BOOKS RECEIVED

PRACTICAL NEUROLOGY VISUAL REVIEW, SECOND EDITION. 2013. By José Biller, Alberto Espay. Published by Wolters Kluwer Health – Lippincott Williams & Wilkins. 332 pages. C$150.00 approx.


BOOKS REVIEWED


Rated ★★★★★

This is the renamed, second edition of the popular Teaching Atlas of Brain Imaging, by Drs. Fischbein, Dillon and Barkovich. It is an updated catalogue of 152 cases divided into six sections: Neoplasms, Inflammatory Diseases, Cerebrovascular Diseases, Neurodegenerative/White Matter/Metabolic Diseases, Trauma, Congenital/Developmental Malformations and Syndromes, and Cranial Nerve Disorders. There is access to an online teaching file, the Thieme RadCases series that contains an additional 250 CNS cases.

Each section starts with an unknown case, including relevant clinical information and imaging. The diagnosis is given, with a differential diagnosis and discussion section, which includes clinical and pathological information, important imaging features and companion cases to expand on the discussion. There is a Pearl and Pitfalls feature that lists the teaching highlights of the case. Relevant references from the literature are supplied at the end of the case. Subsequent cases in each section follow the same format.

The book contains an excellent mixture of commonly seen entities, with a large number of high quality, state of the art images. Both typical and selected atypical presentations of the various pathologies are shown. The majority of the images are CT and MRI, but DSA, CT perfusion, MR spectroscopy and PET studies are included when relevant. Pre- and post-treatment images are useful. The concise, bulleted format is easy to follow, and the discussions are succinct but comprehensive. The image captions are excellent, the differential diagnoses complete and the tips on imaging protocol optimization are valuable. The Pearls and Pitfalls segment is an excellent feature for residents. The online RadCase series is easy to navigate, very informative and again contains excellent images and discussions for residents and fellows.

There are a few minor deficiencies of the book. Section V11, Cranial Nerves is a bit uneven, with some discussions seeming to be relatively superficial compared to previous sections. In Section II, Inflammatory Diseases, there is no mention of Immune Reconstitution Inflammatory Syndrome (IRIS) in relation to HIV infections. In Section III, Cerebrovascular Diseases, the subarachnoid hemorrhage case should contain more information about coiling vs. clipping of cerebral aneurysms, with reference...
given to the International Subarachnoid Aneurysm Trial (ISAT). The dural AVF case should include the classification nomenclature (Borden and Cognard) and the significant annual risk of hemorrhage when cortical venous drainage is identified (up to 15%). There is also no mention of the “spot” sign of intracranial parenchyma hemorrhage as a prognostic factor is hematoma expansion. In Section IV, Neurodegenerative/White Matter/Metabolic, the 2010 McDonald Criteria are mentioned, but should be listed in tabular form.

In summary, this is a high quality, cost-effective textbook, with good case selection and includes better and more numerous images than the standard case book. There is a good cross section of cases, which accurately reflects a modern neuroradiology practice. The discussions are well organized and highlight the key points without being tedious. It is an excellent book for senior residents or neuroradiology fellows to review pathologies. It works well as a quick reference for staff to use in their clinical practice and to prepare teaching material.

Amy Lin, David Pelz
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Rated ★★★★

“The patients that distress me the most are the ones I see a lot whom I can’t help. We call them heartsink patients, for obvious reasons, and someone once reckoned that most partners in a practice have about fifty heartsinks on their books.” I encountered this description in Nick Hornby’s 2001 novel, How To Be Good¹, in which the protagonist is a family doctor. The term was not original to Hornby and was probably coined by O’Dowd² in a 1988 article but I was struck by the fact that Hornby, a non-physician, appeared to understand that feeling every physician recognizes. You look at today’s clinic list and see the name of someone you know you can do little to help.

Similar moments of recognition abound in ‘What Doctors Feel – How Emotions Affect the Practice of Medicine’. Danielle O’fri, an internist at New York’s Bellevue Hospital, has written an intriguing exploration of negative and positive emotions in medicine. In large part, her book addresses how medical students’ compassion and empathy often come to be replaced by Osler’s Aequanimitas³. Largely through the use of personal anecdotes and occasionally stories from other physicians, O’fri tells us how she felt in various difficult clinical situations. She makes the case that paying attention to our emotions is an important endeavor. There is evidence that burnout leads to more medical errors⁴ and that medical residents who are highly engaged in their work may make fewer errors⁵ and also that patients with chronic illnesses are more likely to take their medications as prescribed when their physicians are satisfied with their lives and work⁶.

Chapters discuss empathy, fear, shame, and burnout among other feelings. There isn’t much here that most physicians haven’t experienced or thought about: from a medical student’s first encounter with a filthy patient to reading anonymous online ratings of your abilities. In fact, the familiarity of the examples made me wonder whether the book might be more illuminating to general readers than to physicians. It’s important that doctors recognize and admit to their feelings and perhaps this book is a good place to start.

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REFERENCES


Rated ★★★★★

Systemic diseases frequently present with or are complicated by neurological problems. It is important that trainees both in neurology and in internal medicine should be aware of these in order to manage patients properly. Most texts outlining the neurological complications of systemic illness tend to be cumbersome and pedantic, so there is a need for a quick reference, an easy-to-read text.

This book supplies this need. Overwhelmingly an American publication (only one Canadian contributor) the form of the book is pleasing - the paper stock, font choice, black and white and a few high quality colour illustrations are excellent, and the price is unusually low. The reference list is voluminous (between 54 and 296 between various chapters) and over half of them were