

Neurology or psychiatry?

No doubt, a historian sometime further on in the new century will look back with some anguish at the relationship between neurology and psychiatry which existed in the twentieth century – or rather, should I say the separation of psychiatry away from neurology. It has always seemed curious to me that one of the leaders of this movement on the psychiatric side was Freud, despite the fact that his first book on cerebral palsy reads as if written by a neurologist of the classic French school, with its emphasis on the underlying pathology, clinical signs and symptoms, and observations all leading to classic diagnoses. Perhaps he already found the traditional medical model displeasing as he wrote it, ignoring the environment except for its very strictly determined biological components of disease. Be that as it may, in Coyles' brief account of the emergence of child psychiatry in America in his foreword to Professor Harris's book¹, we read that child guidance clinics were predisposed to embrace a coherent explanation of child psychopathology. This overwhelming embrace, in different degrees, means that today in different countries the massive divide between neurology and psychiatry persists. Thus, in parts of France families with autistic children have found it difficult to get treatment without accepting that the parents themselves should go into some form of psychoanalysis. This was still presumably because Kanner's original description of autism implied a purely environmentally determined pathology.

The child with a disability stands as a crux at the centre of this divide. It was Tizard who showed in his famous Brooklands experiments that a psychosocial approach to children with severe learning disabilities affected their development and behaviour. But he and his colleagues Graham, Rutter, Whitmore, and Yule, went on with their bold neuropsychiatric study in childhood. There were others who also tried to deal with the divide. Bowlby's immaculate work in drawing attention to the work of Lorenz and its value in studying child behaviour, recognized the existence of biological factors in developing behaviour. That this has led on to the whole field of behavioural phenotypes is striking.

The Mac Keith Press has always tried to cross this divide. Our founder, Ronnie Mac Keith, was the first paediatrician appointed to the Tavistock Clinic. Aicardi's textbook of *Diseases of the Nervous System in Childhood* is, I believe, the first paediatric neurology textbook to include a large section by a child psychiatrist and indeed that psychiatrist (C Gillberg) contributes to our series his text on the *Biology of Autistic Syndromes* written with his colleague Mary Coleman, a paediatric neurologist. Many of our other books, such as the *Neurodevelopmental Approach to Specific Learning Disorders*, have authorship which prominently crosses that divide. Indeed in the present issue of this journal, there are three articles which look at issues which are clearly neuropsychiatric (Gillberg et al., Schmitt et al., Gadow et al.). In some countries, Italy for example, you find departments of

neuropsychiatry but in most parts of the so-called developed world the two subjects remain far apart. In the UK, for example, I attend sessions where psychiatrists talk of the mental health problems of childhood. What are these? Are they not problems deriving from the nervous system? There is almost a suggestion that there is an area of functional disability which is purely psychiatric. Child development/disability centres piously hope that a psychiatrist will visit but usually behavioural issues are dealt with – and mostly very appropriately – by psychologists. A visit to a child guidance or child psychiatric unit rarely finds the neurologist in attendance and this situation subsumes across many parts of the developed world.

I have already mentioned Professor Harris' book *Developmental Neuropsychiatry*¹ which is a valiant bridging of the gap. But it would be interesting to know how broadly it has been read by working psychiatrists or indeed by working neurologists. What is the consequence of this for the families with children with disabilities? Gillberg (personal communication) was chagrined to discover when he and his colleagues examined children from a neurology clinic who had epilepsy, that many of the autistic children were unknown to him despite the fact that for many, many years he had meticulously sought to record the presence of autism within the local population.² There is little question that the different approaches have consequence for the families, in that according to whom you are referred, you'll get more or less of a psychiatric or neurological assessment and the path of management will vary, therefore, enormously. The separation is finally emphasized when we find children with neurodisability over-represented in the 'delinquent' populations.

What is to be done? Clearly the divide between psychiatry and neurology needs to be closed. Child psychiatry and child development disability clinics should function together and the health professionals involved should have training that prepares them to take the broad approach to children that is needed: an approach which includes an assessment of the environmental factors that may play a part in children's behaviour as well biological factors which may be compromising their function. Clearly, in order to develop such units the training of health personnel must radically change. We need not neurologists, not psychiatrists, but neuropsychiatrists. Planners of such courses might do worse than look at the back issues of DMCN together with our books to develop an appropriate textbook.

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References

1. Harris JC. (1995) *Developmental Neuropsychology*. Vols. I & II. Oxford: Oxford University Press.
2. Olsson I, Steffenburg S, Gillberg C. (1988) Epilepsy in autism and autistic-like conditions: a population based study. *Archives of Neurology* 45: 666–8.