

No.	NAME	Age	Admitted	Died	Under the care of	Examination, at what time after death
54	H <sub>2</sub> : Goodridge	47	Feb 10	Feb 13	D <sup>r</sup> : Whipham	17 hours

MORBID APPEARANCES

**Gen appear** Height - 5ft-10in Hair Grey.  
Body well nourished

**Pleura. Pleuritis Pneumonia** Recent lymph of yellowish color over lower lobe of right lung.  
Right lung - lower lobe, heavy, enlarged, does not crepitate, sinks in water.  
On sections of a very red color, surface covered with tenacious fluid, abnormally friable - upper slightly congested - left lung posterior portion & lower lobe hypostatically congested.

**Heart - Hypertrophied.** 150g. Uncontracted - Cavities empty & enlarged - muscle of left ventricle thicker than normal. All valves & orifices healthy.

**Liver Faty Change** 4lb 150g Surface smooth edges rounded. On section surface slightly pale & granular looking, fibrous tissue slightly increased, abnormally tough - vessels full of blood.

**Spleen Kidneys Congestion** 100g Soft & pulpy.  
150g Capsule not adherent On section vessels of cortex & pyramids full of blood. Malpighian bodies prominent -

**Brain** No lesion observed in substance of brain - Puncta vasculosa numerous & full of blood - Ventricles contained a little clear fluid (not full) Pia mater & arachnoid along Sylvian fissure slightly opaque & studded with minute whitish

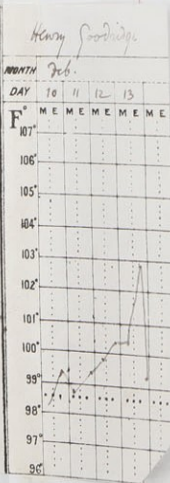
Continued on 28.

No. in Reg <sup>r</sup> 188 3	NATURE OF DISEASE
199.	Pleuro Pneumonia -

CASE

**History.** He had been in fair health previous to his admission and gave no account of serious symptoms. He had been in the habit of drinking very freely and had been subject to some consequent discomforts. In 1892 he had been an inpatient under Mr Holmes with an inability to pass water which was relieved by his treatment in the hospital. He gave no history of polyuria, a oedema at any time, or of any previous cerebral symptoms. Fracture leg, before admission he was wet through & grew very hoarse - eight days later, when walking across a sward, his leg partially gave way; he staggered, but did not fall or lose consciousness - he had many such "happening fits" in the street in the next two days; there was no swimming in the head, he attributed his weakness entirely to his legs: on Feb. 7 he felt both legs "numb" with pain & needed to lie in bed. His sight was confused & there was pain in the back of the head. No unilateral symptoms noticed.

**on admission.** Hope II. Feb. 10. A heavily built man, of dirty complexion, slightly flushed, & unintelligent manner. He complains of no pain but inability to walk. There is very slight paresis of the left side of the face: both hands are below normal power - the grasp as shown by the dynamometer being 40-50 lbs. He can raise both legs with fair & equal force but cannot stand. Reflexes: patellar reflex not perceptible in bed; superficial reflexes equal & about normal. No signs of keratitis: slight feeling of pins & needles in both legs. Pupils fairly normal - much subcutaneous tissue: venicular murmur heard at base, with a few moist rales. Heart apex slightly displaced outward & sound clear. Urine turbid, acid. sp. gr. 1025 no albumen: control of sphincters. Slight cough. Tongue thickly furred. He was treated with a free purgative - After two days the left side of the face & the left side of the face side in the right hand became more decided: both legs also became nearly powerless; their weakness was equal. About midday on Feb. 11 he grew rapidly worse; there was dyspnoea with rapid weak pulse & venous congestion of the face: cough falling, no sputa. There was no convulsion. His mind grew confused and his body helpless: & he sank very rapidly dying in the evening of March Feb. 13.



A. T. Myers.

No.	NAME	Age	Admitted	Died	Under the care of	Examination, at what time after death
54	Hj: Goodridge	47	Feb. 10	Feb. 13	D. Whipple	17 hours

MORBID APPEARANCES

**Gen appear** Height 5ft-10in Hair Grey.  
Body well nourished

**Pleura.** Recent lymph of yellowish color over lower lobe of right lung.  
**Pleuritic Pneumonia** Right lung - lower lobe, heavy, enlarged, does not crepitate, sinks in water. On section of a very red color, surface covered with tenacious fluid, abnormally friable. Upper slightly congested - left lung posterior portion & lower lobe hypostatically congested.

**Heart.** 150g. Uncontracted.  
**Myocardium.** Cavity empty & enlarged. Muscle of left ventricle thicker than normal. All valves & tricus healthy.

**Liver** 4lb 150g Surface smooth  
**Fatty Change** edges rounded. On section surface slightly pale & granular looking, fibrous tissue slightly increased, abnormally tough. Vessels full of blood.

**Spleen** 100g Soft & pulpy.  
**Kidneys** 150g Capsule not adherent  
**Congestion** - On section vessels of cortex & pyramids full of blood. Malpighian bodies prominent -

**Brain** No lesion observed in substance of brain - Plexus vasculosa numerous & full of blood. Ventricles contained a little clear fluid (not full) Pia mater & arachnoid along Sylvian fissure slightly opaque & studded with minute whitish

Continued on 28.

No. in Reg  
188 3

NATURE OF DISEASE

199.

Pleuritic Pneumonia -

CASE

History.

He had been in fair health previous to his admission and gave no account of serious symptoms. He had been in the habit of drinking very freely and had been subject to some consequent discomforts. In 1892 he had been an inpatient under Mr Holmes with an inability to pass water which was relieved by his treatment in the hospital. He gave no history of polyuria, a redema at any time, or of any previous cerebral symptoms. Fourteen days before admission he was wet through & grew very hoarse - eight days later, when walking across a sward, his legs partially gave way; he staggered, but did not fall or lose consciousness - he had many such "happening fits" in the street in the next two days; there was no swimming in the head, he attributed his weakness entirely to his legs: on Feb. 7 he felt both legs "numb" with pain & needed to sit down, and lay in bed. His sight was confused & there was pain in the back of the head. No unilateral symptoms noticed.

on admission. Hope II. Feb. 10. A heavily built man, of dirty complexion, slightly flushed, & unintelligent manner. He complains of no pain but inability to walk. There is very slight paresis of the left side of the face: both hands are below normal power - the grasp as shown by the dynamometer being 40-50 lbs. He can raise both legs with fair & equal force but cannot stand. Reflexes: patellar reflex not perceptible in bed; superficial reflexes equal & about normal. No loss of sensation; slight feeling of pins & needles in both legs. Limp, fairly recent - much subcutaneous tissue; venicular murmur heard to base, with a few moist rales. Heart, apex slightly displaced outward, sound clear. Urine turbid, acid. sp. gr. 1025. no albumen: control of sphincters. Slight cough. Tongue thickly furred.

Progress.

He was treated with a free purgative - after two days the left side of the face & the feet & the right hand became more decided: both legs also became nearly powerless; their weakness was equal. About midday on Feb. 11 he grew rapidly worse; there was dyspnoea with rapid weak pulse & venous congestion of the face: cough falling, no sputa. There was no convulsion. His mind grew confused and he lay body helpless: & he sank very rapidly dying in the evening of March Feb. 13.

A. T. Myers.