When our children were small they sought relief from the tedium of long car journeys by playing tapes on their portable cassette recorder. So limited was the repertoire and so relentless its performance that some of the sentiments expressed became lodged in the adult subconscious. And now, with a memoir in prospect, they leap out to proclaim their relevance but to confound the author. ‘Oh, I believe in yesterday’ urges a nostalgic recollection of a supposedly golden age; ‘Yesterday’s gone, yesterday’s gone’ dismisses its relevance if not its reality.

History, we are told, is not merely a commemoration of events and personalities. Its interpretation can inform today’s policies and politics. The study of the past can inspire us with new ambitions for the future. President Woodrow Wilson wrote to a friend, ‘I should be complete ... if I could read the experiences of the past into the practical life of the men of today.’

The history of British neurology as we now know it pivots on the founding of the National Hospital, Queen Square. Gordon Holmes in the opening paragraph of his monograph on its history wrote, ‘Neurology ... was still in its infancy when the National Hospital opened its doors to patients in 1860; in certain respects, in fact, it was little in advance of its state two thousand and more years earlier’. This might have surprised the likes of Willis, Bell or Marshall Hall but, in fairness, he did concede the worthiness of their contributions later in his chapter. The remarkable thing about the enterprise, wholly charitable and with the modest aim of providing care for patients with paralysis and epilepsy, was that it brought together such a large and distinguished group of physicians. They had a common interest in the nervous system and a range of talents well adapted to the exploration of its mysteries.

The hospital opened with only eight beds. By 1886 there were a 160 and by the same year the number of consultants had risen from the original two to 15 - an impressive expansion programme. A prestigious Board of Management, royal patronage and an appointments system unprejudiced by considerations of age, background or nationality no doubt played a part, but the figures reflected a burgeoning interest amongst physicians in the workings of the brain. The large number of outpatients attending the hospital would have been seen as

Then and
providing opportunities for clinical observation, and new techniques were being devised for studying nervous function in animals. It is worth recalling that a longer time-gap separates the neurologists of today from their early forebears at Queen Square than separated them from the great eighteenth century philosophers who were preoccupied with questions of human behaviour; who believed, in the post-Newton era, that the mysteries of the mind would yield to modern physical science and that the basis of all actions and emotions should be definable in anatomical terms.

The concentration of so many patients with neurological disorders and of physicians studying them must have contributed to the remarkable productivity and continuing success of the institution. The opportunities for exchanging ideas and sharing experiences, the competitiveness and the inevitable frictions surely assisted individual achievement. Those early days at Queen Square illustrate the principle of strength in numbers and the advantages of belonging to a team — undeniably important in today’s setting. Other less happy examples of the power of numbers have arisen in the context of warfare. Much was learned from the experience of the neurologists and neurosurgeons who dealt with the casualties of two world wars and it was the gunshot wounds of the American Civil War that formed the basis of Weir Mitchell’s remarkable study of peripheral nerve injuries.

It is invidious to pick out names from the early pioneers at Queen Square but William Gowers and Gordon Holmes probably had the greatest influence in establishing the practice of clinical neurology as we know it. Many, however, ensured immortality by their recorded observations and accounts of neurological diseases. And so it continued as generations of their successors maintained the tradition of descriptive clinical neurology and clinico-pathological correlation. Elsewhere in the country, development of the specialty was slow. There were a few notable contributors such as Byrom Bramwell in Edinburgh but until the middle of the last century the numbers were small. Neurosurgery by contrast owed much of its development to centres outside London. It was somewhat in the doldrums at Queen Square following the death of Victor Horsley in the Middle East in 1916 and it was Hugh Cairns in Oxford, Jeffrey Jefferson in Manchester and Norman Dott in Edinburgh, all protégés of Harvey Cushing, who so successfully established the specialty in the UK. Eventually, in these and several other centres, flourishing medical neurology units were set up but not until after the Second World War.

The century between 1860 and 1960 could well be regarded as a golden age in terms of the growth of knowledge of the function of the nervous system and the description of neurological disorders. But that did not make it a golden age for those suffering from them. Very few were treatable, and when they were neurologists seem to have had a propensity for surrendering responsibility for their management. Patients with bacterial infections, poliomyelitis, neurosyphilis, and to a large extent stroke, were often looked after by other specialists. Nor was there much interest in the rehabilitation or long-term care of those disabled by neurological disease. And, perhaps worst of all, there was little of the concern, now regarded as paramount, for the need to explain, to discuss, to counsel and to comfort. Patients searching the face of a neurologist of particular renown, after a lengthy but to them unintelligible disquisition at the bedside, were told, ‘I’ll write to your doctor.’ It was not lack of compassion. It was simply that many consultants saw themselves as there to be consulted and not to take responsibility for communicating their opinions or advice to patients. There were, of course, exceptions but attitudes to patients and respect for their rights have undoubtedly changed for the better in recent years.

In 1929 Harvey Cushing celebrated his sixtieth birthday. To mark the occasion, a volume...
of 82 medical essays and papers was published, ‘affectionately dedicated by his pupils’. Most were on surgical topics but Wilder Penfield of McGill University contributed a highly critical essay entitled ‘The Scope of Neurology’. He condemned what he saw as the fragmentation of the specialty: ‘... it is often so subdivided that it ceases to be a specialty at all’. He noted that neuropathology was usually buried in general pathology laboratories, that neurosurgery was often a side-line of general surgeons, that many neurologists were embedded in departments of medicine and that neuropathology and neuroanatomy were remote from clinical neurology. He deplored the extent of the separation from psychiatry and theremoval ‘... from the care of the neurologist of patients with many of those ailments which are now susceptible of cure by modern methods’. He exempted Queen Square from his criticism but was dismayed by the decline in clinical neurology on the continent of Europe since the days of Erb and Oppenheim in Germany, and Charcot, Marie and Déjerine in France. His ambition, which was for the creation of units in which physicians, surgeons, pathologists and others worked together with common purpose towards the advancement of the specialty, has now been realized in many centres.

Another critical essay in the Birthday Volume inveighed against the defects in the system of medical education. Jerome Head of the University of Illinois abhorred the didacticism of the lecture theatre, the over-loading of the undergraduate curriculum and the separation of basic science and clinical teaching. ‘There is a touch of absurdity’, he wrote, ‘in teaching separately those subjects that are useful only when mixed’. He called as a witness one John Brown, an Edinburgh doctor and writer, who had expressed the same views almost a century before. Born in 1810, a friend of Carlyle and Ruskin, he was descended from three generations of country preachers but escaped the family calling to study medicine. He deplored classes of, ‘... multitudes of mere listeners, and not unoften sleepers’, in which, ‘... the memory is exercised more than the senses or the judgement’. ‘We are’, he said, ‘... aiming too much at an impossible maximum of knowledge... when too much is exacted, too little will be learned’. In concluding his essay, Head spoke of the importance of arousing curiosity rather than imparting facts in words that would grace any modern curriculum guide.

Of more importance to the specialist than the undergraduate curriculum is the advent of properly structured postgraduate training programmes. The UK lagged behind the US in this development. Under the old regime it could be difficult, and sometimes impossible, for the trainee to acquire the range and variety of experience appropriate to the demands of the specialty and, at the end of training, there were no guarantees of its satisfactory completion. The more recent requirement to demonstrate a continuing commitment to learning throughout the entirety of one’s career represents a further advance in the processes of education. Any comparison with the ‘old days’ must concede that the education and training of neurologists today is superior to that of former generations.

Although less illuminating, there was one other essay in the Birthday Volume that touched on a subject of major importance to present day neurology. Edwin Lehman of the University of Virginia contributed ‘A Note on the Academic Life’. He gave an account of the responsibilities of the head of a clinical academic department that would serve well as a job description for today, but his main concern seemed to be to contrast them with those of a professor of classics who he obviously thought had rather an easy time. Comparing today with yesterday identifies a number of creditable advances but also some formidable problems. The regulations governing animal experimentation are certainly more humane than they were in the days of David Ferrier, appointed at Queen Square in 1880, who was taken to court by the antivivisectionists. It is regrettable that there is still wanton harassment of many of those observing the rules. And equally rigorous has been the elaboration of rules and conventions regarding experiments involving human subjects. Neurology did not escape the strictures of Maurice Pappworth’s book on ‘Human
is embedded in the universities with additional
the arrangement whereby research in the UK
ate and postgraduate educational programmes.

The extreme notions as to the sanctity of human
tissue may frustrate scientific advance.
There has to be concern, however, that some of
the requirements of informed consent and
the scrutiny of ethics committees surely attest to
a better appreciation of the rights of individuals.

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In the first half of the twentieth century
Queen Square maintained its reputation for
the excellence of its clinical practice and teaching
and produced a steady flow of publications,
many of them classics. But its isolation from
other specialties and from a multifaculty institu-
tion meant that it was slow to absorb new experi-
tmental techniques and to capitalize on the
expanded range of research opportunities that
they facilitated. This provoked criticism by the
University Grants Committee following its 1952
quinquennial visit. It insisted on an increased
academic presence if funding to the Institute of
Neurology was to continue. The Academic Unit,
as it was originally named, was established
just in time for the next visit and in 1962, two
years after the hospital's centenary celebrations,
a Chair in Neurology was at last created. At the
time in question Queen Square did have two
successful research units but they were funded
separately by the MRC. The Director of one of
them, Arnold Carmichael, appointed to the staff
of Queen Square in 1930, had long urged that
the hospital should form a union with University
College but it was to take a long time for this
to happen. Although academic neurology, in the
sense in which we use the term, may have been
slow to establish a footing, its growth in recent
decades has been impressive.

There is one area in which the situation for
academic neurology, and indeed for UK medi-
cal research generally, is worsening—one already
referred to by Alastair Compston (Compston
2002) in an editorial in this journal. Research
funding bodies understandably want to see the
best possible return for their money and are in-
clined to invest in teams of proven strength and
reputation. The result is a progressive concen-
tration of resources in a diminishing number of
centres, which could ultimately degrade the ill-
favoured to a point where they could no longer
sustain first class clinical services or undergraduate
and postgraduate educational programmes.

The arrangement whereby research in the UK
is embedded in the universities with additional
exchequer funds channelled through research
councils has worked well for many years, but
the loss of the binary divide, which separated
former polytechnic and university funding,
coupled with the trend towards institutional
elitism raises questions as to its long-term vi-
ability. ‘Parity of esteem is misconceived’, said
Enoch Powell; this may be true but progressive
inequalities are destructive. Drift will continue
unless a national strategy to secure a sound and
equitable base for medical research is evolved.

Staffing numbers, from senior house officer
to consultant, have always been a problem
in neurology. There never was a golden age. A
junior doctor, now writing a memoir, recalls
being advised in 1952 by a revered senior not
to contemplate a career in neurology because
of the glut of time expired senior registrars for
whom there were no foreseeable prospects of a
consultant post. Many of them sought jobs over-
seas. The profession itself, through the agency of
the British Medical Association in trade union mode, has not always been helpful.

This retrospect has touched on but a small
number of the landmarks in the development of
neurology since it became a recognized specialty
in the UK. The advances in the understanding of
disease processes, in diagnostic techniques and
therapeutic procedures have gone unremarked.
It has been at the mercy of a pen that retired
15 years ago and a memory that has developed
some ominous cracks. But it seeks to affirm that
neurology has advanced immeasurably over the
years and that those who practise it, although
confronted by irritations and frustrations that
spared their predecessors, bring greater benefi-
cence to their patients than did they. It expres-
es the hope that neurology will remain in the
forefront in tackling the questions posed by the
eighteenth century philosophers and the belief
that the shaping of its future will depend very
much on its own endeavours.

Another, and much the most enlightened ex-
hortation from those old cassette tapes asserts
itself: ‘Don’t stop thinking about tomorrow’. Let
it not be thought that it is urging the contempla-
tion of retirement. That can be over-rated and
left until the day after tomorrow.

REFERENCE

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