EDITOR'S CHOICE

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At school I was once complemented by a teacher for being 'surprisingly clear' in some essay. But I was far more often castigated for my bad spelling (still a problem). It would be so good to be able to spell *and* be clear, but if it can only be one or the other then clarity wins every time. As an editor I am far more concerned about clarity than spelling, hoping that the authors – or spellcheck – will deal with the latter. So what really irritates me, and confuses me, both as an editor and as a reader, and what really annoyed me as a medical student, are authors and teachers who use different words to mean exactly the same thing – clarity is sacrificed for cleverness. Why do we have to talk about the pyramidal tract *and* the corticospinal tract neurons when just one or the other would do? They are after all the same thing. Why do we flip between aphasia and dysphasia when we are very clear about the difference between apnoea and dyspnoea? What do we mean by cardiovascular disease – is that just coronary artery disease or does it include cerebrovascular disease as well, or even peripheral vascular disease? We are taught that when writing good English it is best not to use the same word too often in a sentence or even a paragraph, and to find a synonym, but that definitely does not apply to technical terms which may be unfamiliar to the reader. When I gently chided an author for using 'primary' and 'idiopathic' interchangeably he responded that everyone knew they meant the same thing. But I didn't in the context of the particular article, and if I didn't then my guess is that the readers wouldn't either.

So let us be very, very clear when we speak and write if we want to be quickly and easily understood, which brings me to the article by Sarah Sheikh and Anthony Amato (***page 326***) about sensory ganglionopthaies which it turns out are the same as sensory neuronopathies. They were good enough not to complain when I asked them to explain from the start that the two terms meant the same thing, and then to use just one of them – and they chose the first - throughout the article. But how to ensure that everyone sticks with sensory ganglionopathies? Too late I noticed that Jeremy Rees in his excellent Bare Essentials of neuro-oncology (***page 359***) opted for sensory neuronopathies, in the very same issue of *Practical Neurology*. There is clearly a limit to my powers of editorial concentration. Christian Lueck writes about loss of vision (***page 315***) and here we have the familiar problem of that clever sounding 'amaurosis fugax', literally fleeting loss of vision. Most of us, if not all of us, use it to refer to loss of vision just in one rather than both eyes, and some (Dr Lueck included who defines his usage of the term) restrict it to transient *ischaemia* in one eye, even sometimes to ischaemia due, they believe, to thromboembolism. That is fine if people say what they mean upfront rather than assume that the whole world uses a term in the way that they mean it, but they seldom do, so we are all confused. Much better than amaurosis fugax is I think to use the term 'transient monocular blindness' so we all know where we are – just one eye, and a transient symptom, not a pathology assumed more often than proven.

I am not the only one to be irritated this month. This issue contains an attack on the continuing use of the stethoscope by Chris Hawkes (***page 344***), and on the present method of neurology training in the UK by Parashkev Nachev (***page 335***). I thought the stethoscope didn't need a defence, but training did so I asked Geraint Fuller to mount a response. Yes, times have indeed changed. In the (good) old days (the 1970s) those of us training in neurology in London had to plead for tutorials from our world famous consultants – there was no formal teaching, nor any general neurology or subspeciality courses. There are now probably far too many. John Garfield in his piece on why he did not become a neurologist but a neurosurgeon (***page 347***) recalls the decidedly non-PC (politically correct) old days when no-one had even dreamt of structured interviews, dear me no! Time to move over and let the younger generation do it their way – but Nachev *is* one of the younger generation; he is not even a consultant yet, and yet he seems to want us to go backwards. So what now? The wheel goes around.

Charles Warlow