

idealistic new radiologist in town is more interested in what he'll be paid than in what he can do for people. Most of us can identify better with a sympathetic character who's drawn almost unwittingly into something bad. Even Macbeth, for example, starts off with some admirable qualities before the witches, his wife, and his own ambition catch hold of him.

The first half of the novel could have been drastically shortened as we get off to quite a slow beginning. The action is often interrupted by detailed descriptions of neuroradiological procedures on patients we usually never meet again. The story does become a page-turner in the second half as the scheme inevitably begins to fall apart. Armstrong is supposed to be devoted to his daughter and she's a motivation for his wanting to make more money. However, we hardly meet her in the novel and never even get a scene where father and daughter actually have a conversation to convince us that he gives a damn about anything but cash.

Lay readers will learn about neuroradiology and the brain, but unfortunately, they'll also leave this novel with the impression that physicians are money-hungry monsters who'll stop at nothing including murder. Early John Grisham novels make better airplane reads but "Locked In" is worth a look and I have a feeling that there will be better things to come from Mike Esposito.

Andrew Kirk
Saskatoon, Saskatchewan, Canada

Dwight Moulin
London, Ontario, Canada

CENTRAL PAIN SYNDROME: PATHOPHYSIOLOGY, DIAGNOSIS AND MANAGEMENT. 2007. By Sergio Canavero, Vincenzo Bonicalzi. Published by Cambridge University Press. 382 pages. Price C\$95.

Throughout the last century, central pain was regarded as an enigma – the pain mechanisms were virtually unknown and effective treatments were lacking in the vast majority of patients. The introduction to this book states that the authors "turn the concept of central pain on its head, providing a rational approach to therapy based on scientific theory". Canavero, a neurosurgeon, and Bonicalzi, a neuroanesthesiologist, only partially succeed in this task.

The authors provide probably the most complete reference source on central pain that has ever been assembled. The history of central pain going back almost two hundred years, the clinical phenomenology and the proposed pathophysiology, diagnosis and treatment are all presented in a most readable fashion. There are pages of tables that nicely summarize all of these areas.

It is clear that central pain can arise from damage to any part of the central pain pathway from the spinothalamic tract to the thalamus to the parietal cortex. However, beyond that, there is little consensus despite the best arguments of the authors. Based on evoked potential studies, functional imaging, magnetic resonance spectroscopy and microelectrode recordings, the authors posit that central pain arises from an imbalance in the normal reverberation loop between the thalamus and parietal cortex (especially the primary somatosensory area). The end result is a form of central sensitization due to hyperactivity in both the thalamus and cortex. There is some support for this theory in that there are rare reports of

central post-stroke pain being abolished by a further stroke involving the subcortical white matter although the authors agree that neurodestructive lesions are rarely helpful in management. They further propose that a deficiency of GABA-A activity at the corticosensory level provides the major neurochemical substrate responsible for central pain. Propofol is a recently introduced intravenous anesthetic that has GABA-A enhancing properties and the authors have published two randomized, controlled trials totaling 60 patients showing overall benefit from subanesthetic doses of propofol in central pain syndromes versus placebo. They further recommend extradural cortical stimulation as a definitive treatment for intractable cases, but only if the patient is propofol responsive. The problem, of course, is that a substantial number of patients with intractable central pain do not respond to cortical stimulation whether they are propofol responsive or not. In addition, there are no randomized, controlled trials to support the role of cortical stimulation in the management of central pain.

Canavero and Bonicalzi are to be congratulated for their exhaustive study of central pain syndrome. They provide a solid foundation for further studies that will take us beyond the enigma of central pain and more into the reality of definitive pathophysiology and treatment.

MOVEMENT DISORDERS IN CHILDREN: A CLINICAL UPDATE WITH VIDEO RECORDINGS. 2007. Edited by Nardo Nardocci, Emilio Fernandez-Alvarez. Published by John Libbey Eurotext. 192 pages. Price C\$86.

Advanced in our understanding of the pathophysiology of movement disorders in childhood has been increasing at a rapid rate. Yet, there are few good comprehensive up-to-date reference books available for the pediatric neurologist. According to the back cover of the book, this monograph was written to fill this gap.

The book was a multi-authored, edited book with accompanying illustrative DVD. The first five chapters give a general overview of the terminology, seminology, genetics, neurophysiology, imaging and method to quantitatively evaluate the severity of the disorder. The next 12 chapters are disease specific covering topics such as primary dystonia, myoclonic-dystonia, dopa-responsive dystonia, pantothenate kinase deficiency, Sydenham's Chorea, opsoclonus myoclonus, Rett's syndrome, rapid onset juvenile parkinsonism, alternating hemiplegia.

The strength of this monograph lies in the disease specific chapters, particularly the chapters dealing with primary dystonia, dopa-resistant dystonia, Rett's Syndrome and Sydenham's Chorea. These chapters are well written and contain evidence based reviews of the literature intermixed with the author's personal experience.

Although the book was short and concisely written covering the main topics, it was poorly edited- resembling a series of individual papers on the topic rather than a cohesive book. An index and introductory chapter were absent. The quality between chapters varied greatly. Chapters were often based on personal experience