

EDITOR'S CHOICE

Pract Neurol 2010; 10: 249

We all worry about our own health, the more so as we get older, and even more so when we became medical students and then doctors with inside but incomplete knowledge. As a student I well remember developing and then recovering spontaneously from Hodgkin's disease as well as motor neuron disease. Later in life I convinced myself that I had a malignant pleural effusion before an agreeable radiological colleague arranged for a normal chest x-ray. But what if I had worried about brain secondaries and had persuaded him to do an MR brain scan? In the last issue of *Practical Neurology* Rustam Al-Shai Salman warned us of the consequences of incidental findings on brain imaging. In this issue Jeremy Chataway goes into more detail about one of them – the radiologically isolated syndrome which may or may not turn into the clinically isolated syndrome, and then maybe into multiple sclerosis (page 271). Here there are at least some outcome data, albeit far from perfect, to guide the eager physician who has ordered the scan, even in the UK National Health Service where he or she has nothing financial to gain from unwise curiosity. However for most incidental findings we have no idea what the future holds, and so what best to do – and yet we have all this unwanted information at the very same time that the fashion for patient autonomy is replacing paternalism (and surely maternalism too as the medical profession changes sex) which demands that we tell all. In other words, doctors are nowadays supposed to dump their uncertainties into the lap of their patients who are then supposed to make a rational choice based on 'full information' (about as impossible as choosing your electricity supplier).

At least we are unlikely to be screened very often for the paraneoplastic antibodies of the sort described by Paul Gozzard and Paul Maddison (page 260), although some of my male friends have been unwise enough to have a PSA (prostate specific antigen) even when their urinary stream was still robust. And now I worry not just about my health, but my children's health too. The very obvious facial tics in my three year old were a niggling concern until I read in Hugh Rickards's article on Tourette's (page 252) that these things are incredibly common and mostly go away (so no need for the haloperidol just yet). On the whole I sleep very well but I suppose I could worry about my still sleepwalking 20+ year old 'child', so I carefully read Paul Reading's Bare Essentials of sleep disorders in neurology (page 300), and the Test Yourself from Cardiff (page 290). At least I will probably be spared from reading epilepsy (page 278) because it is so rare. But I fear not from becoming – well being – a Grumpy Old Neurologist (GONER) lamenting the glorious past when we valued continuity of care (ie, working every day of the week of every month) and being part of a tightly knit clinical team who actually knew each others names (ie, depending on a possibly irascible boss for a crucial reference, or more likely phone call to whoever it was one wanted to work with next). But there are some neurologists who are even older than me and maybe grumpy too, so read Gerald Stern's views (page 284) and reflect (that nouvelle way of saying "think") about your own neurology grand rounds and how to improve them.

Charles Warlow