

Chris Frith and Uta Frith in their article on Theory of Mind discuss what is meant by this concept and its basis. In addition they discuss how it can be abnormal in certain conditions, most notably autism and schizophrenia, as well as its significance as a possible cornerstone of cultural evolution.

Anita Krishnan, Bryan Lecky and Sivakumar Sathasivam in their review article explore the evidence for the efficacy of different immunotherapies in CIDP in the short and long term. They conclude that whilst there are a number of proven therapies in the short term for the treatment of CIDP, the long term options are less well established. This is due to a lack of trial data, which may be difficult to acquire given the nature of the condition and the problem of optimising long term immunotherapy in such disorders.

"Among the peripheral nerves the greater occipital nerve has become a favourite target of needle wielders"; so writes J M S Pearce in his article for Controversies in Neurology. He argues that much of the evidence quoted in support of nerve blocks for occipital neuralgia or cervicogenic headache is unsound. As such much that is practiced has little basis according to his review of the clinical and anatomical literature.

In the final article in our series from India, Satish Khadilkar and Benny Rajesh discuss the spectrum of muscle disease encountered in this part of the world. Again, the diagnosis and optimal management of these patients is hampered by a combination of restrictions of access to diagnostic facilities and social and cultural behaviours. Nevertheless this informative article concludes what has been a wonderful series on aspects of neurology in India and we would like to thank all the authors for their contributions.



I have to confess that my knowledge of wheelchairs is very limited, but I suspect I am not alone in this. It is therefore most welcome to have a truly informative article on this by Rory O'Connor and Matthew Smith in our Rehabilitation article. In their review, these authors take us through the range of issues that ought to be considered when choosing a wheelchair and the types of such vehicle that exist. For those that rely on wheelchairs, it is clearly vital that they are given the best advice and ultimately have the chance to acquire the most suitable wheelchair for their needs. It is therefore comforting to know

that such expert advice exists.

One of the most difficult areas of neuropathology is in cases of non-accidental injury and death, when the pathological findings often decide the outcome of the case. Nowhere is more apparent than in the tragic cases of "Shaken Baby Syndrome" (SBS). We are therefore grateful to have such a clear account from Thomas Jacques and Brian Harding from Great Ormond Street on this thankfully rare condition.

Our sponsored article features a discussion on Duodopa and whether it should be used ahead of deep brain stimulation in patients with advanced Parkinson's disease. Both parties argue their case with great coherence and leave you to decide what you think is best.

We have our usual book, conference, paper reviews and ABNT column, including a fascinating book review on the practice of Harvey Cushing and his case registry of over 2000 cases. We also have another new case on the website to learn from. So enjoy and do remember to feed back ways to improve ACNR.

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## Association of British Neurologist Trainees

### Annual meetings

Soon the ABN will change its meetings format to one annual meeting per year, the inaugural one being in Liverpool in June 2009. This has been with some trepidation: delegates may find it harder to come to a 5 day meeting, with the negative manpower effect on departments. As trainees still carry the bulk of core emergency neurological services around the country, it might be particularly tricky for us to attend. Of course, we could attend part of the meeting, although essential cost structures have made this a more expensive option historically. We are continuing to try to make day attendance more cost-effective for all attendees, and in the light of reduced study leave budgets nationally and the absence of ring-fencing of MPET monies by the Department of Health (they continue to drag their feet on this recommendation of the Tooke Report), this is becoming increasingly relevant. One option might be to create "early-bird" registrations, with substantial discounts on day rates as well as whole meeting registration, but these plans have yet to be finalised. Nevertheless, the ABNT (and the ABN Officers) see the ABN meetings as core events in the neurology trainee's calendar, and we're continuing to apply pressure to encourage and facilitate attendance at these.

### Teaching courses

There are now a number of teaching courses run either annually or biennially around the UK, and are increasingly popular with trainees. Whilst I don't believe that the increasing prevalence is secondary to a reduction in core training opportunities around the country, it is clear that, more than ever, junior neurologists are willing to spend money, invest their weekends, and travel long distances to attend them. Although the ABN has consolidated its scientific meetings into one annual event, there have been suggestions for some time that we might also provide teaching courses, especially for subjects that are not always provided locally in great depth, and that are not already covered by other, independent courses. The teaching of head injury is a relevant example: the national service framework for head injury was published a few years ago, and indicated that all patients with a head injury should be seen acutely by a clinical neuroscientist (of some description). In most areas, this is likely to be the local general neurologist. I certainly don't feel completely competent to assess and manage acute or sub-acute head injury, and know from informal discussions with colleagues that they feel the same.

The ABN is in a perfect position to co-ordinate and run teaching courses in this area. Head injury isn't the only example of this – neuro-otology and neurogenetics have been covered recently in teaching sessions at ABN scientific meetings, to great success. If you have any suggestions or comments in this regard, please let me know, so that I can take this forward.

### Calman days

The other logical place for "super-specialist" training, such as that described above, is on the "Calman" training days, which were organised as part of the new training arrangements for Specialist Registrars in 1998, following Sir Kenneth Calman's reforms of post-graduate medical training (the last time!). Quite what will happen to these under the new regime is not clear, but there is still a strong will from within the ABN to maintain this arrangement following the transition to MMC. While some programmes are highly successful, with strong attendance and local structures that facilitate time away from clinical duties to attend (London and Scotland are two very good examples of this), other regions are less fortunate (we have recently had a complaint from a trainee in the Wessex region). We are taking this to the Training and Education Committee of the ABN, who are keen to make these events as meaningful and effective as possible, so please get in touch if we need to include your region on our "name and shame" list.

### Surveys

Finally, several years ago we ran a highly successful email questionnaire of training provision around the UK, produced in response to the withdrawal of RCP visits by PMETB. This identified many good things about the quality of our training, as well as some issues that required action. We are planning to repeat this in the near future, so keep your eyes open for that email!

Additionally, the ABNT Treasurer (Boyd Ghosh) is conducting a census of all ABNT members, to inform a piece of workforce planning, in an attempt to ensure there is sufficient consultant expansion to accommodate all the extra training opportunities that were created in 2007 and 2008. You should be receiving an email from your regional representative asking for this information, but please feel free to contact Boyd (bcpj@cam.ac.uk) with your start and estimated completion dates, the region you work in, and any factors that might prolong your training.

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