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Highlights from this issue

Phil Smith, Geraint N Fuller

Practical Neurology aims to help neurologists in clinical practice and to help our patients. But which of the articles we publish in *Practical Neurology* are the most useful to you the reader? This seemingly simple question vexes us editors considerably. In other journals, the drive is to publish first descriptions, major trials, consensus papers of disease definitions, or any paper that will be highly cited to increase the journal's impact factor: the 'bottom line' for most academic publications. *Practical Neurology*'s 'bottom line' is less clear cut and depends on what you find most useful... that vexatious question again.

We think our reviews, of both specific topics and of techniques (such as 'How to understand it'), probably are most useful, though recognise their impact will vary. We think reviews of common disorders—such as that of functional disorders by Jon Stone (*see page 7*) or of widely used techniques, such as lumbar puncture (reviewed by Angharad Davis on *see page 18*)—will help many neurologists, trainees or trained. Reviews that tackle topics you may not have thought about, such as Biba Stanton's article on apathy, may help you to find the unknown unknowns. Reviews of specific though rarely encountered topics—for example in this issue of stroke in pregnancy by Angela O'Neil (*see page 23*) or neoplastic cauda equina syndromes by Saad Ali (*see page 35*)—will help when you next see such a patient.

Our 'How to do it' reviews aim to do what they say they will: in this edition Mark Wardle tells us how to set up and use clinical databases (*see page 70*) and Emma Tallantyre explores the practicalities of running an MS relapse clinic (*see page 62*). In this edition, we are developing this format further, with Jon Stone and Alan Carson telling you how to explain the diagnosis of functional neurological symptoms, something that has significant impact on subsequent treatment.

We commission most of our reviews. In choosing authors we recognise that the best people to describe and advise on the practice of neurology are busy and experienced clinicians. 'Busy' can mean that our chosen author's first response is that they cannot find time to write (paradoxically, music to our ears). 'Experienced' should mean they have no need to spend much time researching the topic with such information at their fingertips. Anyone may write for *Practical Neurology*, but those with fewer years of clinical exposure may wish to team up with an experienced author.

We cannot commission case reports but believe them to be very educational. Case reports can remind us of an unusual feature of a particular disease, such as 'insulin neuritis' in diabetes by Yun Hwang (*see page 53*), or typical features of rare diseases, such as Douglas Crompton's report on Glut-1

deficiency syndrome (*see page 50*). They can walk us through the thinking in difficult clinical cases—as we do in many case reports, test yourself articles, or in clinicopathological conferences. We depend on our readers to submit these cases and for them to draw out the key learning points—it is often most informative when they share the inevitable blind alleys and false trails followed along the way, rather than the smooth trip that it might have been.... Indeed, the most informative cases with the most practical impact are those where the author describes a mistake or an oversight that led to a particular outcome.

We hope the neurology Book club (*see page 78*) will prompt wider reading, and hopefully more neurology book clubs. We know that Carphology (*see page 80*) will always keep you interested...

These are our thoughts on what is useful in *Practical Neurology*. However, you, our readers, are the final arbiters of what is useful. If you would like to read—but not necessarily write—a review on a particular topic, then please let us know. We would be interested in your suggestions and quite likely other neurologists would be too. We will be circulating a questionnaire to explore this and would be most grateful for your thoughts on how we can improve the journal—but do contact us if you have suggestions in the meantime.