

## MAINE INSANE HOSPITAL

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Case No.

Name Annie S. Morton

P. 19-15 1/2

Year No.

## ANATOMICAL DIAGNOSIS.

Marked emaciation.  
Old fracture of neck of right femur, with exuberant callus.  
Contractures of thighs and legs.  
General muscular atrophy.  
Chronic fibrous appendicitis and peritonitis.  
General arteriosclerosis.  
Chronic fibrous pleuritis.  
Broncho pneumonia.  
Chronic mitral and aortic endocarditis.  
Senile atrophy of bones, spleen, uterus and ovaries.  
Arteriosclerotic contracted kidneys.  
Slight antiversión of uterus.  
Oedema of pia.  
Atrophy of cerebral convolutions most marked in frontal gyri.  
General softening of cerebrum with focal areas in post central, occipital, and temporal gyri of right hemisphere.  
General softening of cerebellum.  
Cerebral arteriosclerosis.  
Intérdural tumor in middle cranial fossa of right side.

*Bony formation in diaphragm*  
MICROSCOPICAL SUMMARY.

Chronic interstitial Nephritis.  
General Arterio-sclerosis.  
Fatty Infiltration of Liver.  
Congestion of intestinal mucosa.  
Broncho Pneumonia.  
Passive Congestion of Liver and Spleen.  
Increase of Connective Tissue in Spleen, Uterus and Ovaries.  
Chronic Gastritis.  
Few Degenerative Changes in cells of cerebral cortex.  
Slight loss of myelin sheaths in vicinity of posterior root zones.  
Interdural Fibroma (fibrosarcoma?)



MAINE INSANE HOSPITAL.  
SYNOPSIS OF CASE FOR POST-MORTEM RECORD.

Autopsy NO.

Case # 11771 Name Annie S. Morton  
Ward Lower Sanborn Date of Death Apr. 3/9/31 Hour 10.45 p.m.  
Sex Female Age 86 years  
Date of Admission Feb. 16, 1907  
Place of burial Saco, Me.

Diagnosis of Mental & Physical Disease on Admission.

Senile Dementia. Organic heart disease.

Changes in mental and physical condition since admission.

Remained always delusional and at times hallucinated.  
Became much deteriorated, and disoriented, but  
always agreeable. Fractured femur in ~~Feb. 1911~~ <sup>Nov. 1911</sup> and became bedridden,  
gradually emaciated and failing slowly, with no further definite symptoms.  
Synopsis of case history, including last illness and mode of death.

Patient was an inmate of old ladies home, nothing known of past history  
or condition on admission to hospital. During residence in hospital  
was always delusional and hallucinated, but always pleasant and  
happy. Showed no capacity for occupation. Gradually demented.  
In Apr. 1910 was sent to infirmary with vertebra and abnormal heart  
action: Improved and was up till fracture of femur in Feb. Nov. 1911  
Remained quietly in bed from that time going slowly but  
gradually more feeble, and very much emaciated until  
her death without any further definite symptoms.

J. H. Toomey M. D.  
Attending Physician.



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AUTOPSY PROTOCOL.

Date of death - - - - - April 3, 1913 at 10:45 P.M.

Autopsy - - - - - 14 hours Post Mortem.

BY DR. HALL.

## BODY:

The body is that of a white female 86 years old. Well developed. Markedly emaciated. Malar bones, scapulae, clavicles, pubic bones and knee joints very prominent.

There is a marked prominence of the right hip due to an old fracture of the neck of the femur. There is an exuberant callus and some shortening of the femur.

The crest of the left ilium is prominent and rather sharp while the body of the bone has a sunken appearance. Both thighs are flexed on the body at an angle of 120 degrees and cannot be straightened. They are directed toward the left. The legs are flexed upon the thighs at an angle of 90 degrees and cannot be straightened.

The arches of the feet are low, the condition approaching that of flat-foot. The feet are somewhat everted.

A few small superficial abrasions are found on the back.

On the inner surface of the left foot over the metatarsophalangeal joint of the great toe is an area 3 c.m. in diameter exposing a little of the bone. This joint is considerably enlarged.

Pupils equal and regular, width 5 m.m.

Irides brown. Arcus senilis.

External orifices:- Teeth poor, mucous membranes pale. Nothing else of importance.

The external ears stand out prominently.

The muscles and tendons of neck are seen prominently beneath the skin.

Depth of axillae 5 c.m. ~~deep~~.

Post mortem lividity in dependent portions. Rigor mortis everywhere present.

Integument dry and of senile appearance, very loose over abdomen.

External glands:- No enlargement of inguinal or axillary glands. Mammary glands considerably atrophied.

## PRIMARY INCISION:-

Panniculus scanty, practically absent over thorax, 5 m.m. over abdomen.

Marked muscular atrophy everywhere.

Chest muscles pale.

## PERITONEAL CAVITY:-

Intestines smooth and glistening, very



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little fat in omentum.

Peritoneum of good color and of normal thickness. Vessels fairly well injected. No fluid in cavity.

The appendix is 7 c.m. in length. Its direction is downward and behind the caecum. It is bound down by strong adhesions. There are dense adhesions between intestines and abdominal wall in the right iliac region, and there are a few adhesions elsewhere between intestines, the abdominal wall, and abdominal viscera.

Mesenteric lymph nodes not enlarged.

Liver 2 c.m. below xyphoid and 3.5 c.m. above last rib in nipple line. Lower edge blunt.

The Gall Bladder extends 3 c.m. below the liver and contains gall stones.

Diaphragm extends to the 4th rib on right side and to 5th interspace on left.

## PERICARDIAL CAVITY:

No adhesions between visceral and parietal layers. The pericardial sac contains about 10 c.c. of straw colored fluid. The pericardium is of dull gray color. Very little epicardial fat.

## PLEURAL CAVITIES:

Dense adhesions everywhere between parietal and visceral pleura. The parietal pleura is of pinkish gray color and is frequently torn in breaking the adhesions.

No fluid in cavities.

In the diaphragm about half-way between the mid-line and the mid-axillary line, is a bony plate 5.5 x 4 c.m.

## HEART:

Weight 250 gms. Fair development.

Pericardium of grayish color and normal consistency.

Myocardium a trifle soft and of grayish brown color.

Endocardium dull and lustreless. Does not seem to be thickened.

M.V. 10 c.m.

T.V. 10 c.m.

A.V. 7 c.m.

P.V. 6 c.m.

R.V. 1 c.m.

L.V. 2 c.m.

The tricuspid and pulmonary valves are clear. The aortic and mitral valves contain a few calcareous nodules and are somewhat contracted.

The cavities of the heart contain a few post mortem clots.

Arch of aorta shows no dilatation and is only slightly sclerotic.

Coronaries tortuous and sclerotic. Their course can be traced to the apex.

## LUNGS:

Visceral pleura generally of pinkish color. Slight superficial



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anthracosis.

Right Lung:- Weighs 520 grams. Everywhere, except in the inferior portion of the lower lobe, it is of normal consistency, and crepitation is good. In the lower part of the lower lobe, the organ is dark colored and congested. There are a few small areas in this region approaching consolidation. On section there is a free oozing of mucoid material. A section from the congested area is heavy but floats near the surface of water. The larger bronchi contain mucopurulent material.

Left Lung:- Weighs 670 grams. There are a few areas of partial consolidation in both upper and lower lobes. Section shows the tissue to be of brownish color, mottled with black spots. There is a free oozing of mucopurulent material. Section does not sink but it is submerged near the surface.

LIVER:

Weight 1020. Greatest width from right to left 30 c.m. Width of right lobe transversely 15 c.m.; width of right lobe vertically 18 c.m.; width of left lobe vertically 9 c.m.

The surface is somewhat wrinkled and there are deep furrows on the anterior surface in the upper third. Capsule is of pinkish red color and is considerably firm. Nothing of importance on scraping.

GALL BLADDER AND DUCTS:

The gall bladder is flaccid and somewhat distended. It contains about 30 c.c. of thin yellowish bile. There are 11 gall stones of irregular prism shape. The largest is about the size of a marble and the smallest about the size of a pea.

The common bile duct is clear but somewhat thickened. A few slight adhesions to small intestine.

SPLEEN:

Weight 100 grams. The capsule is of pinkish color and the surface is somewhat wrinkled.

On section it is rather firm. A little tissue is removed on scraping. The fibrous bands are shown prominently.

The Malpighian bodies appear as small points.

KIDNEYS:

Both kidneys are imbedded in a very small amount of perinephritic fat.

Left Kidney weighs 120 grams, 9.5 x 5 x 2.5.

It is of pinkish red color and the surface is slightly uneven.

The capsule is easily removed but is slightly adherent in spots. The surface beneath is not broken by the removal of the capsule.

On section it is rather firm. There is fair differentiation between cortex and medulla. Nothing removed on scraping. Width of cortex 5 m.m.



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RIGHT KIDNEY: Weighs 120 grams. 9 x 3.5 x 2.5.

In color and general appearance, it resembles the left kidney.

Capsule strips readily except in places where it is slightly adherent.

The tissue beneath is not torn.

On section it is rather firm and of reddish color. Nothing removed on scraping.

The cortex and medulla are poorly differentiated. Width of cortex 4 m.m.

Pelves clear.

Ureters patent throughout.

ADRENALS:

Normal in size, color and consistency.

PANCREAS:

Normal in size, color and consistency.

GASTRO-INTESTINAL TRACT:

The stomach is of normal size and its walls are of ordinary thickness. The mucosa is of pinkish color.

Along the greater curvature a few small pin-point hemorrhagic spots are found.

Rugae rather prominent.

The mucosa is covered by thick, tenacious mucus.

Pylorus patent.

The small intestine shows nothing remarkable. The rugae are considerably prominent. Ileo-caecal valve clear.

Nothing unusual concerning large intestine.

GENITO-URINARY TRACT:

Fallopian tubes clear.

Ovaries greatly atrophied and considerably firm on section.

Uterus atrophied. Slight antiversion.

Firm on section.

The endometrium is thickened and covered by a small amount of thick, tenacious material of brownish color.

Bladder wall thickened. Mucosa of grayish color. The bladder contains about 90 c.c. of turbid urine.

AORTA:

Evidences of sclerosis throughout.

In the beginning of the aorta only slight changes are observed, but as the distal end is approached, the vessel is hard, and there are numerous thick calcareous plaques.

BONE MARROW:

Bone marrow pale and scanty.

The bones are very friable.



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## HEAD:

Hair gray and of moderate quantity. Scalp rather thin.

Calvarium thin; diploe scanty.

The dura is considerably adherent to the calvarium. Part of it was torn away with skull-cap.

Pia oedematous. Vessels congested.

BRAIN: Weight 1150 gms.

Weight of cerebellum, pons and medulla, 170 gms. Cerebral hemispheres symmetrical. There is a general flattening of the convolutions. The frontal convolutions are considerably atrophied. The whole brain is soft and flattens perceptibly when laid on board.

There is a large area of softening, beginning in the right post-central gyrus, which extends first backward and then downward and backward through the occipital convolutions. There are a few small spots of softening in the right temporal convolutions.

Vessels at base of brain considerably sclerotic.

Cerebellum very soft. The tissue is easily torn.

Ventricles clear. No granulations in the fourth ventricle.

Pituitary normal.

Gasserian ganglia normal.

Cerebrospinal fluid increased in amount.

In the middle cranial fossa of the left side, between the dura and pia, and rather loosely attached to dura, is a soft pinkish colored growth, about the size of a small plum. It is encapsulated and is situated to the Sella turcica and to the body of the sphenoid. It is soft and friable on section, and of whitish color.

Spinal cord shows nothing unusual in the gross.



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MICROSCOPICAL EXAMINATION OF THE TISSUES.PITUITARY:-E-M.B.  
Aniline BlueNothing unusual noticed anywhere.  
Nothing unusual.BRAIN:-

E-M.B.

There is a slight thinning of nerve cells in all of the layers of the cortex. Most of the cortical cells show nothing unusual in their structure. A few are a trifle swollen and bulging. Slight increase in neuroglia. Vessels moderately well filled with blood. Some of the cells show eccentric nuclei and now and then is a tendency towards vacuolization.

Phosphotungstic  
Nissl

Shows slight increase in neuroglia.  
Few slight degenerative changes in some of the cortical cells. No especial loss of Nissl bodies.

Pyronin

Shows same. No plasma cells.

CORD:-

Weigert

Lumbar cord shows slight loss of myelin sheaths in the vicinity of the posterior root zones. Dorsal and cervical sections show the same.

E-M.B.  
Marchi

Nothing unusual observed.  
Shows no degenerative changes of importance in cervical section.

Phosphotungstic

A few widely scattered fibers show slight degenerative changes in dorsal section.  
Lumbar cord shows same changes as dorsal.  
There does not seem to be any increase in neuroglia. The cells of the anterior and posterior horns present normal appearance.

CEREBELLUM:-

E-M.B. Nothing abnormal noticed.

Phosphotungstic

Shows nothing unusual.

KIDNEYS:-

E-M.B.

Atrophy of glomeruli; Narrowing of tubules; round cell infiltration between tubules. Decided increase in fibrous tissue. Cells lining tubules show degenerative changes, many missing. Tubules fairly well filled with hyaline and a few desquamated cells. Vessels contain a fair amount of blood. Arteries sclerotic.

Aniline Blue

Fibrous tissue greatly increased and the increase occurs in patches. Cells show degenerative changes.

H &amp; E (F)

Nothing more.



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AORTA:-  
E-M.B.

Aniline Blue

Moderate thickening of intima. The elastic tissue presents a broken a curled appearance. Considerable fibrous increase in media. Marked fibrous increase in media and thickening of intima.

HEART:-  
E-M.B.

Aniline Blue

Muscle bands rather small and rather far apart. In the spaces between the muscle bands a few isolated cells are seen. No fibrous increase of any importance.

LIVER:-  
E-M.B.

Aniline Blue  
H & E (F)

The hepatic lobes are fairly well defined. There is a considerable fatty infiltration. In the interspaces are a few leucocytes and small round cells to be seen. The nuclei of the liver cells do not stain well. Same findings. Nothing more.

INTESTINES:-  
E-M.B.

Phosphotungstic

Slight congestion of mucosa. A small area shows glandular destruction, round cell infiltration, and fibrous increase. Vessels congested. Glands rather small and crowded apart. Shows same changes as already described.

LUNGS:-  
E-M.B.

Aniline Blue  
H & E (F)

Vessels moderately congested. Arteries sclerotic. The cells lining the alveoli show degenerative changes. The alveoli and bronchioles contain desquamated cells, leucocytes and debris. Same as already described. Same findings observed.

SPLEEN:-  
E-M.B.

Fibrous increase, cloudy swelling of cells and slight congestion.

PANCREAS:-  
E-M.B.

Aniline Blue  
H & E (F)

Shows nothing unusual except that the arteries are very sclerotic. Arteries sclerotic. Nothing important.

ADRENALS:-  
E-M.B.

Slight increase in connective tissue in outer layer of cortex.



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UTERUS:-  
E-M.B.

Increase in fibrous tissue., arteries sclerotic. Glands of endometrium small and crowded apart by fibrous tissue. Slight infiltration of round cells in mucosa.

Aniline Blue  
H & E (F)

Shows marked fibrous increase.  
Nothing else observed.

OVARIES:-E-M.B.

Phosphotungstic

Marked increase in fibrous.  
Vessels are sclerotic.

STOMACH:-

Aniline Blue

Moderate amount of fibrous tissue is submucosa. Mucosa is congested. Round cell proliferation between the glands. As a rule the lumina of the glands are small, being encroached upon by the enlarged epithelium.

INTERDURAL TUMOR:-

Aniline Blue (F)

The structure appears uniform throughout. Capsule thin consisting of small wavy bundles of connective tissue which contains a few round and spindle shaped cells. Connective tissue is abundant throughout. Blood vessels are few in number and are more abundant near the periphery than elsewhere. Some of them contain a moderate amount of blood while others contain but little. The walls of some of the vessels seem complete while some are lacking in some of the elements. Some appear to have an intima alone. Cells are fairly numerous and are scattered diffusely throughout, without any particular arrangement, except that in a few places, there is a tendency to clustre formation, the possible clustres being surrounded by fibrous tissue, containing a few cells in its meshes. The cells are spindle shaped cells and round cells, some very small and some larger. The cells are made up largely of nuclei with very little protoplasm. The spindle shaped cells are rather small and have a tendency to follow the threads of connective tissue, although some of them do not. The connective tissue appear dense in places. Where there is little connective tissue, the cells are less numerous.

Van Gieson &  
H & E

Confirms the above.