

## EDITOR'S CHOICE

Pract Neurol 2011; 11: 57

Like most practising clinicians (which I once was) of a certain age, I take a fairly jaundiced view of guidelines, and a very jaundiced view indeed of guidelines hundreds of pages long. I am not sure if it is me or the people who write these things who have guidelineitis. So I thought that instead of an anodyne précis of what is in a guideline of the sort which I see so often published in other journals, we should commission robust reviews for our readers. Here Phil Smith, one of the soon to be editors of this journal, and his cardiological colleague Peter O'Callaghan, do over NICE (the National Institute for Health and Clinical Excellence) on 'Blackouts' (*page 108*). As it happens I read the draft of these guidelines and thought that they didn't contain anything you wouldn't find in any decent small medical textbook. Phil and Peter are somewhat more generous.

Otherwise this issue is a bit of a journal of peripheral neurology – how to diagnose the cause of a peripheral neuropathy based on answering six questions from James Overell in Glasgow (*page 62*), a cautionary tale of the dermatomes by the neurosurgeons and neurologists in Preston (*page 100*), and a splendid review of '*Aids to the examination of the peripheral nervous system*' by Jan van Gijn in Utrecht (*page 106*). '*Aids*' was the only book I ever told medical students to buy because it was cheap (and still is) and the contents would serve them well for a professional lifetime, even if they were not going to be neurologists,

neurosurgeons or orthopaedic surgeons. My own first copy didn't survive a coffee spill, but my latest copy is still going strong and should be buried with me if my doctor daughter doesn't steal it first.

I suppose some would argue that Richard Davenport's article (*page 85*) about how to write a clinical letter is a bit peripheral to what we are about, but of course as Richard argues written communication is absolutely central. Maybe John Pearce's essay (*page 91*) about what we mean by a diagnosis seems a bit peripheral too, but in truth the way we put across 'diagnosis' to patients is crucial, particularly if they have a functional problem. It is as well to ponder on what we really mean by 'diagnosis', 'disease', 'syndrome', 'disorder' and 'condition'; whatever we do mean, what the patients want to know is the prognosis and what the treatment is.

Finally, the annual Edinburgh Neurology Course CPC (clinicopathological conference) appears again (*page 71*). Over the years, the neurologists in the hot seat have always taken this exercise extremely seriously to their own educational advantage and to those in the audience – and it shows. Only one has had the temerity to seriously challenge the neuropathology diagnosis. Adam Zeman from Exeter so nearly gets the answer right on this one which, given what the diagnosis turned out to be, was an impressive effort.

**Charles Warlow**