1907-1909

Occipitocervical dissociation (OCD) or atlantooccipital dislocation (AOD) was first described by Blackwood in 1908 and was considered quite rare as compared to another cervical spine injury

The first device for stereotactic surgery was described in detail in 1908 by British neuroscientist and surgeon Sir Victor Horsley and British physiologist Robert Henry Clarke. This device, named the Horsley-Clarke apparatus, facilitated the study of the cerebellum in animals by enabling accurate electrolytic lesioning to be made in the brain. To ensure that a lesion would be introduced in the correct site, Horsley and Clarke created atlases containing pictures of the brains of the animals on which they experimented. Shortly thereafter, in 1918, the first stereotaxic apparatus for humans was designed by Canadian neurologist Aubrey Mussen. However, the first attempts at stereotaxic surgery in human subjects were not made until the 1940s; these attempts were pioneered by American neurologists Ernest A. Spiegel and Henry T. Wycis. Since then, a number of modifications and refinements have been made to stereotaxic devices, procedures, and atlases, and these advances have significantly improved the utility of stereotaxy.

In 1908 the first successful lumbar discectomy was initiated and performed by the German neurologist Heinrich Oppenheim (1858-1919) and the surgeon Fedor Krause (1857-1937); however, neither recognized the true pathological condition of discogenic nerve compression syndrome. With the landmark report in The New England Journal of Medicine in 1934, the two American surgeons William Jason Mixter (1880-1958) and Joseph Seaton Barr (1901-1963) finally clarified the pathomechanism of lumbar disc herniation and furthermore, propagated discectomy as the standard therapy.

Coats disease is an idiopathic ocular condition characterized by retinal telangiectasia, aneurysms, and exudation.

George Coats first described it in 1908 as a unilateral condition with retinal exudation and telangiectasia in male children

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Last update: 2024/06/07 02:59

1908