

No.	NAME	Age	Admitted	Died	Under the care of	Examination, at what time after death
209	John Charles Wood Ricklaxer	46	July 17	July 26	D Barclay	13 hours.

MORBID APPEARANCES

5 ft 5
Hair light
brown

Under the microscope:
Tubercles and calcareous
masses

Heart 13 oz. not abnormal. The tricuspid orifice admitted 5 finger tips, the mitral four. The pericardium was adherent

Liver 12 oz. The capsule was greatly thickened and the liver presented the broad features of diffused cirrhosis. It was throughout pervaded with small, firm white nodules of the size of tubercles, which were also found in the capsule.

Spleen 12 oz surrounded by adhesions. The tissue was red, dense and finely fibrous. Small irregular caseous deposits of the size of a pea, surrounded by a red circle were visible throughout the organ.

Kidneys 11 oz granular; the capsule split on removal. The cortex was not much diminished; it had a pale semi-fatty, semi-waxy aspect.

Mesenteric glands. These glands formed a large ^{lump} ~~mass~~ in the centre of the abdomen, and the other glands special to each organ, was also enlarged. On section, some of these presented, in addition to the appearance described above, islands of inflammation probably tubercular. — The peritoneum was thickened: its cavity contained an abundance of fluid. — The blood showed a very slight increase in the proportion of the white corpuscles

Pituitary
Blood

W. L. Stewart

No. in Reg ^d 187 P	NATURE OF DISEASE
943.	Tubercular disease, chiefly affecting the glands. Ascites etc

CASE

History No hereditary disease in the family.

20 years before admission: subject to slight cough since. Phthisis habitually profuse. Average 4 pts of beer & a glass of whisky daily: frequent excesses in the street for 1/2 hr. after food once or twice in 12 or 12 mo. on legs from April 1870. Pain commenced gradually in the abdomen. It was in severity, unaffected by period of day, by eating or the abdomen at the same time enlarging progressively only for 1/2 days. He noted then that he had lost flesh: urine from that time was pale and dark.

Admission Admitted: he was emaciated, pale, sallow and sickly. not obese. Purpuric maculation of lip and lower part of abdomen. Abdomen much distended: region of transverse colon prominent. Very resonant. comparative dulness in most dependent parts. Liver dulness extended from Thoracic margin to 5th rib. Heart's area natural: apex beat & sounds weak. Lungs general wheezing rales or harsh blowing breathing: scattered moist sounds. Urine orange, clear, acid: a pint trace of albumen.

Progress The abdomen steadily enlarged: it became hard on pressure: The general resonance increased with the enlargement. The bowels were very constipated: remedial measures had little or no effect. He sweated profusely at night. Cough and dyspnea steadily increased.

Death He grew weaker and weaker, gradually sunk, and died at 11 p.m. on the 26th.

Treatment Styracina & colubulata. Digitalis, Senna & Croon: Squal. ipecac. Senna, sub. col. scum. hor. Wandy Senna, castor oil. Gum pills: res. emulsa: The long intestine tube passed on 25th: (3 motions voided)

No.	NAME	Age	Admitted	Died	Under the care of	Examination, at what time after death	No. in Reg ^t 187 ^o	NATURE OF DISEASE
209	John Charles Wood Bricklayer	46	July 17	July 26	D. Barclay	13 hours.	943	Tubercular disease, chiefly affecting the glands. Ascites etc.

MORBID APPEARANCES

5 ft 5
Hair light brown

Under the microscope:
Tubercles and catarrhal pneumonia

Heart

Liver

Micron: Small cell resembling throughout the organ; here these tubercles in an early stage of disintegration.

Tubercles surrounded by a fibrous coat

Spleen

Kidneys

Stomachic glands.

Peritoneum

Blood

The body was pallid. The axillary and inguinal glands were slightly enlarged. Both lungs were lung-adherent, especially the bronchial glands formed a large mass which produce any noticeable pressure on the swollen glands had a waxy and badd with a few yellow puncta. The Right lung was extensively indurated and its surface finely lobulated. Isolated Colour, and rapidly undergoing fibrous change in the lungs, after careful search.

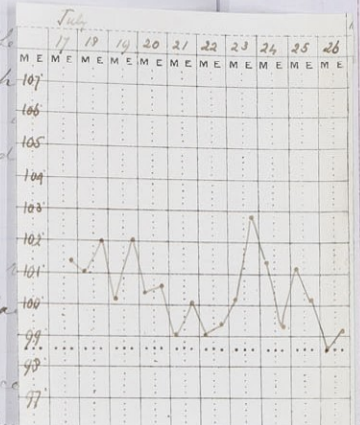
13 oz. not abnormal. The tricuspid orifice 5 finger tips, the mitral four. The pericardium

12 oz. The capsule was greatly thickened and the liver presented the broad features of diffused cirrhosis. It was throughout pervaded with small, firm white nodules of the size of tubercles, which were also found in the capsule.

12 oz. surrounded by adhesions. The tissue was red, dense and finely fibrous. Small irregular caseous deposits of the size of a pea, surrounded by a red circle were visible throughout the organ.

11 oz. granular; the capsule split on removal. The cortex was not much diminished; it had a pale semi-fatty-ferruginous aspect.

These glands formed a large ^{lump} ~~mass~~ in the centre of the abdomen, and the other glands special to each organ, was also enlarged. On section, some of these presented, in addition to the appearance described above, islands of inflammation probably tubercular. — The peritoneum was thickened; its cavity contained an abundance of fluid. — The blood showed a very slight increase in the proportion of the white corpuscles



History

No hereditary disease in the family.

Inflammation of the lungs 20 years before admission: subject to slight cough since.

Otherwise healthy. Diaphoresis habitually profuse.

Accustomed to take on an average 2 pts. of beer & a glass of whisky daily: frequent excesses.

"Faint pulsing" in epigastrium for 1/2 hr after food once or twice in last 12 mo.

Purpuric maculation on legs from April 1878.

About 5 wks. before admission pain commenced gradually in the abdomen. It continued, increasing steadily in severity, unaffected by period of day, by eating or bristling deeply; — The abdomen at the same time enlarging progressively.

Anorexia & slight cough for 14 days.

Laid up on July 6th: noticed then that he had lost flesh: urine from that time became scanty and dark.

Admission

Admitted; — he was emaciated, pale, sallow and sickly: not icteric.

Purpuric maculation of legs and lower part of abdomen.

Abdomen much distended: region of transverse colon prominent. Very resonant: comparative dulness in most dependent parts.

Lower dulness extended from thoracic margin to 5th rib.

Heart's area natural: apex beat & sounds weak.

Lungs general wheezing rhonchus or harsh blowing breathing: scattered moist sounds.

Urine orange, clear, acid: a faint trace of albumen.

Progress

The abdomen steadily enlarged: it became tender on pressure: The general resonance increased with the enlargement.

The bowels were very constipated: remedial measures had little or no effect.

He sweated profusely at night.

Cough and dyspnoea steadily increased.

Death

He grew weaker and weaker, gradually sank, and died at 11 p.m. on the 26th.

Treatment

Stypticin & colobolite. Digitalis, Sassa & Croon: Squal. ipecac. Sassa, sub. oral & enemata: brandy.

Senna, castor oil. Gum pills: vis. tumida: The long rectum tube passed on 25th: (3 motions resulted)

W. L. W.