recurrent tension type headaches and epis- 
gastic pain. Because of the epis- 
pic pain she underwent gastroscopy under lidocaine 
spray anaesthesia without further premed- 
ation. Thirty minutes later she suddenly 
became disoriented and started to ask the 
same questions repetitively and two hours 
later she was referred to our department. On 
arrival she continued to repeat the same 
questions. She was alert and her compre- 
rehension, verbal expression, and fluency were 
normal. She was oriented with reference to 
person but not to time and place. There was 
a complete anterograde amnesia. On infor- 
mational questioning, she was unable to re- 
member life events of the past two years. Twelve 
hours after onset of transient global amnesia, 
anterograde amnesia was still present but 
retrograde amnesia had recovered. Twenty 
hours after onset, the anterograde memory 
disturbance had also recovered but a memo- 
ry gap for part of the previous day re- 
mained. Doppler and duplex sonography of 
extracranial and intracranial cerebral 
averies, Doppler 
ery gap 
retrograde 
ber 
A 
retrograde 
the 
Doppler 
amnestic 
up 
...
and one control (0.9%) had a positive result on immunoblot assay (NS between groups). Positive results in positive patients with multiple sclerosis were not related.

How our patients have been contaminated is uncertain. They had normal liver tests. They had not received blood transfusions, they were not intravenous drug users, or healthcare workers, and they did not have tattoos. Thus we could not determine if the suspected period of contamination by the virus followed or preceded the onset of multiple sclerosis.

In conclusion, the prevalence of anti HCV antibodies is not higher in our population of patients with multiple sclerosis than in our control, or in the general population in France (0.8% v 0.29% in blood donors and 0.87% in organ donors), and our results do not support a role for hepatitis C virus in the pathogenesis of multiple sclerosis.

OLIVER HEINZLEF
ETIENNE ROULLET
Service de Neurologie, Hôpital Tenon,
4 rue de Chine, 75070 Paris, France
CLAUDE VACHERY
Laboratoire d'immunologie et d'hématologie,
Hôpital Saint-Antoine, Paris, France
ELISABETH TOURNIER-LASSERVE
INSERM U 25 Faculté de médecine Necker,
Paris, France
OLIVIER CHAZOUILLÈRES
Unité d'immunologie et de gastroentérologie,
Hôpital Saint-Antoine, Paris, France


MATTERS ARISING

Epidemiology of schizophrenia

Cannon and Jones are to be congratulated for their thorough and scholarly review on the epidemiology of schizophrenia. However, they do not do justice to the literature on immigrant groups and in particular that concerning “British Asians”—that is, migrants to Britain from the Indian subcontinent and their descendants.

They quote one study1 in support of their assertion that an increased incidence of schizophrenia has been reported from this group. However, this study is concentrated in one particular district of London; British Asians have settled in many districts of London and in most provincial cities, now constitute about half of all ethnic minorities (1.5 million people in the 1991 census), and represent a multiplicity of cultures, languages, and countries of origin. The quoted study concerns only one small fraction of this population and involves only a very few Asian cases. It has been the subject of a considerable body of criticism in subsequent issues of the BMJ.

Given the heterogeneity of this population and the limitations of much of the research, firm conclusions on the subject are some way off. But a review of schizophrenia in British Asians concludes that studies carried out soon after the migration showed an excess, whereas more recent surveys have indicated a rate close to or below that of the rest of the population. This early excess could probably be put down to faulty diagnosis, given the absence of effective transcutural training for British psychiatrists in the decade or so after the first migrations (personal observations). This situation should be viewed in the context of better mental health generally for this group.

BERNARD INECHEN
Department of Public Health and Primary Care,
Charing Cross and Westminster Medical School,
369 Fulham Road, London SW10 9NH, UK


During the early period of my training in neurosurgery, it was the received view that giant aneurysms infrequently bled and that their problems, if any, were due to their mass compressive effects rather than to haemorrhagic rupture. That this view held sway for so long is perhaps because these lesions are rare and an appreciation of their epidemiology and natural history can only be determined by the aggregation of information from different sources. However, it has gradually become clear that these lesions are much more sinister than our earlier complacent view had led us to believe. They have a significant risk of haemorrhage, have serious compressive neurological sequelae, and may also present with thromboembolic complications. Most patients do not survive for more than a few days, usually dying from either haemorrhage or brain ischaemia. Similarly because of their relative infrequency, it is often difficult for individual surgeons to develop the necessary expertise in dealing with these formidable lesions. The neurosurgeon with an “average” general neurosurgical practice may thus be presented with considerable problems in deciding the best management options. In the initial flurry of enthusiasm which greeted the beginnings of endovascular treatment it was felt that this may perhaps represent the best answer for these lesions, but the results have on the whole been disappointing and in many cases it has not proved possible to deal with them by indirect means. Surgical repair remains an important part of the armamentarium. This volume sets down in considerable detail the current “best practice” for the management of giant intracranial aneurysms. For British readers the “inspirational dedication” may be rather hard to take but the individual papers contained within the volume are useful and are usually clearly illustrated with angiograms, MRI, and diagrammatic representations. The book represents a useful addition to the volumes already produced by the American Association of Neurological Surgeons. The AANS publications committee are to be congratulated on the generally high standard of presentation, illustration, and content of their publications. The book is highly recommended to those who have an interest in intracranial vascular disease.

DAVID HARDY

BOOK REVIEWS


Magnetic Resonance of Myelin, Myelination, and Myelin Disorders is a really useful book. In this second edition, van der Knaap and Valk have collated information on all the central nervous system processes that affect myelin; so, this is definitely not just a book on multiple sclerosis. The 64 main chapters (some no more than a couple of paragraphs) describe individual conditions, syndromes and groups of white matter disor-
Prevalence of serum antibodies to hepatitis C virus is not increased in patients with multiple sclerosis.

O Heinzlef, E Roullet, C Johanet, E Tournier-Lasserve and O Chazouilleres

*J Neurol Neurosurg Psychiatry* 1996 61: 655-656
doi: 10.1136/jnnp.61.6.655