HEAD INJURY
— The illustrations on this page are black and white visuals of illustrations from Chapter 9 which will be colour on this page – Top left is Figure 9.8, top right is Figure 9.43(a), bottom left is Figure 9.43(b) and bottom right is Figure 9.58 —
HEAD INJURY

Pathophysiology and management of severe closed injury

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Brain injury remains one of the most difficult and challenging problems facing many clinicians, particularly neurosurgeons and intensivists. In major trauma centers there has been a steady decline in the mortality rate due to severe head injury of about 10% per decade since the mid 1970s, but this does not seem to be reflected in an overall population-based decline, even in ‘developed’ countries (Jennett et al., 1977; Klauber et al., 1989; Marshall et al., 1991; Waxweiler et al., 1996). This suggests that a more widespread application of modern principles of neurotrauma care could save many lives throughout the world. It is the goal of this book to provide a theoretical and practical foundation upon which such care can be based.

We wish to thank our colleagues who have contributed their tremendous expertise to these chapters. We owe a strong debt of gratitude to the Glasgow school, and in particular to Bryan Jennett and Graham Teasdale, both of whom have contributed fundamentally to our own views on head injury and indeed to all neurosurgeons. We also wish to acknowledge the outstanding contribution to neurotrauma made by our friend the late Douglas Miller. The originality and clarity of his thoughts and words have challenged and enlightened all those seeking to understand more clearly the complexity of brain injury.

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References