Foreword

Neurology, then neurosurgery, developed as specialties early in the United Kingdom. The former evolved as a diagnostic discipline whose task was to select those requiring further investigation and treatment (often neurosurgical) in special centres. Neurosurgeons spend most of their time working in such centres, where special neuroradiological, neuropathological and neurophysiological techniques have been developed. Neurologists have divided their time between the centres and visiting outlying District Hospitals. Thus a pattern of service was established in which each Region in the United Kingdom had its own Neurology and Neurosurgery Centre(s) catering for a population of around two to four million people, staffed by a relatively small number of neurologists and neurosurgeons. This small number is insufficient to cope with the management of chronic neurological disability in the community. The void has been filled by super-specialised Spinal Injury Units, Departments of Rheumatology and Rehabilitation in the Districts, (working with physiotherapists, occupational therapists and social workers), and geriatric services dealing with the problems of old age.

Changes in the past 20 years have altered this pattern. First, the practice of neurology has developed dramatically. Now there are effective treatments to ameliorate the consequences of most of the major disabling neurological conditions. Effective drug therapy has been developed for the management of Parkinson's disease, epilepsy, migraine, and many other conditions. The locomotor difficulties of those with, for example, multiple sclerosis, motor neuron disease and peripheral neuropathy, require expert advice on a range of techniques. Neurogenetics is an exponentially growing field requiring not only diagnostic skills, but technical expertise in molecular biology and counselling. These new developments force neurologists to become more and more involved in the management of chronic disability, and correctly so.

Second, the expectation and knowledge of patients has increased apace, driven by education via the media and as a result of the excellent material provided by an increasing number of lay societies. Patients and their carers know what should be available and are vocal about their unmet needs.

Third, despite these increasing demands, one major medical sector previously concerned with the provision of

care for chronic neurological disability has reduced its commitment. Rheumatology and rehabilitation has moved more and more towards rheumatology. While paediatric and geriatric disability services have been developed in an increasingly effective fashion, those in the middle have been left behind. The limited historical provision of neurologists has been unable to make up the shortfall. The average 0.35 of a neurologist in a District can barely cope with the diagnostic and acute management load, let alone devote time to the 1300 with active epilepsy, 1500 who have survived a stroke, 400 people with Parkinson's disease, 300 with multiple sclerosis, and 50 with severe aftermath of head injury. Since only about one in twenty Health Districts have consultants in rehabilitation, there is clearly a major shortfall in medical provision for care of chronic disability.

To cap it all, the National Health Service is in the throes of yet another reorganisation, which some deem to be provoking a crisis. Crisis can, however, either mean disaster or opportunity. Changes in the Health Service over the next few years may well provide the opportunity for neurologists to meet the challenge of neurological disability.

It was in this spirit that the meeting on 24 October 1990 was held. The speakers were chosen for their knowledge in a variety of aspects bearing on the problem. Inevitably, discussion ranged widely, but a number of themes emerged. The size of the unmet need, the number of agencies attempting to provide for it, cost-effectiveness and audit featured. Undoubtedly, further discussion will be required at all levels to decide on the role of neurologists in the alleviation and rehabilitation of those with neurological disability, and the most appropriate way of training the next generation of neurologists to take on that role. It is to be hoped that publication of the position papers delivered, and the ensuing lively discussion, will provoke further debate and constructive solutions to the problems of those with the misfortune to have chronic disability due to disease of the nervous system.

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Supplement Editor

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