Common Neuro-Ophthalmic Pitfalls: Case based teaching

The existence of medical textbooks is a mystery. The pain of having to read them gives way in time to the pain of having to write them, with no interval of pleasure to compensate for the suffering of either. And yet publishers continue to push them out, to gather dust in libraries that these days differ from internet cafes only in lacking the food and drink it is the sole remaining function of librarians to prohibit. Sadomasochism is the only explanation for this bizarre state of affairs, for the pain rarely leaves anything behind but its memory: ask yourself what percentage of your clinical knowledge came from textbooks. Five per cent? Perhaps only if you are a pathologist.

That it need not be so is better illustrated by Purvin and Kawasaki’s latest book, “Common Neuro-Ophthalmic Pitfalls,” than by any medical book I have come across for many years. Note this is not a medical textbook, in the conventional sense. It does not, like conventional textbooks, pointlessly and infuriatingly supply the reader with innumerable facts he would never be reading the book if he did not know already, such as that Huntington’s disease is dominantly inherited or an extensor plantar response is indicative of an upper motor neuron lesion. It does not swell at inminable length on the “classical” features of a syndrome, which occur only on the almost fictional occasions the diagnoses is never in doubt and no guidance of any kind is required. It does not enumerate a legion of drug trials notable only for their failure or their impending redundancy, usually a fact by the time the book is published. And it does not tell us about any new genes.

No, it focuses not on describing the centres of variation of each clinical entity but on describing the boundaries between them: their more or less intricate contours, lines of uncertainty or sharp demarcation, landmarks defining points of unexpected continuity or deflection. In short, it gives us the tools not to characterise a population but to place a specific case in one category or another: what clinical medicine is all about.

Of course, kinds of misclassification can themselves belong to one category or another, so here we have them elegantly partitioned into contrasts such as orbital disease vs neurologic disease, congenital anomalies vs acquired disease, abnormal radiology with normal physiology, and so on. Each category is illustrated by a series of cases followed by a cogent discussion of which specific set of features allows one to make the classification correctly. For example, we are given the distinction between glaucomatosus and nonglaucomatosus optic atrophy, between migrainous and retinal photopsias, papilloedema and pseudopapilloedema, ocular ischaemic syndrome and corneal disorders, congenital and acquired sixth nerve palsies, and countless others. Refreshingly, the critical features in each distinction mostly emerge from the history or examination, not some sophisticated test only a tertiary centre could access, and the approach to making the distinctions is clearly laid out and, where possible, given its physiological or pathological explanation. In short, the reader has all he needs to perform - clinically - just as the authors would in his place.

Why do we not have more books like this? Partly, it is because it is so much harder to write them - even in simple information theoretic terms defining the boundaries of a multivariate distribution is much harder than just giving the parameters of some approximation of it. But I suspect it is also because textbooks are usually written not by clinicians but by academics, who naturally like to simplify and generalise: capturing the meaning of life in one line is the academic’s wet dream. If a more clinically minded authorship were to take over the climate might alter. But clinicians are, sadly, mostly too busy doing what they do.

Management of Dementia (2nd edition)

Alzheimer’s Disease (Oxford Neuropsychiatry Library)

The continuing importance of dementia in neurological practice is emphasised by these two short books.

Gauthier & Ballard’s book on management of dementia was originally published in 2001, with Simon Lovestone as a co-author. The new edition has a broad sweep, appropriate to the advances in the field, covering diagnosis, management of behavioural and sleep problems, genetic issues, biomarkers, pharmacotherapy and care issues. The format is to start each chapter with a question or questions typically heard from patients or relatives in the clinical setting, which gives the text an immediacy perhaps lacking in other tomes. Information is presented in easily digestible chunks, and is generally well referenced, although one wonders whether all sections have in fact been rewritten since the first edition (see, for example, structural imaging on p67). The size discrepancy between the chapters on “Diagnosis” (11 pages) and “Behavioural disturbances” (25 pages) is perhaps no more than a reflection of the authors’ interests. The book finishes with a variety of assessment scales (perhaps odd that the popular Addenbrooke’s Cognitive Examination didn’t make it into this section), and some checklists and algorithms, all of which seem to advocate cholinesterase inhibitor (ChEI) drug holidays in deteriorating patients (p158). Anyone involved in assessing or managing people with dementia will want to have access to a copy of this book.

Waldemar & Burns’s book fits easily into an inside pocket, and could be negotiated by the determined reader in an afternoon. In addition to the expected chapters (e.g. diagnosis, epidemiology, pathophysiology, treatment of cognitive and behavioural features of AD), there are also some less common, but nonetheless welcome, pieces, for example on supporting patients and carers, safety issues, and diagnostic disclosure. In the latter I was surprised to read that “All laws have an opt out clause” (p52); perhaps this may be true in France, the domicile of the authors, but in the enlightened UK even “guidance” on dementia is, apparently, obligatory rather than optional (i.e. NICE/SCIE). David Wilkinson’s chapter explains in the clearest possible terms (p58) why the NICE approach of relying on MMSE to measure efficacy of ChEI in a relentlessly progressive disease is misguided, and incidentally argues against the use of ChEI drug holidays (p62-63). Minor criticisms might be levelled at the book (e.g. delirium does not seem to feature amongst causes of “fluctuating confusional states”, p5), but nonetheless this is a tremendous synthesis of normal radiology with normal physiology, and so on. Each category is illustrated by a series of cases followed by a cogent discussion of which specific set of features allows one to make the classification correctly. For example, we are given the distinction between glaucomatosus and nonglaucomatosus optic atrophy, between migrainous and retinal photopsias, papilloedema and pseudopapilloedema, ocular ischaemic syndrome and corneal disorders, congenital and acquired sixth nerve palsies, and countless others. Refreshingly, the critical features in each distinction mostly emerge from the history or examination, not some sophisticated test only a tertiary centre could access, and the approach to making the distinctions is clearly laid out and, where possible, given its physiological or pathological explanation. In short, the reader has all he needs to perform - clinically - just as the authors would in his place.

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