

EDITOR'S CHOICE

Pract Neurol 2008; 8: 5

It is a strange irony that although many cardiologists are far from humble, the test that they have used on almost all their patients day in and day out for decades is, in the words of Phil Smith and his colleagues on page 48, the "humble electrocardiogram". For such a high tech speciality this is truly amazing. Even us more plodding neurologists have more or less abandoned our old favourites like the skull x ray, the EEG, which is now far less useful than it used to be (was it ever?), and even examining the cerebrospinal fluid is a much less popular pastime (there will not be many readers who remember the colloidal gold curve). But the humble ECG carries on looking much the same as ever it did—albeit it is quicker, easier and less messy than when my generation of housemen carted round the heavy machines from ward to ward (I like to think they had glowing valves which is not true, but they certainly didn't contain any computers in the 1960s). The important message is that we all need to know how to have a stab at looking at the ECG, and at the very least recognise that something may not be quite right and so

seek out a cardiologist to advise us; Phil Smith and his team's guide to the when, why and what to expect will be helpful, even to the neurologist. In many countries, including the UK, neurologists do not often see "ordinary" cases of bacterial meningitis, who are looked after by infectious diseases specialists or internists, but we may be called on to help in a difficult case, hence the article by Diedrick van de Beek and his colleagues from Amsterdam on page 10. Mike O'Sullivan makes sense of leukoaraiosis on page 28 but I am sure the whole story is yet to unfold, and very definitely the story on carotid stenting told on page 41 by Martin Brown is a long way off its ending (and will the cardiologists in some countries please get their tanks off our lawn and stop doing the procedure until the randomised trials give at least a modicum of justification). Drugs that don't seem to work (page 62) along with our regular "test yourself", neurological letter and carphology items complete this first issue for 2008.

Charles Warlow

A REQUEST

Every day of every week all around the world cases are being presented at local neurology meetings by neurology trainees. So let the trainees write some up, in the format we are developing for the "Test yourself" section (page 64) and send them to us for consideration for publication. The cases must be interesting, educational and maybe sometimes a little quirky, drawing the reader in and along the twisting diagnostic pathway via a series of questions to the final solution, exploiting the ever growing fascination that we all have with neurology (so much more interesting than cardiology!). Write the cases up well, as a story—active tense, short well chosen words and all that—and email them to Myles Connor (mconnor@staffmail.ed.ac.uk). If we like what you send we will help you improve it and get it into print.