

I have only once had to be rescued from an aggressive patient. It was in an outpatient clinic. Because we have very close clinical relationships with our liaison psychiatrists, there was just the person to help in the next clinic room, not yet a consultant at the time, but he knew exactly what to do to calm down the patient (and me). So Alan Carson, now some years later a consultant, is clearly the person to write about how to manage acute behavioural disturbance in the neurology ward ([page 67](#)) drawing our attention to proper preparation and planning, as well as how and when to use haloperidol. "Well doctor, look at this skin, and tell me what you see"; Von Recklinghausen's disease as it was called when I was young used to be, and maybe still is, a favourite for the clinical part of the postgraduate examination to become a member of the Royal College of Physicians. But it is not just the skin that matters to these unfortunate patients, and Rosalie Ferner takes us through all the many problems of the neurofibromatoses ([page 82](#)). This is yet another area of neurology where the general neurologist can't possibly keep up with the needs of the more complex patients, and where we must have subspecialists to help us. Brain microbleeds were not invented when we were doing all the trials of antithrombotic—and inevitably anti-haemostatic—drugs in the 1980s and 90s. If they had been, we would have worried and maybe some would not even randomised

patients with them to anticoagulants, aspirin, dipyridamole and clopidogrel (ideally we would have randomised these patients to compare the risks and benefits of treatment in them versus those without microbleeds). But these days there they are on an MR brain scan and what to do about them is an issue; we can hardly rerun all the trials again. Charlotte Cordonnier has probably counted more microbleeds in more MR scans than anyone and while doing so must have thought a lot about what they might 'mean', so she has written down her thoughts ([page 94](#)). These three are the meaty articles in this April issue of *Practical Neurology* but many if not most readers will probably go first to the shorter pieces amongst which they will find funny feet ([page 105](#)), imploding antrums ([page 101](#)) and the first of a new series 'Why I became a neurologist' by Alastair Compston ([page 107](#)). In the UK we are bothered that neurology seems to be less of a first choice career option than it used to be. Therefore, exploring why people become neurologists, and when they decided, might help us focus our efforts on young doctors, and medical students, who have not yet made up their minds. Of course we all know that nothing could possibly be more interesting than neurology, but we have to get that message across to the undecided and defuse any 'neurophobia'.

Charles Warlow