

# 1897

## 1896-1898

Heinrich Quincke in 1897 reported the first cases of [Idiopathic intracranial hypertension](#) (IIH) shortly after he introduced the [lumbar puncture](#) into medicine. It was named [pseudotumor cerebri](#) in 1904 but was not well delineated clinically until the 1940's when [cerebral angiography](#) was added to [pneumoencephalography](#) to identify cases of cerebral mass lesions. Foley coined the term [benign intracranial hypertension](#) in 1955 but reports from the 1980's demonstrated a high incidence of [visual loss](#) <sup>1) 2)</sup> and the term "benign" is no longer appropriate

[Parsonage-Turner Syndrome](#) is named after Maurice Parsonage and John Turner and published in The Lancet in 1948 by Parsonage and Turner <sup>3)</sup>. The condition, subsequently coined Parsonage-Turner Syndrome, had been previously described in the literature as far back as 1897 with many similar clinical presentations of the syndrome reported prior to the extensive study of the syndrome by Parsonage and Turner.

<sup>1)</sup>

Corbett JJ, Savino PJ, Thompson HS, et al. Visual loss in pseudotumor cerebri. Follow-up of 57 patients from five to 41 years and a profile of 14 patients with permanent severe visual loss. Arch Neurol. 1982;39:461-474.

<sup>2)</sup>

Wall M, Hart WM, Jr., Burde RM. Visual field defects in idiopathic intracranial hypertension (pseudotumor cerebri) Am J Ophthalmol. 1983;96:654-669.

<sup>3)</sup>

PARSONAGE MJ, TURNER JW. Neuralgic amyotrophy; the shoulder-girdle syndrome. Lancet. 1948 Jun 26;1(6513):973-8. PubMed PMID: 18866299

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