



New Zealand, a long thin country, is made up of two main islands. Mountains of various sizes dominate the landscape, particularly in the South Island where 200 peaks are higher than 2300 meters. We are blessed with a temperate climate, large tracts of fertile soil and a long growing season – livestock do not need to be kept indoors in the winter. The land area of 103 883 square miles (269 057 square kilometres) is slightly larger than Great Britain although the population is only 3.8 million with about 17% indigenous Maori and immigrants from the Pacific Islands. Sheep outnumber humans by 12–1, a considerable drop from the ratio of 22–1 in 1982 when there were farm subsidies.

Given the originally European population, and the geography, it is not surprising that the pattern of neurological disease is similar to other western countries. For example, Multiple Sclerosis (MS) has a high prevalence, but it is very uncommon in Maoris. There is tight control on government funding for beta-interferon, with applications for individual patients assessed by a national panel of neurologists. Strict criteria have been developed for its initial prescription and also for withdrawal of treatment if progress is unsatisfactory. Pharmac, the government funding agency for pharmaceuticals, considered that cost–benefit analysis did not justify treatment but was directed to provide funds for limited numbers of patients by the Minister of Health – just as has recently happened in the UK.

Ivan Macdonald Allen (1895–1962) was New Zealand's first neurologist. He graduated in 1919. After a period in pathology and general practice, he began postgraduate study

# Letter from



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in England in 1927. In London he worked as a house physician to Dr Worster-Drought at the West End Hospital for Nervous Diseases and then became resident medical officer at The National Hospital for Nervous Diseases, Queen Square. His contemporaries included Critchley, Symonds, Robertson, Carmichael, and Denny Brown. Denny Brown himself was also a New Zealander, who became one of the great names in neurology. Readers who have seen the superb drawings of the brain from different perspectives in the lecture room at Queen Square may not be aware that they were his work. Dr Allen became a neurologist in the English tradition. He returned to New Zealand in 1932 and had a long spell in neurology in Wellington, the capital but not the largest city, until retirement from hospital work in 1958. In later years a number of New Zealanders followed in Allen's footsteps to study neurology in London. More recently, many have trained in North America. Several have remained in academic and clinical positions in the UK and the United States.

These days there are about 30 neurologists in NZ in substantially full-time work. Most have a government funded hospital position to which they are committed half or more of their working week with many in full-time hospital practice. There are only five academic positions in neurology in the country, all included in departments of internal medicine. Nonetheless, the New Zealand Neurological Association is a very cohesive group and includes neurosurgeons of which there are 11 in the four neurosurgical units. A major annual meeting – 'Controversies in Neurology' (the Editor of *Practical Neurology* edited two good books in this vein) – has been very successfully stimulating lively discussion between us all on topical issues for more than 10 years.

Dr William Wallis, a US 'import' devised the format. Each attendee is allocated a topic with 'starter' references and is expected to present. Over 2 days amongst the scenic background and leisure activities offered in Queenstown, a mountainous resort in the South Island, a wide range of neurological conundrums is reviewed: 20–25 each year. For example 'Kiss of the spider woman, lumbar arachnoiditis: fact or fallacy?', 'Fiddling while Rome burns: patients with sensory neuropathy of uncertain cause should have regular follow-up tests for hidden cancer', 'An overlooked problem? Gluten sensitivity may present exclusively as a neurological disorder' and so on. Adult and paediatric neurologists, neurosurgeons and neurophysiologists participate. The proceedings are summarised by each participant (with references), and are then distributed in a booklet after the meeting.

Neurological research is funded by the broad-based Health Research Council and also by the New Zealand Neurological foundation. A major controversy has recently erupted over a scientific project to develop genetically-modified cows, which will produce human myelin basic protein in their milk. The hope is that this may prove to be therapeutically useful in MS, although recent studies of therapy with myelin basic protein have not looked promising. The project has been a focus of attention for all those in the country with strong views about genetic engineering.

Because it is a small country, many talented New Zealand doctors, including neurologists, spend their professional lives abroad. Nevertheless a strong group keep the neurological sciences vibrant and successfully practise in a land that large numbers of the worlds population regard as the antipodes.

