

No.	NAME	Age	Admitted	Died	Under the care of	Examination, at what time after death	No. in Reg' 1885 Surgery	NATURE OF DISEASE.
45	William Brown	60	November 13 1885	February 10 1886	Mr. Pick	24 hours.	1883 also Murchison No 1031-	Carcinoma of the Colon: colo-umbilical fistula.

MORBID APPEARANCES.

General condition Height 5 feet 7 inches. Hair grey. Body much emaciated.
 There is a ragged rounded opening with thickened edges at the umbilicus: through this fecal matter extends.
 Pleura. There are some slight adhesions at the right apex.
 Lungs. 17 ounces. Left anaemic contains some small patches of pigmentation.
 Right anaemic, pigmented - The apex is irregular in form (contain excess of fibrous tissue)
 Heart 10 ounces. The edges of the mitral & aortic valves are slightly thickened. The other valves are healthy.
 Liver The porta contains some small patches of atrophy.
 Abdomen. Liver. 3 pounds & ounces. Surface slightly uneven, capsule very slightly thickened: substance firm in texture, normal in color.
 Spleen 5 ounces. Capsule slightly thickened in some places. Substance firm, normal in color.
 Kidneys. 8 ounces: capsule slightly adherent: there is a wedge-shaped white patch at the upper part of the left (old umbilicus). No other lesion.
 Bladder contains urine: mucous membrane healthy.
 Pancreas The pyramidal end of the stomach adheres firmly to the pancreas, the head of which contains a hard nodular mass which extends downwards for 5 inches - A piece of the small intestine is firmly attached to the colon: so also is the transverse colon which commences with the umbilical opening, through a pupa in its anterior foot, is infiltrated with adenomatous growth, which in one place contracts the lumen of the intestine.
 Bowels. There are excrescences on the lumen of the rectum & sigmoid colon.
 Specimen No. 976. a.

Richard Sibley.

History

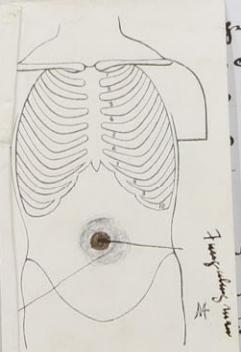
Was under the care of Dr. Cavafy with thickening believed to be inflammatory, about the umbilicus. Soon after leaving the hospital the mass burst & has since discharged pus. He has had repeated attacks of diarrhoea. Has attended as an out patient for some time.

Admission

Man was grey thin & feeble. At the lower margin of the umbilicus was a mass of prominent granulations, from which thick pus came. For about 2 inches around this point was a thick & hard mass chiefly occupying the abdominal wall. The rest of the abdomen was resonant & normal.

Progress

The opening was enlarged & upon digital examination was found to communicate with a large cavity. A number of hardened lumps & masses of pulpy substance being felt. Some of this were scraped out & upon microscopic examination presented cells of a well-marked epithelial type with large nucleoli. The wound was dressed with antiseptics. After this examination force passed from the wound for about 14 days. The patient eating quite well in fact although loosing flesh better coming in the abdominal wall closing the forces by the rectum for a few days but then suddenly & he commenced to vomit & the temp 103°. After two or three days he improved his acting regularly by the rectum. Urine contained a lot of Pluripletas. A large granulation mass occupied the umbilicus discharge being very offensive in nature of urine. Patient rapidly emaciated vomiting away & falling low food very badly. Abdomen much retracted H. W. Allingham
 Died 11 Feb 1886.
 for W. C. Bull



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MORBID APPEARANCES.

General condition Height 5 feet 7 inches. Hair grey. Body much emaciated.
There is a ragged rounded opening with thickened edges at the umbilicus: through this faecal matter extends.

Pleurae. There are some slight adhesions at the right apex

Lungs. 17 ounces. Left anaemic: contains some small patches of pigmentation.
Right anaemic, pigmented - The apex is irregular in form (contains excess of fibroid tissue)

Larynx Larynx stratches healthy.

Pericardium Heartily

Heart 10 ounces. The edges of the mitral & aortic valves are slightly thickened. The other valves are healthy.

Abdomen. Aorta The aorta contains some small patches of atrophy

Abdomen. Liver. 3 pounds & 6 ounces. Surface slightly uneven, capsule slightly thickened: substance firm in texture, normal in colour.

Spleen 5 ounces. Capsule slightly thickened in some places. Substance firm: normal in colour.

Faeces. 8 ounces: capsule slightly adherent: there is a wedge-shaped white patch at the upper part of the left (old umbilicus). In other areas contains urine: mucous membrane healthy.

Bladder The pyloric end of the stomach adheres firmly to the pancreas, the head of which contains a hard nodular mass which extends downwards for 5 inches - A piece of the small intestine is firmly attached to the colon: so also is the transverse colon which communicates with the umbilical opening, through a papilla in its anterior part, is infiltrated with adenomatous growth, which in one place constitutes the lumen of the intestine.

Intestines Specimen bagged

IX 76. a.

Bones There are bony areas below the 9th & 10th lumbar vertebrae.

Richard Sibley.

History

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Admission

Man was grey thin & feeble. At the lower margin of the umbilicus was a mass of prominent granulations, from which thick pus came. For about 2 inches around this point was a thick & hard mass chiefly occupying the abdominal wall. The rest of the abdomen was resonant & normal.

The opening was enlarged & upon digital examination was found to communicate with a large cavity. A number hardened lumps & masses of pulpy substance being felt in it were scraped out - upon microscopic examination presented cells of a well marked epithelial type large nucleole. The wound was dressed with apertis. After this examination forces passed the wound for about 14 days. The patient eating & sleeping well in fact although loosing flesh better.

The opening in the abdominal wall closing he passed feces by the rectum for a few days but then stopped suddenly & he commenced to vomit & the temprature rose to 102°. After two or three days he improved his bowels acting regularly by the rectum. Vomit contained a quantity of Pluripletas. A large granulation mass occupied the position of the umbilicus discharge being very offensive & had retention of urine. Patient rapidly emaciated vomiting daily & falling low food very badly. Abdomen made retractor. Died 11 Feb 1886.

H. W. Collingham
for W. C. Bull

CASE
in Medical Register 1885 - No 1031