BOOK REVIEW

Chronic Fatigue Syndrome. Ciba Foundation Symposium 173, Wiley, Chichester, 1993, £45.00.

The format of Ciba Foundation symposia is a marvel of organization. A small group of international experts meet together for just 3 days and present papers covering a topic. After each paper there is planned discussion, sometimes exceeding the papers in length, complete with references and presented in a good written English style. Often the discussions are the more informative and at times they can be heated. A controversial topic such as chronic fatigue syndrome (CFS) is eminently suitable for this approach.

Chronic fatigue syndrome is a heterogeneous condition usually self-diagnosed and patients and their carers are often reluctant to countenance any alternative diagnosis or to accept a psychological approach. The working definition used was of at least 6 months' debilitating fatigue and associated symptoms. My introduction to the condition when working for a neurologist involved in the Royal Free epidemic was to a disorder that could be grafted on to any other neurological disease to cause variability of reflexes, alterations of EMG patterns and muscle strength (as in Sydenham's chorea), a posterior cervical lymphadenopathy, atypical lymphocytes and glandular fever-like symptoms. It is possible that some of these represent human herpes virus 6 infection: the same virus that can cause roseola infantum and pneumonia in transplant patients.

Another form of the disease was outlined by Professor R.H.T. Edwards in the symposium. He noted how much

pain competitive athletes or ballet dancers are prepared to experience, but there is a balance in what they perceive to be the pain in relation to the rewards they get. CFS may follow a breakdown in the perception of this balance. The patient is physiologically deconditioned but there is no evidence of peripheral muscular fatigue. In fact, when stressed, healthy controls found the exercise more demanding than those with CFS. Dr Wessely explodes another myth in that only 15% of CFS patients had definable hyperventilation.

I have been comparing CFS with patients complaining of prolonged fatigue 36 months after their involvement in an outbreak of botulism. Respiratory function tests and EMGs were normal. Alterations in immune function, magnesium and zinc are no more convincing than in CFS but it is possible that there is a residual deficit in mitochondrial respiratory enzymes. Professor Behan suggests that this is also the case in CFS but failed to convince the other participants.

Out of 350 pages just 60 are devoted to treatment. Phrases used include restorative sleep patterns, controlled breathing, relaxation routines, and a graded exercise programme. The need to counsel the carers was insufficiently stressed but it is equally clear that structured units concerned with CFS patients have far more to offer than the chance meeting with a CFS patient in a psychiatric, neurological or general medical clinic. The book is recommended to all those prepared to examine this intriguing condition.

E.M.R. Critchley