



- syncope. *Cleve Clin J Med* 1995; 62:339–341.
13. Lapp CW, Glenn F, Davis P. Neurally mediated hypotension and symptomatic orthostatic tachycardia in chronic fatigue syndrome (abstract). Proceedings of the American Association for Chronic Fatigue Syndrome Research Conference, 1996:23.
 14. Freeman R, Komaroff AL. Does the chronic fatigue syndrome involve the autonomic nervous system? *Am J Med* 1997; 102:357–364.
 15. Chung J, Cash J, Calabrese L, Wilke W. Mechanisms of abnormal response to head-up-tilt in chronic fatigue syndrome (abstract). *PACE* 1997; 20:1058.
 16. Qiao V-G, Vaeroy H, Morkrid L. Electrodermal and micro-circulatory activity in patients with fibromyalgia during baseline, acoustic stimulation and cold pressor test. *J Rheumatol* 1991; 18:1383–1389.
 17. Vaeroy H, Qiao V-G, Morkrid L, Forre O. Altered sympathetic nervous system response in patients with fibromyalgia (fibrositis syndrome). *J Rheumatol* 1989; 16:1460–1465.
 18. van Denderen JC, Boersma JW, Zeinstra P, Hollander AT, van Neerbos BR. Physiologic effects of exhaustive physical exercise in primary fibromyalgia syndrome (PFS): is PFS a disorder a disorder of neuroendocrine reactivity? *Scand J Rheumatol* 1992; 21:35–37.
 19. Clauw DJ, Radulovic D, Antonetti D, Bagati R, Baraniuk J, Barbey JT. Tilt table testing in fibromyalgia (FM) [abstract]. *Arthritis Rheum* 1996; 39(suppl):S276.
 20. Bou-Holaigah I, Calkins H, Flynn JA, et al. Provocation of hypotension and pain during upright tilt table testing in adults with fibromyalgia. *Clin Exp Rheumatol* 1997; 15:239–246.
 21. Goldenberg DL, Simms RW, Geiger A, Komaroff AL. High frequency of fibromyalgia patients with chronic fatigue seen in a primary care practice. *Arthritis Rheum* 1990; 33:381–387.
 22. Wilson A, Hickie I, Lloyd A, Wakefield D. The treatment of chronic fatigue syndrome: science and speculation. *Am J Med* 1994; 96:544–550.
 23. Jaeschke R, Adachi J, Guyatt G, Keller J, Wong B. Clinical usefulness of amitriptyline in fibromyalgia: the results of 23 N-of-1 randomized controlled trials. *J Rheumatol* 1991; 18:447–451.
 24. Rowe PC, Bou-Holaigah I, Kan JS, Calkins H. Improvement in symptoms of chronic fatigue syndrome is associated with reversal of neurally mediated hypotension [abstract]. *Pediatr Res* 1995; 37:338.
 25. Rowe PC, Bou-Holaigah I, Flynn J, Kan J, Calkins H. Information for physicians. Neurally Mediated Hypotension Working Group (personal communication). Revised, October 1995.
 26. Gold BW, Goodwin FK, Chrousos GP. Clinical and biochemical manifestations of depression: relation to the neurobiology of stress. *N Engl J Med* 1988; 319:384–353.

ADDRESS: William S. Wilke, MD, Department of Rheumatic and Immunologic Diseases, A50, The Cleveland Clinic Foundation, 9500 Euclid Avenue, Cleveland, OH 44195.

IN MEMORIAM

Joseph M. Cash, MD

In February, a good friend died suddenly. Joe Cash liked a challenge and it showed in the areas of rheumatology he embraced. He was drawn to difficult areas of clinical study, where the sum of what we know is outweighed by what remains to be discovered. He was fascinated by the use of biologic agents to treat connective tissue disease. And, of course, he confronted the controversial, such as chronic fatigue syndrome, fibromyalgia, and the clinical syndrome associated with silicone breast implants.

He had the courage to analyze existing information and take a stand. The buck stopped with Joe.

Unlike so many experts in scientific fields, Joe maintained a wide range of interests besides his work in academic rheumatology: sports, politics, religion, jazz, finance, and literature. He was learned about each. Conversations with Joe could be hard work, were always entertaining and were often an education.

We will miss him.

WILLIAM S. WILKE, MD