

No.	NAME	Age	Admitted	Died	Under the care of	Examination, at what time after death
128	Florence Dickens	19	March 25 th	Apr 13 th	D. Whipple	70 hours.

MORBID APPEARANCES.

Height 5'7¹/₂"
Weight 75¹/₂ lb.

Height to organ 3
Right lung - 18
Left lung - 18
Heart - 13
Lives - 80
Spleen - 12.
Kidneys - 14.

Pulmonic adhesions of left lung.

adherent Pericardium

masses of fibrin occasionally conical berg.

Slightly of aball with the vegetation of the Mitral valve.

Vegetations and construction of the Mitral valve.

Small body. Rigor Mortis present. a little patchy mottling of the skin over the front of the thorax. No definite peritonitis but there is some fine flaky lymph on the under surface of both lobes of the liver - The liver is enlarged. The edge is 2 1/2 inches below the margin of the thorax. The anterior surface of both lobes is spotted over with fine tags of lymph - Spleen enlarged adhering all over, on trying to separate it from the diaphragm a large cyst at the upper end of the spleen burst and discharged a large quantity of blood or blood stained fluid escaped. There are a series of fibrous bands joining the outer surface of the left upper lobe of the lung and the outer and diaphragmatic surface to the thoracic wall. There is a little clear fluid in each pleural cavity. No adhesions of the right lung. Pericardium is of normal thickness but is every where adherent to the heart. there is very little fluid in the pericardial cavity. Right auricle dilated contains a large coagulum of clotted blood. Right ventricle large substance pale. contains a semi-gelatinous clot. Tricuspid valve admits four fingers edge healthy. Pulmonary valves healthy. Left auricle dilated and pericardium thickened, contains a firm gelatinous clot on the left side of which is a considerable impaction produced by the a mass of fibrin attached to vegetation of the Mitral valve. There are ~~two~~ masses of fibrin either free in the cavity of the auricle or so loose that they separate as soon as they are touched. Mitral valve admits one finger flaps lengthened vegetation all along inner aspect of free border. The edge much thickened. Cordae tendineae shortened with the vegetation growing along them.

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No. in Reg.
1889

NATURE OF DISEASE.

460

Mitral constriction with vegetations. Infarctions in the Spleen and Right Kidney and probably in the Right lobe of the liver.

Died 20th
15th

CASE.

History.

The patient said that her father was "consumptive"; he was drowned. Her mother died of "fatig heart". She had chlorotic fever when she was nine years old, and she was laid up for many weeks.

Over five weeks before her admission (February 22nd) she had a child. The birth was premature. (Eight months.) The puerperal got up on the 9th day and went out of doors on the 15th day. (March 6th)

On the night of March 5th she awoke, and every night afterwards for over a week she had shivering fits. On March 15th she had pain in her right leg. On the 27th she had acute pain in the left side of her chest. In a fortnight before she came into the hospital she had been losing much flesh; and during the four nights before her admission she sweated profusely.

Admission

The woman was thin and anaemic. She complained of pain in the left side of her chest and of weakness in her legs. Her appetite was bad, her tongue was coated. Her bowels were open. The sounds of her heart were rather weak. No murmur was heard. Her respiration rate was rapid. A few rales were heard at the base of her left lung. The lower part of her left axillary region was dull to percussion and very tender, and there was great tenderness under the costal margin on the left side. The woman's mental state was anxious and depressed. Her urine contained a distinct trace of albumen.

Diagnosis

No definite diagnosis was arrived at. The diagnosis discussed were: Interlobar pneumonia, Septicæmia pyæmia. In favour of the latter it was found that the woman had redness swelling pain above her ankles and knees. Dr. Chamberlayne found no trace in the puerperal to account for the symptoms.

No.	NAME	Age	Admitted	Died	Under the care of	Examination, at what time after death
128	Florence Dickson (continued from p 297.)					

MORBID APPEARANCES.

Heart continued

The left ventricle is thin walled pale and dilated contains a firmish clot - Aortic valves healthy except for one small vegetation at the junction of the aorta beneath the valves.

Lungs The lower lobes are partially collapsed - all parts of the lungs very edematous - Larynx & trachea full of aerated secretion.

Caseous & calcareous masses in several bronchial glands

Spleen enlarged the upper 2/3 is the seat of a large infarct the centre of which has softened ~~down~~ & produced the collection of blood mentioned above. The margin of the infarct is raised and partially decolorized. A large embolus is found in the splenic artery. Kidneys Left - pale otherwise normal.

Right - 2 large infarcts tolerably recent though partially decolorized. In one of the primary divisions of the ~~left~~ right renal artery is an adherent clot the internal wall being ragged beyond the clot and the vessel filled with soft yellowish debris no abscesses in kidney.

Uterus External os lips fissured though healed.

Cervix patent. Body almost completely involuted. Right ovary contains a small cyst size of a hazel nut & in left ovary, remains of corpus luteum consists of a small thick walled cyst.

Liver Enlarged at the upper part of the ^{anterior} surface of the right lobe close to the right border is an area nearly 2 cubic inches, sharply marked off from the rest of the liver, pale in colour - on section surface slightly depressed. It is apparently an infarction area. Rest of liver cloudy, swelling. Brain & nerves healthy

H. P. Russell

Large infarct with softened centre in Spleen.

Infarcts in Right kidney

? Infarct in Liver

No. in Reg.
188

NATURE OF DISEASE.

CASE.

Judgment.
Florence

The patient was treated as first rate Opium fever at first and Opium was given internally. Later Lumina was given.

She was stuporose and Opium chlorid was resorted to for her.

Her temperature remained high and her pulse rate was always rapid - over 120. Her respiratory rate was usually over 60 to the minute.

The woman was tolerably strong and her mental state was independent. As far as could be determined from a necessarily imperfect physical examination the signs did not account for the symptoms, of which dyspnea and prostration were the most prominent.

The patient became gradually weaker & thinner. She soon became gross anorectic - then cyanosed. Her eyes became sunken and dim. At the 17th the lower pharyngeal heart c. distant murmurs at the base of her heart.

Gradually then she was fully given - but the woman's condition did not improve and she died on April 10th.

Richard Siskel