

No.	NAME	Age	Admitted	Died	Under the care of	Examination, at what time after death
166.	Lophia Berleket	57	Feb 12 <sup>th</sup>	May 22 <sup>nd</sup>	Dr. Cavafy.	26 hours

No. in Reg. 1889	NATURE OF DISEASE.
218.	Morbus Cordis. Mitral & Tricuspid Stenosis } with usual sequelae. Aortic Stenosis and Incompetence

MORBID APPEARANCES.

Height 57 1/2 in  
Weight 85 1/2 lbs.  
Yellow jaundiced  
serum of bones  
Anchors  
old peritonitis  
bile stained  
ascitic fluid

Yellow. Jaundiced. serums of lower limbs wasted.  
On opening the peritoneum there are <sup>from the</sup> adhesions of the <sup>abdominal</sup> ~~peritoneal~~ wall to the subjacent viscera especially the liver and the coils of small intestine, these are also bound together by bands passing from one to another. The omentum is also adherent to the abdominal wall & to the coils of intestine. The adhesions of the great omentum are tolerably recent all the others appear to be of long standing. There is a considerable quantity of slightly bile stained ascitic fluid - Liver edge 2 fingers breadth below the margin of the thorax in the very extreme perihypochondria.

Impacted  
Localized pleural  
effusion at left base

Thorax. Tolerably firm adhesions over the right lung and very tough ones over the left which is pushed up. The lower half of the left pleura being occupied by an effusion of clear serum.

Heart.  
Stenosis of  
Tricuspid & Mitral  
valves.  
dilatation of auricles,  
antivortium cleft  
in left.  
Aortic valve  
incompetent  
with vegetations  
bound across the  
valve.

No Pericarditis. Heart enlarged particularly the left right side. Heart right side enormous. Right auricle contains a large thin cleft right ventricle dilated. Tricuspid valve stenosed with thickened cusps. It will only admit one finger. The papillary muscles are shortened & thickened. Pulmonary valve healthy. Left auricle enlarged dilated with very great thickening of endocardium which is in part 1/4 of the total thickness. Atheroma in places. The auricular cavity is in great part filled by a large antivortium cleft. It is attached to the ~~Posterior~~ anterior wall of the auricle chiefly. Mitral valve slit like will not admit any little finger thickened and lengthened. The chordae tendineae are shortened. The margin of the valve thick & hard & with traces of an old mass of vegetation. Left ventricle flabby slightly dilated w. hypertrophied.

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History

The patient was twice married. She had eleven children by her first husband, and three miscarriages. Twenty five years before her admission she had Rheumatic fever and was laid up in bed for two months.

Admission

The woman had no other illness till two months before she came to St George's. She then began to suffer from abdominal discomfort, dyspepsia and dropsy in her legs. She patient was thin. She complained of abdominal pain. Her appetite was bad, her tongue was nearly clean. Her bowels were confined. Her legs were oedematous. A systolic murmur was heard at the apex of her heart. No diastolic murmur was heard. There was a want of resonance at the bases of both her lungs. And crepitations were heard at both. Her abdomen was normal except on the right side. There was no evidence of ascites. It was thought that the want of resonance was due to faecal matter. The urine had a sp. gr. 1020 and was turbid with water. It contained albumen.

Diagnosis  
Treatment

Chronic endis was diagnosed. The treatment consisted at first of Haast's ether and hot fomentations to the abdomen. On February 14<sup>th</sup> she had a mistake consisting of 3 of digit 31. An cast gr. 3c. Sugar 3i.

Prognosis

The woman's condition did not improve. Noisy sounds were heard over her lungs and she spat up blood. (Pulmonary oedema was diagnosed. On February 26<sup>th</sup> she had more oedema of the leg than she had when she came to the hospital, and her liver could be felt. It was enlarged. There was much tenderness on the right side of her abdomen. A systolic murmur was heard at the apex of the heart.

No.	NAME	Age	Admitted	Died	Under the care of	Examination, at what time after death
156	Sophia Belleker (continued).					

## MORBID APPEARANCES.

The Aortic valve is incompetent. The valves adhere to each other, on the ventricular surface of the cusps is a band of vegetations running across them with attachments to the corpora Arantia (See Drawing by J. Berry Esq).

Lungs. Left small. Brown induration and emphysema. Two small pulmonary apoplexies.

Right adenomatous. Slightly emphysematous with a large apoplexy in the lower part of the upper lobe.

Spleen. small dark firm

Kidneys congested with scars of old infarcts

Liver very firm perihepatic adhesions substance fatty

Gallbladder. 3 small gallstones in the dilated gallbladder. The stones have a black central nucleus surrounded by about  $\frac{1}{4}$  radius of cholesteroline in layers & white inspissated bile stained nucleus outside the stone, are very soft.

Pelvic organs. Pelvic peritonitis which has apparently been continuous with the general peritonitis. There is no evidence of its having originated with the uterus or appendages which look healthy.

Bladder. natural. Stomach congested contains mucus. Intestines intensely congested.

Weight of organs  
 R. lung — 22  
 L. lung — 18  
 Heart — 15  
 Liver — 65  
 Kidneys — 12  
 Spleen — 4

R. Berry

No. in Regt.  
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NATURE OF DISEASE.

## CASE.

The patient continued to expectorate blood-stained mucus till about the middle of March. On March 23<sup>rd</sup> it was noticed that a syphilitic nodule on the 2<sup>nd</sup> right costal cartilage was of a sharper character than that at the apex. There was also evidence of ascites. During April the patient's condition became worse. She lost her appetite. There was more oedema. The amount of anasarca increased. Dyspnoea and cyanosis became prominent symptoms. The woman complained of throbbing pain in the hepatic region. During May her symptoms became more urgent. She only now and then her pulse became firm weak and then imperceptible.

She woman died on May 22<sup>nd</sup>

Richard Sibley



Sophia Belleker.  
 Drawing showing the condition  
 of the Aortic valves by  
 R. J. Berry Esq.