induced plexopathy which is unfortunate, given the prevalence and diagnostic challenge of this entity.

Part II outlines complications of chemotherapy, in 5 chapters. Parts I and II present a balanced and authoritative review of effects of radiation and chemotherapy with surprisingly little overlap between chapters, despite being multi-authored and being divided somewhat artificially into single discrete chapters. Literature listed in the references is extensive and serves as a valuable resource for the reader interested in further information.

Parts III and IV, Complications of Corticosteroids and Immunosuppression, are less exhaustive in content and references. Parts III and IV are in stark contrast to the detail of Part I and II with, for example, a 25 page chapter on radiation induced optic neuropathy.

Authors contributing to the book were well selected for their known expertise in their specific areas. This monograph is an important compilation of information available on neurological complications of cancer treatment. It serves as a helpful and readable reference which is recommended to physicians and other health care providers working with cancer patients.

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INTRACRANIAL VASCULAR MALFORMATIONS. 1990. First Edition. Edited by D.L. Barrow. Published by American Association of Neurological Surgeons. 250 pages. \$88 Cdn. approx.

This latest in a number of "Neurosurgical Topics" which was produced by the Publications Committee of the American Association of Neurological Surgeons is essential reading material for anyone dealing with vascular neurosurgical problems. Twenty-five acknowledged experts in this area have produced a highly readable volume comprised of 16 chapters. Ten of these chapters are mainly concerned with arteriovenous malformations. All aspects are covered including pathology, natural history, clinical presentation, imaging, blood flow physiology, perioperative management, staged embolization, complications, interventional neuroradiological treatment and radiosurgical treatment. As well they are considered by location – cortical, deep supratentorial, brainstem and dural.

The recent advances in our knowledge of other previously less well known vascular malformations are well documented in sections on the natural history of cavernous, capillary and venous malformations. The chapter on the management of intracranial cavernous and venous malformations is particularly well done and will bring the reader up-to-date on new knowledge which has been gained principally from the widespread application of MRI.

I think justice has been done to the various controversies surrounding surgical versus conservative management; open surgical versus interventional neuroradiological versus radiation therapy as sole modalities or in combination.

There is a remarkably uniform and high standard in clarity of expression and excellence in illustration. The references are very up-to-date and they are also quite inclusive. The neurosurgeon or neurologist faced with a specific problem concerning one of the intracranial vascular malformations would therefore find this to be an excellent starting-off point for pursuing even the most exotic or abstruse point. This book can be recommended without qualification.

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TRIGEMINAL NEURALGIA. 1990. Edited By Richard L. Rovit, Raj Murali and Peter J. Jannetta. Published by Williams & Wilkins, Baltimore. 288 pages. \$88 Cdn. approx.

This small book of 13 chapters has been written by 14 authors and is comprehensive, interesting, and easy to read.

Chapter 1 reviews the history of trigeminal neuralgia and interestingly this disease has only been clearly recognized for about 300 years and also describes some diseases that should like it but clearly are not. It also reviews the historical treatments of this disorder including poisons, electrical stimulation, radiation, nerve destruction, and modern therapeutic agents including some of the above.

The physiology and anatomy of the trigeminal system, peripheral, brainstem, and central, is well described. The interesting and important observation that the most anterior part of the face (the snout or lips) retain normal pain perception when a central lesion (such as in syringobulbia) removes pain sensation from all of the remainder of the face, has been ignored. The implication from this well known clinical fact suggests that the quintothalamic tract from the subnucleus caudalis is bilateral in its transmission to the thalamus. There is a hint of the anatomical substrate for this observation on page 41.

A similar curiosity in the arrangement of sensation is the sparing of the "cervical collar" which so often accompanies complete facial anaesthesia and is well demonstrated in Correlative Neurosurgery, 3rd Edition, Schneider et al., C.C. Thomas, 1982.

In the clinical chapter describing various kinds of facial pain, the arrangement and selection of causes is excellent and covers a great deal of what one will see in the clinic when patients are complaining of typical or atypical facial pain. I think many neurologists would be surprised at the comment that tic douloureux "rarely disturbs sleep". There is no mention of the classical clinical picture one sees with patients with this disease in that at the moment of an episode of pain the patient stops talking, stops moving, stops blinking and sits like a statue for a second or so. There is no other disease that will do this and apparently all patients with trigeminal neuralgia do it at the moment of a stab.

The chapter on medical treatment is excellent. All of the currently available medications are described and good hints are given on how to use them and how to modify the doses with respect to age and undesirable side-effects are also mentioned.

The surgical destruction of peripheral nerves in order to relieve the pain is very good and the chapters on the other procedures, namely, radio frequency, thermal coagulation of the ganglion, percutaneous microcompression of the ganglion, glycerol rhisotomy and microsurgery decompression are done in detail and seem to be generally excellent.