

No.	NAME	Age	Admitted	Died	Under the care of	Examination, at what time after death
290	Boswell Merion Silvermith	62	Sept 5 th	Oct 17	D Whiptam	24 hrs

MORBID APPEARANCES

6 ft
Hair grey

The body was well nourished but pallid. Upon sawing through the ribs on the right side of the chest a small amount of greenish yellow clear fluid escaped. The body was then turned over and some pus escaped from the ~~incision~~ incision. The removal of the sternum was then completed. This disclosed ~~within~~ a large empyema ~~within~~ on the right side of the chest, occupying a large portion of the cavity in the lateral and inferior regions. The lung was compressed by the effusion, and the visceral pleura was covered by a thick pyogenic membrane. The pus was estimated at 2 or 2½ pints. It was light greenish-yellow in colour and free from smell. Several large white clots were found at the bottom of the cavity. Three trocar-wounds which were visible externally penetrated the chest wall. One of these, the highest, although it fell fairly within the cavity, was situated near its anterior boundary. The largest of the three opened into the chest about 1½ inch above the attachment of the diaphragm, into the wedge-shaped space comprised between the chest wall and the convexity of the liver; this space was filled with gelatinous half-clotted pus, and by pale membranes. The third wound was exactly opposite the insertion of the diaphragm and did not lead into the chest.

The left lung was extensively adherent, compressed and very adenomatous.

Heart 15 oz., containing gelatinous clots in the right auricle and ventricle. The valves were brown but unduly soft. The valves and aorta were spotted with atheroma.

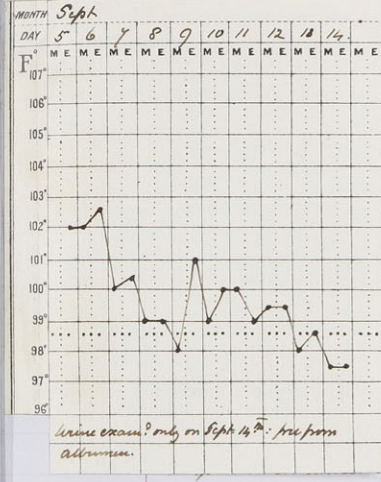
Liver 88 oz., of brown colour, loaded with blood, very soft.
Kidney 12 oz., slightly granular at the surface (capsule adherent) fatty in appearance.
Spleen 14 oz., soft, of brownish red colour.

Wm Ewart

No. in Reg ^r	NATURE OF DISEASE
1878 1216	Empyema.

CASE

Admission Brought up in a semi-delirious state at times passing into more fully marked



did give no account of himself, though he answered part of way. He passed his urine in bed. on his back: he sweated profusely: much tremor. Lips and face dusky. The scapulae, dull, with distant vocal resonance: respiration by abundant fine moist sounds. low breathing at the scapular angle. faint at R. apex. below R. nipple. { Anæmia, bradycardia, & other. mental more sensitive, though still delirious at times. marked: The sweating diminishes. between 40 x 50.

Sept 12th

Pain at R. base. Chest: as above: voc. from about at R. base: 29 of honey as well as tubular br. at scapular angle: also some crepitation

The dulness & loss of aëmatic sounds and of voc. from gradually increased and extended upward on the R. side, involving the flank & front as well as the back.

1 one, however, on Sept 20th point with vol. & voc. from were forced down to the extreme base. { 18th Pt. food & aut: with vom.

20th

On the 20th he was hardly conscious: he became afterwards more sensitive.

29th

R. side of chest perfectly dull, back & front.

Oct. 7th

Great dyspnoea.

Paracentesis 8th

Paracentesis performed twice: pus mixed with blood drawn off: about 5oz. each time.

9th

" " " " one: about 5oz. of blood obtained. { Diminution & rem.

10th

Very weak: delirium constant: R. 3P. P. 120, very full

14th

Canula reintroduced into aperture of paracentesis: appeared to enter two cavities: from one 3oz of pus was drawn. from the other nearly as much serous fluid. { Stimulants freely given: ammonia & bark.

17th

Saw & died. Dr. Howard Owen from notes taken by Dr. Paragon.

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290	Boswell Marion Petersmitt	62	Sept 5 th	Oct 17	D Whigham	24 hrs	1216	Empyema.

MORBID APPEARANCES

6 ft
Hair grey

The body was well nourished but pallid upon raising through the ribs on the right side a small amount of greenish yellow clotted blood was then turned over and some the ~~was~~ incision. The removal of the completed. This disclosed ~~within~~ a large cavity in the lateral and inferior regions compressed by the effusion, and the ~~is~~ covered by a thick pyogenic membrane estimated at 2 or 2½ pints. It was light colour and free from smell. Several large blood at the bottom of the cavity. Three which were visible externally punctured the ~~is~~ the pleura, although it fell fairly within the cavity, was situated near its anterior boundary. The largest of the three opened into the chest about 1½ inch above the attachment of the diaphragm, into the wedge shaped space comprised between the chest wall and the convexity of the liver; this space was filled with gelatinous half-clotted pus, and by false membranes. The third wound was exactly opposite the insertion of the diaphragm and did not lead into the chest.

The left lung was extensively adherent, congested and very oedematous.

Heart 15 oz, containing gelatinous clots in the right auricle and ventricle. The tissue was brown but unduly soft. The valves and aorta were spotted with atheroma.

Liver 88 oz, of brown colour, loaded with blood, very soft.

Kidney 12 oz, slightly granular at the surface (capsula adherent) fatty in appearance.

Spleen 14 oz. soft, of brownish red colour.

Wm Ewart

CASE

Admission Brought up in a semidelirious state at times passing into more fully marked delirium: he could give no account of himself, though he answered questions in a misty sort of way. He passed his urine in bed.

He was very weak & lay on his back: he sweated profusely: much tremor.

P. 116. R. 52.

Lips and face dusky.

Chest. R. base up to the scapula, dull, with distant vocal resonance: respiration broken by abundant fine moist sounds.

A patch of tubular breathing at the scapular angle.

Some crepitations at R. apex.

Friction sound below R. nipple.

{ Ammonia, brassy, & other.

Progress. He gradually became somewhat more sensible, though still delirious at times.

The cyanosis became unmarked: The sweating diminished.

Respⁿ still continued between 40 & 50.

Sept 12th

Pain at R. base.

Chest. as before: 500. from about at R. base: 29 of honey as well as tubular br. at scapular angle: also some crepitations.

The dulness & loss of assumed sounds and of 500. from gradually increased and extended upward on the R. side, involving the flank & front as well as the back.

1 ounce, however, on Sept 20th (pint with 500. & 500. from were found down to the extreme base.)

{ 16th Pt. 3rd & 4th: with brown.

20th

On the 20th he was hardly conscious: he became afterwards more sensible.

29th

R. side of chest perfectly dull, back & front.

Oct. 7th

Great dyspnoea.

Paracentesis

8th Paracentesis performed twice: pus mixed with blood drawn off: about 500. each time.

9th

" " once: About 500. of blood obtained. { Diminution of Iron.

10th

Very weak: delirium constant: R. 3P. P. 120, very febrile

14th

Canula reintroduced into aperture of paracentesis: appeared to enter two cavities: from one 300 of pus was drawn. from the other nearly as much serous fluid.

{ Stimulants freely given: ammonia & bark.

17th

Sawth & died.

Paracentesis
from notes taken by Mr. Stanger.