

Authors	Author Address	Title	Publication	Abstract
Acheson ED.		Benign myalgic encephalomyelitis.	Lancet 1957 Apr 20;272(6973):834–5	
Acheson ED.		The clinical syndrome variously called benign myalgic encephalomyelitis, Iceland disease and epidemic neuromyasthenia.	Am J Med 1959 Apr;26(4):569–95	
Behan PO.		Post-infectious encephalomyelitis: some aetiological mechanisms.	Postgrad Med J 1978 Nov;54(637):755–9	The possibility that acute disseminated encephalomyelitis (ADEM) and epidemic myalgic encephalomyelitis ('epidemic neuromyasthenia') may share a common pathogenesis is examined and many factors common to the two diseases are described. It is suggested that further study of ADEM may help our understanding of epidemic myalgic encephalomyelitis.
Behan PO.		Epidemic myalgic encephalomyelitis.	Practitioner 1980 Aug;224(1346):805–7	
Bell EJ, McCartney RA.		A study of Coxsackie B virus infections, 1972-1983.	J Hyg (Lond) 1984 Oct;93(2):197–203	The results of a twelve-year study of Coxsackie B virus (CBV) infections in patients with a variety of acute and chronic illnesses are reported. CBVs were isolated from only 123 patients most of whom were children with respiratory illness. Virus diagnosis in adults was based mainly on the detection of significant rising or static high neutralizing antibody titres. Between 1972 and 1979 most investigations centred on patients with suspected viral heart disease, 12% of whom were found to have diagnostically significant CBV titres. In studies on patients with definite myo-pericarditis the number positive increased to 33%. In 1980 clinical interest switched to the possible role of CBV in myalgic encephalomyelitis (ME), an illness of diverse symptomatology. Investigation of suspected cases of ME in 1983 showed that 16% were serologically positive compared to 4% of normal adults in the West of Scotland. In patients with well-documented ME this figure rose to 41%. The demand by clinicians for CBV neutralizing antibody tests has increased over the past twelve years and continues to escalate annually, especially in patients with chronic relapsing illness.
Bhatia BB, Chandra S, Bhushan C.		Benign myalgic encephalomyelitis.	J Indiana State Med Assoc 1958 Oct;31(8):327–8	
Bishop J.		Epidemic myalgic encephalomyelitis.	Med J Aust 1980 Jun 14;1(12):585–6, 609	
Blackmore RJ.		Myalgic encephalomyelitis and Immunovir.	N Z Med J 1986 Jul 9;99(805):513	
Blattner RJ.		Benign myalgic encephalomyelitis (Akureyri disease, Iceland disease).	J Pediatr 1956 Oct;49(4):504–6	
Bornstein B, Bechar M, Lass H.		Benign myalgic encephalomyelitis. (Report of five cases).	Psychiatr Neurol (Basel) 1960 Mar;139:132–40	
Buchwald D, Sullivan JL, Komaroff AL.		Frequency of 'chronic active Epstein-Barr virus infection' in a general medical practice.	JAMA 1987 May 1;257(17):2303–7	Twenty-one percent of 500 unselected patients, aged 17 to 50 years, seeking primary care for any reason were found to be suffering from a chronic fatigue syndrome consistent with "chronic active Epstein-Barr virus (EBV) infection." They had been experiencing "severe" fatigue, usually cyclic, for a median of 16 months (range, six to 458 months), associated with sore throat, myalgias, or headaches; 45% of the patients were periodically bedridden; and 25% to 73% reported recurrent cervical adenopathy, paresthesias, arthralgias, and difficulty in concentrating or sleeping. The patients had no recognized chronic "physical" illness and were not receiving psychiatric care. While antibody titers to several EBV-specific antigens were higher in patients than in age- and sex-matched controls subjects, the differences generally were not statistically significant. A chronic fatigue syndrome consistent with the chronic active EBV infection syndrome was prevalent in our primary care practice. However, our data offer no evidence that EBV is causally related to the syndrome. Indeed, we feel that among unselected patients seen in a general medical practice currently available EBV serologic test results must be interpreted with great caution.

Byrne E, Trounce I, Dennett X.		Chronic relapsing myalgia (?Post viral): clinical, histological, and biochemical studies.	Aust N Z J Med 1985 Jun;15(3):305–8	Two patients with persistent myalgia characterised by onset after an ill-defined systemic illness, marked fluctuations in the severity of the symptoms, and normal neuromuscular examination with the exception of variable muscle tenderness on deep palpation, may have a forme fruste of myalgic encephalomyelitis. Differentiation from psychogenic muscle pain is important in management. Muscle histology revealed non-specific Type II fibre atrophy. Mitochondrial respiration was assayed polarographically in intact organelles in vitro and revealed a mild depression of State 3 respiration rates with Site I and Site II substrates.
Caligiuri M, Murray C, Buchwald D, Levine H, Cheney P, Peterson D, Komaroff AL, Ritz J.	Division of Tumor Immunology, Dana-Farber Cancer Institute, Boston, MA, USA.	Phenotypic and functional deficiency of natural killer cells in patients with chronic fatigue syndrome.	J Immunol 1987 Nov 15;139(10):3306–13	Natural killer (NK)3 cells are large granular lymphocytes that appear to play a significant role in the host's defense against viral infection. We performed an extensive phenotypic and functional characterization of NK cells on 41 patients with the chronic fatigue syndrome (CFS), or "chronic active Epstein-Barr virus infection" syndrome, and on 23 age- and sex-matched asymptomatic control subjects in an attempt to further characterize this illness. These studies demonstrated that a majority of patients with CFS have low numbers of NKH1+T3- lymphocytes, a population that represents the great majority of NK cells in normal individuals. CFS patients had normal numbers of NKH1+T3+ lymphocytes, a population that represents a relatively small fraction of NK cells in normal individuals. When tested for cytotoxicity against a variety of different target cells, patients with CFS consistently demonstrated low levels of killing. After activation of cytolytic activity with recombinant interleukin 2, patients were able to display increased killing against K562 but most patients remained unable to lyse Epstein-Barr virus-infected B cell targets. Additional cytotoxicity experiments were carried out utilizing anti-T3 monoclonal antibody to block killing by NKH1+T3+ cells. These experiments indicated that the NK cell that appears to be responsible for much of the functional activity remaining in patients with CFS belongs to the NKH1+T3+ subset, which under normal circumstances represents only approximately 20% of the NK cell population.
Church AJ.		Myalgic encephalomyelitis "an obscene cosmic joke"?	Med J Aust 1980 Apr 5;1(7):307–8	
Church AJ.		Myalgic encephalomyelitis.	Med J Aust 1980 Aug 23;2(4):224	
Daikos GK, Garzonis S, Paleologue A, Bousvaros GA, Papadoyannakis N.		Benign myalgic encephalomyelitis: an outbreak in a nurses' school in Athens.	Lancet 1959 Apr 4;1(7075):693–6	
Deisher JB.		Benign myalgic encephalomyelitis (Iceland disease) in Alaska.	Northwest Med 1957 Dec;56(12):1451–6	
Fegan KG, Behan PO, Bell EJ.		Myalgic encephalomyelitis — report of an epidemic.	J R Coll Gen Pract 1983 Jun;33(251):335–7	
Galpine JF, Brady C.		Benign myalgic encephalomyelitis.	Lancet 1957 Apr 13;272(6972):757–8	
Galpine JF.		Benign myalgic encephalomyelitis.	Br J Clin Pract 1958 Mar;12(3):186–8 passim	
Goodwin CS.		Was it benign myalgic encephalomyelitis?	Lancet 1981 Jan 3;1(8210):37–8	
Gow PJ.		Myalgic encephalomyelitis.	N Z Med J 1984 Sep 12;97(763):620	
Gow PJ.		Myalgic encephalomyelitis.	N Z Med J 1984 Dec 12;97(769):868	
Greene IM.		Benign myalgic encephalomyelitis; syndrome mimicking anterior poliomyelitis.	J Fla Med Assoc 1958 Apr;44(10):1105–6	
Gsell O.		[Encephalitis myalgica epidemica, a poliomyelitis-like	Schweiz Med Wochenschr 1958 May 17;88(20):488–91	

		disease; epidemic neuromyasthenia, benign myalgic encephalomyelitis.] [Article in German.]		
Gsell O.		[Benign myalgic encephalomyelitis, epidemic pseudoneurasthenia.] [Article in German.]	Schweiz Med Wochenschr 1963 Feb 2;93:197–200	
Innes SG.		Encephalomyelitis resembling benign myalgic encephalomyelitis.	Lancet 1970 May 9;1(7654):969–71	
Keighley BD, Bell EJ.		Sporadic myalgic encephalomyelitis in a rural practice.	J R Coll Gen Pract 1983 Jun;33(251):339–41	
Kendell RE.		The psychiatric sequelae of benign myalgic encephalomyelitis.	Br J Psychiatry 1967 Aug;113(501):833–40	
Layzer RB.		Myoglobinaemia in benign myalgic encephalomyelitis.	Lancet 1981 Mar 21;1(8221):670	
Klajman A, Pinkhas B, Rannon L.		[An outbreak of an epidemic of benign myalgic encephalomyelitis.] [Article in Hebrew.]	Harefuah 1960 May 15;58:314–5	
Lyle WH.		Encephalomyelitis resembling benign myalgic encephalomyelitis.	Lancet 1970 May 23;1(7656):1118–9	
Matthew C.		Myalgic encephalomyelitis.	N Z Med J 1986 Sep 10;99(809):678	
Matthew C.		Myalgic encephalomyelitis and the doctor.	N Z Med J 1987 Sep 9;100(831):569	
Maurizi CP.		Raphe nucleus cephalopathy (myalgic encephalomyelitis, epidemic neuromyasthenia).	Med Hypotheses 1985 Apr;16(4):351–4	An injury to the dorsal raphe nucleus by Coxsackie B viruses is suggested as the cause of the disease sometimes called myalgic encephalomyelitis. The signs and symptoms are consistent with a serotonin deficiency in the dorsal raphe nucleus and the disease has a predisposition for women in nursing. Stress and underlying tryptophan deficiencies are considered as contributory factors.
May PG, Donnan SP, Ashton JR, Ogilvie MM, Rolles CJ.		Personality and medical perception in benign myalgic encephalomyelitis.	Lancet 1980 Nov 22;2(8204):1122–4	In an outbreak of benign myalgic encephalomyelitis in a girls' school all the residential pupils, both those affected and those unaffected, were investigated. Special virological tests were essentially negative, but it seemed that a few girls had had a viral infection. Psychological testing showed that among younger girls the patients were more neurotic than the others. Girls with various disorders were found to have been classified as having the same disorder, because of what has been called altered medical perception. The conclusions of an international symposium on this condition were not substantiated.
McCartney RA, Banatvala JE, Bell EJ.		Routine use of mu-antibody-capture ELISA for the serological diagnosis of Coxsackie B virus infections.	J Med Virol 1986 Jul;19(3):205–12	The role of coxsackie B viruses (CBV) in myo/pericarditis has been well documented; however, interpretation of static high neutralising antibody titres in individual patients has always been difficult. In introducing the mu-antibody capture ELISA test for the detection of CBV-specific IgM, we hoped to overcome this problem. A regimen for the routine serological diagnosis of CBV infections was introduced, using the CBV IgM ELISA as a screening test, followed by neutralisation tests (NT) to confirm the positive results. Seven hundred and sixty patients and 304 healthy adult controls were tested. The percentage CBV IgM positive in each of the clinical categories myo/pericarditis (33%) chest pain (22%), myalgic encephalomyelitis (31%), myalgia/Bornholm (19%) and controls (9%) was similar to those found in previous studies using NT alone. Cross-reactions with other enteroviruses, including hepatitis A (Enterovirus 72), were observed but did not prove to be a problem in the illness

				studied, since most involved adults. Both homotypic and heterotypic CBV IgM responses were found. Matching IgM and NT indicated a recent CBV infection. Positive IgM with negative NT titres suggested a recent infection with an enterovirus other than a CBV.
McEvedy CP, Beard AW.		Concept of benign myalgic encephalomyelitis.	Br Med J 1970 Jan 3;1(687):11–5	
Mourad S, Chidiac J.		Benign myalgic encephalomyelitis in Lebanon.	J Med Liban 1969;22(6):735–40	
Mukherjee TM, Smith K, Maros K.		Abnormal red-blood-cell morphology in myalgic encephalomyelitis.	Lancet 1987 Aug 8;2(8554):328–9. Comment in Lancet 1989 Jul 22;2(8656):217	
Pampiglione G, Harris R, Kennedy J.		Electro-encephalographic investigations in myalgic encephalomyelitis.	Postgrad Med J 1978 Nov;54(637):752–4	The main EEG features are described of thirty-six young adults who were examined at the Royal Free Hospital between 1960 and 1964 and twelve children seen at the Hospital for Sick Children, Great Ormond Street, London, between 1957 and 1977. It is important in the future, if a plan is considered for the study of a fresh epidemic, to include systematic EEG studies covering a period of 2 to 3 years. The EEG alterations found in this limited survey, though modest, would suggest that cerebral function was disturbed with somewhat variable distribution by an insidious illness which has not yet been identified.
Parish JG.		Benign myalgic encephalomyelitis.	Br J Psychiatry 1973 Jun;122(571):735	
Parish JG.		Myalgic encephalomyelitis.	Lancet 1981 Apr 25;1(8226):950–1	
Parish G.		Myalgic encephalomyelitis: faulty fibres?	Nurs Mirror 1981 Oct 7;153(15):41–2	
Pool JH, Walton JN, Brewis EG, Uldall PR, Wright AE, Gardner PS.		Benign myalgic encephalomyelitis in Newcastle upon Tyne.	Lancet 1961 Apr 8;1:733–7	
Price JL.		Myalgic encephalomyelitis.	Lancet 1961 Apr 8;1:737–8	
Ramsay AM.		Benign myalgic encephalomyelitis.	Br J Psychiatry 1973 May;122(570):618–9	
Ramsay AM, Dowsett EG, Dadswell JV, Lyle WH, Parish JG.		Icelandic disease (benign myalgic encephalomyelitis or Royal Free disease).	Br Med J 1977 May 21;1(6072):1350	
Ramsay AM, Rundle A.		Clinical and biochemical findings in ten patients with benign myalgic encephalomyelitis.	Postgrad Med J 1979 Dec;55(654):856–7	Ten patients in whom the clinical findings were consistent with the syndrome variously described as 'benign myalgic encephalomyelitis', 'epidemic neuromyasthenia', 'Royal Free disease' and 'Icelandic disease' were investigated for blood levels of myoglobin and various enzymes. Although there is no clinical resemblance between the two diseases, the biochemical pattern bears a close similarity to that found in Duchenne muscular dystrophy (DMD) though differing sharply in that no rise in creatinine kinase levels was found. These findings are discussed with particular reference to recent suggestions that the permeability of cell membranes may be impaired by changes in intracellular energy mechanisms.
Ramsay M.		Myalgic encephalomyelitis: a baffling syndrome.	Nurs Mirror 1981 Oct 7;153(15):40–1	
Ronchi W.		[A new drug in the therapy of chronic fatigue syndrome.] [Article in Italian.]	Minerva Med. 1959 Nov 28;50:3884–5.	
Rowlandson PH, Stephens JA.		Cutaneous reflex responses recorded in children with various neurological disorders.	Dev Med Child Neurol 1985 Aug;27(4):434–47	Cutaneous reflex responses were recorded from tibialis anterior or first dorsal interosseous muscles of children with hemiplegia, spinal-cord compression, necrotizing sacroid granulomatosis, acute encephalomyelitis, myalgic encephalomyelitis, and a group of children attending the Learning Difficulties Clinic. Abnormalities of response are reported and are compared with the different reports in the literature of abnormal reflex EMG responses recorded by various methods. It is concluded that

				cutaneo-muscular reflex testing may have a part to play in the diagnosis of difficult paediatric problems
Simpson LO, Shand BI, Olds RJ.		Blood rheology and myalgic encephalomyelitis: a pilot study.	Pathology 1986 Apr;18(2):190–2	The blood rheology of EDTA-anticoagulated blood samples from blood donors and subjects considered to have myalgic encephalomyelitis was assessed by multiple shear rate viscometry and by multiple-pressure filterability. Although average viscosities of the two groups were different, the differences did not reach statistical significance. In contrast, the data from multiple-pressure filtration of whole blood showed significant differences between females at the lowest (2.5 cm of water) filtration pressure. It appears that the acute phase of the disorder is associated with changes in blood rheology which could impair microcirculatory blood flow. In contrast, the chronic state does not appear to be associated with rheological abnormalities.
Staines D.		Myalgic encephalomyelitis hypothesis.	Med J Aust 1985 Jul 22;143(2):91	
Taerk GS, Toner BB, Salit IE, Garfinkel PE, Ozersky S.		Depression in patients with neuromyasthenia (benign myalgic encephalomyelitis).	Int J Psychiatry Med 1987;17(1):49–56	Neuromyasthenia (benign myalgic encephalomyelitis) is a term used to describe a protracted and incomplete recovery phase following viral-like illnesses. There are few significant physical findings or abnormal laboratory determinations. Although depressive symptoms have been observed in individuals with neuromyasthenia, systematic psychological investigations based on a standardized interview technique have not been reported. This study was designed to investigate the prevalence of psychiatric disorders and psychiatric symptoms in a group of patients presenting with neuromyasthenia. The study consisted of three parts: a structured psychiatric interview (The National Institute of Mental Health Diagnostic Interview Schedule), a self-report measure (The Beck Depression Inventory) and Dexamethasone Suppression Test. Results indicated that relative to a matched comparison group of non-clinical volunteers, a significant percentage (67%) of neuromyasthenic patients met criteria for major depression. Even more striking was the observation that 50 percent of the sample had a major depressive episode prior to the development of neuromyasthenia. These findings suggest that sporadic neuromyasthenia may be the result of an organic illness in psychologically susceptible individuals.
Walther H.		[Epidemic myalgic encephalomyelitis.] [Article in German.]	Schweiz Rundsch Med Prax 1972 Apr 11;61(15):469–80	
Wookey C.		Epidemic myalgic encephalomyelitis.	Br Med J 1978 Jul 15;2(6131):202	
[No authors listed]		Myalgic encephalomyelitis.	N Z Med J 1985 Jan 23;98(771):20–1	
[No authors listed]		Myalgic encephalomyelitis.	N Z Med J 1984 Nov 14;97(767):782	
[No authors listed]		Myalgic encephalomyelitis.	N Z Med J 1984 Oct 10;97(765):698–9	
[No authors listed]		Know your organizations: the Myalgic Encephalomyelitis Association.	Health Visit 1982 Jul;55(7):350	
[No authors listed]		Epidemic myalgic encephalomyelitis.	Br Med J 1978 Jun 3;1(6125):1436–7	
[No authors listed]		Benign myalgic encephalomyelitis.	Med J Aust 1970 Jul 4;2(1):3	
[No authors listed]		[Benign epidemic myalgic encephalomyelitis.] [Article in Italian.]	Recenti Prog Med 1957 Nov;23(5):525–31	
[No authors listed]		EPIDEMIC myalgic encephalomyelitis.	Br Med J 1957 Oct 19;33(5050):927–8	