Foreword

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Consulting Editor

For generations of physicians, the brain has long been considered the ''black box'' of the human body. Physicians' inability to understand the inner workings of the brain has limited our ability to treat many common neurologic conditions. As a result, for many years there were significant portions of neurology that were simply focused on supportive therapy and rehabilitation: in essence, ''damage control.'' However, recent advances in neuroimaging, increased understanding of neuropathology, and advances in neuropharmacology have dramatically changed the field of neurology from one in which a diagnosis was used to determine the type of supportive therapy, to one in which the diagnosis is used to determine immediate life- or limb-saving therapy. Localization of the lesion is no longer a leisurely academic activity that takes place in the ''team room'' the day after admission; it instead is a time-sensitive skill that often determines emergent therapy. Emergency neurology is becoming a subspecialty, certainly an academic niche, in and of itself for emergency physicians, neurologists, radiologists, and intensivists—and deservedly so. Many hospitals now recognize that most emergent neurologic conditions are optimally managed by a dedicated multidisciplinary team.

In this issue of *Emergency Medicine Clinics of North America*, Guest Editors Drs. Silbergleit and Geocadin have assembled a multidisciplinary team to educate us about the latest advances and approaches to neurologic emergencies. Perhaps the most important of the articles comes early in the issue and addresses rapid focused neurologic assessment. This certainly is a topic that should be read by all emergency medicine trainees and practitioners. Common and vexing complaints such as vertigo, dizziness, and headache are then addressed. Reasons for misdiagnosis of these complaints are reviewed, and rational approaches to the workup are discussed. The latest pharmacologic treatments for high-risk conditions such as status epilepticus and central nervous system infections are addressed as well. Hot topics in emergency medicine, such as ischemic stroke, transient ischemic attack, glycemic control, and therapeutic hypothermia, are discussed at length. Additionally, the ever-controversial issue of thrombolysis in stroke is reviewd in a balanced and evidence-based manner. The authors also address systems issues, such as critical care transport and community delivery of tPA, for those readers involved in health policy matters and public education.

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The guest editors and authors are to be commended for their hard work. This issue represents an invaluable addition to emergency neurology literature. The text is an important step toward helping those of us in emergency medicine open up that "black box" to see its contents more clearly and deliver the most up-to-date therapies to our patients who suffer from acute neurologic conditions.

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