patients to have features of Briquet's syndrome.

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British neurology: a national focus

We are grateful to Schapira and Marsden for opening the national debate about the future of The National Hospital and the Institute of Neurology.¹

The National Hospital has, as the authors of the letter state, been at the centre of neurological learning and development over many decades. In addition, it has been an important centre to which difficult and unusual cases could be sent. I personally am grateful for the help that I have received from colleagues at The National Hospital over many years. There will also be general acknowledgement for the excellent work done by the various units that go to make up the Institute of Neurology. This work must continue.

Clinical service and research go together. Both should be practised to the highest possible standards. In the case of The National, an obvious potential conflict exists. Three elements may be considered.

- (1) Most patients prefer to be treated as near as possible to their own home. This would usually be in the nearest general hospital. There is considerable agreement that referral further afield should be the exception rather than the rule, and there should be sound clinical reasons for such referrals.
- (2) Neurological disorders are characterised by their frequency and their diversity. The vast majority of major disorders such as stroke, head injury, and epilepsy are managed at general hospitals throughout Great Britain. The increasing number of neurologists now working mainly in such hospitals is ensuring an improved spread of neurological expertise.
- (3) There are now well established neurological units throughout the United Kingdom and most of these are in general hospitals. They provide a high quality clinical service as well as undertaking teaching and research.

These are three of the elements that influence the debate about the future role of The National Hospital. The question now arises as to whether a "stand alone" specialist neurological hospital with its somewhat atypical and selective clinical practice, a decreasing number of referrals, and no local obvious population to serve, is viable in the 1990s.

The National Hospital would undoubtedly achieve much support from clinical neurologists throughout the length and breadth of the country if it were to physically merge with a major general hospital. A major advantage of this arrangement would be that a high quality, comprehensive neurological service for a defined population could be developed. Such a model service would be most valuable for educational and other rea-

sons. National and international referrals would still be attracted, and the Institute, which would continue to be closely associated with the hospital, would be assured of a long term future.

High quality research and a first class clinical service are the obvious objectives. They must both be achievable. There is now a unique opportunity to redefine the role of The National Hospital. The exercise will result in temporary inconvenience, dislocation, and considerable expense. These can surely be tolerated. Future generations of patients and doctors will have cause to celebrate the foresightedness of their forebears.

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NOTICES

The 21st International Epilepsy Congress will be held on 3-8 September in Sydney, Australia. Major topics are: Genetics and molecular biology of epilepsy; Surgical treatment of epilepsy in childhood; Functional neuroimaging; Choice of drugs in childhood and adult epilepsies; Epilepsy and the law; Intellectual disabilities and epilepsy; and The role of psychiatry in epilepsy. For further information, contact: The Congress Secretariat, PO Box 1231, North Sydney, NSW 2059, Australia. Tel: + 61 2 956 8333; Facs: + 61 2 956 5154.

Announcement from the British Neuropsychiatry Association

The 1995 Summer meeting—to include joint sessions with the British Association for Psychopharmacology—will be held on 15-17 July in Cambridge

On 16 July BNPA will hold a scientific meeting with the theme of "movement disorders" and its AGM. On 17 July BNPA/BAP will have a joint session on neuroimaging, psychiatry, and psychopharmacology. Short scientific papers and single case videos by members of both associations will also be presented. For further details please contact Ms Sue Garratt, 17 Clocktower Mews, London N1 7BB, UK.

For details of membership of the BNPA, which is open to medical practitioners in psychiatry, neurology, and related clinical neurosciences, please contact Sue Garratt at the address above, or Dr Jonathan Bird, Burden Neurological Hospital, Stoke Lane, Stapleton, Bristol BS16 1QT, UK.

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. Payments 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.

Searching for the Causes of Schizophrenia. By EVE C JOHNSTONE. Published by Oxford University Press, Oxford. (Pp 134). ISBN 0-19-262296-X.

This book consists largely of an account of the work that Eve Johnstone carried out with a number of colleagues whilst she was a member of the Clinical Research Centre Division of Psychiatry, of which I was privileged to be the Head, between 1975 and 1989. By 1988 the work of the Division on schizophrenia was more widely cited than that of any other department or institute in the world and this was in no small measure due to Eve Johnstone's tenacity and industry. In addition to the first CT study of schizophrenia there were a series of clinical trials—the flupenthixol stereoisomers study, the study of the adverse effects of anticholinergic drugs, The Northwick Park study of first episodes of schizophrenia and the Northwick Park "functional psychosis" study to which Eve Johnstone's contribution was pivotal and each of which to my mind significantly clarifies major aspects of the mechanism or scope of efficacy of antipsychotic drugs.

This book gives a full and lucid account of these studies; also of the major surveys of the defects of institutionalised patients with schizophrenia and the detailed follow-up of patients admitted from a single catchment area (Harrow) over a 10 year period. This is a substantial body of work and it is good that this succinct and factual account is on record.

But is it justifiably described as *Searching for the Causes of Schizophrenia*? I noted two curious omissions. The first relates to the work we did between 1977 and 1983 on the viral hypothesis. This surely represented a "search for the causes of schizophrenia", but it is not mentioned in the book. By 1984 I had come to the conclusion that schizophrenia cannot be caused by an exogenous virus, a view which I suspect Eve Johnstone shares. But, if so, it would have been interesting (and relevant to the title) to hear her reasons for dismissing the viral hypothesis, which at one time we both entertained. Again the documentation of structural changes in the brain by CT, MRI, and in postmortem studies tells us something about the disease process. But what does it mean? I consider that a crucial clue came from the finding in the post-mortem work that the changes are asymmetrical. This suggests that they represent a deviation in a late component of brain evolution, and leads to the more precise hypothesis that the disorder relates to genetic variation that is homo sapiens specific. But this hypothesis and the aspects of the work which were relevant to it (even though Eve contributed as coauthor) get no mention in this volume.

What I conclude is that there are scientists who are predominantly empirical or Baconian in their approach and others who are hypothesis driven. Eve is towards one extreme and I am towards the other.

Sometimes the approaches are complementary—hypotheses need to be tested and this can be arduous work, particularly in assessing predictions about a disease process. Some of the work described in this book, for example, on the mechanism and range of the anti-psychotic effect is in this category. But to expect the cause of schizophrenia to drop out of a follow up, however detailed, of 10 years of admissions to a district general hospital is I think a mistake. At this point the hard headed empiricist and the woolly speculator part company. But the book has much of interest to say about what else went on in psychiatry at Northwick Park in these years.

T J CROW

Current Management of Cerebral Aneurysms. Book 15 in Neurosurgical Topics. Published by the American Association of Neurological Surgeons. (Pp 327; \$90). ISBN 0-9624246-6-8.

This is a recent addition to the series of neurosurgical topics generated by the American Association of Neurological Surgeons. It is a multi-author book which covers all aspects of intracranial aneurysms. The book is set out in a standard fashion addressing the epidemiology, clinical presentation and subsequent diagnosis of intracranial aneurysms before embarking on the perioperative and anaesthetic management and subsequent surgical approaches to the various different aneurysms. The last few chapters discuss the modern expectations of surgery, the role of endovascular treatment and discuss the management of familial and other unusual aneurysms.

On the whole, the chapters are well written and illustrated. All are extensively referenced, mainly from the American literature. Although compiled by a neurosurgical association, the individual chapters are written by a variety of specialists which serves to generate the important theme that management of subarachnoid haemorrhage is now considered a condition that demands a multidisciplinary approach. I suspect therefore that this book will be of great interest to a variety of specialists including neurosurgeons, neuroanaesthetists, neurointensive care specialists, neurophysiologists and neurologists. This is particularly so as a large section of this book is devoted to the aspects of perioperative resuscitation and the management of complications.

In summary, I would strongly recommend this book to the aforementioned specialists who are dealing with patients suffering from subarachnoid haemorrhage. A lot of the information provided is applicable to a variety of neurovascular disorders and hence may be of interest to a wider readership. Even with the advent of endovascular methods, the principles laid down in the book will almost certainly remain valid for many years to come.

P J KIRKPATRICK

Cavernous Malformations. By ISSAM A AWAD and DANIEL L BARROW. Publishers: American Association of Neurological Surgeons, USA 1993. (Pp 224; \$90). ISBN 1-879284-07-3.

Since the advent of MRI, cavernous malformations have been diagnosed much more

frequently than in the past. These hamartomatous lesions consist of cavernous spaces lined by endothelium and collagen. Cavernous malformations may be discovered incidentally or they may be associated with a variety of neurological symptoms. Local haemorrhage into surrounding brain parenchyma is invariably present but catastrophic haemorrhage exceedingly rare.

The editors of this book have set out to compile a complete manual for neurosurgeons by gathering together the large amount of information about cavernous malformations which has come to light over the last decade. Chapters have been contributed by pathologists, radiologists and neurosurgeons and although there is some overlap this allows different viewpoints to be presented.

The text is easily read and well referenced. Illustrations are plentiful. The photographs of gross specimens, the photomicrographs and the diagrams are all very clear. Some of the figures showing MRI and CT appearances are a little disappointing and could have been more carefully selected. Chapters on pathology, epidemiology and clinical features contain a wealth of factual and statistical data. The radiological assessment of these lesions is covered in terms readily understood by those of us in whom the very mention of the paramagnetic causes a peculiar kind of mental shutdown.

The book could have covered 90% of what is important in less than half of the present length and would in shortened form reach its busy and factually overloaded target audience much more effectively. A good buy for the departmental library.

DAVID HARDY

An Introduction to Neuropathology—Second Edition. Edited by J HUME ADAMS and D I GRAHAM. Publishers: Churchill Livingstone, London 1994. (Pp 417; £35.00). ISBN 443044953.

Through pioneers such as Charcot, Alzheimer, Bailey and Cushing, neurology, neurosurgery and psychiatry bear a heavy collective responsibility for the development of neuropathology. It is perhaps ironic that an understanding of pathological mechanisms and the structural changes that occur in the brain and spinal cord has become even more important to the practice of clinical neuroscience through the development of imaging techniques and molecular biology. Interpretation of MRI and CT requires a basic knowledge of anatomy and of functional neuropathology and the relationship of molecular genetic defects to clinical neurology and to potential therapeutic advances in tumour therapy and psychiatric disorders requires an understanding of cell pathology. The recognition that pathology plays an important part in the practice of clinical neuroscience is reflected in the increasing requirement for pathology in educational programmes for trainees and trained alike. The question in everyone's mind is how to find the time and material for keeping up to date with neuropathology.

Although called an Introduction to Neuropathology, the book by Adams and Graham is also a useful update on basic neuropathology. Gone are the old mystical terms, which often made neuropathology opaque to the outside world, and in their place is a concise, well-written, clearly illus-

trated book which one can, if desperate, easily read straight through from cover to cover. It is not weighed down by references but concentrates on the bare facts with more detailed and extensive accounts listed as further reading in individual chapters. Particularly good sections are those on oedema, vascular disease and trauma and there are useful updates on the prion diseases and the devastating effect of AIDS. The section on techniques of examining the brain both macroscopically and microscopically will be of value to practising pathologists and give clinicians an insight into what it is possible to derive from pathological examination of the nervous system.

This book is to be highly recommended as a cost effective answer to continuing medical education for clinician and pathologist alike.

ROY WELLER

Current Diagnosis in Neurology. Edited by E FELDMANN. Publisher: Mosby, St Louis, Missouri 1994. (Pp 399). ISBN 0-8016-6963-4.

The preface to this book states that it is "designed to provide neurologic practitioners with a state of the art approach to the diagnosis of neurologic diseases". The first thing to say is that it is not concerned with treatment, which is dealt with in another volume, and so in the absence of its sister volume, this book deals with only part of overall patient management and limits its usefulness.

With over 100 authors often giving a very personal view on how to diagnose a wide variety of neurological conditions, it is perhaps not surprising to find a wide variation in chapter quality. My major criticism of the book is that too many of the authors have relied on personal experience rather than literature review and scientific method in compiling their contributions. This was obviously a deliberate editorial policy as the volume is poorly referenced and each chapter merely provides a few references for suggested reading. In these days of economic justification and health reforms we cannot simply request expensive investigations, such as gadolinium enhanced MRI, on the basis of anecdote and expect neuroradiologists to exceed their budgets in providing such investigations. Neurologists not only need to be aware of what a test could identify, but also the diagnostic yield in the elucidation of a diagnosis using that particular investigation. Most of the information contained within this book would already be present within the temporal lobe memory banks of card carrying neurologists and it should appeal more to neurologists in training or general physicians and other specialties.

Having said all this, there are several excellent attributes to the book. In particular, there are very good chapters on some of the muscle and vascular diseases and the use of tables throughout the book makes for easy reference. It was also enjoyable to read about how certain people approach the diagnostic process. Overall, however, this was an opportunity to produce a definitive text on the criteria for diagnosing neurological diseases which has unfortunately been missed.

JOHN ZAJICEK