No.	NAME	Age	Admitted	Died	Under the care of	Examination, at what time after death
126	Mary (Bridget) Nolan	28	April 3rd	April 8th	Dr Cavafy	

MORBID APPEARANCES.

9st 1lb. Abdomen much distended with flatus & fluid in flanks – body fat.

Hand was inserted close to anus to pull out intestines

Ascites / Peritonitis — A large quantity of fluid escaped as soon as the peritoneum was perforated – the bladder being emptied subsequently –

no typhoid ulcers in small intestine — The greater portion of the small intestine was examined. It was full of light yellow liquid fæces.

No ulceration of any kind of Peyer's patches could be detected – Mesentery much thickened with a granular surface (indicating peritonitis?)

= No other portion of the body was examined — F G Penrose

Frank. Faizey continued from No 129.

Heart 10oz — No pericarditis. R Auricle not distended contains a tolerably firm pale clot. R. Ventricle contains a firm pale clot. Tricuspid valve healthy. Pulmonary valve healthy. L Auricle and Ventricle. Mitral and Aortic valves seem quite healthy.

Spleen 8oz — large soft diffluent

Kidneys 16oz — Pale and soft. ? early cloudy swelling of cortex

Bladder — very full. otherwise healthy

Liver 5lb 4oz — large. heavy. on section early cloudy swelling.

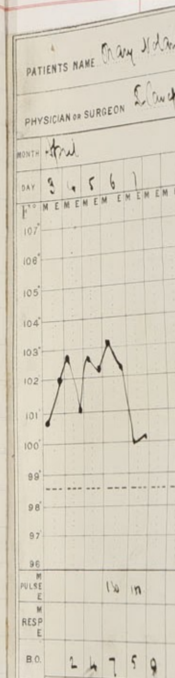
Intestines. — congested. Stomach marked congestion of posterior surface.

Spinal cord & membranes quite healthy

F G Penrose.

No. in Regr. 188 5.	NATURE OF DISEASE.
575	Peritonitis?

CASE.



[The] patient was in good health till 4 years before her admission [wh]en then had an attack of Acute Rheumatism: this lasted [...] three weeks

For several months before she came to the Hospital she had [a]bdominal pain occasionally: the pain was worse after food

Nine days before admission she had a "fit". Of the nature of the "fit" [no] reliable information could be obtained. She had sudden loss [of] consciousness and does not appear to have had convulsions. The [pro]bability is that she fainted

[Sh]e was a well nourished woman with slight jaundice of the [ski]n and conjunctivae.

[S]he complained of weakness & pains in the muscles of her legs

[H]er appetite was bad, her tongue coated and she had been suffering [fro]m diarrhoea. Her bowels had been open as many as 12 times a day [T]he motions she said were light in colour and loose

[H]er abdomen was distended and resonant. There were no spots

[R]honchi were heard in her lungs, on both sides in front and behind and there were some crepitations behind, on both sides.

Her heart sounds were healthy.

On the 4th a motion was seen. It was light in colour and loose: like a motion of Typhoid. Her abdomen was distended and there were some red slightly raised spots.

Diagnosis — Typhoid fever was diagnosed.

Treatment — She was treated with Stimulants & Saline draughts. Haust am: arom. after 4th hr

Course. — & Brandy –

Her abdomen became more distended. She had diarrhoea and became delirious & passed her urine in bed – There were no other symptoms.

Diarrhoea was checked by haema [illegible] [illegible].

She became weaker and died on the 7th.

Richard Sisley

No.	NAME	Age	Admitted	Died	Under the care of	Examination, at what time after death	No. in Regr. 188 8	NATURE OF DISEASE.
126	Mary (Bridget) Nolan	28	April 3rd	April 8th	Dr Cavafy		515	Peritonitis?

MORBID APPEARANCES.

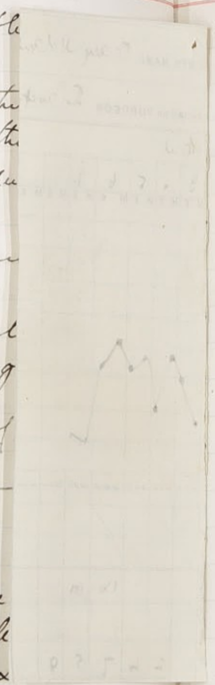
9st 1lb. Abdomen much distended with flatus & fl[uid in]
flanks – body fat.
Hand was inserted close to anus to pull out intesti[ne]

Ascites
Peritonitis

A large quantity of fluid escaped as soon as th[e]
peritoneum was perforated the bladder being em[ptied]
subsequently –

No typhoid ulcers in small intestine

The greatest portion of the small intestine was examined [&]
was full of light yellow liquid faeces.
No ulceration of any kind of Peyer's patches coul[d be]
detected – Mesentery much thickened with a g[ranular]
surface (indicating peritonitis?)
= No other portion of the body was examined



Frank. Faizey continued from No 129.

Heart 14oz. No pericarditis. R. Auricle not distended contains a
firm pale clot. R. Ventricle contains a firm pale [clot]
Tricuspid valve healthy. Pulmonary valve healthy. L[eft auricle]
and Ventricle. Mitral and Aortic valves seem quite healthy.
Spleen 8oz. Large soft diffluent
Kidneys 16oz. Pale and soft. ? early cloudy swelling of cortex
Bladder very full. otherwise healthy
Liver 5lb 4oz. Large. heavy. on section early cloudy swelling.
Intestines. Congested. Stomach marked congestion of
posterior surface.
Spinal cord & membranes quite healthy

F. G. Penrose.

CASE.

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For several months before she came to the Hospital she had
abdominal pain occasionally: the pain was worse after food.
Nine days before admission she had a "fit". Of the nature of the "fit"
no reliable information could be obtained. She had sudden loss
of consciousness and does not appear to have had convulsions. The
probability is that she fainted.

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Her abdomen was distended and resonant. There were no spots.
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and there were some crepitations behind, on both sides.
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Treatment. She was treated with Stimulants & Saline draughts. Hourly ammon: carbonate after 4th [&]

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& passed her urine in bed – There were no other symptoms.
Diarrhoea was checked by haema[to]xyli spirit.
She became weaker and died on the 7th.

Richard Sisley