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INTRODUCTION

Traumatic brain injury

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The Edwin Smith papyrus is the oldest known written guideline for the treatment of trauma. Injuries to the brain feature prominently in that ancient text. More than three and a half millennia later, traumatic brain injury (TBI) continues to fascinate and frustrate clinicians and researchers alike.

This issue of *Neurosurgical Focus* received an overwhelming number of submissions. The variety of ways in which the authors attempted to improve our understanding of TBI was extraordinary: from acute to chronic, mild to severe, adult to pediatric, closed to open, domestic to international, treatment to prevention, surgical technique to metabolic monitoring, clinical management to clinical trial, and so on. It is indeed unfortunate that space limitations prevented us from accepting many strong manuscripts.

Recent worldwide surveys indicate that neurotrauma surgery represents more than 40% of neurosurgical procedures performed across the globe and more than 60% in developing areas. While you are reading this, neurosurgeons are caring for trauma patients in settings ranging from the most sophisticated academic hospitals to the most remote locations in Africa or Southeast Asia. In many countries neurotrauma is now endemic and ranks among the top three causes of death across the entire population.

Nevertheless, in some quarters of the neurosurgical world, a certain nihilism continues to surround the treatment of patients with TBI. It is sometimes said that treatment is futile and nothing can be done. Nothing could be further from the truth. We recall the hippocratic aphorism, "No head injury is too severe to despair of, nor too trivial to ignore." Every modern neurosurgeon should respect this ancient wisdom. We have learned a great deal about the acute and long-term management of all types of TBI. These insights are applied daily and even hourly in countless intensive care units, inpatient wards, rehabilitation facilities, physician offices, and remote settings around the world.

Neurosurgical trainees looking for an exciting field in which they can make an impact would do well to consider careers in neurotrauma and neurocritical care. Our knowledge and ability to manage TBI are poised for a period of exponential growth. The articles in this issue give us a small glimpse of what that will look like. Hippocrates and the authors of the Edwin Smith papyrus would be proud.

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Disclosures

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