



# Historical Clinicopathological Conference

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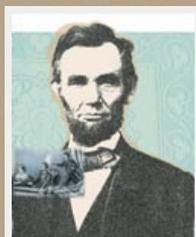
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### Saving President Lincoln

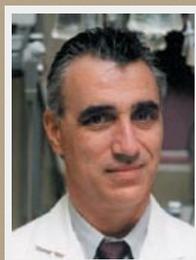


Our annual conference, devoted to the modern medical diagnosis of disorders that affected prominent historical figures, takes a Maryland twist in 2007. This year's program examines the treatment U.S. president Abraham Lincoln received after being hit by an assassin's bullet in 1865. We'll attempt to determine if the world's first center for trauma victims could have improved the outcome had Lincoln's assassination occurred in 2007, and how extending his life may have altered history. What follows is the initial report of the first physician on the scene to treat Lincoln.

#### Dr. Charles Leale's Report

Dr. Charles A. Leale, a young Army assistant surgeon, reached Lincoln just minutes after the ball of John Wilkes Booth's small Derringer pistol entered the president's head. He found Lincoln in a state of general paralysis; his eyes were closed and he was in a profoundly comatose condition, while his breathing was intermittent and exceedingly stertorous. Leale placed his finger on the right radial pulse but could perceive no movement of the artery. With assistance, he placed the president in a recumbent position, and as he held the president's head and shoulders, his hand came in contact with a clot of blood near the left shoulder. Supposing that the president had been stabbed there, Leale had Lincoln's coat and shirt cut away to identify the source of the hemorrhage, which he supposed originated from the subclavian artery or one of its branches. As no wound was found near the shoulder, he began examining the head and soon passed his fingers over a large firm clot of blood situated about one inch below the superior curved line of the occipital bone and an inch and a half to the left of the median line of the same bone. The coagula he easily removed and passed the little finger of his left hand through the perfectly smooth opening made by the ball and found that it had entered the encephalon. As soon as he removed his finger a slight oozing of blood followed and the president's breathing became more regular and less stertorous. He then placed a small quantity of brandy and water in the president's mouth, which passed into the stomach, where it was retained. At this point, it was agreed to move the president . . .

#### 2007 Participants



**Thomas M. Scalea, MD, FACS, FCCM**, is physician-in-chief for the R Adams Cowley Shock Trauma Center, the Francis X. Kelly/MBNA Professor of Trauma Surgery, and director of the program in trauma at the University of Maryland. Prior to his 1997 appointment here, he served as director of critical care in trauma at King's County Hospital in Brooklyn, N.Y. He is a member of the editorial board for The Journal on Trauma, Journal of Investigative Surgery, Shock Journal, World Journal of Emergency Surgery, and the Italian Emergency Medicine Journal. Scalea has authored numerous journal articles, abstracts, editorials, and book chapters, and he has been an invited speaker at national and international symposia relating to trauma and emergency medicine.



**Steven Lee Carson** is a lecturer, author, playwright, editor, and universal U.S. presidential historian notably on Lincoln, Wilson, FDR, and Nixon. He is widely published and is a Washington, D.C., radio and television commentator. Appointments include chairman of The White House Conference on Presidential Children, president of the Lincoln Group of the District of Columbia, Inc., chairman of the National Press Club Conference on "Covering White House Families," member of the board of trustees for the advisory committee of the United States Abraham Lincoln Bicentennial Commission, Abraham Lincoln Institute, Lincoln Forum, and Lincoln Group of Illinois. Carson is editor for the international quarterly Manuscript Society News and co-editor for the U.S. President's Advisory Commission on Civil Disorders. His playwright credits include The Last Lincoln.

#### Final diagnosis