



SEE NOS. 949, 3106.

HARVARD UNIVERSITY.

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DESCRIPTIVE CATALOGUE

OF THE

WARREN ANATOMICAL MUSEUM.

BY

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OF MORBID ANATOMY.

BOSTON:

A. WILLIAMS AND COMPANY.

1870.

anything like comminution, that at once suggests the idea of malformation. In the present case we must suppose, if the laminae were broken upon the sides, that they were broken also, and most symmetrically, upon the posterior median line. 1862. *Museum Fund.*

947. A deep incised wound in the body of the first dorsal vertebra.

From a young man who was stabbed in the middle of the right side of the neck, with a broad and sharp knife. The hemorrhage, which was very copious, was arrested; the common carotid being tied, though it was subsequently found uninjured. After this he rallied well; but on the second day phlegmonous inflammation came on about the wound, and he died seventy-eight hours after the injury. (Med. Jour. Vol. LXIX. p. 98.) Vertebrae prepared by Dr. H., and dried. 1863. *Dr. R. M. Hodges.*

948. The fifth and sixth cervical vertebrae, entirely separated, but not dislocated, and with only a trace of fracture.

From a man who was struck upon his breast, and thrown upon his back, when attempting to get upon the front platform of a horse-railroad car. Lived rather more than three days. Hospital, 97, 62. 1861.

Dr. George H. Gay.

949. Cranium of a man who lived twelve and one-half years after the passage of a large iron bar through his head.

The subject of this case was twenty-five years of age, of a strong constitution, and in vigorous health, and was engaged in blasting rocks, when the charge exploded. The bar, with which he was ramming or tamping it down, having been driven through his head, was thrown high into the air, fell at a distance of some rods, and was picked up smeared with blood and brain. The accident happened in the State of Vermont, Sept. 13th, 1848, and an account of the case was first published by Dr. Harlow, in the Boston Med. & Surg. Jour. in Dec. (Vol. xxxix. p. 389).

In a few minutes he recovered his consciousness, was put into an ox-cart, and having been carried three-fourths of a

mile to his hotel, he got out with some assistance, and entered the house. Two hours afterward, when he was seen by Dr. Harlow, he was quite conscious and collected in his mind, but exhausted by a profuse hemorrhage from the top of the head; the scalp being everted, the bones very extensively fractured and upraised, and the brain protruding. In front of the angle of the lower jaw, upon the left side, was a linear wound through which the bar had entered, by the pointed end. There was a protrusion of the left eye, equal to nearly one-half of its diameter; and the left side of the face was more prominent than the right. With a view to the presence, possibly, of any foreign bodies, Dr. H. passed one index finger down its whole length into the wound from above, and the other freely upward from below. Frequent vomiting of blood from the stomach. The pulse at this time was 60.

On the 15th the hemorrhage had ceased; vision of the left eye was indistinct, and there was delirium. On the 16th a fetid discharge, with particles of brain, from the head; with a discharge also from the mouth. 23d: More rational, stronger, and asked for food. Vision in left eye quite gone. Pulse 60-84 since the accident. On the 24th erysipelas appeared below the wound; and for the next three days he was more comatose, with a large fungous growth from the upper wound, and a fungus from the inner canthus of the eye, that first appeared on the 19th. 27th: Discharge from the upper wound small, and exhalations from the mouth horribly fetid. The large fungous growth was excised, and $\frac{3}{4}$ viii of pus were discharged by incision over the lower part of the frontal bone. Eye very prominent. The discharge after this was profuse and fetid. Oct. 6th he was better locally and generally, and sat up for a few minutes, but appeared demented. Nov. 8th he was in every way doing well, and went abroad. On the 14th he walked half a mile, exposed to dampness and cold, and there followed a febrile attack, with lancinating pain in the left side of the head and face. For this he was bled and purged; and on the 18th he was about the house again. On the twenty-fifth, about seven weeks and a half after the

accident, he returned home, a distance of about thirty miles.

January 1st, 1849, the wound was quite closed. In April the left malar bone continued to be more prominent than the right. The eye, however, was less prominent than it had been; but the motions of the globe were limited, and there was ptosis of the lid, with a partial paralysis of the left side of the face. Upon the top of the head was a quadrangular prominence, and behind this a deep depression. No pain, but a queer feeling in the head. In regard to the state of his mind, he was very fitful and vacillating, though still very obstinate, as he always had been; and he was very profane, though never so before the accident.

After his recovery he travelled about with his bar, and exhibited himself in several of the large cities in this country; and in 1851 he got a situation, as a hostler, in a stable. In August, 1852, he went to S. America, and drove a six-horse stage-coach in Chili. In 1859 and '60 his health began to fail, and early in 1860 he had a long sickness, but no particulars could be learned in regard to it. In June, 1860, he went to San Francisco, where his friends were residing; and as his health improved, he went to work upon a farm. In February, 1861, he had a fit, and soon two or three others. He had been ploughing on the day that he was attacked, and had had no premonitory symptoms. In a few days he was better, and did at different times various kinds of work. On the 20th of May he was attacked with severe convulsions, which recurred frequently; and on the following day he died.

In July, 1866, Dr. Harlow ascertained that his patient's mother was residing at San Francisco; and after a correspondence with her, and other members of the family who were with her, he not merely obtained the final history of the case, but in the most commendable spirit, and with a full appreciation of the scientific interest of the case, permission was given to have the cranium removed, and sent here for examination and preservation. In effecting this very desirable object, he was aided by D. D. Shattuck,

Esq., a brother-in-law of his patient, Dr. Coon, Mayor of the city, and Dr. J. D. B. Stillman, all of San F.

The cranium arrived in this city, with the bar, in 1868, and have been most generously presented, by Dr. Harlow, to the Medical College.

On examination of the cranium, it is generally, though not always, possible to distinguish between the bones that are gone, as the result of the injury, and those that have crumbled away and been lost since the man's death; the smoothness of the edges determining this point for the most part. The whole of the small wing of the sphenoid bone upon the left side is gone, with a large portion of the large wing, and a large portion of the orbital process of the frontal bone; leaving an opening in the base of the skull, 2 in. in length, 1 in. in width, posteriorly, and tapering gradually and irregularly to a point anteriorly. This opening extends from the sphenoidal fissure to the situation of the frontal sinus; and its centre is an inch from the median line. The optic foramen, and the foramen rotundum are intact. Below the base of the skull the whole posterior portion of the upper maxillary bone is gone. The malar bone is uninjured; but it has been very perceptibly forced outward, and the external surface inclines somewhat outward, from above downward. The lower jaw is also uninjured. The opening in the base above described is continuous with a line of old and united fracture that extends through the supra-orbital ridge, in the situation of the foramen, inclines toward, and then from the median line, and terminates in an extensive fracture that was caused by the bar as it came out through the top of the head. This fracture is situated in the left half of the frontal bone, but, inferiorly, it extends somewhat over the median line. In form it is about quadrilateral; and it measures $2\frac{1}{2} \times 1\frac{3}{4}$ in. Two large pieces of bone are seen to have been detached and upraised; the upper one having been separated at the coronal suture from the parietal bone, and being so closely united that the fracture does not show upon the outer surface. The lower piece shows the line of fracture all around. Owing to the loss of bone, two openings are left in the skull; one, that separates the

two fragments, has nearly a triangular form, extends rather across the median line, and is 4 in. in circumference; the other, situated between the lower fragment, and the left half of the frontal bone, is long and irregularly narrow, and is $2\frac{5}{8}$ in. in circumference. The edges of the fractured bones are smooth, and there is nowhere any new deposit. 1868. *Dr. John M. Harlow, of Woburn.*

For the bar above referred to see No. 3106.

950. A cast of the head of the above individual. Soon after Dr. H. published the case, Dr. Bigelow wrote to him, and made arrangements, at a very considerable expense to himself, to have the man sent down to this city, and kept here for a full examination. After he had satisfied himself that the bar had actually passed through the man's head, and that he had essentially recovered from the accident, he was exhibited to the profession, the cast was taken, and a full account of the case, with illustrations, was published by Dr. B., in the *American Jour. of Med. Sciences*, July, 1850. 1856. *Dr. H. J. Bigelow.*

The very small amount of attention that has been given to the above wonderful case, by the profession in this country, as well as in Europe, can only be explained by the fact that it far transcends any case of recovery from injury of the head that can be found in the records of surgery. It was too monstrous for belief, and yet Dr. Harlow has at last furnished evidence that leaves no question in regard to it.

951. A skull that was prepared by Dr. B., to show the course that the bar was supposed to have taken. 1856.

Dr. H. J. Bigelow.

952. Cast of the head of a man who was transfixed through the head by an iron gas-pipe, and who, to a very considerable extent, recovered from the accident.

The accident happened in the State of Ohio, May 14th, 1867, and the following is an abstract of the case, which was reported to Dr. Bigelow by the attending physicians, Drs. M. Jewett and F. W. Inman. The patient, a healthy and intelligent man, about twenty-seven years of age, was

matter or concrete pus. The deposit consisted of minute globules or granular corpuscles, varying in size from those of tubercle to those of pus. The firm portion was fibrous. The right capsule was smaller than usual, though thicker at one part, and nowhere flat as usual; disease as in the left, but much less extensive. There was, also, some old disease of the brain, ecchymoses in the lungs, and a large quantity of blood in the heart, that was fluid, and continued so after removal from the body. 1857.

Dr. A. A. Gould.

3104. A third case.—The patient, a female, æt. thirty-one years, had been under the care of Dr. B., for about a year, with debility, a bronzed skin, and other anomalous symptoms; the discoloration terminating near the margin of the hair, and leaving a narrow white line between the two. Occasionally there were attacks of indigestion; and during her recovery from one of these, she indulged very grossly in indigestible food, and died in consequence. Both renal capsules were greatly enlarged; texture firm; and studded thickly with irregular, tubercular-looking deposits, from the size of a small shot to that of a chestnut. Other organs well. 1860.

Dr. H. I. Bowditch.

For other cases of Addison's disease, see p. 395.

3105. A thin cyst in the substance of the renal capsule. Collapsed; but, if distended, would have been nearly as large as an English walnut. Traces of cretaceous matter in the parietes.—From a female dissecting-room subject, about twenty-five years of age, and almost anæmic in appearance. Lungs tubercular. 1857.

Dr. R. M. Hodges.

3106. An iron bar, that was driven through a man's head. He seemed to have entirely recovered from the accident, and lived twelve years and a half afterward, but died finally with cerebral symptoms. (See No. 949.)

The bar is 3 ft. 7 in. in length, and weighs $13\frac{1}{4}$ lbs.; form cylindrical, and diameter $1\frac{1}{4}$ in.; one end is square, as in a common crowbar, and the other tapers to a smoothly blunt point,—this last measuring $\frac{1}{4}$ in. 1868.

Dr. John M. Harlow, of Woburn.