

No.	NAME	Age	Admitted	Died	Under the care of	Examination, at what time after death
108	Robert Drumford	23	March 22	April 12	Dr. Dickinson	20 hours

MORBID APPEARANCES

Open Appearance Very thin 5ft. 6in. Dark hair.

Emaciation Old cicatrix over 5th Intercostal space in the usual situation of Paracentesis Thoracis.

Pleural Fistula A recent wound at the back part of the chest in the 10th Intercostal Space.

Chloral. The adhesions on the right side are so universal & very firm that the space has here ceased to exist & the lung has been cut away from the chest wall.

Empyema The greater part of the right lung is collapsed & quite solid but the upper lobe is normal, contains air, & apparently had been capable of fulfilling its duties.

Lung Collapse Beneath the new & the old incisions were two foul abscess cavities capable of holding two S.O. of pus.

Left lung enlarged. Healthy.

There seems to have been no destruction of lung tissue on the right side, the organ being complete though small.

Heart 11 oz. Natural.

Liver. 4 lbs. 10 oz. Large & Congested being of a very deep purple red colour. Firm & not easily lacerable. Cut with a wax-like surface.

Lardaceous degeneration With iodine the tubules of the organ present many dark brown patches of stained material.

Spleen. 5 oz. Very firm & remarkably dry, on section the cut surface is shiny & but little blood can be squeezed out of it.

Lardaceous It does not show any papo-granular body.

Contn. 10/12

No. in Reg 188	NATURE OF DISEASE.
375	Old Empyema Lardaceous degeneration of most of the viscera

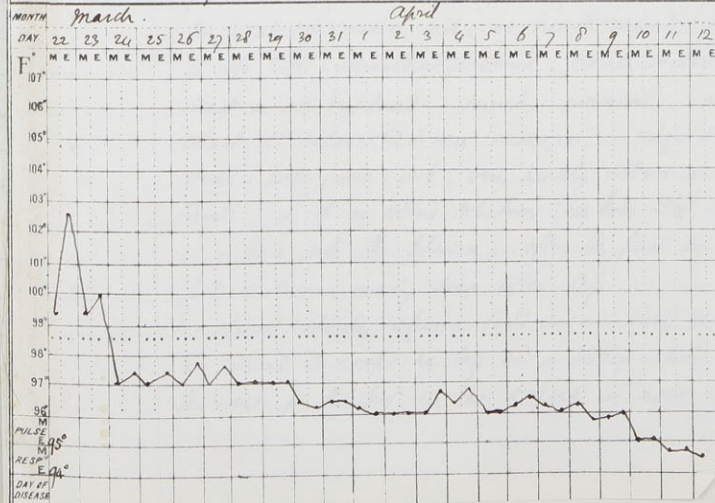
CASE

History. He was first admitted to the hospital in 1876 (No. 514) when he had empyema and was much relieved by Thoracentesis & left the hospital with a pleural fistula. He continued to attend for a long time to obtain a solution of iodine wherever it injected the pleural cavity. This he continued to use though with decreasing regularity for about three years. The discharge he described as considerable but inoffensive. He then took to using water only and continued this until a fortnight before readmission - a week later the discharge became very offensive and scanty. He has not had diarrhoea during these last 6 years; some slight cough with purulent sputa & during the week before admission some vomiting.

On Admission. March 22. Age 5. A pale thin cachectic man, his face of waxy semi-translucency; in great prostration. He has a pleural fistula in the 10th R. space below angle of scapula entirely closed by a sticky fetid discharge. A tube lies on the rag covering it but has not been lately inserted into the pleura.

Prognosis. After poulticing the opening was reestablished through which a constant discharge; the basal

1877. Robert Drumford.



al resonance about normal with. The apical half deficient.

was extension of dulciphath, rounded.

us.

g. (p.) can be injected equal much pus is returned.

empted with brandy.

of complete collapse died on April 12.

A.T. Mayo.

No.	NAME	Age	Admitted	Died	Under the care of	Examination, at what time after death
108	Robert Mumford	23	March 22	April 12	D. Dickerson	20 hours

MORBID APPEARANCES

Gen Appearance Very thin 5 ft 6 in. Dark hair.
Emaciation Old scar over 5th intercostal space in the usual situation of Paracentesis Thoracis.
Pleural Fistula A recent wound at the back part of the chest in the 10th intercostal space.
Chloral. The adhesions on the right side are so universal (& very firm) that the space has here ceased to exist & the lung has been cut away from the chest wall.
Empyema. The greater part of the right lung is collapsed & quite solid but the upper lobe is normal, contains air, & apparently had been capable of fulfilling its duties.
Lung. Beneath the new & the old incisions were two frail abscess cavities capable of holding two or three of pus.
Collapse. Left lung enlarged. Healthy.
 There seems to have been no destruction of lung tissue on the right side.
Heart.
Liver. 4 lbs. 10 oz. Fat purple.
Lardaceous degeneration. Fat is white. With many granules.
Spleen. 5 oz. the u
Lardaceous be seen
 It does

No. in Reg 1884	NATURE OF DISEASE.
375	Old Empyema Lardaceous degeneration of most of the viscera

CASE

History. He was first admitted to the hospital in 1876 (or '84) when he had empyema and was much relieved by Thoracentesis & left the hospital with a pleural fistula. He continued to attend for a long time to obtain a solution of iodine wherever it was to inject the pleural cavity. This he continued to use though with decreasing regularity for about three years. The discharge is described as considerable but inoffensive. He then took to using water only and continued this until a fortnight before readmission - a week later the discharge became very offensive and scanty. He has not had diarrhoea during these last 6 years; some slight cough with purulent sputa & during the week before admission some vomiting.
On Admission. March 22. Age 5. A pale thin cachectic man, his face of waxy semi-transparency; in great prostration. He has a pleural fistula in the 10th R. space below angle of scapula entirely closed by a sticky jelly discharge. A tube lies on the case covering it but has not been lately inserted into the pleura.
Prognosis. After poulticing the opening was reestablished through which there is a scanty, very fetid, seropurulent discharge; the base of the R. lung is dull to percussion, the vocal resonance about normal, the vocal resonance nil; no breath sounds audible. The apical half of left lung dull; somewhat flattened; breath sounds deficient. Heart is not displaced; sounds normal. Liver extension of dulness about 1" below thoracic margin; edge palpable, rounded. Urea - pale, acid, 1016, very highly albuminous.
 About 3 oz of an iodine solution (big food's Sij' Ag. Op.) can be injected at a time into the pleura; after the first squirgeful much pus is returned, but it becomes nearly clear after 24 hrs.
 He almost entirely refuses food & can only be tempted with brandy. For about 3 weeks he lay in a listless state of complete collapse too weak for the last 10 days to speak or move & died on April 12.

A.T. Myers.