

One of the nice things about editing *Practical Neurology* is that commissioning articles allows me to get answers to questions that have troubled me for years. Questions that maybe I have not dared to ask in public for fear of looking stupid. This issue is full of them. First up, which neurosurgeon to refer your patient to? Ask another neurosurgeon has been my usual approach, so I did, and Steve Haines from Minnesota provides some tips in his editorial (*page 2*). The neurological complications of systemic lupus erythematosus (SLE) have confused me for years, and the treatment has always seemed to me to be something of a mess. Part of the problem must be that SLE patients are seen and looked after by so many different specialities so that no one speciality can really get to grips with the overall disorder. Another problem is that SLE is not all that common. Of course rheumatologists usually take the lead but how much neurology do they know and do they work well with their neurological colleagues? Fady Joseph and Neil Scolding from Bristol give this topic a going over and tell us what there is to know (*page 4*); clearly there are huge gaps in knowledge, and treatment is indeed a mess—randomised trials are needed but in these days of prioritising research funding to cancer and vascular disease I am not sure when they are going to get done, if ever. Deep brain stimulation has been a mystery to me but clearly is gaining ground as a therapeutic option for Parkinson's disease

and other disorders, so it is certainly time for a review which I commissioned from Wesley Thevathasan and Ralph Gregory (*page 17*). It is interesting that this technique goes back to before the levodopa days; I presume that had it not been for the unexpected and dramatic success of dopaminergic therapy it may have been developed much faster than it has been. 'Could it be drusen?' is often a hedging remark when the optic disc looks a bit odd and you don't really want it to be papilloedema because the history is not right—three specialist ophthalmology registrars from Leeds take us through this issue (*page 29*). I suspect we all can miss poisoning as a diagnosis in our more mysterious neurology cases, partly because we don't think about it and partly because by the time we do it may be too late—the patient is dead or the poison has gone. Well the arsenic was still around in the patient described by Liberty Mathew and her colleagues (*page 37*), and so fortunately is the patient—and presumably the poisoner. So there you are, along with other bits and pieces, and of course the Bare Essentials (of coma), another issue of *Practical Neurology* thuds through your letter box. I hope it answers some of the questions that you dare not ask in public. If you have others that you think we should ask you can whisper them to me in an email and I will not breathe a word, or think you stupid.

Charles Warlow