

- 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 Schluenderberg 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,<sup>1</sup> 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.<sup>2,3</sup> 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.

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## NOTICE

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### 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.

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-

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## BOOK REVIEWS

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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 1994. 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

culitic neuropathies. The text is notably successful in remaining up to date, with balanced accounts of the relationships between GQ1b antibodies and Miller Fisher syndrome, and between *Campylobacter jejuni* et *coli*, ganglioside antibodies, and neuropathy. Clear and up-to-the-minute treatment guidelines emerge from analyses of recent therapeutic trials for both CIDP and Guillain-Barré syndrome. Difficult and contentious issues are not avoided, such as the relationships between CIDP and demyelinating neuropathy in the context of paraproteinaemia, and between multifocal motor neuropathy and CIDP. Unusually, excessive repetition is avoided.

In such a book as this, to criticise is little more than carping, but one or two shortcomings are apparent. It is mentioned, that "the main drawbacks of plasma exchange treatment [include] contraindications," and that these amount to approximately 8% of cases, but what these are is not described. The entity of multifocal motor neuropathy with conduction block might more helpfully have been included in a clinical chapter rather than the immunological section. The recent and increasingly widely accepted classification of vasculitic disorders according to the size of the vessel involved is not included, and there is no mention of the pathologically important feature of leucocytoclastic change in vasculitis. Some of the running head titles are less than helpful.

These are quibbles. Large series of undiagnosed neuropathies consistently indicate that further investigation reveals an inflammatory aetiology in 20-25% of cases, findings which emphasise clearly the need to stay abreast of these important and often under diagnosed disorders. *Inflammatory Neuropathies* is up to date in a way that major conventional text books cannot emulate; it is concise, readable and affordable. It is highly recommended.

NEIL SCOLDING

**Handbook of Myasthenia Gravis and Myasthenic Syndromes.** Edited by ROBERT P LISAK. Published by Marcel Dekker Inc, New York 1994. (Pp 421; \$150.00.) ISBN 0-8247-8825-7.

Every practicing neurologist should have access to this excellent tome. It contains a great deal of detail on many aspects of myasthenia which is generally accessible, well set out and extensively referenced. Of the 19 chapters, there are those concerned with diagnosis, immunology, electrophysiology, pathogenesis and treatment of myasthenia gravis. But for me, the best sections were those by Andrew Engel on congenital myasthenic syndromes and that by Elrongtin and Newsom-Davis on the Lambert-Eaton myasthenic syndrome. There is also a very useful table of medications implicated in human drug-induced neuromuscular disorders, containing information both on clinical presentations and mechanisms of action.

In such a multi-author volume it is inevitable that some repetition and controversy surfaces. Although most of these points are minor, I believe that many practitioners would take issue with Robert Sergott's suggestion that anticholinesterase medication is quite unsuccessful in ocular myasthenia. There is also precious little epi-

demiological information in the book, and readers searching for this are better advised to consult the recent issue of *Neurologic Clinics*, which is also concerned with myasthenia.

But these issues are minor in the overall context of an authoritative and enjoyable read.

JOHN ZAJICEK

**EEG in Clinical Practice, Second Edition.** Edited by JOHN R HUGHES. Published by Butterworth Heinemann, Oxford 1994. (Pp 242; £45.00.) ISBN 0-7506-9511-0.

This is an introductory text of about 200 pages with more than 200 references, written by a neurologist with considerable experience in the basic principles of the EEG and its clinical application. It contains an accessible description of the physics of EEG acquisition and of the resultant wave forms. The clinical section is necessarily concise for the size of book. Some important points are highlighted in capitals which is probably unnecessary for most readers. There is a final chapter covering topics of special interest which includes a North American view of medico-legal aspects. For neurologists in training, therefore, this provides a simple and brief introduction to the basic principles of EEG.

SIMON BONIFACE

**The Aids Knowledge Base.** Edited by P T COHEN, MERLE A SANDE and PAUL A VOLBERDING. Published by Little, Brown and Company, Boston 1994. (Pp1552; \$125.00.) ISBN 0-316-77067-1.

It is always a pleasure to read a textbook that has obviously been written by practising clinicians with hands-on experience of their subject matter. This book comes from an institution that has seen an enormous quantity of HIV disease, and provides a comprehensive yet readable reference source which rarely strays from being genuinely useful.

The book as a whole is well structured; apart from dealing with every aspect of the general management of HIV patients, specific opportunistic infections and malignancies, there are sections on global epidemiology and preventative, legal and ethical issues. There is also a concise and well written account of the molecular virology of HIV with sufficient detail to allow the "non-molecular" clinician to understand issues of pathogenesis, antiretroviral therapy and vaccine design. The quality of individual chapters and articles is very high; in particular they are rarely overlong, so that it is easy to find answers to specific clinical questions. Some of the material on legal and economic issues is specific to the United States, but this represents a very small proportion of the book; the sections on prevention, education and ethical issues contain much that is relevant to British or European patients.

Colour plates in textbooks can be unhelpful and disappointing, but this book provides an exception with a small collection of clear and genuinely useful pho-

tographs. The remainder of the text is singularly lacking in illustrations. Personally I welcome this move away from the trend towards "Art for art's sake" in medical publication, and back to the presentation of relevant and up to date information in a digestible and systematic format! There are other smaller and cheaper books that deal with the clinical care of HIV patients as well as this book does (in particular *The Medical Management of AIDS* from the same authors), but this new volume is comprehensive, readable and well referenced, and I look forward to using it.

DAVID WILKS

**Human Behaviour—An Introduction for Medical Students, Second Edition.** By ALAN STOUDEMIRE. (Pp 496.) Published by J B Lippincott Company, Philadelphia 1994. ISBN 0-397-51337-2.

This multi-authored American textbook sets out to address the imbalance which the editor believes is present in the teaching of today's medical students, namely, that in contrast to the large amount of scientific information to be learnt regarding disease processes, there is little time allocated to teaching students fundamental principles of human behaviour and psychological aspects of patient care.

The book concentrates on five areas of interest. Early chapters discuss issues regarding the doctor-patient relationship and are helpfully illustrated with case histories. Important issues such as the role of stress, culture and ethnicity are discussed clearly and concisely. The second section of the book introduces the two major schools of psychological theories of human behaviour: psychoanalytical and behavioural. Section three describes normal human development through the life-cycle and includes excellent chapters on adolescence and the family. The penultimate section is an introduction to the biological basis of human behaviour and psychiatry. These comprehensive and excellent chapters are said to be a "prodrome to the concluding chapter" entitled "Supportive psychological care of the medically ill: A synthesis of the biopsychosocial approach in medical care". It is a pity, therefore that this chapter works less well. After such depth and erudition in earlier chapters it seems somewhat superficial by contrast, perhaps reflecting the rather early stage in the development of "a true psychobiological integration of the behavioural sciences".

This book provides an excellent introduction to human behaviour for medical students but also has much to offer junior psychiatrists and allied mental health professionals.

CAROL GREGORY

**Cerebral SPECT Imaging, Second Edition.** Edited by RONALD L VAN HEERTUM and RONALD S TIKOFFSKY. (Pp 233 \$176.50). Published by Raven Press, New York 1994. ISBN 0-7817-0188-0.

It has become clear that structural and functional imaging are complementary in