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Chronic fatigue syndrome

As neurologists in a country where the chronic fatigue syndrome (CFS) has almost no recognized official existence, we often feel bewildered by the papers on the subject we read in the Anglo-Saxon literature. We wonder whether the clinical experience of some of their authors is so different from ours that they do not consider that their approach may result in a disservice to their patients. The JNNP has followed a sensitive line culminating in Wessely's excellent editorial.[1] We still, however, feel that his kid-glove handling of the subject reflects the controversy that surrounds it in the UK.

Avoiding the futile organic versus functional debate, in our neurology department we refer to many of the problems we see in our practice as the "chronic vigilance syndromes": specific patterns of enhanced attention centred on particular bodily structures and functions. Naturally, the commonest in a neurologist's outpatient clinic are the "cephalic vigilance syndromes" in their two main forms: the painful, with its several varieties of chronic headaches, and the operational one with its subjective unsteadiness, concentration problems and various odd turns. "Thoracic vigilance" patients are often referred to cardiologists or pneumologists but a fair number also come to us, especially if they have hyperventilation symptoms such as dizziness and paraesthesiae. Among the different types of patients with fatigue we are also familiar with the occasional "neuro-muscular vigilance" patient whose symptoms parallel your CFS cases. We have the non-controlled impression that in our environment such patients often have a premorbid preoccupation with their locomotor system.

We believe that an important element in all these syndromes consists of the patients' misconceptions about the causes, mechanisms and prognosis of their symptoms derived from popular health concepts and also not infrequently from counterproductive health education campaigns and doctors' remarks. In fact, we find it remarkable that the influence of the public and medical interest in CFS on its proliferation does not figure prominently in any discussion. That is why our approach to these syndromes consists mainly of a kind of "cognitive therapy" which tries to bring to the fore the patient's ideas on the problem and to demolish misconceptions, together with a sparing use of drugs. Our experience tells us that whereas some of these syndromes can be dealt with reasonably well, others are much more resistant. Such is the case for example with the "facial vigilance syndrome", better known as atypical facial pain, and the "neuromuscular vigilance syndrome". Fortunately the latter is not common in our environment.

But not for long. Our compatriots are starting to be taught about this "new" disease. The widely read Madrid newspaper *El Pais* ran a full page story on the CFS as "the disease of the nineties". A highly-reputed private teaching hospital has also given press releases on this "impending epidemic" and even a local newspaper has informed our neighbourhood about the shape of things to come. Some months ago a chat-show on Spanish television hosted the "first" Spanish patient with CFS.

So now we are bracing ourselves. Wessely quotes an article on "the role of culture in making a diagnosis":[2] there is also a role for culture in developing and expressing illness. Our colleagues are being educated in this new pattern of self-vigilance, and the successful incorporation of Spain into the Western democracies will be enriched by this new cultural acquisition. They will also be taught that this disease is chronic, long-lasting, makes inactivity advisable and has no treatment: a self-fulfilling recipe for chronicity. They will learn to mistrust doctors who suggest that their symptoms, real, disabling and worthy of treatment as they are recognised to be, may not be due to a testable specific organ disease: a mistrust that will deny them the first step towards improvement. And presumably we Spanish doctors will soon start publishing papers on CFS.

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1 Wessely S. Chronic fatigue syndrome. *J Neurol Neurosurg Psychiatry* 1991;54:669–71.
2 Abbey S, Garfinkel P. Neurasthenia and chronic fatigue syndrome: the role of culture in the making of a diagnosis. *Am J Psychiatry* (in press).

Wessely replies:

Dr Digon and colleagues believe that cultural factors play a vital role in the aetiology of CFS, a view I can only share. There is a considerable degree of iatrogenesis in the rise of these conditions, and if one is to understand their sudden rise, and occasional fall, it is essential to understand cultural attitudes towards health and illness, and in particular prejudice against conditions which, whether fairly or not, are frequently seen as psychological in origin.[1 2] We have previously concluded that such prejudices and unhelpful polarisation between "physical or psychological", which all too often means "real or unreal", may be more virulent than any virus.[3]

1 Wessely S. History of postviral fatigue syndrome. *Br Med Bull* 1991;47:919–41.
2 Wessely S. "Old Wine in New Bottles": neurasthenia and ME. *Psychological Medicine* 1990;20:35–53.
3 David A, Wessely S, Pelosi A. Chronic fatigue syndrome: signs of a new approach. *Br J Hosp Med* 1991;45:158–63.

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. Payment 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, expiratory date, and your full name.

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 lead to much more "self-diagnosis" in the Neurology Clinics. 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 with a heterogeneous group of disorders which share some common characteristics.

Similarly, late neuropsychological sequelae are covered comprehensively by authorities. The references to these reviews are also very useful.

Effects of high LET radiation and hyperthermia are covered in special chapters and interactions with drugs and possibilities of radioprotection are important additions to this edition.

Radiotherapy remains vital to modern treatment and our job must be to harness it safely and use it to maximum benefit. I was very impressed by the breadth and quality of this book and it is to be highly recommended for every neuro-oncology unit.

PN PLOWMAN

Women and Epilepsy. Edited by M R TRIMBLE. (Pp 285; Price: £40.00). 1991. Chichester, John Wiley & Sons. ISBN 0-471-92998-0

Is there a difference between men and women? In a first class chapter by Upton, Thompson and Corcoran, the authors quote Ivy Compton Burnett: "there are probably more differences within the sexes than between them". Why then has this book been produced? The best quote in this book is on page 207: In 1914 a German psychologist stated that the average female is capricious, over-suggestible, often inclined to exaggeration, is disinclined to abstract thought, unfit for mathematical reasoning, impulsive and over-emotional. Many would agree with this only insofar as it applies to certain feminist works. This excellent book puts paid to such superficial judgement. Does it add to our knowledge of epilepsy and the management of people with epilepsy, particularly women with epilepsy?

The book emerged, from a meeting of the same title. The book adds to our knowledge of epilepsy and to ideas about management. The editor has chosen a multi-disciplinary team of authors but unfortunately the provenance is not always clear. It is not necessary to know the speciality of the authors but it would be helpful and interesting. Although most of the authors are well-known to the potential readership in this country, this is not necessarily the case abroad and this book deserves to be read in all countries.

The first section includes chapters on the quality of life in women with epilepsy, and counselling women towards independence. The second section deals with sex differences in epilepsy from the epidemiological aspect, developmental and behavioural differences between the sexes, the adolescent female with epilepsy, and the epileptic syndromes of childhood and adolescence. The third section deals with anticonvulsant drugs, hormones and seizure threshold, contraception, epilepsy and pharmokinetics, catamenial seizures and pregnancy and teratogenesis. The last part deals with sex, sexual seizures and the female with epilepsy, cognitive differences between the sexes, depression and epilepsy, and pseudo seizures. Each section is followed by discussion sessions. The final chapter is a most entertaining chapter by the editor on famous and not so famous women with epilepsy.

It is not easy to find any real criticisms in a book like this which contains so much useful and practical information about epilepsy. My main criticism is that the title of the book may mean that it is regarded by a potential reader in too narrow a way and some first class information will, therefore, be overlooked. For example, the chapter on pseudo seizures is one of the best short reviews on this difficult subject but it is a review which is applicable to epilepsy rather than women and epilepsy. The majority of the work discussed in the book seems to have nothing to do with women as women, but everything to do with people (male and female) with epilepsy. However, several of the chapters are not really so single sex orientated. All the approaches have the single aim of enhancing independence, again equally applicable to both sexes and of great practical importance. The epidemiological studies show a higher prevalence in men than in women and this is particularly seen in childhood. As regards the reproductive cycle, there is no evidence that pregnancy is likely to start epilepsy; puberty in girls could either be associated with an increase or a decrease in fits or they could remain unchanged, and in pregnancy there is a similar distribution of change or lack of change. Again in developmental and behavioural differences between the sexes there is evidence of an excess attack rate in males.

The book is so full of good writing, contains so much useful reference work, and has such good practical advice that it would be a pity if the title suggests that the contents are too restricted. However, this must be seen as a quibble. The book is good, sensibly priced, well produced and strongly recommended.

LS ILLIS

Comprehensive Management of Spina Bifida. By HAROLD L REKATE. (Pp 248; Price £62.00). 1991. London, Wolfe Publishing Ltd. ISBN 0-8493-0151-3

The author of this book is Chief of Paediatric Neurosurgery at Phoenix, Arizona, where presumably there is enough continuing experience with spina bifida to justify the publication. Certainly the two chapters by Dr Rekate himself emphasise well established details of clinical examination and surgical technique which became standard neurosurgical practice many years ago when the condition was of frequent occurrence. No-one with detailed knowledge of the gross dysplasia in the open myeloshcisis lesion would endeavour to reform the neural tube with any expectation of improving neurological function of the lower limbs but most neurosurgeons will have found it the natural precedent to the important dural closure. The neurosurgical chapter on Management of the Newborn with Spina Bifida is first in the book, and as such, pre-empts the very good accounts of the embryology and pathology contributed by other authors in chapters II and IV. Again it should be said that the majority of the varied pathology of the neuraxis in this condition has already been accounted for in the English literature, but the inclusion of the use of the MRI scanner and the place of hydromyelia are important additions. The main author contributes a further neurosurgical chapter which includes specific views of shunt dependency and the assessment of the older child with spina bifida newly presenting for care, both of which must reflect a particular and personal current practice.

The contributed chapters on the orthopaedic and urological management of the condition are comprehensive and there is a very useful chapter on the use of orthotics in its treatment.

The last chapter on the longterm psychosocial adjustment of children with spina bifida elicits chords of sympathy from this country where the therapeutic activity of some 20 years ago has resulted in a particular group of relatively young, disabled patients for whom the community has no comfortable place. In a country where spina bifida now occurs only rarely, as the result of thorough prophylaxis and antenatal diagnosis and termination, it is a measure of good fortune that this little book reads like an echo from the past.

GORDON BROCKLEHURST

MRI of Musculoskeletal System. (The Raven MRI Teaching File). Edited by JOHN V CRUES III. (Pp 247; Price Not Indicated.) 1991. New York, Raven Press. ISBN 0-88-1167-705-1.

This book forms part of a series of MRI Teaching Files and is based on the concept of demonstrating the MRI abnormalities in one hundred cases per volume. The complete set is based on one thousand cases.

This volume covers the musculoskeletal system and is mainly devoted to joint disease. The MR images are taken from numerous different machines at different field strengths and thus the quality of the images varies considerably. The section on muscle disorders deals with pyomyositis and muscle haematomas only, and it is disappointing that there is no illustration of the changes occurring in inflammatory, inherited and metabolic myopathies.

The section on the peripheral nerves is of interest in that it demonstrates the ability of MR scanning to identify carpal syndrome and ulnar nerve lesions and thus highlights the benefit of this technique in patients where there is strong clinical suspicion or equivocal or unhelpful neurophysiological results. The ability of MR scanning to identify Morten's neuroma is beautifully illustrated. Although the case report approach is attractive this book could not be recommended for the Departmental Library and would be much better served by more traditional MRI Atlas.

WJK CUMMING

SHORT NOTICE

Neurosurgical Operative Atlas. AANS Publications Committee. Vol 1. No 1–6. By S S RENGACHARY AND R H WILKINS. Bimonthly/approx 80 pages per issue/looseleaf. Price not indicated. 1991. London, Williams & Wilkins Ltd. ISBN-0-683-07233-1.