

No.	NAME.	Age.	Admitted.	Died.	Under the care of	Examination, at what time after death.
	How Matthews <i>San keeper</i>	43	15 X 10	5-VI 10	<i>M. Turner + Dr. Ogilvie</i>	32 hours

No. in Reg. 1910	NATURE OF DISEASE
M 955	<i>Pneumothorax, mediastinal abscess ulcerating into oesophagus. Pyopericardium - Pulmonary metastatic thrombosis.</i>

MORBID APPEARANCES.

CASE.

Fairly nourished body -

Some pleural adhesion at middle lobe of the left lung which lies on the

BACTERIOLOGICAL DEPARTMENT.

Name of Patient *How Matthews*
 Word *P. M.* Hospital No. *15 X 10* L.R.N. *974*
 Name of Physician or Surgeon *Dr. Ogilvie*

Nature of Reference: *Status of organisms in pus from Pericardium*

REPORT.

No organisms found microscopically
 Tubes inoculated remain sterile

Date *7. VI. 10* Signature *C.B.*

inter-internal aspect
 pus, air and
 matter: on the
 times have become
 rounding the base of
 of aorta has resulted.
 in the portion distal
 to base of a shilling
 width of the main
 and eroded
 evidence of tubercle.
 thin pericardial
 mass deposit.

Heart 140g no pathological change other than cloudy swelling
Oesophagus shows no primary ulceration or disease.
Abdomen
Diaphragm the under surface of the diaphragm is healthy
Peritoneum nil
Stomach & Intestines nil
Liver 4th 120g cloudy pale & fatty.
Gall bladder & biliary duct nil
Spleen 63 very soft & diffident
Kidneys 73 each cloudy & engorged with blood
Spermatides nil
Pancreas nil.
Pulmonary artery the st branch contains a long AM clot *St. Thomas*
 not adherent to vessel wall

Pt. was seized with sudden acute epigastric pain while walking. He was "doubled up". There was no vomiting. He was carried to hospital.

P.M.H. Σ . 15 yrs ago. No previous similar attacks. No dyspeptic symptoms. No haematuria.

ON ADMISSION. Looks rather ill & throws himself about. T. 97.5° P. 6x R. 12. Tongue clean.

Pt. referred his pain to L. arm mainly but slight pain in R. arm also. Abdomen NOT distended. NO movement on respⁿ. Quite rigid below transpyloric plane. Abdominal reflexes normal. NO localized tenderness. Liver dulness not diminished. NO tenderness per rectum.

C.N.S. Pupils react. U.D. present.

During the first night the abd. became less rigid & the temp. rose to 101.5°. Pt. coughed up much "tuberculous-looking" sputum. Movement of diaphragm caused intense pain. Sputum became yellow & mucopurulent & contained many organisms, chiefly Streptococci & pneumococci. Dulness found at base of R. lung which moved poorly. No other signs at first. Urine exam: showed no album but diminished chlorides. After 3 days Pt. developed a "boy delirium". Pleuritic friction developed at R. base & the chest wall was tender, but not the pleural signs. Temp. remained high & level at 100°-101.5° for 2 weeks, then became remittent. After a fortnight a patchy erythema appeared on face, chest & abdomen. This soon faded. Pleuritic friction developed at L. base. Dulness at R. base persisted. R. base explored. (Only a drachm of clear pink fluid removed. This was sterile. The cells were mainly polymorphonuclear.) Pt. improved temporarily but after another week signs of pneumothorax appeared at R. base. There was amphoric breathing. The signs of pneumothorax persisted & Pt. was fairly comfortable until the end of the third week. Pt. awoke complaining of severe pain & died in about ten minutes.

J.W. Higgin.

No.	NAME.	Age.	Admitted.	Died.	Under the care of	Examination, at what time after death.
	Thos Matthews <i>born 1848</i>	43	15 X. 10	8-11-10	J. Turner + S. Ogle.	32 hours

MORBID APPEARANCES.

Fairly nourished body -

Lungs Pleural adhesions at right base shutting off a cavity which lies on the dome of the diaphragm & extends up the posterior aspect of the right lung - This cavity contains pus, air and stomach contents its content has an acid reaction: on the posterior internal aspect the retroperitoneal tissues have become involved & a mediastinal abscess surrounding the base of the oesophagus and the descending aorta has resulted. This abscess has affected the oesophagus in the posterior distal wall of which is a circular perforation the size of a shilling caused by ulceration from without: The walls of the main Empyema cavity are coated with fibrin -

Lung 73 gms each the right lung is much collapsed and congested the left lung is congested. No evidence of tubercle.

Pericardium contains about 30g greenish pus thin in pericarditis as evidenced by injection but no fibrinous deposit.

Heart 110g no pathological change other than cloudy swelling.

Oesophagus shows no primary ulceration or disease.

Abdomen

- Diaphragm** the under surface of the diaphragm is healthy
- Peritoneum** nil
- Stomach & intestines** nil.
- Liver** 460g cloudy pale & fatty.
- Gall bladder & biliary duct** nil.
- Spleen** 63 gms very soft & diffused
- Kidneys** 73 gms each cloudy & engorged with blood
- Suprarenals** nil
- Pancreas** nil.

Pulmonary artery the st branch contains a long AM clot *J. Turner*
Not adherent to vessel wall

No. in Reg. 1910

NATURE OF DISEASE.

M 955 - Pyopneumothorax & mediastinal abscess ulcerating into oesophagus. Pyopericardium - Pulmonary embolism thrombotic.

CASE.

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ON ADMISSION. Looks rather ill & throws himself about.

T. 97.8° - P. 84 - R. 12. Tongue clean.

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