BOOK REVIEWS 577

for clarification of retinal detachments, and rotating the globe within the plane of the section. Due emphasis is given to the particular benefits of Ascanning, including the demonstration of 'aftermovement' rippling of a retinal detachment, and the fast vertical oscillation of spikes which indicates vascularity in a lesion.

For most practising ophthalmologists, two clinical differential diagnoses will dominate the application of ultrasound, and these are quite rightly emphasised: retinal versus choroidal versus posterior vitreous detachment; and melanoma versus metastasis versus haemangioma of the choroid. These are used as illustration of the principle that maximum clinical information is gained from separate attention to each aspect of a lesion: topographic, kinetic, reflectivity, internal structure, and sound attenuation. This discussion leads into an encyclopaedic reference manual on sonographic appearances of diverse unusual lesions which is extremely useful. There is even room for some fascinating 'small print' which will please the connoisseurs, such as the change in internal reflectivity of choroidal melanomas after irradiation.

The later part of the book campaigns for recognition of the value of ultrasound (particularly standardised A-scanning) in demonstration and diagnosis of orbital lesions. It is a rear-guard action: CT and MRI scanning are so entrenched now that there is not very much incentive to master the art of orbital ultrasound for rather marginal benefit, unless one works in a tertiary referral centre where orbital disease is commonly encountered. Ultrasound may be better at demonstrating optic nerve sheath distension and engorgement of orbital veins, but CT and MRI are surely better at finding the causes of these secondary effects. It must also be said that although ultrasound can give a result immediately, it is often helpful not to have to make an instant judgement on the results.

Biometry is another topic well covered. Special techniques such as Doppler studies and Duplex scanning get a mention, though as curious devices for curious people, rather than as useful clinical tools – which is fair enough. I found nothing on the new methods which allow high-resolution tissue scanning with almost 'histological' precision.

Experts must always have something to pick at: 'Very good but?' . . . It is the definition of an expert. This review is not by an expert in the field, but by one who will find this book an enormous asset in the oncology and retinal services, a help in routine biometry, and a godsend for teaching undergraduates and postgraduates.

David Mansfield

Ophthalmic Photography: A Textbook of Retinal Photography, Angiography and Electronic Imaging

Patrick J. Saine and Marshall E. Tyler Butterworth Heinnemann, London ISBN 0-7506-9793-8

This is quite possibly the most informative and comprehensive text on the field of retinal photography yet produced - concisely written and beautifully illustrated. The authors take you from the origins of retinal photography and angiography, through in-depth discussions of fundus photography theory and practice, as well as retinal and choroidal angiography techniques. There are many practical suggestions from the fundamentals of camera position and producing sharp retinal photographs, through to advanced stereo imaging. The chapters on angiography deal with physical and chemical properties of fluorescein sodium and indocyanine green dyes, adverse reactions, angiographic procedure and interpretation. The authors go on to unravel the sometimes confusing world of electronic imaging, discussing principles, cameras and instrumentation, and the practicalities of working with a digital angiography system.

In conclusion, this book should be required reading for anyone embarking on retinal photography or angiography, an invaluable source of reference for the experienced ophthalmic photographer and a useful revision aid for pre-Fellowship candidates.

Christopher H. Mody

ProVision: Preferred Responses in Ophthalmology

A self-assessment program from the American Academy of Ophthalmology, 1996

This set of three volumes is the second series published by the American Academy of Ophthalmology as part of LEO (Lifelong Education for the Ophthalmologist), a programme of continuing medical education for ophthalmologists. Five hundred questions are set in Volume I, fifty in each of ten subspecialty areas. The preferred responses are fully documented in the Discussions (Volume II), where the excellent illustrations are reprinted and key references are given. The third volume is an evaluation and response form, which can be filled in and sent off for confidential marking or simply used for self-assessment. The layout, typesetting, colour reproduction and general presentation make this set very readable and a pleasure to either browse through or sit down with and formally test oneself.

From a British trainee's viewpoint, the kind of questions asked are not used in any of the postgraduate Fellowship examinations. There is a stem (clinical photograph, illustration, case history, 578 BOOK REVIEWS

statement or diagram) followed by four responses, one of which is the preferred response. Thus from the perspective of the reader who is preparing for British examinations and developing examination technique, there is little to be gained here, but as a means of self-assessment the questions are well set and accurately delineate scotomas in one's knowledge. There are occasional semantic gymnastics to be negotiated, but no more so than in the questions set by our own esteemed Royal College.

With regard to continuing medical education and its progress in the UK, it seems likely that in the future the prospect of reaccreditation will eventually become a reality, and those of us who thought that examinations were a thing of the past are beginning to realise that they will become again a thing to be passed. If those with the responsibility for implementing structured CME in the context of British ophthalmology are able to produce material of this quality, then we shall be well served.

Neil Rogers