

Advances in Neurosurgery 2

Meningiomas

Diagnostic and Therapeutic Problems

Multiple Sclerosis

Misdiagnosis

Forensic Problems in Neurosurgery

Edited by

W. Klug · M. Brock · M. Klinger · O. Spoerri



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Preface

On this occasion we look back on 25 years of the Deutsche Gesellschaft für Neurochirurgie. They hold a great deal: founding and development of the society, completion and extension, communication between the individual members and contacts to other societies beyond our borders.

They also stand for close co-operation with those who transfer their patients to us – the neurologists and specialists in internal medicine, the ophthalmologists and ear-nose-and throat specialists as well as the general surgeons.

This 25th annual meeting will deal with two examples of diseases that present common problems to the neurologist and to the neurosurgeon, namely meningiomas and multiple sclerosis.

In view of their long histories often going back over many years, both of these lesions lead to diagnostic errors and inadequate treatment. And yet it should be possible to recognize meningiomas at an early date and to initiate the only possible treatment, the operation, if all diagnostic measures are repeatedly carried out.

The diagnosis MS, on the other hand, with the multiplicity of symptoms which are peculiar to this disease, should continue to be re-examined until every other lesion has been excluded with certainty.

The increasing number of legal proceedings because of diagnostic and therapeutic measures as well as the doctor-patient talk preceding the written consent for these measures are further problems in need of discussion. For this reason, the topic „medical liability in special reference to the neurosurgeon” was chosen for this meeting.

Many questions necessitate many answers.

May each participant in this congress find a satisfactory solution to his own problem in the multitude of answers.

W. KLUG

Welcoming Address to Mark the Opening of the 25th Congress of the German Society for Neurosurgery

W. KLUG

Our today's opening of the 25th Congress of the German Society for Neurosurgery here in Bochum would be incomplete without our first conducting a review of the past.

In 1824, that is exactly 150 years ago, KARL-ARNOLD KORTUM, the well-known physician, satirist, technical writer and local politician, died in Bochum. 40 years previously, 1784, he had published the 1st part of his "Jobsiade" with which we are all familiar, either from the original text or from the work of WILHELM BUSCH.

Exactly 100 years later, on November 25, 1884, GODLEE performed the first operation on a cerebral tumour in a 25 year-old man with paralysis of the left hand and the fingers as well as paresis of the left leg. He removed a smooth, solid, well-demarcated tumour the size of a walnut. 4 days following the operation a suppuration supervened, then a prolapse. Three weeks after the operation the patient died. Despite this outcome, the operation was a trail-blazing event, perhaps the first indication of there being new territory ahead, to which more attention should be paid.

In actual fact surgeons and neurologists increasingly concerned themselves in the ensuing period systematically with this branch of medicine, the progress of which up to the stage of its becoming an independent entity was still to require many years.

Names such as FEDOR KRAUSE, HARVEY CUSHING, OTFRIED FOERSTER etc. represent milestones along the path leading towards the independence of our special medical sector. Not to be forgotten is the pioneering work of ERNST VON BERGMANN, whose work "*Lehre von den Kopfverletzungen*", published in 1880 by the firm of F. Enke, Stuttgart, must be rated as a summary of his experience in the battles of Weissenburg and Wörth in the Franco-Prussian War as well as at Plevna in the Russo-Turkish War. But that was not all. His book on the *Chirurgische Behandlung von Hirnkrankheiten*, printed in the *Archiv für Klinische Chirurgie* 36, was published in 1888 as an independent work in 2nd edition by the August Hirschwald publishing-house, Berlin, and issued in a considerably expanded form 11 years later in 3rd edition by the same publishers.

Those who have read these books are aware that the generation of doctors who lived a good century ago knew very well how to observe and to draw conclusions from what they observed. We who are living today can only learn from this use of our five senses! Notwithstanding the pleasure we feel about the steadily advancing development of our technology and improvements to our instrumentarium, we should never forget the eminent accomplishments of our great masters. Their activities of that time constitute the foundation of our present-day knowledge and skills, and just as our hypothesis of today already harbour the errors of tomorrow, we should judge the

events of the past that have proved to be erroneous in the light of present-day perceptions with that degree of tolerance that is befitting for a western civilisation that has its roots in antiquity and christianity.

Since then German neurosurgery, thanks to the dynamism and abilities of a WILHELM TÖNNIS and the cordial and generous assistance of his teacher, FRITZ KÖNIG, has succeeded in finding its own path so that we may all look back with pride and satisfaction on the emergence of neurosurgery in Germany as an independent branch of medicine.

Here in Germany neurosurgery has advanced to the stage where it has become an established, acknowledged constituent of medical science as a whole. More than that, it has succeeded in re-establishing the contact with its international counterparts lost during the Second World War, and can present itself today as ranking equal to them.

It combines the good of the past with the better of present-day advances, and is paving a path for itself into the future that is full of hope. Could a tradition that has grown up on the basis of long and fruitful experience present a better image of itself than by retaining that which has proved to be good and jettisoning that which has not been found to be meaningful, or even wrong?

The public at large, but especially the sick, those requiring help, should be grateful to the majority of doctors for not having complied with the frequently expressed wish for change also in this direction. A *good* conservative attitude is of greater value than any form of doubtful experimenting with its uncertain outcome, in particular when this relates to the sick person.

As is to be expected, these ideas, which in part have their origin in pure ideologies, come almost entirely from healthy people. They know neither the world of the sick, nor are they able to put themselves into their position. How rapidly these frequently totally practiceremote notions collapse is usually shown whenever the loaded question is asked: "Who would you like to operate on you, if necessary"? The intern, the surgeon who has already carried out several similar operations, the head surgeon, or perhaps the senior medical officer, who has in the meantime become the whipping-boy of a whole horde of papers, but who has nevertheless the most experience at his disposal, or perhaps, if one asks "Who is to decide about your illness, your treatment, a team of doctors or one responsible doctor"? After all responsibility is not divisible. But it is out of this that a mission arises, which generations of medical practitioners have taken very seriously. For them, apart from the illness to be treated there was also the patient that wanted to be cared for. And since the one and same illness of 100 years ago does not differ one iota from the one of today, the anxiety of the sufferers has always remained and will always remain the same, the treatment can only be directed towards two things: 1. the diagnosis and therapy of the illness as such, and 2. to the treatment, concurrently, of the individual as a human-being.

These are facts that no one can pass over without seeing them. The demand for full mechanisation of hospitals is justifiable for organisational reasons. It promotes the flow of the work processes.

The steady reduction in the working hours, on the other hand, encourages personnel to watch the clock; the 5-day week, from the viewpoint of the hospital, by comparison with other professions that can afford it, induces staff to press for an ever-longer week-end off. Nobody will be able to stop this general tendency, but it should be made

quite clear that illnesses and injuries do not cease to exist just because the week-end has come around.

In the hospital it is just one of those things that special tasks are in the foreground, these having very much to do with ethics, humanity and personal help, but very little to do with politics, ideologies or even empty verbosity, which can neither help the sick nor give them hope.

The patient, with his understandable hypersensitivity, most certainly notices the shift or sliding duty arrangements or whatever other term might be used. It is only with difficulty that he gets used to the changing number of staff nursing and attending to him.

Those who are in a position to critically judge the case of the sick in former times and today will come to the conclusion that the work in the wards has become a necessary service branch and is no longer a genuine nursing of the sick that comes from the heart.

Perhaps I may express this in slightly different words. No two-way communications system, no control desk with individual parameter monitoring, no optic or acoustic information on the condition of the patient can replace the friendly chat with him, the touching of his hand to re-assure him. The personal ties of the patient with the doctor treating him and vice versa are the best foundation for his recovery. A patient who has trust in his doctor is well off, one who believes in him is even better off. These are facts that every experienced doctor is familiar with.

What do those healthy people, who are able to avail themselves of medical help at any time, know of the inner self of a doctor? Of his decisions that very often have to be taken alone, and which many a time involve life or death, and which no one can lift from his shoulders? What do they know of his worries and cares about a patient, his frequently nocturnal deliberations when it is a question of the pros and cons regarding a high-risk operation? What do they know of his involvement in the experience and suffering of a patient whom he has come to have a feeling for, also in human terms, but whom he is no longer able to help? What do they know of his feelings when he has to break the news to parents that their only child can no longer be saved, that the life of the young mother can no longer be preserved?

And then there are also those intellectual critics who, against their better knowledge and belief, perhaps only because they have had some negative personal experience with a rather unsympathetic doctor, whom we too know, by making generalisations about a whole profession, would like to imprint upon all the stamp of amoral conduct. In doing so, they contribute not only to the discrimination of a whole professional group, but above all to undermining the patient-doctor relationship. The fact that at the same time, however, also the confidence relationship between the two partners suffers in consequence, and accordingly the decisive and most important pre-requisite for every successful treatment is destroyed, appears to have escaped their attention.

How many members of that professional group, which again and again demand from us a full clarification, ask neither for the exact diagnosis nor for the prognosis when they themselves are the persons involved. A large number of patients would with certainty refuse an operation, which despite all risks could prove successful, if they were given information in advance about every detail of diagnostic or therapeutic methods.

Thus all the more to be welcomed are those tactful publications free from every sensation-mongering tendency of our mass media, which report on new perfected processes or techniques that have been discussed with their originators, and accordingly help to bring these innovations more quickly to the attention of the sick than we are able to do.

All too frequently in the past hopes have been raised in the population by distorting reports that simply could not be realised, if only for the reason that they were factually incorrect.

How often are collections made even these days for sick people and big sacrifices made for them on the assumption that their salvation lies only on the other side of the ocean, whereas any well-read layman knows that this help could be had just as well in a nearby German town.

In all these questions meaningful cooperation between the mass media and doctors would be better than working against one another and thus be a true help for the sick, whom in the final instance is involved.

Let us hope that the discussion of the problems to be dealt with will proceed in the same spirit: as a valuable answer to critical questions for the benefit of the patients entrusted to our care!

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Meningiomas

Diagnostic and Therapeutic Problems

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Diagnostic and Therapeutic Problems

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