Editorial

The work of neurologists

Readers of the Journal tell me that they scan the *Book Reviews* first, then *Matters Arising* and the *Letters*, and then select those *Full Papers* and *Short Reports* which catch their interest. The Journal policy of scientific peer review, and a rejection rate of around three-quarters of all articles submitted, inevitably means that publication in the latter two categories will often be of interest to a limited number of readers. This is how it should be in a scientific journal, and our success in the ratings compiled from Science Citation Index shows that the Journal is widely quoted.

In the last decade there has been increasing interest world-wide in the delivery of health care, as well as in the nature of the care delivered. From time to time the Journal has received papers dealing with the general issue of what neurologists do, rather than how they do it. The first papers in this April issue reflect such information. Obviously, now that we are all armed with our desk-top micro-computer, it is relatively easy for any of us to provide an analysis of our day-to-day clinical work-load. However, the papers published here are those provided by pioneers in this area. It is not and will not be the policy of the Journal to publish such reports from every neurological centre, but the articles in this issue provide a base-line for others to contemplate.

The figures they give are of interest. About 10% of the population of the United Kingdom appear to consult their General Practitioner about a neurological symptom each year. About 10% of patients seen in general practice in Greece have neurological symptoms or disease. The commonest conditions seen by the General Practitioner are sciatica, stroke, epilepsy, headache, cervical spine disease, dizzy spells, dementia, disturbances of sensation, Parkinson's disease and multiple sclerosis, roughly in that order. About 7% of patients with neurological symptoms seen by General Practitioners in the United Kingdom are referred to hospital clinics for further advice. The commonest conditions seen by the neurologist appear to be headache, epilepsy, stroke, peripheral nerve and root disorders, movement disorders and multiple sclerosis, roughly in that order. Other conditions such as tumours of the nervous system, infections of the nervous system, motor neuron disease and muscle disease are relatively rare in neurological practice. Anxiety, depression and hysteria also form a substantial burden of work-load for the neurologist.

Hopkins, Menken and De Friese calculate that the average neurologist may see over a 1,000 new National Health Service patients per year. Around three-quarters are seen as out-patients. To these must be added the substantial burden of in-patient referrals. It has been estimated that approximately 20% of medical patients admitted to hospital have a neurological problem.

The Health and Personal Social Services Statistics for England and Wales 1987 suggest that there were 173 neurologists in post at that time. In the United States it has been estimated that there will be one neurologist for every 34,800 people in 1990, which is about 10 times the UK national average. This may be excessive, but all are agreed that there are too few neurologists in the United Kingdom. This deficit will become even more apparent as, correctly, we take over the organisation and delivery of neurological rehabilitation. As stated by Hopkins *et al*, in the area of the country served by Stevens, "Only a tiny proportion of those with (many) common neurological illnesses are seen by a neurologist". Stevens himself hopes that we may "Escape from the present system, wherein neurologists are too few in number, the service is less than ideal and plans for the future are being based upon guesses rather than on facts".

I hope that the papers presented here provide some of these facts and will be of interest to readers of the Journal. Perhaps they will provoke correspondence under *Matters Arising*, but it must be said that limitations on Journal space may require this to be curtailed if excessive! Indeed, the publication of this series of papers on "What the Neurologist Does" should not be taken to indicate that the Journal will deviate from its policy of publication of new scientific advances in our subjects.

CD MARSDEN