Valediction

The end of the present editor’s term excuses a page of reflection on seven years of significant innovations. The editorial committee has become international to match the contributors and readership. Editorials have provided a running commentary on research advances and changing concepts. To balance the solid science of papers and short reports, regular reviews have filled all our needs for a rolling programme of post-graduate education. These series are now available as successful books. The first, *Neurological Emergencies*, has just been revised and reissued as a second edition. *Management of Neurological Disorders*, edited by Professor Mark Wiles, and *Neurological Investigations* are already available. *Neuropidemiology*, edited with Dr Christopher Martyn, will be published soon. A further series, *Neurology in Medicine*, will start next year. The serious work of learning has been lightened by historical anecdotes from Dr John Pearce, literary interludes from Dr David Perkins, marvellous stamps from Dr Lindsay Haas, and neurological pictures from far and wide.

These have been exciting years of change in neurology. Molecular genetics has revolutionised the understanding, classification, and diagnosis of many neurological disorders, including muscular dystrophy, familial periodic paralysis, hereditary neuropathy, and cerebellar degenerations. The genes for Huntington’s chorea, Friedreich’s ataxia, and neurofibromatosis types 1 and 2 have been discovered. Molecular genetic discoveries have provided new insights into the aetiology of Alzheimer’s disease, motor neuron disease, and spongiform encephalopathy. The role of apolipoprotein E in Alzheimer’s disease is further debated by Holmes *et al* on page 580 in this issue, while Radunović and Leigh review superoxide dismutase gene mutations in motor neuron disease on page 565. Creutzfeldt-Jakob disease, still a neurological rarity, has become headline tabloid news, partly because of the simultaneous emergence of a new variant in humans and bovine spongiform encephalopathy in cattle. In cerebrovascular disease, the value of aspirin in the prevention of stroke after transient ischaemic attacks and the place for endarterectomy for severe carotid stenosis have become clear. In multiple sclerosis, numerous papers and editorials during the past seven years have reported a higher prevalence than previously suspected, a complex polygenic aetiology, and probable therapeutic benefit from immunomodulatory regimens. Whether these benefits are worthwhile to the individual patient and to the national economy depends on the proper measurement of outcomes, described by Hobart *et al* in a recent editorial (1996;60:127–30). The pharmaceutical companies have introduced new drugs for common neurological disease, sumatriptan for migraine, vigabatrin, gabapentin, lamotrigine, and topiramate for epilepsy, subcutaneous apomorphine for Parkinson’s disease, and botulinum toxin for movement disorders. Further classic neuropathological correlations have helped to define the pathological substrate of the dementias, the parkinsonian syndromes, and cerebellar degenerations. Refinement of imaging techniques has enhanced our ability to visualise structural and, now, functional abnormalities. In this issue, Filippi *et al* further improve the display of lesions in the spinal cord by MRI on page 632. Contrast myelography has largely been relegated to the history books and we are on the threshold of being able to abandon invasive angiography. Immunological investigations have disclosed autoimmune causes for a wider range of diseases, including Lambert-Eaton syndrome, neuromyotonia, and several paraneoplastic syndromes. On page 649 O’Leary *et al* associate a novel subset of acute autoimmune neuropathy with antibodies to a specific carbohydrate hapten, extending the range of diseases potentially due to ganglioside autoimmunity.

Part of the fascination of the *JNNP* has been the unique combination of neurology, neurosurgery, and psychiatry. Our neurosurgeons and their anaesthetic colleagues have chronicled improvements in the management of tumours, subarachnoid haemorrhage, raised intracranial pressure, and spinal cord injury. In this issue on page 584 Whittle and Viswanathan return to the theme of avoiding intraoperative complications. The borderland between psychiatry and neurology has received frequent attention, ranging from the pathological substrate of schizophrenia to the social complexity of chronic fatigue syndrome. This issue offers a choice of Dostoevsky’s epilepsy on page 653, flights of fantasy on page 652, or Huntington’s disease on pages 621 and 625.

Thanks are due to many people. The contributors and referees are the mainstay of any journal. The contributors can be found in the index. Spare a thought for the majority who were turned away. The referees are acknowledged on page 567 of this issue. The editorial load has been shared by the efforts of the associate editors, Professor Graham Teasdale and then Professor John Pickard for Neurosurgery, and Professor Maria Ron for Psychiatry; the book review editors, Dr John Pearce and then Dr Christopher Allen; and especially the deputy editor, Dr Michael O’Brien, without whose help the editor would have been buried by a pile of manuscripts. The *JNNP* is fortunate to enjoy the support of the BMJ Specialist Journals department who carry the managerial load and thanks are due to Alex Williamson and Valerie Crean. Our technical editors, Madeline Harrington, Anne Waddingham, and now Dr Basil Haynes, have dedicatedly converted streams of often untidy typescripts and floppy discs with even untidier squiggles into polished text. The real hard work has been done by the editorial assistants, Jean Taylor, Chris Holland, and especially Suzanne Miller. I thank them all.

The next seven years should see not just the harvesting of current research fields but also the application of gene therapy and growth factor biology to neurological disease. I am not reflecting on retirement, but if I were, I would want to do so with as much wit as Dr “Peter” Payan on page 573. I wish the new editor, Professor Christopher Kennard, and his editorial committee similar excitement and enjoyment during their term, which will make the *JNNP* march to the tune of electronic time.

RICHARD AC HUGHES

Department of Neurology,
UMDS,
Guy’s Hospital,
London SE1 9RT, UK