

**CEREBELLAR ABSCESS; ITS
ETIOLOGY, PATHOLOGY,
DIAGNOSIS AND TREATMENT:
INCLUDING ANATOMY AND
PHYSIOLOGY OF THE CEREBELLUM**

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Cerebellar Abscess; Its Etiology, Pathology, Diagnosis and Treatment: Including Anatomy and Physiology of the Cerebellum by Isidore Friesner & Alfred Braun

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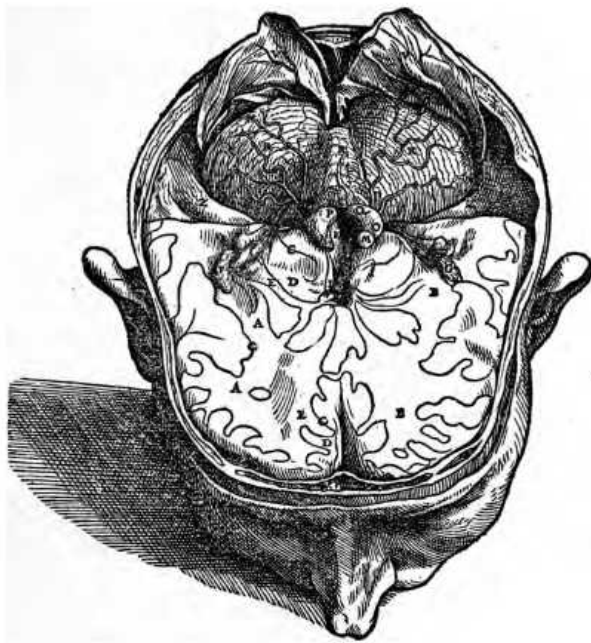
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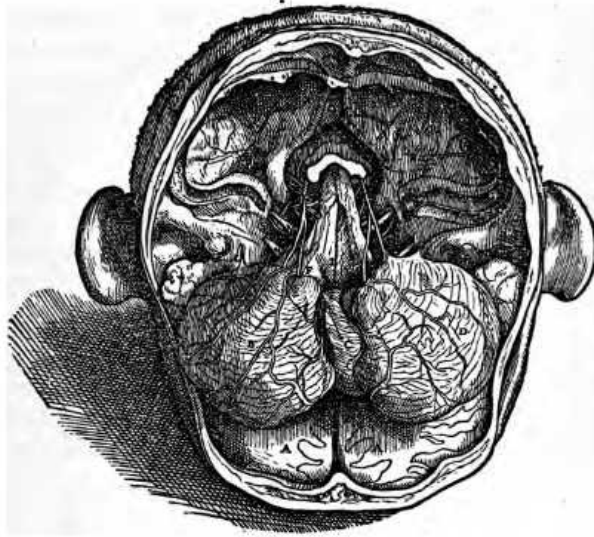
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ISIDORE FRIESNER & ALFRED BRAUN

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THE FIRST SCIENTIFIC FIGURES OF THE CEREBELLUM, FROM
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CEREBELLAR ABSCESS

ITS ETIOLOGY, PATHOLOGY, DIAGNOSIS
AND TREATMENT

INCLUDING
ANATOMY AND PHYSIOLOGY OF THE CEREBELLUM

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WITH 10 FULL PAGE PLATES AND 16 ILLUSTRATIONS IN TEXT



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PREFACE

Ninety-eight per cent of cerebellar abscesses are otitic in origin, and the diagnosis and treatment of this complication are, to-day, almost solely the province of the otological surgeon.

Considering the recent advances made in our knowledge of cerebellar physiology and methods of diagnosis, and particularly of the relationship between the cerebellum and the static labyrinth, a work on cerebellar abscess is not untimely. This relationship we have described at length, trusting that it will interest the neurologist as well as the otologist.

In this book, we have attempted to outline briefly the anatomy and physiology of the cerebellum as a basis for that neurological knowledge with which the surgeon must be equipped in order to cope with the problem of cerebellar diagnosis. We have made no attempt to state all the opinions with regard to the physiology, but have confined ourselves to those hypotheses which seemed most plausible and which shed most light upon the subject. The etiology, pathology and symptomatology have been based chiefly upon the reports of 86 cases which we have been able to collect from the literature since 1906. The illustrations are

from original drawings and photographs made by one of us (Braun).

We have made no attempt to mention every book which has been written on this subject, but have referred only to those publications which were used in the preparation of this work.

We wish to thank Dr. T. Passmore Berens, Dr. Wendell C. Phillips, Dr. Arthur B. Duel, Dr. John B. Rae, and many of our colleagues at the Manhattan Eye, Ear and Throat Hospital, for the opportunities they have afforded us to study their cases of brain abscess.

We also wish to thank Mr. Paul B. Hoeber for many useful suggestions, and for the careful manner in which he and his staff have prepared this volume.

ISIDORE FRIESNER—ALFRED BRAUN.

NEW YORK, May, 1916.