exacerbate catatonia or precipitate malignant catatonia? Another frequent clinical scenario in inpatient general medical settings is the patient with spells. Some such patients receive a diagnosis of psychogenic nonepileptic seizures, whereas others receive the label of conversion disorder. Although catatonia is an important consideration whenever either of these diagnostic possibilities exists, neither of these topics receives adequate attention. Moreover, the discussions on complex partial seizures or nonconvulsive status epilepticus presenting with catatonia are limited to a brief paragraph here and there. Overall, the book’s utility as a handy clinical reference tool would be increased with a more detailed discussion on these topics.

Notwithstanding these limitations, Carroll and Spiegel make a point to include at least a brief discussion on topics that possess current-day relevance. There is a chapter on screening for catatonia, in which the authors propose a screening tool that essentially is a modified Bush Francis Catatoni Rating Scale. There is an admirable discussion on the important role nurses play in identifying catatonia. There is an underdeveloped discussion on anti-N-methyl-D-aspartate receptor encephalitis and no discussion on other autoimmune encephalitides. And there are 3 case reports of unspecified or idiopathic catatonia. There is no mention of malingered, another diagnosis that should prompt an evaluation for catatonia.

The ECT practitioner will be pleased that the book offers an entire chapter dedicated to ECT for catatonia on the CL service. The discussion covers the basics (the importance of bitemporal electrode placement, the general medical complications of catatonia, and associated considerations related to ECT) but falls short of being required reading for ECT practitioners already familiar with treating patients with catatonia. There is only a brief mention of the legal and logistical hurdles one must overcome to provide ECT in certain cases or of the importance of using nondepolarizing muscle relaxants in patients with disuse muscle atrophy, severe immobility, chemical denervation, or active severe infection.

The authors offer no recommendations for assessing cognitive side effects from ECT in patients who may have mutism or other catatonic forms of communication impairment that confound cognitive testing. To learn more about ECT in catatonia, the reader must turn to the subsequent chapter in the book, which reviews the treatment of catatonia more broadly.

All in all, the authors are to be commended for compiling a volume dedicated to the important and perhaps underappreciated topic of catatonia in the general medical setting. Students of catatonia who wish to achieve full competency in this area will want to supplement their reading with other texts.

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A Retrospective Comparison of Remifentanil Versus Methohexital for Anesthesia in Electroconvulsive Therapy: Erratum

In the article that appeared on page 219 of the December 2004 issue, an author’s name was omitted in the author listing. The correct author listing is as follows:

Pamela M. Sullivan, MD, Elizabeth H. Sinz, MD, James Cain, MD, Erdogan Gunel, PhD, and W. Andrew Kofke MD.

REFERENCE