

The Arachnoiditis Support Groups has a wider set of aims:

1. RECOGNITION OF CASES OF ARACHNOIDITIS; including research into causative factors and the incidence of this so-called 'rare' condition
2. PROACTIVE APPROACH TO TREATING ARACHNOIDITIS There is often under-treatment of chronic pain of all types and this is an important issue.
3. PREVENTION OF FURTHER PREVENTABLE CASES: notably those due to epidural injections.

Whilst it is true that myelograms are rarely used nowadays, nevertheless, arachnoiditis patients are still suffering from the legacy of too little action too late.

We must, as Dr. Burton has said, learn from the past so as to avoid repeating history. The subarachnoid space is unforgiving: there is no room for manoeuvre.

It is (literally) the nerve centre of the body, and it remains unthinkable to place highly toxic agents into it.

This was demonstrated recently by the tragedy in which a Nottingham man was inadvertently injected with vincristine into the spinal fluid, with catastrophic results.

The whole issue of the use of ANY drug in the delicate subarachnoid space should be reconsidered, or must we wait another 60 years to implemetn Oldberg's apt warning in 1940:

"In any procedure undertaken involving it (the central nervous system), the axiom should be that the chances of benefit must preponderantly outweigh the harm of injury. When in

doubt-don't risk it!"

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Patron of the ASG 2000