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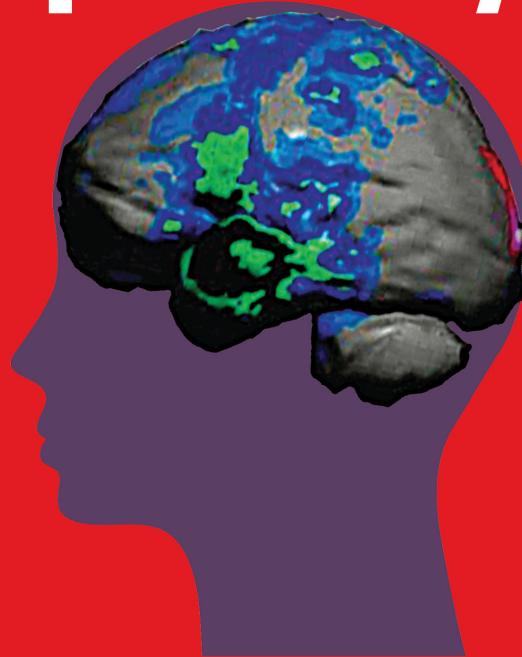
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*Dear Friends and Colleagues,*

**Let me tell you more about our book:**

**Understanding Myalgic Encephalomyelitis**

# Understanding Myalgic Encephalomyelitis



These are the brain injuries in a typical severe M.E. patient, which include the enteroviral-injured memory and motor cortex, as demonstrated by Segami Oasis SPECT brain map

*Byron Hyde MD*

**Prospective Mailing Date is November 30, 2020**

If you haven't ordered your copy of Nightingale Press' **Understanding Myalgic Encephalomyelitis** [order it today](#). If you know someone with M.E. please help

us by emailing them this announcement.

This easy to read, hardcover, **coloured**, library-quality 8.5 x 22-inch (22 x 28 cm) book with sewn pages is the best and most comprehensive book ever written on M.E. and CFS. It contains essential advice for patients and physicians.

*The following represents an excerpt of just two pages from **Understanding Myalgic Encephalomyelitis:***

## **Osler's 1914 Definition of M.E.**

*The following definition of Myalgic Encephalomyelitis (M.E.) is from pages 140-142 of:*

## **Understanding Myalgic Encephalomyelitis**

In our book, you will find Canada's -- William Osler's definition of M.E. which in turn comes from William Osler's very famous 1224-page book published in 1914.

### **Dr. William Osler's The Principles and Practice of Medicine**

*How I discovered Osler's book and definition of M.E.: When I was a 5-year-old child in Europe, there were hundreds of buildings destroyed by the Nazi bombing. I routinely crawled through the destroyed buildings which were full of treasures. It became what you might believe was a bad habit for anyone but above all, a child. Garbage dumps can contain such good stuff, treasures from forgotten people that no one wanted.*

*Then, when I was a medical school student in Ottawa, I often studied in the military hospital library. One day they threw-out all **their “old and no longer useful medical text-books.”** As I was going through their garbage dump, I found Osler's brilliant 1914 textbook of Medicine, along with Stitt' textbook of **Tropical Diseases**, both of which I have kept to this day. Osler's definition of*

*M.E. (neurasthenia) comes from this government hospital garbage dump and my student garbage picking days. It is of interest, that in Osler's book, paralytic Poliomyelitis was hardly known in North America until 1910, even following the massive 1905 and 1906-7 Polio epidemics in Sweden. In Osler's 1914 book, Polio was less common and was given less space than was given to M.E. In 1914 it would appear that M.E was a more important disease than Paralytic Poliomyelitis.*

*Dr. William Osler's detailed definition and discussion of M.E., where he begins by stating **Neurasthenia (M.E.) is the result of an infectious disease**, is so far ahead of the CDC and NIH 1988, Ann Intern. Med. definition and misreading of the Incline Village and North American M.E. pan-epidemic which they called CFS, one can only wonder where the CDC minds were from the 1980s on.*

*Dr. William Osler (as in Hillary Johnsons brilliant book: Osler's Web) clearly Describes M.E. as a post infectious disease, causing major brain injury.*

## A Précis of Osler's 1914 Discussion of M.E.

There were many names for M.E. in the 1800s. One which endured into the 20th century was Neurasthenia, what we call M.E. today, which many physicians downgraded as a psychological disease: **Osler did not**. William Osler took M.E. very seriously as our readers and I do.

Osler describes Neurasthenia (M.E.) as an **acquired disease**. Ergo: Neither a primary psychiatric nor a genetic disease. He believed M.E. was due to, either an infection or a toxic exposure. Osler states clearly that Neurasthenia (M.E.) should not be confused with hysteria and has to be diagnosed from the subjective statements of the patient, rather than from the physical examination. He makes it clear neurasthenia (M.E.) can be confused with hysteria but is **not hysteria**. Osler further describes Neurasthenia/ M.E. as follows.

**Please note**, this was Osler's 1914 definitional description of M.E.

1. Neurasthenia (M.E.) often arises following an infection: it is a Post

infectious, acquired illness.

2. Neurasthenia (M.E.) may include cerebral, cardiovascular and gastric symptoms.
3. There is a striking lack of accordance with the patient's complaints and physical findings.
4. Due to the fact that physicians are unable to assist, the patient falls easy prey to charlatans and quacks. The symptoms of M.E. include: (note all sources are taken from pages: 1106 - 1116 of Osler's 1914 book unless otherwise noted). (Words in italics are mine.).

**The M.E. (neurasthenia) patient exhibits the following changes:**

5. Imperfect sleep,
6. Inability to perform the normal mental work,
7. Difficulty doing addition,
8. Difficulty taking dictation or writing letters,
9. Disturbance of articulation or writing abilities,
10. Loss of fixed attention,
11. Hyperesthesia related to pain,
12. Pressure points are painful, (*This is one of the very few definitional points CDC got right.*)
13. Pains in the skin, eyes, joints, blood vessels,
14. Head pains,
15. Anxiety in almost all patients,
16. Fear of approaching death,
17. Increased risk of suicide due to despair,
18. Hearing disturbances (hyperalgesia),
19. Weariness on the least exertion,
20. Numbness and tingling,
21. Incoordination,
22. Muscular weakness can be extreme,
23. Gastralgia & gastric hyperesthesia: (pg. 512- 513) **Cardiovascular symptoms** include Osler following describing is largely the same as **dysautonomia** described first by the USA civil war physician, Dr. Da Costa in 1870s as **soldier's heart**. (You will find there is also a chapter on Da Costa in our book).

24. 24. Tachycardia, (POTS – Major autonomic disease).
25. Pain in the heart area,
26. Palpitations, (770, 774)
27. Sweats,
28. Circulatory disturbance, both Cold extremities and
29. Transient hyperemia (dysautonomia), (see page 131 Dr. Da Costa, neurocirculatory disease)

**Note:** Osler separates neurasthenia (M.E.) from psychiatric disease but goes on to mention the **(a)** anxiety, **(b)** fear of death, **(c)** risk of suicide and **(d)** depression that comes with this illness. Once again, mentioned earlier in this book, the two conditions, paralytic Poliomyelitis and neurasthenia, appear to come on to the medical scene at approximately the same period.

**Treatment:** *Osler's Treatment Suggestions are of interest and include:*

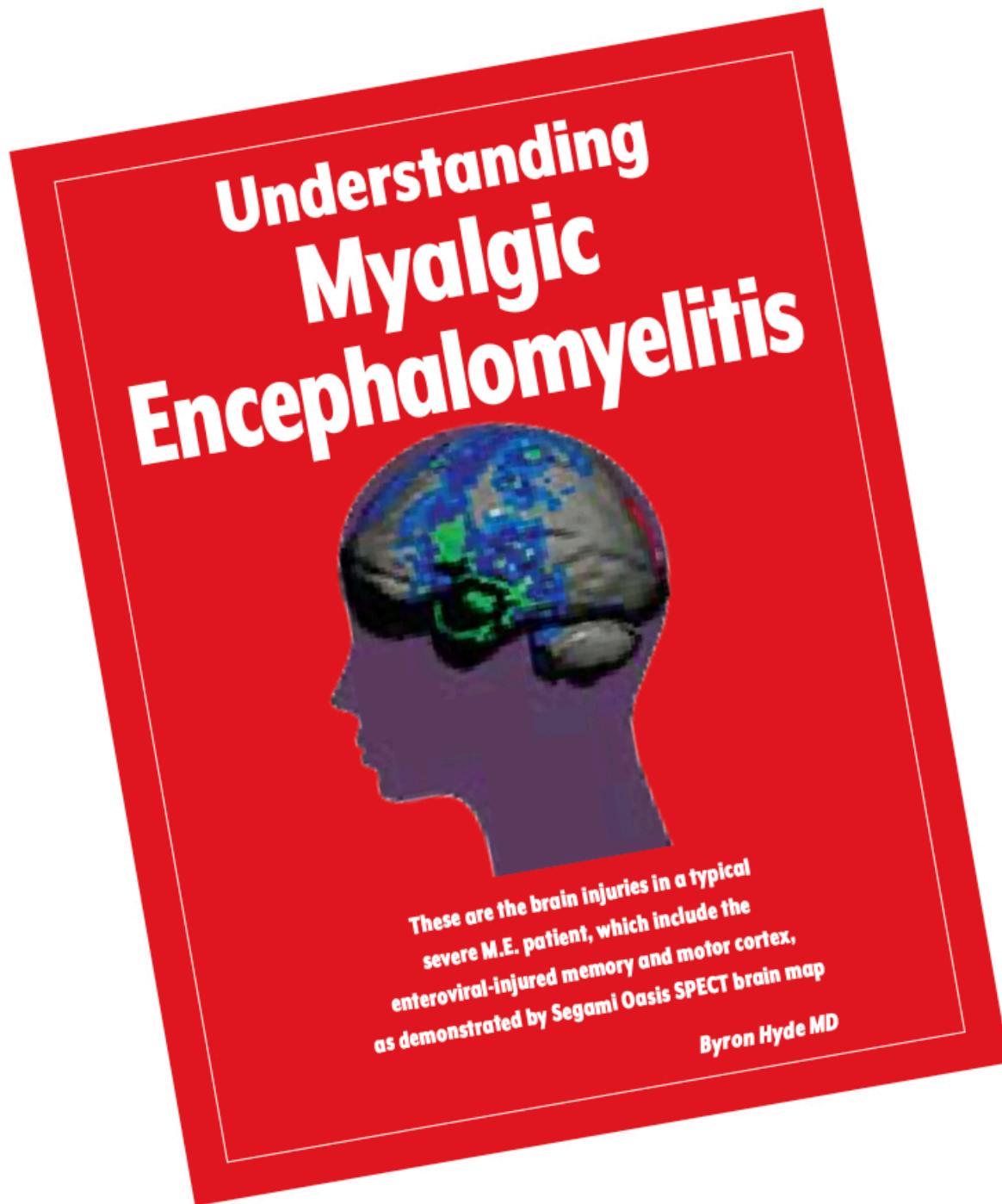
1. Treatment with drugs should be avoided as much as possible.
2. The patient requires an understanding physician.
3. The patient should have faith in their religion and maintain spiritual guidance.

*(This obviously meant that Osler knew of nothing else which helped, except prayer?)*

***You will find this and more in Dr. Byron Hyde's 2020 book:***

## **Understanding Myalgic Encephalomyelitis**

To learn more go to: [Nightingalepress.ca](https://Nightingalepress.ca) or click on the image below.



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