

No.	NAME	Age	Admitted	Died	Under the care of	Examination, at what time after death	No. in Register 1880	To past or present	NATURE OF DISEASE
309	Bella Hutchings	16	Oct. 6 th	Oct. 19 th	Dr. Barclay	24 hr.	1059.	Tuberculosis of the Intestines and lungs:— Peritonitis. Phthisis.	

MORBID APPEARANCES

General condition.

Edema of feet.

Greatly emaciated: skin very white. 4: 11" high: dark brown hair. The feet and ankles are greatly swollen and pit on pressure. The skin over either instep exhibits longitudinal "linear abscesses".

Lungs.

Phthisis.

Generally edematous. The apex of the R. is hollowed out into an irregular cavity holding about a fluid ounce.

About half this cavity is filled with greyish-yellow slough. Its walls are formed by a distinct fibrous membrane. No other cavity exists.

Tubercle.

Here and there in the same lung are found isolated grey military tubercles, or patches of 6-8 very small ones.

Some of the patches are surrounded by a zone of hyperemia. Some of them have become yellow.

One patch the size of a pea is soft & caseous, & bounded by a membrane.

Nothing of the kind is found in the L. lung.

Heart.

5 B: closely contracted: empty.

Tissues healthy.

Liver.

Tubercle.

3 B. 2 B: soft, yellow and inelastic.

A few military tubercles are found just under the peritoneum (or in its substance) on the under surface.

Pleura.

Kidneys.

6 B: tougher than normal.

8 B: pale on section.

Capsule slightly adherent.

No wasting of the cortex.

Irregular reaction with iodine.

Cont'd at No 300.

Histories

Patient could give no definite account of herself. Her mother had died of consumption, sister of family said to be healthy. For 6 mo. she had been gradually losing flesh but had not felt ill. Many winter as far back as she could recollect she had had a cough but beyond this she gave no account of any symptoms till the emaciation of 6 mo. duration commenced. She had acute sickness. B: regular. no diarrhea. Diaphoresis natural. Drowsiness commenced on Oct. 1st.

Admitted

Oct. 6. Much emaciated: enormous ^{swelling} edema of the legs from the knees downwards, the abdomen

swollen thighs. Soft edema. Skin hot & dry. P. 128. temp. thin pulse. R. 20. Spurts 100-120. em: nausea: nor seborrhoea.

Only symptoms complained of beyond the edema: & nothing else could be made out after very careful examination. Slight rattling sound at end of inspiration at both apices. Dulness to thoracic edge.

In belly no sound being at same level as the thorax but gastric reports somewhat prominent. Tympanic resonance easily to be felt in the abdomen: wells on shaking, have a the spine cannot be reached. No tenderness. In finger 1015: not a trace of albumen.

Progress

She was prescribed Oi Month. Mixture Amaro. During the first few days the bowel was open about 5 x daily, (rustics loose & light) on the 11th Opium, Calotropis, Thamnate. were substituted & on the 13th the diarrhea had ceased. returned on the 17th & persisted till death. She was sick (after the oil) on 2 occasions.

The edema gradually subsided, till it was limited to the feet on the 18th. Then was noticed a sore place on dorsum of R. foot, from which exuded serum fluid. Ed. - soft lesion to form, the lightest pressure making the skin red & shining even lying for a short time with the leg flexed at the knee, the pressure of the bed-clothes had the above effect.

Some noticeable cough (esp. at night): no sputum noticed.

The physical signs did not alter on admission, nor chest.

She gradually sank - died at 2 p.m. Oct. 19.

Treatment. Bismuth. Salbit: - Opium - Brandy. Tonic acid + alum.

J. Macwhirter Dunbar.

No.	NAME	Age	Admitted	Died	Under the care of	Examination, at what time after death	No. in Reg. 1880.	to 1880 and 1881	NATURE OF DISEASE
309	Bella Hutchings	16	Oct. 6 th	Oct. 19 th	D. Barclay.	24 hrs.	1059.		Tuberculosis of the Intestines and Lungs:— Peritonitis & Phthisis.

MORBID APPEARANCES

General condition.

Edema of feet.

Greatly emaciated: skin very white. 4' 11" high: dark brown hair. The feet and ankles are greatly swollen and pit on pressure. The skin over either instep exhibits longitudinal "lunae alterantes".

Lungs.

Phthisis.

Generally adenomatous. The apex of the R. is hollowed out holding about a fluid ounce. About half this cavity is filled by a distended membrane. No other cavity exists. Here and there in the same have military tubercles, or patches. Some of the patches are confluent. Some of them have become the size of a pea. Nothing of the kind is found.

Heart.

5 oz: closely contracted: empty.

Tissues healthy.

Liver.

Tubercles.

3 lb. 2 oz: soft, yellow, and inelastic. A few military tubercles are found just under the peritoneum (or in its substance) on the under surface.

Bladder.

6 oz: tougher than normal.

Kidneys.

8 oz: pale on section.

Capsule slightly adherent.

No wasting of the cortex.

History.

Admitted

Patient could give no definite account of herself. Her mother had died of consumption, not a family said to be healthy. For 6 mo. she had been gradually losing flesh but had not felt ill. Very similar as far back as she could recollect she had had a cough but beyond this she gave no account of any symptoms till the smacking of 6 mo. duration commenced. She had no sickness. B. regular no diarrhea. Diaphoresis natural. Dietary commenced on Oct. 1st. Oct. 6. Much emaciated: enormous ^{swelling} edema of the legs from the knees downwards, the extremities being twice the size of the emaciated thighs. Soft edema. Skin hot red. I. pale moist. B. dry, loose. P. 128. weak, thin, jerky. R. 20. Spontaneous. Slight cough at night. No pain: nausea: nor sickness.

General weakness & anorexia the only symptoms complained of beyond the edema & diarrhea. Tongue: hyper-tonic. No abnormal sounds could be made out after very careful exam. Larynx: a few doubtful dry, faint rattling sounds at end of inspiration: at both apices.

Heart: sounds natural. Lax: dulness to thoracic edge.

Abdominal walls hard & resistant belly not tender, being at same level as the thorax but the umbilical hypogastric region somewhat prominent. Symptomatic resonance all over: no abnormality to be felt in the abdominal walls or spleen, have a balloon-like feeling—the spine cannot be reached. No tenderness.

Urine: acid, high colored: tested for gr. 1015: not a trace of albumen.

She was prescribed 11. Morph. Mixture: Amaro. During the first few days the bowel was open about 5-8 daily, (softish loose & light) on the 11th Opium, Calomel, Thamatoe: were substituted & on the 13th the diarrhea had ceased returned on the 17th & persisted till death. She was sick (after the op.) on 2 occasions: ~~but~~ otherwise.

The edema gradually subsided, till it was limited to the feet on the 18th. Then was noticed a con. place on dorsum of R. foot, from which exuded some fluid. It did not begin to form, the lightest pressure making the skin red & shiny even lying for a short time with the leg flexed at the knee, the pressure of the bed-clothes had the above effect.

Some noticeable cough (esp. at night): no sputum noticed.

The physical signs did not alter on account, nor chest.

She gradually sank—Died at 2 p.m. Oct. 19.

Treatment. Bismuth. Salicyl: — Opium—Brandy. Tonic acid & Phenin.

J. J. Macwhirter Dunbar.

Cont'd at No 300.