No.	NAME	Age	Admitted	Died	Under the care of	Examination, at what time after death
25	John Applebee	13	Dec 11th/88	Jan 17th/89	Dr Whipham	12 hours.

MORBID APPEARANCES.

Height 4 ft 2 in Weight 2 st 12 lbs.	Extreme emaciation - pale drawn face. Pigmentation & discolouration of skin over right half of the abdomen and in the right axilla. Rigor Mortis present but very feeble.
Rotten muscles of abdominal wall. Peritonitis and free gas in the peritoneum the gas in two collections one in a subdiaphragmatic abscess the other in the general cavity	Abdomen - The muscles of the abdominal wall are rotten and discoloured - There is free gas in the peritoneal cavity divided into two collections one above ~~the~~ between the upper surface of the Liver and the under surface of the diaphragm and the rest in the general peritoneal cavity. There is a very large quantity of stinking pus in the abdomen. All the organs are matted together by adhesions but not in an equal degree. The adhesions between the large intestine and the coils of the ileum both to the abdominal wall and to themselves or other abdominal viscera are far firmer than the adhesions of the jejunum — There is no possibility of properly separating the different structures and of being able to demonstrate the parts properly in the abdomen. The following points however were ascertained
Perforation of old standing of the wall of transverse colon	1. That in the transverse colon six inches below the Ileo caecal valve in the anterior wall of the gut is a small round aperture 1/4 inch in diameter the edges smooth - and this condition is evidently of long standing. 2. That the purulent fluid in the abdomen is similar in the general cavity and in the subdiaphragmatic ~~cavity~~ abscess. 3. That the various organs of the abdomen are healthy except for the thickening of their capsules or undue adhesions due to Peritonitis - No trace of tubercle found anywhere. The organs examined were. Liver. Spleen Kidneys stomach. large and small intestines
Thorax No fluid. adhesions of lower lobes.	Thorax. No Pleuritic effusion. Both lower lobes are firmly bound down to the diaphragm and to the ~~abdominal~~ thoracic wall. There are no

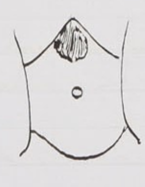
No. in Regr. 1888	NATURE OF DISEASE.
2019.	Blow from a foil in Epigastrium - Perforation of Transverse colon Chronic Peritonitis - Pneumonia & Caseation of bases of both Lungs.

King's 7
Nov 13.

CASE.

History. The patient was a schoolboy, thirteen years of age. He was in good health till two months before his admission. Whilst fencing he received a blow at the upper part of his abdomen. He suffered much pain at the time, but it did not last long, and the injury was forgotten till November 5th when he began to have abdominal pain and shivering. He had neither vomiting nor headache. He continued to have pain and at the end of December he noticed a painful lump at the upper part of his abdomen. The tumour increased in size.

Admission. When he came into the Hospital the boy was thin and anaemic and had dark areolae under his eyes.



He complained of a swelling at the upper part of his abdomen. His appetite was bad, his tongue was nearly clean, his bowels were open. There was a rounded fluctuating tumour at the upper part of his abdomen, in the position marked in the diagram. The skin covering the upper part of the tumour was red.

Mr. Pick was called into consultation. He diagnosed an abscess and recommended that it should be opened. An incision was made and a quantity of pus was evacuated. The pus was curdy and by no means laudable. Its smell was offensive. The house Surgeon found that he could put his finger under the ensiform appendix, but he felt no rough bone. The floor of the abscess was he thought formed by fascia, and he was of opinion that neither the peritoneum nor the liver were implicated. The wound was dressed antiseptically and the boy was put on liberal diet and treated with Cod Liver oil phosphate of Iron and iodide of iron

He lost flesh steadily and suffered from cough and

No.	NAME	Age	Admitted	Died	Under the care of	Examination, at what time after death
25	John Applebee continued					

MORBID APPEARANCES.

adhesions of the Right upper or middle lobes or of the left lower lobe.

Lungs Right upper and middle lobes appear healthy.

Consolidation partly caseous of lower lobes.

Lower lobe in great part consolidated - the consolidation being of a very pale colour - generally whitish but here and there there are more or less large caseating areas; there are no grey granulations to be seen - the lobe is also oedematous -

The condition of the ~~Right lung~~ left lung is similar to that of the right

Left upper lobe natural - Left lower lobe adherent almost entirely solid, here and there the consolidation being yellowish and caseous.

Foul smelling muco pus in the bronchial tubes of lower lobes, but no faecal material found.

The bronchial tubes to the right and left lower lobe are each carefully slit open. They are found to contain foul smelling muco pus - but without trace of any muscular fibre or other faecal matter within them nor is the material ~~contained~~ contained in the tubes of a similar microscopical appearance to the pus in the abdomen - No abnormal communication through the diaphragm large enough to allow passage of any ~~material~~ faecal material either from intestine or peritoneal cavity into the lung - and I am nearly positive that there was no such opening through the right half of the diaphragm, as the sub-diaphragmatic abscess allowed careful inspection of the right half to be made -

Wt. of organs.	
R. lung	1.3[3]
L.	1.6
Heart	·3
Spleen	·2
Kidneys	·5
Liver	·34

Old disease of Aortic valves.

No Pericarditis. heart natural except for puckering of the adjacent free borders of the right cusps.

Tubercle of gland at bifurcation of Trachea.

The gland at the bifurcation of the trachea is large and contains two caseous tubercular foci

Scar in oesophagus in neighbourhood of this gland

In the oesophagus immediately below this gland is ~~two~~ an oval scar ~~of old~~ on the anterior wall - the floor is occupied by cretaceous debris. ~~The sc~~ The direction of the scar looks as though it was the remains of an old ulcer leading from the gland at the bifurcation which had seceded into the trachea

F. G. Penrose

No. in Regr. 188	NATURE OF DISEASE.

CASE.

from pain in his hepatic region. His sputa (on January 5th) were watery and purulent and had "a very offensive smell suggestive of gangrene". On January 1st he had tympanitic resonance over the hepatic region (and lower part of his chest) - On the 5th there was dulness on percussion over the same place. By the 5th his wound had healed.

He was now (Jan 5) treated with Creosote inhalations, and had Chloral draughts frequently (5th 6th 7th 8th) for sleeplessness.

He steadily lost flesh and complained of sleepiness in the day time.

His motions were offensive and he had diarrhoea.

He spat up foul muco-purulent sanguineous matter. His pulse was weak and quick and his respiration laboured (65)

On January 16th there was hyperresonance and breathing sounds were amphoric at the base of his right lung. His sputa were more foul smelling than ever and had a faecal odour.

On the 17th he had very urgent dyspnoea and died

Richard Sisley