

1904

1903-1905

Heinrich Quincke in 1897 reported the first cases of 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](#) ^{1) 2)} and the term "benign" is no longer appropriate.

The German ophthalmologist [Eugen von Hippel](#) first described [angiomas](#) in the [eye](#) in 1904.

[Arvid Lindau](#) described [cerebellar angiomas](#) and [spine](#) in 1927.

The term von Hippel-Lindau disease was first used in 1936, however its use became common only in the 1970s.

[Anton von Eiselsberg](#) was the first to resect a cerebral tumor at the First Surgical Clinic at the General Hospital in Vienna in 1904. He successfully removed a cerebral glioma.

Although the [translabrynthine approach](#) was described by Panse in 1904 and first used to resect a [cerebellopontine angle tumor](#) by Quix in 1912, it was not until House published 47 resections with no mortalities in 1964 that the approach was truly popularized ³⁾

¹⁾

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

³⁾

Doig JA. Surgical treatment of acoustic neuroma. The translabyrinthine approach. Proceedings of the Royal Society of Medicine. 1970;63:775

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