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.

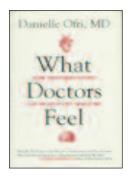
In summary, this is a high quality, cost-effective textbook, with good case selection and includes better and more numerous images than the standard case book. There is a good cross section of cases, which accurately reflects a modern neuroradiology practice. The discussions are well organized and highlight 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 London, Ontario, Canada

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

Rated XXX

"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



134

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 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 Aequanimatas³. 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.

> Andrew Kirk University of Saskatchewan Saskatoon, Saskatchewan, Canada

REFERENCES

- 1. Hornby N. How to be good. New York: Riverhead; 2001. p. 128.
- O'Dowd TC. Five years of heartsink patients in general practice. BMJ. 1988;297:528-30.
- Osler W. Aequanimatas. Celebrating the contributions of William Osler. Johns Hopkins University; 1889. Available from: http://www. medicalarchives.jhmi.edu/osler/aequessay.htm.
- Shanafelt TD, Balch CM, Bechamps G, et al. Burnout and medical errors among American surgeons. Ann Surg. 2010;Jun 25(6):995-1000.
- Prins JT, van der Heijden FM, Hoekstra-Weebers JE, et al. Burnout, engagement and resident physicians' self-reported errors. Psychol Health Med. 2009 Dec;14(6):654-6.
- Scheurer D, McKean S, Miller J, Wetterneck T. U.S. physician satisfaction: a systematic review. J Hosp Med. 2009 Nov;4(9):560-8.

NEUROLOGICAL DISORDERS DUE TO SYSTEMIC DISEASE. 2013. Edited by: Stephen L. Lewis. Published by Wiley-Blackwell. 293 pages. C\$80 approx.

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