

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.

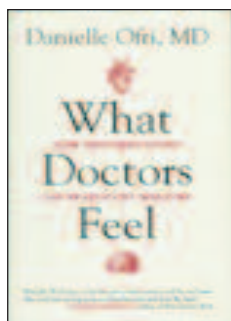
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WHAT DOCTORS FEEL. HOW EMOTIONS AFFECT THE PRACTICE OF MEDICINE. 2013. By Danielle Ofri. Published by Beacon Press. 224 pages. C\$30 approx.

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 Good*¹, 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 Ofri, 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 *Aequanimatas*³. Largely through the use of personal anecdotes and occasionally stories from other physicians, Ofri 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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NEUROLOGICAL DISORDERS DUE TO SYSTEMIC DISEASE. 2013. Edited by: Stephen L. Lewis. Published by Wiley-Blackwell. 293 pages. C\$80 approx.

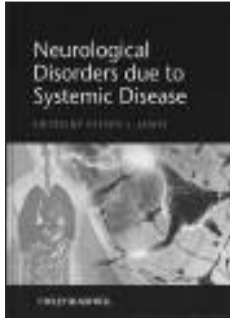
Rated ★★★★★

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

published in the last 13 years. The book is tailored towards the junior trainee with its basic approach to neurological manifestations of systemic disease, a major strength.

Most publications of this nature have taken a systemic disorder, describing the neurological syndromes that it may engender.



Unusually but refreshingly, this book takes 14 neurological presentations - headache, dementia, movement disorders, seizures and neuromuscular syndromes, for example - and reviews the systemic diseases that could be responsible.

With that said, some negative features are worth noting. The layout of the book creates several redundancies; more than one chapter discusses connective tissue diseases and describes their prototypical manifestations - for example, Wegener Granulomatosis

(now referred to as Granulomatosis with Polyangiitis). Discussions of disorders of magnesium and the effects of nitrous oxide are also repeated. Next, the target audience is somewhat ambiguous. Some chapters seem to be tailored to the neurology trainee, for example the sections on peripheral neuropathies and myopathies which include details on electrodiagnosis in these

conditions. Others, however, are more basic and are tailored to the internal medicine trainee, such as the section on seizures.

While the medical editing is overall very good, a few annoying spelling errors (Grave's disease, Tolosa-hunt, Churg-strauss, tentorium, *site* rather than *sight*) suggest the need for more rigorous copyediting. There are also some internal inconsistencies; for example, Wernicke encephalopathy is said to present in classical form in 20% (p. 43) or in 50% (p. 140) of cases.

But enough nit-picking! The content of each chapter is clear and comprehensive and is backed by sound expertise. This is an excellent work of reference, providing a rapid overview of general neurology as seen on the consultation service. As such, it will be invaluable. For the neurologist confronted with a neurological syndrome on the general medical wards, it provides a thoughtful overview of the systemic diseases that could be responsible. For the internist, having diagnosed a systemic disease, this work provides an authoritative guide to the possible neurological manifestations that could be encountered.

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