

immediate outlook. For staff delivering care to patients, he believes that “the cumulative effect on morale of management has been detrimental” while “The purchaser/provider division owes as much to dogma as to logic”. He adds that the systematic structure of the NHS (described by Daniel Fox as “hierarchical regionalism”) is being lost and that “whether a new and better service will emerge is far from certain”. He can say that again.

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Chronic Fatigue and its Syndromes

By Simon Wessely, Matthew Hotopf & Michael Sharpe. 1998. Oxford: Oxford University Press. 416 pp. £65 (hb). ISBN 0-19-262181-5

Chronic fatigue, as a symptom or syndrome, highlights the difficulty and, ultimately, the futility of a dualistic approach to the classification of disease. In clinical practice it occupies the hinterland between psychiatry and various medical specialities, of which neurology is the most relevant. Virologists, immunologists, food allergists and a veritable army of alternative medical practitioners all claim to have something to say about the condition. Few conditions in medicine polarise opinion more than chronic fatigue.

The treatments which have been shown to be effective all have psychological effects. Cognitive therapy is becoming the mainstay of treatment, supplemented by a programme of graded exercise. Antidepressant drug therapy, used by many doctors for this condition, has proved disappointing when evaluated by controlled trials but there is some evidence that monoamine oxidase inhibitors have a contribution to make and will be the drugs of choice if antidepressants are to be used.

The authors have written a sober and comprehensive review of a fascinating condition. Unlike many commentators on this subject they do not appear to have a particular axe to grind. Their approach is methodical and inquisitive, relying heavily on scientific proof, or lack of it, before evaluating aetiological theories and treatment options. They regard chronic fatigue syndrome as a heterogeneous condition and speculate that a number of different

aetiological factors play a part; the identification of these factors will in turn lead to a sub-classification of chronic fatigue syndrome.

Throughout the text frequent reference is made to the historical roots of the condition. The authors are keen to point out that chronic fatigue, under different epithets, has been recognised by several generations of doctors. The concept of old wine in new bottles has become an over-worked metaphor; the point is well made that there is nothing new under the sun. Neurasthenia, a diagnosis introduced by George Beard in the 1860s, became a concept merely of historical interest until resurrected and given respectability by an official ICD-10 category. This must be one of the greatest come-backs in the nosological business.

All three authors have made significant contributions to the management of people with chronic fatigue. They have written a useful book, which is by far the most balanced review of the topic currently available. The editing could have been tightened up and I suspect that any one of the authors could, single-handedly, have written a more digestible book. But a fractured style is the inevitable consequence of multiple authorship.

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Alcohol Misuse – A European Perspective

Edited by T. J. Peters. 1996. Amsterdam: Harwood Academic. 200 pp. £16/US\$27 (pb). £41/US\$68 (hb). ISBN 3-7186-5869-0 (pb). 3-7186-5814-3 (hb)

This a very odd book and it requires some scrutiny to discover its purpose. Its title is misleading and its content unbalanced. One would have thought from the title that this was a book looking at problems related to alcohol use from a pan-European perspective. Indeed, there are contributions from a number of European countries: Finland (2), France (3), Germany (2), Spain (3) and the UK (8). Yet however much one fantasises about the importance of Britain in Europe, or indeed about the map of Europe after a century or two, Europe will not be that shape.

The two Finnish authors, Jussi Simpura and Esa Osterberg, do present Europe-wide data on consumption and problems in the first and penultimate chapters. In between there are contributions on such topics as alcohol and nutrition, alcohol and the liver, alcohol and malignancies, muscles, pancreas, skin, HIV . . . all sorts. Only a few of those (Sherman *et al*, McManus & Weatherburn, Tuyns) include international comparative data, extending outside Europe. There is one chapter, by Agarwal, on racial/ethnic and gender differences in alcohol use and misuse which gets as far as Papua New Guinea, and another, by Higgins, where the claim to a European perspective seems to be a brief review of studies undertaken in Europe on psoriasis, but US studies are also included.

If we look at the book as a collection of review articles about physical damage related to alcohol consumption, how does it shape up? There is some material of interest here. Higgins' chapter on dermatology and alcohol brings together information not in the mainstream for alcohol specialists; similarly, the chapters on musculoskeletal disorders (Urbano-Marquez & Fernandez-Zola) and pancreatic disorders (Sarles, Bernard & Johnson). The data from Sherman *et al* about the proportion of the total number of liver transplants performed for alcoholic cirrhosis across Europe are interesting (Spain 18%, Finland 1.4%). The rest of the material is familiar and has been more eruditely expressed elsewhere.

Perhaps the book's intent lies in the fact that all chapters conclude with a list of proposals for future research. At the end of their 'Conclusion', Griffith Edwards and Tim Peters state:

“There is a need for a NIAAA [the American National Institute on Alcohol Abuse and Alcoholism] equivalent in Europe. Training in research methods, spanning the biomedical and psychosocial disciplines is an area that the EC could profitably target funds, accompanied by a parallel development of basic research programmes.”

While that aim is obviously entirely laudable, if this book represents an early example of the kind of products such an institute would manufacture, EU funders would be well-advised to broaden the base of such an institute by looking to other, more socio-psychologically oriented aggregations of European alcohol researchers.

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