

No.	NAME	Age	Admitted	Died	Under the care of	Examination, at what time after death
80	Walter Keeley	28	March 6 <sup>th</sup>	March 10 <sup>th</sup>	Dr. Cavafy	20 hours

## MORBID APPEARANCES.

Height 5<sup>7</sup>/<sub>8</sub> in  
Weight 8<sup>st</sup> 10 lb.

Superficial veins well marked. very slight oedema of feet  
5 large pits over Intra-cordial region. Lips pale.  
There is a good deal of fluid about the brain, which is  
somewhat anemic. On section brain distinctly wet  
otherwise natural.

Very marked  
swelling of  
Optic discs

The optic disc of each eye is much swollen some  
papillitis also each retina is opaque - but no hæmorrhages  
or albuminous plaques.

No Peritonitis. There is a large quantity of serous fluid  
Thorax Rib cartilages are calcified. The adhesions  
between pericardium and back of sternum are thicker  
than natural - and there are several bubbles of gas in  
the tissues of the anterior mediastinum

Recent Plastic  
Pericarditis

Pericardium the quantity of fluid is about 4 ozs. or  
excessive and it is slightly turbid. The pericardial  
cavity is full of plastic lymph. This covers both  
the visceral and parietal layers of the serous  
membrane - making rough surfaces on each. The  
thickness of the lymph is about  $\frac{1}{12}$  in. on each  
on each surface. broad bands pass from one  
surface to the other of this recent lymph. On  
stripping away the lymph the serous membrane  
is smooth and almost as shiny as it should be.  
but there is a slight resistance to tearing of the lymph  
in one or two places as along the course of the left  
coronary artery the lymph has been penetrated  
by fine <sup>subserous</sup> vascular loops growing up  
from the serous coats.

Heart hypertrophied  
left ventricle

Heart enlarged particularly the left ventricle  
but all cavities slightly. The valves are all  
healthy. The muscle substance paler than natural

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No. in Reg<sup>t</sup>  
1889

## NATURE OF DISEASE.

325

Bright's disease from pale granular kidneys  
Recent Pericarditis

W. Wain's 5

## CASE.

History.

The patient was a common. He gave no history either of  
Albuminuria or Gout, and he thought he had not had  
scalding. Three years before his admission, however he had some  
severe pain for which he was treated at the Royal Free Hospital.  
During his illness he had dropsy, dyspnoea and cough, and he was  
in bed for 6 months.

From that time he had no dropsy till a fortnight before  
his admission when he began to suffer from pain in the  
loins, headache, vomiting and epistaxis. A week before these  
symptoms came on - and three weeks before he came into St. Peter's  
he had a "fit" - he was unconscious. The fit was preceded by  
giddiness. Ten days before he came in he had marked  
dyspnoea.

Examination

On the night of his admission he had marked dyspnoea.  
Murmur sounds were heard at the base of both his lungs. No pericardial  
friction was heard - On the following morning he complained  
much of pain at his ensiform appendix, and of headache  
He got up in bed, grunting. His appetite was lost. He vomited.  
His tongue was "plastered". His bowels were open. The action  
of his heart was not quite regular. A loud double  
friction sound was heard all over his ensiform area.  
The sounds of his heart were not heard. A few rales  
were heard over the front of his lungs. His abdomen  
was tender. His legs were slightly oedematous. His urine  
contained about  $\frac{1}{2}$  albumen, was of acid reaction and had  
a sp. Gr. of 1014.

Diagnosis  
Prognosis

Bright's disease and Pericarditis were diagnosed.  
Lecithin (10) was applied over his ensiform region - He  
had rather less pain after they were put on. In the evening

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80	Walter Kerley. (continued)					

## MORBID APPEARANCES.

The lower lobes of each lung are adherent, and there is some fluid in each pleural cavity. Lungs adrena emphysema and bronchitis. Larynx pale. Some adrena of the arytenoid epiglottoid folds. No tubercle found anywhere.

Spleen enlarged and very dark.

Liver slightly fatty.

Kidneys small. capsule strips off quite readily from each. Leaving a mottled congested surface. On section the cortex is not diminished but is of normal thickness it is however very congested and full of red lines.

Stomach and Intestines natural.

## Weights of organs.

Right lung = 30<sup>g</sup>.  
 Left lung = 28<sup>g</sup>.  
 Heart = 16  
 Liver = 72.  
 Spleen = 6  
 Kidneys = 8

W. Penrose

Kidneys pale & granular.

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## NATURE OF DISEASE.

## CASE.

He vomited. During the night (9<sup>th</sup> - 5<sup>th</sup>) he slept pretty well. On the 5<sup>th</sup> he had less pain and less dyspnea. His urine contained about  $\frac{2}{3}$  albumen. He was treated with a mixture containing  $\text{Op. digit. 3j}$ .  $\text{Sp. acuta}$  water 3 $\text{ss}$ . Decod. Sassafras. He vomited after food.

On the 9<sup>th</sup> his condition was practically unaltered. He continued to vomit. He was sleeping during the night (9<sup>th</sup> - 10<sup>th</sup>).

On the 10<sup>th</sup> he continued to vomit.

He continued to have pain in his cardiac region.

He had more dyspnea and was very restless.

On 5<sup>pm</sup> he had a slight emphysema cough. He died about 6 pm.

(On the 9<sup>th</sup> he was treated with  $\text{Stor. camphor}$  and on the 10<sup>th</sup>  $\text{Stor. camphor}$  and  $\text{Op. digit}$  was added to the mixture - but he continued to take the medicine containing digitalis.)

Richard Sibley