Common Problems in Neuroophthalmology

James F. Acheson and Michael D. Sanders W. B. Saunders, London, 1997, £55.00, ISBN 0 7020 1879 1

What is a common problem? The most common problem in neuroophthalmology is that prodromal feeling of progressive clinical paralysis that indicates to the ophthalmologist that here is a patient with an ocular manifestation of neurological disease. There are forty people in the waiting room (despite College guidelines) and this one is going to take more than four minutes. Paralysis is accompanied by indecision, which leads to inadequate examination, inappropriate investigation and finally an incoherent or panicked referral to a neurologist. The neurologist may see the patient as a whole, clinch the diagnosis and treat systemically but fail to appreciate the treatable ophthalmic features of the condition - corneal exposure, diplopia, head tilt, radiation-induced cataract or partial sight registration. Thus the patient is caught in the no man's land between two specialities which approach his problems from two very different angles.

This tightly packed little monograph attempts to reconcile some of that dichotomy by providing ophthalmologists with a concise understanding of the common neuroophthalmological conditions and also alerting neurologists to the ophthalmological approach to neurological disease. The multi-volume tomes on the subject are locked away in the library, but this slim volume is small enough to slip into the briefcase, weighty enough to impress ones colleagues and may even ward off some of that creeping inertia in the face of neurological disease.

It is not a book for the uninitiated, however. The style is terse and unimaginative in order to compress a maximum of information into a small volume. The type size and the margins are small for the same reason. A working knowledge of the appropriate vocabulary is thus a prerequisite. It is densely packed with useful information, well referenced and up to date with recent publications such as the optic neuritis treatment trial, the optic neuropathy decompression trial and the various endarterectomy trials. For anyone who sees a significant amount of neuro-ophthalmology, this book should

be readily available as a handy reference with good entry points into the primary literature.

Quibbles? A significant scotoma is in the area of management. Treatment regimens are either absent (migraine, sarcoid) or very patchy (myasthenia, optic neuritis) - just how high is 'highdose' and what precisely does 'immunosuppression titrated against clinical indices of disease activity' mean? Anyone looking for help in the management of the child with multiple neurological impairment will be disappointed. There has been some slippage between the index and the text, so that some of the page numbers are out by 1. My personal quest for a book that makes nystagmus interesting and memorable is still unfulfilled.

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Retinal Detachment: The Essentials of Management, 3rd edition

Hector B. Chawla Butterworth-Heineman, Oxford, 1998, £35.00, ISBN 0 7506 3980 6

Dr Chawla's inimitable style of writing makes for a refreshing, often entertaining, read. Throughout the text there is an emphasis on the practical aspects of the management of retinal detachment. The technique of indirect ophthalmoscopy and scleral depression is quite rightly stressed, and this will be valuable for the novice. The list of hazards encountered in retinal detachment surgery, with practical steps to deal with them, is both useful and reassuring for trainees.

For a relatively small book on this topic much ground is covered. Such brevity necessarily leads to a didactic style, and it is hardly surprising, therefore, that more experienced vitreoretinal surgeons might disagree with some of the techniques described, for example that for subretinal fluid drainage. However, there is often more than one view concerning the cause and treatment of vitreoretinal problems; this is one of the attractions of the subspecialty, and it is important for trainees to understand that there are differing opinions. It follows that trainees should not use this book as their sole authority on vitreoretinal disease.

This book is likely to be popular with ophthalmic trainees, since it covers a lot of ground without being taxing. But then with a book backed by the Chancellor of the Exchequer what would one expect?

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The Cornea, 2nd edition

Edited by Herbert E. Kaufman, Bruce A. Barron and Marguerite B. MacDonald Butterworth-Heineman, Oxford, 1997, £200.00, ISBN 0 7506 9928 0

The second edition of this acknowledged reference text is welcome after ten years. Its dramatic increase in size and content mean that it will continue to be used widely.

Kaufman, Barron and MacDonald bring together contributions from over 70 authors, many of whom are well respected names in their fields. The fact that the large majority are American does mean that this book, like others, presents a slight national bias. The Editors have made it clear in their introduction that their aim in this volume has been to produce a pragmatic approach from experts rather than an encyclopaedia of current knowledge. However, the mere quantity of discussion and use of references mean that this book also serves well as the latter. Colour plates have increased in number and are now incorporated into the text: this certainly makes using the book easier and more enjoyable but it is a shame that in such a visual subject still less than a quarter of the illustrations are in colour.

The earlier chapters in the book on basic science and medical cornea have changed little from the previous edition. Whatever increase in content there is is usually due to better understanding and explanation of pathology rather than changes in practice. However, the further one reads on into surgical cornea, especially excimer laser refractive surgery, the greater the change. Here the book provides a useful summary of modern techniques that were obviously lacking from the first edition. Their rapid evolution, though, means that this book is already out of date in some areas: for example elevation topography merits only one paragraph.

This new edition must be considered by all interested in corneal disease. The changes mean that it competes well against other specialist texts that also have new editions (those by Krachner and Leibowitz). The final choice will depend on individual preference.

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