

BOOKS RECEIVED

HANDBOOK OF DRUG-NUTRIENT INTERACTIONS. SECOND EDITION. 2010. Edited by Joseph I. Boullata, Vincent T. Armenti. Published by Humana Press. 818 pages. C\$200 approx.

DIABETES AND THE BRAIN. 2009. Edited by Geert Jan Biessels, José A. Luchsinger. Published by Humana Press. 473 pages. C\$225 approx.

ATLAS OF EEG IN CRITICAL CARE. 2010. By Lawrence J. Hirsch, Richard P. Brenner. Published by John Wiley & Sons, Ltd. 334 pages. C\$170 approx.

SYNAPTIC PLASTICITY IN PAIN. 2009. Edited by Marzia Malcangio. Published by Springer. 504 pages. C\$190 approx.

7.0 TESLA MRI BRAIN ATLAS. IN VIVO ATLAS WITH CRYOMACROTOME CORRELATION. 2010. Edited by Zang-Hee Cho. Published by Springer. 560 pages. C\$305 approx.

RADIOSURGERY. VOLUME 7. 2010. Edited by Michael W. McDermott. Published by Karger. 422 pages. C\$300 approx.

NEW STRATEGIES IN STROKE INTERVENTION IONIC TRANSPORTERS, PUMPS AND NEW CHANNELS. 2009. Edited by Lucio Annunziato. Published by Humana Press. 254 pages. C\$195 approx.

IMAGING THE BRAIN WITH OPTICAL METHODS. 2010. Edited by Anna W. Roc. Published by Springer. 267 pages. C\$190 approx.

BOOKS REVIEWED

HEAD, FACE AND NECK PAIN: SCIENCE, EVALUATION AND MANAGEMENT. AN INTERDISCIPLINARY APPROACH. 2009. Edited by Noshir R. Mehta, George E. Maloney, Dharendra S. Bana, Steven J. Scrivani. Published by John Wiley & Sons, Inc. 722 pages. C\$185 approx.

Rated ★★★★★

This book is unusual but very appropriate in that it deals with pain through a regional approach. As its title suggests, it is concerned with pain in three contiguous areas, the head, face, and neck. It is a multi-author book, and has an introductory section on "Basic concepts of head, face, and neck pain", which is then followed by three further sections which deal in turn with each of the regions promised by the title.

As with many multi-authored texts, the major sections and the individual chapters are of uneven depth and quality. The chapters in the "Basic concepts" section tend to be short, and some have important omissions. For example, the chapter entitled "Structural and Functional Imaging of the Trigeminal System" addresses primarily functional imaging, and does not mention imaging studies which might be helpful in detecting compressive lesions of the trigeminal nerve root in patients with trigeminal neuralgia.

The headache section contains many excellent chapters including chapters on migraine, trigeminal autonomic cephalalgias, medication overuse headache, chronic daily headache, and others. There are at times what appear to be unnecessary duplications. For example, although there is a

specific chapter dedicated to a discussion of headache epidemiology, much of the material on migraine epidemiology is repeated in the migraine chapter. Similarly, there is much repetition of headache diagnostic criteria between the headache epidemiology chapter and the chapter on the classification of primary headache syndromes.

Many of the chapters provide excellent in-depth coverage of their topics, and are extremely well referenced. For example, the chapter on trigeminal neuralgia in the facial pain section is over 18 pages long, and lists 314 references. One of the book's greatest strengths is that it brings together in one source detailed discussions of headache syndromes, pain syndromes related to temporomandibular disorders, and pain syndromes related to cervical spine disorders. Its expert reviews in all these areas make it an unusually useful book for the neurologist who sees patients with headache, and indeed for any health professional that sees patients with pain in the head, face, or neck.

This is a first edition, and it is to be hoped that future editions will benefit from somewhat tighter editing. In addition to the duplications noted above, the book also suffers from some errors which seem to be the result of mechanical misplacement of text. The chapter on migraine displays a conceptually very useful table (10.1) which deals with the differential diagnosis of migraine aura, TIA, and focal seizures. However, some of the clinical features which are usually considered helpful in differentiating migraine aura from TIA seem to be misplaced, with characteristics such as sudden onset, no progression over time, and only negative symptoms being erroneously ascribed to the migraine aura when