The red pin and the tendon hammer are the traditional badges of the neurologist. Our general medical colleagues know what to do with the tendon hammer; but the red pin is generally regarded as a bit of mystery and an essential part of our mystique. Neuro-ophthalmology and neuro-otology have developed into subspecialties in their own rights; however, dizziness, deafness, double vision, and loss of vision are common clinical presentations and the generalist must retain the appropriate skills to assess such complaints in a logical and methodical manner. In addition, this is one of only a few areas in neurology where you can undertake a definitive treatment of a debilitating condition with a simple manoeuvre in the outpatient clinic—very satisfying to both patient and doctor.

In this issue of *Neurology in Practice* our contributors cover the two linked subspecialties of neuro-ophthalmology and neuro-otology. These are large subjects in their own right and there are many excellent textbooks (see route map). This supplement aims to provide “a starter pack” for tyro neurologists.

We start with neuro-ophthalmology; Christian Lueck, David Gilmour and Gawn McIlwaine describe how to undertake a neuro-ophthalmological examination and outline the approach to investigations. Stephen Madill and Paul Riorden-Eva then discuss the disorders of the anterior visual pathways, an area where the generalist neurologist often feels uncertainty. Disorders of the visual cortex and perception will be dealt with in a subsequent issue. As a thought provoking appetiser the reader should consider reading Semir Zeki’s excellent monograph on art, vision, and the brain (see below). David Perkin pragmatically summarises the range of often eponymous titled neuro-ophthalmological syndromes that you can expect, despite relative rarity, to encounter and need to recognise in clinical practice.

Chotipat Danchaivijitr and Chris Kennard explore the assessment of eye movements and double vision, thus providing a convenient bridge between the two subspecialties considered in this issue.

In the first part of her article Rosalyn Davies introduces us to the neuro-otological examination; here the examination of eye movements is reiterated from the neuro-otological perspective. The second part of her paper addresses vestibular testing and its interpretation.

In the past the diagnosis and management of patients with dizziness have often provided a considerable clinical challenge; fortunately this has improved considerably and Linda Luxon discusses the evaluation and management of dizzy patients. James Overall and Andrea Lindahl, as trainees, have taken up the challenge of describing the range of neurological syndromes associated with hearing loss and what the neurologist should know.

**ROUTE MAP**

**Neuro-ophthalmology text**

**Neuro-otology texts**

**General reading**