philosophy which is clearly detrimental to many patients.

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*Hayward replies:*

Thank you for allowing me to reply to Dr Epstein. I suspect that our views are not as different as his letter would imply.

As the provision of neurosurgical care for children in this country is still far from perfect and as the book covered by my original review was from the USA, I illustrated my views about the situation here by drawing attention (perhaps too light heartedly in view of the ponderous response I have elicited) to some of the differences that exist in the pattern of neurosurgical services between our two countries.

Let me explain this in even simpler terms than I used before.

In the UK, children can still be "occasional" patients in adult units, cared for by neurosurgeons who "dabble" in their problems. Fortunately the number of children requiring such care is small but the situation must be changed. How, given the conditions existing here, can this best be done?

A primary consideration concerns the numbers of neurosurgeons. I do not quote the following figures in order to show that one system is better than the other but to demonstrate the fundamental differences which must be taken into account when advocating change. If we accept the figures published by Paul Bucy in *Surgical Neurology* (1983), there is one neurosurgeon for every 372,673 of the population in the UK, compared to one for every 75,577 in the United States (where the range is from one per 16,780 for Washington DC to one per 168,101 for Kansas). There is a complete government monopoly in the provision of neurosurgical services here and there are no neurosurgeons below retiring age engaged exclusively in private practice.

These facts have some obvious practical consequences for the pattern of a British neurosurgeon's work.

Conditions will have changed in the US since 1977 when GD Zuidema, describing the SOSSUS US report (*J Neurosurg* **46**:135–144), drew attention to the fact that the maximum number of craniotomies performed annually by Board certified surgeons in the four areas studied, averaged just under 14 and commented that "the frequency of operations requiring special skill and expertise is surprisingly low". This potential dilution of experience by numbers is less of a problem here and this together with the more restricted nature of the cases dealt with (as described in my review) has helped to mitigate against some of the disadvantages of "general practitioner" neurosurgeons at least in the provision of our service to adults.

However, I do not think that this is acceptable for paediatric cases and I have therefore suggested, given the manpower available, solutions which have already been adopted in many areas. These may briefly be summarised:

1 Children to be cared for only in an environment equipped with all the paediatric services.
2 Regional neurosurgical centres to be of sufficient size that paediatric cases can be the responsibility of one consultant.
3 Supra-regional centres where the rarest and most complex problems can be dealt with by surgeons who have accumulated an experience in them.

In this way the problems associated with the staffing of super-specialist units can be overcome while trainees in neurosurgery may still gain experience in the management of paediatric problems. At the same time neurosurgery remains a complete speciality with continuing opportunity for cross-fertilisation of ideas between those engaged in adult and paediatric work.

This pragmatic approach may not allow the development of a situation where even such a rarity as a childhood spinal cord astrocytoma can have its own celebrity specialist but it would lead to the better care of children in this country. I would be borrowing Dr Epstein's conceits for me to assume that it would answer the needs of other communities where not only the financing but also the philosophy of health care delivery can be so very different.

**Correction**

In the paper "The temporal aspects of prognosis in epilepsy" *J Neurol Neurosurg Psychiatry* 1984;**47**:1157–65 a line was inserted which obscured the meaning of the the chart (fig 6). In stage 1 *No recurrence (<50%)* should not have a line linking it with the next stage.