

| No. | NAME                             | Age | Admitted              | Died                  | Under the care of | Examination, at what time after death |
|-----|----------------------------------|-----|-----------------------|-----------------------|-------------------|---------------------------------------|
| 77  | John Morton<br><i>whitesmith</i> | 29  | Feb. 14 <sup>th</sup> | Feb. 29 <sup>th</sup> | Dr. Dickinson     | 24 hrs.                               |

MORBID APPEARANCES

**General Condition.** Emaciated: face mottled with purple and yellow: no edema.  
5' 8" high: brown hair.

**Pleura.** Tough adhesions all over to the pleura.

**Lungs.** Deep congestion of both bases: a little grey tubercle.

**Fibroid pleuritis.** R. upper lobe tough and fibrous, with some hard tubercles interspersed;  
**Tubercles** and a few small cavities. The few patches of crepitant tissue  
**Cavities.** remaining are deeply congested.

**Hepatisation.** L. upper lobe, near the apex, hollowed out into a series of communicating  
cavities, bounded by tough fibrous tissue.  
Below this, a little hepatised and friable tissue, with grey  
tubercles interspersed.

**Heart.** 9 oz: uncontracted; containing some decolorized clot on the R.  
side, both in auricle and ventricle.  
Tissues healthy.

**Liver** *fatty infiltration* 4 1/2 lb: larger than normal + infiltrated with fat beyond the  
natural degree.

**Spleen** 6 oz: diffused.

**Kidneys** 27 oz: large, soft, and brittle. Capsules non adherent.  
"Large white" Surface smooth, of a grey tint, abundantly flecked with lemon-  
colour, which is, in fact, in excess of the grey: - showing also  
abundant arterial lines, which frequently assume a stellate form.  
Section pale: cortex not washed.

**Lardaceous change.** Macquignum bod in stain dark brown with iodine.  
No lardaceous reaction of liver, kidneys, or mesenteric glands.

Paint and Ink.

No. in Reg<sup>d</sup>  
1880

NATURE OF DISEASE

196

*Phthisis, with fibrosis and tubercles. Large white, lardaceous  
kidneys.*

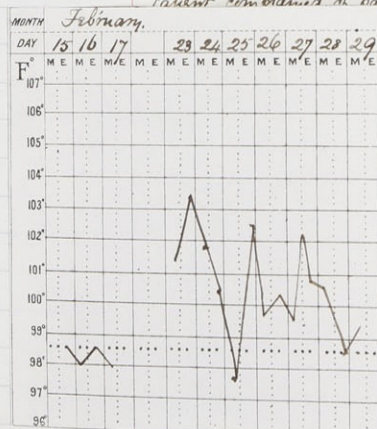
CASE

History.

Parents alive & well. no hereditary disease. No colic: no syphilis.  
Never robust. no serious illness till 5 years ago, when he had an attack of congestion of the lungs.  
For more than 5 years he had been troubled with a slight cough & a variable quantity of  
thick green sputum, "like matter", wh. he coughed up soon after the first thing of a morning.  
Occ' morning nausea, with vomiting of white mucus. Not subject to diarrhoea.  
Five years ago he spat up about 1 pt. of blood: Dysphasia excessive at night.  
For the last 3 mo<sup>s</sup>, he had been losing his health, getting weaker, cough growing worse, sputum  
more profuse: for 5-6 wks the urine was noticed to be scanty & high-coloured: swelling of  
the legs for 5 days only. Shortly after Christmas 1879 he had an attack of diarrhoea  
that lasted for a week. No emaciation noticed, he was always thin.

On Admission  
Feb. 14<sup>th</sup>

A pale, fairly nourished man, thin pale face with slight pink flush on cheeks. no edema of eyelids.  
Skin cool: smooth: redness of legs & of chest.  
Patient complained of pain in the loins, of the swelling of the legs, general weakness: no nausea



little swollen, no blue line. No tenderness of loins.  
P. sharp P. 28 above thoracic.  
resonance, waxy & harsh imp: all over.  
apex complete: much im: V.F. & P. From 3' up (ward)  
nothing: below this harsh imp: - scap: much prolonged, to about  
5' to base in front & in axilla breathing is very faint as compared  
nee is less complete. V.F. & P. marked  
L. apex not elsewhere, but a deficiency of resonance for a short  
space of scapula. Breathing at apex as in front: whisper  
All over the L. side back the breath seemed as much purified  
V.R. is im: & V.F. (P) attend.

No moist sounds audible in any part.

**Heart.** apex beat in 5<sup>th</sup> space, a little to P. of nipple line. Sounds at apex of almost  
equal intensity. At base 2<sup>d</sup> sound unduplicated, high-pitched & much accentuated  
open over 1/2 way of sternum (3' space)

**Liver.** dulness from 6<sup>th</sup> rib to thoracic margin.

**Abdomen.** natural: no fluctuation. Urine turbid: orange: acid: solid with alb. curdles.

Progress.

The patient's condition seems to have improved slightly up to the 23<sup>rd</sup> Feb. with one exception  
(con: on Feb 21.)

| No. | NAME                             | Age | Admitted              | Died                  | Under the care of | Examination, at what time after death |
|-----|----------------------------------|-----|-----------------------|-----------------------|-------------------|---------------------------------------|
| 77  | John Norton<br><i>Whitesmith</i> | 29  | Feb. 14 <sup>th</sup> | Feb. 29 <sup>th</sup> | Dr. Dickinson     | 24 hrs.                               |

MORBID APPEARANCES

**General Condition.** Emaciated: face mottled with purple and yellow: no oedema.  
5' 3" high: brown hair.

**Pleura.** Tough adhesions all over both pleurae.

**Lungs.** Deep congestion of both bases: a little grey tubercle.

**Fibroid pleuritis.** R. upper lobe tough and fibrous, with some hard tubercles interspersed; and a few small cavities. The few patches of crepitant tissue remaining are deeply congested.

**Tubercles.** L. upper lobe, near the apex, hollowed out into a series of communicating cavities, bounded by tough fibrous tissue.

**Cavities.** Below this, a little hepatized and friable tissue, with hard grey tubercles interspersed.

**Hepatisation.**

**Heart.** 7 oz: uncontracted; containing some decol side, both in auricle and ventricle. Tissues healthy.

**Liver** *(path. imp. 16)* 4 1/4 lb: larger than normal & infiltrated a natural degree.

**Spleen** 6 oz: diffused.

**Kidneys** 27 oz: large, soft, and brittle. Capsules "large white" Surface smooth, of a grey tint, abundantly colour, which is, in fact, in excess of the grey: - showing also abundant arterial lines, which frequently assume a stellate form. Section pale: cortex not washed.

**lardaceous change.** Malpighian bodies stain dark brown with iodine.

no lardaceous reaction of liver, testis, or mesenteric glands.

*Barnard M.D.*

| No. in Reg <sup>d</sup> 1880 | NATURE OF DISEASE  |
|------------------------------|--|
| 196                          | <i>Phthisis, with fibrosis and tubercles. Large white, lardaceous kidneys.</i> |

CASE

**History.** Parents alive & well. no hereditary disease. No colic: no syphilis.

Never robust. no serious illness till 5 years ago, when he had an attack of congestion of the lungs. For more than 5 years he had been troubled with a slight cough & a variable quantity of thick green sputum, "like matter", wh. he coughed up soon after the first thing of a morning.

Occ' morning nausea, with vomiting of white mucus. Not subject to diarrhoea.

Five years ago he spat up about 1 pt. of blood: Diaphoresis excessive at night.

For the last 3 mo<sup>s</sup>, he had been losing his health, getting weaker, cough growing worse, sputum more profuse: for 5-6 wks the urine was noticed to be scanty & high-coloured: swelling of the legs for 5 days only. Shortly after Christmas 1879 he had an attack of diarrhoea that lasted for a week. No emaciation noticed, he was always thin.

**On Admission** Feb. 14<sup>th</sup> A pale, fairly nourished man, thin pale face with slight pink flush on cheeks. no oedema of eyelids. Skin cool: smooth: oedema of legs & of chest.

Patient complained of pain in the loins, of the swelling of the legs, general weakness, no nausea no headache: gums a little swollen, no blue line. No tenderness of loins.

T. clean. B. open. P. 88 sharp. R. 28 above thoracic.

**Lungs.** R: somewhat of resonance, very & harsh insp: all over. L: dulness at apex complete: much insp: V.F. & P. From 3" rib upward loud blowing breathing: below this harsh insp: - exp: much prolonged, to about 6<sup>th</sup> rib. from this to base in front & in axilla breathing is very faint as compared with R. & resonance is less complete. V.F. & R. marked.

**Bruid.** Dulness at L. apex not elsewhere, but a deficiency of resonance for a short distance below spine of scapula. Breathing at apex as in front: wheezing & rattled heard. All over the L: ~~the~~ back the breath seemed much furnished than on the R: V.R. is fine & V.F. (P) altered.

No moist rales audible in any part.

**Heart.** apex beat in 5<sup>th</sup> space, a little to R. of nipple line. Sounds at apex of about equal intensity. At base L. sound unduplicated, high pitched & much accentuated over the L. edge of sternum (3 spaces)

**Liver.** dulness from 6<sup>th</sup> rib to thoracic margin.

**Abdomen.** natural: no fluctuation. Urine turbid: orange: acid: sed. with alb. curdling.

**Progress.** The patient's condition seems to have improved slightly up to the 23<sup>rd</sup> Feb. with one exception (con: on folio 81.)