MYOPATHIES IN CLINICAL PRACTICE  
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When most of us started medical school there were a few textbooks written in a direct style, which were adequately referenced and adequately supplemented with illustrations and tables. But there were many more textbooks that contained dense, featureless prose, often with medieval typesetting.

How much happier must be today’s medical student! The standard of textbooks today has been elevated in almost all respects. The layout, tables and figures are far superior, reaching aesthetic heights not dreamed of in previous generations. *Myopathies in Clinical Practice* is a good example of a modern textbook with magnificent presentation.

So much for the aesthetics: how about the content? The first section of the book deals with basic principles. The first two chapters deal with general clinical assessment and investigation. They are well written and presented. Unusually, the authors devote the third chapter to the therapy of neuromuscular disease. The subject matter sometimes overlaps with the therapeutic advice given with specific...
diseases, but the chapter is a success, wisely dealing more in specifics than generalities. It also gives substance to the authors’ assertion that there are therapeutic options for almost all neuromuscular patients.

The second section of the book deals with the various categories of myopathy. The book is particularly impressive when dealing with well-defined clinical entities. If the book has any important weakness, it is the lack of advice on common but poorly defined muscle symptoms. As chronic daily headaches may burden the general neurologist, myalgia and fatigue burden the myologist. While the authors acknowledge (even on the back cover) the prevalence of patients with myalgia and/or fatigue in muscle clinics, it is disappointing to find correspondingly little to guide diagnostic efforts and therapeutic strategies in these common clinical scenarios. Asymptomatic hyperCKaemia is another situation which is explained too briefly. However, I would readily concede that it is hard to grapple with diseases with no easy handles.

The authors list drugs that may cause myopathy. Now that virtually half the elderly population are taking statins, the side-effects of these drugs are a frequent reason for referral, and may raise a significant management dilemma. These issues could reasonably be discussed at length but are not addressed. Of the statins, only lovastatin is mentioned as potentially causing myopathic effects.

The genetics of most inherited muscle diseases are explained well (often with illustrations). However, the authors do run into trouble with the entity DM2/PROMM. The section starts by mentioning the causative CCTG repeat sequence in the zinc finger 9 sequence (which allows genetic testing). This seems to have been forgotten when the summary paragraph declares that the diagnosis of DM2 is clinical. Perhaps the authors share my propensity to forget the latest genetic advances.

There is only occasional weakness [sic] in spelling! Two disappointments await the authors when they look up mexiletine slow release in the British National Formulary, their recommended drug for myotonia. Not only will they find that it has been discontinued, but also that they have consistently misspelled it. Patients can still use ordinary mexiletine.

Giving genetic advice in mitochondrial disease is full of pitfalls. The book does not adequately address the subject. The paragraph dealing with genotype-phenotype correlations does not address its stated aim. Perhaps genetic advice is beyond the scope of the book, but it should at least be mentioned that recurrence risks are low in the context of the commonest mtDNA defect, the single mtDNA deletion.

With few exceptions, the authors do allocate the 159 pages of text judiciously, with emphasis on the more common well-defined muscle diseases. Their clinical experience shows through in dealing with the practical aspects of these disorders. The chapter on muscular dystrophies is particularly well presented, with effective use of tables, clinical photographs and figures. Well-chosen histological and genetic data are also presented in illustrations which complement the text. (Before the author of the chapter on muscular dystrophies breaks open a jeroboam to celebrate my generous praise admit that it is easier to find cogent figures and pertinent photographs to illustrate facioscapulohumeral muscular dystrophy than chronic fatigue syndrome.)

Despite minor shortcomings, this short textbook succeeds in being a excellent primer in muscle disease. The authors succeed in their aim of helping the jobbing neurologist or rheumatologist. The full benefits of computer-aided publishing are used to great effect. Perhaps the book would have been cheaper without the high-quality graphics, but it would have been a lesser book. After all, diagnosis in muscle disease is often a visual skill, perhaps hinging on facial appearance or a colourful immunocytochemical muscle section. Buy this book if you can. It would be a good choice for a medical school library; I expect librarians will want to keep it on display until its cover fades.

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DOI: 10.1093/brain/awh140