



Sobering – and supportive – reading for ophthalmology’s ‘foxes’

THE WILLS EYE MANUAL: OFFICE AND EMERGENCY ROOM DIAGNOSIS AND TREATMENT OF EYE DISEASE. FOURTH EDITION.

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LIPPINCOTT WILLIAMS & WILKINS.

PHILADELPHIA, 2004.

“As with previous editions, The Wills Eye Manual should continue to appeal to residents, comprehensive ophthalmologists, optometrists, emergency room physicians, primary care practitioners, medical students, and other health care professionals delivering eye care.”

Thus speak the editors in their preface. I suppose they could have added, “This is a book for every kind of doctor.”

Just how ophthalmologists use this book may depend on how they apply their medical knowledge to patients.

The political philosopher Isaiah Berlin, following the lead of the ancient Greek poet Archilochus, famously divided thinkers into “hedgehogs” and “foxes.” The fox knows many little things; the hedgehog knows one big thing. Among the hedgehogs are Plato, Lucretius, Pascal, Hegel, Dostoevsky, Nietzsche, Ibsen, and Proust. Among the foxes are Herodotus, Aristotle, Montaigne, Erasmus, Molière, Goethe, Pushkin, Balzac, Joyce.

The same can apply to medical books. The eternal tension between comprehensiveness and specialism is always evident. In that vein, then, this is a book mainly for foxes.

One would hazard a guess that the vast majority of practitioners in any field will rely more on fox-type books. The hedgehog books are perhaps more for the purpose of generating a record of publications rather than being read.

Aside from anything else, the fox books are more likely to become part of the common lore of medicine. Certain books are known instantly by their editor rather than formal title, or become known by nicknames. For instance the Oxford Handbooks of Clinical Medicine and of Clinical Specialities are universally known in UK medical circles as “the cheese and onion” and “the salt and vinegar” respectively.

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certainly in the running to become one of those books everyone – in a certain circle – has and refers to. With the logo of the Wills Eye Hospital and reference to its founding in 1832 emblazoned on the cover, the book acquires something of the reflected glory of the institution from whence it sprang. This is a familiar enough gambit in medical publishing; hospitals such as the Maudsley in London and Johns Hopkins have lent their name and prestige to books.

The book is divided into fourteen chapters. We begin with two chapters on the differential diagnosis of ocular symptoms and

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ocular signs respectively. These are followed by chapters dealing with various broadly defined issues in ophthalmological practice, beginning with trauma. Most of the chapters are divided according to an anatomical classification; for instance chapters cover the cornea, conjunctiva/ sclera/iris/external disease, the eyelid, the orbit and the retina. There are separate chapters on paediatric

ophthalmology and the vast area of neuro-ophthalmology.

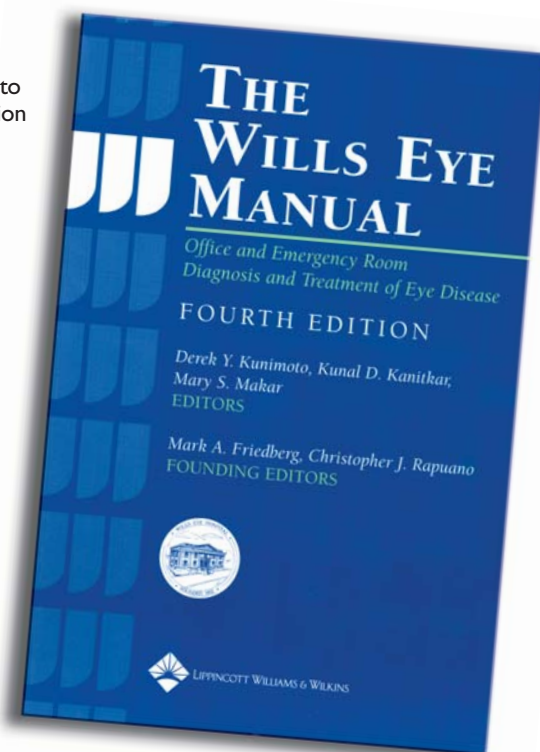
Each chapter is further subdivided into particular conditions, and each subsection itself subdivided into the classical pathological rubric of symptoms-signs-differential diagnosis-aetiology-investigations-treatment-follow up.

Being an American text, we have “etiology” for “aetiology” and “work-up” for “investigations.” Practitioners everywhere will recognise the template, familiar from medical school pathology.

Generally this approach – which would appeal most to non-specialists – works. One does wonder how useful, or approachable, it is for non-ophthalmologic medics. While the opening chapter on differential diagnosis of ocular symptoms is useful for everyone, one feels that the following chapter on differential diagnosis of ocular signs requires a little more context for the family physician or internist.

The Wills Eye Manual is very much a no-nonsense collection of practical information. There are only very occasional black and white line drawings, treatment algorithms, and tables. In this column I generally tend to praise the little flourishes of individuality and eccentricity that editors and authors manage to sneak into their otherwise sober books. There are few here. However, this is somewhat reassuring. One could assert that one of the features of most medics’ psychology is a certain suspicion of flamboyance and rhetoric. It is not a suspicion I share. Nevertheless, The Wills Eye Manual has a solidity and seriousness that makes it pleasing to read.

The design is functional and solid. The book is easy to navigate and one can find the required information quickly and easily. The



format reflects the way most medics think and for a non-specialist I feel that it could hardly be improved upon. There are useful appendices on various investigative tests and issues and a glossary which explains quite clearly both the mystifying and should-know-this-but-don’t terms of ophthalmology.

One feels that for ophthalmologists The Wills Eye Manual’s main function will be as a support, but its role as a vade mecum cannot be underestimated. Non-ophthalmologic medics and the vast category of “other healthcare professionals” alluded to in the preface will perhaps require a little more background and experience with the fundoscope before getting much out of it; however it would be a fine and useful addition to any medic’s personal library.