Pediatric Optometry, Jerome Rosner; Butterworth Inc., U.S.A., 1982, 458 pp., hard cover, w/illus., $39.95 (U.S.).

Finally, a textbook written by an optometrist specifically for optometrists! This reference book covers all aspects of diagnostic services and almost all treatment services for the management of the pediatric patient.

The textbook is divided into two sections. The first part covers the examination procedures and diagnoses. Each chapter starts with a question, e.g., Why is the patient seeking services? (ch. 1) How clearly does the patient see? (ch. 3) What is the patient's binocular status? (ch. 6).

The second part reviews the treatment procedures available for such diagnoses such as ametropia, strabismus, nystagmus, binocular vision and perceptual skills dysfunctions.

The author describes various regimens of treatment procedures and employs a problem-solving orientation throughout the book. The application of "flow charts" aids immensely in working through the "chief complaint" to final resolution and recommendations.

Dr. Rosner's experience in both private and institutional practice has provided him with the expertise to write such a comprehensive text. It offers a single source of clinical information for the practitioner. For the optometric student, general optometrist or pediatric optometrist, this text provides a wealth of information and would prove a valuable addition to one's professional library.

Joseph Mittelman, O.D., FAAO

Dictionnaire de la Science de la Vision — Michel Millodot, Ph.D. Published by L'Institut et Centre d'Optométrie, Paris, 1982, 367 pages.

Tout dictionnaire est un outil de travail pour le lecteur, l'écrivain et le chercheur. Il y en a pour tous les goûts, pour toutes les disciplines et branches de la science. Quand un nouveau dictionnaire vient combler une lacune dans la littérature d'une discipline il y a raison de se réjouir. Ainsi donc la publication du Dictionnaire de la Science de la Vision du Dr. Millodot vient combler un vide dans la littérature optométrique professionnelle du coté francophone.

Le volume comprend 2069 termes répartis inégalement sur les sujets d'optométrie, d'anatomie, physiologie, pathologie et maladies, optique et lentilles ophthalmiques, instruments, tests et un nombre de noms d'individus ayant contribué à la science de la vision.

Chaque terme est numéroté selon sa position alphabétique qu'il occupe sous la lettre appropriée de l'alphabet. Ainsi, sous la lettre "O" il y a 261 termes, sous "J" on ne trouve que 8. Chaque terme est suivi de la traduction anglaise mais la définition ou la description n'est qu'en français. Au besoin il y a référence à un autre terme pour une explication plus complète, e.g. — Fixation (disparité de) voir disparité.

Le volume se termine par un index de termes anglais correspondants aux termes français. Le terme anglais est suivi du numéro du terme français permettant ainsi de retrouver la traduction rapidement, e.g. Wilson's disease M37 — le terme français sera retrouvé sous la lettre "M", le 37ème entré.

Même si ce volume ne contient pas le nombre de termes contenus dans le Dictionnaire de Visual Science, il est plus qu'adéquat pour les besoins quotidiens du praticien de l'étudiant ou de l'auditeur néophyte. C'est un travail qui devrait prendre place à côté du Larousse et du Harrap.

La profession est en ette envers l'auteur pour une contribution et un outil de travail si précieux.

G. Maurice Belanger


The subject matter of clinical medicine for the occupational physician, as seen by Michael V. Alderman and Marshall J. Hanley, divides into seven sections. Section I, Basic Orientation for Practice, surveys the history of occupational medicine in the USA, and the manner in which the work of occupational physicians is prescribed by federal regulations. Ethics, and epidemiology and biostatistics complete the orientation. II, The Worker/Patient, deals with working women, elderly workers, and disabled workers. III, The Occupational Health Program, tackles planning and evaluation of an occupational health program, health promotion and screening, functional assessment for heavy physical labour, and the health of travellers. IV, Alcoholism and Mental Illness, opens up alcohol abuse and stress and mental illness. V confines itself to one chapter on approaches to occupational cancer; VI also has but a single topic: occupational dermatoses. VII, Major Clinical Problems, focuses for physicians in industry, comprises musculoskeletal disorders, gastrointestinal and hepatic concerns, occupational pulmonary disorders, hypertension, cardiovascular and neurologic diseases of the ear, nose and throat.

In evaluating this book, I was influenced by my sense that occupational medicine is in an uncomfortable state, torn between contrasting orientations. This book pertains to one of the orientations, that of the practice of clinical medicine within the framework of employment. Leon J. Warshaw, in the foreword, points out that occupational medicine now operates in the hitherto taboo sphere of non-occupational health problems detected in connection with employment. Robert Murray, a noted British practitioner of occupational medicine, speaks of the effects of health on work; health in work, a variation on the Murray theme, is largely what this book is about.

By contrast, the effects of work on health has been the driving force of occupational medicine for the past century plus, paralleling the drive towards public health and hygiene over the same period.

There can be no doubt that managers and workers alike expect workplace physicians to practice clinical medicine. But the historical criticism has always been that workplace physicians who concern themselves overmuch with non-occupational disease might run the risk of missing occupational disease. Worse still, physicians concerned with individuals rather than groups might be criticised politically for being tools of management concerned to seek out the causes of disease among the vulnerabilities of individuals rather than the toxins of the work place. This book could certainly be criticised on those grounds, but it is a book whose purpose have to be considered all the same.

From a clinical point of view, the book has patchy coverage, as it acknowledges. (For example, there is almost nothing on eyes!) The orientation is exclusive to the practice of clinical medicine in the USA. Its patchiness reflects the incoherence probably inevitable with a multi-author text addressed to a subject which in any case lacks much in the way of intellectual structure — how can a subject have structure when it is struggling with dichotomy disease?

For all its shortcomings, I think this book important, and even a bit courageous. It ought to be useful to occupational physicians who are out of range of refresher courses and the like. It could also be useful to any physician who feels vaguely guilty about practicing the kind of occupational medicine which concerns itself with health in work. For that reason, the book should be explored by seasoned practitioners of occupational medicine because they, too, may be experiencing the debilitating influence of dichotomy disease, and they may be influential enough to bring about the refocussing treatment which the subject so badly needs. The middle of the spectrum is always the position most tempting for those seeking compromise; for occupational medicine this may very well be the right place to look, and Clinical Medicine for the Occupational Physician may be pointing us that way.

Gordon Atherley, President & C.E.O., Canadian Centre for Occupational Health and Safety


There seems to be an unwritten rule that no lecturer ever finds a textbook which completely meets the requirements for his course. This appears to have been Henri Obstfeld's rationale for writing Optics in Vision, Topics considered include schematic and reduced eye models for emmetropia and ametropia, image
formation in uncorrected and corrected ametropia, calculation of retinal image size, accommodation, presbyopia, aphasis, astigmatism, applications of Newton’s equation, effects of spectacle correction on convergence demand, optics of the Purkinje images, vision with contact lenses and vision underwater. The book ends with a brief (58 pages) chapter which describes conditions which give rise to accommodation, rendering an emmetropic eye apparently myopic (e.g. instrument myopia).

The text is well-supplemented by the many line drawings and worked examples. Many chapters include exercises for the reader and sample questions from previous examinations set by various British organizations such as the Association of Dispensing Opticians, British Optical Association, etc. The many brief chapters devoted to calculation of retinal image size for specific refractive states, both uncorrected, and corrected with spectacle lenses, provide the student and busy practitioner with a cookbook-style guide to solving these problems. The chapters on vision with contact lenses and underwater make excellent reading on subjects which should be of more than passing interest to vision care providers. The role of blur circles in the perception of image size is clearly described.

If this book has any faults, they are due to the author’s attempt to discuss such a wide variety of topics within the confines of a text short enough to be used in a one or two-term course on physiological optics. Obstfeld has taken a “bones without the meat” approach, introducing concepts with a minimum of explanation or derivation. The physiological and psychological aspects of vision are given relatively little attention — a serious shortcoming in a book which is intended “to relate the principles of geometrical optics to visual optics”, as stated in the preface. Nevertheless, there are attempts to relate the calculations to clinical situations such as the effect of spectacle correction on the need for an additional astigmatism, and the use of rigid v. hydrogel contact lenses and their effects on vision and the eye as the lens fits change with time.

On the whole, *Optics in Vision* is a cursory overview of applications of geometrical optics to clinical physiological optics. As such, it is of limited value to the educator as a text book, but may provide a good review of applied optics for the student and practitioner.

B. Ralph Chou, M.Sc., O.D., F.A.A.O.
School of Optometry, University of Waterloo


Pride in one’s family, city, country or profession is a healthy and very human trait. Provided it is not arrogant and self-conceit, it can be an important factor in motivating one to greater accomplishments.

Pride is rooted in history, for one cannot take pride in family, city, country or profession unless one is fully aware of the accomplishments of those who preceded us. Such must have been the thoughts of Margaret Mitchell as she collected, collated and planned her unique book on the history of the British Optical Association.

To anyone interested in the development of worldwide Optometry, this book will serve as a guide because the difficulties encountered in Britain are worldwide and differ only in emphasis or degree. Education, legislation and unselfish dedication to the cause are the building blocks to success. The example of the British Optical Association serves as a beacon to those who are just emerging as a profession in many countries of the world.

G. Maurice Belanger, Editor
Drug-Induced Ocular Side Effects and Drug Interactions is a very practical handbook for the optometrist. Relatively little attention is given to contact lens care products or even to the preservatives in ophthalmic solutions.

William M. Lyle
School of Optometry
University of Waterloo


The recent introduction of automated, or semi-automated instruments for testing the visual field has made it possible for the practitioner to reduce the time spent and increase the accuracy of results when compared to traditional, more laborious methods of perimetry. The author, whose background is in visual science, engineering and visual ergonomics, has prepared a text which includes in its twenty-five chapters, an overview of these developments.

The first several chapters address the importance of testing the visual field and provide an historical review of the development of traditional instrumentation such as the arc perimeter, Bjerrum screen, and Goldmann perimeter. The concepts of kinetic and static (both single and multiple presentation) perimetry are adequately covered, including the relative advantages and disadvantages of each method.

The next chapters are devoted to descriptions of field screening and testing devices ranging from the Harrington-Flocks screener, introduced in 1954, to the latest computer-controlled instruments such as the Octopus and Perimetrion. Descriptions of each instrument are concise, giving necessary historical background, design rationale, method of operation, instrument features, limitations, and, in some cases, suggestions for improving the instrument’s capabilities. A large section is devoted to the Friedmann Visual Field Analyser (FVFA) Mark I and Mark II, which the author co-developed.

Following the descriptions of individual instruments there is a group of fairly detailed chapters reviewing the photometric and physiological aspects of field investigation. The next chapters illustrate how these principles were applied in the development of the FVFA. He describes performance characteristics of the FVFA including summaries of several clinical studies. There is also a brief chapter on the clinical evaluation of automated perimeters such as the Fieldmaster and AutoField. The final chapter concludes that single and multiple pattern static perimeters are both effective and efficient for investigating the visual field. In many cases, the instruments have proven to be superior to the laborious traditional methods with tangent screen or manual perimeter.

Although this book is informative, adequately referenced and generally quite readable, I have some reservations in recommending it unconditionally. It cannot be considered as an introductory or basic reference textbook on visual fields: there are no sections on visual pathway anatomy or field interpretation. There is little information that could be adapted to the basic office tangent screen. Also, there is a disproportionate emphasis placed on the Friedmann Visual Field Analyser, which the author uses to illustrate most features of exemplary instrument design. I am, however, willing to forgive this indulgence as his material is well-documented and he does discuss some of the instrument’s shortcomings.

For the practitioner considering the purchase of one of the newer field testing instruments, this book will provide much of the material necessary to make a decision based on sound design principles and clinical performance, rather than on promotional information. This volume also will prove useful for those interested in an up-to-date overview of field testing theory and recent developments in instrumentation.

Rodger Pace, O.D.
School of Optometry
University of Waterloo

Vision Care News from P. 99

Ciba Bi-Soft Contact Lenses

Ciba has recently introduced a newly-designed bifocal soft contact lens. It has two concentric visual zones and, at present, it is available from plano to +6.00D distance powers and add of +1.50D, +2.00D, +2.50D. For further details, write:

Ciba Vision Care Inc.
2121 Argentia Road
Mississauga, Ontario
L5N 1V8

Nic Optronics CS 2000

The CS 2000 was designed for contrast sensitivity testing with fast, efficient results. It gives quantitative information about the integrity of the visual system from the cornea to the cortex. The results from the testing have many applications, including: differentially diagnosing glaucoma and ocular hypertension; evaluating contact lens performance; measuring loss of visual function due to cataract; tracking recovery from optic neuritis; classifying amblyopes; detecting macular disease and many other applications. For complete information, write:

Nicolet Instrument Canada Inc.
1-1200 Aerowood Drive
Mississauga, Ontario
L4W 2S7

New “Old” Product from Zeiss

Readers recalling our last issue’s cover will be interested to learn that Carl Zeiss Ltd. has produced a very limited number of replicas of its brass microscope for collectors (as pictured on the C.J.O. cover, March, 1983). Complete details can be obtained from:

G.A. Wheeler
Sales & Marketing Manager
Carl Zeiss Canada Ltd.
45 Valleybrook Drive
Don Mills, Ontario
M3B 2S6 (416) 449-4660

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