

BOOK REVIEWS

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Disability in New Zealand: A Study of Rehabilitation and Disability Organizations, 2nd edition, by L.R. Newsome. New York: World Rehabilitation Fund, 1988, 55 pp.

This monograph reports the author's view of the "disability industry" in New Zealand. He analyzes the major organizations that deal with the problems of disabled persons, noting the relation between New Zealand's reputation for sympathy towards its disadvantaged citizens and the variety of agencies, government and voluntary, that serve them. The analysis leads to a consideration of major policy issues, foremost of which is the dilemma facing any government that seeks a balance between compassion for disabled people and the costs of providing for them. The attempt to find effective strategies that stretch even between two such similar countries as New Zealand and Australia, however, is unsatisfactory. Neither country has solved the dilemma; neither country seems to have unique problems or solutions. One leaves this monograph grateful for its highly personalized account of a professional's experiences in two countries' rehabilitation programs, but frustrated by the lack of fresh insights or novel solutions. Conceivably, the circumstances allow for no better outcomes for this type of research—a depressing possibility in a time when so many governments are reassessing their rehabilitation philosophies and striving to bring aspirations for the quality of disabled persons' lives into line with fiscal demands. [JDS]

A Singular View. The Art of Seeing with One Eye, by Frank B. Brady. Fourth edition. P.O. Box 4653, Annapolis, MD 21403: Author, 1988, 120 pp.

This is the book for the rehabilitation counselor who wishes to learn more about monocular visual impairment from a practical point of view and to engage in bibliotherapy for some of her/his clients. The author is an engineer who lost one eye in an accident. In addition to his personal experiences, his sophistication in navigation aids suits him very well when writing this manual for the newly one-eyed person. It covers most aspects of life disrupted by monocular visual loss.

Following an account of his own initial adjustment problems, the author invites the reader to learn why such difficulties arise. These tutorials lead to a presentation of maneuvers that monocularly-blinded persons can adopt, in order to compensate for their newly acquired disabilities. Technical aids ("gimmicks and gadgets" to the author) and other self-care matters are also presented. Throughout the text, the author writes in a light bantering vein that avoids any traces of sentimentality. His apparent intent—to impact positively on his readers' emotional status—leads him to make a list of famous one-eyed persons—all males! No doubt, the fifth revision will correct this bias. Other than that minor flaw, the book appears to be virtually error-free. Even better, it is printed in large type with ample leading ensuring its legibility. [JDS]

Surgical Reconstruction in the Anophthalmic Orbit, by Lars M. Vistnes. Birmingham, AL: Aesculapius Publishing Co., 1987, 174 pp.

Loss of an eye generates psychological, as well as perceptual, problems. Among the psychological is the desire to regain as normal an appearance as possible. When the author of this book began serving veterans at the VA Medical Center, Palo

Alto, CA, he found many patients still in need of periorbital reconstruction. He also found a paucity of literature on, and few colleagues experienced in, this surgical specialty. So diligently did he strive to fill those knowledge gaps that, in 1978, he became the first plastic surgeon awarded honorary membership in the American Society of Ophthalmic Plastic and Reconstructive Surgeons.

The author modestly contends that he has not written a textbook or a how-to manual on this topic, but rather a philosophical treatise based on his own experiences. Call it what he may, the book pulls together a wide variety of relevant material, beginning with a history of extirpation of the eyeball and of making artificial eyes. Embryology and anatomy of the orbit and periorbital structures are presented in a cursory fashion solely to orient sophisticated readers. After a brief discussion of congenital anophthalmos, the author takes up the evisceration-enuciation controversy. My own reading leads me to conclude that he favors evisceration, providing that the surgeon has skills adequate to the task. On that point, he notes:

“Just as the amputation of a leg or an arm in orthopedic surgery is in a sense an admission of defeat where even the best surgeon with the most up-to-date technique cannot salvage the limb, so is the amputation of an eye in a sense an admission of defeat. In both cases, because no harm can be done

to the part removed,...the operation in teaching hospitals is relegated to the surgeon with the least experience—the first year resident. In fact, these operations should be done by the surgeon with the most experience, the one who is interested in the problem and is also prepared to deal with the result...In ophthalmology, the poor esthetic results of an inexpertly done enuciation may be the cause of prolonged grief to the patient, the surgeon and ocularist alike.” (page 35)

Succeeding chapters take up pathomechanics of the anophthalmic orbit (with its fascinating discussion of a syndrome the author has identified), the role of the ocularist, volume augmentation of orbital contents, lower-lid and upper-lid ptosis, timing and sequence of surgery, management of the inadequate socket, implant failures, post-traumatic anophthalmic orbit, early enuciation and irradiation, the surgical endpoint, and speculations about the future.

Though the author intends this book for surgeons, it will be useful to visual rehabilitators. They will discover a clearly written text that lays the groundwork in guiding patients with unilateral visual impairments to make crucial decisions with respect to their treatment and prepares them to cooperate more effectively in postsurgical readjustment. [JDS]