

No.	NAME	Age	Admitted	Died	Under the care of	Examination, at what time after death
350	Mary Harris	68	16 Nov.	3 Dec.	D. Casady	24 ^h 20'
				1.10 PM		

MORBID APPEARANCES.

General Condition and external appearances. Body poorly nourished - Hair gray. Well marked edema of lower limbs and Labia majora. Eyes brown. Scurvy all over the skin of abdomen & upper part of thigh. Pupils medium sized. at the side of the coccyx. Skin much pigmented at Bedsores ~~over~~ the coccyx. Skin much pigmented at the root of the neck, and also in the neighborhood of the axillae. Thorax Slight. Respiration Slight.

Pericardium The pericardium contains a few ounces of clear serum.

Heart Weight 16^g. Large, rather globular in shape - Several milk spots in front of right ventricle, one or two ascending aorta - Right ventricle contains dark fluid blood, with mottled thrombi between the chordae carneae (and mitral). The left ventricle contains a reddish yellow, pyrid looking fluid.

And large, mottled, pale, antero-inferior thrombi strongly adherent to the walls of the heart between the chordae carneae - Walls distinctly hypertrophied.

Right auricle, distended with dark soft clot. Auricular appendage much distended with strongly adherent, slightly laminated, thrombi (anticoagulated).

Left auricle. Slightly dilated. Aorta valves competent, slightly thickened at their bases. Pulmonary valves healthy & competent. Tricuspid apparently healthy. Mitral apparently healthy with the exception of a marked atheromatous thickening of the basis of the mitral orifice.

Aorta Atheromatous. Vena cava inferior contains a large amount of blood.

Peritoneal cavity Contains over 500 cc. of nearly clear serum, peritoneum congested.

Liver Wt 3 lbs. Much atrophied in appearance. Irregular in shape, slightly nodulated, anterior edge very thin and membranous. Gall bladder projecting for about 2 inches in front of the organ. The colour is mottled, lobes pale yellow on a dark purplish ground. (Congestion fibrous induration and fatty degeneration)

No. in Reg.
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NATURE OF DISEASE.

1649 Chronic Interstitial Nephritis (granular kidneys)

CASE.

History

The patient was a female Negro aged sixty eight. She had no hereditary taint, and had no disease until February 1881 when she had cough, dyspnea and oedema of the legs. She was in bed for a month - In June 1889 she had the same symptoms & was laid up for a month. In 2 years before her admission she had had night ptosis. - The cause was unexplained.

In the months before she came to St. Robert the woman had much dyspnea & oedema of the legs.

Admission

The woman was thin. She had night ptosis. She contained no enlarged glands of breast or axilla in the legs. The appetite was bad, her tongue was coated, her bowels were open.

The blood of the left lung was removed in pericardium. Vocal femoral was good tone - her voice was a few coarse crepitations. Vocal femoral was deficient at the base of the right lung and in part was dull in pericardium. Percussion sound was not well heard there, and the rales were dull in a bronchitic way. The action of the heart was regular - the first sound was indistinct. The woman's admission was distended but there was no evidence of anasarca. Spittle was viscid & blood stained - urine had spec 1025 and contained albumen 2%.

Diagnosis

Granular Kidney, splenic anemia, see diagnosis.

Treatment

The patient was treated with P. (alk) as she insisted containing diff. analysis & salt water - Brandy was discontinued.

Course

The patient continued until our report was due & died on

Richard Sibley

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350	<u>Continued</u>					

MORBID APPEARANCES.

- Spleen. 6 oz. Very firm & rounded. Capsule, irregularly thickened owing to the formation of dense fibrous tissue forming thick plates slightly projecting over its surface. The whole organ is indurated. No cardiac reaction.
- Kidneys. Right 6 oz. Both very much in the same state. Surface granular & slightly congested. Several cysts project over it. The capsule is adherent. The cortex is much atrophied. The boundary layer of is congested. Several small nodules, a little larger than tubercles, and evidently fibrous in structure are found in the medulla. The cysts contain some thick gelatinous whitish looking material.
- Left lung. 24 oz. partly collapsed, very flabby, very dark in color, and intensely congested and oedematous.
- Right lung. 26 oz. Upper lobe in the same state as the left lung, but even darker (almost as dark as tar) this is the only lobe which has retained its natural position, the pleura covering it is thickened chiefly in its lower part, and is ^{firmly} ~~loosely~~ adherent to the thoracic walls. The middle lobe is pushed upwards and backwards & inwards against the root of the lung, and is partly consolidated containing several wedge like masses of consolidation from which pus can be squeezed abundantly. In two of these patches there is also destruction of lung tissue - a small cavity full of pus resulting. The inferior lobe is pushed backwards and inwards, along the side of the spine extending at the back, nearly as low down as usual. This part of the organ is partly collapsed, & partly haemorrhagic, parts of it sink in water.

Merriman Delapain