



EDITORIAL

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Welcome to the second edition of the year, which coincides with the Spring meeting of the SBNS hosted by the unit at King's College Hospital in London.

Accordingly, the journal starts with the abstracts of the meeting. Please also note the proposal from the trainees research group for an audit of the management of chronic sub-dural haematomas.¹ It's remarkable that such a 'trivial' condition continues to defy easy solution – a circumstance with which all of us who have ever managed the condition at whatever stage of our careers will be able to empathise. I am impressed by the enthusiasm and duty of care. I would have to admit that one of my motives to sub-specialise – however subconsciously – would be to 'avoid' this condition. The sub-specialist – who does not have this condition in his or her portfolio – can then declaim with immense gravitas how important such a condition might be – how valuable to the community and so forth – knowing that he or she will never have to walk the talk! You may suspect of course that this behaviour pattern is not completely restricted to chronic sub-dural haematoma...

There are at present a number of issues being discussed in neurosurgery. Rather than dwell on the usual theme of previous issues of endless re-organisations, funding restrictions and so forth, I bring to your attention a short piece on sub-specialisation which has been 'reviewed' and felt to contain arguments worthy of debate² – so I will welcome debate on this issue. Perhaps allied to this is the continuing debate on surgeon-specific outcomes – this has been

mentioned before in relationship to neurovascular work where the interventionalist rather than the open surgeon predominates in the treatment for the prevention of rehaemorrhage in aneurysmal sub-arachnoid haemorrhage. An alternative view is presented by the Cancer Research Group (based in Birmingham) arguing for reporting by teams, arguing that a multidisciplinary approach is now of predominant importance. I can see all these arguments being pursued with great intensity by their proponents. However, I still feel the difficult issue to overcome is complete reporting of a pathology by a population basis – so that the effects of case selection by a team or individuals are also understood.

Enough politic – following the abstracts are a mixture of papers on various topics. Hopefully they will redress the potential depression of the politic and replace it with the evidence that progress does happen and is possible – and, in addition, is of interest. I hope you enjoy the issue.

PAUL ELDRIDGE
Editor-in-Chief

References

1. Coulter IC, Koliass AG, Marcus HJ, *et al.* Proposal for a prospective multi-centre audit of chronic subdural haematoma management in the United Kingdom and Ireland. *Br J Neurosurg* 2014;28:199–203.
2. Barrett C. Super-sub-ultra-specialisation – this far and no further? *Br J Neurosurg* 2014;28:293–4.