Myasthenia gravis and related disorders


This is a scientific and clinical review of myasthenia gravis (MG) with chapters on Lambert-Eaton syndrome, congenital myasthenic syndromes, acquired neuromyotonia, and toxin-induced neuromuscular junction disorders. Neuromuscular junction physiology, acetylcholine receptor structure and immunology are well reviewed in the first three chapters. The clinical chapters on ocular and generalised myasthenia are uniformly strong, although I have some disagreements. The edrophonium (Tensilon) test can have complications and my preference is to give atropine beforehand. In my experience, few patients with ocular MG (OMG) tolerate ptosis crutches or using adhesive tape. Using steroids “as a last resort” is somewhat extreme: many OMG patients respond well, without side effects, and severe chronic untreated ophthalmopleagia results in fixed defects. Patients require strabismus surgery or botulimum toxin treatment. In generalised MG, the use of pyridostigmine, steroids, and atropine is discussed. What if these fail? MG, the use of pyridostigmine, steroids, and botulinum toxin treatment. In generalised myasthenia gravis syndrome. Arch Neurol 1995;52:783-8.

Spinal cord medicine, principles and practice


This book is strongly recommended to clinicians and researchers dealing with neuromuscular disorders (and to thoracic surgeons performing thymectomy).

B Lecky

A clinical guide to epileptic syndromes and their treatment


This book is a delightful rarity. It represents the distillation of over 30 years and 100 original publications in clinical epilopeziology and is a fitting culmination to Tom Panayiotopoulos’s eight published books as an eminent clinical epilepsy specialist. Unashamedly this represents the views of a splitter rather than a lump when it comes to the classification of syndromes, particularly those affecting children and adolescents. Although the identification of the idiopathic generalised epilepsies, such as juvenile myoclonic epilepsy, has very significant implications for treatment choice and strategy, it remains too early to what extent the susceptibility genes that contribute to the common epilepsies mesh with the finer details of the clinical and EEG classification of the epilepsies, and to the design of treatment strategies. In addition to clearly describing the full range of epilepsy syndromes and their diagnostic features and management, there are a number of valuable diagnostic and practice tips such as how to recognise infantile spasms.

As occurs all too often, the quality of the content is not matched by the quality of the physical production of this book. This is a 400 page book that is cramped into 278 pages. Margins and borders are cut to the bone, tables and figures are squeezed into too little space and could be better presented. The shortcomings of the physical production are a particular pity because of the good ideas in the formatting of the material, so that particular aspects are easily accessible for those readers who are looking for them: tables of definitions and diagnostic tips in red, figure legends and footnotes are in blue, and the titles of syndromes are in green.

These irritations notwithstanding, I would certainly buy this book to have available for reference when considering the correct classification of a particular patient, and for teaching purposes, and would recommend it to all colleagues who see and treat those with epilepsy, be they studying or working in secondary or tertiary referral practices.

J Duncan

Pediatric psychopharmacology: principles & practice


This is a weighty text—at nearly 800 pages and nearly 5½ lbs in the hardback edition. Far more than just a textbook of psychopharmacology, this is an introduction to and update on the biological basis of pediatric psychopharmacology as well as its current practice. Organised into four sections, the first covers neurobiology, developmental psychophatology, and genetics, including a well written primer on molecular genetics for those child and adolescent psychiatrists (and there are
Any traumatic spinal cord injury (SCI) may cause symptoms ranging from pain to complete loss of motor and sensory functions below the level of the injury. Currently, there are over 2 million SCI patients worldwide. The cost of their necessary continuing care creates a burden for the patient, their families, and society.

Objectives: To determine estimates of the incidence and prevalence of traumatic spinal cord injury (TSCI) in Australia as of June 30, 2011. Design: Population modeling using cohort survival. Setting: Australia. Brain and spinal cord injury. Developed by the Injury Prevention Program at Shepherd Center in collaboration with Cobb County (Ga.) Public Schools. Brought to you by our Injury Prevention Partners. Shepherd Center, located in Atlanta, Ga., is a private, not-for-profit hospital specializing in medical treatment, research and rehabilitation for people with spinal cord injury or brain injury. Founded in 1975, Shepherd Center is ranked by U.S. News & World Report among the top 10 rehabilitation hospitals in the nation and is a 152-bed facility.

Spinal cord injuries are classified according to different criteria: 

Mechanism of injury: Flexion, hyperextension, flexion-rotation, extension-rotation, and compression. The unstable is the flexion-rotation injury because damage to the ligaments that provide stability to the spine may occur.

Level of injury: Skeletal (vertebral) and neurological (lowest segment with normal sensory and motor functions bilaterally.)

Spinal cord injury occurs through various countries throughout the world with an annual incidence of.

Sports and recreational causes have increased and work-related accidents have decreased in some countries, as work safe practices have improved. The logging, mining, and construction industries are safer now than ever before. Conversely, recreational activities, such as parachuting, hang gliding, surfing, abseiling, and rock climbing, by virtue of the major forces transmitted to the spinal column in potentially uncontrolled situations, have increased the frequency of sports and recreational injuries, which in some countries are more common than work-related injuries.