

No.	NAME	Age	Admitted	Died	Under the care of	Examination, at what time after death
262	Frost ^t Newson. Railway Porter	44	July 22 nd	Aug. 21 st	D ^r Wadham.	4 1/2 hrs.

MORBID APPEARANCES

Gen^l Condition. Much emaciated. (Decomposition somewhat advanced. 5ft. 4 in. in height.
Iron grey hair.

Lungs. Tough adhesions of R. at apex, none elsewhere, nor in L.
Adhesions. The R. apex was riddled with small cavities, the intervening tissue being dense & hard, with branching fibrous septa, feeling like glandular tissue. The cavities contained foul smelling putrescent material, in very small quantity.
Scirrhus of lungs (with cavities in R.) involving R. recurrent nerve. Two small nodules, each about the size of a pea were found at the very apex of the R. lung, on section white; margins defined; hard. They were about 1/4 in. from the pleura, wh. was quite natural.
Lower lobes in both lungs simply congested.

Larynx natural.

Trachea and Oesophagus. There was a large ulcer involving nearly the whole circumference of the oesophagus. (the post. surface being ~~above~~ ^{below} free) ~~mind~~ size about that of a half crown piece. The edges were thickened at the lower part & hard, the upper parts presented almost no trace of this thickening. On section the edge was hard & white; the floor of the ulcer had penetrated all the coats of the oesophagus, such to a less degree (from the surface) perforation of its base was found, ~~the opening of~~ into the trachea just above the bifurcation.
On the R. of the trachea below & behind the 1st part of the R. subclavian artery, was a putrescent mass wh. surrounded the R. recurrent laryngeal nerve (this was probably the apex of the R. lung, but the adhesions were so firm at the R. apex that the lung gave way during the efforts to retract it: the contents of this under the microscope were seen to consist of nothing but granules, fat cells & some fibrous tissue.) Bronchial glands not affected.

Heart. 10 oz. small; uncontracted: some decolorized & some black clot in both ventricles: staining of lining membrane of cavities & vessels.

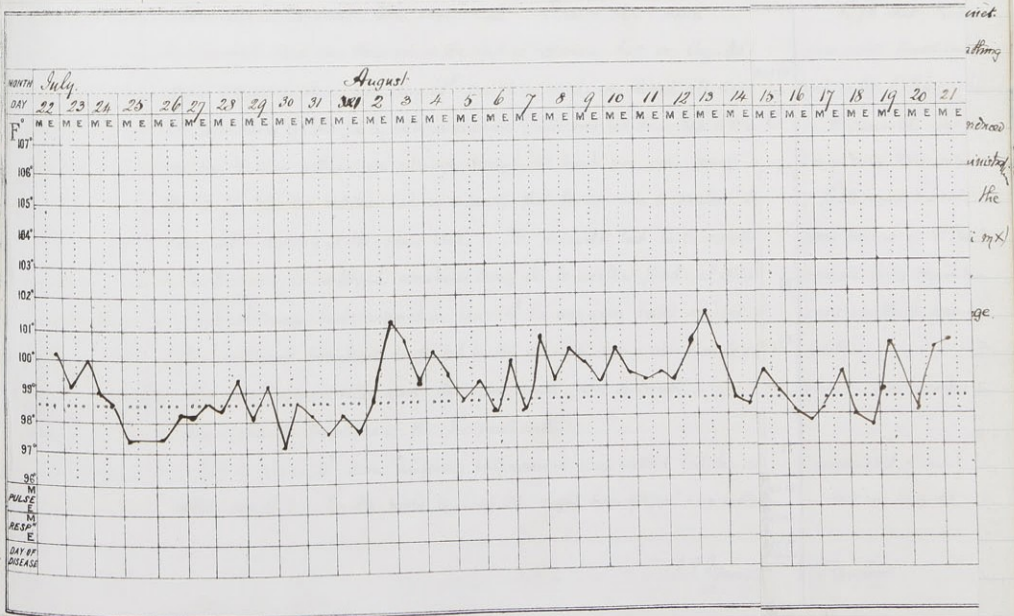
Liver. 4.3 oz. natural.

cont^d at no: 261.

No. in Reg.	NATURE OF DISEASE
18 80	847. Scirrhus of the Oesophagus and Lungs.

CASE

History. No hereditary disease known. Patient was always a healthy man till the illness for wh. he was admitted to the hospital commenced. He stated that about 6 weeks previous to this he felt very thirsty one morning but was astonished to find on drinking some cold water that it came pouring back through nose & mouth. He had never noticed any difficulty in swallowing before, but from this sudden commencement he was unable to swallow anything without pain whether solid or liquid, neither having a greater influence in this direction. Solids however he said he could not swallow from this date, his diet being restricted entirely to fluids. During the month of July & latter end of June he had been getting rapidly worse, with patience being sometimes able to get a cup of tea down.
Emaciation for 8 weeks: spitting of much saliva for a fortnight. Digestion poor, & vomit.
On Admission he was considerably emaciated; skin of chest & arms showed no loss of elasticity but of abdomen was lax & loose: earthy tint of skin. hands somewhat blue.
He did not complain of any hunger, but of great thirst & of a burning sensation in the throat. Anything he swallowed returned at once through nose & mouth. Expectoration of a large quantity of saliva. He referred the obstruction in swallowing to the L. side (chiefly) of the thyroid cartilage.



No.	NAME	Age	Admitted	Died	Under the care of	Examination, at what time after death
262	Fred ^d Newson Railway Porter	44	July 22 ^d	Aug. 21 ^d	D ^r Wadham.	4 9/16 hrs.

MORBID APPEARANCES

Gen ^l Condition.	Much emaciated. Iron grey hair.	Decomposition somewhat advanced.	5ft. 4 in. in height.
Lungs.	Tough adhesions of R. at apex, none elsewhere, nor in L.		
Adhesions.	The R. apex was riddled with small cavities, the intervening tissue being dense & hard, with branching fibrous septa, feeling like glandular tissue. The cavities contained foul smelling purulaceous material, in very small quantity.		
Scirrhous of lungs. (with cavities in R.) involving R. recurrent nerve.	Two small nodules, each about the size of a pea were found at the very apex of the d. lung, on section white; margins defined; hard. They were about 1/2 in. from the pleura, wh. was quite natural. Lower lobes in both lungs simply congested.		
Larynx	natural.		

Tra^d
Asy

Scirrhous
oesophagus



cont. at no. 261.

No. in Reg ^d	NATURE OF DISEASE
18 80	

847. Scirrhous of the Oesophagus and Lungs.

History. No hereditary disease known. Patient was always a healthy man till the illness for which he was admitted to the hospital commenced. He stated that about 6 weeks previous to this he felt very thirsty one morning but was astonished to find on drinking some cold water that it came pouring back through nose & mouth. He had never noticed any difficulty in swallowing before, but from this sudden commencement he was unable to swallow anything without pain whether solid or liquid, neither having a greater influence in this direction. Solids however he said he could not swallow from this date, but did bring restricted entirely to fluids. During the month of July & latter end of June he had been getting rapidly worse, with patience being sometimes able to get a cup of tea down.

Emaciation for 8 weeks: spitting of much saliva for a fortnight. Digestion generally normal. On Admission he was considerably emaciated, skin of chest & arms showed no loss of elasticity but of abdomen was lax & loose: earthy tint of skin. Hands somewhat blue.

He did not complain of any hunger but of great thirst & of a burning sensation in the throat. Anything he swallowed returned at once through nose & mouth. Expectoration of a large quantity of saliva. He referred the obstruction in swallowing to the L. side (chiefly) of the thyroid cartilage.

There was a constant loose, rough cough. Voice husky & rough. P. 76 weak. R. quiet. No abnormal signs were discovered in the chest or abdomen, but on Aug. 16th there was noticed harsh breathing & in the R. at R. apex, & on Aug. 21st crackling sounds were heard all down the front of the R. lung.

On admission he was fed by nutrient enemata (bulb & en) but these had no effect, the quantity was never over 4 oz. & these were retained, though the bowels were open from 1/2 to one hour after their administration. On the 25th July his condition had so improved that he was able to swallow 2 pints of fluid nourishment, the expectoration ceasing at the same time. The enemata had to be resorted to again however (i.e. R. Op. 17).

In this way he continued, sometimes being able to swallow fluid, at others the enemata being required. His swallowing had improved on Aug. 9th he was given liquid diet but this he was unable to manage, he continued throughout to be fed by the enemata, being able also to swallow a little.

His cough grew a little worse: there was much foetus of breath. On Aug. 3rd laryngoscopic examⁿ showed paralysis of the R. vocal cord.

Up to Aug. 6th some temporary improvement was noticed but he steadily emaciated & sank rather rapidly. On the night of Aug. 20th "slight haemoptysis" was noted. He died on Aug. 21.

J. J. Macculister (Dunbar).