
BOOK REVIEWS

Recent Advances in Ophthalmology, no. 9

Edited by Barrie Jay and Colin M. Kirkness.
Churchill Livingstone, 1995
ISBN 0-443-051275, ISSN 0-309-2437

A book with this title is meant to be a kind of 'May Day' parade of all that is brightest and best in ophthalmology; but these sixteen reviews make a motley caravan, hugely varied in style and content. Of course none of it is *very* recent: I found only two citations of papers dated 1995, and only four dated 1994. In one or two reviews one suspects that there is less concern with *advance* than with increase in the bulk of information in the ophthalmic literature. It is not particularly well turned out, either: colour plates on AIDS, corneal topography and Doppler images are stuck in the middle of a discussion on botulinum toxin, figures 4.1 and 4.2 have been transposed, and the wrong running title appears above the chapter on retinoblastoma. Never-the-less, this collection gives an opportunity to reflect on our recent history, and there is something here for everyone.

The Current Role of Botulinum Toxin in Ophthalmology (J. Elston) finds excellent indications for this treatment in blepharospasm, hemifacial spasm, and iatrogenic cornea-protective ptosis (entirely uncontroversial); but the discussion on treatment of squints is full of 'can' and 'may', and does not reach any clear consensus about what the best practice ought to be.

In contrast, *An Update on the Investigation and Treatment of Microbial Keratitis* (D. V. Seal, C. M. Kirkness) is thoroughly didactic, and full of practical instructions. There can be no doubt that if the standards set here were to be universally applied, many patients would be far better served. This particular chapter should be brought to the attention of one's colleagues in microbiology.

Ophthalmic Manifestations of HIV Disease and the Acquired Immune Deficiency Syndrome (P. Bloom, E. Graham, C. Migdal) is an abundant source of information, but I note that the authors' own names do not figure in the massive bibliography. One might suspect a relative lack of personal experience of the diseases they have catalogued; a suspicion reinforced by a failure to structure the review in any way that would assist the reader's clinical assessment – for example, by indicating which diseases are likely at

which stage in the decline in CD4 lymphocyte count. Readers will have to look elsewhere for up-to-date discussion of the effective but expensive intra-vitreous slow-release depots of ganciclovir.

Ocular Surface Transplantation (M. D. Wagoner, K. R. Kenyon, J. W. Shore) reverts to a didactic style. It is beautifully illustrated. It covers all the technical details, and even discusses the limitations of this form of surgery.

The core of *Cyclodestructive Procedures for Advanced Glaucoma: An Update* (W. G. Stinson, M. B. Sherwood) is in the single sentence: 'Comparison of cyclocryotherapy to laser cyclophotocoagulation in the literature shows similar success rates and complications regardless of the cyclodestructive modality employed'. Even in the data they quote, diode laser treatment gave less trouble from hypotony and visual loss; and for this very reason, that technique has gained the ascendancy since the review was written.

Use of Antimetabolites in the Surgical Control of Glaucoma (P. H. Kalina, A. R. Bellows) is also showing its age. Mitomycin-C is now entrenched, at the expense of 5-FU; but there is some interesting discussion of surgical complications here.

Ocular Trauma (M. Bowes Hamill, J. A Hoover) has a useful paragraph on the surgical techniques for application of cyanoacrylate glue to perforated corneas. That is not a very recent advance; nor is the big breakthrough in the use of ascorbate for alkali burns of the cornea (1976), which is also discussed. There is mention of other agents which might also reduce the risk of corneal perforation: citrate, acetylcysteine, penicillamine, tetracycline, and metalloproteinase inhibitors.

I found nothing at all new in *Small Incision Cataract Surgery* (P. A. Rosen, L. J. Sullivan), but as a brisk canter over well-trodden ground, it serves well enough.

The Assessment of the Apparently Blind Infant (M. P. Snead, A. T. Moore) will be invaluable preparation for a Registrar starting to work on a paediatric ophthalmology team. It is a well-judged piece, and even if, as the authors conclude, much of the content is outside the scope of routine ophthal-

mology, one is bound to seek it out in the library from time to time.

Recent Developments in Retinoblastoma (J. Hungerford) is also clear and helpful: it is the best clinical review of retinoblastoma I have seen. One should not be put off by the first three words in the title: there has been a lot of much more recent research on the RB1 gene and its product, and its rôle in regulation of the cell cycle, but for clinicians this is pretty impenetrable, and one can be grateful that it has been omitted as it has no bearing yet on diagnosis or treatment.

Colour Doppler Imaging of the Eye (T. Williamson) reviews a handful of cases of this and that, but this technique seems to make no difference to clinical management, and to offer no new insight into disease processes. There is a pointer to a possible research application: assessment of the effect of pharmacological agents on the autoregulation of retinal blood flow.

The chapter with the highest proportion of recent citations is *Ocular Imaging: Computerised Corneal Modelling* (M. W. Belin, S. B. Hannush). This is a commendably concise introduction to rapidly evolving technology. It will be useful to anyone contemplating indulging in this past-time, though before spending any money it would be as well to seek up-to-the-minute information, particularly on how the rasterphotogrammetry system, and the method of laser holographic interferometry, are measuring up to the longer-established videokeratoscopes.

Magnetic Resonance Imaging and the Eye (I. Moseley, D. Hadley) confirms the prevalent view that MRI of the eyeball has little to offer. A new technique of Magnetization Transfer Contrast is referred to: it offers far better resolution in studies of animal eyes (1991), so perhaps this will find its way into clinical use.

The review of *Scanning Laser Ophthalmoscopy and Tomography* (R. O. W. Burke, H. E. Völcker) is beautifully illustrated and readable. It deals with the story up to 1992–3, including psychophysical functional testing of the macula, 3D imaging, and retinal pigment densitometry and reflectometry. I shall be interested to see whether cutting the cost of SLO hardware will enable this technology to find a place in clinical practice: will this be a case of 'The Emperor's New Clothes', as was wisely said of automated perimetry?

To anyone with even a passing interest in retinitis pigmentosa, *Recent Developments in Psychophysics* (F. W. Fitzke) will be the highlight of this book. The research described here has not been driven by any commercial interests, and there is no question of any of this being applied outside a big specialist centre. But what wonderful insights into the pathogenesis of this fascinating group of diseases!

The final chapter, *Recent Advances in Clinical Visual Electrophysiology* (G. B. Arden), requires, and fully rewards, detailed reading and re-reading. It is by the Master himself.

David Mansfield

Ophthalmic Ultrasound: A Practical Guide

Hatem R. Atta

Churchill Livingstone, 1996

ISBN 0 443 04773 1

At last! A 'Practical Guide' which really is full of practical tips and useful examples. This is an excellent book: every eye department should have one.

All of us rely on A-scan ultrasound for biometry before lens implantation, but when one turns one's hand to do the occasional B-scan of an eye with a suspected retinal detachment or tumour, a certain lack of confidence creeps in. Major clinical decisions can depend upon the conclusions drawn, but few ophthalmologists have been taught to use the ultrasound scanner to make a systematic and thorough examination, and few can be sure of extracting all the relevant information as they do a scan. However, this is not an investigation one can easily delegate to a radiologist. Still pictures give only part of the story: interpretation of a scan is easier if one sees it being done or, better still, does the examination one's self.

The aim of this book is to help one establish a 'sound' technique, and it is full of simple practicalities. Tips such as the use of a reclining chair with the patient's eye close to the monitor, putting up overhead fixation lights, and applying the probe to the globe not the lids, can all help to get one off to a good start. Other helpful suggestions include covering the probe tip and gel with 'clingfilm' in infected cases, and choosing high gain for detecting vitreous opacities and posterior vitreous detachment and low gain for obtaining a detailed view of the retinal and choroidal layers, for checking for extrascleral extension of tumour, demonstrating optic disc drusen, and looking for calcification.

The section of the book which will be thumbed through most often is that part on methods of examination of the globe. It gives a clear explanation of the method of systematic scanning of all parts of the globe, with the probe applied at the limbus, the equator, and posterior to the equator, at selected clock-hours. This 'transverse' method of scanning is seldom recommended to beginners, but it clearly avoids the strong sound attenuation by the lens, and the artefacts caused by scanning through a lens prosthesis. It also makes it much easier to describe the position of a lesion. Further useful tips include choosing a plane of section through the optic nerve