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## C O M M E N T S

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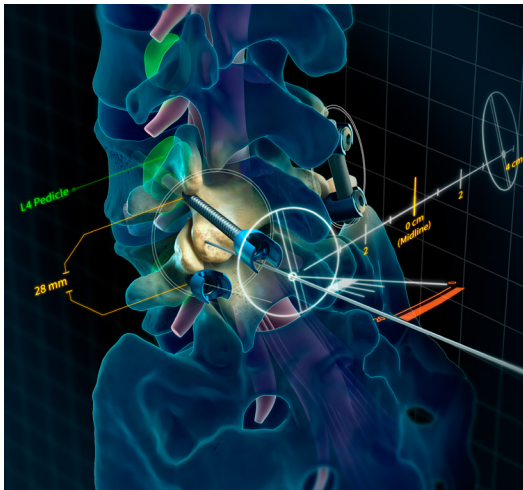
A little more than thirty years ago, the *Barrow Quarterly*, formerly the *BNI Quarterly*, was launched. In that first issue, Dr. John Green, our founding director, discussed the history of cerebral localization and neurological surgery. As our intent was to bridge the various neuroscience disciplines, we presented articles from specialists in neuroanesthesiology, neuropathology, neuroscience research, radiation oncology and neurosurgery, along with articles on peripheral nerve biopsy, developmental neurobiology, cerebral amyloid angiopathy, the interstitial irradiation of malignant tumors, and sensory evoked potentials.

Over the years, we have published articles on an equally wide variety of subjects, including Alzheimer's disease, epilepsy, and hydrocephalus. We have published articles on surgical approaches to cerebral lesions, spinal fixation, innovative techniques, neuroimaging, and neurological topics. In addition, focused issues have been dedicated to epilepsy, Alzheimer's disease, normal pressure hydrocephalus, radiosurgery, trauma, and many other topics.

Surgical technique is, of course, of great interest to me and to the rest of our neurosurgical staff, and we have published many articles on the topic, ranging from anatomical studies to new approaches. As is the nature of our occupation, techniques that were once innovative became routinely incorporated into our normal procedures, then were later updated, and finally were replaced by newer techniques.

In this issue, a former Barrow resident, Justin Clark, MD, under the auspices of Luis Tumulán, MD, have put together an issue focused on minimally invasive techniques for spinal surgery. Such surgery greatly reduces the hospitalization and recovery periods of patients, allowing them to return more quickly to normal activities. These articles reflect the trend in surgery toward reducing exposure in order to preserve tissue and prevent excessive trauma to the patient. And while benefitting patients, these techniques require great dedication and effort by the surgeon to learn to operate under very restricted conditions. Dr. Tumulán has become adept in these minimally invasive procedures for spinal surgery, and he is enthusiastic about sharing these techniques. We are grateful to Dr. Clark, Dr. Tumulán, and their coauthors for imparting their knowledge gained from their personal experience with these techniques, and we hope that our readers will find this information equally useful and invaluable.

*Robert F. Spetzler, MD*  
*Editor-in-Chief*



This issue's cover depicts a minimally invasive bilateral exposure of the lumbar spine, as well as the key anatomical dimensions that must be considered when planning a minimally invasive L4-L5 transforaminal lumbar interbody fusion. See the article, Evolution of the minimally invasive transforaminal interbody fusion: Improving patient safety and outcomes, by Clark et al. on page 26. The illustration is by Joshua Lai.