and one control (0.9%) had a positive result on immunoblot assay (NS between groups). Positive controls and 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 controls or in the general population in France³ (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, 75970 Paris, France

CATHERINE JOHANET

Laboratoire d'immunologie et d'hématologie,
Hôpital Saint-Antoine, Paris, France

ELISABETH TOURNIER-LASSERVE

Inserm U 25 Faculté de médecine Necker,
Paris, France

OLIVER CHAZOUILERES

Unité d'hépatologie et de gastroentérologie,
Hôpital Saint-Antoine, Paris, France

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MATTERS ARISING

Epidemiology of schizophrenia

Cannon and Jones are to be congratulated for their thorough and scholarly review on the epidemiology of schizophrenia.¹ 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 study² 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. The early excess can probably be put down to faulty diagnosis, given the absence of effective transcultural 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.³

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

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- 2 King M, Coker E, Leavey G, Hoare A, Johnson-Sabine E. Incidence of psychotic illness in London: a comparison of ethnic groups. *BMJ* 1994;309:1115-9.
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NOTICE

Announcement from the British Neuropsychiatry Association

The Winter meeting of The British Neuropsychiatry Association will be held on 17 January 1997 at the London Zoo.

Topic: "memory"

Morning sessions: theoretical/experimental aspects of memory

Afternoon session: clinical controversies of memory

For further details of this meeting please contact: Suzanne Miller, 44 Roan Street, London SE10 9JT. Telephone: 0181 858 2699, Fax: 0181 853 4416, e-mail 100023.2012@compuserve.com

For details of membership of the BNPA which is open to medical practitioners in psychiatry, neurology and related clinical neurosciences, please contact: Dr Jonathan Bird, Secretary BNPA, Burden Neurological Hospital, Stoke Lane, Stapleton, Bristol, BS16 1QT. Telephone 01179 701212 ext 2925/2929.

BOOK REVIEWS

All titles reviewed here are available from the BMJ Bookshop, PO Box 295, London WC1H 9TE. Prices include postage in the United Kingdom and for members of the British Forces Overseas, but overseas customers should add £2 per item for postage and packing. Payment can be made by cheque in sterling drawn on a United Kingdom bank, or by credit card (Mastercard, Visa or American Express) stating card number, expiry date, and your full name.

Giant Intracranial Aneurysms. Edited by ISSAM A AWAD and DANIEL L BARROW. (Pp 299; price \$95.00.) 1995. Published by The American Association of Neurological Surgeons, Illinois. ISBN 1-879284-22-7.

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 or haemodynamic effects. 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 many 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 years, 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

Magnetic Resonance of Myelin, Myelination, and Myelin Disorders. 2nd Edition. Edited by MS VAN DER KNAAP and J VALK. (Pp 558; price DM398.00.) 1995. Published by Springer-Verlag, Heidelberg. ISBN 3-540-59277-6.

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 disorders which 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 disorders.