

# Highlights from this issue

Phil Smith, Geraint Fuller

doi:10.1136/practneurol-2011-000102

The August edition of *Practical Neurology* marked the end of an era, the final issue under Charles Warlow's superlative editorship. This edition is thus a new start. Like so many things in life editing *Practical Neurology* has been subject to inflation and there are now two editors attempting to replace Charles. However, we, the new editors, Phil Smith and Geraint Fuller, are not planning radical change, rather we hope to be able to carry on Charles' vision for *Practical Neurology*.

- To provide accessible articles to help you in the clinic and on the ward with practical advice on the diagnosis and management of patients with neurological problems.
- To try to ensure this is based on the best scientific evidence, or on the best interpretation of evidence if no immediately relevant evidence is available, giving guidance where evidence is not available.
- To focus on commonly encountered clinical problems, but to include rarer diseases, especially where there are important treatment or prognostic issues to consider.

For a long time the Neurology offices in Gloucester were adjacent to the Dermatology offices. An unusual arrangement; perhaps the hospital management were acknowledging the shared neuroectodermal embryological origins of skin and brain. However, we found this juxtaposition to

be helpful remarkably often. Katherine Warburton and Benjamin Wakerley provide an extensively illustrated review of dermatological clues to neurological diagnosis **on page 289**. The skin theme is continued **on page 301** with practical advice on the Pathergy test from Mark Baker, Emma Smith, and Osheik Seidi.

Many neurological diseases are rare. Some of these are particularly important because they are treatable. Treatment can only be given if the diagnosis can be made, preferably early in the disease before irreversible changes occur. We have a series of articles on such rare though treatable diseases. Mohammad Rafiq and colleagues present a series of cases of cerebrotendinous xanthomatosis **on page 296**. Shahrzad Hadavi and colleagues review Stiff Person Syndrome **on page 272**.

Electronic communications are now embedded in almost every activity of daily life so it is no surprise that some neurologists are exploring how best to use them to do neurology. Andrew Larnar reviews the current state of tele-neurology **on page 283**. Despite progress, it seems that we will still be needed in the clinic and on the ward for some time to come.

Personal stories are at the heart of clinical neurology. We learn from patients, colleagues and our teachers. In this issue, Jean Waters,

a retired anaesthetist, describes **on page 317** how she has used her experience as a patient with "slowly progressive" motor neurone disease courageously to launch a new career as a patient advocate for research bodies and Government. Dr Makhoulf describes the state of clinical neurology in Tunisia a country at the heart of the 'Arab Spring' **on page 323**. Gerald Stern tells us who he believes to be the world's best known neurologist (you must read it **on page 312** to find out). Lord Walton – still a very active working peer in his 90<sup>th</sup> year, describes how he first came to be a neurologist **on page 310**.

Carphology continues – please do get in touch if you come across an appropriate article for comment. We are also introducing some 'neurological fillers' – brief comments on papers or books from the past that are worth highlighting. We would welcome submissions in this format.

Heraclitus anticipated the editorial changes 2,500 years ago, saying something like 'you cannot step into the same river twice'. *Practical Neurology* like the proverbial river will be the same but different. We shall work to build on what Charles achieved, improving where we can but not touching what works, and aiming to bring the Journal to a wider but hopefully equally appreciative audience.