

In the (good) old days, before we all had to detail (in detail) the curriculum from primary school to university to what neurology trainees are supposed to know, good teachers taught what they thought we needed to know. And we were all encouraged to stay broad and read around our subject. But now? So many of today's students learn what is in the curriculum, and that's it. If it's not in the curriculum and will not be examined, then forget it. Fortunately there are still enough neurology teachers, and I am sure others, to resist these modern trends. They continue to encourage us to think about things which are not in the curriculum—why did Goya go deaf asks Phil Smith and his colleagues on page 370, although I must confess I didn't know he had, and what was the nature of the Abbe Faria's "seizures" Jock Murray wants to know on page 378? But we mustn't be too radical or "airy fairy", so of course we will wave the hard core of neurology in front of our readers as well—indeed there is nothing much more crucial and hard core than knowing how to deal with chronic meningitis, as described by Lionel

Ginsberg and Desmond Kidd on page 348, or knowing the bare essentials of peripheral nerve disease compressed into 10 pages by Richard Hughes on page 396. Dural arteriovenous malformations have been known about for years and although they are not common, we always—or should always—think of the possibility with an intracranial haemorrhage, but the more subtle non-haemorrhagic presentations are much more difficult to recognise, as Martin Wilson and his Liverpool colleagues reminds us on page 362. Dan Healy and his colleagues tell us when to test for one of the inherited forms of Parkinson's disease on page 381. Finally, and going back to what some would regard as the "airy fairy", what better way to illustrate a good outcome after a really serious disease than by publishing a picture of the patient surrounded by her family, back on her farm, at the end of the article on page 388? So much better than some silly score that adds together weakness of one arm with an upgoing plantar response with difficulty swallowing.

Charles Warlow