Plus ça change?

The pivotal role played by Martin Bax in 'Developmental Medicine & Child Neurology', and its predecessor the 'Cerebral Palsy Bulletin', was described in the December issue. Reading through the early copies it is rather sobering to see the themes he and others started writing about forty or so years ago. Families were not finding explanations for their children's problems, or effective treatment for major concerns, such as disordered sleep or behaviour difficulties, co-ordinated child and family orientated care, social acceptance, or provision for children who survived into adulthood – let alone a cure. Sampling at random, in 1961 Martin described a clash of views on the value of physiotherapy in hemiplegic cerebral palsy, followed by discussion of the lack of evidence for surgical intervention, and the undeniable conclusion that proper clinical trials were needed for all forms of treatment. Psychological effects of brain damage 'were beginning to get the attention they deserved'. Emotional stresses on a family, especially at crisis points, such as when a disability is first diagnosed, were also highlighted. The same year featured the social ill-effects of drooling and there was discussion of what was needed and what was available for people with disability who were leaving school – and the shortfalls.

Over the next few years topics included the classification and treatment of epilepsy; the relationship between attentional difficulties, dyslexia, and motor dyspraxia; the classification of cerebral palsy and, in particular, difficulties in defining clinical terms, such as 'spasticity', in and between countries; basic research in the neurosciences; and clinical skills. After visiting units in the UK, other European countries, and the United States, a politely phrased editorial suggested that we could improve services by avoiding petty professional rivalries between medical specialities and by seeking better teamwork with therapy colleagues, teachers and, above all, with the child and family themselves. How far have we still to go?

This issue shows how these themes are being addressed in clinics, schools, and homes. What are the effects of prolonged status or preterm birth on the brain? How can we help stop drooling, and improve feeding? How can we assess more exactly the associations and effects of attentional difficulties, neural tube defects, and cerebral palsy? New concerns have appeared, such as the important topic of how to assess and manage pain in children with neurological impairments. Equally significant, these papers are from all parts of the world and involve multidisciplinary and often multicentre teams incorporating therapists, nurses, and doctors, among others.

However, these issues of forty years ago are still a daily problem for many children and their families, perhaps more so with longer survival in many countries. Explanations have improved, especially with the ever newer genetics, magnetic resonance imaging, and other technologies. Medical training at times still seems to emphasize diagnostic accuracy more than an understanding of the effects of a disorder. Some years ago the advances in biochemical understanding of enzymatic pathways were expected to cure all metabolic encephalopathies, but in reality ended up for many conditions with more accurate diagnoses and little change in outcome. So far the current genetic breakthroughs could be seen as simply a move from the protein to the gene, with similar results as far as patients are concerned. Even if gene therapy or neural grafts become reality, there will still be a need to emphasize less glamorous but equally vital work as well.

How can we help when an older child with disability continues to wake their parents every night, and their exhausted carers can no longer cope in the day? How can behaviour difficulties such as episodes of rage or self mutilation be approached effectively? Is the care we give properly coordinated? What to say to parents worrying about what will happen when they become too old to look after their dependents? Here a social or political response is usually needed as well, reiterating the fundamental importance of a close liaison between professionals and national patients' organizations. Here, in the UK at least the biggest single recent advance is arguably not a medical one. The development of specialist nursing, for example, in neurological support, epilepsy or attentional difficulties, with children seen in their own homes and schools has provided enormous support to them and their families.

The first editorial published in 'Developmental Medicine & Child Neurology', entitled 'For Your Education and Information', explained that the journal was aiming to improve prevention, early diagnosis, assessment, and habilitation of cerebral palsy. It still is. Our remit has broadened to include neurological disorders of all kinds, as it has become clear how much they overlap in their causes, effects, and management. We will continue to publish and encourage work that tackles these important and practical areas. We still need clinical and scientific articles on the fundamentals of our practice. We would also like to encourage more reviews highlighting new advances or aimed at continuing professional development; diagnostic and therapeutic guidelines; and especially personal practice papers from those in all areas of management of children with disabilities. Suggestions on what you would like included are always welcome. In editorial terms there are also technological opportunities: for a pilot period we are inviting submission by email, with the intention of speeding up and simplifying the process for authors. We hope this will help towards achieving the original aim of improving the lives of children with neurological problems, and their families, through publishing advances in many fields.

Peter Baxter

DOI: 10.1017/S0012162204000015