

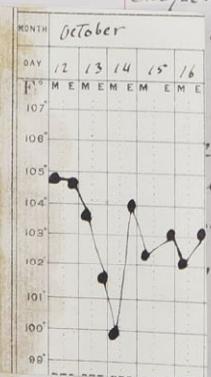
No.	NAME	Age	Admitted	Died	Under the care of	Examination, at what time after death	No. in Reg. 189	NATURE OF DISEASE.
355	Charlotte Whiting.	18	Oct 11	Oct 17	DR WHIPHAM	12 hours	1760.	OTITIS MEDIA - THROMBOSIS OF LATERAL SINUS

MORBID APPEARANCES.

Thorax: Well nourished - Rigor mortis present - Leech bite on front of right chest. Jaundiced 1st ribs calcified.
Pleurae: recent yellow lymph on the surface of both lower lobes and over the lower parts of the upper lobe on the right side middle and upper lobes.
Fluid in chest: No fluid in either pleural cavity - The pleurisy is of equal intensity on both lungs.
Lungs: Numerous small pyemic abscesses in both lungs, chiefly on the surface - There is a small abscess at the extreme left apex, close to it there is a dark congealed patch closely resembling a pulmonary apoplexy; on the surface of the right lower lobe there is a small abscess which appears to communicate with the pleural cavity.
The right lung shows perhaps more change as there is more advanced bronchopneumonia than in the left - The bronchial glands are soft but not swollen - No tubercles in lungs.
Heart: Normal. Thyroid gland & tonsils normal.
Pericardium: Visceral and parietal layers, adhesions not of recent formation and not universal, no adhesion of pericardium to chest wall.
Heart: No clot in right auricle except postmortem. Right side healthy. The pulmonary artery is slightly attenuated - Internal valve edge thickened. Aortic valves & aorta healthy. Myocardium & coronary arteries normal.
Head: Skull normal - Probe detects dead bone in both ears. Right petrous bone extensively necrosed, some pus under the dura mater. Right lateral sinus thrombosed, no thrombosis of internal jugular - Left ear, no tympanic membrane, no pus.
Brain: No meningitis - The cerebellum in neighbourhood of right petrous bone is discolored by softening, the brain is otherwise healthy - Weight 42 oz.
Abdomen: Post mortem intussusception of jejunum. Intestines, no ulceration, normal. Ileum & appendix healthy. Liver cloudy swelling 56 oz. Bile duct pernicious. No peripatitis. Microscopically cloudy swelling only. Spleen 8 oz large, numerous dark wedges on surface like infants. Pancreas normal.
Supraorbital sinuses: Bladder small, contains yellow fluid - Kidneys pale, cloudy swelling. 25 oz.
Hormonal lymphatics: normal.
Oranges: Contains small cysts - Pedunculated cyst from exterior of right breast (appendix).

J. D. Richardson

History: This girl was a servant. She never had scarlatina or any other serious illness except rheumatism, of which she had 4 attacks in all. The last rheumatic attack occurred just 2 years before admission, and in it she was laid up for 5 weeks with slight joint affection but with concurrent "inflammation of the heart." The previous rheumatic attacks were not known to be accompanied by any cardiac complication. There had been a discharge from the right ear for rather more than 12 months, and this suddenly ceased just before the commencement of her fatal illness. On Oct. 8th she was taken suddenly ill in the middle of the day with acute vomiting, and pain in the head which radiated from the right ear. She took to bed at once, and next day a medical man poulticed the ear, but no discharge followed. The vomiting ceased, and the pain in the head abated, but on Oct. 10th there was pain in the chest. On admission she was slightly jaundiced and a little dusky in the face, with rapid pulse, 148 and resp. 72, complaining of some frontal headache, but totally without special head symptoms. There was no tenderness over the mastoid process or other part of the skull, and she was perfectly intelligent, and devoid of any ocular or other paralysis or spasms. The indications were chiefly pulmonary. The lungs could not be thoroughly examined, but at least no dulness was found, and no tubular breathing or adventitious sound. The heart gave a systolic murmur over the upper part of the sternum and a markedly accentuated 2nd sound. The urine contained a considerable quantity of albumen. On the afternoon of Oct. 13th the breathing was still very rapid, and for a time of the Cheyne-Stokes variety. Next day there was a sudden fall of temperature but no real change of condition. Tubular expiration was heard to the inner side of the right shoulder. On Oct. 15th pleural pain developed on the right side, for which she was sent to bed. Next day the breathing was still more rapid, varying from 92 to 80, and the pulse was about 192. The pulse, however, fell to 160 soon after she had swallowed laudanum containing opium. Systolic 3 iv. The bowels were now loose, urine perfectly clear, tended to the left, and, though stimulated freely, died exhausted at 3.30 a.m. Oct. 17th.



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 The right lung shows perhaps more change as there is more advanced bronchopneumonia than in the left - The bronchial glands are soft but not swollen - No tubercle in lungs.
Heart Heart normal - No clot in right auricle except postmortem - Right side healthy. The pulmonary artery is slightly atherosomatous - Internal valve edge thickened. Aortic valves & aorta healthy. Myocardium & coronary arteries normal.
Head Head normal - Probe detects dead bone in both ears. Right petrous bone extensively necrosed, some pus under the dura mater. Right lateral sinus thrombosed, no thrombosis of internal jugular - Left ear, no tympanic membrane, no pus.
Abdomen Liver (normal) Postmortem intussusception of jejunum - Intestines no ulceration, normal. Vermiform appendix healthy. Liver cloudy swelling 56 oz - Spleen normal. No peristaltic. Microscopically cloudy swelling only. Spleen 8 oz large, numerous dark wedges on surface like infants. Pancreas normal. Supraumbilical swelling - Bladder small, contains yellow fluid - Kidneys pale, cloudy swelling. 20 oz. Abdominal lymphatics normal.
Oranges Contains small cysts - Palpated right from outside of right breast segment.

History. This girl was a servant. She never had scarlatina or any other serious illness except rheumatism, of which she had 4 attacks in all. The last rheumatic attack occurred just 2 years before admission, and in it she was laid up for 5 weeks with slight joint affection but with concurrent "inflammation of the heart." The previous rheumatic attacks were not known to be accompanied by any cardiac complication. There had been a discharge from the right ear for rather more than 12 months, and this suddenly ceased just before the commencement of her fatal illness. On Oct. 6th she was taken suddenly ill in the middle of the day with urgent vomiting, and pain in the head which radiated from the right ear. She took to bed at once, and next day a medical man poulticed the ear, but no discharge followed. The vomiting ceased, and the pain in the head abated, but on Oct. 10th there was pain in the chest. On admission she was slightly jaundiced and a little dusky in the face, with rapid pulse, 140, and resp. 72, complaining of some frontal headache, but totally without special feuds symptoms. There was no tenderness over the mastoid process or other part of the skull, and she was perfectly intelligent, and devoid of any ocular or other paroxysms or spasms. The indications were chiefly pulmonary. The lungs could not be thoroughly examined, but at least no dulness was found, and no tubular breathing or adventitious sound. The heart gave a systolic murmur over the upper part of the sternum and a markedly accentuated 2nd sound. The urine contained a considerable quantity of albumen. On the afternoon of Oct. 13th the breathing was still very rapid, and for a time of the Cheyne-Stokes variety. Next day there was a sudden fall of temperature but no real change of condition. Tubular respiration was heard to the inner side of the right nipple. On Oct. 15th pleural pain developed on the right side, for which she was bled. Next day the breathing was still more rapid, varying from 92 to 80, and the pulse was about 120. The pulse, however, fell to 100 soon after she had swallowed a stimulating medicine containing hyos. digit. 3 gr. The bowels were now loose. She remained perfectly clear-headed to the last, and, though stimulated freely with brandy, died exhausted at 3.30 p.m. Oct. 17th.

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