also help their partners. The advantage of a book as clear as this is that you can dip in and out of it, as you feel ready for the next piece of information. It will give women the feeling of confidence that they know what to expect, and can ask informed questions about their own specific treatment. Obviously, the list of addresses at the back is not helpful to anyone outside the USA, but it will still give women the idea to ask about support and information resources locally and nationally. It is our duty as health professionals to give our patients as much information and support about their illnesses and the likely outcomes as we can. This book will certainly help.

SALLY HOPE
GP, Woodstock, Oxfordshire


We enjoyed reading this comprehensive review on thrombolytic therapy for stroke. It is well edited and presents an exhaustive catalogue of essential papers and protocols both for and against the use of this highly topical therapy for stroke. As rightly stated by the editor, it is intended for physicians who will be managing patients in the first few hours after stroke: neurologists, neurosurgeons, emergency medicine physicians, internists, radiologists and GPs. To this American list of medical practitioners, we would like to add geriatricians and stroke physicians who manage the majority of the patients admitted to hospitals in the UK. The relevance to GPs in the UK is limited; however it is important that GPs understand the importance of early, rapid admission to hospital so that early treatment, possibly including thrombolysis, can be considered.

The book is laid out in four sections. The first section consists of a succinct review of the basic patho-physiology and pharmacology of thrombolytic therapy. It includes different mechanisms of thrombolysis, pathogenesis of cervico-cranial arterial occlusion and the relatively novel concept of the ischaemic penumbra and neuronal salvage using neuroprotectants.

The second section provides a historical account of the scientific rationale and subsequent clinical trials for this therapy. It includes a summary of the essential literature that provided the experimental impetus for proceeding to human trials and the potential benefits for combination therapy of reperfusion (by thrombolysis) and neuroprotection (by neuroprotectants). The next few chapters report on the clinical trials of thrombolysis, from the initial studies during the pre-CT era to the recent randomized controlled trials that demonstrated the efficacy and safety of thrombolysis. Two themes emerge from these discussions for thrombolysis to be effective—reducing the time from stroke symptoms to thrombolysis because of the narrow therapeutic window and using an optimum dose of the agent in order to maximize its benefit-risk ratio. There is also a detailed analysis of the NINDS rt-PA Stroke trial which was the first large trial to demonstrate a benefit for thrombolysis in acute stroke. This includes the cost-effectiveness of thrombolysis.

The third section is a practical description of the treatment guidelines, pathways and protocols for thrombolysis in stroke. There is also a chapter arguing the case against thrombolysis and against the current recommendations issued for its use by the American Heart Association and the American Academy of Neurology. This chapter demonstrates the unbiased editing of this book.

Finally there is a series of real patient case histories, adding glamour to this book and making it more interesting to read. Each case is accompanied by a commentary that provides evidence-based justification for the clinical decision made for that case.

This book is very timely as, in recent times, there is growing interest and excitement amongst stroke professionals regarding various aspects of acute stroke care including thrombolysis, neuroprotection and maintenance of physiological homeostasis. The book is probably too specialized for the average GP but is a useful source for anyone wanting more information about this developing area.

MEHOOL PATEL
Clinical Research Fellow in Stroke Medicine, specializing in Geriatric and Stroke Medicine,

ANTHONY RUDD
Consultant Stroke Physician and Geriatrician at Guy’s and St. Thomas’ Hospitals, London.

Both are active stroke researchers.


“The bad news is that at the present time there is no cure for CFS/ME; the good news is that there is a lot that can be done to manage symptoms and disability and to speed recovery.” This opening to Chapter 8 encapsulates the central message of this very accessible book. No medication is of proven value and there is a plethora of unhelpful myths perpetuated by both sufferers and physicians. However this book offers a clear overview of diagnostic definitions, associated conditions, the repertoire of evidence-based interventions and a whole range of practical everyday advice. More than half of the book is dedicated to the potential for self-help in areas such as problem solving and improving mood. This is complemented by very positive advice about sleep, exercise,
diet, concentration and memory, as well as employment and relationships.

The two authors skilfully combine their experience as sufferer and therapist, telephone supporter and researcher. Both authors have already written extensively on the subject and both have other books in print. Their advice is clearly rooted in their broad experience. They respond to what they know to be the most commonly asked questions and these are set out in the first pages of the book. Thereafter the text is well signposted with chapters and subheadings which help the reader to find their way comfortably through the text. There is a glossary at the end to define the technical terms, but the writing is accessible and concise. At the end of all chapters the key points are clearly summarized and at the end of the book there are appendices with self-help diaries and books for further reading.

Seeking help goes well beyond conventional medicine. There is advice on how to assess the quality of the evidence presented by physicians or in downloads from the Internet. There is useful guidance on second opinions: how to navigate the troubled waters of therapies and therapists, how to evaluate the ‘specialist’ to whom a sufferer may be referred, what to expect for the care of children with CFS, and a check list for assessing the value of private care. All are covered with comprehensive and relevant advice. This is a wide ranging book.

If there are reservations, they relate to those who stand by the sufferers. To be a carer can be a lonely role. There are tantalizing allusions to the reluctance of partners to accept change and also to the possibility that there might be some psychological gain for the carer. There is little discussion on the effect of CFS on sexual relations or the notion of grief for a lost lifestyle. But these omissions are minor in the face of so many positive and supportive explanations. Sufferers, families and also their therapists, who know only too well about the ‘bad news’ of CFS, will be mightily relieved to read the ‘good news’ so clearly presented in these pages.

SIMON STREET
GP in Kidlington, Oxford


This book lay on the floor of my flat for a few weeks, prompting different reactions from friends. Financiers and bankers frowned and pretended to ignore it, psychiatrists have gently lifted the thick cream pages and GPs have commented on the number of moist-eyed patients they have seen that day. At first I was sceptical about the need for a dissection of the subject of crying, but my last week has involved distressed people in my surgery, the visit of a baby and a sentimental movie. All these events involved tears and some self-reflection.

We enjoy a ‘good cry’ (whoever heard of a bad cry?), ‘cry our eyes out’ and dislike ‘crocodile tears’. Tears are a cross-cultural event, although their use and significance vary. Tears are connected with emotions as disparate as pain, sadness, anger, frustration, happiness and religious inspiration. The breadth of the book is its strength, engaging the reader with the physiology, psychology, anthropology and sociology of tears. There is also a section on fiction and repeated references to the film Titanic! The journey involves literature and art with references to the Bible, the classical Greeks and modern politics. The section on gender was fascinating as it drew together many different sources. From Aristotle “woman is more compassionate than man, more easily moved to tears” to modern social theorists suggesting that modern males learning to cry are just “changing their style rather than their substance”.

Unfortunately the breadth of the book is also one of its major weaknesses. It leaves you feeling unsatisfied as intriguing insights briefly tantalize the reader, before rapidly moving to the next. Those with specialist interest will be disappointed that the potential for in-depth discussion and review is overlooked as Tom Lutz tries to cover everything at the expense of greater detail. There were occasions when I questioned the subjectivity of the evidence presented to support various theories in this narrative review. Despite these reservations, I am now lending ‘Crying’ out to friends.

GRETA RAIT
GP and MRC Training Fellow in Health Services Research, Royal Free and University College London.


The arrival of this book to review was timely, coinciding as it did with the dilemma of a competent 15-year-old requesting a termination of pregnancy without involving her parents. The book was informative and reassuring. The BMA ethics team inform us that the material for this book is based on the problems about which doctors most frequently seek advice. The intention is to cover both the everyday problems faced by all doctors and the truly exceptional cases that occur perhaps once in a lifetime. The book is clearly designed to be a reference text rather than a bedtime read. However, I found that the frequent use of real cases to illustrate the arguments or the development of case law made fascinating reading.

We are told that concerns about confidentiality are real barriers preventing young people presenting their problems to their family doctor and the authors rightly take time and great care to examine and explain the rights to confidentiality of competent young people. Not