

## EDITOR'S CHOICE

Pract Neurol 2010; 10: 125

I once thought about editing a book entitled 'Mistakes in the Management of Neurological Disorders'. I planned to ask various neurologists to contribute a case history where a mistake had been made and what had been learned from it. I thought the author for each case should be anonymous, but I planned to have two lists at the beginning of the book – all the authors who had accepted my challenge (including me) and, more revealingly, all the authors who had not. Like many of my crazed ideas, this one never took off but I was reminded of it last year when I heard David Chadwick describe the patient which he has now written up for us on page 155. We all live in fear of missing the long QT syndrome because it is rare and can be fatal, and yet it is treatable and has genetic implications. How remarkable that he and the family have been able to write about this together, and how incredibly helpful it will be for anyone seeing patients with 'blackouts'. It is a tribute to David's ability to talk so openly about the mistake with the family, and to the family for understanding that these things can happen even in the best ordered worlds and departments. So instead of that book I once thought of, let us take up the authors' challenge and ask others to write openly about mistakes, because we learn from our mistakes, and if we write about them others will learn before they make the same mistakes. And in this internet age, and because Practical Neurology is available on line, it goes without saying that the patient or family must give consent to publication, and maybe get involved too.

Always alert for a relevant article, the first thought I had when a friend had a TIA was to get him to write about it (I knew his care was in good hands so I didn't need to think about that). So he has, on page 152, and by coincidence I had already asked Keith Muir and Tracey Baird to tell us how to set up a stroke thrombolysis service, the very service to which my friend was so speedily transferred (how much this cost the National Health Service

I dare not think, but here in Scotland we like to believe we do things properly, while the English moan we get more than our share of UK public expenditure).

I have always been in favour of attracting into medicine people who don't just have a good memory and swot for exams to get into medical school. Some disagree; there was an SHO interview in Oxford where we finally wrung out of a candidate that the first for her Part 2 at Cambridge (which was on her CV) was for fine art (which was not), advised she said by senior doctors at the Hammersmith Hospital to conceal her non medical tendencies (strange place the Hammersmith in the old days, I had turned down their invitation for an interview for an SHO post in 1969 not wanting to be a phlebotomist for other peoples research projects). We had a very good SHO in Edinburgh once, with over 200 publications – in New Musical Express! And she is still writing. So, good to have a solicitor, Simon Kerrigan, qualified in medicine, picking neurology as by far the most interesting speciality, and writing about advance planning for end-of-life care on page 140.

Running out of space does not mean that the other articles are of less interest. Chronic dizziness needs a cool calm head to sort out and Adolfo Bronstein and his colleagues help us on page 129. A couple of rarities, both treatable or preventable, appear on pages 160 and 164 from Switzerland and Newcastle-upon-Tyne, an unusual field defect from Liverpool on page 167, and Gerald Stern writes some wise words on page 170 (he was one of my bosses when I was a senior registrar). Patients can be very concerned about their bladder symptoms and yet neurologists are often uncomfortable dealing with them, so it is good to have Jalish Panicker and Clare Fowler giving us the bare essentials of uro-neurology on page 178. Something for everyone, I hope.

**Charles Warlow**