EDITOR'S CHOICE

Pract Neurol 2009; 9: 129

In with the new and out with the old—we have a new carphologist. First we must thank the old, Rajendra Kale who was our first carphologist. He is an Indian-trained neurologist with an interest in epilepsy who joined the *BMJ*, where he gave us a rave review in our early days, and he is now the Executive Editor of the *Canadian Medical Association Journal* and practising neurology in Ottawa. Our new carphologist is A Fo Ben, in translation from the Welsh "he who would be a leader". And the proverb goes on, "bid bont", "let him build a bridge", in our case a bridge between our readers and what neurological titbits are out there in the general medical journals (which they should be looking at, but perhaps are not).

Much more should be done to actively treat MS patients early on, claims Michael Hutchinson (***page 133***), but Alasdair Coles in his commentary puts at least a little restraint on his Irish enthusiasms (***page 144***). Personally I think we lost our chance in the mid 1990s to conduct independent (from industry if not our own prejudices) randomised trials of the then new "disease modifying" treatments—a mistake which I sincerely hope will not be repeated with the newly emerging treatments (the MS research community carries a major responsibility to do their own trials, not just those dictated and controlled by industry). The so-called Risk Sharing Scheme is no substitute for proper trials, even though it should provide very useful data on prognosis if all the patients are followed up for many years. Niraj Mistry and his colleagues tell us about the neurology of thyroid disease (***page 145***), and Mohamed Hamid tells us what we need to know about Ménière's disease (***page 157***), a not uncommon presentation in the neurology clinic and sometimes as a referral from the neuro-otologists, who on occasion seem strangely unwilling to diagnose one of their own diseases (maybe when the MR brain scan shows some unexpected and irritating lesions in the white matter).

Sunil Narayan and his colleagues from Pondicherry remind us about cerebral aspergilloma, even in an immunocompetent patient (***page 166***), and Lance Sloan draws our attention to an important, painful and treatable complication of MS (***page 163***).

Myles Connor continues to edit our Test Yourself series (***page 172***), and please let's have some more cases—not just from Edinburgh where we can pressurise our unsuspecting trainees who know what is likely to be good for them.

I make no apology for including functional symptoms in neurology in the Bare Essentials series (***page 179***). Yes, your hearts may sink, but if we don't manage these patients it is unlikely that anyone else will, and also the diagnosis is so much more challenging and interesting than spotting a stroke or brain tumour. Indeed, across all of neurology, our diagnostic skills nowadays really come into their own when the imaging is normal but the patient is not.

Charles Warlow