Neuroophthalmology

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THIS issue on neuroophthalmology was the brainchild of Martin Weiss, M.D. This is not surprising. It is in the best tradition of neurosurgery to appreciate neuroophthalmology. Harvey Cushing encouraged a general ophthalmologist, Clifford Walker, to develop perimetry and work closely with him, first at Johns Hopkins and later at Harvard. Charlie Wilson invited William Hoyt to work closely with him at the University of California at San Francisco, and they made history together as Hoyt became the world's preeminent neuroophthalmologist. So it was not surprising that a neurosurgeon as accomplished and astute as Marty Weiss reached out and encouraged a close working relationship with his two University of Southern California (USC) neuroophthalmology colleagues, Steve Feldon and myself (A.A.S.). For decades, Marty has encouraged this collaboration and we shall always be grateful for his enthusiastic engagement and collegiality. We would like to dedicate this issue to Dr. Martin Weiss, for his leadership and support of our field of neuroophthalmology.

Martin Weiss has been associate editor of *Neurosurgical Focus* since its inception in 1996. So it will be hard getting this tribute past him as Marty has always deflected attention away from himself. Like most great chairman, he preferred to be the gardener rather than the bloom. Marty graduated from Dartmouth College magna cum laude, and then received his medical degree from Cornell University Medical College. After a surgical internship at University Hospitals of Cleveland, he served as general surgeon at the US Military Academy, West Point. He did his residency in neurosurgery at Case Western University. In 1973, he moved to USC where he was chairman of the department from 1978 to 2004. In 2005, Marty was presented with the Cushing Medal, the highest honor granted by the American Association of Neurological Surgeons.

This special issue on neuroophthalmology includes contributions offering comprehensive reviews and original research, as well as discussions on pathophysiology. The collection opens with papers that address the great controversies relating to our 2 fields: the management of gliomas (Lee and colleagues) and meningiomas (Liu and colleagues) of the anterior visual pathways. Idiopathic intracranial hypertension (IIH or pseudotumor cerebri) can lead to blindness through papilledema (Hedges and colleagues). Successful management may be medical or surgical; neurosurgeons often rely on ventriculo- or lumboperitoneal shunt placement, while neuroophthalmologists usually favor optic nerve sheath fenestrations (Feldon, Agarwal). The opposite problem, visual problems from intracranial hypotension (Zada et al.), can also occur. Although neurosurgeons are very familiar with neuroimaging, neuroophthalmologists can offer a different perspective here as well (Bose, Ruge, and colleagues). Neil Miller has contributed a definitive article on the management of dural carotid-cavernous fistulas which includes a Website with a video. Other specialized combined neurosurgical and neuroophthalmological surgical approaches are described (Koerbel and colleagues). Interesting problems that confront these two fields include vision loss following spinal surgery, and aberrant regeneration of the oculomotor nerve (Mendel and colleagues).

We, the editors of this *Neurosurgical Focus*, would like to thank the contributors for their thorough and informative reviews. We especially thank Martin Weiss and the neurosurgeons who particularly value neuroophthalmological collaborations. We are confident that many more neurosurgeons, in reading this collection, will develop a greater appreciation for the assistance and contributions that neuroophthalmology can offer.