Neuroendoscopy

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The first endoscope of any kind was developed by Philipp Bozzini in 1806 for the examination of canals and cavities of the human body. Bozzini wrote, "Until now, we were unable to look into the internal cavities and spaces of the living animal body. The anatomist's knife taught us only their forms; their functions could only be surmised."¹ The Vienna Medical Society did not approve of this "technology," however, and censored Bozzini for his curiosity and rejected his instrument. Fortunately, by the turn of the twentieth century, the promise of endoscopy had been demonstrated and its use was slowly garnering support in the medical arena. Nevertheless, there were significant problems with these initial and pioneering instruments, as reported in the article by Dr. Li, et al.

Neurosurgery may have been slow to accept the use of these instruments in the management of neurological diseases, but with the advent of new scopes, illumination, and instruments, it is a fast-growing arena for minimally invasive surgery. Neurosurgeons have been engaged in the de-

velopment of endoscopic applications as alternatives to traditional open procedures. To this end, there is endoscopic management for hydrocephalus, arachnoid cysts, craniosynostosis, spine tumors, and skull base approaches for pituitary tumors.

There have been numerous reports and publications in the neurosurgical literature on the use of the endoscope for intracranial processes. It seems clear from the literature and the papers in this issue of *Neurosurgical Focus* that endoscopy is a growing field in the hands of the well-trained neurosurgeon. We will be able to perform additional and more complicated procedures as this young field continues to evolve in the near future.

Reference

1. Bush RB, Leonhardt H, Bush IV, et al: Dr. Bozzini's Lichtleiter: A Translation of His Original Article (1806). *Urology* 3:119-123, 1974