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EARLY CAUSE SPECIFIC MORTALITY ACCORDING TO PATHOLOGICAL TYPE OF STROKE: THE OXFORDSHIRE COMMUNITY STROKE PROJECT
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In the acute phase of stroke, treatment may be given to prevent death, limit cerebral damage or to prevent the development of complications. An individual treatment might be appropriate for only one pathological type of stroke eg anti-haemostatic agents. In order to plan trials of acute treatment, accurate data are required concerning the timing and cause of deaths but autopsy or hospitalbased series are likely to be biased. We report the results from a 4 year community based study of 675 cases of first stroke in which 4 pathological types of stroke were distinguished—cerebral infarction (CI), primary intra-cerebral haemorrhage (PICH), subarachnoid haemorrhage (SAH) and uncertain pathological type (UNC).

The overall 30 day case fatality rate was 18.8%, that for CI was 10.5%, PICH was 50%, SAH was 44% and UNC was 67%. Of the 127 deaths, 50% were due to the direct neurological sequelae of the first stroke, 3% to a similar cause after a recurrent stroke within 30 days of the first event, 36% were due to complications of stroke related immobility, 7% were due to cardiac disease and 4% were due to unrelated causes.

Amongst 67 cases dying because of the direct neurological sequelae, all except 3 patients with SAH died within 7 days of the stroke. In this group 37% had PICH, 23% had CI, 19% had SAH and 21% had UNC. Those with PICH tended to die earlier than those with CI and the timing of deaths in UNC matched that of PICH better than CI. Only 1 case of CI died within 24 hours of onset. The deaths in cases with CI all came from a subgroup which could be distinguished on clinical grounds at first presentation. Deaths due to complications of immobility began to occur towards the end of the first week and continued throughout the next 3 weeks. Amongst these 46 patients, 65% had CI, 15% had PICH, 2% had SAH and 18% had UNC.

UNUSUAL VOCAL HALLUCINATIONS FOLLOWING SUBARACHNOID HAEAMORRHAGE EMR Critchley, A Young, A Ellis. Department of Neurology, Royal Preston Hospital and Department of Psychology, Lancaster University

Vocal, or voiced, hallucinations are a subset of auditory hallucinations, and almost invariably associated with schizophrenia; many patients show increased activity of the lips and vocal cords when actively hallucinating.

In 1981, aged 57 years, ML became aphasic following subarachnoid haemorrhage (grade 3) with a left temporal haematoma. A left middle cerebral aneurysm was clipped. She soon made a full recovery from her right hemiplegia but for several months remained grossly dysphasic with jargon speech.

Six years later in 1987 she developed numbness and unsteadiness in the left arm and leg with a right basal ganglia lesion. She also complained of "nattering inside her". It was her own voice saying bits of prayers, hymns, hymn tunes, and religious themes which appeared to be mixed up. There was no evidence of psychiatric disorder, epilepsy, hearing loss or alcoholic hallucinosis. She was fully orientated and the initial examination failed to reveal any obvious problem with speech.

The voiced hallucinations appear to be a release phenomena, possibly a memory surge competing with inner language and chronologically related to the recent right sided cerebrovascular accident. The particular combination of left and right hemisphere lesions might help explain the rarity of this phenomenon.

EPILEPSY—IS THERE A SYSTEMIC METABOLIC ABNORMALITY? DLW Davidson. Ninewells Hospital & Medical School

Abnormalities of serum amino acids, water permeability of erythrocytes, and the concentrations of serum zinc and manganese have been reported in patients with treated epilepsy.

This study is of 20 fasting untreated patients with generalised or partial seizures and age- and sex-matched controls. The number of ouabain-binding sites in erythrocytes was estimated using tritiated ouabain. The serum concentrations of 37 trace and bulk elements were estimated by neutron activation analysis or by mass spectrometry. Total blood concentration of 14 amino acids were estimated by ion-exchange chromatography.

The ouabain binding sites were significantly reduced in the group with epilepsy (1393, SD 392) compared to the controls (1677, SD 366) (p < 0.02). Zinc and strontium concentrations were increased and manganese and cobalt concentrations reduced in the group with epilepsy compared to controls (zinc, epilepsy (E) 1.260, SD 0.231, control (C) 1.078, SD 0.216; strontium E 0.0187, SD 0.0054; C 0.0132, SD 0.005; cobalt E 0.0077, SD 0.00015, C 0.00088, SD 0.00018; manganese E 0.00392, SD 0.00075, C 0.00459, SD 0.00149 μg/ml). Aspartate and glutamine concentrations were significantly higher and the taurine lower than controls but glutamate and other amino acid concentrations were similar.

These findings extend previous separate reports of abnormalities of membrane transport, trace element and amino acids in the blood in epilepsy. They may reflect an inherited metabolic basis for the predisposition to seizures.

THE PROGNOSIS OF TRANSIENT ISCHAEMIC ATTACKS IN THE OXFORDSHIRE COMMUNITY STROKE PROJECT
MS Dennis, JM Bamford, PAG Sandercock, CP Warlow. University Department of Clinical Neurology, Oxford

In this community based study of 105,000 people, 184 patients (103 men, 81 women) with a mean age of 69.4 years (range 20–100) presented to a doctor for the first time with a transient ischaemic attack (TIA) between 1981 and 1986. These probably represented almost all new cases going to a doctor with a TIA during the 5 year study period. Patients were actively followed up for a mean period of 2.3 years (range 5 days to 5 years). Eighty three (45%) were treated with aspirin, nine (5%) received warfarin and only six (3%) underwent carotid endarterectomy.

During the follow up 28 patients died, 28
suffered a first-ever stroke and ten had a definite myocardial infarction. Actuarial analysis revealed an annual risk of death of 5% although it was not significantly greater than expected for similar people without TIAs (Observed (O)/Expected (E) = 1.3, p = 0.12). The risk of stroke was 8% in the first year (O/E = 12.0, p < 0.001) and 5% annually over the first three years (O/E = 8.0, p < 0.001).

Older patients had a significantly greater risk of death (p = 0.001) but no greater risk of stroke, men and women having similar prognoses in both respects. Patients with cerebral ischaemic attacks (n = 152) had a greater risk of stroke (p = 0.04) than those with amaurosis fugax only (n = 32).

Patients with longer duration TIAs may have had a slightly greater risk of subsequent stroke. The prognosis following a TIA in this study is better than suggested by similar studies from elsewhere.

**SPECT IMAGING IN COMPLEX PARTIAL EPILEPSY**
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Positron emission tomography (PET) has been of value in lateralising abnormalities in complex partial epilepsy. Single photon emission computed tomography (SPECT) is vastly cheaper and readily available, but studies have been limited by the shortage of useful radiochemicals. Tc-99m HM-PAO (Ceretec-Amersham International) can now provide images of CBF equal to those obtained by PET.

We carried out interictal SPECT scanning in 30 patients with complex partial epilepsy. All had negative CT scans, and patients with a history of head trauma or other predisposing causes were excluded. In 20 of the patients the Ceretec was given during EEG recording. Scanning was carried out within one hour using a Novo 810 imager, producing 10 mm axial slices parallel to the orbito-meatal line.

Of the 30 patients scanned, 19 (63%) had abnormalities. In 5 cases this consisted of focal temporal hyperperfusion, and in 14 cases hypoperfusion, usually involving the whole temporal lobe. In the 20 cases in which EEG was recorded during injection, there was no clear correlation with EEG findings. The finding of abnormalities in 63% of patients accords with PET studies of CBF in such patients.

We conclude that in complex partial epilepsy, SPECT scanning gives information comparable to that given by PET, while having considerable advantages in terms of cost and practicality.

**NEUROLOGY OF THE ACQUIRED IMMUNODEFICIENCY SYNDROME IN CENTRAL LONDON. NATURE, INCIDENCE AND PROGNOSIS**
GN Fuller, RJ Guillof, F Scarravilli, JN Harcourt-Webster, B Gazzard. St Stephen's Hospital, Charing Cross, Westminster and National Hospitals for Nervous Diseases, London

Ninety four per cent of all patients with AIDS seen in a London District who had died up to 31.09.87 were reviewed (n = 122). They represent 20% of all reported dead AIDS cases in the UK to that date. Fifty five (53%) had had neurological symptoms. They were exclusively minor or unrelated in 6 (9%). There were 15 metabolic encephalopathies and 9 dementia syndromes (human immunodeficiency virus = 8, vascular = 1). Of the 15 focal encephalopathies 5 had toxoplasmosis, 3 microglomas and 1 progressive multifocal leuencephalopathy. Four cases had brain stem syndromes (microgloma = 2, human immunodeficiency virus = 1, cytomegalovirus = 1), 4 had myelopathies (human immunodeficiency virus = 2, other = 2), 13 had peripheral nerve involvement and 5 had meningitis. Retinopathies were seen in 29%.

The main group with unknown cause was seizures (n = 8).

Neurological disease was the presentation of AIDS in 14% (dementia complex = 2, myelopathy and radiculopathy = 2, meningitis = 2, brain stem syndrome, microgloma and progressive multifocal leuencephalopathy). The median time from onset of AIDS to death was 8 (range 1-42) months. The median time from onset of neurology to death was 3 (range 1-27) months but 11 cases (17%) survived longer than 6 months (3 myelopathy/radiculopathy, toxoplasmosis, cryptococcal meningitis, optic neuropathy, microgloma, hypoglycaemic encephalopathy, seizures and dementia complex). 22 cases had neuropathological examination.

**DEFINITIVE DIAGNOSIS IN BENIGN INTRACRANIAL HYPERTENSION**
RB Godwin-Austen, JF Firth. Queen's Medical Centre, Nottingham

Raised intracranial pressure with no mass lesion, no obstruction of cerebro-spinal fluid (CSF) circulation and normal CSF constitutes the syndrome of benign intracranial hypertension (BICH). The natural history of this disorder is spontaneous resolution normally within three months. However, when BICH is due to obstruction of the venous sinuses (usually by blood clot) the prognosis is worse. Visual failure is more common and the condition is often chronic.

Out of 40 cases presenting with the clinical features of BICH, 12 were diagnosed as having venous outflow obstruction (VOO). Lumbar sac perfusion tests and MRI scanning were diagnostically helpful. Four resolved within a few months without the need for surgical treatment for visual failure. But eight cases, all female, suffered raised intracranial pressure for periods ranging from six months to eight years. Anticoagulant treatment was required in five and thicon-peritoneal shunting in 3 (optic nerve sheath fenestration in one).

**MANAGEMENT OF PARKINSON'S DISEASE: A SCHEME FOR CARERS**
FB Gibberd. Westminster Hospital

Although physiotherapy and occupational therapy are of help in many conditions, patients with Parkinson's Disease do not obviously benefit. A trial of physiotherapy has shown only transient advantages. The progress gained is rapidly lost sometimes within minutes. The findings show an inability by the patient to retain motor skills.

Many patients with Parkinson's disease are looked after by relatives (carers) who find it difficult to know how to help. A programme of physiotherapy and occupational therapy have been taught to the patient and the carer together. After an outpatient assessment the patient and the carer are both admitted to hospital for about 12 days and together taught skills, so that the carer can continue using the techniques learned as an in-patient to help the patient when they return home. Admission has been found necessary in order to cover a 24 hour regime.

The value of this policy is demonstrated by the results which show improvement in the home situation.

**CREUTZFELDT-JAKOB DISEASE IN ENGLAND AND WALES 1980-1984: A CASE CONTROL STUDY OF POTENTIAL RISK FACTORS**
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In the 5 years 1980-84, 249 cases of known or suspected Creutzfeldt-Jakob disease (CJD) were ascertainment in England and Wales.

Ninety three were definite (39 female, 54 male), 29 probable (13 male, 16 female), and 1 possible.

Of the 122 definite and probable cases, 92
were considered suitable for a case control study and two age, sex and hospital matched controls were selected for each case. The average annual death rate was 0.49/million and mean age at death was 63.2 yr (33–82 yr).

Cases and controls had similar histories of meat, liver and brain consumption. Controls were more likely than cases to have had surgical operations, including eye procedures. Seventeen cases and 45 controls had undergone surgery five years before onset. No case had undergone a craniotomy.

No significant difference was found with respect to head injury, blood transfusions, regular injections or occupations. Cases were more likely than controls to have kept cats and to have lived in a household where ferrets or mink were kept.

Previous psychiatric illness was more common (p < 0.05) and mostly was described as depression or "breakdown". There was no instance of a proven familial case but a family history of dementia (probably Alzheimer's disease) was more common (p < 0.005).

We were unable to detect environmental factors that might lead to transmission of CJD.

IS MEMORY PERMANENTLY IMPAIRED AFTER TRANSIENT GLOBAL AMNESIA?

JR Hodges, S Oxbury, CP Warlow. The Radcliffe Infirmary, Oxford

It has been suggested that although patients appear to recover rapidly and fully after transient global amnesia (TGA), more formal neuropsychological testing may reveal a persistent memory deficit. We tested 41 patients, aged 49–81 years, at 6 months post-TGA and 41 matched normal controls, using a battery of verbal and non-verbal memory tasks. The two groups were matched for age, sex and estimated premorbid IQ (based on the National Adult Reading Test).

There was no evidence of general intellectual deterioration in TGA patients and their immediate memory (digit and block tapping span) was normal. Assessment of non-verbal memory by delayed Rey figure recall, an incidental spatial memory test and learning of a supraspan block tapping sequence, revealed no significant differences between the groups. The TGA patients performance on verbal memory tests was worse than controls but only reached significance for delayed paragraph recall (7-2, SD 3.4 vs 8-5, SD 3.0, t = 1.99) and combined delayed memory (Cd: 15-2, SD 4.2 vs 17-0, SD 4.0 t = 2.06). There was no significant difference on paired associate word learning or word list learning.

In conclusion, there is no evidence of major cognitive impairment post-TGA, but limited support for a mild selective verbal memory deficit, which may result from or predispose to TGA.

MOOD DISORDER IN THE FIRST 6 MONTHS AFTER STROKE

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The subjects studied were 128 consecutive notifications to the Oxfordshire Community Stroke Project diagnosed as having had a first ever stroke, and who survived to follow up. Mental state was assessed at 1 month and 6 months post stroke, using a standardised semi-structured psychiatric interview—the Present State Examination. Six patients were too confused or dysphasic to be assessed; data are presented on the remainder.

Diagnosable depressive disorders were found in 13 (10%) at one month, and 14 (11%) at six months. Diagnosable anxiety was found in 10 (8%) at one month and 9 (7%) at six months. Over the whole six months, the cumulative incidence of depressive disorders was 16%, and of all psychiatric disorders 21%. However, most disorders were transient; only four patients had major depressive disorders at both interviews. Emotional lability was found in 15% of the subjects at 1 month; it had declined in severity but not frequency by 6 months.

CT scans were obtained on 125 patients; 81 showed a clinically appropriate single stroke lesion. Depressive symptoms were unrelated to the side or site of the lesion. Only one patient had the combination of a left anterior lesion and major depression; claimed to be of importance by researchers in the US. Emotional lability was significantly associated with lesions in the left frontal and left anterior temporal lobes. No patient with a right frontal lobe lesion had emotional lability.

IS BLADDER DISTURBANCE IN MULTIPLE SCLEROSIS OF CEREBRAL ORIGIN?

BRF Lecky, RS Kirby, CJ Fowler, CR Chapple, D Miller. National Hospital for Nervous Diseases, London

Fourteen patients with clinically definite multiple sclerosis (MS) and major bladder disturbance were investigated with the aim of correlating the type of urodynamic disturbance with the site of CNS lesions. Other clinical data suggested that detrusor instability (DI) is often due to pontine, midbrain or frontal lesions whereas detrusor sphincter dyssynergia (DSD) is more often due to lesions causal to the pons.

Six patients showed DI plus DSD, four DI alone, one DSD alone, one DI plus bladder atony and in two urodynamic findings were normal. Neurophysiological studies showed evidence of lower motor neurone lesions of the urethral sphincter in two, both parous women. Of 12 patients, three had delayed, and nine absent cortical evoked responses (CER) to pudendal nerve stimulation, mostly with normal sacral reflex latencies. As expected, all showed multiple lesions on magnetic resonance imaging (MRI) with periventricular lesions being universal. These are compared with MRI findings in MS patients without bladder symptoms.

The presence of cord lesions shown on MRI correlates poorly with the type of bladder dysfunction. Greater attention should be directed towards the possibility that supra pontine lesions are responsible for bladder dysfunction in MS. Pudendal nerve CERS are invariably abnormal and this may be a useful diagnostic procedure in bladder disturbance due to CNS disease.

MHC CLASS II SEQUENCE PROFILE FROM A DR2 NARCOLEPTIC

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Narcolepsy has the strongest known HLA and disease association. In all populations studied, 98–99% of narcoleptics have the DR2/Dw2/DQw1 class II MHC type. MHC class II molecules are encoded by alpha and beta chains genes. To determine if a disease specific allele is present in narcolepsy, we have examined the genes associated with DR2 and Dw2 types. A CDNA library was constructed from a B-cell line from a DR2, 4/DQw1,3 positive narcoleptic, to allow unequivocal identification of the DR and DQ alleles from the narcoleptic haplotype. The two expressed DR2 beta genes, as well as DQa and DQb, have been completely sequenced. These sequences in a narcoleptic are identical to those from a non-narcoleptic DR2/DQw1 subject, apart from minor differences in the $\beta$ untranslated region of one of the DR2 beta genes.

We conclude that the genetic basis of narcolepsy is not the result of a coding defect in the examined DR and DQ genes. In other HLA-linked diseases, no unique disease specific alleles have been identified. Narcolepsy may result from an alteration in brain expression of a normal DR or DQ genetic
product, rather than alteration in the gene itself.

NEUROLOGY OF THE ACQUIRED IMMUNODEFICIENCY SYNDROME IN CENTRAL LONDON. NATURE, INCIDENCE AND PROGNOSIS F Scaravilli, JN Harcourt-Webster, RJ Guiloff, GN Fuller, B Gazzard. National Hospitals for Nervous Diseases, London, St Stephen's Hospital, Charing Cross and Westminster Medical School

The neuropathological appearances of the brains of 22 HIV-positive patients were examined. Twelve had clinical evidence of involvement of the nervous system and 10 were neurologically asymptomatic.

The most severe lesions were found in the brains of the first group and included subacute encephalitis (related to direct involvement of the nervous system by HIV and showing microglial cortical nodules) toxoplasmosis, cytomegalovirus encephalitis (with microglial nodules, periventriculitis and areas of myelin pallor and necrosis) and progressive multifocal leukoencephalopathy. One brain in this group showed chronic meningitis and occlusive giant cell vasculitis.

In the brains of the 10 neurologically asymptomatic patients an occasional microglial nodule and extensive areas of myelin pallor were the main findings.

The results confirm that neuropathological lesions can exist in neurologically asymptomatic patients and add some new unusual findings to the already pleomorphic presentation of this disease.

SENSORY ABNORMALITIES IN HEREDITARY SPASTIC PARAPLEgia W Schady, A Sheard. Manchester Royal Infirmary

Nineteen patients from 10 kinships with hereditary spastic paraplegia underwent clinical, neurophysiological and quantitative sensory evaluation. Four had clinical evidence of a mild sensory polyneuropathy and one had distal amyotrophy. Six patients, including all of the above, had abnormal nerve conduction studies: five had reduced or absent sensory action potentials and two had slowed motor conduction.

Vibratory, tactile, thermal and pain thresholds were obtained from the right hand and foot and were compared with those of controls matched for age and sex. Two-point discrimination was impaired in the hand, and tactile and vibratory thresholds were higher in the feet of patients with hereditary spastic paraplegia. Pain thresholds were also significantly higher. The most consistent abnormality was a marked increase in the warm-cold threshold difference measured on the lateral aspect of the foot: 12.8°C in patients compared with 3.6°C in controls (p < 0.001). Results remained significantly different when data from patients with a polyneuropathy were excluded.

These findings indicate that hereditary spastic paraplegia is not a pure pyramidal tract disorder. Sensory abnormalities are common, resulting from disease of peripheral nerves, dorsal root ganglia or central afferent pathways. Involvement of the spinothalamic tracts as well as the dorsal columns is likely.

WORD-EVOKED EVENT-RELATED POTENTIALS MAY BE SENSITIVE TO TEMPORAL LOBE PATHOLOGY RC Roberts, ME Nagy, MD Rugg. Psychological Laboratory, University of St Andrews and Department of Medicine, University of Dundee

Event-related potentials (ERPs) to visually presented words show a positive-going modulation to repeated items. This effect may be generated in medial temporal lobe (MTL) structures and is reduced after left temporal lobectomy. We have investigated the effect in epileptic patients with unilateral temporal lobe foci, approximately 50-60% of whom would be expected to have MTL pathology.

Subjects consisted of 10 patients with primary generalised epilepsy and 12 patients with complex partial seizures and unilateral temporal foci (8 left, 4 right). A further four patients had undergone temporal lobectomies (2 left, 2 right). Subjects viewed a series of words, interspersed with occasional non-words to which a response was required. 25% of the words were repeats of preceding items. All the generalised patients showed the positive ERP modulation to immediately repeated words, as did the patients with right temporal foci and the right sided lobectomy patients. Of the patients with left temporal foci, 5 showed the effect, whereas in the remaining 3 it was abnormally small or absent. In the 2 left lobectomy patients the effect was also abnormal.

This “ERP repetition effect” shows promise as a means of detecting functional abnormality of the left temporal lobe.

COGNITIVE IMPAIRMENT IN PATIENTS WITH CLINICALLY ISOLATED LESIONS OF THE TYPE SEEN IN MULTIPLE SCLEROSIS MA Ron, MM Callanan, EK Warrington.

National Hospital for Nervous Diseases, London

Forty eight patients with clinically single lesions of the type seen in multiple sclerosis (optic neuritis, brain stem and cord lesions) were tested psychometrically. The cognitive functions studied were "IQ deficit", verbal and visual memory, abstracting ability and visual and auditory attention and naming ability. The presence of brain pathology was investigated by means of magnetic resonance imaging (MRI). A group of 46 patients with rheumatic and neurological conditions not known to cause brain disease was used for comparison. Normative MRI data were obtained from a group of 40 normal volunteers.

An overall "cognitive ability index" was significantly worse in patients with clinically isolated lesions when compared with the physically disabled controls. IQ deficit and cognitive function in the minority severely affected patients. These deficits were significantly correlated with duration of the neurological symptoms and degree of brain pathology detected by MRI.

The overall psychiatric morbidity in the group was low. The results suggest that subtle degrees of cognitive impairment may be an early manifestation of brain pathology in MS.

TRAUMATIC LESIONS OF THE EXTRACEREBRAL ARTERIES RW Ross Russell. St Thomas's Hospital, London

Either the carotid or vertebral artery can be indirectly injured by sudden stretching, usually in the course of violent neck extension or rotation. An intimal tear usually occurs and is followed by the development of a dissecting aneurysm. This may progress to total occlusion, arterial narrowing, cerebral embolism, recanalisation or the formation of a false aneurysm.

In a minority of patients a pre-existing arterial abnormality is present (Marfan's syndrome, pseudoxanthoma elasticum, fibromuscular dysplasia). Clinical presentation is a cerebral transient ischaemic attack (TIA) or infarct and is often delayed hours or days after the trauma.

Management is conservative: the condition frequently resolves spontaneously with reconstitution of the injured vessel. Anticoagulation may have a place in patients with recurrent TIA.

A series of ten personally studied patients with extracranial arterial trauma is presented, illustrating the range of injury, variety of
Ray angiographic appearances and favourable outcome in most cases.

THE PREVALENCE OF MULTIPLE SCLEROSIS IN SOUTH-EAST WALES
RJ Swingler, DAS Compston. University of Wales College of Medicine, Cardiff

A population-based survey of multiple sclerosis in the county of South Glamorgan has demonstrated a prevalence of 441/376718 (117/10^5) of whom 86% (101/10^5) had definite or probable disease and 14% (16/10^5) suspected multiple sclerosis on 1st January 1985. Ninety five per cent of patients would have been identified from a departmental index, 77% by general practitioners, 61% using Hospital activity analysis returns, 19% from the membership lists of the Multiple Sclerosis Society and 3-6% by appeals to local district nurses and physiotherapists. The diagnosis was confirmed by personal examination in 301 (68%) and 48% of those visited could walk unaided. Sixty seven per cent of the patients were female and the mean age at prevalence was 49 with a range from 11 to 84 years. The mean age at onset was 32 and diagnosis occurred, on average, 5 years later. Mean life expectancy from the time of diagnosis was estimated to be 24 years. Forty nine per cent of patients experienced a relapsing-remitting course, 28% had relapsing-remitting disease followed by progression, 20% had progressive disease from onset and the course was unclassified in 3%. The incidence (4-76/10^5/year) has remained stable since 1948 and the prevalence estimate is similar to those found in recent estimates from the south east of England but significantly lower than revised figures from Scotland.

COMMUNITY NEUROLOGY: A PILOT SCHEME
CD Ward. University of Southampton

In an attempt to improve medical services for adults with chronic physical disabilities, general practitioners serving a population of 36 000 were invited to refer patients for discussion in meetings with community therapists, social workers, nurses and a neurologist. In the first 12 months, 72 adult patients were referred. Of these, 34 (47%) were under 65 years old. The majority (80%) had neurological diagnoses. The functions of the neurologist were to assess 12 cases personally, to contribute to discussions of other patients, and to provide a link with the local rehabilitation and young disabled units.

Direct benefits to patients could not be formally assessed but included increased speed of response to crises and increased referrals to agencies such as the District Young Dependent Disabled Register. There was an increase both in the rate of referral of patients and in attendance of meetings, suggesting that the service was perceived as useful for professionals.