Highlights from this issue

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There is a point in many neurological ward rounds, arriving at the patient with the complicated undiagnosed neurological disorder, when the question arises—often with uncertainty and a hint of desperation—"Should we try steroids?" Fortunately, help is at hand for a fair number of these patients, as the immunological basis of their illness is being better understood. New autoantibodies are dramatically helping in the diagnosis, and the best approach to treatment is becoming clearer. But what should you do if the antibodies are all negative and the patient has all the features of limbic encephalitis? This question is explored by Sherrini Ahmed and colleagues ***on page** 332* and they come up with some helpful suggestions. Steroids turn out to be the right treatment once again in a recently described syndrome called 'CLIPPERS'. Damien Biotti and colleagues provide an example of this ***on page** 349*. The full name 'chronic lymphocytic inflammation with pontine perivascular enhancement responsive to steroids' seems unlikely to be used much given the splendid acronym.

In neurology, things are often not quite what they seem. Dr Kowalewska-Zietek and colleagues describes a patient with an unusual carpal tunnel syndrome ***on page** 352*. Test Yourself with Vicky Stokes and colleagues ***on page** 362* is about an unusual cause of sneezing.

In contrast, drug induced tardive dyskinesias are often relatively easy to diagnose (although not always) but are extremely difficult to manage. How can it get worse if you take the causative drug away? Mark Edwards takes us through diagnosis and best advice on management ***on page** 341*. Kate Ahmed and colleagues review ptosis ***on page** 332*, a common but often under appreciated sign.

Frances Gibbon provides her personal experience of living with epilepsy and sharing this with her patients ***on page** 370*.

***On page** 366*, Kier Waddington and Rhys Thomas present an unusual case report—of an ordinary disease of 100 years ago—which seems far from ordinary now.

Fred Schon discusses some problems of UK neurology and offers a view of the future ***on page** 376*, which includes a move to increasing acute neurology something Anne Johnston ***on page** 379* tells us is already happening.

Talking about acute neurology: what would you do if you were cycling in the middle of Africa and one of your party suddenly developed unilateral weakness? Probably inconceivable that you could get an urgent scan and thrombolysis—or is it? David Cohen was faced with just this scenario in Mombasa. Find out ***on page** 372* how he approached it—and how his patient got on—and, ***on page** 375*, what Tom Hughes (who kindly reviewed it for us) made of the whole case with the benefit of hindsight safely 7000 km away and in the process comes up with a wonderful acronym of his own—'Sudden Onset Deficit of UnKnown Origin' (SODUKO)—to help you remember that such events are not always strokes.

We are also introducing some 'Neurological reflections'—brief comments on papers or books from the past that are worth highlighting. We would welcome submissions in this format.

Our Image of the moment ***on page** 380* is perhaps the only knitted neuropathological demonstration yet encountered. A work of art.

We are delighted that Gerald Stern's article on 'The world's best known neurologist'[1] has prompted debate, with Alan Carson and Matthew Kiernan (Associate Editor and Editor of the *JNNP*) and Marytn Bracewell to suggest alternatives. Perhaps we should start a league table?

Reference

1. **Stern G.** The world's best known neurologist? *Pract Neurol* 2011;**11**:312–15.

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