis which account for a lateral tarsal shift and explains the technique of advancing the upper lid retractors to compensate for this defect without getting a 'temporal flare'. His technique for recessing the upper lid retractors involves using 'spacer sutures' and he likes to bury 7/0' silk permanently in the tissue rather than to use long-acting absorbable sutures which many other surgeons prefer but his techniques certainly all work

excellently and have been well tried in practice.

The book is excellently referenced but there is perhaps a natural tendency to give credit to the first accounts of a procedure which have appeared in the North American literature rather than to the actual originator of the concept if he did not happen to publish it in this literature first, eg tarso-marginal grafts were initially described in the German literature. In simple eyelid reconstructions, not everybody would agree with the principle of excising redundant skin purely for cosmetic improvement if the surgery was being carried out for tumour removal, since some would feel that all spare tissue should be saved in case of the need for further surgery in these cases. Some would disagree with the principle that it is 'mandatory' to splint a canaliculus when it is being repaired. These are all very minor differences of opinion and in no way detract from the enormous value of this textbook.

In summary this is currently the most valuable complete short textbook of ophthalmic plastic surgery covering the whole field of the subject. It is comprehensive, easy to read, well-illustrated, and well-referenced. It is not primarily intended for the novice but for anybody who wishes to pursue an active interest in ophthalmic plastic surgery it will be a most valuable purchase.

J. R. O. Collin

**Manual of Common Ophthalmic Surgical Procedures** ed Phelps & Kolder. Churchill Livingstone

This Manual is a compilation of certain surgeons' operative techniques and some of these are more up to date than others which makes for unbalanced reading (few today would advocate a Scheie's operation as a matter of routine). It reads more like a list of ingredients for a recipe with minimal advice on preparation and cooking. No indication is given to the novice as to why certain instruments are preferred or how to handle different tissues. Some chapters are informative and clear (squint, lids, orbit, evisceration/enucleation) but only to those who already have a modicum