

Although I am not a card-carrying epidemiologist it has not been difficult for me to realise that there is something terribly frustrating about the neurological complications of coeliac disease literature. No wonder such strong emotions are aroused—the protagonists are arguing over flawed and contradictory data. Gerald Grossman from Cleveland, Ohio, sets out all the methodological problems for us on page 77, warns us about the conflict between serological and histological diagnosis (just what is the diagnostic gold standard for coeliac disease supposed to be?), gives us his best bet of a bottom line and what to do with the next patient, and makes the very reasonable suggestion that far better studies need to be done. Maybe more neurologists should get some qualifications in epidemiology, or at the very least work with epidemiologists, rather than producing any more flawed studies. After all we are dealing here with potentially curable neurological problems, and just by changing the diet—no expensive drugs with adverse effects, giving the lie that all new therapeutic interventions are inevitably terribly expensive. The Liverpool group run us

through the familiar problem of the "MR normal myelopathy" patient on page 90; the latest addition to the list of causes appears to be copper deficiency, a diagnosis brilliantly revealed by Google in a case recently presented to the Association of British Neurologists. Graeme Hankey takes up the challenge of the TIA patient who goes on having TIAs despite best efforts to stop them on page 104. Neurologists in Western countries do not expect to find exotic infections in their patients; in India they perhaps do, but not *balamuthia* (page 112) which clearly surprised Kameshwar Prasad and his colleagues in New Delhi (but note they kept on worrying about the diagnosis until they found the right answer in a very distant country). Imaging the superior oblique muscle seems a bit *recherché* but it can be done (page 122), and Harding's syndrome (page 118) keeps the memory alive of the irrepressible Anita Harding, who died far too young. And what connects these diverse disorders? They are all what can be seen by the alert practical neurologist who maintains an interest across the whole of our specialty.

Charles Warlow