Donald L Schomer, MD, is a Professor of Neurology at Harvard Medical School in Boston, Massachusetts. Having joined the Beth Israel Deaconess Medical Center (BIDMC) in 1980, he is now the Director of their Clinical Neurophysiology Laboratory and Chief of the Comprehensive Epilepsy Program. After graduating from the University of Michigan Medical School, he trained in Internal Medicine through Columbia University at the Cooperstown, New York facility, followed by Neurology and Clinical Neurophysiology at McGill University's Montreal Neurological Institute where he trained with Wilder Penfield, MD, Pierre Gloor, MD, PhD, Herbert Jasper, MD, PhD, and Frederic Andermann, MD. Dr Schomer's professional career has focused on central neurophysiology and on the treatment of patients with difficult-to-control epilepsy. As the founder of the Epilepsy Program at BIDMC, he has seen the program evolve into one of the largest dedicated programs for adults with epilepsy in New England. Furthermore, he served as one of the founding members of the NAEC (National Association of Epilepsy Centers), in addition to developing a Fellowship in Clinical Neurophysiology and Epilepsy in 1984. Having trained many current senior clinicians in this country and abroad, he can count among his trainees Departmental Chiefs and Divisional Chiefs at Washington University, Mayo Clinic in Rochester, Emory University, Brown University, Tufts University, Wayne State University, University of Massachusetts, UC Davis, University of Calgary, and Harvard, as well as those at institutes as far afield as Switzerland, Zambia, and Brazil. Dr Schomer has also presided over the boards of the two societies that relate to the field of central clinical neurophysiology, as well as serving a decade as the Chairman of the Board of Clinical Neurophysiology, the oldest professional testing organization in the US. He is part of a select seven-member international oversight committee for Diagnostic Methods for the International League Against Epilepsy (ILAE). Having also spent much time on numerous editorial boards, he is now an Associate Editor for the Annals of Neurology and is the Editor, alongside Fernando Lopes da Silva, MD, PhD, for the seventh edition of the Niedermeyer Textbook of Clinical Neurophysiology and Related Fields which will be published by Oxford Press in 2016.

It is my pleasure to introduce the Winter edition of *US Neurology*, which brings you a diverse selection of papers covering cutting-edge clinical and research advances, authored by some of the world's leading figures in their fields.

The impact of walking impairments is a serious concern for those individuals with multiple sclerosis (MS). The assessment of these disturbances has required complex and difficult to use technologies. In Francois Bethoux's timely editorial, Bethoux asks, "Should we routinely monitor walking in patients with MS?" With the advances in newer and simpler to use technology, previously time-consuming methods may become assigned more to research protocols while the easier techniques become more widely used.

Physicians treating patients with epilepsy face a plethora of factors to address when selecting the appropriate treatment for an individual. In the review by Selim Benbadis et al., a critical comparison of antiepileptic drugs is provided, followed by four real-life case reports. These treatments must presume an accurate diagnosis and take into account the many comorbidities that exist in this constellation of disorders. New developments in magnetic resonance imaging (MRI) for individuals with epilepsy are the subject of Heath Pardoe and Ruben Kuzniecky's excellent review of this rapidly changing field. In Parkinson's disease (PD), MRI and nuclear imaging of the brain can assist in making timely diagnosis and treatment decisions. However, as Meir Kestenbaum and Cheryl Waters highlight, these tests should not be used routinely, but rather only in patients where the diagnosis of PD is unclear.

Lambert-Eaton myasthenic syndrome (LEMS), which involves impaired neuromuscular transmission and subsequent serious muscle weakness, is a rare neuromuscular disorder. Shin J Oh and Jörn Peter Sieb provide an expert update on the drug amifampridine. Based on the clinical trial data, amifampridine phosphate was recently assigned Breakthrough Therapy designation by the FDA, which may enable fast-track new drug application (NDA) approval.

Around one-third of patients with migraine experience episodes with aura. The phenomenology of migraine with aura is succinctly summarized by Michele Viana and Peter Goadsby. There is an update by Richard Wurtman, the discoverer of melatonin and a close friend, on the use of low dose melatonin to promote sleep onset and sleep maintenance in older people, which updates his previous review. The management of unruptured brain arteriovenous malformations is discussed by Andrew Ducruet and Robert Friedlander. They consider the clinically confusing information regarding studies of treatment options (surgical versus conservative), the need for more class 1 level information and the possibility of a prospective registry. The first comprehensive guidelines published for neurostimulation therapy are described in a special report by Jason E Pope et al. which will have a profound effect on the approaches that we take to patients with chronic moderate to severe pain.

US Neurology would like to take this opportunity to thank all participants on this edition, from organizations to individuals. A special thanks goes to our editorial board for their continuing support and invaluable guidance, while the biggest thanks is reserved for the expert authors who spared precious time and effort to produce a perceptive selection of articles. This expert discussion and the wide variety of topics covered ensure there is much of interest for every reader and we hope you find this edition as useful and insightful as those before it. ■