

such topics as the basic principles of steroid therapy, antibiotic therapy, and the autonomic nervous system agents. Also covered are the specific drug therapies used in various specific ocular disease entities.

The second section is an excellent reference section in which specific drugs are listed alphabetically, and under each one there is a brief discussion of the drug's action, side effects, contraindications, and dosage. Although there are certain specific details of therapy where the reader might disagree with the authors, the text definitely deserves a place on the ophthalmologist's bookshelf.

Morton E. Smith, M.D.

Ultrasonics in Ophthalmology, by Richard E. Goldberg, M.D., and Lov K. Sarin, M.B., editors, Philadelphia, 1967, W. B. Saunders Company. 223 pages, \$24.00.

There is a rapidly growing literature dealing with utilization of ultrasound in ophthalmic and medical practice. Ultrasound is useful in the evaluation of the length of the eye and the positions of ocular components. In addition, it is useful in foreign body localization, tumor studies, etc. When reading this book, one realizes that this is a rather complex technique which is still in a development stage. Since these techniques will probably play a growing role in ophthalmic work, it is important that we all become conversant with both the problem and applications of ultrasound.

Jay M. Enoch, Ph.D.

The Ocular Fundus in Neurologic Disease, by William Hoyt and Diane Beeston, St. Louis, 1966, The C. V. Mosby Company, 128 pages, 137 illustrations, 98 stereoscopic views in full color on 14 View-Master reels and a View-Master Compact Viewer, \$30.

This monograph presents the wide clinical experience of an astute observer in a format which is becoming increasingly more popular. Paired stereo fundus photographs are mounted on View-Master reels, which are enclosed in a folder attached to the book. A portable viewer is included, but a standard View-Master viewer is much preferred. The photographs, which are in an admittedly exaggerated stereo, are generally

excellent and provide superb visual material to accompany the text which is organized primarily along differential diagnostic lines, based on a descriptive approach to the neurologic aspect of the ocular fundus. The differential diagnosis of papilledema and optic atrophy is stressed. The final chapter contains a potpourri of interesting pathological entities. The photographs of the retinal findings in the phakomatoses are particularly good. This modern atlas is a valuable adjunct for resident teaching programs as well as a reference volume for the practitioner.

Matthew Newman, M.D.

Oculomotor imbalance in binocular vision and fixation disparity, by Kenneth N. Ogle, Theodore G. Martens, and John A. Dyer, editors, Philadelphia, 1967, Lea & Febiger, Publishers. 372 pages, \$16.50.

Ogle and his co-workers have provided a valuable addition to the earlier presentation on binocular vision by the senior author. Concepts of binocularity, oculomotor imbalance, fixation disparity, the AC/A ratio, and clinical utilization of such data are extended. For reasons which are not immediately clear to the reviewer, the results of these studies have not been widely incorporated in clinical routines. I believe every individual interested in binocular vision should own this book.

Jay M. Enoch, Ph.D.

American Board of Ophthalmology. The Qualifying Written Test, Sample Questions, 1967.

There will always be objections to any multiple choice examination because of the inherent disadvantages of such tests. At least a few questions of any such test will be interpreted by some of the examinees as being of an ambiguous nature. A sample list of questions that have been composed by the American Board of Ophthalmology, however, are quite fair and will serve a useful purpose. These sample questions will give to prospective examinees an idea of the nature of the questions which will later confront them. They will be able to guide their studying accordingly, especially in those areas of ophthalmology in which they are weakest.

Morton E. Smith, M.D.