

CAMBRIDGE



MEDICINE TITLES

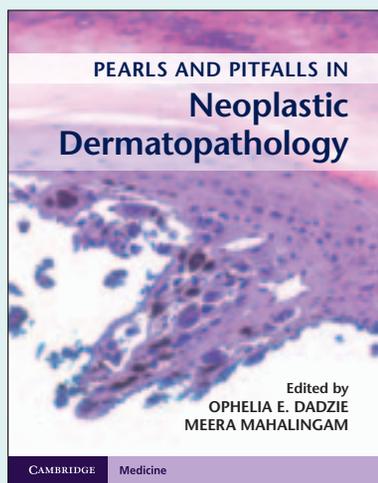
SPRING | 2017

CAMBRIDGE
UNIVERSITY PRESS



CONTENTS

Dermatology	3
General medicine	4
Intensive care	5
Medical imaging	6
Mental health	8
Neurology	11
Obstetrics and gynecology	15
Respiratory medicine	16
Surgery	17



PEARLS AND PITFALLS IN INFLAMMATORY DERMATOPATHOLOGY

Asok Biswas

Western General Hospital, Edinburgh

This step-by-step practical diagnostic guide takes a fresh look at inflammatory skin disorders by focusing on the practicalities of correlating the histopathologic and clinical features and highlighting useful diagnostic tips and potential pitfalls. Covering a wide range of both common and rare but critically important inflammatory skin disorders, it outlines their clinical and microscopic features including histopathologic variations. Highlighting the scope and limitations of a skin biopsy, it actively encourages a closer liaison between the dermatologist and the pathologist and demonstrates how correlating the clinicopathologic attributes allows for a more meaningful and accurate diagnosis. With over 600 clinical and microscopic images and featuring real-world scenarios and practical tips, *Pearls and Pitfalls in Inflammatory Dermatopathology* offers a vital new perspective towards the diagnostic approach to inflammatory skin disorders. The book is packaged with a password, giving the user online access to all the text and images.

April 2017

276 x 219 mm 324pp 633 colour

illus. 11 tables

978-1-316-60599-8

Hardback with Online Resource

c. £155.00

WHY IT WILL SELL

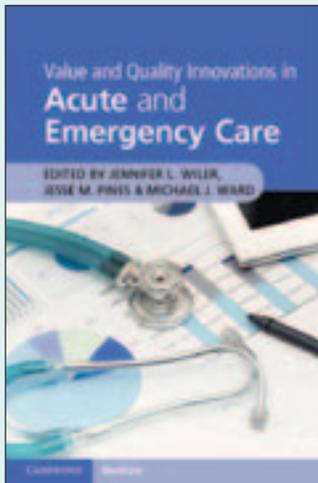
- Illustrated by over 600 images accumulated over many years of clinical practice, allowing the reader to visualise clinical and histopathologic presentations of skin disorders side-by-side
- Highlights useful morphologic clues and alerts the reader to areas of diagnostic difficulties by creating an awareness of potential diagnostic pitfalls in order to prevent misdiagnosis
- Features useful diagnostic tips at every step, making it an easy resource in day-to-day practice
- Provides user-friendly, step-by-step guidance for making an accurate and speedy diagnosis of both classical and atypical presentations of inflammatory skin disorders

CONTENTS

Foreword; 1. Introduction; 2. Spongiotic dermatitis; 3. Psoriasiform dermatitis; 4. Interface dermatitis; 5. Intraepidermal vesiculobullous dermatitis; 6. Subepidermal vesiculobullous dermatitis; 7. Parivascular dermatitis; 8. Nodular and diffuse dermatitis; 9. Folliculitis; 10. Fibrosing dermatitis; 11. Vasculitis; 12. Panniculitis; Index.

ADDITIONAL INFORMATION

Level: specialist medical trainees, medical specialists/consultants



March 2017

234 x 156 mm 240pp

22 b/w illus. 15 tables

978-1-316-62563-7 Paperback

£59.99

VALUE AND QUALITY INNOVATIONS IN ACUTE AND EMERGENCY CARE

Edited by Jennifer L. Wiler

University of Colorado School of Medicine

Jesse M. Pines

George Washington University, Washington DC

and Michael J. Ward

Vanderbilt University Medical Center, Tennessee

Access to acute and emergency care is essential when we are ill or injured, but the costs are significant. How can we make services more efficient and effective? This thought-provoking text provides twenty case studies detailing successful innovations to enhance value, including telehealth, observation medicine, high utilizer programs and the use of informatics to improve clinical decision support. A detailed history of system developments over the last fifty years in the US and internationally is provided, and subjects including measurement and quality improvement, volume versus value based care, and emergency department crowding are discussed. An ideal way for emergency physicians and healthcare managers to explore new ideas and enhance the quality of care in their area.

WHY IT WILL SELL

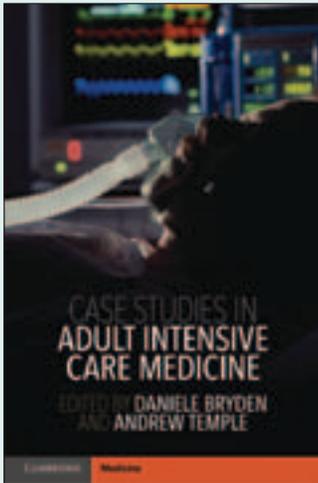
- Examples of best practice are studied and described, providing advice to help improve acute and emergency care in the US and internationally
- The future of acute and emergency care in a value based world is outlined, and the potential for integrated care is described
- Case studies are reviewed by academic experts, placing each innovation in context

CONTENTS

1. Fifty years of transformation of acute and emergency care; 2. Measuring and improving quality of care; 3. Fragmentation in acute and emergency care: causes, consequences and solutions; 4. Alternative payment models in acute, episodic care: moving from volume to value; 5. Improving timeliness and access of acute and emergency care: the science of improving emergency department crowding; 6. Bringing the patient-voice into emergency care; Case study 1. Expanding the role of observation care; Case study 2. An innovative strategy to streamline care for behavioral health in the emergency department; Case study 3. The geriatric emergency department; Case study 4. How UK responded to the four-hour rule; Case study 5. High-cost users: using information technology to streamline care plans; Case study 6. Emergency care in an integrated healthcare delivery system: the Kaiser experience; Case study 7. Urgent care centers: an alternative to unscheduled primary care and emergency department care; Case study 8. The 'no-wait' emergency department; Case study 9. Transforming care delivery through telemedicine; Case study 10. Coordinating emergency care through telemedicine; Case study 11. Bringing diagnostic testing to the bedside: point of care testing; Case study 12. Regionalization of care; Case study 13. Clinical decision support tools; Case study 14. Automated patient follow-up program; Case study 15. Using data on patient experience to improve clinical care; Case study 16. Community paramedicine: the Geisinger experience; Case study 17. Initiating palliative care in the emergency department; Case study 18. Streamlining patient flow in the emergency department with discrete event simulation; Case study 19. Using emergency department community health workers as a bridge to ongoing care for frequent ED users; Case study 20. Big data: use of analytics for operations management.

ADDITIONAL INFORMATION

Level: medical specialists/consultants, specialist medical trainees



April 2017

234 x 156 mm 379pp

978-1-107-42337-4 Paperback

£44.99

CASE STUDIES IN ADULT INTENSIVE CARE MEDICINE

Edited by Daniele Bryden

Sheffield Teaching Hospitals NHS Trust

and Andrew Temple

Sheffield Teaching Hospitals NHS Trust

Guiding FFICM and EDIC exam candidates through the intensive care medicine curriculum, this book provides 48 case studies mapped to eight key areas of study in the UK and European syllabuses. Cases include clinical vignettes, explanations and a list of key learning points, while also being formatted along the structure of FICM case reports. Key clinical management points are identified and linked to appropriate scientific or evidence-based research and case studies chosen reflect a general population relevant to a worldwide readership. Conditions covered are significant to large areas of clinical practice as well as more discrete specialist knowledge, making this an essential study guide for trainees preparing for exams in intensive care medicine, and also a useful learning tool for candidates in related disciplines such as anaesthesia (FRCA), emergency medicine (MCEM) and surgery (MRCS).

WHY IT WILL SELL

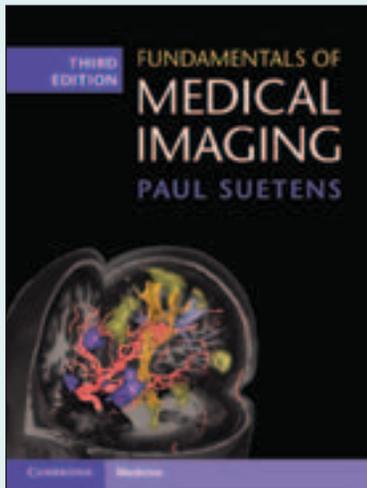
- Provides forty-eight case studies mapped to the eight key areas of the intensive care medicine curriculum
- Links key clinical management points to scientific or evidence-based explanations
- Covers conditions relevant to large areas of clinical practice as well as more discrete specialist knowledge

CONTENTS

Preface; Glossary; 1. Cardiac arrest post resuscitation management – NSTEMI / STEMI; 2. Initial management of the polytrauma patient; 3. Management of major burns on the intensive care unit; 4. Management of sepsis; 5. Rhabdomyolysis; 6. Management of acute liver failure; 7. Status epilepticus; 8. Acute ischaemic stroke; 9. Subarachnoid haemorrhage; 10. Management of traumatic brain injury; 11. Variceal haemorrhage; 12. Surgical management of pancreatitis; 13. Intra-abdominal hypertension and abdominal compartment syndrome; 14. Management of the ventilated asthmatic patient; 15. Pneumonia; 16. Interstitial lung disease; 17. Chronic pulmonary hypertension: what does critical care have to offer?; 18. Acute lung injury; 19. The role of non-invasive ventilation following extubation of intensive care unit patients; 20. Valvular heart disease and endocarditis: critical care management; 21. Cardiac failure management and mechanical assist devices; 22. Management of common overdoses; 23. Necrotising soft tissue infections in the intensive care unit setting; 24. Fungal infections; 25. Acutely jaundiced patient – autoimmune hepatitis; 26. Massive haemorrhage; 27. Glucose emergencies; 28. Endocrine emergencies; 29. Acid base abnormalities; 30. Nutrition and refeeding syndrome; 31. Pre-eclampsia and eclampsia in critical care; 32. Airway management; 33. Bronchoscopy and tracheostomy; 34. Central venous catheter infections; 35. Ventilator associated pneumonia; 36. Neuromonitoring; 37. Monitoring cardiac output; 38. The surgical patient on critical care; 39. Delirium in the intensive care unit; 40. Death and organ donation; 41. Managing the acutely ill child prior to transfer; 42. Who to admit to critical care?; 43. Clearing the cervical spine in the unconscious patient in the intensive care unit; 44. Alcohol related liver disease (who to admit to critical care, when to refer to a specialist centre); 45. Hyperpyrexia; Index.

ADDITIONAL INFORMATION

Level: specialist medical trainees, medical specialists/consultants



March 2017

246 x 189 mm 300pp

57 b/w illus. 329 colour

illus. 8 tables

978-1-107-15978-5 Hardback

c. £99.99

FUNDAMENTALS OF MEDICAL IMAGING

Third edition

Paul Suetens

Katholieke Universiteit Leuven, Belgium

This third edition provides a concise and generously illustrated survey of the complete field of medical imaging and image computing, explaining the mathematical and physical principles and giving the reader a clear understanding of how images are obtained and interpreted. Medical imaging and image computing are rapidly evolving fields, and this edition has been updated with the latest developments in the field, as well as new images and animations. An introductory chapter on digital image processing is followed by chapters on the imaging modalities: radiography, CT, MRI, nuclear medicine and ultrasound. Each chapter covers the basic physics and interaction with tissue, the image reconstruction process, image quality aspects, modern equipment, clinical applications, and biological effects and safety issues. Subsequent chapters review image computing and visualization for diagnosis and treatment. Engineers, physicists and clinicians at all levels will find this new edition an invaluable aid in understanding the principles of imaging and their clinical applications.

WHY IT WILL SELL

- Provides a complete up-to-date overview of the field of medical imaging
- Principally written for students with a background in physics, mathematics, or engineering, but also suitable for biomedical scientists and medical practitioners
- Contains over three hundred color illustrations and eighty video clips

CONTENTS

1. Introduction to digital image processing; 2. Radiography; 3. X-ray computed tomography; 4. Magnetic resonance imaging; 5. Nuclear medicine imaging; 6. Ultrasound imaging; 7. Medical image computing; 8. Visualization for diagnosis and therapy; Appendix A. Linear system theory; Appendix B. Exercises.

ADDITIONAL INFORMATION

Level: specialist medical trainees, medical students

April 2017

276 x 219 mm 416pp

581 b/w illus. 373 colour

illus. 49 tables

978-1-107-56725-2

Hardback with Online Resource

c. £125.00

NEUROPATHOLOGIC AND NEURORADIOLOGIC CORRELATIONS

A Differential Diagnostic Text and Atlas

Edited by Murat Gokden

University of Arkansas for Medical Sciences, Little Rock

and Manoj Kumar

University of Arkansas for Medical Sciences, Little Rock

While neuropathologists and neuroradiologists are increasingly required to work together to diagnose nervous system diseases, many remain unfamiliar with the other's disciplines. Featuring over 900 images, this practical textbook and atlas combines both specialities, providing an extensive understanding of the disease process. It offers a comprehensive review of the nervous system and diseases of the eye, skeletal muscle, and bone and soft tissue. Topics are covered in chapters arranged by region, allowing for quick reference of conditions such as brain tumors, spinal cord diseases, or congenital malformations. Introductory chapters on pathologic and radiologic techniques are also featured, enabling specialists of both areas to familiarise themselves with the other's subject. Packaged with a password to give the user online access to all the text and images, this is a must-have resource for comprehensive and accurate diagnosis.

WHY IT WILL SELL

- Integrates neuroradiological and neuropathological views on nervous system diseases, supporting a cross-discipline approach to diagnostics
- Focuses on differential diagnostic information, akin to real-life clinical diagnostic practice
- Additional images online allow the reader to research a topic in greater detail

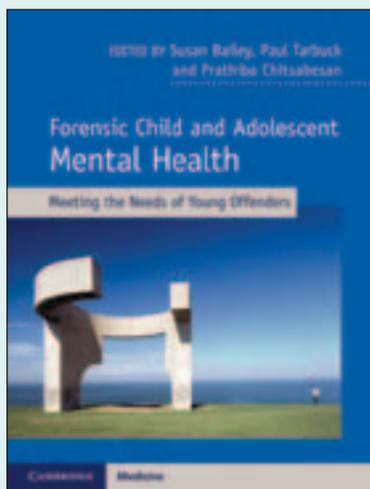
CONTENTS

List of contributors; Preface; 1. Radiologic techniques; 2. Pathologic techniques; 3. Meningeal mass lesions; 4. Diffuse leptomeningeal and dural lesions; 5. Sellar and suprasellar region; 6. Pineal region; 7. Mass effect and edema; 8. Cerebral mass lesions; 9. Cerebral atrophy; 10. Ventricular system; 11. White matter; 12. Cerebellum and brainstem mass lesions; 13. Malformations; 14. Cerebellopontine angle; 15. Spinal cord; 16. Bone and soft tissues; 17. Peripheral nervous system; 18. Skeletal muscle; 19. Ophthalmic diseases; Index.

Additional Resources: <http://www.cambridge.org/9781107567252>
Online access to all the text and images

ADDITIONAL INFORMATION

Level: medical specialists/consultants, specialist medical trainees



April 2017
 246 x 189 mm 350pp
 8 b/w illus. 12 tables
 978-1-107-00364-4 Hardback
 c. £84.99

FORENSIC CHILD AND ADOLESCENT MENTAL HEALTH

Meeting the Needs of Young Offenders

Edited by Susan Bailey

Academy of Medical Royal Colleges (AOMRC), London

Paul Tarbuck

University of Central Lancashire, Preston

and Prathiba Chitsabesan

Stepping Hill Hospital, Stockport

Written for practitioners and policymakers, this book will help professionals across health, education, social care and juvenile justice services to understand the needs of young offenders and adolescents at risk of entering the criminal justice system. Developmental in approach, the textbook provides a comprehensive overview of forensic child and adolescent mental health, using cases to help clinicians link theoretical principles to practice and understand how mental health and neurodevelopmental impairment can relate to offending behaviour. With an emphasis on preventive initiatives, early intervention and the building of psycho-social resilience through the delivery of values based practice, this book highlights the need for comprehensive assessment for young people across multiple domains of their lives. This book is of interest to all clinicians working within mental health teams, practitioners working with children and adolescents, professionals involved with youth justice and medico-legal issues, and politicians responsible for establishing health and social policy.

WHY IT WILL SELL

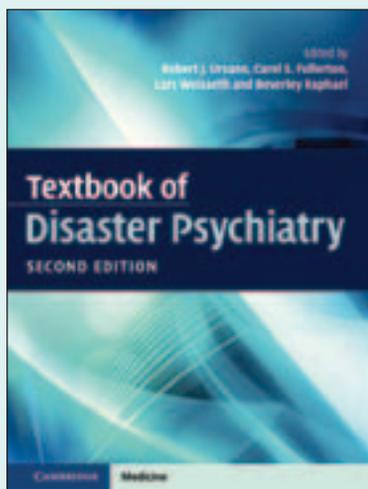
- The developmental perspective is useful for a range of practitioners, managers and policymakers
- Uses numerous case examples to help clinicians link theory to practice
- Provides a UK-focused approach to a field dominated by US-based textbooks

CONTENTS

List of contributors; Preface; 1. The nature of adolescence; 2. Origins of adolescent offending; 3. Psychosocial resilience, psychosocial care and forensic mental healthcare; 4. Assessment of young offenders: mental health, physical, educational and social needs; 5. Risk assessment and management with adolescents; 6. The influence of neurodevelopmental impairment on youth crime; 7. Serious offences – origins and nature of individual violence; 8. Childhood predictors of young homicide offenders and victims and their implications for interventions; 9. Group violence and youth gangs; 10. Young people with harmful sexual behaviours; 11. Depression and self-harm and suicidal behaviour in young offenders; 12. Post-traumatic stress disorder and complex trauma in young people at risk of entering the criminal justice system; 13. Young people with schizophrenia in forensic settings; 14. Substance misuse in young people with antisocial behaviour; 15. Attention deficit hyperactivity disorder and antisocial behaviour; 16. Autistic spectrum disorders in young people in the criminal justice system; 17. Youth psychopathy; 18. Treatment and management: early interventions in conduct disorder and oppositional defiant disorder; 19. Cognitive, behavioural and related approaches in young offenders; 20. Systemic treatment approaches in young people with risky behaviours; 21. Sounding the picture – drawing out the sound: music therapy and art therapy with young people who have committed serious criminal offences; 22. Children and the law; 23. Youth justice services in England and Wales; 24. Working with young people in a secure environment; Index.

ADDITIONAL INFORMATION

Level: professionals, medical specialists/consultants



May 2017
 246 x 189 mm 450pp
 978-1-107-13849-0 Hardback
 £84.99

TEXTBOOK OF DISASTER PSYCHIATRY

Second edition

Edited by Robert J. Ursano

Uniformed Services University

Carol S. Fullerton

Uniformed Services University of the Health Sciences, Maryland

Lars Weisaeth

Universitetet i Oslo

and Beverley Raphael

Australian National University, Canberra

Covering both natural and man-made scenarios including war and terrorism, the *Textbook of Disaster Psychiatry* is a vital international reference for medical professionals, community leaders and disaster responders a decade after its initial publication. Spanning a decade of advances in disaster psychiatry, this new and updated second edition brings together the views of current international experts to offer a cutting-edge comprehensive review of the psychological, biological and social responses to disaster, in order to help prepare, react and aid effective recovery. Topics range from the epidemiology of disaster response, disaster ecology, and the neurobiology of disaster exposure, to socio-cultural issues, early intervention and consultation-liaison care for injured victims. The role of non-governmental organizations, workplace policies and the implications for public health planning at both an individual and community level are also addressed.

WHY IT WILL SELL

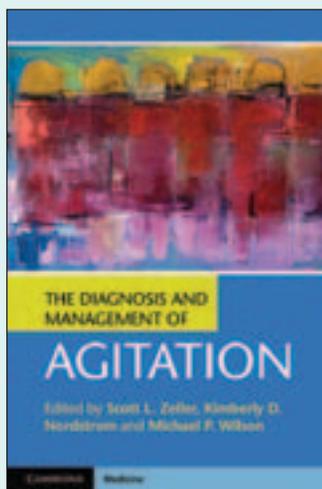
- The comprehensive examination of disaster and its impact gives the book both clinical and public health relevance
- The text has been updated to cover a decade of advances, leading to more effective approaches to preparation, treatment, intervention and therefore recovery
- Concepts and approaches are applied to worldwide needs, resulting in a text relevant to real life practice

CONTENTS

Part I. Introduction: 1. Individual and community responses to disasters; Part II. Foundations of Disaster Psychiatry: 2. Epidemiology of disaster mental health: the foundation for disaster mental health; 3. Disaster ecology; 4. Neurobiology of disaster exposure: fear, anxiety, trauma, and resilience; 5. Trajectories of health, resilience, and illness; Part III. Clinical Care and Interventions: 6. Early interventions for trauma-related problems; 7. Acute stress disorder and posttraumatic stress disorder; 8. Psychiatric aspects of medical-surgical disaster care; 9. Collaborative care interventions for acutely injured survivors of individual and mass trauma; Part IV. Special Topics: 10. International disaster response; 11. Risk communication in disasters: promoting resilience; 12. The unintended consequences of disaster-related media coverage; 13. Terrorism: mass disruption and killing; 14. Children and families responding to disaster and bereavement; 15. Disaster workers: exposure to mass and traumatic death; 16. Health care planning for community disaster care; 17. Workplace and organizational disasters: response and planning; 18. Pandemics: health care emergencies; 19. Leadership in disasters; 20. Nuclear disaster response; 21. Ethical issues in disaster psychiatry; Part V. Public Health and Disaster Psychiatry: 22. Public health and disaster mental health: preparing, responding, and recovering; Index.

ADDITIONAL INFORMATION

Level: medical specialists/consultants, professionals



February 2017

234 x 156 mm 300pp 6 b/w illus.

978-1-107-14812-3 Hardback

£74.99

THE DIAGNOSIS AND MANAGEMENT OF AGITATION

Edited by **Scott L. Zeller**

University of California, Riverside

Kimberly D. Nordstrom

Denver Health Medical Center, Colorado

and **Michael P. Wilson**

University of California, San Diego

A common symptom of psychiatric and medical disorders, agitation often appears in a variety of medical environments. This practical guide explores the origins of the condition and the differing approaches and treatments available. The biology of agitation is discussed, followed by specific chapters on substance abuse, medical causes, personality disorders, and treatment in pediatrics and the elderly. Treatment options including psychiatric work-ups, medical work-ups, psychopharmacology, de-escalation, and calming techniques are provided. The complexities of legal issues, patients' rights, and prehospital settings are also addressed, providing physicians, nurses, and mental health workers with a comprehensive resource in providing safe, focused, and effective treatment.

WHY IT WILL SELL

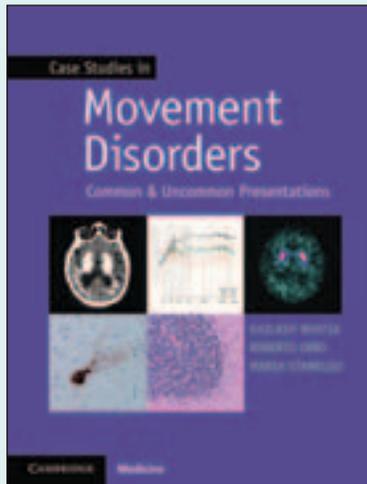
- Features authors from both emergency medicine and psychiatry, allowing the reader to gain a broader perspective than from books written from one speciality
- Diverse approaches to diagnosis and management of agitation are given, allowing readers to provide superior and more compassionate care
- The physical context of the diagnosis is discussed, highlighting the implications this may have for ongoing medical management

CONTENTS

1. Agitation: where we're going, where we've been; 2. The biology of agitation; 3. Medical evaluation of the agitated patient; 4. Agitation due to substance use, abuse, and withdrawal; 5. Medical causes of patients with agitation: systemic illness; 6. Special populations: agitation in elderly patients; 7. The psychiatric evaluation of patients with agitation; 8. Psychiatric causes of agitation: exacerbation of personality disorders; 9. Psychiatric causes of agitation: exacerbation of mood and psychotic disorders; 10. Collaborative de-escalation; 11. Agitation in field settings: emergency medical providers and law enforcement; 12. Use of force in the prehospital environment; 13. Appropriate use of restraint and seclusion; 14. Pharmacologic treatment of agitation; 15. Understanding the environmental, social, familial, and cultural context of agitation; 16. The ethics of agitation: when is an agitated patient decisionally capable?; 17. Patient rights: patient and family perspectives on agitation; 18. Diagnosis and management of agitation in children and adolescents.

ADDITIONAL INFORMATION

Level: medical specialists/consultants, specialist medical trainees



March 2017

246 x 189 mm 240pp

978-1-107-47242-6

Paperback c. £48.00

CASE STUDIES IN MOVEMENT DISORDERS

Common and Uncommon Presentations

Kailash Bhatia

Institute of Neurology, University College London

Roberto Erro

Università degli Studi di Salerno, Italy

and Maria Stamelou

University of Athens, Greece

Drawing on the expertise of an international team of authors, *Case Studies in Movement Disorders* is a compilation of illustrative cases, demonstrating a step-by-step approach to diagnosing and managing these complex conditions. An extensive collection of over sixty videos shows both common and uncommon presentations of a wide range of movement disorders, and the accompanying text guides readers systematically through the clinical history, examination and investigation findings, and diagnosis, and finally discusses the clinical issues raised. Both surgical and pharmacological management options are presented, helping readers understand some of the controversies involved in treatment. The cases are drawn from all of the major groups of movement disorders: ataxia, chorea, dystonia, myoclonus, parkinsonism, tics, and tremor. This will be invaluable for both neurologists in training and more experienced professionals seeking to develop their diagnostic skills, especially when faced with uncommon conditions or uncommon manifestations of common disorders.

CONTENTS

List of contributors; List of abbreviations; Section 1. Parkinsonism: 1. Parkinson disease; 2. Nonmotor Parkinson disease; 3. Isolated lower limb dystonia at onset of Parkinson's disease; 4. Parkinson's disease associated with SCNA mutations; 5. Steele-Richardson-Olszewski syndrome; 6. PSP-parkinsonism; 7. Corticobasal degeneration; 8. MSA – parkinsonian variant; 9. Prominent freezing of gait and speech disturbances due to Fahr disease; 10. A (familial) PSP look-alike; 11. Parkinsonian syndrome and sunflower cataracts: Wilson's disease; 12. Classic PD-like rest tremor in FTDP-17 due to a MAPT mutation; 13. Progressive parkinsonism with falls and supranuclear gaze palsy; 14. Very early onset parkinsonism; 15. Parkinsonism due to CSF1R mutation; Section 2. Dystonia: 16. Early-onset generalized dystonia: DYT1; 17. Early-onset jerky dystonia: an uncommon phenotype of DYT1; 18. Early-onset generalized dystonia with craniocervical involvement: DYT6; 19. Autosomal recessive isolated generalized dystonia: DYT2; 20. Dopa-responsive dystonia; 21. A complicated dopa-responsive dystonia: tyrosine hydroxylase deficiency; 22. Early onset generalized dystonia and macrocephaly: Glutaric Aciduria type 1; 23. PKAN misdiagnosed as 'progressive delayed-onset postanoxic dystonia'; 24. Oromandibular dystonia and freezing of gait: a novel presentation of neuroferritinopathy; 25. Generalized dystonia with oromandibular involvement and self-mutilations: Lesch-Nyhan syndrome; 26. Dystonia complicated by pyramidal signs, parkinsonism and cognitive impairment: HSP11; 27. H-ABC syndrome; 28. Dystonic opisthotonus; 29. Delayed-onset dystonia after lightning strike; Section 3. Tics: 30. Gilles de la Tourette syndrome; 31. Secondary tic disorders: Huntington disease; 32. Multiple hyperkinesias: tics and paroxysmal kinesigenic dyskinesia; 33. Functional tic disorders; Section 4. Chorea: 34. Huntington disease; 35. Generalized chorea with oromandibular involvement and tongue biting; 36. A Huntington disease look-alike: SCA17; 37. A newly recognized HD-phenocopy associated with C9orf72 expansion; 38. Persistent chorea due to anticholinergics in DYT6; 39. Dyskinesia without levodopa: long-term follow-up of mesencephalic transplant in PD; 40. Benign hereditary chorea; 41. Another cause of benign hereditary chorea; Section 5. Tremor: 42. Essential tremor; 43. Rest tremor and scans without evidence of dopaminergic deficit (SWEDD); 44. Neuropathic tremor; 45. A treatable disorder misdiagnosed as ET; 46. Thalamic tremor; 47. Shaking on standing: orthostatic tremor; 48. Palatal tremor; 49. Dystonic tremor and progressive ataxia; 50. Bilateral Holmes tremor in multiple sclerosis; 51. Primary writing tremor; Section 6. Myoclonus: 52. A case of 'essential' myoclonus; 53. Ramsey Hunt syndrome and Unverricht-Lundborg disease; 54. North Sea myoclonus due to GOSR2 mutations; 55. Ramsay Hunt syndrome and coeliac disease; 56. Asymmetric myoclonus and apraxia: corticobasal syndrome; 57. Rapidly progressive cognitive regression and myoclonus; 58. Familial cortical 'tremor'; 59. Prominent myoclonus and parkinsonism; 60. Axial myoclonus of uncertain origin; Section 7. Ataxia: 61. Slowly progressive unsteadiness and double vision; 62. Cerebellar ataxia with urinary incontinence: MSA-C; 63. Progressive ataxia, tremor, autonomic dysfunction and cognitive impairment; 64. Sensory ataxic neuropathy with dysarthria and ophthalmoparesis (SANDO) syndrome; 65. Ataxia telangiectasia without ataxia; 66. Anti-Yo related ataxia misdiagnosed as multiple system atrophy; 67. Late onset spinocerebellar ataxia; 68. Ataxia with splenomegaly: Niemann-Pick disease type C.

Additional Resources: <http://www.cambridge.org/9781107472426> Illustrative videos

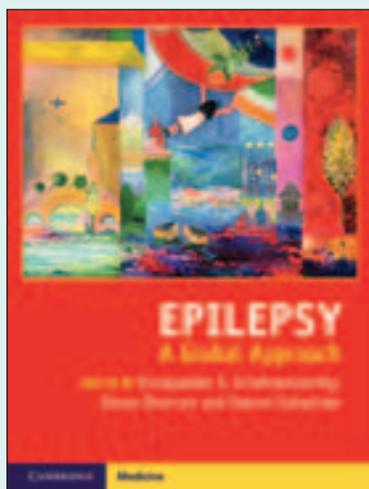
WHY IT WILL SELL

- Draws on the experience of a global team of experts to cover a wide range of cases
- Illustrative videos are on an accompanying website, helping readers to effectively visualize the presenting symptoms
- The step by step approach to common and uncommon cases helps to build and reinforce diagnostic skills

www.cambridge.org/rights
foreignrights@cambridge.org

ADDITIONAL INFORMATION

Level: medical specialists/consultants



March 2017

246 x 189 mm 208pp

31 b/w illus. 19 tables

978-1-107-03537-9 Hardback

£75.00

EPILEPSY

A Global Approach

Edited by Ennapadam S. Krishnamoorthy

Institute of Neurological Sciences, Chennai

Simon Shorvon

University College London

and Steven Schachter

Harvard Medical School, Massachusetts

This comprehensive, multidisciplinary approach to epilepsy compares and contrasts scientific knowledge, clinical experience and social consciousness between Western and non-Western cultures, enhancing transcultural understanding and providing a paradigm for an integrative, truly global health policy for this disorder. Topics covered include pharmacological and non-pharmacological management of epilepsy; care models and traditional medical systems; service organization in resource-limited countries; cultural perspectives on consequences of epilepsy; social, anthropological, economic, political, and spiritual issues related to living with epilepsy; infectious and non-infectious causes and risk-factors; and region-specific syndromes. Uniquely drawing attention to both a medical perspective and the burden of living with epilepsy, this is a must-have reference work for epileptologists, neurologists, epidemiologists, medical policymakers and health administrators in both the developed and developing world.

WHY IT WILL SELL

- Includes a comprehensive section on complementary and alternative treatment methods of epilepsy, balanced against allopathic treatment and surgical models
- Written by expert clinicians representing the continents of Africa, Asia, South America, and the Western world
- Outlines research priorities for low- and middle-income countries (LAMICs)

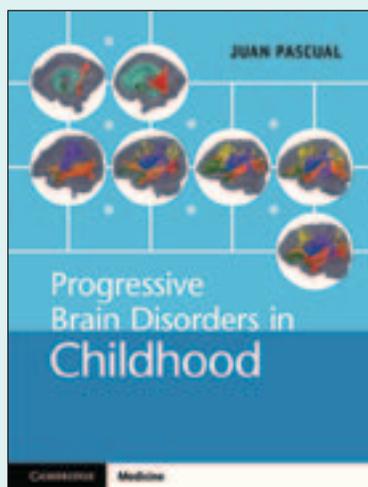
CONTENTS

Part I. Editorial Introduction: 1. Epilepsy: the global burden and transcultural issues; Part II. Infective Causes of Epilepsy: 2. The non-infective causes of epilepsy; 3. Infectious causes of epilepsy: NIMHANS experience and review; 4. Infectious causes of epilepsy: cerebral malaria; 5. Infectious causes of epilepsy: cysticercosis in South America; Part III. Consequences of Epilepsy: 6. Physical consequences of epilepsy; 7. Quality of life and the stigma of epilepsy; 8. Neuropsychiatric consequences of epilepsy; 9. Cognitive consequences of epilepsy: a global perspective; 10. Naming epilepsy: culture-specific perceptions of epilepsy; 11. Knowledge, attitude and practice toward epilepsy; 12. The economic burden of epilepsy in China; Part IV. Comprehensive Epilepsy Care: 13. The clinical approach to investigation and service organization of epilepsy care in low- and middle-income countries; 14. Comprehensive epilepsy care: insights from care models in LAMICs: Latin America; 15. Comprehensive epilepsy care: transcultural issues and the development of a best practice model in India; 16. Comprehensive epilepsy care in China; Part V. The Medical Management of Epilepsy: 17. The medical management of epilepsy: basic principles; 18. The medical management of epilepsy: choice of drugs; 19. The medical management of epilepsy: use of generic drugs; 20. The medical management of epilepsy: antiepileptic drugs and children; 21. The medical management of epilepsy in low- and middle-income countries; 22. The challenge of epilepsy in low-income countries: insights from Laos; 23. Integrated thought: medical management of epilepsy; Part VI. The Surgical Management of Epilepsy: 24. Epilepsy surgery in high-income countries: the example of Great Britain; 25. Models of epilepsy surgery in a large LAMIC: ideal and pragmatic; 26. Models of epilepsy surgery in a large LAMIC: Sree Chitra Tirunel Institute, India; 27. Setting up an epilepsy surgery service in Malaysia; 28. Ideal and pragmatic models of epilepsy surgery in a large LAMIC; 29. Integrated thought: epilepsy surgery; Part VII. Non-Pharmacologic Management of Epilepsy: 30. Non-pharmacologic and psychological management of epilepsy in developed countries; 31. Ayurveda and yoga in the management of epilepsy; 32. Traditional Chinese medicine in the management of epilepsy; 33. Traditional medicine in the management of epilepsy in Ghana; 34. Complementary and alternative medicine in the management of epilepsy: a global perspective; 35. Integrated thought: non-pharmacologic management of epilepsy; Part VIII. Epilepsy Issues with Global Health Impact: 36. The epilepsy treatment gap; 37. Intractable epilepsy: implications with regard to LAMICs; 38. Epilepsy and intellectual disability; 39. Legal implications of epilepsy and epilepsy management; 40. The global campaign against epilepsy; 41. Integrated thought: issues with global health impact; Part IX. International Perspectives: 42. Perspectives on epilepsy in Tibet; 43. Perspectives on epilepsy from Asian-American populations living in the USA; 44. Perspectives on epilepsy in Lebanon; 45. Perspectives on epilepsy in the Philippines; 46. Integrated thought: international perspectives.

ADDITIONAL INFORMATION

Level: medical specialists/consultants

www.cambridge.org/rights
foreignrights@cambridge.org



April 2017

246 x 189 mm 320pp

978-1-107-04205-6 Hardback

£94.99

PROGRESSIVE BRAIN DISORDERS IN CHILDHOOD

Juan M. Pascual

University of Texas Southwestern Medical Center, Dallas

Progressive neurodevelopmental disorders that affect the development of the infant brain can have detrimental impacts on a range of cognitive and emotional behaviors. The identification and management of these disorders can be challenging for neurologists, pediatricians and other healthcare professionals who encounter these conditions in their practices. This book is essential for teaching medical practitioners how to promptly identify neurological regression during childhood development and investigate disorders in sufficient depth to be able to arrive at a precise syndromic diagnosis, plan appropriate management for the patient, and offer advice to caregivers. The text provides a platform for clinicians – new and experienced – to expose their knowledge gaps in the field of neurodegenerative and related disorders. Individual disorders are analyzed by age of onset, with attention given to disorders present in utero, in the newborn, in the infant, and the adolescent, making this a practical and comprehensive guide for any healthcare professional.

WHY IT WILL SELL

- Focuses on the evaluation of patients with specific clinical syndromes, biochemical abnormalities or gene mutations, which will allow clinicians to effectively diagnose and manage patients with progressive brain disease
- The uniform chapter structure and illustration style will facilitate adoption as a textbook in clinical electives, rotations and training programmes
- This single-authored volume possesses a uniformity that its multi-authored competitors do not

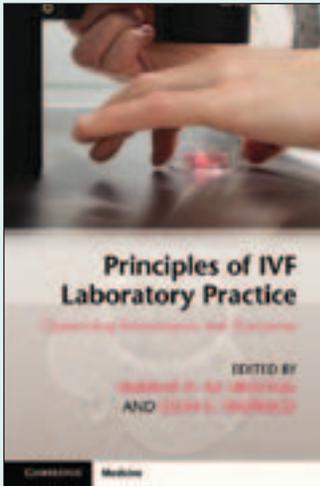
CONTENTS

Preface; Part I. Introduction; Section 1. Introduction: 1. Principles of progressive brain disorders in childhood; Part II. Rise and Decline of the Child; Section 2. Human Neurological Development: 2. The developing child; 3. Language development; Section 3. Assessment of Neural Performance: 4. The neurological examination of newborns, infants and children; 5. Neuropsychological assessment of children; 6. Maturation of the electroencephalogram in infancy; 7. Magnetic resonance imaging of the developing brain; Section 4. Death and Palliation in Neurodegenerative Disorders: 8. The declining child; Part III. Mechanisms of Neurological Loss of Function; Section 5. Degeneration in the Central Nervous System: 9. Mechanisms of neural cell death; Section 6. Axonal Degeneration: 10. Mechanisms of axonal degeneration; Part IV. Neurodegenerative and Other Progressive Disorders in Childhood; Section 7. Progressive in Utero Disorders: 11. Prenatal inborn metabolic errors; 12. Maternal phenylketonuria; Section 8. Newborn Disorders: 13. Zellweger disease; 14. Other neonatal peroxysomal disorders; 15. Pyruvate dehydrogenase deficiency; 16. Neonatal pyruvate carboxylase deficiency; 17. Tricarboxylic acid cycle disorders; 18. Other newborn mitochondrial disorders; 19. Organic acidemias of the newborn; 20. Molybdenum cofactor deficiency; 21. Urea cycle defects; 22. Holocarboxylase synthetase deficiency and biotinidase deficiency; 23. Disorders of pyridoxine metabolism; 24. Maple syrup urine disease; 25. Other inborn errors of amino acid metabolism; 26. Newborn congenital glycosylation disorders; Section 9. Disorders of Infancy: 27. Phenylketonuria; 28. Infantile organic acidemias; 29. Niemann–Pick type A disease; 30. Sialidosis; 31. Galactosialidosis; 32. Infantile ceroid lipofuscinosis (Haltia–Santavuori disease); 33. Farber disease; 34. Infantile sialic acid storage disease; 35. Childhood congenital disorders of glycosylation; 36. Creatine deficiency syndromes; 37. Pompe disease; 38. Alpers–Huttenlocher disease; 39. Leigh syndrome; 40. Infantile dopamine transporter deficiency; 41. Canavan disease; 42. Cockayne syndrome; 43. Menkes disease; 44. Infantile Refsum disease; 45. Krabbe disease; 46. Infantile ascending hereditary spastic

paraplegia; 47. Metachromatic leukodystrophy and multiple sulfatase deficiency; 48. Alexander disease; 49. Pelizaeus–Merzbacher disease; 50. Rett syndrome; 51. Spinal muscular atrophy; 52. Infantile neuroaxonal dystrophy; 53. Déjérine–Sottas disease; 54. Myotonic dystrophy; 55. Vici syndrome; 56. Aicardi–Goutières syndrome; 57. Infantile Andersen disease; 58. Familial infantile bilateral striatal necrosis; 59. Inherited cobalamin deficiency; 60. Hereditary folate disorders; Section 10. Childhood Disorders: 61. Unverricht–Lundborg disease; 62. Lafora disease; 63. Neuronal intranuclear inclusion disease; 64. Late infantile neuronal ceroid lipofuscinosis (Jansky–Bielschowsky disease); 65. Juvenile neuronal ceroid lipofuscinosis (Spielmeyer–Vogt disease); 66. Coenzyme Q10 deficiency; 67. Common mitochondrial disorders of children; 68. Acute necrotizing encephalopathy; 69. Gaucher disease; 70. Niemann–Pick type C disease; 71. GM2 gangliosidosis; 72. Mucopolysaccharidoses; 73. Mucopolipidoses; 74. Fucosidosis; 75. Mannosidosis; 76. GM1 gangliosidosis; 77. Fabry disease; 78. Hartnup disease 325; 79. Schindler disease; 80. X-linked adrenoleukodystrophy; 81. Pantothenate kinase deficiency; 82. Ataxia teleangiectasia; 83. Friedreich ataxia; 84. Bassen–Kornzweig disease; 85. Vanishing white matter disease; 86. Childhood spinocerebellar ataxias; 87. Charcot–Marie–Tooth disease; 88. Giant axonal neuropathy; 89. Segawa disease; 90. Biotin–thiamine responsive basal ganglia disease; 91. Rasmussen encephalitis; Section 11. Adolescent Disorders: 92. Wilson disease; 93. Neurodegeneration with brain iron accumulation; 94. Aceruloplasminemia; 95. Cerebrotendinous xanthomatosis; 96. Juvenile Huntington disease; 97. Hereditary spastic paraplegia; 98. Adult neuronal ceroid lipofuscinosis (Kufs disease); 99. Juvenile amyotrophic lateral sclerosis; 100. Juvenile Parkinson disease; Part V. Regression in Other Neurological and Psychiatric Disorders; Section 12. Epilepsy: 101. Landau–Kleffner syndrome; 102. Electrical status epilepticus in sleep; 103. Effects of antiepileptic drugs on cognition; 104. Epileptic psychosis; Section 13. Autism: 105. Epilepsy in autism; Section 14. Down Syndrome: 106. Dementia in Down syndrome; Section 15. Systemic Inflammatory Diseases: 107. Neuropsychiatric systemic lupus erythematosus; Section 16. Hydrocephalus: 108. Hydrocephalic neurological dysfunction; Section 17. Chronic Multiple Sclerosis: 109. Multiple sclerosis dementia; Section 18. Paraneoplastic Neurological Disorders: 110. Common paraneoplastic syndromes; Section 19. Chronic Viral Infections of the Nervous System: 111. Neurological regression in viral disorders; Section 20. Hysteria: 112. Conversion disorder in children; Part VI. Induced Regression; Section 21. Loss of Sensory Organs: 113. Visual and auditory loss in children; Section 22. Irradiation and Other Cancer Treatments: 114. Cancer treatments and neurological deterioration; Section 23. Protein and Calorie Malnutrition: 115. Malnutrition in children; Section 24. Vitamin Deficiencies and Excesses: 116. Vitamins and the developing nervous system; Section 25. Mineral Deficiencies: 117. Minerals and the nervous system; Section 26. Chronic Poisoning: 118. Chronic lead poisoning; 119. Chronic mercury poisoning; Section 27. Prolonged Hospitalization: 120. The hospitalized child; Section 28. Regression of the Neglected Child: 121. The maltreatment of children; Section 29. Medical Child Abuse: 122. Muhausen syndrome; Section 30. Adolescent Drug Abuse: 123. Progressive drug abuse encephalopathies.

ADDITIONAL INFORMATION

Level: medical specialists/consultants



April 2017

234 x 156 mm 337pp

31 b/w illus. 51 colour

illus. 24 tables

978-1-316-60351-2 Paperback

£49.99

PRINCIPLES OF IVF LABORATORY PRACTICE

Optimizing Performance and Outcomes

Edited by Markus H. M. Montag

ilabcomm GmbH, St Augustin, Germany

and Dean E. Morbeck

Fertility Associates, New Zealand

Since the first successful human in-vitro fertilization (IVF) treatment in 1978, IVF has transformed from an experimental procedure to an established standard of care that is practised throughout the world. As the proven methodologies become more established, patients and practitioners expect higher live birth rates and excellent quality controls. This practical book covers every stage in the life of an IVF laboratory, from designing and planning the laboratory to training the embryologists and ongoing management and troubleshooting, providing step-by-step protocols for today's best practice. Complex and specialized procedures are described by experts in the respective fields using a common structure, which allows the reader to translate into standard operating procedures. The editors bring together a portfolio of techniques that will work in almost every laboratory, providing a foundation of good working practice for both new and experienced embryologists.

WHY IT WILL SELL

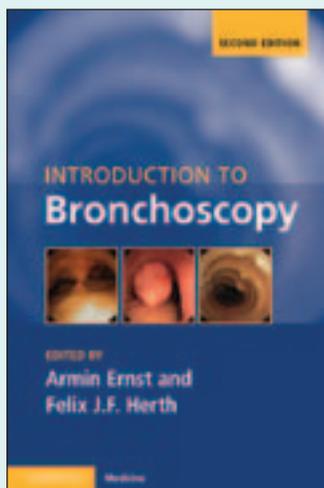
- An easy-to-read, practical book, which avoids the deep theory and instead equips both new and experienced embryologists with the methods needed to provide high-quality, successful IVF
- Useful from the first day of planning a new IVF laboratory through to quality control and troubleshooting in daily practice
- Includes very detailed step-by-step instructions for both standard and complex procedures, presented in a style which will be familiar to readers accustomed to following laboratory protocols

CONTENTS

Part I. Starting a New Laboratory and Training Protocols: 1. Establishing and equipping a new IVF laboratory; 2. Basic embryology skills in the IVF laboratory; 3. Sperm preparation for IVF: training protocol; 4. Oocyte pick-up for IVF: training protocol; 5. Embryo transfer for IVF: training protocol; 6. ICSI for IVF: training protocol; 7. Embryo assisted hatching for IVF: training protocol and method; 8. Embryo biopsy for IVF: training protocol; 9. Vitrification for IVF: training protocol; 10. Mouse embryo assay for quality control in the IVF laboratory; 11. Sperm survival assay for quality control in the IVF laboratory; Part II. Pre-Procedure Protocols: 12. Quality control in the IVF laboratory: continuous improvement; 13. Set-up procedures for optimizing performance in the IVF laboratory; Part III. Gametes: 14. Sperm preparation for therapeutic in-vitro fertilization; 15. Processing surgically retrieved sperm in the IVF laboratory; 16. Cryopreservation of sperm for IVF: semen samples and individual sperm; 17. Oocyte collection for IVF; 18. In-vitro maturation of oocytes for IVF; 19. Oocyte grading for IVF; 20. Vitrification of oocytes for IVF; Part IV. Insemination/ICSI: 21. Conventional IVF with overnight co-incubation; 22. Conventional IVF with short co-incubation; 23. Technical aspects of ICSI for ejaculated spermatozoa; 24. Sperm selection for ICSI by morphology; 25. Sperm selection for ICSI by viability; 26. Oocyte activation for IVF; Part V. Fertilization Assessment: 27. Fertilization assessment in IVF and ICSI; 28. Polar body biopsy for IVF; 29. Zygote cryopreservation for IVF; Part VI. Embryo Assessment: 30. Embryo assessment at the precompaction stage in the IVF laboratory; 31. Embryo assessment at the postcompaction stage in the IVF laboratory; 32. Embryo assessment at the blastocyst stage in the IVF laboratory; 33. Embryo culture and assessment via time-lapse microscopy in the IVF laboratory; Part VII. Embryo Cryopreservation: 34. Cryopreservation of precompaction embryos for IVF; 35. Cryopreservation of postcompaction embryos for IVF; Part VIII. Embryo Biopsy: 36. Embryo biopsy by laser on Day 5 in the IVF laboratory; Part IX. Embryo Transfer: 37. Routine embryo transfer in the IVF laboratory; Part X. Quality Management: 38. Quality management in the IVF laboratory: witnessing; 39. Quality management in the IVF laboratory: quality improvement, document and process control, and adverse events; 40. Troubleshooting in the IVF laboratory.

ADDITIONAL INFORMATION

Level: medical specialists/consultants



March 2017

234 x 156 mm 175pp

978-1-107-44952-7 Paperback

c. £44.99

INTRODUCTION TO BRONCHOSCOPY

Second edition

Edited by Armin Ernst

Tufts University, Massachusetts

and Felix J. F. Herth

Universität Heidelberg

Bronchoscopic procedures are commonly performed for diagnosis of respiratory disorders and therapeutic airway treatment and management. A thorough understanding of procedural and technical fundamentals is critical for improving yield and safety, but they are not featured in procedural reviews for advanced endoscopists. In this book those critical cornerstones of performing bronchoscopy are discussed and explained in detail. Following the successful structure of the first edition, the fully updated content provides detailed reviews of procedural fundamentals including endobronchial ultrasound. Equipment components are described and maintenance is discussed. All chapters include advice on procedural quality improvement. Regulatory requirements, bronchoscopy procedure unit design and management principles are also addressed. This text will be beneficial to a wide range of practitioners including trainees and specialists in pulmonary and all critical care fields, surgeons, anaesthesiologists and respiratory therapists.

WHY IT WILL SELL

- Provides detailed descriptions of all basic bronchoscopic procedures, enabling beginners and advanced endoscopists to review all fundamental components of procedures and increase procedural success and safety
- Includes practical tips for quality improvement
- Aids compliance with modern regulatory and safety requirements

CONTENTS

Preface; 1. A short history of bronchoscopy; 2. Multidetector computed tomography imaging of the central airways; 3. The larynx; 4. Airway anatomy for the bronchoscopist; 5. Anesthesia for bronchoscopy; 6. Anatomy and care of the bronchoscope; 7. Starting and managing a bronchoscopy unit; 8. Flexible fiberoptic bronchoscopy: indications, contraindications, and consent; 9. Bronchial washing, bronchoalveolar lavage, bronchial brush, and endobronchial biopsy; 10. Transbronchial lung biopsy; 11. Transbronchial needle aspiration; 12. Bronchoscopy in the intensive care unit; 13. Basic endobronchial ultrasound; 14. Bronchoscopy in the lung transplant patient; 15. Basic navigational bronchoscopy; 16. Basic therapeutic techniques; Index.

ADDITIONAL INFORMATION

Level: specialist medical trainees, medical specialists/consultants

June 2017

246 x 189 mm 320pp

16 b/w illus. 12 colour

illus. 43 tables

978-1-107-13934-3 Hardback

c. £69.99

PERIOPERATIVE CARE OF THE ELDERLY

Clinical and Organizational Aspects

Edited by Gabriella Bettelli

Italian National Research Centres for Ageing, Ancona, Italy

This innovative, comprehensive book covers the key elements of perioperative management of older patients. The book's chapter structure coincides with the clinical path patients tread during their treatment, from preoperative evaluation to post-hospital care. Epidemiological aspects and aging processes are illustrated, providing keys to understanding the quick expansion of geriatric surgery and defining the clinical profile of older surgical patients in a cybernetic perspective. Preoperative evaluation and preparation to surgery (including medication reconciliation and pre-habilitation) are developed in the light of supporting decision-making about surgery in an evidence-based and patient-focused way. Intra- and post-operative management are discussed, aiming to tailor anaesthetic, surgical and nursing approaches to specific patients' needs, in order to prevent both general and age-related complications. This volume also addresses issues relevant to geriatric surgery, from different organizational models to clinical risk management and systems engineering applied to hospital organization.

WHY IT WILL SELL

- Covers not only areas of anaesthesiological interest, but also develops aspects of surgery, geriatric medicine and nursing, which are indispensable to building a team-based culture
- Provides anaesthesiologists, surgeons, nurses and geriatricians with the cultural tools that are needed to perform preoperative evaluation, intraoperative management and postoperative pain and intensive care treatment
- Addresses organisational issues relevant to geriatric surgery, such as the main models of care, risk management and patient safety, management tools, quality assurance, and systems engineering, making the book of particular interest to medical directors

CONTENTS

Foreword; Preface; Introduction: population aging, healthcare systems and surgery; Section 1. Preoperative Evaluation: 1. Aging and age-related functional changes; 2. Preoperative evaluation: a 360° perspective; 3. Comorbidities and multimorbidity; 4. Poly-medication and perioperative drugs management; 5. Assessment of functional reserves; 6. Cognitive and emotional evaluation; 7. Sensorial evaluation and impact of hearing and visual impairment on communication; 8. Preoperative testing; 9. Team-based discussion on preoperative evaluation and decision-making about surgery; 10. Communication and informed consent; 11. Preoperative care in emergency surgery; Section 2. Preparation for Surgery: 12. Prehabilitation: how to enhance cardio-respiratory functional reserves before surgery; 13. Diagnosis and treatment of nutritional deficits; 14. Prevention of cognitive complications; 15. Psychological support in elderly surgical patients; 16. The role of geriatric nurses in preparing the elderly for surgery; Section 3. Intraoperative Management: 17. Entering the operating theatre: a challenging experience; 18. Safety in the operating room: special needs of geriatric patients; 19. The geriatric patient and anaesthesia; 20. Regional anaesthesia techniques; 21. Fluids and electrolytes management; 22. Surgery in the elderly: general considerations; 23. Cancer surgery and the elderly; 24. Orthopaedic surgery; 25. Cardiovascular surgery; 26. Thoracic surgery; 27. Abdominal surgery; 28. Day surgery; 29. Cataract surgery and other office-based procedures; Section 4. Postoperative Management: 30. The elderly in the recovery room; 31. Endocrine and metabolic response to surgical stress in the elderly; 32. Postoperative pain treatment; 33. General principles of postoperative recovery; 34. Fast-track and ERAS programs in geriatric surgery; 35. Postoperative nursing; 36. Cardiovascular complications; 37. Perioperative venous thromboembolism in the elderly: prevention and treatment; 38. Treatment of postoperative delirium; 39. Postoperative respiratory complications; 40. Renal complications; 41. Postoperative admission to the intensive care unit; 42. Prevention of postoperative geriatric syndromes; 43. Planning for discharge; 44. Ethics in geriatric surgery, end of life and palliative care; Section 5. Key Issues for Optimal Organization: 45. Models of care and organizational solutions for geriatric surgery; 46. Hospital design; 47. Patient safety, ergonomics and clinical risk management; 48. Systemic approach to management in GS: methods and tools; 49. Systems engineering in GS: the contribution of modelling and simulation; 50. Closing the loop with the client's perspective: how the elderly live the experience of surgery; Index.

ADDITIONAL INFORMATION

Level: medical specialists/consultants, specialist medical trainees

B

Bailey, Susan	8
Bettelli, Gabriella	17
Bhatia, Kailash	11
Biswas, Asok	3
Bryden, Daniele	5

C

Case Studies in Adult Intensive Care Medicine ..	5
Case Studies in Movement Disorders	11
Chitsabesan, Prathiba	8

D

Diagnosis and Management of Agitation, The .	10
--	----

E

Epilepsy	12
Ernst, Armin	16
Erro, Roberto	11

F

Forensic Child and Adolescent Mental Health ...	8
Fullerton, Carol S.	9
Fundamentals of Medical Imaging	6

G

Gokden, Murat	7
---------------------	---

H

Herth, Felix J. F.	16
-------------------------	----

I

Introduction to Bronchoscopy	16
------------------------------------	----

K

Krishnamoorthy, Ennapadam S.	12
Kumar, Manoj	7

M

Montag, Markus H. M.	15
Morbeck, Dean E.	15

N

Neuropathologic and Neuroradiologic Correlations	7
Nordstrom, Kimberly D.	10

P

Pascual, Juan M.	13
Pearls and Pitfalls in Inflammatory Dermatopathology	3
Perioperative Care of the Elderly	17
Pines, Jesse M.	4
Principles of IVF Laboratory Practice	15
Progressive Brain Disorders in Childhood	13

R

Raphael, Beverley	9
-------------------------	---

S

Schachter, Steven	12
Shorvon, Simon	12
Stamelou, Maria	11
Suetens, Paul	6

T

Tarback, Paul	8
Temple, Andrew	5
Textbook of Disaster Psychiatry	9

U

Ursano, Robert J.	9
------------------------	---

V

Value and Quality Innovations in Acute and Emergency Care	4
--	---

W

Ward, Michael J.	4
Weisaeth, Lars	9
Wiler, Jennifer L.	4
Wilson, Michael P.	10

Z

Zeller, Scott L.	10
-----------------------	----



35354



CAMBRIDGE
UNIVERSITY PRESS
www.cambridge.org