patients to have features of Briquet's syn-
drome.

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1 Ron MA. Somatization in neurological prac-
tice. J Neurol Neurosurg Psychi.
2 Perkin GD. An analysis of 7836 successive new
outpatient referrals. J Neurol Neurosurg Psychi.
3 Perkin GD. Pattern of neurological outpatient
problems: applications for undergraduate and

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.

The National Hospital has, as the authors
of the letter state, been at the centre of neuro-
logical learning and development over many
decades. In addition, it has been an impor-
tant centre to which difficult and unusual
cases could be sent. I personally am grateful
for the help that I have received from col-
leagues at The National Hospital over many
years. There will also be general acknowledg-
ment that important 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 pos-
sible 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 consider-
able 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 charac-
terised by their frequency and their
diversity. The vast majority of major
disorders such as stroke, head injury,
epilepsy and multiple sclerosis are
managed at general hospitals throughout
Great Britain. The increasing number of neuro-
logists now working mainly in such
hospitals is ensuring an improved
spread of neurological expertise.

(3) There are now well established neu-
rological 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 influ-
ence the current role of The National
Hospital. The question now arises as
to whether a "stand alone" specialist neu-
rological 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 undoubted-
ly achieve much support from clinical neu-
rologists 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 highly associ-
ed 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, disloca-
tion, and considerable expense. These can
surely be tolerated. Future generations of
patients and doctors will have cause to cele-
b rate the foresightfulness of their forebears.

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1 Shapira AHV, Marsden CD. British neurology:
a national focus [letter]. J Neurol Neurosurg
Psychi. 1994;57:1136.

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 Neuro-
psychiatry Association
The 1995 summer meeting—to include
joint sessions with the British Associa-
tion for Psychopharmacology—will be
will hold a scientific meeting with the theme of "movement
disorders" and its AGM. On 17 July BNPA/
BAPF will have a joint session on neuroim-
aging, 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 Clocktowner 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
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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 or postal order, 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,

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 privi-
leged 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 indus-
try. In addition, to the famous CT study of
schizophrenia there were a series of clinical
trials—the fluphenothyl stereosomers study,
the study of the adverse effects of anti-
cholinergic drugs, The Northwick Park
study of first episodes of schizophrenia
and the Northwick Park "functioning of
psychosis" study to which Eve Johnstone's contribu-
tion was pivotal and each of which to my
mind significantly clarifies major aspects of the
mechanism and 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 defects 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
methadone and the hypothesis that methadone
was 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 endogenous virus, or which I suspect
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 does it mean that the clue
came from the finding in the post-
mortem work that the changes are asym-
metrical. This suggests that they represent
a deviation in a late component of brain
re-
volution, and leads to the more precise
hypothesis that the disorder relates to
genetic variation that is homo sapiens spe-
cific. But this hypothesis and the aspects of the
work which are not covered by the book
(although Eve contributed as coauthor) get no
mention in this volume.

What I conclude is that there are scien-
tists who are predominant empirically or
Baconian in their approach and others who
are hypothesis driven. Eve is towards one
extreme and I am towards the other.