

**May 2010 Issue of *Neurosurgical Focus* Devoted to
Military Neurosurgery: Past and Present**

"As a nation and a military medical service, we are forever indebted to the men and women of our armed forces for service and sacrifice and are obligated to improve their care throughout their lifetime."
—From "*Cranioplasty complications following wartime decompressive craniectomy*" by Frederick L. Stephens, M.D., et al.

The experiences of soldiers wounded in Iraq and Afghanistan, and those of the surgeons and medical teams who treat them, are reflected in many of the 25 articles in the May 2010 issue of *Neurosurgical Focus*, an open-access, peer-reviewed journal published online since 1996 by the American Association of Neurological Surgeons as a service to the medical community and to the public.

This issue is distinctive in that most of the authors are both neurosurgeons and military officers. Many have first-hand experience of field conditions, and their articles convey the extraordinary demands of caring for severely injured patients, many of whom have sustained multiple traumas. Working in an unforgiving physical environment, they face limited resources, numerous casualties, and urgent time frames. In addition, these medical teams often care for injured civilians and individuals with conditions beyond the scope of local facilities.

Physicians in myriad fields will find compelling reading in this issue. Because only two neurosurgeons serve in Iraq and Afghanistan, neurosurgery procedures are frequently performed by other specialists (e.g., orthopedists, general and plastic surgeons, and otolaryngologists). These physicians are trained to perform vital initial procedures to stabilize patients for air evacuation to Europe or the US.

Described in the issue and in the accompanying podcast (<http://jnsonline.org/2010/04/>), the use of wide decompressive craniectomy to deal with brain swelling makes it possible to airlift patients who could not otherwise survive long enough to make it to a state-of-the-art hospital. Several articles illustrate crucial new techniques of transport that have saved many lives. Others portray the ingenious use of telemedicine, which permits specialists in remote locations to use imaging to advise surgeons on the ground. Historical articles vividly trace the development of neurosurgical

techniques in previous conflicts and show a continuity between today's practices and those of the past.

The issue and podcast (a dialogue between topic editor Paul Klimo and Colonel Rocco Armanda, senior neurosurgeon at Walter Reed Army Medical Center) are available at www.thejns.org. Questions or comments regarding any article can be directed to its corresponding author.

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