
BOOK REVIEW

Atlas of Optic Nerve Disorders

Thomas C. Spoor
Raven Press: New York, 1992

The evaluation and management of optic nerve disorders is a challenging aspect of neuro-ophthalmology. In spite of the advances in imaging and visual field evaluation over the past decade, clinical judgement remains paramount. Even so, an experienced observer cannot always be dogmatic about diagnosis, so that a management plan becomes very important. This is the strength of Thomas Spoor's *Atlas of Optic Nerve Disorders*, and his vast personal experience and sensible approach make it an attractive and useful volume.

There are sections on the anatomy and physiology of the optic nerve and the methods of evaluation. Individual diagnostic categories such as benign intracranial hypertension, traumatic optic neuropathy, optic neuritis and ischaemic optic neuropathy are then covered. A description of the condition is followed by one or more short case reports with fundus photographs, visual fields and imaging. There are excellent practical tips on what to look for when examining the optic disc and what investigations are appropriate. Some subjects are dealt with in more detail than others and the treatment of benign intracranial hypertension is particularly extensive and valuable. There is a good description of the operation of optic nerve sheath decompression.

The problem of glaucoma, pseudo-glaucoma and low tension glaucoma is covered with an appropriate investigative protocol. There are sensible and humane comments on the evaluation and work-up of first and subsequent attacks of optic neuritis and an interesting section on optic neuritis in the elderly. Traumatic optic neuropathy receives extensive coverage and the author freely admits that the rationale for his management (including surgical decompression of the intracranial optic nerve, optic nerve sheath decompression and mega-doses of steroids) is not yet validated.

United Kingdom readers will also be surprised by the steroid regime advocated for the treatment of arteritic ischaemic optic neuropathy. This consists of very high and sustained doses of steroids for six months, after which treatment is tailed off altogether.

There are occasionally infelicities of style, such as the repeated exhortation to 'compulsive neuro-ophthalmic monitoring' in cases of diagnostic doubt. A certain amount of repetition could have been avoided by more careful editing. The same fundus photograph is used (Figure 6.11 and Figure 7.14) to illustrate two different conditions. However, on the whole the standard of illustration is extremely high and this excellent little book can be highly recommended as an instructive and helpful addition to the neuro-ophthalmic literature.

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