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## BOOK REVIEWS

### *Physics for Ophthalmologists*

D. J. Coster  
Churchill Livingstone, 1994.

This book is exactly what the title says: a text covering the many aspects of physics, not just optics, which have become part of ophthalmic clinical practice today.

The chapter headings show the range of subjects included. These are: basic physics, optoelectronics; physical, geometric and physiological optics; instrument optics; automated assessment of vision; clinical refraction; lasers; physics of medical imaging; electrosurgery and electrophysiological testing.

Each section is well written and presented with plenty of excellent line diagrams which are allowed plenty of space and are therefore easily assimilated.

This compact and readable text is a welcome addition to the ophthalmic library. I am sure it will quickly become established as an essential text for those preparing to sit their professional examinations.

Helena J. Frank

### *Clinical Ophthalmology*

J. L. Kennerley Bankes  
Churchill Livingstone, 1994.

This is a practical book, with an emphasis on basic principles and common conditions. Thus it includes chapters on 'Examination of the eye', 'Age changes and the eye', 'Eye injuries and first aid', as well as on specific diseases and their management. It is thoroughly readable to someone with no previous experience in ophthalmology, and is free of jargon and unintelligible lists. Colour photographs and clear diagrams are placed at the appropriate point in the text, and the comprehensive index allows rapid

access to specific topics. These features will make the book useful not only as an introduction to ophthalmology but also as a reference manual to clinicians.

There is very little to disagree with; one of the few exceptions is the section on orbital cellulitis, suggesting an initial treatment with oral antibiotics. Most ophthalmologists would wish these patients to be admitted to hospital at once for intravenous therapy.

Now in its third edition, *Clinical Ophthalmology* is aimed at medical students, general medical practitioners, optometrists and those beginning a career in ophthalmology. It deserves to remain popular.

J. D. A. MacLeod

### *Partial Sight: How to Cope*

Mary Taylor  
Robert Hale, 1993.

Loss of previously good vision necessitates profound changes in the way we cope in daily life. Mary Taylor lost her vision as a result of diabetes and sets out to identify ways in which she found coping easier. Whilst the book is strongly influenced by her experiences it avoids being patronising or self pitying and provides much useful information and many helpful suggestions for those similarly affected. Equally there is much that the carers and professionals will find of value.

The book is in large print to make it accessible and can be easily read. A detailed reference appendix of the addresses and contacts would have been helpful but even without this the book will be a useful addition to the information available to patients with visual loss.

I. H. Chisholm