**BOOK REVIEWS**

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**Post-Viral Fatigue Syndrome.** Edited by R JENKINS and J MOWBRAY. (Pp 463; Price £60.00.) Chichester, John Wiley & Sons Ltd, 1991. ISBN 0 471 928461.

What is regarded as increasing enlightenment, or perhaps an increased journalistic interest in medical matters, has led to much more "self-diagnosis" in the Neurology Clinic. One of the more popular diagnostic labels attached to the patient by himself or his informed friends, is myalgic encephalomyelitis or ME. Many patients attending the clinic, convinced of the correctness of the diagnosis will bring evidence of confirmation from specialist practitioners and organised groups and will not be persuaded otherwise. They will not accept that there is an alternative explanation for their problems to "post-viral fatigue" or whatever. These patients pose a considerable problem. It is not surprising that an attempt has been made to rationalise this "syndrome", to give it an identity as a nosological entity, consider the pathogenesis, importance, and implications and to define the diagnostic criteria.

This book is edited by a principal medical officer at the department of health, a psychiatrist by training and a professor of immunopathology. They have invited contributors from diverse backgrounds to discuss their involvement in ME and to resolve the "particularly challenging problem for contemporary medicine...those puzzling clinical entities which are defined purely in terms of symptoms, which are accompanied by little in the way of consistent physical signs which affect quite large numbers of patients for which no specific treatment appears effective".

Thirty-five contributors address the problem in a book of 275 pages. It is stated unequivocally on page 167..."it is however beyond any doubt that muscles are involved in this syndrome with both metabolic and ultrastructural abnormalities" and yet on page 237 the more orthodox neurological view is expressed..."our management of patients...is based on our belief that the condition forms part of the spectrum of a depressive illness, triggered by a viral infection". The psychologist, recognising that it has "attracted much controversy" concludes that it is not clear whether we are dealing with a single syndrome or an aggregate of disorders which share some common characteristics.
Although this book contains useful information, apart from the use of surgery before screening and in-operative ultrasound, it does not make any other new management points. It is questionable whether it justifies a whole monograph, although it is reasonably priced at $40.00 U.S.

MICHAEL POWELL

Pain and Central Nervous System Disease: The Central Pain Syndromes. (The Bristol-Myers Squibb Symposium on Pain Research.) Edited by KENNETH L. CASEY. (Pp 290; Price: $40.00.) New York, Raven Press. ISBN 0 88167 776 0.

In 1969, Cassignari and Pagni wrote the only monograph on central pain until the present book appeared. This book, an excellent account of developments since that time, comprises chapters from 26 authors who contributed to a Symposium on Central Pain held in Michigan in July 1990. The book is particularly useful since the field covers numerous related topics which are spread widely in the scientific literature, and it is difficult to summarise the "state of the art", a task achieved here admirably.

The book is divided into sections comprising clinical aspects of central pain states: assessment, measurement and behavioural issues; anatomy and physiology relevant to central pain states; chemotherapeutic and pharmacologic; and therapeutic aspects.

Certain problems recur throughout the book, for example, what precisely is central pain? This is no problem for post-stroke pain syndromes, but if, as is so amply discussed, widespread changes occur in the central nervous system following purely peripheral painful lesions, does separation of central and peripheral pain still make sense? Nevertheless, here is the place to find out about pain after strokes and spinal cord injury, about what happens in the spinal cord and thalamus in central pain, about denervation supersensitivity, neuronal plasticity, what the relevant pathways might be, what the most useful drugs and augmenting and ablative procedures are for helping these patients. And much more.

The contributions have been very well written and edited, the book is extremely up-to-date and immaculately produced.

GD SCHOTT


As the title implies, this book is predominantly an atlas of abnormal magnetic resonance images of the central nervous system. In many cases, comparable computed tomograms are included and some angiograms and so-called "black films" are also illustrated. Many of the pathologies are histologically confirmed, though no specimens are illustrated. In contrast, the "unilateral" cases, such as the unilateral tumour, the dermoid, etc, is evident from the images alone; in others such as vascular diseases, confirmation is by other radiological studies.

The text is brief and at an elementary level. Short chapters deal with the basic principles of magnetic resonance and of normal and abnormal signal production; and, an anatomical atlas displaying normal sections of the brain and spine with labelled line drawings is included, though the only major anatomical features are indicated.

Most of the common abnormalities indicated are included but the range of pathologies is by no means complete. In general, the cases selected to illustrate a particular condition demonstrate the important and typical features on which the diagnosis depends. However, there is no labelling of illustrations or line drawings are included, though the many details visible on the illustrations do not receive any comment in the captions.

Most of the images were produced on an Hitachi 0.2 Tesla super-conducting system. With few exceptions, they are of good quality and are always adequate to demonstrate the pathology. There is a good bibliography but the latest references are from 1988. The book is at too elementary a level to be useful to neuroscientists. It is suitable for students and perhaps for general radiologists and physicians beginning to study the central nervous system. MRI but unfortunately, it is relatively expensive.

BRIAN KENDALL


This book published by O.U.P. has been translated by Zihl with the assistance of Weiskrantz. The value of this exercise goes far beyond an opportunity to put Popplereuter's ideas into a historical context because so much of this material is unfamiliar and remains illuminating in its own right. The preface to the translation gives an extremely brief biography of Popplereuter. The translator has achieved a deep understanding and we are well prepared for Popplereuter's approach to his subject and the internal and external factors which shaped it, and those which later condemned it to unjustified neglect.

Popplereuter did not consider his clinical material (cases of missile injuries to the brain sustained in World War One) to be suitable for a study of localisation of function and none is attempted. Thus we do not find the same systematic methods of accurate localisation of lesions and the emphasis on the topographic aspects of the visual field defects which occupied Inouye and Holmes. Not only was the scepticism of the concept of a point to point representation of the visual field in the cortex but the location of the damage was irrelevant to Popplereuter's ultimate objective: rehabilitation. This interest, however, generated a comprehensive account of the functional consequences of the occipital damage in these patients aided by a thorough grounding in Gestalt Psychology. Each aspect of visual function is broken down into an account of the basic psychological principles, these are charged with Popplereuter's own ideas but are also excellent summaries of the state of
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