

to previous experience, in that in early life they may not have had the wit to woo.

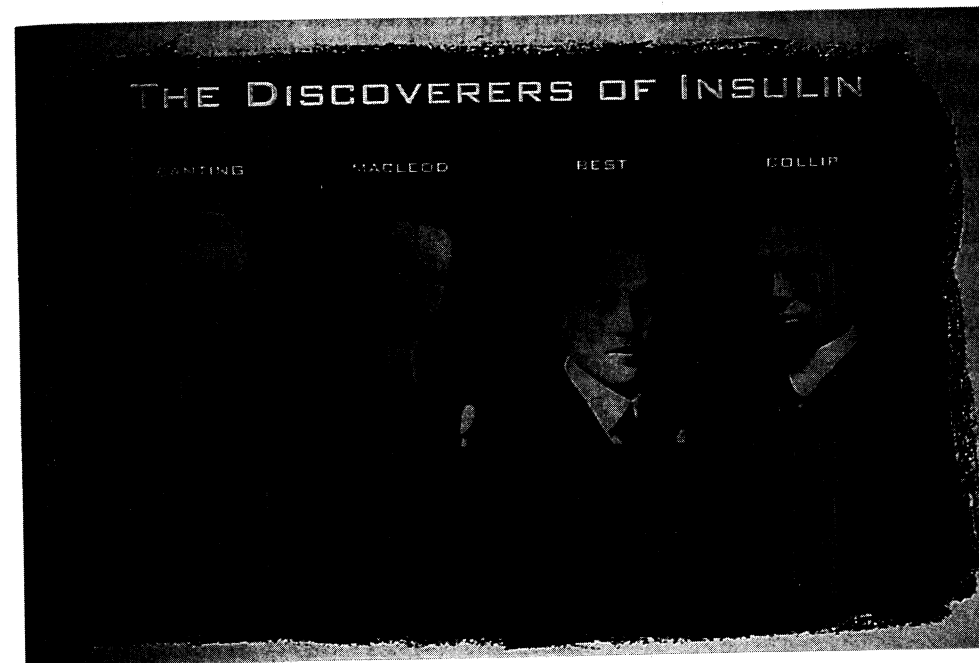
We believe the Owl sign to be associated with a good prognosis at least in the short term but a prospective trial would be required to confirm this. The good prognosis may reflect a strong constitution; it certainly does not reflect the benefits of prompt medical assessment and treatment as they do not usually receive either. This may be because we all tend to give them a low priority, not judging them to be 'interesting' patients. We hope the Owl sign may go some way to changing this. There is much basic epidemiological work which could be done to establish whether our perceived associations are valid, such as documenting the incidence of the sign, its effect on prognosis and its association with other predictors of outcome. The results of this activity will be letters, papers, conferences and several successful careers established. This may lead in the future to suspected cases being rushed to hospital by blue-light ambulance to a dedicated unit (perhaps to be known as the 'Parliamentary Unit'). Papers may even be published on the genetics of the Owl sign!

#### REFERENCE

- <sup>1</sup> MacLeod J, Munro J. *Clinical Examination*. Seventh Edition. Edinburgh: Churchill Livingstone, 1986.

## MISCELLANEA MEDICA

Readers of the *Proceedings* supplement *J. J. R. Macleod: the co-discoverer of insulin* (July, 1993) will applaud the printing of this poster commemorating the discoverers of insulin and which recognises the contributions of all four scientists by equal representation. This has been devised by Kenneth Carroll, the director of the Centre for Human Nutrition at the University of Western Ontario. The poster is 35 cm x 53 cm and is available for \$14 (Canadian), postage included, from the Canadian Diabetes Association, Banting Museum and Education Centre, 442 Adelaide Street North, London, Ontario N6B 3H8.



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The three Royal Colleges of Physicians have produced a 64-page guide to the MRCP (UK) examination. Written by F. B. Gibberd, it is designed to inform candidates of the process of the examination. It explains in detail the requirements for entry and application, the way in which to deal with the written papers and the method by which the papers are assessed. It then describes the clinical examination with case examples and a wealth of detail about procedure is given which should go a long way to removing apprehension from first time candidates. This is a valuable contribution to making the examination candidate-friendly. It is available by direct application to any of the three Colleges at a price of £5.00 in the UK and £8.00 for overseas.

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## COLLEGE LITERATURE

Gillian Cloke, who works in the Administration office of the College, has just had published a book; *This Female Man of God: Women and spiritual power in the patristic age, AD 350-450* (Routledge, London and New York 1995 pp. 11+243) £12.99 (paperback)

Soon after the conversion of Constantine to Christianity in 312, Christianity unexpectedly became the dominant religion of the Empire. With freedom from persecution Christians could assemble for councils, and different churches and sects were founded and maintained by enthusiasts (see *Proceedings* 1994; **24**: 161-4). Among these were the Ascetics, holy men who lived alone in the deserts or caves in mountains in Syria. This book gives an account of their female counterparts with chapters on pious Virgins (wise ones and weaker vessels), widows, married sanctity, and Christian motherhood. None of these holy women left any writing but in their lifestyle and fervour they inspired and encouraged writings of the Christian fathers, notably St Augustine and St Jerome. From them we know that some of these women of God were able to adjust to an apparently unnatural life of celibacy and become a force in the life of their church. Much less is known about those who failed.

This book, abstracted from the patristic literature, gives an interesting account of the extreme asceticism that seems to us today a strange perversion. There are still today Christian cults similarly inspired, some of which in the USA have been led by psychopaths with tragic results. Gillian Cloke is an historian and she sticks to her last; there is little of the psychology of self-denial (perhaps one should go to C. G. Jung for this); there is, however, some fascinating detail of the weird and wonderful theories of the time on the physiology of women. She also presents some of the historical background to the present controversy as to whether or not women should be ordained priests. This is a solid book that holds the interest of a general reader.

R.P.

## Letters to the Editor

## CHRONIC FATIGUE SYNDROME

Sir, We enjoyed reading Dr Leitch's comprehensive *tour d'horizon* (*Proceedings*, 1994; **24**: 480-508).

He touched on the condition as it affects children; temporary periods of fatigue are probably more common than we suspect and may occur in patients as young as their second year of life. We have seen toddlers experiencing several months of unusual tiredness, often accompanied by reluctance to eat. This anorexia may be thought behavioural (and indeed may continue after recovery from malaise) but could also be caused by changes in taste sensation which many older children complain of. We have had one such patient who was considered initially to have anorexia nervosa. Although children in the adolescent years and earlier may develop a conversion syndrome—which again we have seen—most do find the impact of fatigue on their lives frustrating and burdensome. Younger children, of course, are often unable to describe how they feel and their symptoms may be misinterpreted. The condition has a serious impact on schooling with many requests for home tuition and for recognition by examination authorities that the candidate may have been at a disadvantage because of ill health.

As in adulthood we try to keep investigations to the minimum but we recognise that the differential diagnosis is different.

We too have been interested in patients with fatigue following Glandular Fever. We wonder if early treatment such as with corticosteroid therapy<sup>1</sup> might change its course and we are considering an intervention study.

Incidentally we wonder if Anthony Trollope gave an early description of the syndrome when he described the plight of Anty Lynch in his novel *The Kellys and the O'Kellys*.

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## REFERENCES

<sup>1</sup>Hughes JP, Paulley JW, Steroid therapy in glandular fever. *Postgraduate Medical Journal* 1960; **36**: 553-556.

Sir, I read with great interest the recent review of the Chronic Fatigue Syndrome (*Proceedings* 1994; **24**: 480-508). In my osteopathy practice I see a great number of patients complaining of chronic back pain and encounter many problems with uncertain diagnosis and a plethora of seemingly unrelated symptoms. I believe that the modern pain literature is helpful in understanding these problems, particularly Wall's work on the neuromatrix as being the 'body self' and how perturbation of the neurosignature can become self-perpetuating and influence not only the perception of health, but also its physical expression.

My purpose in writing is to report an experience which may indicate a possible avenue for future research. During the last five years I have encountered three people suffering from chronic fatigue who appear to have been 'cured'