The Massachusetts Eye and Ear Infirmary Illustrated Manual of Ophthalmology, 2nd Ed.

Peter K. Kaiser, Neil J. Friedman, and Roberto Pineda II W.B. Saunders, Philadelphia, 2003, $84.95

The expression “less is more” has been used in many situations, but it is of particular relevance and an appropriate description of The Massachusetts Eye and Ear Infirmary Illustrated Manual of Ophthalmology written by Drs. Kaiser, Friedman, and Pineda. This text delivers an incredible amount of well-written and concise ocular pathology information in a small book venue. Although this paperback is larger than a pocketbook, there is no question that ophthalmic practitioners will find space for this reference resource on their shelf.

This manual brings value to the ophthalmic literature in three ways. For students and residents, it provides a direct and uncomplicated review of ocular pathology. For these individuals, The Massachusetts Eye and Ear Infirmary Illustrated Manual of Ophthalmology is a nearly complete and quick source of information that will provide the foundation for a more thorough and exhaustive study using reference texts. Although this manual stands on its own merits, caution should be exercised by students and residents in not limiting their study solely to this reference.

A second role for this manual is as a quick reference source in the examination lane or office within a practitioner’s setting. Here this illustrated manual will be a valuable, efficient reference guide in reviewing the differential diagnoses and core issues of a disease condition. This, of course, relies on the presumption that the practitioner has arrived at a tentative diagnosis.

A final way in which this reference will bring value to a seasoned practitioner is as a “straight-through” read. This text can be read cover to cover in 5 to 6 h, and in that time, provide the doctor with a refreshed understanding of ocular pathology. In this regard, The Massachusetts Eye and Ear Infirmary Illustrated Manual of Ophthalmology would be a “whirlwind” MCE review, recharging the doctor’s knowledge base in ocular pathology.

This illustrated manual has excellent photographs, 450 in total, 350 of which are in full color. They are labeled and include captions with relevant findings clearly identified. The organization of topics in this text follows the traditional anterior to posterior anatomic basis. After a review of the orbit, the topics form a line from the lids to the retina and optic nerve. The two chapters of ocular motility and visual acuity are exceptions to this otherwise orderly sequence. The authors demonstrate additional organization clarity by grouping pathology within a topic (conjunctivitis) based on the disease process (e.g., infection, inflammation, trauma, and so on).

There are some minor criticisms of this otherwise excellent text. In the contact lens-related problems section of the cornea chapter, a photograph depicting a hard contact lens more closely resembles a hydrogel contact lens. In the chapter on visual acuity, the authors present the topic of convergence insufficiency yet either ignore or overlook the topic of convergence excess.

A more significant criticism of this text is the sequencing in which a disease entity is discussed. Although the overall topic organization of this reference follows the traditional format, the manner in which the authors present the specific information about a particular disease entity may cause some readers confusion or, worse, result in a lack of information. Most disease entities are presented in a logical sequence: symptoms, findings, and differential diagnosis followed by the management of the disease in question. Other diseases are discussed as a group, and although there is some crossover in their treatment, the management section is presented pages later in the text. For example, under the heading of acute conjunctivitis, the subsection on bacterial and adenoviral conjunctivitis is presented five pages before the management section of these diseases is discussed. Between the discussion of these conditions and their treatment are the topics of herpes simplex virus; acute seasonal, atopic, and vernal allergic conjunctivitis; and the entire topic of chronic conjunctivitis (including infectious, allergic, and other forms). Unless the reader perseveres, one could come to the erroneous conclusion that the authors did not include a management section for bacterial conjunctivitis.

In various places in this text, the authors point the reader to a greater discussion of a disease in another section. Another potential shortcoming of this text is the inconsistency in providing cross-reference. Consider the discussion of herpes simplex virus and pediculosis in the chapter on conjunctiva and sclera. These conditions appropriately receive only cursory attention in this chapter. A much more in-depth discussion awaits the reader in the chapter on lids and lashes, but there is no indication of this in the conjunctiva chapter (although the index does include this citation). The authors used the same slide of herpes simplex virus in both chapters, but leave the reader without a pointer from the brief conjunctiva presentation on herpes simplex virus to the more complete discussion of the topic in the chapter on lids and lashes.

Another example of a disjointed presentation is in the optic nerve and glaucoma chapter in which optic nerve drusen is presented. There is a short discussion of this condition, but no photograph examples are available. It is only when the reader passes over the next...
three topics, optic pit (with its example photographs), septo-optic dysplasia, and tilted optic disc, that photographic and radiographic examples of optic nerve drusen presented and followed by the differential, evaluation, management, and prognosis of this condition.

Despite these criticisms, *The Massachusetts Eye and Ear Infirmary Illustrated Manual of Ophthalmology* belongs on every eye doctor's shelf. This text will soon become indispensable and, shortly after that, "dog-eared" from use.

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