

patients to have features of Briquet's syndrome.

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- 1 Ron MA. Somatisation in neurological practice. *J Neurol Neurosurg Psychiatry* 1994;57:1161-4.
- 2 Perkin GD. An analysis of 7836 successive new outpatient referrals. *J Neurol Neurosurg Psychiatry* 1989;52:447-8.
- 3 Perkin GD. Pattern of neurological outpatient practice: Implications for undergraduate and postgraduate teaching. *J R Soc Med* 1986;79:655-7.

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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- 1 Shapira AHV, Marsden CD. British neurology: a national focus [letter]. *J Neurol Neurosurg Psychiatry* 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 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

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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.