1957

1956-1958

The Simpson grading system [1], developed in 1957 by Donald Simpson, has been considered the gold standard for defining the surgical extent of resection World Health Organization grade 1 meningiomas. Since its introduction, the scale and its modifications have generated enormous controversy.

Salomón Hakim first identified the Idiopathic normal pressure hydrocephalus in 1957 at the Hospital San Juan de Dios in Bogotá, Colombia. Even after decades of international focus and thousands of publications on his disorder, Hakim's story remains largely untold.

Professor Hakim first published his thesis in 1964 and 6 case reports of NPH in The New England Journal of Medicine and the Journal of the Neurological Sciences in 1965. Hakim rose to the forefront of academic medicine as he described a newfound ability to reverse symptoms of "neurodegeneration" that had long been considered irreversible. [2].

William Beecher Scoville wrote an extensive letter to the officers of the neurosurgical societies in Europe and America and 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 took 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.

Tranexamic acid (TXA), a synthetic lysine-analogue antifibrinolytic, was first patented in 1957 and its use has been increasing in contrast to aprotinin, a serine protease inhibitor antifibrinolytic.

German physician Saemisch introduced compound lens magnication to medicine in 1876. In the early part of the 20th century, Carl Nylen, a 30-year-old Swedish otolaryngologist, inspired by Maier and Lion's observations of endolymph movement, conceived and built the world's first operative microscope. In 1921 he used his monocular microscope for humans for the first time in a case of chronic otitis media. Gunnar Holmgren, Nylen's chief at the Stockholm clinic, improved on Nylen's monocular design and attached a light, creating the rst binocular surgical microscope in 1922. The

original surgical microscopes were crude, usually requiring fixation to the bony structures of the skull [3].

During the ensuing decades, otolaryngologists and ophthalmologists continued to refine and expand the use of the operating microscope.

Theodore Kurze was the first to use the operating microscope in the discipline of neurosurgery. In 1957 he used the device to remove a vestibular schwannoma in a 5-year-old patient in Los Angeles. The procedure was a success, but Kurze grappled with the draping technique. He tried several materials and techniques including turkey bags with elastics to fit the microscope handles—an attempt that produced immense heat and smoke in one case.

He continued his refinements and worked to establish the world's first cranial base microsurgical laboratory. His work with the microscope introduced many neurosurgeons to the vast possibilities of such a tool. As Kurze proceeded with his work, an industrious and insightful neurosurgeon began his own observations and practical utilization of the operating microscope on the opposite coast: Raymond Madiford Peardon Donaghy

[1]
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[2]
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[3]
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