This is a large reference book, not to be read from cover to cover. It weighs over 2 kg (the limits of kitchen scales) so cannot easily be carried in a rucksack. This is the second edition, revised and updated with some additional chapters. There are five major editors and approximately 200 different contributors in total, most of whom are national or international experts. There are 107 chapters with 1540 pages, so it is comprehensive.

The emphasis is on course and treatment, which are poorly covered in other major texts on neurostимulators and neuroprostheses. The book provides a number of viewpoints and to the paucity of solid data. Therefore, this is a minor criticism of an otherwise excellent book.

The section on epilepsy, for example, only sketched the gap between scientific and clinical practice. It is a major achievement for a single author to have successfully bridged the gap between scientific and clinical practice. It is a major achievement for a single author to have successfully covered the neuroscientific and clinical implications of each psychiatric disorder. Genetic variation shows that, while as a discipline pharmacogenetics is still at the dawn of its development, it bears an important potential for implementing a thoughtful clinical practice.

Reducing the burden of headache


It is now becoming clear that the physical effects of traditional neurological diseases, such as multiple sclerosis, Parkinson's disease, and motor neurone disease, are the tip of an iceberg of neurological disability. Headache, with its meagre crop of hard physical signs and radiological abnormalities, accounts for a large proportion of, for example, the time lost from effective work in the community as a whole. In clinical practice it is important to assess not only absenteeism from work, but also reduced efficiency of those patients who struggle to get to work. The disruption of family and social arrangements prompted by fear of the next attack may also be highly significant. A study of the medical staff in one Rome hospital found absenteeism to be low, but we must be careful not to assume everyone is so determined!

The latest volume in Professor Olesen's series, Frontiers in headache research, which is again based on his well established research seminars in Copenhagen, brings together most of the world authorities in epidemiology of headache, with particular emphasis on the assessment of the disability headache can cause, and the extent to which we can measure amelioration following medication. The text is very thoroughly referenced, and gives good descriptions of, for example the Migraine Disability Assessment Questionnaire (MIDAS), the Headache Impact Test, and various quality of life scales. These are all validated ways of assessing disability in its own right, as well as the end points of trials, needless to say supporting the view that expensive drugs can often be justified in economic as well as human terms. There is a long section devoted to indirect costs of headache, and discussion of different ways of organising healthcare delivery for headache patients.

Many readers of this journal looking at this book will be, I hope agreeably, surprised to find that, even in this well orientated medical field, the science is easily the equal of that in other neurological diseases. Professor Olesen is to be congratulated in this book, and encouraged to continue the series.