Amilton Barreira: a mentor who left imprints on future neurologists

Amilton Barreira: um mentor que deixou traços em futuros neurologistas

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The Brazilian neurological community lost, on November 14th, 2018, a great clinician and researcher and, above all, a remarkable professor of neurological semiology. It is not easy to share with others details about coexistence and learning we gained, as former residents of Prof. Amilton Antunes Barreira (Figure), in the outpatient service and in the Neurology ward, in which he held the position of Full Professor, at the University of São Paulo, in Ribeirão Preto. We have written this short article to record a sample of the great lessons on medical practice, the art of obtaining a detailed anamnesis and performing a thorough physical examination as a process to arrive at a correct diagnosis.

If one could take a poll, with all the neurologists who have learned from Prof. Barreira, we venture to say that ten out of ten would agree that the most striking memories include the rounds in the infirmary on Thursday mornings, at Hospital das Clínicas de Ribeirão Preto. These were a kind of formal ritual. As the first rule, it was necessary to be punctual, at 7 o’clock in the morning. Clinical cases had to have been reviewed in detail with the fellow in neuromuscular diseases the previous afternoon. All data had to be reported in order, beginning with patient identification, the main complaint, duration of symptoms, chronology of disability onset, impact on daily life, comorbidities, and family history. We were instructed by the fellows not to mention any previous diagnosis during the interview, as the professor did not like that – he thought that it could hinder the clinical thinking. As a general rule, the cases were complicated and would have been through more than one diagnosis or treatment in the past, usually unsuccessfully.

The physical examination was an even more formal process. At each reported neurological signal, Prof. Barreira extended his hand to the fellow, and requested the Babinski hammer, to confirm or refute the presence of the sign. This was the situation most feared by junior residents, who did not like to be scrutinized over every neurological maneuver.

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At the end of the always-challenging bedside rounds, everyone sat in the infirmary classroom. Then the second learning process began: clinical reasoning. In this process, each of the participants was asked to give an opinion on the differential diagnosis, on the proposed medical procedures, on possible or instituted treatments. Moreover, in general, the professor used to teach about the historical aspects of each disorder, citing many scientific authorities who had made breakthroughs in the field of neuromuscular disorders or neuroimmunology during recent decades, such as Peter Dyck, Richard A.C. Hughes, Pieter A. van Doorn, Vanda A. Lennon, Nobuhiro Yuki, Richard A. Lewis, and Austin J. Sumner.

Prof. Barreira himself was an authority on many subjects, such as autoimmune and genetic peripheral neuropathies and neuroimmunology, having advised dozens of professionals and constructed prolific academic production, from basic science to clinical practice. He was a reference in autologous hematopoietic stem cell transplantation for multiple sclerosis as well as he was a pioneer in nerve biopsy in Brazil and a great enthusiast of the Brazilian Academy of Neurology. We consider, though, that the main imprint he left on his former residents came from the example he set: he molded us into meticulous clinical neurologists and taught us to be committed to our daily work.

References


