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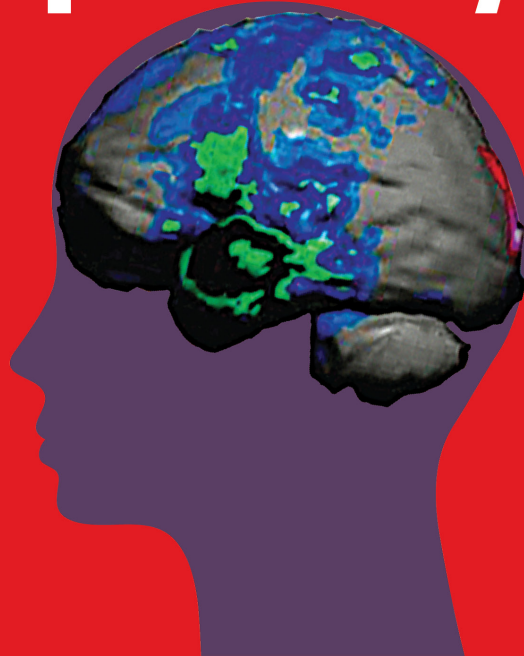
*Dear Friends and Colleagues,*

It is with great pleasure that I am finally able to share the following with you:

**Announcing my new publication**

**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*

**Ready to mail to you in November 2020**

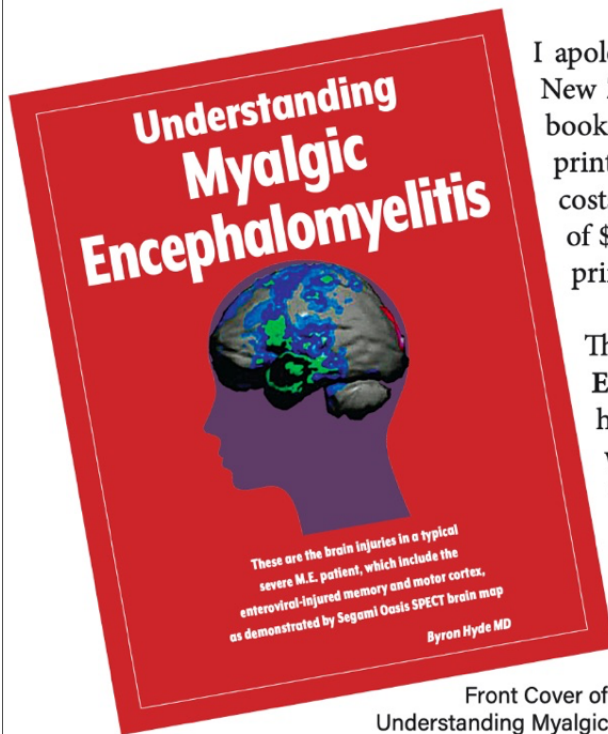
Nightingale Press is taking orders for **Understanding Myalgic Encephalomyelitis** to be published November 2020.

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 containing essential advice for patients and physicians. The weight of this book is 1.3 kilo or 2.8 lbs which adds significantly to the mailing costs.

The book price is \$100.00, covering and including the extensive: prepublication editing, printing, mailing cost. Sales taxes are only to be paid in Canada. The approximate price in local currency in Europe, UK, USA, Australia and New Zealand follows.

The Canadian dollar is low in terms of UK/European, American dollars, so the book including the very high mailing costs is nearly the same for these regions. I regret this is not true for Australia and New Zealand. Also, the price for airmail and regular postage is almost identical but takes much longer. The approximate country costs follows:

<b>Destination</b>	<b>Book Price in Local Currency</b>	<b>Approximate mail Costs in local currency; no taxes except in Canada</b>	<b>Total Cost Including Mailing Costs in Local Currency &amp; taxes only in Canada is approximately as follows</b>
USA regular mail	\$ 77 (US)	\$ 23 US dollars	100 US Dollars
Europe air mail	€ 65	€ 40	€ 105
UK air mail	£ 58	£ 39	£ 97
Australia air mail	\$ 106 (Aus)	\$ 63 (Aus)	\$ 169 (Aus)
New Zealand air mail	\$ 114 (NZ)	\$ 68 (NZ)	\$ 182 (NZ)
Canada	\$ 80 (Cdn)	\$ 20 (Cdn) including taxes & shipping	\$ 100 (Cdn)



Front Cover of  
Understanding Myalgic Encephalomyelitis

I apologise for the cost, particularly to Australia and New Zealand but even at this price we must sell 700 books to break even and recover our costs to date. Our printing and preproduction editing and secretarial costs, including 13% taxes we paid, comes to a total of \$68,796 including taxes. Our prepublication and printing costs **to date** are approximately \$68,796.50.

This 315-page book **Understanding Myalgic Encephalomyelitis** is in colour. It reviews the history of M.E. since 1865 and its close association with Poliomyelitis epidemics from 1905 until 1955, with the advent of the Salk Polio immunization. The concurrence of M.E. has continued with the slow rise of the New Polios in North American and Europe since 1960. (Acute Flaccid Paralysis and Myelitis)

### The 22 Chapters Include:

1. The History of M.E. /CFS from the American Civil War to the present described by multiple physicians from 1865 to the present including:
  - Dr. Francis Dercum, physician to the President of the USA, Woodrow Wilson,
  - Dr. William Osler, Canadian born co-founder of Johns Hopkins Medical School.
2. The (a) diagnosis of M.E. and CFS and (b) its historic relation to Poliomyelitis. A description of the M.E. epidemics from the world's first major Polio epidemic in 1905.
3. The usefulness of a Segami brain map demonstrating an M.E. patient's chronic encephalitic illness, which clearly indicates why M.E. patients have rapid long term muscle and brain exhaustion with even modest activity.
4. The **18 serious cascading illnesses** that occur regularly in patient who fall ill with M.E., which have never been previously mentioned in any other book. These are illnesses, you and your physician should know about, many which can be treated. The **12 potentiators** that make M.E. worse

5. The previously almost unmentioned South East Asian epidemics of M.E. following enteroviral infection due to enteroviral infections that began in 1989, or earlier in North America continuing today, leaving tens of thousands, possibly millions with M.E., Polio, paralysis and chronic disease. This is the same epidemic which has been associated with the Europe and North America disease.

6. The dangerous overlapping **hybrid Polio/M.E** occurring with the New Polios in the USA and the UK, (known in the USA as Acute Flaccid Myelitis (AFM) / also termed Acute Flaccid Paralysis (AFP) by WHO), which has become increasingly obvious since 1990

7. How I believe the insurance industry has manipulated physicians everywhere including the UK and North America in order to disqualify disabled M.E. and CFS patients their just disability pensions.

8. Important and devastating patient histories

This represents just 8 of the 22 chapters.

*This book can be purchased directly from Nightingale Press ([NightingalePress.ca](http://NightingalePress.ca)) by credit card.*

For further information, or to order the book, I invite you to go to our website:

[www.NightingalePress.ca](http://www.NightingalePress.ca)

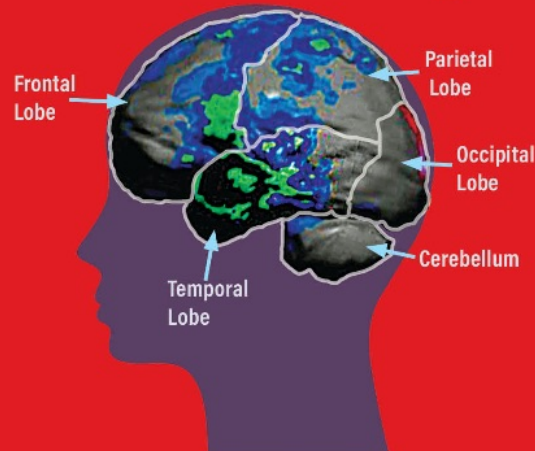
or you can call our secretary Lenka at 613-722-5555 from Monday to Thursday from 10 am to 3 pm local time. If you cannot get through you can email, her at [office@nightingale.ca](mailto:office@nightingale.ca) to order your book if you prefer to do that way.

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The following are the opening two pages of **Understanding Myalgic Encephalomyelitis**:

# Understanding Myalgic Encephalomyelitis

## The New Polio & The Chronic Fatigue Syndromes



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

The black area (Brodmann 38) involves most of the left anterior temporal lobe. This is the brain's principal memory retrieval and despatching area sending information to the cingulate gyrus in order to activate any demands. This woman's memory has been seriously and permanently made dysfunctional.

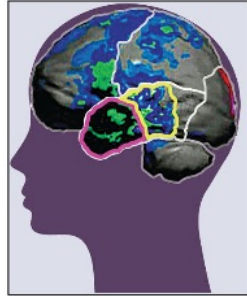
The left motor cortex at the posterior part of the left frontal lobe, though not as severely injured as the memory cortex, is also seriously injured. This is probably one of the central causes of this patient's rapid muscle fatigue and weakness.

At the base of the central sulcus, at the base of the motor cortex there is another largely black area. That is overlying the Insular Cortex. When the (1) Insular Cortex and the (2) Vermis area of the anterior superior cerebellum is involved, as in this patient, the patient has an inability to organize their circulating blood volume and pressure as seen in POTS, (Postural Orthostatic Tachycardia Syndrome). This patient is so injured. What that means is when she tries any rapid movement she risks losing consciousness and her heart rate accelerating.

This woman who fell ill doing her MA at Queens University over 20 years ago, has never recovered and has been largely housebound ever since. This, in one patient, explains a typical M.E. injury causing major and usually permanent disability. This is also how easy it is to diagnose a major M.E. injury.

**Byron Hyde MD**

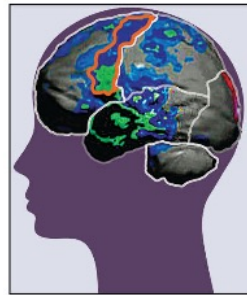
**M.E.** represents a neurological injury caused by enteroviruses and can be most easily observed employing Segami SPECT software, as in these images, even by physicians who are not trained nuclear radiologists.



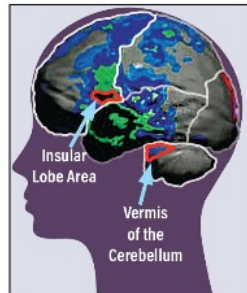
When an M.E. patient finds their memory, or "their brain is not working" or defective, what they mean in neurological terms is that the anterior left temporal lobe, (*encircled in pink in this image*) has been injured by an enteroviral infection. The anterior left temporal lobe is the librarian of all processing, recovering of information data storage and retrieval. It is also the area of the brain which sends off information to the posterior cingulate gyrus of the limbic system, (not shown here) to be acted upon as part of the administrative system, to administer body functions. This does not mean the temporal lobe had been destroyed, it means the blood supply, providing the memory brain with blood (energy & oxygen) has been compromised, exactly like the arterioles

to the anterior spinal cord have been compromised in a paralytic Polio patient.

If the anterior temporal lobe is the librarian, the mid-temporal area, (*encircled in yellow*), is equivalent to the runners in the library who retrieve or return books (information) to and from the stacks.



**Orange Circled Area:** This is the visible motor cortex of the brain, the area which directs striated muscle function in the body. When this area is injured as in this patient, the muscles tend to be weak or tire rapidly, in the same way as the memory function becomes dysfunctional when the blood supply (energy) is compromised.



**Autonomic Function Control:** The three most important areas controlling Autonomic Function are in (a) the brain stem, (which we cannot visualize with this technology), (b) in the area of the insular lobe and (c) in the Vermis of the Cerebellum, shown in this brain model. When these brain areas are injured, the patient has Dysautonomia. This means they can no longer control the autonomic functions supplying various body and brain parts with sufficient blood (energy) to function adequately. This results in POTS, (*Postural Orthostatic Tachycardia Syndrome*). The patient may fall, lose consciousness, their heart rate can go from a normal 60-80 to 150-200. They find it very difficult to even get out of bed, (*but they must*).

Byron M. Hyde M.D.

Chairman of the Nightingale Research Foundation and Nightingale Press

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