Brain abscess, its surgical pathology and operative technic

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BRAIN ABSCESS
ITS SURGICAL PATHOLOGY
AND
OPERATIVE TECHNIC
Fig. 1.—Frontispiece. The Osteoplastic Flap for Exploration for Abscess of Middle Fossa.
BRAIN ABSCESS

ITS SURGICAL PATHOLOGY
AND OPERATIVE TECHNIC

BY

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To the

MEMORY OF MY FATHER

who taught me "If all were frankly to record
their thoughts and experiences, even
of one day, humanity would be
advanced centuries," and

TO MY WIFE

the inspiration of the book.
FOREWORD

This monograph is the result of considerable intradural experience, associated with many bitter disappointments and failures; some animal experimentation; and of observations during post-mortem examination of cases in which death had resulted from varied intracranial lesions. Recognizing that surgical as well as pathological and diagnostic information is obtainable from post-mortems, a personal effort invariably has been made to obtain an autopsy on all cerebral cases coming under my observation. The fatal cases previously examined or operated upon, on which post-mortems were not performed, are very few.

The laity are anxious to assist the surgeon in obtaining whatever knowledge may be derived from an examination of their dead, provided they feel that the surgeon has striven earnestly to assist them, and that the post-mortem will be reverently conducted.

Cushing, whose genius has transformed non-suppurative intracranial surgery into comparatively safe, delicate, almost bloodless physiological procedures, has long contended that the ordinary surgical technic applicable to other parts of the body is insufficient to combat successfully the unique physiological factors and pathological changes presented within the dura; and it is Cushing's technic which the author largely has used in operating for intracranial suppuration.

Surgically considered, intracerebral abscess stands in a class by itself, the problems presented in its surgical treatment differing from those of suppuration in other parts of the body and distinct from those encountered in the treatment of non-suppurative lesions of the brain. As many of the technical problems presented still remain far from solution, it is proposed to call attention to some of these physiological factors, their alteration by pathological processes, and the technic which, to the author's mind, most satisfactorily meets them. The success of intradural surgery always will depend upon utilizing every advantage offered by the preventive and reactive efforts of nature, while a single technical error may mean the loss of the patient's life or at least of his subsequent usefulness.
In this monograph the writer has attempted to correlate the surgical treatment of the different pathological lesions of brain abscess, for he believes that, although pathology and treatment usually are dealt with in separate chapters, they are in reality one and should be so considered. Certain it is that if one is to meet with even a moderate degree of success in the treatment of brain abscess, the surgical manipulation in each individual case must be adapted to the exact pathological condition present.

With this object in view emphasis is laid upon the pathology and on mechanical changes, and a classification is adopted which is capable of individual clinical recognition, because the author believes that our present knowledge should enable us not only confidently to diagnose the presence of brain abscess, but also in a large proportion of the cases to determine its location and whether or not it is surrounded by a capsule.

To accomplish this the surgeon must divest himself of certain ideas inherent in the old classification of aural and nasal origins, and must conceive of them not according to their immediate origin, but pathologically, according to the causative lesion of entrance into the central nervous system; that is, whether extension is by direct tissue suppuration or by retrograde thrombophlebitis, for which the author suggests the terms Adjacent (Secondary), and Intercurrent (Tertiary), when immediately occasioned by a secondary gross lesion such as sinus thrombosis, to differentiate both from abscesses originating from the deposit of infected bacterial virus circulating free in the blood stream, the latter being pathologically metastatic, even though the original focus of infection may be in the ear or the nose. One of the chief objects of this work is to enable the surgeon to apply a pathological nomenclature to the subject and thus approach the treatment of brain abscess in a pathological as well as a technical mental attitude.

No apologies are offered for the personal character of the book. It is largely an account of experience in more than fifty cases of adjacent brain abscess which have come under the author's observation. It has been written because he recognizes that many deaths might have been avoided had he earlier been in possession of the knowledge he has gained by his failures. He has analyzed his cases, making an effort in each particular case to learn why the patient recovered or died.

In the chapter on Diagnosis the writer voices many opinions which must be regarded as purely speculative, much of which doubtless will be demonstrated to be fallacious as our physico-pathological