When faced with a difficult
task, what do you do: you
have looked at the evidence and
still you are unsure? Do you per-
haps wonder what Dr So-and-so
or Professor Whatsit would do?
One of the privileges of editing
Practical Neurology is that we
can ask So-and-so and Whatsit
to tell us just what they would
do and why. In this edition, we
have indulged ourselves richly.

Chris Allen lets us listen in
on his teaching on page 97. We
anticipate that most readers will
find his teaching tips interest-
ing and useful. We asked Simon
Kerrigan and Robin Grant to
explore the difficult dilemmas
and decisions involved in man-
aging patients presenting with
low-grade gliomas on page 72.

John Paul Leach tells us how he tackles the
important issue of discussing sudden unexpected death in epi-
lepsy (SUDEP), in the context of an evolving legal guidance in
Scotland. Jane Hanna, Epilepsy Bereaved’s director, provides
this influential charity’s perspective to John Paul’s approach to
SUDEP on page 107.

It can be a challenge to distin-
guish Parkinson’s disease from
the various Parkinsonian syn-
dromes. Marjolein Aerts and
colleagues have come up with a
novel three-pronged approach
to help with this often diffi-
cult differential on page 77.

Diagnostic criteria and disease classifications can seem very
dry and theoretical, but they form the basis of much clinical
research making it important to have a good understanding of
them. New criteria for the diagnosis of Alzheimer’s dis-
ease and related disorders have been introduced, and these are
reviewed for us by Andrew Budson and Paul Solomon on
page 88.

We often hesitate to include
case reports describing rare or
unusual diseases in Practical
Neurology, because they are,
well, rare. On the other hand,
for patients with these dis-
eases, they have a prevalence of 100%.... We have a rare but
 treatable cause for our ‘difficult
case’ from Adam Abbs and a
discussion of another treatable
rarity – Neuro-Sweet’s disease –
from Gemma Maxwell and col-
leagues on page 126. Attentive
and regular readers of Practical
Neurology should do well in
this issue’s Test Yourself on
page 135, from Zuzana Dean
and colleagues.

In the UK, neurologists do not undertake neurophysiol-
ogy, even though it is a central
part their work in other coun-
tries. To address this, Roger
Whittaker provides an intro-
duction to neurophysiology
for our trainees on page 108.
The clinicopathological con-
ference is always an excellent
way to understand the way to
think about clinical problems.
We have a report on page 116
from the Edinburgh advanced
neurology course where Chris
Allen (featuring again) tackles a
difficult case.

The events in North Africa through 2011 were dramatic,
and nowhere more so than that in Libya. Hani Ben Amer pro-
vides a neurological perspec-
tive in his letter from Libya on
page 133, emphasising the rar-
ity there, not of disease, but of
neurologists and neurological
services.

We sometimes use words to
mean more than one thing,
and drift between one meaning
and another without thinking.
Francesco Brigo muses on the
way we use the term ‘general-
ised’ in describing EEGs and to
classify seizures and epilepsies
and how this can be potentially
misleading on page 139. Finally,
Prahlad and Nitin Sethi remind
us of the need to keep our eyes
open to broader differential
diagnoses on page 102.
Highlights from this issue

Phil Smith and Geraint Fuller

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