No.	NAME	Age	Admitted	Died	Under the care of	Examination, at what time after death
156	Richard Wynne	26	April 19th/88	April 30/88	Dr. Dickinson	13½ hours

No. in Regr. 1888	NATURE OF DISEASE.
617	Ulceration throughout the whole length of the Large Intestine Perforation. Peritonitis

MORBID APPEARANCES.

Height 5ft 7in
Weight 9st 3lb. Emaciated slightly. Abdomen distended

Air in Peritoneal cavity. Perforation of large intestine in several places with escape of fæces into Peritoneal cavity. Peritonitis

On making an incision into the ~~abdo~~ Peritoneum a large quantity of gas. smelling strongly of sulphurretted Hydrogen escapes. the gas ~~could~~ would not ignite when a lighted match was brought near.
There is a considerable quantity of peritonitis which is most intense along the course of the large intestine
The great omentum is much thickened and firmly adherent to the Sigmoid flexure and to the coils of small intestine.
On separating the omentum from the Sigmoid flexure the under surface is seen to form the floor of several ulcers which have formed in the Sigmoid flexure and perforated through the gut wall. Other ulcers of the Sigmoid flexure are open having perforated straight into the peritoneum as also have ulcers situated near the Splenic flexure and near the cæcum in the Ascending colon.

Extensive ulceration of mucous membr. of large intestine leading to Perforation of gut wall in Sigmoid flexure. Splenic flexure & Ascending colon

On cutting open the intestines. Numerous small ulcers were found in the rectum in the mucous membrane. In the Sigmoid flexure the ulceration is very extensive leaving here and there a small islet of mucous membrane. For the most part the floor of the ulceration is formed by the exposed transverse muscular fibres. but in two or three places the ulceration has extended right through the intestinal wall perforating into the abdominal cavity or the floor ~~wall~~ is formed by great omentum which has become adherent to the intestine

Museum Specimen No 4663

Throughout the whole of the rest of the large intestine are numerous ulcers some small & circular only affecting the mucous membrane. but others larger and there are large perforations in the neighbourhood of the ulcers. Splenic flexure and of the cæcum. The lower ⅔rds of Ascending colon contains hardly any. The Vermiform appendix is not ulcerated or perforated

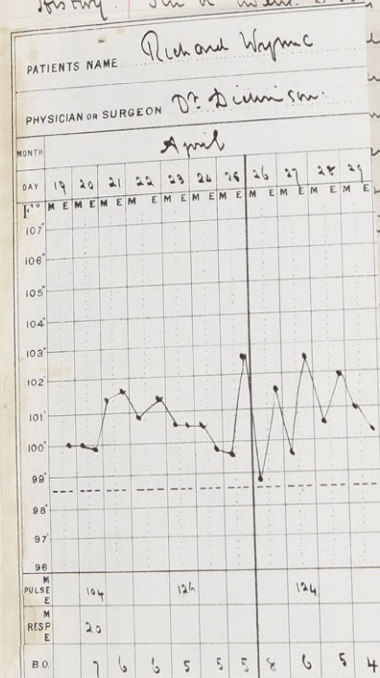
Continued No 135

Notes continued Nos 135 & 136

CASE.

History. Ten or twelve years before his admission he had ... was in bed a month.
... illness till the beginning of 1888 when he ... diarrhœa. His bowels were open 2 or 3 times ... from the first to some extent but not ... Easter – about 25 days before he came to the ... had diarrhœa. At first his bowels acted ... . Some days later they were open 2 or 3 times a ... were dark in colour, and he said, contained

... his admission diarrhœa again became very ... bowels acted 5 or 6 times a day. His motions were ... contained blood. He gave up work – but did ... till 2 days before he came to St George's.



... nourished man and on admission he ... diarrhœa and weakness. His appetite was ... was thickly coated. The sounds of his heart ... There was no dullness over his lungs and breathing was good. His abdomen was slightly distended and tender. There were some red raised spots on his abdomen. They disappeared on pressure. They were considerably larger than typhoid spots usually are – but there were some on his thorax like those of typhoid. His motions were dark and fluid.
He was treated with acetate of lead gr ii and dilute acetic acid: then Liquor morphiae acetatis was added. On the 22nd diarrhœa continued. Tc opii ℨss. was given in an enema. His bowels continued to act 5 times daily. On the 21st he had Liq. calcis: Sacch. ℨi Gum. acaciae mucil. ℨi Tc opii m x. On this day his bowels were open 5 times and on the 27th 5 times. His tongue was dry and coated but he took food well

Continued on p. 135

No.	NAME	Age	Admitted	Died	Under the care of	Examination, at what time after death	No. in Regr. 1888	NATURE OF DISEASE.
156	Richard Wynne	26	April 19th/88	April 30/88	Dr. Dickinson	13½ hours	617	Ulceration throughout the whole length of the Large Intestine. Perforation. Peritonitis

MORBID APPEARANCES.

Height 5 ft. 4 in.
Weight 9 st 3 lb. Emaciated slightly. Abdomen distended
On making an incision into the ~~abdo~~ Peri[…]
quantity of gas. smelling strongly of […]
Hydrogen escapes. the gas ~~could~~ would […]
a lighted match was brought near […]
There is a considerable quantity of peritoni[…]
most intense along the course of the large […]
The great omentum is much thickened and f[…]
the Sigmoid flexure and to the coils of small […]
On separating the omentum from the sigmoid […]
under surface is seen to form the floor o[…]
which have formed in the Sigmoid fle[…]
through the gut wall. Other ulcers o[…]
flexure are open having perforated straig[…]
peritoneum as also have ulcers situate[…]
splenic flexure and near the caecum […]
colon.
On cutting open the intestines. Numerou[…]
were found in the rectum in the m[…]
In the sigmoid flexure the ulceration is very extensive
leaving here and there a small islet of mucous membrane.
For the most part the floor of the ulceration is formed by
the exposed transverse muscular fibres. but in two
or three places the ulceration has extended right through
the intestinal wall perforating into the abdominal
cavity or the ~~wall~~ floor is formed by great omentum which
has become adherent to the intestine
Throughout the whole of the rest of the large intestine
are numerous ulcers some small & circular only affecting
the mucous membrane. but others larger and there
are large perforations in the neighbourhood of the
splenic flexure. and of the caecum. The lower 2/3rds of ascending colon contains hardly any ulcers.
The vermiform appendix is not ulcerated or perforated

Continued No 135
& 138

Margin notes:

Air in Peritoneal cavity.
Perforation of large intestine in several places with escape of faeces into Peritoneal cavity
Peritonitis

Extensive ulceration of mucous membr. of large intestine leading to Perforation of gut wall in Sigmoid flexure. Splenic flexure & Ascending colon.

Museum specimen No 4663

Notes continued Nos 135 + 138.

CASE.

History. Ten or twelve years before his admission he had congestion of the lungs and was in bed a month.

He had no other illness till the beginning of 1888 when he began to suffer from diarrhoea. His bowels were open 2 or 3 times daily. He recovered from the flux to some extent but not entirely. But at Easter – about 25 days before he came to the Hospital he again had diarrhoea. At first his bowels acted 4 or 5 times daily. Some days later they were open 2 or 3 times a day. His motions were dark in colour, and he said, contained blood.

A week before his admission diarrhoea again became very troublesome and his bowels acted 5 or 6 times a day. His motions were still dark and contained blood. He gave up work – but did not stay in bed till 2 days before he came to St George's.

Admission. He was a well nourished man and on admission he complained of diarrhoea and weakness. His appetite was bad; his tongue was thickly coated. The sounds of his heart were rather feeble. There was no dullness over his lungs and breathing was good. His abdomen was slightly distended and tender. There were some red raised spots on his abdomen. They disappeared on pressure. They were considerably larger than typhoid spots usually are – but there were some on his thorax like those of typhoid. His motions were dark and fluid.

He was treated [with] acetate of lead gr. ii and dilute acetic acid: then Liquor morphiae acetatis was added. After 22nd diarrhoea continued. Tc opii ℥ss. was given in an enema. His bowels continued to act 5 times daily. On the 21st he had Liq. cretae: bolus ʒi Gum. arabicae mist. ʒi Tc opii m x. On this day his bowels were open 5 times and on the 27th 5 times. His tongue was dry and coated but he took food well

Continued on p. 135