

No.	NAME	Age	Admitted	Died	Under the care of	Examination, at what time after death
28	Maria Knight married	50	Jan. 20 th	Jan. 30 th	D. Dickinson	24 hours.

MORBID APPEARANCES

General condition Ill nourished: 4.11" high: hair dark.

Lungs &c. Tough adhesions scattered over both pleura: some soft ones at B. base. No fluid in the cavities.

pleurisy

phthisis L. lung full of cavities with thin fibrous walls, varying from the size of a pigeon's egg at the apex to that of a pea towards the base. The intervening tissue consolidated, in the upper lobe by small masses of grey or partly caseated tubercle, surrounded by fibrous tissue. A little normal tissue interspersed with the diseased structure in the lower lobe.

cavities fibrous tubercle

emphysema R. lung, shows a good deal of emphysematous tissue at base with tubercles numerous scattered. Cavities appear upwards with intervening tissue resembling that in L. The upper lobe is hollowed out into a series of communicating cavities: the posterior wall of the inferior series remains adherent to the chest wall, when the lung is removed.

Heart 110g: uncontracted: much coloured dot in L. side: a clot, partly decolorized in the R. side. Structure healthy.

Liver lardaceous 3 1/2 lb: interlob. fibrous tissue increased: a little fatty infiltration. Slight amount of lardaceous change shown by iodine. Surface irregular. Gall bladder nearly empty.

Spleen 70g: "sago": lardaceous reaction.

Kidneys granular 100g: capsule adherent: surface granular: a fair amount of cortical tissue.

Stomach dilatation Greatly dilated: no cause discovered.

Lardaceous reaction given by spleen & slightly by liver: not by kidneys or intestine.

Examined & written.

No. in Reg ^y 1880	NATURE OF DISEASE
75	Phthisis: (cavities: fibrous: tubercle.) Lardaceous infiltration.

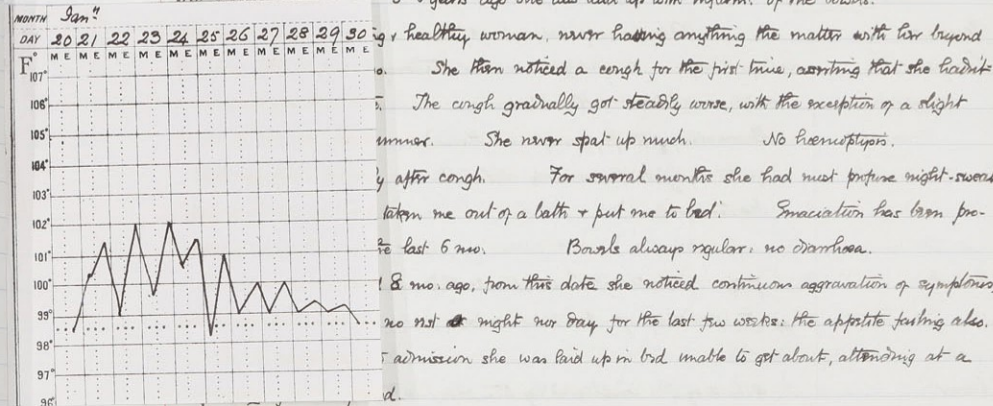
CASE

History.

Her mother died of "cough" & "palpitation" of the heart: & her father of some fever.

No venereal disease.

5-6 years ago she was laid up with inflammation of the bowels.



healthy woman, never having anything the matter with her beyond a cough for the first time, saying that she hadn't noticed it before. The cough gradually got steadily worse, with the exception of a slight remission. She never spat up much. No haemoptysis. For several months she had must profuse night-sweats taken me out of a bath & put me to bed. Emaciation has been progressive last 6 mo. Bowels always regular: no diarrhoea. 8 mo. ago, from this date she noticed continuous aggravation of symptoms, no rest at night nor day for the last few weeks. Her appetite failing also. On admission she was laid up in bed, unable to get about, attending at a distance.

On Admission.

Jan. 20.

Great emaciation: ribs standing out markedly. Sallow face: no cyanosis: skin dry, rough. Some urticaria on chest & arms. On coughing, the skin in the 2nd I.P. space close to sternum bulges out like a large pea. T. coated. B. 1.5" to-day. P. 20 small vessels. P. 48.

A hard cough, thick green sputum with some white froth.

Lungs. Dulness at both apices. R. near apex, from 2nd I.P. space semi-resonance. R. is dull all down the front. Over the whole of the chest, back & front, numerous larger & smaller hard crackling râles occupy both imp. & exp. wh. they mark. V.F.P. much increased. These sounds most marked at R. apex. Respiration of chest very poor.

Heart Impulse feeble in the 5th I.P. space. Sounds feeble.

Liver. Dulness from 6th rib to thoracic margin.

Some oedema of the legs.

Jan. 27.

Dyspnoea a cough troublesome: much aggravated by the fog to-day. B. open daily.

Chest: In front: moist sounds as above. Blowing crackling at both apices.

Jan. 30.

She got weaker. "This morning she was sitting up in bed & did not seem to be any much worse than at last note, but was almost pulseless." Died about 2. P.M.

Treatment. Squills - Santal - Quinine: Pot: Brandy - Peridol.

J. S. Macdonald (D) M.D.

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28	Maria Knight married	50	Jan. 20 th	Jan. 30 th	D. Dickinson	24 hours.

No. in Reg
1880

NATURE OF DISEASE

Phthisis: (cavities: fibrosis: tubercle.) Lardaceous infiltrations.

MORBID APPEARANCES

General condition Ill nourished: 4' 11" high: hair dark.

Lungs etc. Tough adhesions scattered over both pleurae: some serous fluid in the cavities.

pleurisy

phthisis L. lung full of cavities with thin fibrous walls, or a pigeon's egg at the apex to that of a pea towards the intervening tissue consolidated, in the masses of grey or partly caseated tubercle, tissue. A little normal tissue in diseased structure in the lower lobe.

cavities fibrosis tubercle

emphysema R. lung, shows a good deal of emphysematous tubercles: minus scattered. Cavities appear up tissue resembling that in L. The upper lobe is narrowed a series of communicating cavities: the posterior wall of the cluster remains adherent to the chest wall, when the lung is removed.

Heart 113: uncontracted: much coloured clot in L. side: a clot, partly decolorized in the R. side. Structure healthy.

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Kidneys granular 103: capsules adherent: surface granular: a fair amount of cortical tissue.

Stomach dilatation Greatly dilated: no cause discovered.

Lardaceous reaction given by spleen & slightly by liver: not by kidneys or intestine.

Sawbaid & W. L.

CASE

History.

Her mother died of 'cough' & palpitation of the heart: & her father of some fever. No serious illness. 5-6 years ago she was laid up with inflammation of the bowels. She was always a strong & healthy woman, never having anything the matter with her beyond the above till 12 mo. ago. She then noticed a cough for the first time, saying that she hadn't a cough before this date. The cough gradually got steadily worse, with the exception of a slight period of ease in the summer. She never spat up much. No haemoptysis. Sickness often but only after cough. For several months she had must profuse night-sweats 'just as though you had taken me out of a bath & put me to bed'. Emaciation has been progressing rapidly for the last 6 mo. Bowels always regular: no diarrhoea. The catarrhs ceased 8 mo. ago, from this date she noticed continuous aggravation of symptoms, the cough allowing her no rest at night nor day for the last few weeks: the appetite failing also. For 2 mo. previous to admission she was laid up in bed, unable to get about, attending at a dispensary for this period.

On Admission.

Jan. 20.

Great emaciation: ribs standing out markedly. Sallow face: no caputis: skin dry, rough. Some urticaria on chest & arms. On coughing, the skin in the 2^d R. space close to sternum bulges out like a large pea. T. coated. 13.1st to-day. Paco small round. 17: 4.8. A hard cough, thick green sputum with some white froth.

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Heart impulse feeble in the 5th L. space. Sounds feeble.

Liver. Dulness from 6th rib to thoracic margin. Some oedema of the legs.

Jan. 27.

Dyspnoea a cough troublesome: much aggravated by the fog to-day. R. open daily. Chest: In front: most sounds as above. Blowing crackling at both apices.

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She got weaker. This morning she was sitting up in bed or did not seem to be any much worse than at last note, but was almost pulseless. Died about 2. P.M.

Treatment.

Squills - Canthar. - Quinac. - Pot. - Brandy - Prochlor. J. J. Macos Pariter (Dunbar).