and one control (0.9%) had a positive result on immunoblot assay (NS between groups). Positive, but not 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 France (0.8% vs 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 study1 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 considers 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. This early excess is probably 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 may be viewed in the context of better mental health generally for this group.

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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 haemorrhagic/myalgic syndromes. 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 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 days following 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.

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