

No.	NAME	Age	Admitted	Died	Under the care of	Examination, at what time after death	No. in Reg <sup>r</sup>	NATURE OF DISEASE
53	Samuel Bonner	28	Jan. 18 <sup>th</sup>	Feb. 14 <sup>th</sup>	S. Wilkinson	58 hours.	1880	Empyema - perforation of the Diaphragm.

## MORBID APPEARANCES

## General Condition

Emaciated. 5' 3" high. Hair brown.

## Paracutaneous.

A wound in L. flank about the mid-line, penetrating the 7<sup>th</sup> intercostal space.

## Pleural cavity and lungs.

L. pleural cavity lined with a thick layer of shaggy grey lymph, and containing much puriform fluid.

The lung carious and compressed against the vertebral column.

## Empyema.

The portion of the pleural cavity below the 9<sup>th</sup> rib, cut off from the rest by an intervening thick layer of lymph.

The portion below forming a small cavity communicating with the exterior through the above mentioned wound.

## Perforation of diaphragm.

In the diaphragm flooring this cavity, an irregular opening of the size and shape indicated in the diagram.  accompanying plan. The edges thinned.

Passage of pus through this opening into the peritoneal cavity behind the spleen.

## Limited abdominal abscess.

A circumscribed abscess formed near the hilum &amp; lower part of the spleen, containing a few ounces of pus.

The adjoining portion of the spleen broken down for about 1/2 inch. The margin of the remaining splenic tissue blackened.

No peritonitis beyond the abscess.

## Pleurisy (right).

R. lung adhesions congested. A few emphysematous patches.

Lower portion of R. pleura congested: exhibiting numerous punctate ecchymoses, and covered with a thin layer of soft lymph, gluing the two surfaces together.

## Heart.

## Liver.

## Spleen.

9<sup>th</sup>: natural in all respects. Uncontracted.36. 14<sup>th</sup>: fully gall bladder half full.9<sup>th</sup>: healthy except as above stated.

Continued at No 59.

No. in Reg <sup>r</sup>	NATURE OF DISEASE
64.	Empyema - perforation of the Diaphragm.

## CASE

## History.

Previous health excellent. 3 weeks before admission after much exposure to the wet & cold (getting very wet in the snow) he felt a sudden pain in the L side, unaccompanied by rigor or vomiting. He had suffered from slight cough for a week or so before this. He grew very short of breath & the pain in the side prevented his working, he took to bed in about a week. The cough grew worse, occ<sup>b</sup> making him sick - he expectorated much; the pain continued. For 12 days before admission he felt as though there was a great weight in the L side of the chest: night sweats noticed for 10 days only.

## On Admission.

He complained of pain in the L side of the chest: shortness of breath. He lay on the L side & slept with a hasty voice: then was a troublesome cough, wh. prevented sleep.

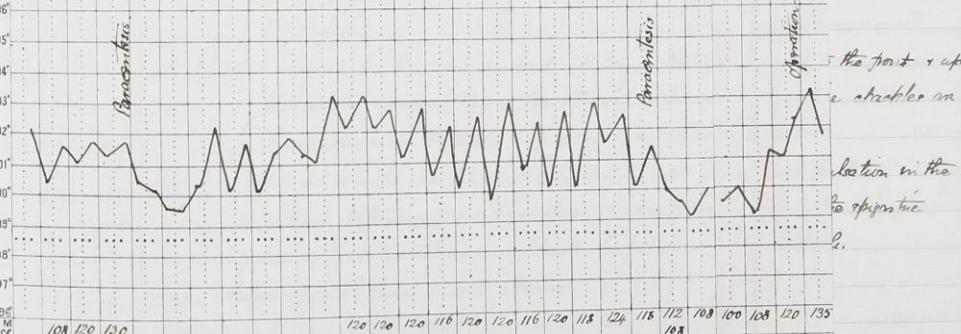
Eyes reddened & red. Slight pink flush on cheeks: no cyanosis. Skin hot & dry.

## Jan. 19.

Jan. 18.

Injus. Digit. 5/9  
Act. Sulph. 5/9  
Polar. Acid. of  
Act. Nit. 5/9

Month January February  
Day 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 1 2 3 4 5 6 7 8 9 10 11 12 13  
F 107° 106° 105° 104° 103° 102° 101° 100° 99° 98° 97° 96° 108 120 130 120 120 116 120 116 120 118 124 116 112 108 100 108 120 135  
PULSE 108 120 130 120 120 116 120 116 120 118 124 116 112 108 100 108 120 135  
RESPIR. 36 40 40 32 30 24 28 32 34 32 34 32 30 28 30 32 38 42 36 32 34 28 32 40  
FEV. 27 36 30



## Jan. 21.

Quin. Sulph. 5/9

N. Croch. G. 5/9

Acid Nit. Hydrochlor. 5/9

Ag. Distil. 3/9

K. die.

Brandy 3/9

Vini. Natrii 3/9

Soda 3/9

The dyspnea had increased, lying on the R side immediately induced cough wh. necessitated his turning over again to the L: the cough was very troublesome preventing sleep.

Lungs. The dulness had moved to the R. commencing a little to R. of the sternal edge. The

pulsations above noticed, were very distinctly felt at the R. apex.

There was complete obliteration of the intercostal spaces of the L side of the thorax, the antero-

(cont'd. at folio 54.)

No.	NAME	Age	Admitted	Died	Under the care of	Examination, at what time after death	No. in Reg <sup>r</sup> 1880	NATURE OF DISEASE
53	Samuel Bonner	28	Jan. 18 <sup>th</sup>	Feb. 15 <sup>th</sup>	D. Dickinson	52 hours.	64.	Empyema - perforation of the Diaphragm.

## MORBID APPEARANCES

## General Condition

Emaciated. 5' 3" high. Hair brown.

## Paracentesis.

A wound in L. flank about the mid-line, penetrating the 7th intercostal space.

## Pleural cavities and Lungs.

L. pleural cavity lined with a thick layer of shaggy grey lymph, and containing much puriform fluid.

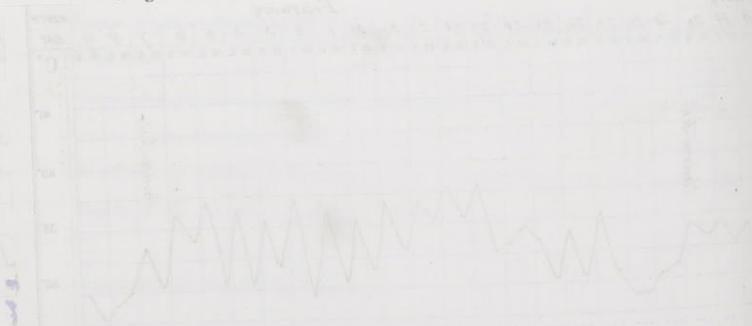
## Empyema.

The lung compressed and confined against the vertebral column. The portion of the pleural cavity below the 9th rib, cut off from the rest by an intervening thick layer of lymph.

The portion below forming a small cavity communicating with the exterior through the above mentioned wound.

## Perforation of diaphragm.

In the diaphragm flooring this cavity, an irregular opening of the size and shape indicated in the accompanying plan. The sides thin.

dilated abdomen.  
abscess.

## Pleurisy (acute)

## Heart.

93: natural in all respects. Uncontracted.

## Liver.

316. 1403: fatty, gall bladder distended.

## Spleen.

73: healthy except as above stated.

Continued at No 59.

64.

## CASE

## History.

Previous health excellent. 3 weeks before admission after much exposure to the wet & cold (getting very wet in the snow) he felt a sudden pain in the L. side, unaccompanied by rigor or vomiting. He had suffered from slight cough for a week or so before this. He grew very short of breath & the pain in the side prevented his working, he took to bed in about a week. the cough grew worse, occ<sup>b</sup> making him sick - he expectorated much, the pain continued. For 12 days before admission he felt as though there was a great weight in the L. side of the chest: night sweats noticed for 10 days only.

## On Admission.

He complained of pain in the L. side of the chest: shortness of breath. He lay on the L. side or stooped with a hasty voice: then was a troublesome cough, who expectorated sputum.

## Jan. 19.

Jan. 18.

Influs. Digit. 5<sup>f</sup>  
Acti Sulph. 5<sup>f</sup>  
Polar Sulph. 5<sup>f</sup>  
Act. Nit. 5<sup>f</sup>  
G<sup>5</sup> horn.

P. Salap. Co. 5<sup>f</sup>.  
c.m.

Jan. 19.

P. med.

Pil. Hyoscy. 5<sup>f</sup>  
Scilla. 5<sup>f</sup>  
Digitalis 8<sup>1/2</sup>  
6s m. t.  
G<sup>5</sup> horn.

## Jan. 21.

Quni. Sulph. 5<sup>f</sup>  
N. Croch. G 5<sup>f</sup>  
Acid Nit. Hydrochlor. 5<sup>f</sup>  
Ag. distill. 3<sup>f</sup>

Brandy 5<sup>f</sup>  
Vini. Natri. 3<sup>f</sup>

P. 124. small & soft. R. 36. L. side more but little. Trachea very full.

Lungs. The L. side of thorax resounds well from apex to base. On palpation the cardiac pulsations are felt all over the front of the L. side of the chest: this is more perceptible by the impulse given to the stethoscope.

L. side absolute dulness from above clavicle to the very margin of the thorax, lateral boundary at R. edge of sternum. Dulness all over the L. back. Breathing very difficult & labored.

## T.R. twanging.

R. side. resonant. Breath sounds very loud. At base, in the axilla sound to the point & up the anterior margin close to the sternum as far as apex, very fine stridor can be heard occupying the latter half of mid; not heard in the back.

Heart. a diffused impulse over the L. side of the chest as noted above. Sustained pulsation in the epigastrium extending from 5<sup>th</sup> R. space 1<sup>1/2</sup> from sternal edge to the epigastric portion of L. costal cartilages. Sound sharp & clear: action imitable.

Abn. dulness from 6<sup>th</sup> space 1" into abdomen.

Urine. acid: clear: orange: lithates in excess: no alk.

The pain in the chest had quite gone.

The dyspnea had increased. Lying on the R. side immediately induced cough which necessitated his turning over again to the L. the cough was very troublesome preventing sleep.

Lungs. The dulness had moved to the R. commencing a little to R. of the sternal edge. The pulsations above noticed, were very distinctly felt at the R. apex.

There was complete obliteration of the intercostal spaces of the L. side of the thorax, the anterolat-

(cont'd. at folio 54.)