Highlights from this issue

Phil E M Smith,[1] Geraint N Fuller[2]

One of the joys of the general neurology clinic is its variety and uncertainty. Your first patient might have a tremor, your next is sleeping poorly because of funny feelings in his feet, and the third has developed a clumsy hand. This all seems a world away from the life of the anaesthetist, whose patients will pretty much always end up asleep shortly after they meet. So what can neurologists learn from anaesthetists? Well, a big advantage of doing the same thing again and again is that you think hard about what it is you do, cutting it into its essential steps and allowing careful consideration of how best to teach it and learn it; Mark Stacey welcomes us to his world on ***page 439***. You might discover, like your editors, that all your life you have been tying your shoelaces ineffectively (his reference 10; recommended viewing). While his approach is not applicable to all of neurology—indeed one colleague commented that avoiding this is exactly why he went into neurology—undoubtedly there are areas in practice where it can help; David Nicholl discusses some of these in his accompanying editorial on ***page 424***.

The rest of this edition keeps us firmly grounded in the general neurology clinic and ward. Jane Alty and colleagues explore how we might best use paper and pen tasks to diagnose tremor (***see page 456***), with a focus on writing and drawing Archimedean spirals. Subhashie Wijemanne and William Ondo provide a very practical review of restless legs syndrome and highlight the problem of 'augmentation' (***see page 444***). As a rule, we shy away from eponyms in *Practical Neurology*, or at least we think we do, but they turn up quite often. Lou Wiblin and Joe Guadagno explore the 'Useless hand of Oppenheim' (***see page 464***), arguing that the term gives a useful way to think about the deafferented hand that occurs with posterior column demyelination. Marios Hadjivassiliou and colleagues explain the genetics of Gordon Holmes syndrome (progressive ataxia with cognitive deterioration and hypogonadism) (***see page 476***), and Gavin Reynolds and colleagues remind us that ophthalmological review can aid the diagnosis of Susac's syndrome (***see page 472***). The eponyms keep creeping in.

One recurring theme in neurology is that we cannot rely on patients having 'classical' or 'textbook' presentations or responding straightforwardly to standard treatments. Thus, we particularly appreciate reviews that are case based and written from considerable experience. Neurological complications of tuberculosis are fortunately rare but when they do occur, the diagnosis and management can be challenging; Apeksha Shah and colleagues share their extensive experience in a practical case-based review (***see page 429***).

Last year, we published a (free to download) review of apraxia,[1] which was based on the traditional model; we suspect this resonated with most clinical neurologists' approach to the issue. However, ideas evolve and Nick Miller provides a commentary on this and explores newer ways to think about apraxia (***see page 426***).

It is always shocking when someone with epilepsy dies suddenly and unexpectedly. Unlike other parts of neurology that have often close links to palliative care, such as in motor neurone disease, the epilepsy service is not set up for bereavement and everyone finds it hard to know how best to handle a tragic situation. Lina Nashef and John Paul Leach use their experiences to discuss their thoughts on how to approach and interact with the family of a patient who has died from SUDEP (***see page 489***).

Tapas Banerjee sends a letter from Calcutta (***see page 493***), we have a double Book Club report (same book, two Clubs, ***page 499***), and A Fo Ben provides another sideways look at the literature in Carphology (***see page 500***).

So, lots to help you as you start your day in the clinic and on the ward—with a boost in confidence from knowing that your shoe laces will stay safely tied….

Competing interests None declared.

REFERENCE

1 Cassidy A. The clinical assessment of apraxia. *Pract Neurol* 2016;16:317–22.