- 1 Bonner D, Ron M, Chalder T, Butler S, Wesley S. Chronic fatigue syndrome: a follow up study. *J Neurol Neurosurg Psychiatry* 1994;57:617-21.
- 2 Holmes G, Kaplan J, Gantz NM, et al. Chronic fatigue syndrome: a working case definition. *Ann Intern Med* 1988;319:172+6-28.
- 3 Schluederberg A, Straus SE, Peterson P, et al. Chronic fatigue syndrome research: definition and medical outcome assessment. *Ann Intern Med* 1992;117:325-31.
- 4 Sharpe MC, Archard LC, Banatavala JE, et al. A report-chronic fatigue syndrome: guidelines for research. *J R Soc Med* 1991;84:118-21.

Bonner et al reply:

We would like to respond to some of the questions that Lipkin *et al* have made in response to our follow up of patients with chronic fatigue syndrome.

As we stated, our study began before the current operational criteria were introduced. Retrospectively, all would have fulfilled Oxford criteria and as far as we can tell nearly all would have fulfilled the 1988 US Centers for Disease Control (CDC) criteria. (We did not routinely record the physical criteria, and these have now been discredited.)

Lipkin *et al* are correct to state that this was a non-randomised trial of cognitive behaviour therapy. A randomised trial has now been completed and will be reported shortly. All we purport to show in the paper by Bonner *et al* is that the benefit of cognitive behavioural therapy in an uncontrolled study does seem to be stable over time and that spontaneous improvement in the non-treated group did not occur. We agree that data from non-randomised studies must be interpreted with extreme caution, but at least we have shown that something can be done. It is for other studies to determine what, when, and how.

Lipkin *et al* point out that patients who refuse cognitive treatment may have had more evidence of physiological illness. All the patients who participated in this study were extensively investigated by neurologists at Queen Square. Most had also been extensively investigated elsewhere and the chances of any other disease process presenting itself must be regarded as slight. We agree that cognitive behaviour therapy is expensive and that it requires skilled personnel. Some 12-16 sessions of treatment, however, in terms of the reported costs to society of chronic fatigue syndrome,¹ do not seem excessive to us. We think that our finding adds to the consistency of published work on outcome in chronic fatigue syndrome. It seems that the best determinant of long term outcome is the strength of adherence to a solely physical model.^{2,3} Cognitive behavioural therapy aims to show that disability in chronic fatigue syndrome is more complex and can be best understood, and hence alleviated, by considering physical, social, and psychological factors. We hope that this message will be disseminated to those with chronic fatigue syndrome in Illinois.

D BONNER
M RON
T CHALDER
S BUTLER
S WESSELY

- 1 Lloyd A, Pender H. The economic impact of chronic fatigue syndrome. *Med J Aust* 1992; 157:599-601.
- 2 Sharpe M, Hawton K, Seagroatt V, Pasvol G. Follow up of patients with fatigue presenting

- to an infectious diseases clinic. *BMJ* 1992; 305:347-52.
- 3 Wilson A, Hickie I, Lloyd A, Hadzi-Pavlovic D, et al. Longitudinal study of the outcome of chronic fatigue syndrome. *BMJ* 1994; 308:756-60.

NOTICE

Announcement from the British Neuropsychiatry Association

The 1995 Summer meeting—to include joint sessions with the British Association for Psychopharmacology—will be held on 15-17 July in Cambridge

On 16 July BNPA will hold a scientific meeting with the theme of "movement disorders" and its AGM. On 17 July BNPA/BAP will have a joint session on neuroimaging, psychiatry, and psychopharmacology. Short scientific papers and single case videos by members of both associations will also be presented. For further details please contact Ms Sue Garratt, 17 Clocktower Mews, London N1 7BB, UK.

For details of membership of the BNPA, which is open to medical practitioners in psychiatry, neurology, and related clinical neurosciences, please contact Sue Garratt at the address above, or Dr Jonathan Bird, Burden Neurological Hospital, Stoke Lane, Stapleton, Bristol BS16 1QT, UK.

BOOK REVIEWS

All titles reviewed here are available from the BMJ Bookshop, PO Box 295, London WC1H 9TE. Prices include postage in the United Kingdom and for members of the British Forces Overseas, but overseas customers should add £2 per item for postage and packing. Payments can be made by cheque in sterling drawn on a United Kingdom bank, or by credit card (Mastercard, Visa or American Express) stating card number, expiry date, and your full name.

Experimental Techniques in Human Neuropsychology. Edited by H JULIA HANNAY. (Pp 593 £22.95.) Published by Oxford University Press, Oxford. 0-19-505471-7.

The study of brain function and brain-behaviour relationships is addressed by fields as disparate as neuropsychology, neurophysiology and neuroimaging. This book aims to introduce the newcomer to experimental techniques currently available in

these areas, and also to help current researchers keep abreast of recent developments in their field.

A wide range of research areas are covered, each chapter being written by a researcher familiar with both experimental and clinical neuropsychology. Areas covered span the spectrum from simple pen-and-paper neuropsychological tests to high-tech fields such as evoked potentials and cerebral blood flow imaging.

Given the rapid advances in cognitive neuropsychology, it is not surprising that the book, written in 1986, is showing its age in this field. The chapter on memory suffers particularly in this respect. More "neurological" research areas such as evoked potentials, electroencephalography and electromyography are covered in standard fashion. Given recent developments, the section on regional cerebral blood flow is least useful. Only xenon studies are covered; there is no mention of SPECT, and PET is mentioned only briefly.

The book fulfils its purpose of providing a broad introduction to current neuropsychological research areas. Although dated, it will be of use in directing researchers to more definitive articles. It is less successful in its second aim of providing researchers with an account of recent advances in their area. Although an individual might consult it only occasionally, libraries in neuropsychological research institutes may find it a useful investment.

JOHN GREENE

Bailliere's Clinical Neurology-Inflammatory Neuropathies. Guest Editor J G McLEOD. (Pp 215; Price: £27.50). 1994. Bailliere Tindall, London. ISBN 0-7020-1818-X.

Bailliere's Clinical Neurology series, a recently launched sistership to the well established and excellent *Neurologic Clinics*, has reached only seven or eight issues, but has already established not only an individual personality, but also a reputation for authority and accuracy. This year's second monograph, *Inflammatory Neuropathies*, edited by Professor McLeod (Sydney) is an outstanding edition.

There is little that has remained static over the last few years in clinical neuroscience or consequentially neurological practice. The study of peripheral neuropathies, and in particular of inflammatory diseases of the peripheral nerve, is no exception. Progress in our understanding of electrophysiological patterns of neuropathy have marched hand in hand with advances in immunopathology; new strategies for immunological therapies have very closely followed. A single text straddling and drawing together these areas is timely and welcome.

The layout is clear and the organisation readily mastered. The opening chapters authoritatively review the pathology, neurophysiology, and immunology of the inflammatory neuropathies, and the triad of authors (Prineas, Sumner, and Hughes respectively) would be hard to better. Clinical accounts of the Guillain-Barré syndrome, its variants, of CIDP and of paraproteinaemic neuropathy are followed by chapters on neuropathies related to infection, inflammatory plexopathies, and vas-