

No.	NAME	Age	Admitted	Died	Under the care of	Examination, at what time after death	No. in Reg ^r .
355.	Harriet Joyce.	34	Sept 30	Dec 8	R. Champsneys Housemaid	13 hrs 12.30 AM.	188

MORBID APPEARANCES.

General Condition. Body, poorly nourished. Mammas atrophied. Hair dark. Height 5 ft 10 in. Weight 7 st. 10 lbs. Ht. 5 ft. Weight of Ht. 10 M.M. Height of body moderately (slight appearance overlooked).
Respiratory. Both contained some serum. There were a few loose fibrous adhesions.
Lung. L. 14 g. Both small and partly collapsed. Both anaemic.
P. 16 of left lung very small. Bronchi filled with thick greyish purulent mucus. Right lung in the same state, on denuding the Pulmonary Artery, an embolus, formed by an elongated somewhat tortuous portion of from a mottled old, occupied the main branch of the vessel, going to the lower lobe; this embolic clot, did not obliterate entirely the lumen of the vessel but had given rise to a secondary thrombosis extending through all the branches of the vessel beyond the point obstruction. This secondary thrombosis extended also for about 1/2 inch toward the heart. The secondary thrombus was evidently quite recent. (No other embolism could be discovered although nearly all the vessels above 1/4 in. in diameter were opened many of the smaller ones were also opened.)

Heart. 11 g. Right ventricle.

Left ventricle walls somewhat stiff but otherwise normal. Lungs - Tricuspid valve 4.8. apparently healthy. Mitral 3.3. Vegetation in both cusps. One of these vegetations was large and holding to the valve by a very thin pedicle and must have interfered very much with the action of the valves. These vegetations were all on the auricular aspect of the valves. Aortic & Pulmonary valves apparently healthy. The right frontal vein put into the heart and found to be obstructed by thrombosis. On opening the peritoneal cavity, a large tumor, about the size of a head, was found occupying the false pelvis, and separating the true pelvis from the rest of the peritoneal cavity. This tumor was cystic / will be described afterwards with the盆腔.

Intestine

盆腔 + . Separating it from the sacrum, fluid was seen to escape through a tear opening in the thin posterior wall, into the pelvic cavity. Several tumours, rounded or oval are found under the peritoneum in the neighborhood of the Rectum but not in its walls - The thickened lower border of the mesentery was adherent to a large nodulated mass of tumours connected with the posterior peritoneum occupying the greater part of the right false pelvis.

NATURE OF DISEASE.
Sarcoma of Both ovaries - Secondary tumours of Pelvic peritoneum & uterus - Secondary thrombosis - Chronic Bright's Disease with recent catarrhal nephritis superadded.

CASE.

P. 20.

Case 6.

Cat. began at 12 always regular, about every 25 days lasting 7 days - clear intervals 18 days - during last 2 mos. has had a red streak off & on between the proper periods - not profuse. Lasting 1-3 days.

Never any other illness.

Father & mother & sister died of Consumption.

History 3 mos. ago had pain in whole of R. side worse at night - was treated for Sciatica. 14 days later began to have sharp pains all over lower abdomen with tenderness on pressure and no shivering or burning heat - did not take to bed - pain always been present more or less up to present time. Has continued to do her work. B. 18 kg much coagulated

On admission Dr. Chapman found: - P. 16 Slight tender distension of lower abdomen. Liver Palpable & having no striae - resistance everywhere - increased & L ant. sup. spine & adjacent part of crest is a fusiform hardness apparently in or attached to the abdominal wall 1/4 in long by 1/4 in thick parallel to Poupart's lig. - tender on pressure - Abdomen everywhere tympanitic. P. rect. Tinged purple Adams sign with some pain. Cervix pointing back wards & drawn against the L. post. 1/4 of pelvis. The whole pelvic excavation is occupied by a dense fixed hardness in which are two nodules in the R. post. 1/4 - tenderness not great. Pelvis: Tenderness prevents satisfactory examination - but there appears to be a flattened calyx occupying the bone of the pelvis.

Pelvic condition remained throughout but during her stay in the hospital she developed successively monobrosis in the R. leg thigh. Left leg thigh & a soft spot to his knee at the knee. Left leg thigh & a soft spot to his knee at the knee. This monobrosis gradually became apert not hard elsewhere. This monobrosis gradually became

proper

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Continued.

MORBID APPEARANCES.

Liver 52 oz. Nutmeg & fatty - A small ($\frac{1}{4}$ inch) cancerous looking nodule with under the capsule on the upper surface of the right lobe.
Spleen 3.25 oz. Soft. Malpighian bodies very distinct.
Kidneys Left 6 oz. Both irregularly contracted. Capsule adherent. Surface of 6 oz. granular, granules yellowish & evidently fatty. Cortex mottled much atrophied. Medulla congested - in granular kidneys & secondary & recent catarrhal & probably also interstitial changes.
Urinary tract Bladder. Congested & inflamed.
Brain 49 oz. Soft & soft. Convolutions small & prominent. No clot could be discovered in any of the main vessels.
Eyes. Retina apparently normal.
Uterus, ovaries The Right ovary was replaced by a large cystic tumour (mentioned and the pelvic organ above) the Fallopian tube elongated, congested & softened was found to extend over about $\frac{1}{3}$ of its circumference. After opening the tumour was found to be unilocular. Its walls were ^{very} thin & congested on its posterior & inferior aspect, not far from the end of the Fallopian tube, the wall was much thicker & nodulated, being composed of white granular looking tissue, with yellow fatty looking tracts disseminated through it (was this mass (or probably compound of the greater part of the ovary)
The Left Ovary is also much enlarged, measuring at least 1 in. $\frac{1}{2}$ in thickness and 2 inches in length. It was partly adherent to the surrounding parts. Nodulated. On section it was found to be solid and most of the nodules were fully in the centre. The Left Fallopian tube was covered with nodules of various sizes evidently growing under the serosal lining.
Uterus. In the anterior wall of the body a fundus, several nodules, granular looking were found, the thickness of the anterior wall was $\frac{1}{2}$ inch $\frac{1}{4}$ that of the posterior at the same level was $\frac{1}{4}$ inch. The nodules were deeply situated the mucosa being quite free. Several nodules were also found around the Os cap. Sinking through the mucous membrane but not invading it. The posterior fornix was stiffened by a diffuse growth of the same nature extending somewhat up along the back of the uterus and down along the posterior wall of the vagina and involving the whole of the inferior part of the pouch of Douglas.

Sheridan Dileepin

No. in Reg^r.
188

NATURE OF DISEASE.

CASE.

much harder & very harsh, being heard also at the base of the scutiform cartilage.

Two small fresh masses of necroses were felt just above the l. P. Prostate ligament but still in the pelvic condition remained unaltered. 2 days before death she was seized with violent pain in chest & right shoulder - in fact presented all the signs of Pulmonary embolism. This condition became gradually worse & she died sometime on Dec: 2 1889.

Hugh Lawson

Dec: 889.