Preface

History in neurology has always focused on exceptional neurologists, grandees in the research laboratory and chronic—often degenerative—neurologic disorders. There has been little historical work in acute neurologic conditions, precisely because neurology is not perceived through this perspective. This book is an attempt to mine the early descriptions of clinical signs—now used to alert to a serious neurologic illness—and to present the development of treatment of these acute disorders.

Standard clinical practice in neurology takes time to mature. Once accepted, physicians rarely know where diagnostic signs and syndromes originated. Few have actually seen or read the original manuscript. This proclivity of physicians applies to a certain extent to the acute neurosciences. Terms such as *Cushing ulcer*, *cerebral T waves*, *cerebral salt wasting syndrome*, and other designations or eponyms have rarely been explored historically, and this book attempts to do that.

Why do we want to know? One could argue that sufficient knowledge of a topic is only acquired through historical probing. Going back to the primary source is part of a comprehensive learning process and when scrutinizing these papers one may find not only the challenges of the discovery, but also the uncertainties of the first conclusions. Sometimes eponyms have become folklore (e.g., Biot breathing) or are rarely used.

This book has many first papers and—using a standard format—are discussed in 60 short historical notes. The original title page with, in some instances, key tables and figures are shown in clear reproductions. I have cited statements and even paragraphs when I believed it had historical significance, even if it read oddly for today's standards. This is followed by a brief discussion of the findings and its implications. A final comment provides a perspective and later developments. Landmark clinical trials are included that apply to the field of acute neurology and include winners and losers. This book also briefly discusses the birth of intensive care units.

Some of the material has been previously published, but the overwhelming majority is new research and presented here for the first time. There is an unmanageable large quantity of papers that could be useful to this book, and this book is obviously a selection. The chapters are concise and I hope contain the necessary details. All selected papers are clinical observations or clinical trials.

A collection of brief essays on landmark papers in acute neurology is more than just an exercise in curiosity or a "boutique" book to wither away on

library shelves. I have tried to go beyond the dry realm of academia and tried to communicate interesting anecdotes. It is also an attempt to organize important clinical discoveries, structure the specialty, and honor the investigators and study groups. Some techniques in the Neurosciences Intensive Care unit are still in development (i.e., electrophysiologic and metabolic monitoring), others have not lasted very long (i.e., evoked potentials). Some areas—albeit revolutionary discoveries—are predominantly in the domains of neurosurgery (intracranial pressure monitors) or interventional neuroradiology (endovascular coil embolization) and are best covered in other works.

This book truly focuses on the descriptions of acute and critically ill neurologic patients. When these observations were made, the field of neurocritical care did not exist as it is today. The title is therefore not famous first papers *by* neurointensivists, and I would hope that book will be written one day.

The title also implies the book is solely for neurointensivists but—of course—I hope it will be worthwhile for all physicians regularly involved with critically ill neurologic and neurosurgical patients. I suspect any physician with a historical inclination would want to look through it. It should be of interest to neurologists, neurosurgeons, intensivists, emergency physicians, and fellows in these specialties. It may even be a resource for journal clubs. In the end, I would think that understanding the beginnings of acute neurology serves physicians better and allows them to look into the future.

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