In ‘Reaching down the rabbit hole’, Allan Ropper and his writing colleague B.D. Burrell present a series of real life accounts of neurological diagnosis, and its ethical challenges. Initially this fluent volume amused me by provoking nostalgia and familiarity. But within a few pages I was gripped by a much more profound meaning. Quite simply these stories confront the rubric of how an experienced doctor brings intuition to a central role in the diagnostic process. How do we know which features of a patient’s story are worth following, which should be parked to one side because they might become useful, and which may be safely dismissed as irrelevant diversions? And how to keep an open mind so that initially mistaken notions can be recognized and corrected before one becomes stuck down a blind alley? How do we learn to read the nuances that provide important signposts in these stories? There are no glib rules; clinical diagnosis is not a reductionist science. This is why neurology reigns supreme as a specialty founded in the clinical method. And it is why many of today’s academic medics are off beam when they declare that our metaphorical tendon hammers are soon to be usurped by their panoply of molecular genetic tests. Indeed many of them proclaim that these tests will allow the development of ‘personalized medicine’ whereas what they are really talking about is targeted treatments. It is Ropper’s approach of seeing the patient’s disease through the lens of their own experience and beliefs that is the more accurate meaning of that currently fashionable term.

These stories make great reading because they are just that: stories. As one would expect of a distinguished neurologist and textbook writer, Ropper is effortlessly at home with a catholic range of diagnoses: from motor neuron disease to paraneoplasia, from stroke to raised intracranial pressure, and from amnesia to psychologically determined disorders. There is lots of dialogue with the patients, with amusing interludes of americana such as baseball. The banter between doctors often follows the familiar course of trainees overeager to carry out tests rather than to start by simply listening to the patient’s own detailed account. To any clinician all this is profoundly real, and the author’s great affection for neurology, and for his patients and colleagues, comes over strongly. The postscript attests to years of note-taking as the raw material for the book. Ropper’s remarkable clinical brain moulds and interprets these stories so that they possess that invisible thread of direction that is clearly leading towards a diagnosis. Creation of this powerful sense of internal direction is an attribute of much great art, especially literature, as well as being the hallmark of a great intuitive clinician. In particular this text echoes the techniques of the psychological novel in its portrayal of deep human concern through simple experiential dialogue, by the roundabout and individualistic ways in which people describe and interpret a symptom, by the tantalizing and galvanizing effect of uncertainty, and through occasional interpretive asides.

Why is this an important book? By presenting intuition as the central skill underlying diagnosis it provides counterweight to the prevailing contemporary notions of academic medics that biology and technology are the basis of medical diagnosis, and those of healthcare policy makers that protocols can define medical care. Clinical intuition should orchestrate those tools, not be submerged or replaced by them.

Who will enjoy reading this engaging and entertaining volume? Many neurologists and established physicians...
will be amused and comforted by the familiarity of the subject matter and the wry hospital humour that permeates it. Many lay devotees of things medical will enjoy the drama of these diagnostic journeys. But the people who stand to benefit most are our medical students and junior trainees, not just those in neurology. These groups seem to be increasingly deprived of the opportunity to learn intuitive clinical skills by observing and questioning experienced clinicians; this book will substitute magnificently for some of that invaluable experience. I would include this text, so engagingly written by Ropper and Burrell, on the reading list for medical students on their neurology attachments. That would be to the benefit of their intuitive skills as clinicians whatever speciality they choose eventually. And they will enjoy reading it.

Michael Donaghy  
Oxford, UK  
Advance Access publication February 14, 2015