

# 1955

## 1954-1956

The [WFNS](#) was founded in [1955](#).

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The earliest descriptions of the technique have always been attributed to [Ralph Bingham Cloward](#), [George W. Smith](#), and Robinson. However, in the French literature, this procedure was also described by others during the exact same time period (in the 1950s). At a meeting in Paris in [1955](#), Belgians Albert Dereymaeker and Joseph Cyriel Mulier, a neurosurgeon and an orthopedic surgeon, respectively, described the technique that involved an [anterior cervical discectomy](#) and the placement of an [cortical iliac crest autograft](#) in the [intervertebral disc space](#). In [1956](#), a summary of their oral presentation was published, and a subsequent paper-an illustrated description of the technique and the details of a larger case series with a 3.5-year follow-up period-followed in [1958](#). The list of authors who first described ACDF should be completed by adding Dereymaeker's and Mulier's names. They made an important contribution to the practice of [spinal surgery](#) that was not generally known because they published in French <sup>1)</sup>.

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[William Beecher Scoville](#) wrote an extensive letter to the officers of the neurosurgical societies in Europe and America and to outstanding leaders in neurosurgery, explaining the actual situation. As a great majority of the answers to his letter were positive, William Scoville arranged for a meeting of senior European neurosurgeons and representatives of 17 national neurosurgical societies, which was held in [Brussels](#) on September 4 and 5, [1955](#).

After ample discussions and deliberations, it was decided to institute "an international organization composed of and controlled by the component neurosurgical societies". Thus the birth of the [World Federation of Neurosurgical Societies](#) had taken place although the baby had not yet received its official name.

It was officially baptized somewhat later when the Constitution had been drafted and ratified at the executive session during the International Congress of Neurological Sciences in Brussels on the historical date of Saturday, July 20, [1957](#).

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[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](#) <sup>2) 3)</sup> and the term "benign" is no longer appropriate

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[Gliosarcoma](#) was first reported by Strobe in [1895](#) but did not gain wide acceptance until [1955](#) when Feigin and Gross described, in detail, three patients with this malignancy <sup>4) 5)</sup>.

The first classification system of **trigeminal schwannomas** was proposed by Jefferson <sup>6)</sup> in 1955 who categorized TSs into three different types:

Type A, which described tumors originating from the Gasserian ganglion in the **middle cranial fossa**. see **Middle fossa trigeminal schwannoma**

Type B, which is comprised of tumors originating from the roots of the trigeminal nerve in the posterior fossa; and finally, Type C, or the so-called "hour-glass" tumors, which occupy both the middle and posterior fossae.

Some authors have added a fourth classification, Type D, tumors with extracranial extension <sup>7) 8) 9)</sup>.

<sup>1)</sup>

Bartels RHMA, Goffin J. Albert Dereymaeker and Joseph Cyriel Mulier's description of anterior cervical discectomy with fusion in 1955. J Neurosurg Spine. 2018 Jan 12;1-6. doi: 10.3171/2017.7.SPINE17182. [Epub ahead of print] PubMed PMID: 29327972.

<sup>2)</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>3)</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>4)</sup>

Stroebe H. Uber Entstehung und Bau der Gehirngliome. Beitr Pathol Anat Allg Pathol. 1895;18:405-486.

<sup>5)</sup>

FEIGIN IH, GROSS SW. Sarcoma arising in glioblastoma of the brain. Am J Pathol. 1955 Jul-Aug;31(4):633-53. PMID: 14388124; PMCID: PMC1942557.

<sup>6)</sup>

Jefferson G. The trigeminal neurinomas with some remarks on malignant invasion of the gasserian ganglion. Clin Neurosurg. 1953;1:11-54.

<sup>7)</sup>

Goel A, Muzumdar D, Raman C. Trigeminal neuroma: analysis of surgical experience with 73 cases. Neurosurgery. 2003;52:783-790. discussion 790.

<sup>8)</sup>

Guthikonda B, Theodosopoulos PV, van Loveren H, Tew JM, Jr, Pensak ML. Evolution in the assessment and management of trigeminal schwannoma. Laryngoscope. 2008;118:195-203.

<sup>9)</sup>

Samii M, Migliori MM, Tatagiba M, Babu R. Surgical treatment of trigeminal schwannomas. J Neurosurg. 1995;82:711-718.

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