

No.	NAME	Age	Admitted	Died	Under the care of	Examination, at what time after death
302	Charles Wing Baker.	31	Sept 8 <sup>th</sup>	Oct 11 <sup>th</sup>	Dr. Barclay	32 hrs.

No. in Reg' 1880

NATURE OF DISEASE

977. Syphilis: - Gummata in the Liver: Cirrhosis.

MORBID APPEARANCES

**General Condition.** Much emaciated. Height 5' 7"; hair dark.

**icterus.** A slight icteric tint of the skin.

**ascites** The abdomen distended.

**Lungs &c.** A thin coating of lymph over the diaphragmatic surface of the L. lung.

**pleurisy**

**lobular congestion:** Both lungs adenomatous. A patch of lobular consolidation seen, the size of a pea, near the R. apex.

**Heart.** 12 oz: contracted: empty: tissues healthy.

**Liver.** 7 lbs: About one half of its tissue replaced by irregularly rounded tumours of all sizes from a pea to a small orange. They possess well defined margins; & are of hard consistency. On section, they are of a yellowish white colour, are hard throughout, & appear more granular than fibrous in structure.

**Gummata.**

**Cirrhosis** The rest of the organ, interspersed among these tumours shows a wide departure from the normal appearance. The fibrous element is greatly increased, so much so that over areas 1/8" wide, here & there, no cellular structure can be seen. These areas are usually in approximation to the tumours.

**(congestion.)** Elsewhere, yellow cellular patches, about 1/12" in diameter, are seen surrounded by fibrous zones, of a deep crimson colour. The cellular ~~patches~~ <sup>nodules</sup> can be readily picked out of their fibrous matrix.

Gall bladder nearly empty.

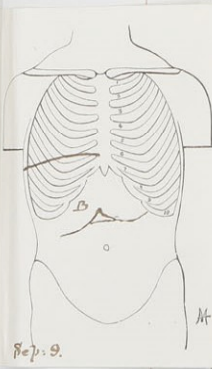
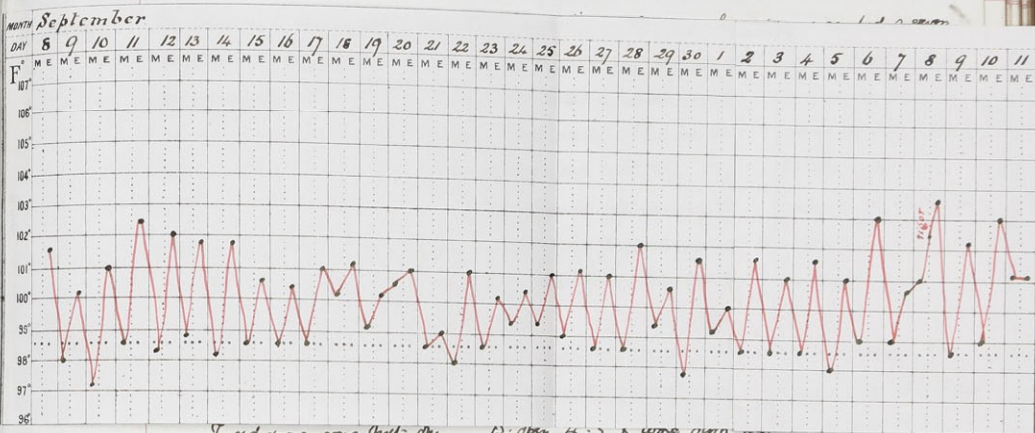
**Spleen. congestion** 18 oz: large: of natural aspect.

**Kidney & bladder** 14 oz: large: pale: capsules non adherent.

**Peritoneum. ascites.** Distended with clear, straw coloured fluid.

Gault and Nolan.

CASE



J. and traw, somewhat dry. P: open H: 5 & 1 was open

soft, rather weak. P: 20. No cough.

soft palate was adherent to the back of the pharynx leaving a small aperture to the median line (of about the size of a silver 3) communicating with the nasal cavity above: bands of cicatricial tissue crossed the rest of fauces & back part of palate.

no abnormal signs.

soft anorectic habit.

**Abdomen.** Liver full as a hard mass, most plainly in epigastrium, where the spleen is felt thickly & a small singularity of the surface to the R. of this. Edge plainly felt (was, deep) & slight tenderness on palpation. **Abdomen** globular in shape, distension not extreme, skin not tense: no enlarged superficial veins nor dilated capillaries.

Fluctuation distinct: & dulness in dependent parts of the belly.

**Spleen** no enlarged area of induration.

**Prognosis.** He was much troubled with diarrhoea throughout: the bowels were open 7-8 times a day till about the 26<sup>th</sup> of Sep: then 2 a day (scarcely formed). He vomited on the day of admission this did not recur till the day of death.

Pain was a variable symptom, not constant but occ<sup>r</sup>. distressing: the size of the abdomen increased somewhat rapidly, in less than a week the abd. walls were becoming glazed & tense: there was one tender spot, at seat of liver in epigastrium. Much flatulence.

cont<sup>d</sup> on folio 293.

No.	NAME	Age	Admitted	Died	Under the care of	Examination, at what time after death
302	Charles Wing baker.	31	Sept 8 <sup>th</sup>	Oct 11 <sup>th</sup>	Dr. Barclay	32 hrs.

MORBID APPEARANCES

**Liver.**  
**Gummata.** 7 lbs. About one half of its tissue replaced by rounded tumours of all sizes from a pea to a cherry. They possess well defined margins; & are of regular section. They are of a yellowish white colour throughout, & appear more granular than fibrous.

**Cirrhosis.** The rest of the organ, interspersed among these tumours wide departure from the normal appearance. The fibrous element is greatly increased, so much as to be  $\frac{1}{8}$ " wide, here & there, no cellular structure seen. These areas are usually in approximation to the tumours.

(congestion.) Everywhere, yellow cellular patches, about  $\frac{1}{12}$ " in diameter, all seen surrounded by fibrous zones, of a deep crimson colour. The cellular ~~portions~~ can be readily picked out of their fibrous matrix.

Gall bladder nearly empty.

**Spleen.** engorgement 18 oz: large: of natural aspect.

**Kidney & bladder** 14 oz: large: pale: capsulae non adherent.

**Peritoneum.** Discoloured with clear, straw coloured fluid. *Growth and Motion.*

No. in Reg  
1880

NATURE OF DISEASE

977.

*Syphilis*:- Gummata in the Liver: Cirrhosis.

CASE

**History.**

Ten years ago he had a syphilitic sore followed by eruptions on the body & legs. 4 years ago had a severe ulceration of the throat. For the last 12 mo: he had been ~~long~~ feeling in health, & living

fresh, very rapidly of late. For 4 mo: had near decided symptoms: for the first half of this period he was much troubled with flatulencia (blown out after meals), 2 mo: ago he first noticed the belly increasing in size, & then first experienced pain in the lower part of the belly, with protracted stool or flatus. Slow increase in the size of the abdomen was accompanied with increasing bodily weakness, for 6 weeks he had been unable to do any work. For 14 days frequent nausea & vomiting.

Bowels as a rule were regular but for 3 weeks profuse diarrhoea had been present.

**Admitted.**  
Sept: 8.

Edema of legs noticed for 10-14 days. No cough.

Generally emaciated, face thin & sallow: complexion muddy: subconjunctival.

Very slight oedema of the legs. Small depressed cicatrices chiefly on leg, also on back.

T. 98.1 raw, somewhat dry. B: open 4-5 & loose dark motions (in first 12 hours)

P: 104 soft: rather weak. R: 20. No cough.

The soft palate was adherent to the back of the pharynx leaving a small aperture to the R. of the median line (of about the size of a silver 3) communicating with the nasal opening above: bands of cicatricial tissue crossed the oral of fauces & back part of hard palate.

Lungs. no abnormal signs.

Heart. soft anæmic limit.

**Liver & Abdomen.** Liver full as a hard mass, most plainly in epigastrium, where the notch is felt distinctly & a small irregularity of the surface to the R. of this. Edge plainly felt (no diagram). Some slight tenderness on palpation. **Abdomen.** globular in shape, distension not extreme, skin not tense: no enlarged superficial veins nor dilated capillaries. Fluctuation distinct & dulness in dependent parts of the belly.

**Spleen** no enlarged area of dulness.

**Prognosis.**

He was much troubled with diarrhoea throughout: the bowels were open 7-8 times a day till about the 26<sup>th</sup> of Sep: then 2<sup>nd</sup> a day (scudious formed). He vomited on the day of admission this did not recur till the day of death.

Pain was a variable symptom, not constant but occ<sup>r</sup>. Distressing: the size of the abdomen increased somewhat rapidly, in less than a week the abd. walls were becoming glazed & tense: there was one tender spot, at seat of liver in epigastrium. Much flatulencia.

cont<sup>d</sup> on folio 293.