

Even the best texts have shortcomings. I wish this book had better quality reproduction of neuroimaging. I also missed more discussion of controversies in pediatric neurology particularly of management issues. For example, whether one should anticoagulate infants or children with venous-sinus thrombosis and under what circumstances, or elaborate on the utility of corticosteroid treatment in bacterial meningitis in the *H. influenza* vaccine era. I would also like modern texts to use more evidence-based medicine principles to assess different treatment modalities, possibly by using a grading system of the methodological soundness of the referred studies.

Occasionally, important pieces of information are missing. For example, the fact that children with the Wolfe-Hirschhorn Syndrome almost always suffer from intractable epilepsy often similar to the epilepsy observed in the Angelman Syndrome, was not mentioned.

However, my criticism is minor compared with the achievements of the authors and editors. I placed this text in my library at a hand's reach next to Aicardi's and Volpe's texts and have been opening it almost daily to look up different issues.

In conclusion, here is an excellent text in Pediatric Neurology with an emphasis on basic science and the clinical picture of common and rare disorders and at a very affordable price – almost one quarter of the price of Aicardi's. I strongly recommend it to every clinician with an interest in Pediatric Neurology.

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DRUG TREATMENT OF MIGRAINE AND OTHER HEADACHES VOLUME 17. MONOGRAMS IN CLINICAL NEUROSCIENCE. 2000. Edited by H.C. Diener. Published by Karger. 372 pages. C\$281.50 approx.

Introduction: In the preface, Diener writes about the need for a book (on headache) that concentrates on current drug treatment based on pharmacological knowledge and evidenced-based medicine. Most of the book (307 of 364 pages) is devoted to migraine – almost exclusively migraine with and without aura.

Comparison: I compared the monogram edited by Diener with two others: (i) "Headache", edited by Goadsby & Silberstein (1997) and (ii) "The Headaches" 2nd edition, edited by Olesen et al (2000). All three are multi-authored. Several authors have contributed chapters to each of these monograms. Hence, much of the information is "triplicated".

Strengths: There is considerable pharmacological information on a number of drugs, especially the triptans, fulfilling one of Diener's objectives.

Evidenced-based?: Although all chapters list and discuss a number of studies and references, the authors do not tell us how these were chosen for the review. First, how did the authors "search" the literature? Second, if they "selected" the references they included, what were the criteria for including/excluding references? The authors do not use the commonly accepted (at least in North America) "Levels of Evidence" and "Strength of Recommendations" in presenting the results. The two-part review by Pryse-Phillips, et al CMAJ 1997;156:1273-87; and CMAJ 1998;159:47-54 could have served as a model.

Limitations/Omissions:

(i) The use of sumatriptan in pediatric migraine is mentioned (pp 103-104). Otherwise, headaches in children and adolescents are not dealt with.

- (ii) The chronic daily headache syndrome, met with in adults and children, is not discussed.
- (iii) Benign exertional headache, another common headache syndrome encountered is also not mentioned.
- (iv) Most of us (including those who practice pediatric neurology) have accepted the International Headache Society Classification and Criteria. Since these were first published in 1988, a number of peer reviewed papers, especially dealing with children, have discussed limitations of the original classification and criteria and made suggestions for revision. I am disappointed at the absence of a critical re-appraisal of this subject in the chapter on classification and symptoms (pp 16-23).
- (v) I could not find any discussion on topiramate or botulinum toxin in the management of headache and these are not referenced in the index, suggesting that the review of drug treatment may not have been as current as one would have liked.
- (vi) Non-pharmacologic and "alternative" treatments are not discussed. In the preface, Diener felt the inclusion of this topic would have been too much for one volume.

Conclusions:

- (i) The monogram edited by Diener is not as inclusive as the larger (1000 + pages) monogram edited by Olesen et al. For this reason, the latter is more likely to serve as a current reference for headaches (in adults). Readers should compare the two and select the one that best suits individual needs.
- (ii) Neither has a chapter critically appraising the International Headache Society Classification and Criteria.
- (iii) Neither does justice to headaches in children and adolescents.

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(THE) KEYHOLE CONCEPT IN NEUROSURGERY WITH ENDOSCOPIC-ASSISTED MICROSURGERY AND CASE STUDIES. 1999. Edited by Axel Perneczky, Wibke Muller-Forell, Erik van Lindert, Georg Fries. Published by Thieme. 264 pages. C\$268.65 approx.

(The) Keyhole Concept in Neurosurgery provides an interesting and concise description of the neurosurgical equivalent of 'minimally invasive surgery'. The German authors include three neurosurgeons (AP, EvL, GF) and a neuroradiologist (WM-F). Consistent with Thieme publications, the layout is attractive and accessible. The book is organized into two main sections. The first part of the book is divided into seven chapters describing the rationale, history, technology, strategy and future of 'keyhole' neurosurgery. The second part describes 25 case studies illustrating the potential for this surgical approach for a number of neurosurgical pathologies.

The authors begin the text with a definition of 'minimally invasive-maximally effective' procedures in neurosurgery. They are careful to reassure the reader that a smaller opening is not necessarily a better opening if the pathology cannot be treated adequately. However, the inference is made that an opening of no larger than 2.5 cm is adequate to handle the majority of cranial diseases – from basilar tip aneurysms to clival meningiomas. The advantages of the 'keyhole' approach are described as time efficiency, improved wound healing, and diminished tissue trauma. At the same time, the pathologic tissue is managed with the same effectiveness as standard techniques. The second chapter provides