**Management of Headache and Headache Medications**


This single-authored volume is written for primary care physicians who treat headache patients and is a welcome addition to the recent publications on the subject that have been more focused on the needs of headache specialists. Robbins writes in a clear and straightforward manner and unabashedly offers his own personal views on headache management based on his experience as a practicing neurologist. For those seeking advice on office-based headache diagnosis and treatment, his views are worth having. There are many "pearls" for the busy practitioner. This is not a "cookbook" approach; the emphasis is on dealing with each patient as a unique clinical challenge and with each headache treatment as a delicate art.

Migraine, tension-type headache, and cluster headache are dealt with in considerable detail. Following details on diagnosis, therapies are presented in a logical stepwise fashion, divided into first, second, and third lines of treatment. This systematic approach to treatment will be welcomed by practitioners who are faced with what has become a bewildering mass of medications and therapies for headache. Special attention is paid to headache in children, adolescents, and the elderly. Although primary headaches decline with old age, headache is more likely to be a symptom of underlying disease in this age group. Because of this, I would have liked more details on the metabolic and toxic causes of headache in the aged, particularly because of the multiple medications used by them that are headache producing.

Wide use is made of case studies that highlight points in diagnosis and management. This very readable and digestible book is occasionally marred by too frequent use of the first person and the complete absence of references. Included as one of several appendices is a comprehensive list of headache literature sources useful to those who want to read more. There are also a useful drug identification guide to headache medications, a list of foods to avoid, and a description of relaxation exercises, as well as an index that rounds off this book of 217 pages.

Practitioners, medical students, and nurses will find this slim volume helpful in dealing with the complicated field of headache. In due course, I hope to see a second edition as Robbins helps to keep primary care informed of this rapidly developing field. But next time—please include references in the text.

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**Chronic Fatigue Syndromes: The Limbic Hypothesis**


Since 1985, when the association between persistent fatigue and Epstein-Barr virus was first reported, there have been many reports documenting minor viral and immunologic abnormalities in patients with chronic fatigue syndrome (CFS). Unfortunately, no laboratory test has been found that can diagnose CFS and many have noted the close similarity between CFS and psychiatric disorders. In spite of this, some physicians have steadfastly maintained that CFS is a "real" medical condition.

In *Chronic Fatigue Syndromes: The Limbic Hypothesis*, Goldstein, a leader in the movement to prevent CFS from being defined as a psychiatric disorder, concludes that the brain is the locus of the disease. However, Goldstein maintains his biomedical perspective by proposing that the "limbic encephalopathy" is caused by a virus or some immune dysfunction. (Others have called his theory "hepatitis of the brain." ) In a flurry of medical jargon, literature citations, and anecdotal case studies, Goldstein presents the "limbic hypothesis" as a new concept or a paradigm shift. With all due respect to Goldstein and Shakespeare, a psychiatric disorder by any other name is still mental illness.

The limbic system has long been of interest to psychiatrists as one of the areas of the brain responsible for emotions and psychopathology. *Chronic Fatigue Syndromes* provides a thorough review of the science of the limbic region and how it relates to CFS. However, Goldstein persists in defending the limbic dysfunction in CFS as different from that in psychiatric conditions. This contrasts with his own statements that in many patients with CFS,