EDITOR'S CHOICE

Pract Neurol 2009; 9: 311

When I was the late Ian MacDonald's registrar in London in the 1970s I can well remember him teaching me how to use a red pin to assess the visual fields at the bedside (For some time I had sported the pin in my lapel without really having much idea what it was for). So I am rather pleased that Sarah Cooper and Richard Metcalfe are still recommending this rather old fashioned—but simple and effective—test in their article on the visual fields (***page 324***). The waggling finger is hopeless, and it is simply not practicable to wait on someone cranking up the Goldman or Humphrey perimeters—and whoever did this out of hours anyway? And if a patient could not sit up, what then? So keen was I on the humble red pin that when I was responsible for medical student teaching I had them all issued with red pins when they arrived for their neurology attachment—well, red was difficult to find so in fact they were white headed pins painted pillar box red by my secretary. Why on earth is this not common practice, because I fear it isn't?

Editing Kate Bushby's article on the limb girdle muscular dystrophies (***page 364***) convinced me, yet again, of the crucial importance of subspecialisation in neurology. The ordinary bog standard neurologist cannot possibly be expected to remember the rarer causes of this syndrome, or to be able to properly investigate them. He or she needs a Kate Bushby team to whom the patients can be referred. And she can and should be spared the challenges and pleasures of bog standard neurology. We need both sorts of specialist, working as part of a neurological network, complementing each other's skills and aptitudes so that between us we can look after not just the dystrophies and other rarities but all the common stuff as well.

Neuromyelitis optica seems to be growing round the edges as you will read about in the article by Lucy Matthews and her Oxford colleagues (***page 335***). Some of what we used to call multiple sclerosis seems to be something else, importantly requiring a different therapeutic approach. Paul Morrish again comes up with new ideas, this time the audio clip (***page 341***). Some readers will be irritated that I have let Chris Hawkes out of his cage so soon after his August 2009 editorial on why he has given up examining patients, a contentious topic I will return to in a future issue. But he makes good points about our use and abuse of words (***page 347***).

As ever it is a pleasure to edit, and I hope improve, all the articles we publish in Practical Neurology. And we are fortunate that our reviewers also help to keep the authors on their toes, not by anonymous and over critical and destructive remarks which can occur in other medical journals, but by open and helpful suggestions. All this certainly keeps me up to date, and I hope you too.

Charles Warlow