global uptake slightly a the third of extracranial and intracranial cerebral EEG, ory gap but not mal complete a disoriented sprayication. Thirty minutes Letters M anterograde The events onset, of transient global amnesia, also recovered but at transient global amnesia, SPECT triple study, first four episode five, the left medial lobe. After seizure, the impaired left temporal perfusion three weeks afterwards was documented long after the patient’s amnesic symptoms had recovered and might therefore not be a direct phenomenon.

Few functional imaging studies performed during transient global amnesia have been reported. The findings include unilateral reduction of regional cerebral blood flow (rCBF) in the left medial temporal lobe and bilaterally decreased rCBF in the postero-medial part of both temporal lobes or thalamus. An even more pronounced divergence could be found after the attack. Some patients displayed perilesional activity decreased activity uptake in the temporal lobe, whereas a normal pattern was present in others, and one study reported transient hyperperfusion in the left medial temporal lobe. The pattern of the functional changes leading to transient global amnesia remains controversial. All SPECT studies performed during it have shown hyperperfusion in memory relevant brain structures, suggesting a primary diminution of rCBF due to functional vascular changes or a secondary diminution due to decreased neuronal activity. Our present report, however, shows a transient global amnesia accompanied by increased perfusion of the right medial temporal lobe, suggesting increased neuronal activity in this region.

The discrepancy between the results of the functional imaging studies may be due to different timing of the SPECT examinations in respect to the chronology of each individual attack. On the other hand, transient global amnesia may represent a clinical entity with variable pathogenesis. Dynamic changes in rCBF have been measured during migraine attacks, showing a significant increase during headache. An increased rCBF has also been found in epileptic foci during complex partial seizures. Amnesia may be a symptom of complex partial seizures and up to 7% of patients with transient global amnesia develop epilepsy within less than a year. Patients with transient global amnesia who go on to develop epilepsy, however, typically experience attacks of less than one hour in duration. Pure amnestic seizures, furthermore, are usually accompanied by additional types of seizures and features such as automatisms, altered consciousness, and behavioural abnormalities. In our patient no such features were found during an attack that lasted 20 hours, and she never had epileptic seizures.

We suggest that the hyperperfusion seen during this transient global amnesia attack might be due to dynamic phenomena similar to those seen in migraine attacks.

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Prevalence of serum antibodies to hepatitis C virus is not increased in patients with multiple sclerosis

In multiple sclerosis, there is a significant association with other autoimmune disorders and autoantibodies. Hepatitis C virus (HCV) has been associated with immunological disorders such as Hashimoto’s thyroiditis, uveitis, type II cryoglobulinemia, and membranoproliferative glomerulonephritis.

We tested serum from 249 consecutive patients with definite multiple sclerosis seen at our clinic in 1992 and 1993 for HCV antibodies.

We used two third generation enzyme linked immunosorbent assays (ELISAs; Monolisa, anti-HCV Pasteur and anti-HCV, Abbott). Samples were randomly split, and one or both of the tests were retested with a second generation recombinant immunoblot assay (RIBA II, Orthodiagnostic systems, Chiron, USA). One patient whose result remained undetermined was tested on a third generation recombinant immunoblot assay and on polymerase chain reaction. As controls 107 members of the patients’ families were tested. Eight patients with multiple sclerosis (3-2%) and six controls (5-6%) had a positive result on ELISA. Two patients with secondary progressive multiple sclerosis (8-%)
and one control (0.9%) had a positive result on immunoblot assay (NS between groups). Positive seropositive 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. This is true 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.

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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. 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 study 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 excess could 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 (peripheral observations). This situation could be viewed in the context of better mental health generally for this group.

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BOOK REVIEWS

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In this second edition, van der Knaap and Valk have collated information on all the central nervous system disorders 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 disorder.