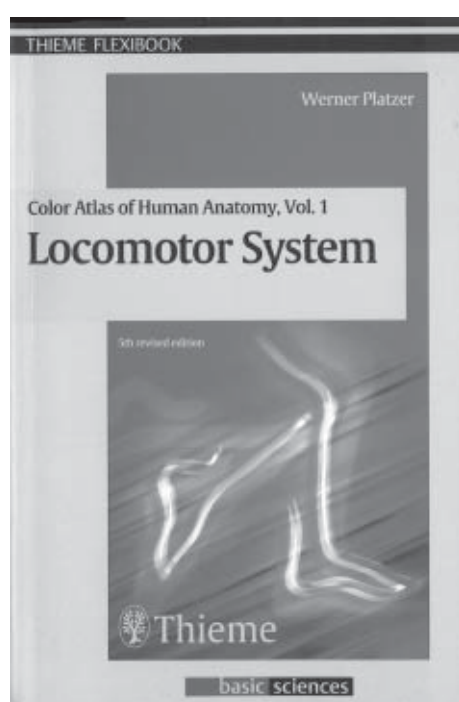


## BOOK REVIEW



***COLOR ATLAS OF HUMAN ANATOMY – VOLUME 1: LOCOMOTOR SYSTEM*** by Werner Platzer. Thieme Verlagsgrupe, Stuttgart, 2003, 462 pages, 215 figures. Thieme Flexibook, CHF 57.80. ISBN 3 13 5333051

The new 5<sup>th</sup> edition of the *Color Atlas of Human Anatomy*, published in the series of basic sciences, continues to be a consistent and helpful companion for medical students and practitioners. The present volume, *Locomotor System*, edited by Werner Platzer, distinguished Professor Emeritus and former head of the Institute of Anatomy, University of Innsbruck, Austria, is a completely revised and expanded edition including the latest nomenclature, new findings, and clinical applications.

This extensive handbook provides concise descriptions of the general anatomy of the human body, the systematic anatomy of the locomotor system, and the topography of peripheral nerves and vessels related to the musculoskel-

etal system. A series of outstanding and detailed color illustrations are put next to the eloquent text, facilitating comprehension of anatomic relationships. The book is divided into three major chapters, followed by the relevant literature reference list and new thumb index added for easy orientation. The individual chapters are distinctly separate from each other and the grouping of chapters is clearly shown on separate introductory pages.

Chapter I, General Anatomy, overviews the basic and general terms in anatomy describing the morphology and function of human cells, provides a consistent review of tissue types, and general features of the human skeleton and muscles.

Chapter II, Systematic Anatomy of the Locomotor System, begins with trunk structure including vertebral column anatomy, thoracic cage structure and movements followed by the section about the position and function of intrinsic muscles of the back, body wall structure, prevertebral and scalene muscle group, thoracic cage muscles, abdominal wall, diaphragm and pelvic floor muscles. Upper and lower limb organization, head and neck framework with bones, ligaments, joints, muscles and special features are presented in the following sections. For greater clarity the illustrations have been supplemented by schematic drawings, revised, colored, and incorporated in the lucid text form.

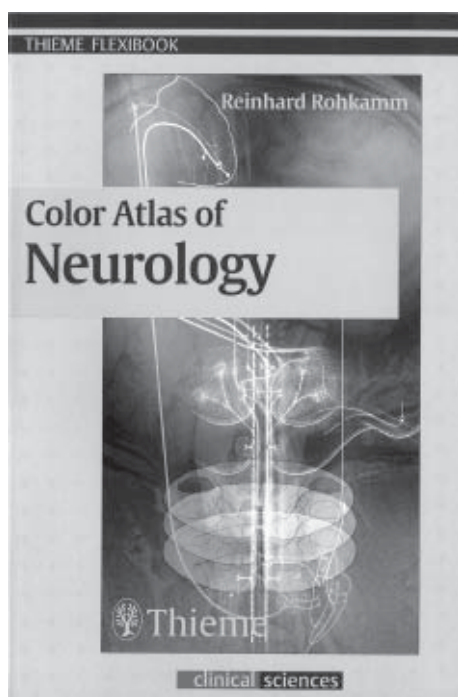
Chapter III deals with topography of peripheral nerves and vessels of the head and neck, trunk, upper and lower limbs including exquisite illustrations related to the musculoskeletal system. The illustrations have been made from specially prepared specimens presenting variants as they appeared in original dissection and enhanced by schematic drawings. Each chapter contains clinical tips and provides a consistent approach towards medical students, residents and experienced clinicians who are interested in the relationship between basic anatomy and clinical application. The improved layout and arrangement of the contents make the topic even more accessible.

The present volume is an invaluable aid in understanding and improving human anatomy, one of the most im-

portant and fundamental subjects within basic medical sciences. This book is a proof that anatomy is alive and is vividly brought to life by beautiful illustrations included in visual image of the book. In summary, this is an essen-

tial reading and reference atlas for all who are interested in the broad and complex field of human anatomy, particularly in the systematic anatomy of the locomotor system.

*Marijana Lisak*



**COLOR ATLAS OF NEUROLOGY**, by *Reinhard Rohkamm*. Thieme Verlagsgruppe, Stuttgart, 2003, 440 pages, 172 illustrations. Thieme Flexibook, CHF 67.00. ISBN 3 13 130931 8

This excellent and extraordinarily illustrated pocket atlas, in the series of clinical sciences, collects updated guidelines and detailed references on neurology issues, ranging from basic neuroanatomy and neurophysiology to concise coverage of diagnostic methods and procedures, neurologic disorders with their clinical manifestations, pathogenesis and principles of treatment.

Following a brief and informative introduction by the editor, the book begins with Chapter 1, which summarizes the fundamentals of neuroanatomy and neurophysiology. Anatomic and functional organization of central and peripheral nervous system as well as blood vessel system is thoroughly described and clarified by exquisite illustrations.

Chapter 2 contains a detailed overview of nervous system functions, and the most common disorders and syndromes in neurology. Normal and abnormal motor function

of the nervous system, sensory disturbances, brain stem syndromes, cranial nerve pathways and lesions, disturbances of consciousness and behavioral manifestations of neurologic diseases are presented in a dynamic and succinct style. Organization and function of autonomic nervous system and disturbances of intracranial pressure are fully explained, providing useful reference in diagnosing neurologic syndromes in daily practice.

Neurologic diseases affecting central and peripheral nervous system are extensively described in Chapter 3. Pathogenesis patterns, clinical features, management and treatment of neurologic disease variety are elucidated, providing accurate diagnosis of cerebral and spinal disorders. Peripheral neuropathies and myopathies are systematically presented, based on clinical symptoms and exactly labeled drawings.

The clinical neurologic examination and diagnostic evaluation are briefly and methodically presented in Chapter 4. History and physical assessment, neuropsychologic and neuropsychologic tests followed by diagnostic imaging methods including cerebrovascular ultrasonography and biopsy procedures are easily accessible through a short review.

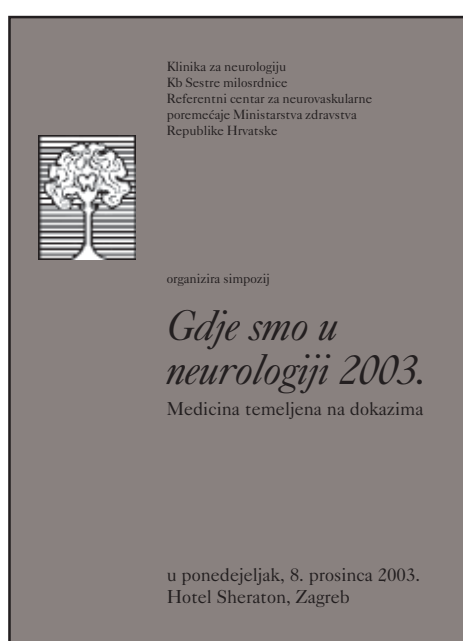
Appendix provides a comprehensive section of supplementary tables, practical overview, detailed information, working aid and outlines of the most important neurology facts, followed by extensive reference list.

All chapters are easily readable, with subheadings, informative summaries and key references, which allow rapid orientation in the comprehensive subject matter. Logical and easy-to-understand text is placed opposite to beautifully drawn and labeled illustrations thus enhancing the book's didactic utility.

The *Color Atlas of Neurology* is, without doubt, an illustrative handbook and epigrammatic reference for medical students and residents, neurologists, even neurosurgeons and primary care practitioners, who confront neurologic issues in their daily practice. This small atlas is a precious and unique visual guide to neurology's most difficult concepts, a book that should always be close at hand and be regularly referred by clinicians. It is a 'must have' for all who are interested and engaged in the open and inspiring field of clinical neuroscience and practice.

*Marijana Lisak*

## NEWS



### WHERE ARE WE IN NEUROLOGY 2003? – EVIDENCE BASED MEDICINE

Zagreb, Croatia, December 8, 2003

During and after the Decade of the Brain (1990-2000) numerous new data, facts, breakthroughs and insights were gathered in the field of neuroscience and neurology, making the neuroscience and neurology the most propulsive field of medicine. Nowadays, the concept of Evidence Based Medicine (EBM) is getting ever more importance in medicine, and neurology is not an exception. Numerous new therapeutic options have emerged in neurology in recent years, most of them being evidence based, making it almost impossible to keep an eye on recent developments in all fields of neurology. The University Department of Neurology, Sestre milosrdnice University Hospital, had recognized the need to gather major recent developments in neurology and organized a conference presenting new insights in the various fields of neurology to neurologists and general practitioners.

After a great success of the last-year conference, University Department of Neurology, Sestre milosrdnice University Hospital, Reference Center for Neurovascular Disorders of the Croatian Ministry of Health, organized the conference entitled Where Are We in Neurology 2003? - Evidence Based Medicine, for the second time, in Hotel Sheraton, Zagreb, December 8, 2003.

This year, the main topics were new concepts in the treatment and prevention of stroke presented by Vesna Vargek-Solter and Vida Demarin. Professor Vida Demarin also held an interesting lecture on patent foramen ovale as a new risk factor for stroke, and Boris Starčević presented a new transcatheter method of closing of patent foramen ovale.

These were followed by Snježana Miškov's lecture on the treatment of epilepsy in the elderly, with special reference to the risks, benefits and side-effects of antiepileptic drugs in this population. Then, Professor Demarin gave a lecture on new treatments of migraine, presenting triptans as novel drugs now available for migraine therapy.

Marija Bošnjak-Pašić presented ten-year experience in the treatment of multiple sclerosis with beta interferons. Professor Zlatko Trkanjec held a lecture on news in therapy of Parkinson's disease. And the last but not the least, Assist. Professor Vesna Šerić delivered an interesting lecture on new modalities in neurorehabilitation, stressing the need of incorporating new approaches in neurorehabilitation in everyday practice in order to improve functional recovery of patients.

Upon completing the interesting and productive discussion held at the end of the conference, a more informal discussion was continued during the cocktail organized after the conference. More than 200 participants attended the conference. Summaries of all lectures have been published in a booklet distributed to all participants.

*Zlatko Trkanjec*

**STROKE UNITS – A NEW APPROACH TO TREATMENT OF STROKE****Zagreb, Croatia, November 13-15, 2003**

During the last ten years, an increasing body of evidence has shown that treatment of stroke patients in specially organized wards, so-called stroke units, can significantly decrease stroke mortality and stroke disability, thus improving stroke outcome. Treatment of stroke patients in stroke units can reduce stroke mortality and disability by nearly 40%.

In 2003, University Department of Neurology, Sestre milosrdnice University Hospital, Reference Center for Neurovascular Disorders of the Croatian Ministry of Health, organized for the first time a course of continuous medical education entitled Stroke Units – A New Approach to Treatment of Stroke, held in the University Department of Neurology lecture room, November 13-15, 2003. More than 50 neurologists and residents in neurology from all over Croatia attended the course.

The course was divided into several sections. In the first part, experts held lectures on all aspects of stroke: from the etiology, pathophysiology, stroke risk factors, clinical picture, various diagnostic procedures (mainly ultrasonography and neuroimaging), treatment modalities (includ-

ing thrombolysis for acute ischemic stroke) and rehabilitation of stroke patients through the prevention of stroke.

The second section was mainly dedicated to the need of organizing stroke units in various neurology departments and hospital wards all around Croatia, explaining the participants how to organize stroke units and provide them with essential technical equipment and necessary working staff. During this section, the need to organize telecommunication network connecting all stroke units using modern computer and informatics technologies was emphasized. The recommended telecommunication network, so-called Telestroke Model, would enable expert consultation in real-time, thus ensuring the same quality of patient care in all stroke units, making them even more efficient.

In the third course section participants were actively trained in intensive care unit at the first stroke unit in Croatia organized at University Department of Neurology, Sestre milosrdnice University Hospital.

Every participant had to pass final exam in order to get a certificate on having completed this teaching course.

It was the first teaching course on stroke units held in Croatia, however, the high interest in the course and the participants' favorable response suggest that such a teaching course should also be organized in the years to come.

*Zlatko Trkanjec*

Sestre milosrdnice



University Hospital

## HISTORICAL REVIEW

One hundred and ten years have elapsed since our Hospital has been located in Vinogradska Road. Initially established at the Sisters of Charity Convent in Frankopanska Street, the Hospital moved to Ilica 83 in 1871, at that time at the town outskirts, wherefrom the sisters working at the Hospital had to return to their convent in Frankopanska Street "walking across fields". In some twenty years, however, Ilica had turned into the main Zagreb street, whereas the Hospital gained in importance and the town government supported the Sisters of Charity decision to move it from Ilica to Vinogradska Street. So, the new Sisters of Charity Hospital was built there in 1894, as designed by the architect Kun Weidmann.

The new Hospital had eight hospital pavilions and eight outbuildings, and was provided with central heating, gas lighting, and since 1904 electrical lighting. From 1894 till the end of World War I it was the largest and best equipped hospital in the region including the Kingdom of Croatia and southwest Balkans.

While located in Ilica 83, the Hospital had two departments: inpatient department headed by Head Doctor Ivan Kosirnik, M.D., and outpatient department headed by Teodor Wickerhauser, M.D. Upon moving to the new location in Vinogradska Street, a third department was established to cover ophthalmology, ENT, and dermatology and venereal diseases, headed by Dragutin Mašek, M.D.

In 1901, the department of ophthalmology became an independent unit, and in 1904 a pediatric department was established. Thus, the Hospital progressed rapidly in professional, scientific and structural aspects from the very beginning.

May it hopefully follow this pattern for the next hundred years.

1. History of the Vincent de Paul Sisters of Charity Congregation in Zagreb. Zagreb: Vrhovno tajništvo Družbe, 1935. (in Croatian)



*Sestre Milosrdnice University Hospital after the First World War*

## INTERNET GUIDANCE

Many are probably familiar with the Internet pages of two famous British Royal colleges presented here. However, it may be less widely known that a third British Royal College of Surgery has highlighted The Royal College of Ophthalmology Internet pages, <http://www.rcophth.ac.uk/publications/guidelines>, for providing excellent guidelines for both physicians and patients. The guidelines are so good that they can now also be found at other Internet pages in Great Britain, which is additional evidence for their high quality.

<http://www.rcophth.ac.u>

Internet pages of The Royal College of Obstetrics and Gynaecologists contain very conveniently designed pages for patients in the Information for Patients section, including all relevant information on health and disease, guidelines, links, answers to most common questions, and something new, i.e. a special patient link (RCOG Consumers' Forum), where patients report on their opinions, observations and dilemmas. As stated by the section authors, all these patient considerations and views concerning their diseases and our pages improve the professional performance and patient care.

<http://www.rcog.org.uk/>

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### SUBMITTING OF A MANUSCRIPT

All manuscripts should be written in English. Instructions to authors are in accordance with the text: International Committee of Medical Journal Editors. Uniform requirements for manuscripts submitted to biomedical journals. N Engl J Med 1997; 336:309-15., and with Instructions to authors that can be found on web page: <http://www.icmje.org>.

Submit manuscript in triplicate accompanied by a manuscript on a disk: floppy disk (3.5-inch, 1.44 MB, IBM formatted), or compact disk – CD in generally used word processing formats (MS-Word for Windows is preferred, although manuscripts prepared using any other IBM-compatible word-processor are acceptable) to:

Editorial Office, Acta Clinica Croatica, Sestre milosrdnice University Hospital, Vinogradska 29, HR-10 000 Zagreb, Croatia.

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All persons designated as authors should qualify for authorship, and all those who qualify should be listed. Each author should have participated sufficiently in the work to take public responsibility for appropriate portions of the content. All others who contributed to the work who are not authors should be named in the Acknowledgments. All authors should take responsibility for the integrity of the whole work, from inception to published article. Manuscripts should be accompanied by a covering letter signed by all authors including a statement that the manuscript has not been published or submitted for publishing elsewhere, a statement that the manuscript has been read and approved by all the authors, and a statement about any financial or other conflict of interest. A statement of copyright transfer to the journal must accompany the manuscript.

### PREPARATION OF MANUSCRIPT

Type or print out the manuscript on white bond paper ISO A4 (212 × 297 mm), with margins of 35 mm. Type or print on only one side of the paper. Use double spacing throughout, including the title page, abstract, text, acknowledgments, references, individual tables, and legends. Number pages consecutively, beginning with the title page. Put the page number in the lower right-hand corner of each page.

The text of manuscript should be divided into sections: Title page, Abstract and Key words, Introduction, Methods, Results, Discussion, Acknowledgment, References, Tables, Legends and Figures.

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The title page should carry: the title of the article (which should be concise but informative) and a short running title of the manuscript; full name of author(s), with academic degree(s) and institutional affiliation; the name and address of the author responsible for correspondence about the manuscript including his/her E-mail address.

#### Abstract and Key Words

The second page should carry an abstract (of no more than 250 words). The abstract should state the purposes of the study or investigation, basic procedures, main findings, and the principal conclusions. It should emphasize new and important aspects of the study or observations. Below the abstract authors should provide 3 to 10 key words or short phrases that will assist indexers in cross-indexing the article and may be published with the abstract. Terms from the Medical Subject Headings (MeSH) list of Index Medicus should be used for key words.

### Introduction

State the purpose of the article and summarize the rationale for the study or observation. Give only strictly relevant references and do not include data or conclusions from the work being reported.

### Methods

Describe selection and identify all important characteristics of the observational or experimental subjects or laboratory animals clearly. Specify carefully what the descriptors mean, and explain how the data were collected. Identify the methods, apparatus with the manufacturer's name and address in parentheses, and procedures in sufficient detail to allow other workers to reproduce the results. Provide references to established methods and statistical methods used. Describe new or substantially modified methods, give reasons for using them, and evaluate their limitations. Identify precisely all drugs and chemicals used. Use only generic name of drugs. All measurements should be expressed in SI units.

### Ethics

Papers dealing with experiments on human subjects should clearly indicate that the procedures followed were in accordance with the ethical standards of the institutional or regional responsible committee on human experimentation and with the Helsinki Declaration of 1975, as revised in 1983. Never use patients' names, initials, or hospital numbers, especially in illustrative material. Papers dealing with experiments on animals should indicate that the institution's or a national research council's guide for the care and use of laboratory animals was followed.

### Statistics

Describe statistical methods with enough detail to enable a knowledgeable reader with access to the original data to verify the reported results. Whenever possible, quantify findings and present them with appropriate indicators of measurement error or uncertainty. Specify any general-use computer programs used.

### Results

Present your results in logical sequence in the text, tables, and illustrations. Do not repeat in the text all the data in the tables or illustrations; emphasize or summarize only important observations.

### Discussion

Emphasize the new and important aspects of the study and the conclusions that follow from them. Do not repeat in detail data or other material given in the Introduction or the Results section. Include in the Discussion section the implications of the findings and their limitations, including implications for future research, but avoid unqualified statements and conclusions not completely supported by the data. Relate the observations from your study to other relevant studies. State new hypotheses when warranted, but clearly label them as such.

### Tables

Type or print out each table with double spacing on a separate sheet of paper. Do not submit tables as photographs. Number tables consecutively in the order of their first citation in the text and supply a brief title for each. Give each column a short heading.

### Figures

Figures and illustrations should be professionally drawn and photographed. Make sure that letters, numbers, and symbols should be legible even when reduced in size for publication. Each figure should have a label pasted on its back indicating the number of the figure, author's name, and top of the figure. Figures should be numbered consecutively according to the order in which they have been first cited in the text. If

photographs of people are used, either the subjects must not be identifiable or their pictures must be accompanied by written permission to use the photograph. All illustrations and figures could be submitted on disks: floppy disk (3.5-inch, 1.44 MB, IBM formatted), or compact disk – CD in appropriate, generally used picture formats. The preferred formats are JPEG and TIFF, although any format in general use that is not application-specific is acceptable. Make sure that minimum resolution should be 300 dpi. Up to two color illustrations are acceptable for each manuscript free of charge.

#### Abbreviations

Use only standard abbreviations. The full term for which an abbreviation stands should precede its first use in the text unless it is a standard unit of measurement.

#### Acknowledgments

List all contributors who do not meet the criteria for authorship, such as a person who provided purely technical help, writing assistance, or a department chair who provided only general support. Financial and material support should also be acknowledged.

#### References

References should be numbered consecutively in the order in which they are first mentioned in the text. Identify references in text, tables, and legends by Arabic numerals in superscript.

References should be cited in the style based on the formats used by the Index Medicus. The titles of journals should be abbreviated according to the style used in Index Medicus (<http://www.nlm.nih.gov>).

References to papers accepted but not yet published should be designated as "in press". Authors should obtain written permission to cite such papers as well as verification that they have been accepted for publication.

Examples of reference citations are listed.

#### EXAMPLES OF REFERENCE CITATIONS

##### ARTICLES IN JOURNALS

Standard journal article (list the first six authors followed by et al.)

Vega KJ, Pina I, Krevsky B. Heart transplantation is associated with an increased risk for pancreatobiliary disease. *Ann Intern Med* 1996;124:980-3.

More than six authors:

Parkin DM, Clayton D, Black RJ, Masuyer E, Friedl HP, Ivanov E, et al. Childhood leukaemia in Europe after Chernobyl: 5 year follow-up. *Br J Cancer* 1996;73:1006-12.

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##### Personal author(s)

Ringsven MK, Bond D. Gerontology and leadership skills for nurses. 2nd ed. Albany (NY): Delmar Publishers; 1996.

##### Editor(s) as author

Norman IJ, Redfern SJ, editors. Mental health care for elderly people. New York: Churchill Livingstone; 1996.

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CDI, clinical dermatology illustrated [monograph on CD-ROM]. Reeves JRT, Maibach H. CMEA Multimedia Group, producers. 2nd ed. Version 2.0. San Diego: CMEA; 1995.

###### Computer file

Hemodynamics III: the ups and downs of hemodynamics [computer program]. Version 2.2. Orlando (FL): Computerized Educational Systems; 1993.

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