

Catalogue in 2 ms volumes of specimens in the Pathological Museum at Fort Pitt, Chatham, Kent, with details of case and of preparation of specimen

Publication/Creation

1844-1887

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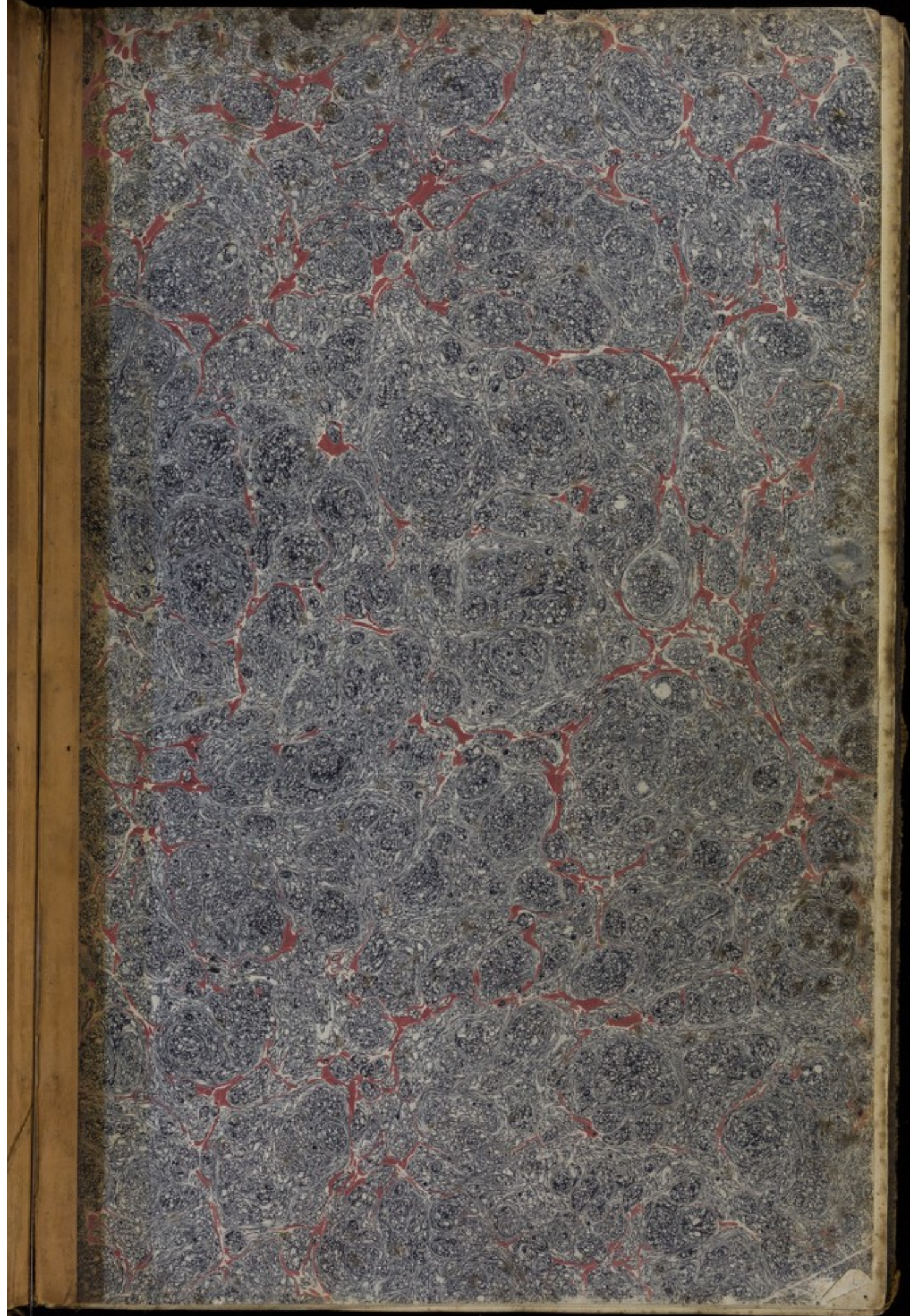
PATHOLOG. MUSEUM

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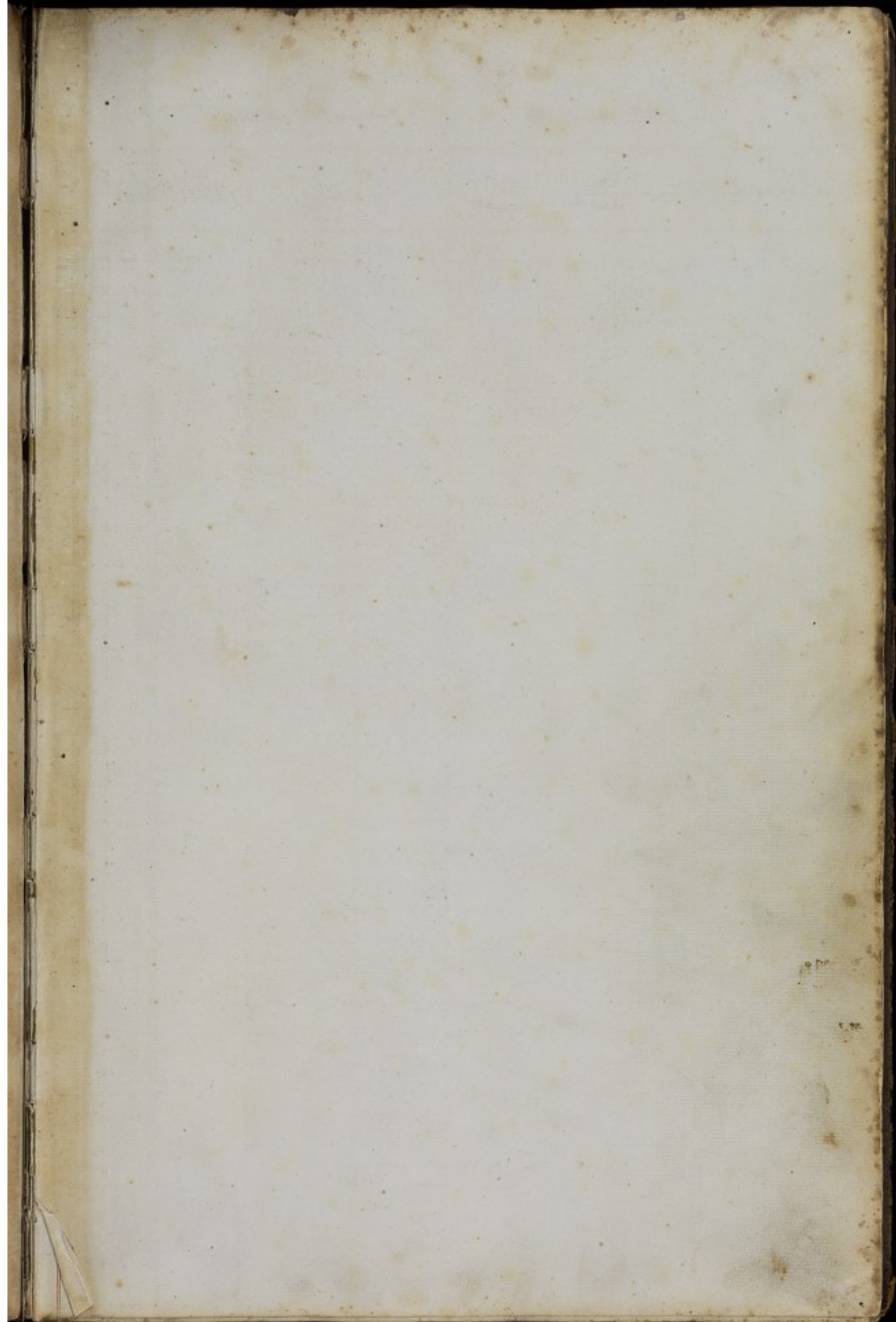
RED NO 1 - 414

The image shows the front cover of an old book. The cover is decorated with a marbled paper pattern featuring a dense, swirling design of dark grey and blue tones, with prominent veins of red and white. A small, rectangular, cream-colored label is pasted in the center of the cover. The label has a decorative border and contains the following text in a mix of cursive and printed fonts. The text on the label reads: "Grosvenor Chater & Co." in a cursive script, followed by "Wholesale Stationers." in a bold, printed serif font, then "No. 10, Cornhill." in a cursive script, and finally "LONDON." in a bold, printed serif font.

Grosvenor Chater & Co.
Wholesale Stationers.
No. 10, Cornhill.
LONDON.



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1	Right lung compressed. Put Pitt to the size of an orange against the superior and internal part of the pleural cavity. Pleura pulmonalis and costalis much thickened and covered by a layer of flocculent and at some parts granular lymph about 1/2 inch in thickness		S. Williamson J. S. Hall	Andrew Holland, set at 27, 7 th Regt, disease. Hydrop- thorax of about 2 years duration, 4 years and 9 months service of which 18 at Gibraltar. About 2 years since, was sent home from that station with fistula in ano, which was operated upon in this Hospital, cured and sent to his Depôt. Since that period he had at different times suffered from Pleuritis, Dyspnoea, and pain in the chest for which he was treated in his Regimental Hospital. On his admission into Put Pitt Hospital 23 rd Jan. 1844 he complained of shortness of breath, increased on the least exertion, cough with mucus of pro- longation, cramps in his limbs accompanied by sleepless nights. The signs elicited by the Aethiograph were respiration louder than natural with bronchophony in most parts of the left lung, at the lower portions pectoral-vascular murmur. The right side was completely dull on percussion and the respiratory murmur wholly inaudible except over the bronchi; the whole of the right side externally prominent and bulging, and measuring an inch more in circumference than the left; urine abundant to the extent of 4 pints per diem. On the 2 nd Feb. he complained of some dyspnoea when lying on the left side, and on the 5 th he complained of distress with pain in the left hypochondriac region, with want of sleep, constric- tion and sense of weight at sternum cordis, this was speedily relieved; he continued in much the same state to the 16 th when he suffered from severe pain in the right side so much so as to prevent him using it. By succussion the presence of fluid was indicated and by the Aethiograph, the respiratory murmur was heard as tho' it was passing through fluid;

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1		Prof. Wm.	Dr. Williams A. S. Hoff	<p>In the left side, the lung appeared to be hepatized to a considerable extent, with bronchophony accompanied by cavernous respiration; in the left supra-clavicular region considerable dullness was elicited by percussion when in the erect posture, becoming more elastic in the recumbent. He continued to lose strength gradually up to the 4th August when the dyspnoea became very distressing and bronchial effusion was apparently commencing; extremities cold, pulse intermitting and scarcely perceptible, with convulsive twitching of the hands. He continued gradually to sink until he expired the 10th when he expired.</p> <p><u>Section Cadaveris hora quinguedecima post mortem.</u></p> <p><u>External Appearances.</u> Body much emaciated, lower extremities adenomatous, right side of the chest enlarged and bulging.</p> <p><u>Cranium.</u> About 3ij of serous fluid in the occipital cavity. A scrophulous tubercle about the size of a cherry situated in the upper part of the left hemisphere of the brain about an inch from its surface. This mass was of firm consistence of a pale colour, and enclosed in a distinct cyst. Weight of brain 1b. ij.</p> <p><u>Heart</u> pericardium scale porous, the opening being capable of admitting a common quill. Weight 3x3ss.</p> <p><u>Trachea and bronchial tubes</u> filled with purulent matter. 17 pints of sero-purulent fluid in the right cavity of the thorax, pleura pulmonalis and costalis much thickened and covered by a layer of flocculent and granular lymph about</p>

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1		Post Mort	R. Williams S. L. Jeff	an inch in thickness; lung compressed to the size of an orange against the superior and internal part of the pleural cavity. Left lung, a cone about the size of a walnut situated in the apex of the superior lobe. Membranes - Pleuritic and peritoneum covering the liver studded with numerous tubercles and both adhering to the walls of the abdomen. Spleen adherent to abdominal walls and its peritoneal coat studded with tubercles and covered with a layer of coagulable lymph. Cortical substance of both kidneys of a yellow fatty appearance and of dense and firm structure; in the cortical substance of the left, a large tubercle was found, and two of a smaller size in the tubular portion. Weight of right 3 1/2 x 3 1/2 weight of left 3 x 3 1/2. Intestines. Numerous small tubercles in the peritoneum covering the small intestines, as also in the mesentery. Several large ulcers along the course of the large intestines, and a number of dark blue spots on the mucous membrane of the transverse and descending colon.
2	The entire surface of the heart and pericardium covered by a thick layer of yellow lymph, forming a number of large irregular ridges and depressions varying in thickness at different parts	Post Mort	R. Williams S. L. Jeff 29 A. 29	Martin, Harrell aet 19 - died of Pericarditis and Peritonitis. He was ^{He was} in the Provincial ^{Provincial} Hospital ^{Hospital} for some months ^{months} before admission here 17th Dec 1843, when he complained of severe cough and dyspnoea which he contracted at ^{about} 7 months before. In passing the chest general dullness was observed, also fullness of respiration, but much more so on the left than right side; the abdomen was distended with fluid, and increased 2 1/2 ^{2 1/2} inches. He had colligative sweat at night; and

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2	the mass of thin pale yellow serum was found in the pericardium.	Prof. Holt	D. Williams J. J. Hoff	<p>On admission of serum deposited a copious flaky precipitate of albumen on the addition of nitric acid. On the 21st Dec. his urine was turbid but on the application of heat became perfectly clear and was not coagulable. Under the use of diuretics the size of the abdomen was much reduced and on his being discharged to attend business 26th Dec. it measured 7 inches less than on admission, and he merely complained of debility. On the 13th Jan. 1844 he was readmitted, when he stated that the swelling had gradually been diminishing but that he felt himself very weak. Died the following morning.</p> <p><u>Diagnosis</u> <u>Caecum</u> <u>Left lobe</u> <u>of</u> <u>assessuratus</u>. Thorax. 1 pint 5 oz of transparent serum in the right cavity of the chest: the whole parietal and surface of the lung covered by a thin layer of rough lymph. <u>Left lung</u> adhered ^{firmly} and universally to the walls of the chest. <u>Right lung</u> divided into only two lobes. Throughout both lungs were diffused numerous ^{in both lungs} rounded tubercles. Bronchial glands converted into soft cheesy masses. Several of which were also found between the lower lobe of the left lung and diaphragm.</p> <p><u>Abdomen</u>. 4 pints 1 oz of greenish yellow serum in this cavity and a layer of coagulable lymph arranged in large broad transparent plates forming numerous cells which contained fluid of a straw colour. These cells covered the whole peritoneal surface. Under the peritoneum lining the anterior and posterior walls were numerous black ecchymosed spots below the peritoneum lining the scapulae & ribs covering the subcostal spaces.</p>

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2		Port Pitt	D. Williams A. S. Hoff	The diaphragm adhered to all the organs with which it has in contact. The intervention was shrank up into a thick band; in separating the small intestines, in addition to the lymph firmly uniting them, were found ^{numerous} minute tubercles, few exceeding the size of a pin head affording a good example of the tubercular degeneration of serous membranes. Liver ^{peritoneum} capsule much thickened, white and roughened by coagulable lymph, parenchyma of a dark leaden hue. Spleen. Several patches of lymph on its surface. Lived discolorations in the mucous membrane of the small and large intestines.
3	The entire surface Port Pitt of the heart and pericardium, particularly the former, covered with a thick layer of flocculent and granular lymph. at some parts half an inch in thickness and of a dark red colour. The lymph seems to be of recent formation and at some places partly organised in portions	Port Pitt	D. Williams A. S. Hoff	Exposed The husband aged 40. Total disease 20 years, of which 30 years in the United States, 3 years & months in the West Indies, and the remainder at home. Admitted into Port Pitt General Hospital August 30 th 1844. Had been in hospital several times for, Syphilis, Dysentery, Intermittent Fever, and some Thoracic disease which is not mentioned in his document. In January 1844 while stationed at Fort ^{Fort} St. George ^{St. George} he was first attacked with Syphilis, for which he had ^{long} been under treatment until his admission into this hospital, having been ^{having been} discharged ^{discharged} and ^{and} admitted ^{admitted} here. On admission here, the thorax measured 32 inches immediately below the xiphisternum, right side clear on percussion and the respiratory murmur natural; left side both anteriorly and posteriorly, remarkably dull, and distinct crepitus existed from

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3	Test Pitt	G. Williams	A. S. Staff	<p>his admission, slept on his right side with apparently as much ease as on his left; the face became swollen, the conjunctiva assumed a yellowish hue, and the secretion of the feet disappeared. On the 7th September he passed his stool involuntarily and on the 19th Sept 7 o'clock P.M. was seized with an apoplectic attack, evidenced by the following symptoms:—Breathing stertorous, pupils fixed, dilated and insensible to light, complete, complete insensibility, paralysis of the muscles of the right side of the face, spasmodic action of the muscles of the left side of the entire body, pulse small, weak and compressed. Surface of the body warm and covered with perspiration, involuntary discharge of urine, bowels confined; about 11 o'clock the right side of the body spasmodically affected, and he continued in this state until six o'clock P.M. when the convulsions ceased and he died a few minutes after.</p> <p><u>Post Mortem examination.</u> External Appearances.</p> <p>Not much emaciation; abdomen greatly distended; upper half of the body of a dark dusky color.</p> <p><u>Internal Appearances.</u> Cranium. Extension of arachnoid effusion; substance of brain soft and pulpy; lateral ventricles distended with serous fluid. Trachea and Bronchial tubes contained a considerable quantity bloody frothy mucus, and their mucous membrane was highly congested; gills oedematous. Thorax. Six of dark yellow serum in the right pleural cavity; inferior lobe of right lung adherent to the pericardium, pleura pulmonalis</p>

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3	Post Mort	P. Williams A. S. Staff		<p>and costals thickly studded with small military tubercles. Left lung adherent, firmly to the wall of the chest; lly 3iv of blood serum between its base and the diaphragm; pleura pulmonalis and costalis covered with a thick layer flocculent form of a black mottled appearance. Both lungs congested, redematous and studded with numerous small military tubercles, none of them advanced to suppuration.</p> <p>Stomach. llyij of clear amber coloured serum in this cavity; mesentery andomentum of a peculiar dark blue colour which extended on the large intestines along the course of the vessels. Liver external surface rough and irregular from numerous small elevations. Structure studded with scirrhous tubercles of a dark grey colour; substance firm & condensed weight llyij 3viij. Spleen two patches on its convex surface, from thickening of capsule, of a white glistening appearance.</p> <p>Stomach, mucous membrane of a dark brown colour. A diverticulum about the size of the thumb & fast from the beginning of the ileum; several small ulcers along the course of this intestine; the whole of the descending colon much contracted.</p>

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4 Large intestine Port Pitt
presenting three
strictures; the
first about six inches
from the commence-
ment of the gut,
it appears as if a
ligature had been
placed tightly in
it, and is so much
contracted as to
admit only a
finger; around
this stricture the
mucous membrane
is extensively
ulcerated. At
the upper part
of the descending
colon, there is
a second stricture
of the same kind
as the former;
the gut between
the two is much
dilated and was
filled with feculent
matter; its mucous
membrane is
however free
from ulceration.
Above the second
stricture there is
an ulcerated opening

D. Williams
A. L. Stoff

Thomas Rowley, about 37, 55 Sept. total disease
17 years, of which 14 years in India, 3 in China
and the remainder at home. Was twice in
Hospital in India for bowel complaint, and
once in China for the same disease during a
period of 4 months; and on several occasions
for Intermittent Fever. On arrival at Port Pitt
in July 1844, he had another attack of disease
attended with severe abdominal pain and
passing of bloody stools, for which he was treat-
ed and obtained temporary benefit. On
Admission in Port Pitt Hospital 35 October 1844
he was much emaciated, skin sallow, dry
and harsh and corrugated; he complained
of general weakness, bowels thin irregular
and the stools of a healthy character; for some
time he evidently improved and was gaining
strength. On the 14th Nov. he had a slight
attack of ague, followed by vomiting and
purging, which were easily subdued, but
for several days afterwards he complained
of severe gripping pains in the colon accom-
panied by obstinate constipation. Laxatives
were administered, but they only gave temporary
relief; his appetite which hitherto had
been very good, now began to fail and
his strength to be impaired. On the 14th Dec.
the abdominal pain was very severe, confined
more particularly to the left side, which
was hard and very tender to the touch,
and his bowels were obstinately confined.
Laxatives again afforded him relief, & the evacua-
tions procured were bloody. He now gradually
became weaker, complained of constant shivering

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4	<p>about the size of a common gull, which communicates with a large irregular cavity situated between the layers of the membrane; the mucous membrane surrounding this contraction is also irregularly ulcerated. In the middle of the descending colon there is a third contraction, but not to such an extent as the two preceding; mucous membrane ulcerated in this part of the gut as also the caecum in the recent prepara- tion was of a dark slate colour, with several coec- ymatal spots beneath their living membrane.</p>	<p>Prof. Pitt</p>	<p>D. Williams A. S. Hoff</p>	<p>increased pain and tenderness of abdomen and almost constant constipation. Purgative and injections were several times administered when several scybala were passed, followed by a quantity of slimy matter mixed with blood, but at last healthy stools were procured. Still however the pain and tenderness of abdomen continued, and a distinct hard line could be felt extending along the course of the colon to the sig- noid flexure. His pulse now became his tongue parched and dry and thirst urgent; nothing was passed from his bowels without the aid of purgatives and injections; stomach irritable with vomiting. All his symptoms gradually increased and towards the close of the violent and distressing diarrhoea with dyspnoea aggravated his sufferings, and he died on 4th Jan'y 1853.</p> <p><u>Post Mortem Examination.</u> External Appearance. Great emaciation Thorax. Right Lung, upper lobe adherent firmly to the thoracic parietes; a few coarse tubercular masses, with several clusters of miliary tubercles, were found in this lobe; inferior and middle lobes quite healthy. Left Lung, apex adherent to the walls of the chest, superior lobe of this lung was in the same state as the right; inferior lobe healthy. <u>Abdomen.</u> On opening the cavity, the omentum to the left of the umbilicus with the transverse and descending colon adhered loosely to the abdominal wall.</p>

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4		Prof. Pitt	Dr. Williams A. S. Jeff	<p>This adhesion being detached a portion of the parietal peritoneum, about the size of a crown piece, was observed to be much thickened, coated with pus, & adhering at this part more firmly than at any other to the upper part of the descending colon; on the anterior surface of which, corresponding to the thick portion of abdominal portion of peritoneum, was a large, irregular, ragged, honeycomb looking opening, which communicated, with a large cavity in the lumen of the gut mentioned, by a tortuous canal which entered the gut and was situated in the coats of the intestine. On raising the colon, several of the convolutions of the small intestine were found adhering to each other by coagulable lymph, and on the posterior aspect of the colon, corresponding to the former mentioned opening, was a second aperture, capable of admitting a bougie, which communicated with the cavity in the duodenum, and through it with the intestine; the surrounding parts were much thickened and coated with lymph and pus. The peritoneum covering several of the convolutions of the small and the whole of the large intestine, presented marks of increased vascularity. The abdominal cavity contained a considerable quantity of purulent matter mixed with feces. The abdominal transverse arch of the colon appeared much dilated and the descending much contracted; mucous membrane of the cardiac extremity of the stomach retained its usual appearance and that of the pylorus was of a dark slate colour.</p>

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
13144 5	A large irregular Port W. shaped aneurism, rather larger than an orange, situated on the convex surface of the thoracic aorta, commencing about an inch below the left subclavian artery and extending downwards to the extent of about 6 inches, having opened into the posterior aspect of the left bronchial tube, by an aperture of about an inch in circumference, which is plugged up by soft coagulum, and also into the oesophagus by an oval opening 3/4 inches in its longest diameter and 1/2 inch in its shortest which is also filled by soft coagulum; the mucous membrane surrounding this aperture is of a dark red colour.	Port W.	P. Williams J. S. Staff R. 346	John Paul, aet. 35. Rifle Brigade, total service 17 years; in Mediterranean, Bermuda and America. He remained at home. He stated that in January 1843 at Halifax he contracted a severe cold, for which he was not treated until April when he was cupped & bled. The symptoms on admission into Port W. General Hospital 1 st July 1844, were body greatly emaciated, patient unable to walk from sweats; on applying the stethoscope to the left side of the chest no respiratory murmur was heard; the sound on percussion was quite dull, the intercostal space was depressed, and the ribs 11 & 12 much smaller than the other; on right side of chest the sound on percussion was a great deal clearer, there were sonorous and mucous crepitations both anteriorly and posteriorly; a day or two before he died, treatment on right side was thought to have been heard; his expectoration was bloody and purulent. On the 29 th June he spit about a pint of blood, he had also great gastric irritation and could not keep any thing on his stomach; the paroxysms of dyspnoea, the now set in were most distressing and for two days before his death, the air in passing through the larynx made a noise something like croup but louder. He died on the 7 th July 1844. Post. Mortem examination. Cranium about 3 1/2 of osseum in occipital cavity. Two bony concretions, about the size of hazel nuts.

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5	<p>The opening between Port VIII the vessel and sac is of an oval form, 2 1/2 inches in its longest diameter; the internal lining membrane is continued for a considerable distance on the internal surface of the sac, which however, with the middle and external tunics are ruptured at several places. The aneurism caused absorption of a portion, about the size of a shilling, of the 6th dorsal vertebra.</p> <p>Another aneurism a little larger than a horse bean, filled with coagula, situated on the posterior aspect of the aorta, between the left subclavian and the larger brachiocephalic roots of aorta, studded with atheromatous deposit.</p>		<p>D. Williams A. V. Staff</p>	<p>Situated on the anterior part of the 7th Thorax. Heart enlarged, weight 2 1/2 lbs. Right Lung a small portion of middle and superior lobes adhered to the walls of the chest, and separating it a cavity about the size of a hen's egg was opened, containing fetid sanguinolent fluids, having no distinct lining membrane, and the parts immediately surrounding it, being slightly condensed and scedematous; two smaller cavities situated a little posterior to larger one and near surface of lung and having the same appearance; the remainder of the lung being with the exception of the inferior lobe which was scedematous. Left Lung adhered firmly posteriorly to the walls of the chest; as also the two lobes to each other; almost the whole of the pulmonary and costal pleura covered with a thin layer of lymph, and in upper part of pleural cavity opposite to apex of lung, the lymph was to inch in thickness and contained numerous cells filled with brown fluid; 30 of serum in this pleural cavity. The whole of left lung of a dark red colour, bronchus and denting in center, and on squaring it a fluid of same colour, exuded from its cut surface, weight of Lungs and Excretion. No 31.</p>

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#6	<p><i>Pulmonum thickened, coated with lymph, and studded with numerous deposits of tuberculous matter, of various sizes, solitary and in clusters, in different stages of advancement, some of them being firm, crude, others soft and broken up, having given exit to their contents. Convolution of the small intestines agglutinated to one another. About pinches from the termination of the ileum is a large ragged opening 2 inches in length communicating with the interior of the gut; corresponding to a large irregular ulcer on the mucous membrane; this aperture appeared to be the only one which gave exit to the feculent</i></p>	<p>Post Pitt</p>	<p>J. Williams A. S. Stoff</p>	<p><i>William Duke, aet 28, 19th Sept. total service 12 years, at Chatham. Has undergone treatment in the Detachment Hospital in the month of Feb 1844 for Acute Catarrh, transferred to Post Pitt Hospital under the head of Chronic Catarrh on the 21st of the same month and on the 27th was discharged to duty. Was again admitted on the 7th April into this Hospital with Acute Catarrh and remained under treatment until the 3rd July when he was transferred to the Detachment Hospital in consequence of the General Hospital being crowded with patients; during abscence this time the attack was very severe, he suffered much from cough, copious expectoration of frothy mucus; percussion dull in inferior part of right side, sonorous and mucous rales were heard all over the chest; he gradually improved, the cough and expectoration ceased, and on the day he left this Hospital, weakness was principally complained of and for which he was considered to require a period of rest before he could return to his duty. He remained at the Detachment Hospital until the 15th July when he was discharged to resume his duties. Readmitted on the 22nd August with a recurrence of the pulmonary affection in an aggravated form; the stethoscopic examination indicated bronchial respiration over both lungs with dullness on percussion. He continued without improvement up to the commencement of November when the</i></p>

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4	matter, which was found in the cavity of the abdomen. Also three ulcers with thickened vascular edges, between this opening and the coeliac vessels; mucous membrane of the small and large intestines of a dark slate colour, but quite free from ulceration.	Post Vell	P. Williams A. S. Hoff	<p>became much worse, hectic supervened, and cough with mucous purulent expectoration, tinged with blood; he was so weak that he could not leave his bed, pain became more severe in the chest, particularly under the right mamma, suffered from dyspnoea; he also complained of pain in the abdomen, which now became tympanitic, was generally dist in the stomach after meals, he continued in this state until his admission here 13th February 1845 when he was very much emaciated and could not leave his bed without assistance, complains of pain in the abdomen and tenderness on pressure, which was enlarged, tense and tympanitic; vomited his food and afterwards a quantity of dark coloured bilious fluid; had pain in the chest but scarcely any cough and no expectoration; his bowels were always regular, stools of nearly a natural colour and consistence.</p> <p>A dull dullness under both clavicles, as also over the whole of the right side of the chest; under the clavicles the vesicular murmur was feeble, respiration loud; well marked sonorous rales in most parts of the chest.</p> <p>He continued in this state gradually getting worse, the pain in the abdomen became so intense that he could ^{not} sleep, scarcely anything would remain on his stomach and died on the 21st February 1845.</p> <p><i>Scelio Cadaveris. External Appearances.</i> - Extreme emaciation. abdomen tympanitic. Cranium. Considerable subarachnoid effusion. Base of dorsum in the occipital cavities.</p>

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6		Post Mort	D. Williams A. S. Hoff	Thorax. Heart small weight 7oz. Lungs firm and universal adhesion of both lungs to the walls of the chest. Right Lung. pleuritic adhesion, posterior half of upper lobe considerably condensed and hepatised. inferior lobe redematous. Left Lung. pleuritic adhesion structure healthy. Abdomen on opening this cavity a large quantity of foetid gas escaped; transverse arch of the colon adhered to the abdominal wall, dividing this cavity into two unequal sacs; the inferior of which was the largest; the superior contained 4oz and the inferior 1 pint of fluid feculent matter. The superior or smaller cavity was situated in front of the stomach, bounded on the right by the liver, which adhered firmly to the diaphragm, and inferiorly by the transverse arch of the colon, below a fold of which, the two cavities communicated by a large aperture situated on the left side in front of the spleen. Liver structure extremely soft and friable. weight 6 1/2 lb. Spleen, structure softer than usual. weight 7oz.
7	An aneurism about Post Mort the size of an orange, situated in front and to the right side of the trachea extending upwards as far as the cricoid		D. Williams A. S. Hoff	Thomas Birmingham, aet 41 39 th Sept. total duration 8 years, of which 5 years in New South Wales, and 3 years in East India. Died at St. Mary's Barracks 6 th July 1844. his Document does not state any concerning this affection; he was invalided for Chronic Rheumatism, but it states that he labored under considerable Languor

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7	cartilage and, arising from the innominate artery, by an opening about 3 inches in length and embracing nearly one half the circumference of this vessel; the margins of this opening are smooth and rounded, and the living membrane is continued entire to the extent of an inch upwards covering the external surface of the innominate, until where it divides into its two branches, in other directions it does not proceed so far. In several places the coats of the sac are entirely destroyed and its walls formed only by cellular membrane; Arteria innominate longer than usual; a slight deposit of atheromatous matter in the coats of the Arteria.	Prof. Voss	R. Williams A. L. Hall J. W. Allen	and depression of spirits. One of his comrades states that for some time he had been troubled with cough which had a peculiar hollow sound, and that on his voyage home he complained of a swelling in the anterior part of the neck, which caused dyspnoea and prevented his speaking above a whisper. He was at times subject to attacks which commenced very suddenly with a sense of suffocation. The countenance became bright and livid. The fatal attack commenced in the usual way, and he fell back on his bed and expired within 5 minutes from the time he was first seized.

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
8	External Mass and Part With Internal veins dis- tended with coagulated blood and lymph extending down as far as the branches arising from the sole of the foot. Internal lining membrane at part highly vascular and the coagulated lymph adhering to it.	P. Williams A. L. Hoff B. 451. B. 216.	J. Williams A. L. Hoff	James Robbins sent 20 th 1 st Regt. 8 th Corps * a few months he West Indies and a month's service of 1842 7 months in the West Indies. Was attacked with Dysentery three days after his arrival in Barbadoes, and never able to do duty afterwards. Dr. Admison sent him to the Hospital 11 th Dec 1844 he had Violent purging, unattended with pain. There was general debility, loss of appetite, and much emaciation, of a fallow complexion and of debility of presence. On the 3 rd Nov 1844 he was attacked with fever, pleural symptoms cough, mucous purulent expectoration and pain under costal cartilage. The purging became worse, the purging cough and expectoration varying in amount and degree. Ulcerations appeared on the hips and sacrum with sloughing. On the 1 st Dec 1844 the lower limbs extremities became affected with Phlegmasia Dolens, which soon de- veloped into. Discoloration & bullae appeared followed by gangrenous spots and he died on the 4 th Jan 1845. The Cecilia Cadaveris Extremities great emaciation, lower extremities particularly the right one. Adenoma, which was large, hard spoon of cellular tissue of this limb much condensed. Several large pneumonic abscesses filled with purulent matter situated in the left lung; all the abscesses were surrounded and small portions of the pulmonary parenchyma surrounding them were hepatized and sank in water. Mucous membrane of the commencement of small intestine & termination of rectum highly vascular but quite free from ulceration.

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
11	A scrophulous tubercle about the size of a cherry, situated in the upper part of the left hemisphere of the brain, about an inch from its surface. This mass is of firm consistence of a pale colour and enclosed in a cellular cyst.	Fort Pitt	D. Williams A. S. Hoff	Andrew Holland aet 27 died of Phthisis. A large conical about the size of a walnut, situated in the apex of the superior lobe of the left lung, a few milary tubercles scattered throughout the remainder of the lobe and also throughout the inferior lobe. Adenoma periconium studied with tubercles. Left kidney, a large tubercle in the cortical portion and two of a smaller size in the tubular portion. <i>See History of Prepared Part of Appendix.</i> <i>Preparation 11</i>
12	Right lateral sinus filled with yellow lymph which adheres to the lining membrane; in the recent state this membrane was vascular and the lymph was intermixed with pus.	Fort Pitt	D. Williams A. S. Hoff	James Smith aet 21. 28 th Regt. Recruit of 1840. Admitted on the 19 th Feb 1844 with symptoms of intermittent fever, accompanied with a discharge from right ear and headache chiefly referred to that neighbourhood. The symptoms on the 25 th began to assume a chronic character, there was marked prostration of strength, a degree of listlessness, much drowsiness, slowness of speech, no pupil's sensible. On the 28 th the complainant of severe pain in the right shoulder joint with inability to move the limb. 2 nd March the left hip joint painful & swollen and the patient was seized with severe tenderness of the complainant of a sense of constriction about the throat and painful deglutition, no swelling could be seen when observed, there was also an abscess in the gum. Prostration increased, the extremities became cold skin clammy, pulse scarcely perceptible, and died on the 16 th March 1844. <i>Stolic Cadaveris.</i> Ossium, extensive sub-arachnoid effusion, about 4oz of serum in sciss and

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
10 B201		Port Pitt	J. Williams A. S. Staff	<p>Lateral ventricles enlarged and contained about an ounce of straw-coloured serum, and communicating freely with each other.</p> <p>Thorax. Lateral and pulmonary pleurae of right covered with effused blood. Lungs adematous.</p> <p>Abdomen. Mucous membrane of ascending colon coated with a layer of effused blood, as also the sigmoid flexure of the colon.</p> <p>Beneath the sterno-hyoid and thyro-hyoid muscles of the left side was found a large abscess: a portion of the cricoid cartilage was carious.</p> <p>Right shoulder and elbow, and left wrist and hip joints contained purulent matter and the reflected synovial membrane in several of them was highly vascular.</p>
11	<p>Brain exhibiting Hydrocephalus.</p> <p>Anterior cornua of the right lateral ventricle much enlarged; the greater part of the superior surface of the right hemisphere is absorbed; the septum lucidum much stretched and pushed to the left side; foramen of Monro closed and the foramen adhering to the velum interpositum. The lining membrane of the ventricle is continued over the remaining portion of the right hemisphere and then forms a large sac, which is seen hanging loose. The sac contained 2 1/2 oz. of fluid. The peculiarity of this case is, the fluid being strictly confined to the right side of the brain, while the other side is quite healthy.</p>	J. Muir A. S. Staff	J. Williams A. S. Staff	<p>Brain of a child 16 months old. Duration of disease 4 months. In the latter stages, great irritability of stomach and sleeplessness were prominent symptoms.</p>

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
12	Calvarium exhibiting the result of the dissection. Anterior <u>prognathism</u> much enlarged and extending forwards, for 2 1/2 inches, between the lateral halves of the frontal bones; the greatest absorption of bone being on the right side. The fatty mass is, at parts, 1/4 inch to the left of the sagittal suture. The bones of the right side of the calvarium are expanded.	P. Muir	P. Williams	From the same subject as the preceding preparation. No 11
13	Portion of stomach and diaphragm, showing perforation of the parts, by the action of the gastric juice after death: the perforation in the stomach is 1/4 inch in diameter and near the pyloric orifice; the aperture in the diaphragm corresponds to that in the stomach and is of the same dimensions	P. Muir	P. Williams	From a Female of the Malta Fencibles who died on the 6 th day of February 1805. A live lumbricus was found in the left pleural cavity, having traversed the opening in the stomach and diaphragm. There were no symptoms during life referable to the stomach nor any trace of inflammation in or around it after death.

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
14	Cyst filled with hydatids, adherent to the abdominal aspect of the diaphragm.	W. Allan	J. Williams A. S. Jeff	Taken from a man, (a Normandy) aged 45 who died of meningitis in December 1848. There were several hydatids in the substance of the brain, in the meninges of locomotion, in the liver, and one on the dura mater.
15	Calculus in the right kidney. Pelvis and infundibula very much dilated. The latter forming large cysts in the substance of the gland, which is in consequence much atrophied. There are two calculi of considerable size and several smaller ones in the dilated infundibula.	W. Allan	J. Williams A. S. Jeff	From a Chinaman who died of Dysentery the day after his arrival at Shanghai. There was also a calculus in the gall bladder.
16	Portion of ovula and larger vessels. Organ of the left carotid artery so much contracted as scarcely to admit a small crow quill, from the deposition of atheromatous matter; right and posterior aspects of the	W. Allan	J. Williams A. S. Jeff R. 200 B. 53	Chilire from Normandy aged 42. In the 20 th April 1844 went to his master's house complaining of being unwell, and all most immediately fell down and expired. <u>Neck's Endarteritis</u> . Head, scalp and pericranium more vascular than usual. Great congestion of <u>tunica arachnoides</u> and pia mater, especially over the anterior lobes of the brain. Serous effusion under the membranes, and half a pint of dark colored fluid blood effused at the base of the brain. Brain much more vascular than usual.

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
16	<p>of the ascending aorta, dilated and thickened, and its inner coat thickly studded with patches of atheroma, which descended as low down as the abdominal aorta.</p>	<p>W. Allan</p>	<p>D. Williams; A. J. Hoff</p>	<p>half an ounce of bloody serum in the lateral ventricles. Thorax & few old adhesions between the pleura on both sides. Left ventricle of the heart hypertrophied, and dilated to half more than its natural size.</p>
17	<p>See of a large duces, capable of containing a pint of fluid situated in the left lobe of the liver, and communicating with the pericardium by an aperture large enough to admit the finger. Scarce surface of the heart and pericardium coated with lymph, more particularly the former, and in the recent preparation was slightly inflamed. base of the abscess lined by a distinct, firm, semicartilaginous membrane. It is probable that the pus of the hepatic abscess had been oozing into the pericardium for some hours before death; the inflammation and effusion of lymph on the heart, probably took place some days before death, from irritation produced by the abscess.</p>	<p>W. Allan</p>	<p>D. Williams; A. J. Hoff</p>	<p>Curruca aged 33. Native of Bombay, had been in the Mauritius one year, working as a field labourer, when he came into the Immigration Depot, on the 25th December 1899 for the purpose of entering into a new engagement, having walked seven or eight miles that day. He remained in apparent good health until 6 o'clock in the morning of the 26th when he began to complain of pain at the pit of the stomach and died at half past 10 A.M.</p> <p>About two pints of reddish pus and serum, was found in the pericardium, and thick yellowish green pus was seen oozing from the aperture through the diaphragm.</p>

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
18	<p> <i>omentum enormously enlarged, forming a large, irregularly lobed, tumour, of soft consistence, and generally of a pale yellow colour, with red portions in it as if from coagulated blood. Parts of the mass are also of a gelatinous and vesicular, and others of a medullary texture.</i> </p>		<p> <i>D. Williams</i> </p>	<p> <i>From a Private of Royal Malta Fencibles.</i> </p>
19	<p> <i>Section of a slightly fatty L. Menro liver, injected, A. S. vena porta filled with vermilion; hepatic veins blue; hepatic artery yellow</i> </p>		<p> <i>Do</i> </p>	<p> <i>1098</i> </p>
20	<p> <i>Section of a fatty L. Menro liver, injected, vena A. S. porta red; hepatic substance green; vein blue.</i> </p>		<p> <i>Do</i> </p>	<p> <i>1099</i> </p>
21	<p> <i>Section of a fatty L. Menro liver, injected, A. S. goldstein veins white; hepatic guards veins very yellow; vena porta red.</i> </p>		<p> <i>Do</i> </p>	<p> <i>1100</i> </p>

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
# 22 620	Section of a fatty liver, injected. Arteries white, hepatic veins yellow, vena porta red.	D. Moore A. S. Colburn	Dr	Guards
# 23 621	Section of tubercular lung; arteries and veins injected with red size. Bronchial glands filled with tuberculous matter which does not admit of the injection.	D. Moore A. S. Colburn	Dr	Guards
# 24 621	Section of tubercular lung; arteries and veins filled with red size; the tubercles do not admit the injection.	D. Moore A. S. Colburn	Dr	Guards
# 25	Portion of colon injected; coats thickened, serous membrane coated with lymph, which is seen by the injection to be at parts highly vascular.	D. Moore A. S. Colburn	Dr	Guards

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
26	Section of a kidney. Dr. Monroe exhibiting Bright's & Goldstream disease; arteries guarded and veins filled with red blood. the morbid deposition does not admit the injection.	Dr. Goldstream	Dr.	
27	Section of a testicle. Dr. Monroe affected with A. S. Goldstream medullary sarcoma. guarded. the preparation is injected and the diseased mass is at parts highly vascular.	Dr. Goldstream	Dr.	
28	Medullary sarcoma. Charles Macartney by A. S. Dr. H. H. L. June 1845. Structure are soft and partially broken up, some parts are also firm and of a scirrhous character. The preparation shows that scirrhous & medullary sarcoma frequently originate in the same morbid state, particularly	Dr. Williams	Dr.	From a Black Woman, about 45 wife of an old soldier 5 th West India Regt. A tumour the size of a walnut had existed for several months, in the right mamma, below and to the right of the nipple, very hard, and shocking pains constantly in it; the axillary glands being unaffected, excision was proposed, which she would not consent to, till it assumed the size of the specimen. A month previous to the operation, the integuments became adherent, through which a fungus next protruded, of a blue colour, accompanied with frequent haemorrhage and fetid discharge. She now consented for its removal; as the glands in the axilla were still unaffected, and the uterine function

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
28	in a patient at the time of life as that from whom this specimen was procured, the scirrhus being the primary disease. The tumour presents a broad scirrhus ring, exceedingly hard, with soft medullary carcinoma in the centre whence the fungus sprung.	C. Macartney, A.S. & W. Lloyd	D. Williams, A.S. & H. Lloyd	natural, it was accordingly removed by the donor.
29	Extensive ragged ulceration of the outer and upper part of the vagina, situated chiefly towards the left side. Ulcers small and much contracted; scars broad even to the sides of the uterus; a vesicle about the size of a large bean situated on the posterior surface of the uterus between it and the left ovary; mucous membrane of the bladder slightly vascular.	Dr. Pitt	D. Williams, A.S. & H. Lloyd	M ^{rs} Linahan, aetatis 36, had 5 children, all the labors were difficult and protracted. Three were premature, from 3 to 7 months; the other two at the proper periods, one however born dead, and one still alive. From the time she was confined of last child, she always had some pain in the lower part of the abdomen; catamenia irregular since she was attacked with fever 2 years ago. She complained of great pain in the lower part of the abdomen, extending down the thighs and to the labia. Discharge from vagina thin and bloody and very offensive; on examination per vagina the os uteri was found hard, irregular and spiculated and very painful to the touch; had slight febrile paroxysms with great irritability of stomach. She arrived from bed in the 14 th day 1843 in a moribund state and died on the 18 th day.

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
30	A large biliary concretion, weighing 3x gr: 2½ inches in length and 4 inches in circumference, which was found firmly impacted in the ileum, two yards and three inches from the Caput coli.	Sir M. Farquhar	J. Williams A. S. Hall June 1843	Taken from — Stoddart Esq. Sectio cadaveris. The whole of the intestine much distended; general and recent inflammation of the small intestine, with adhesion; effusion of purulent matter into the cavity of the abdomen. Lower aspect of the gall bladder adhered firmly to the sternum, and communicating with one another by a large opening, through which the calculus had passed some considerable time previous. The jejunum and greater part of the ileum was full of feculent matter and greatly distended; the large intestine perfectly destitute of all feculent contents containing only a white pulsatious mass, evidently the unabsorbed fecula of the small intestine and having no feculent odour. Between the point of impaction of the calculus and the caput coli, the bowel was perfectly collapsed. At the distance of one yard, above the impaction, the intestine had given way, discharging its contents into the cavity of the abdomen. A slight contraction was found at the sigmoid flexure of the colon; the liver adhered to the diaphragm; liver congested. The calculus lay in the right iliac region, between the anterior superior spinous process of the ilium and the umbilicus, exactly where the patient complained of pain.

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
31	<p>Spleen showing a large mass of soft scrophulous matter in the convex surface of its superior extremity and numerous small deposits of a similar character scattered throughout the remainder of its substance. Its section in the recent preparation presented a dark red appearance resembling currant-jelly. Structure firmer than usual. Weight 3xii 3iv</p>	<p>Port Pitt</p>	<p>R. Williams S. J. Hoff June 1845</p>	<p>St John Bates of Regt. 2nd Lt. died of Pulmonary Tuberculosis. Duration of disease nine months. An English Labrador; dark hair and complexion. 29 years service all at home, enjoyed good health until the year 1844, at which period whilst undergoing imprisonment in Wandsworth gaol, he attempted to efface the letter D from his breast, by extensive tattooing, and upon leaving gaol, where he had been imprisoned during 12 months, he was admitted in September into the Provisional Battalion of with a bronch complaint and slight cough; he had at this time an ulcer below the left axilla in communication with sinuses extending into the armpit, the glands of which were enlarged and indurated. Was discharged relieved on the 2nd Feb 1845, but readmitted into the same Corps on the 4th December with acute Pneumonia and extension of the ulcer. - Was transferred to Port Pitt Hospital 18th April 1846 when he was much emaciated and the ulcer to a great extent lost; he complained chiefly of the sore; his cough was not very troublesome. Appetite indifferent, bowels quite regular. He sweated a little at night. Formation of chest was natural; on percussion both subclavicular regions yielded dull sounds and together with mammary and infra mammary regions were the seat of very distinct Mucous Crepitations, about equal in amount on both sides. Over the inter and supra scapular regions, the respiration was</p>
32	<p>Portions of the right lobe of the liver, exhibiting several small cysts, about the size of beans, having a firm lining membrane. These cysts are the hepatic ducts much dilated and contained</p>			

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
32	some lobes of lung lost. Part of section of liver presented nothing appearing. The gall bladder was filled with black viscid bile, resembling tar. Convex surface of liver adhered firmly to the diaphragm.		D. Williams J. L. Hoff June 1845	bronchial and there was bronchopneumonia but no distinct prothrombosis; - for a period of one month after admission he appeared to be improving in health cough was not urgent and the expectoration which in the first instance had been purulent became white and frothy, as that of ordinary acute bronchitis. The ulcer on the breast also assumed a more healthy appearance and was diminishing in extent. Throughout this period of apparent improvement however, expectoration was always and to the same extent in both lungs as on his first admission. Towards the close of March hectic fever set in attended by profuse perspiration, the pulse averaging 130 per minute; expectoration became copious and quite purulent, excessive debility ensued augmented later by failure of the appetite and obstinate vomiting. He became delirious and fell into a lethargic state from which he could with difficulty be aroused sufficiently to take nourishment; the bowels were during the latter stage of the disease somewhat confined. died on the 9th June 1845 <u>Section Cadaveris.</u> External Appearance great emaciation; lower extremities slightly oedematous. A large ulcer situate on left side of chest with bronchitis communicating with the apices, where several of the glands were enlarged, and

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
32				<p>contained seropulverulent matter.</p> <p><u>Cranium</u>. Subarachnoid effusion, about 21 of fluid in the occipital cavity. weight of brain lbj 3ss 2ij.</p> <p><u>Thorax</u>. 3j of fluid in the Pericardium. Heart healthy weight 3j.</p> <p>Trachea and bronchial tubes filled with fetid sanguinolent purulent matter. Both Lungs adhered firmly and universally to the parietes of the Thorax; the Lungs were congested and thickly studded with military tubercles especially the right. In the apex of the Left Lung a few small cavities filled with softened tuberculous matter were found and one also in the posterior aspect of the superior lobe. Weight of Lungs and trachea lbss 3vij.</p> <p><u>Abdomen</u>. 3ij of straw-colored serum in the Peritoneum. The Omentum adhered firmly to the walls of Abdomen and contained within its substance large masses of softened seropulverulent matter. Peritoneum covering intestines glabrous studded with numerous clusters of the same deposit varying in size from that of a pin's head to a large bean. Weight of Liver lbj 3j 3ss sides. p^o 32. - For Splen. vide. p^o 31.</p> <p><u>Kidneys</u> - enlarged and their structure presented incipient granular degeneration; the right contained a small tubercle in its posterior aspect weight 2vij; left kidney weight 3j. <u>Intestines</u> - mucous membrane of small intestines of a dark slate color, and the lower part of the same highly congested; a few small tubercles were found in the upper part of that tube and two in the cecum.</p>

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
33	Dracunculus taken from external dorsal aspect of the right foot.	Robt Pitt	J. Williams A. A. Lloyd July 1845	V th M ^{rs} given as at 41 1/4 th Dragoon 3 years in India, whilst at Madras. Bombay Presidency a short time before leaving for England. he first felt pain on the dorsal aspect of the foot which inflamed swollen and matter formed it was then opened with a lancet and a portion of worm came away in the position. The patient arrived at Robt Pitt on the 30 th Nov 1845. there was great inflammation and swelling of the foot a portion of the integument was in sloughing state, which ultimately separated and the dracunculus was found lying loose on the ulcerated surface.
34	Ascaris fides rectum and perigonum tumour with a small cyst in its substance. The tumour is about the size of an egg and was attached by a narrow neck to the upper and back part of the right leg just below the popliteal space.	Robt Pitt G. Williams	J. Williams A. A. Lloyd July 1845	V th Joseph Dilling as at 26 31 st Regt; he first perceived the tumour about three years prior to its removal ^{by operation} when it was about the size of a pea; it has gradually increased to its present size and caused very little inconvenience. An artery of considerable size requiring a ligature was found supplying the tumour.

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
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35	Capule covering the convex surface of the lower half of the spleen about three quarters of an inch in thickness and somewhat yellow. Spleen enlarged and adhered by long loose bands to the abdominal wall.	P. Murr A. S. J. J. J.	P. Williams A. S. J. J. J. July 1845	
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36	Small Oil Painting P. Ledingham representing the composition of the 83rd Regt. Thoracic and Abdominal viscera. Pericardium contained 3/4 of bloody serum. The heart was found enormously enlarged and situated in the right side of the thorax, it lay obliquely, its base resting on the bodies of the upper dorsal vertebrae and its apex extending as far	P. Ledingham Surgeon July 1845		
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P^r John Meham, an Irish laborer, aged 34. 18 years in the service, of which 9 years in North America. A tall and stout person of the 83rd Regt. Had never been ill during the period of service, excepting on four or five occasions when serving in Canada when he suffered from gonorrheal affections. Led a very dissipated life while serving abroad, but after his return to England in July 1843 he became steady and regular in his habits. He was admitted into the hospital at Leeds labouring with hypertrophy of the heart with dilatation of its cavities, on the 1st June 1844 and expired rather suddenly, but not very far from midnight on the 5th of the same month. It appears that the first occasion on which cardiac symptoms manifested themselves was early in the month of December 1844 when on detachment at

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
36	<p>as the seventh of Liddington sit on the right, superior side. The heart 13" long in being examined and before it was emptied of its contents weighed 3½ lb. when washed it weighed 3½ 3½ lb. its walls and particularly the septum of the ventricles were much thickened and firmer than natural; the arteries and ventricles greatly increased in cap- acity; the valves healthy; calamus carnum immixtus pectoralis much increased in size and of great length. The right lung had only two lobes, both of which were much congested, and from the great size of the heart were compressed upwards and backwards</p>			<p>York. He was then on parade at night in full dress, and was obliged to fall out of the ranks, from being seized with sudden weakness, giddiness, and a feeling of approaching syncope. About a week afterwards when marching out in heavy marching order, he was com- pelled from the same cause to leave the line of march and was taken into Hospital of the 6th Dragoon Guards, when it is stated he had a fainting fit, but soon recovering and feeling himself better he was not detained under treatment. From his stating at this time to the Officer commanding his company that he felt himself unable to carry his knapsack, he was allowed to act as pioneer, which exempted him from parade and night duty. He continued without making any further complaint till the 7th April 1845 when he was admitted into the Hospital of the 6th Dragoon Guards labouring under Chronic Catarrh with Syncope, and continued under treatment till the 10th of the same month, when he was discharged. He was readmitted later under the same symptoms on the 5th May and discharged on the 20th on his own request. On the 28th of the same month he applied to be sent to the headquarters of the Regt at Leeds, when he arrived and was taken into Hospital on the 1st June labouring under the following symptoms</p>

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
36	<p>against the walls of Ledingham of the chest. The Surgeon, Left Lung compressed 83° Regt of three lobes; but with the exception of being a little congested, did not present any unusual appearance.</p> <p>Abdomen. The Stomach was found unusually large and greatly distended with flatus; it together with the Spleen occupied the proper place in the right hypochondriac & epigastric regions from thence the former descending extended to the left hypochondrium & terminated in the duodenum; this portion of the intestine descended as far as the left kidney, crossed the spine to the right side and terminated in the jejunum.</p> <p>The origin of the</p>			<p>great pain in both sides of the chest extending as low as the precordia and all along the margin of the ribs of the right side; this was attended by cough and dyspnoea, with increased action of the heart, the impulse of which was felt unusually strong on the right, but could also be felt distinctly on the left side of chest.</p> <p>On applying the stethoscope the bell was heard all over the chest equally clear in the posterior as in its anterior aspect and even as low as the epigastric region. The pulse was 120 regular, but exceedingly small and weak. The respiration hurried, short, and extremely difficult. The countenance was sallow somewhat swollen and expressive of great anxiety and alarm; the lips were livid; he was unable to lie in the horizontal position but sat up in bed with his body bent forward gasping for breath in great agony. During the night his symptoms became more distressing, his sleep of short duration was interrupted by startings, when he awoke with a sense of impending suffocation. From the severity and long continuance of his malady he had become much exhausted, and it was evident that the disease was rapidly progressing to a fatal termination.</p> <p>Two days after admission he was attacked with profuse hæmoptoe which continued at intervals till the period of his decease. The dyspnoea and the alarming symptoms continued without intermission or alleviation. The expectoration became sanguinolent and the patient's strength was rapidly failing.</p>

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
36	<p>colic was in the ³ Ledingham ¹ left iliac region. ¹ Surgeon from ¹ Worcester. ¹ 83rd Regt. ascended to the hypochondriac region of the same side where it arch crossed to the right hypoch- ondrium, and thence descended to the hypogastrium terminating in the rectum. The position of the liver was in the left hypochondriac and epigastric regions, extending partly into the right hypochondrium; it was healthy in structure and weighed nearly four pounds. The pancreas was situated in the epigastric and right hypochondriac regions and extended transversely across the spine, its duct entering the duodenum near that of the ductus communis choledochus about an inch and a half from the pyloric orifice of the stomach. The kidneys were healthy and of the usual size, their positions were however reversed, that of the left kidney being situated lower than the right.</p>			<p>when at midnight on the 5th June in the act of getting out of bed for the purpose of going to the night chair he fell down and immediately expired.</p>

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
37 X	Portion of Brain exhibiting a tumour, about the size of a walnut, of a fibro cartilaginous structure, situated a little inferior and to the external side of the left corpus striatum. The medullary substance surrounding the tumour was softened.	Prof. Pitt	D. Williams A. V. Hoff July 1845	<p>Private Thomas Barker, aet. 37. 57th Regt. Disease. Apoplexia Cerebra. (Mentis pregressa) duration of disease 42 months. An Englishman, chair maker, total service 14 years of which 12 in India. Admitted into the Hospital 10th July 1845, was unable to answer questions in consequence of the state of his intellect so that the medical officers had to depend on the answers given by his comrades. He appeared that he had been many times in Hospital and with the exception of once for fractured humerus and another time for fever, was always admitted for Syphilis or its sequelae for which he was repeatedly salivated.</p> <p>During the years 1818, 39-40 was five times in Hospital for Syphilis primaeva and three times with gonorrhoea; in 1841 was 45 days in Hospital with nodes and about one year afterwards, a large herpes venicus appeared on the right arm, followed by several smaller ones of a decided Syphilitic character; in March 1844 fractured his right arm when simply cleaning his musket; and in July 1844 had two chancreous looking sores on left leg.</p> <p>The Mental affection commenced about the 12th Feb 1845, when 12 days at sea on his passage home from India, and was preceded by great disinclination for food which on being taken was immediately rejected; about this time his vision for several days was passed insensibly. On admission here he seemed a well formed man, but his expression of countenance was very idiotic and eyes restless.</p>

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
37				<p>Was unable to walk without holding some person, appetite voracious, bowels open, tongue clean & soft well; July 4th fell down in a sort of fit, which produced a partial Hemiplegia of the left side; - ordered an issue in the back of neck. On the 9th of the month he was seized with an attack similar to apoplexy, pulsus hinc latens, and about 120; pupils dilated and perfectly insensible to the stimulus of light, surface of body cold but covered with profuse perspiration, bowels constipated; ordered his hands and feet to be placed in hot water, & a strong purgative for water containing of Symp. Submersus gr. 10 Pulv. Jalap gr. xv to be taken immediately, these measures in a short time the urgent symptoms. In the evening found him again relapsed into his former state of Coma, but with this difference that the pulsus was small, thready, and scarce not more than 53 in the minutes; ordered a little wine as he seemed to be sinking fast, also to have his head shaved, a blister applied to the nape of neck, and a turpentine enema to be immediately given. July 10th He was perfectly comatose, breathing stertorous, pulsus 50; surface of body cold & clammy, countenance pale & bloated; urine passed involuntarily, hands & feet warm, froth issuing from the mouth; - ordered a blister to be applied to the entire head, after</p>

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
37				<p>an onoma, consisting of serpentine, carbonic sil. and sulphate of magnesia which opened the bowels freely. 11 o'clock P.M. the stops and stertorous breathing continued: the extremities were becoming cold, and pulse failing fast; ordered mustard sinapisms to the calves of the legs: at 5 p.m. he was seized with convulsive tremors and the surface of the body at the same time assumed a purplish hue, which continued until 8 p.m. 5th when he died.</p> <p><u>Pectus Cadaveris.</u> External Appearance. Body stout and muscular, large quantity of adipose substance under the integument. Cranium. Membranes of the brain dry and glutinous; lateral ventricles distended with serous fluid. Thorax. Mucous membrane of trachea and bronchial tubes much congested. Lungs slightly redematous. Abdomen. Glandulae Solitariae and aggregatae at the termination of the Stomach enlarged.</p>
38	Cast, in Wax, of G. B. Pleuron & D. Williams			<p>the patient, aetat. 38 years, had suffered from urinary calculus for years. In 1845, he had been three times in London, and County Hospital, and although repeatedly sounded the stone, till the last occasion, had escaped detection, and even immediately before the operation it was by no means easy to be felt notwithstanding its greatness. The operation was performed in the presence of the senior;—the patient recovered without an unfavorable symptom, and left the Manchester Dispensary in five weeks after the extraction of the calculus, quite well notwithstanding that he had been greatly emaciated by his previous extreme suffering.</p>

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
39	<p>Right elbow joint Fort Pitt exhibiting fracture of the olecranon process of the ulna. The fracture is situated close to the junction of the process to the shaft of the bone and extends obliquely downwards and backwards: the fragment is dis- placed outwards and backwards and is firmly con- solidated by osseous matter: Coronal process much enlarged from long disposition. The articular cartilages are entire with the exception of that covering the anterior part of the internal condyle of the humerus and the corresponding surface of the coronoid process, where there is osseous matter deposited which produced partial ankylosis: on the extremity of the humerus between the articular surface of the radius and ulna there is also two small portions deprived of cartilage.</p>	<p>Dr. Williams B. L. Cliff July 1845</p>	<p>Dr. Williams B. L. Cliff July 1845</p>	<p>Fort James, N. Nova. aet. 40, 18th Sept. 14 years since then stationed at Angking Island of China. The typhoid of the morning of the 2nd Sept 1843 blew the Hospital down, in which he was a patient with ague, and was in the act of holding his hands against the shutter to keep them closed, when a large beam struck him below the right elbow on its external side, causing fracture of the olecranon process and displacement of radius and ulna forwards, a splinter of wood at the same time penetrating the joint. The dislocation was reduced and the arm put up in the straight position being the most favourable for union of the fracture. Admitted into Fort Pitt General Hospital 20th April 1845: right elbow joint ankylosed, arm straight, shoulder arm and forearm much emaciated, the limb being powerless by the side and moving backwards and forwards by the motion of the body: the hand and arm was also frequently oedematous. In consequence of the limb being perfectly useless, and a great inconvenience to the patient, he requested that it should be removed, and was accordingly performed on the 20th May, and was discharged from Hospital on the 24th June.</p>

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
40	Right ankle joint showing gelatinous degeneration of the synovial membrane which is an inch in thickness at the anterior part of the joint; a large fold of this membrane covers the articular surface of the tibia. The cartilages are healthy; the fibrocartilage covering the calcaneum is easily torn off and the bone generally is soft.	Fort Pitt	D. Williams A. S. Hoff August 1845 2294	Pt Henry Wilson, aged 24, 8 th Regt. of months since the disease of the ankle joint commenced Sep month previous to amputation, when stationed at Wexford and was ascribed to constitutional predisposition excited by accidental subluxation while at drill. Admitted into Fort Pitt General Hospital 11 th June the right ankle joint was much swollen, leg emaciated and two openings in the external and the other in the internal aspect of the joint, with copious purulent discharge; there was very little motion in the joint and when moved it caused great pain. The patient became weak and emaciated and the usual hectic symptoms set in rendering amputation necessary. The operation was performed on 20 th July; the bone was removed about 4 inches below the knee; a few ounces of blood were lost; the wound was left open for eight hours and then brought together by sutures. The patient recovered rapidly and was discharged in the.
41	Part of a calculus of K. Pelvicum by Dr. Williams of extraordinary size principally composed of earthy Phosphate	Fort Pitt	D. Williams A. S. Hoff Sept. 1845	Removed from the bladder of M ^r Paul of Plymouth of extraordinary size principally composed of earthy Phosphate. Removed by M ^r Robert Harris, assisted by M ^r T. J. of Plymouth; weight about 15 ounces. The operation was performed several years since and the man is now in perfect health.
42	Heart exhibiting fibrous cyst of round and oval form, varying from the size of a pea to that of a walnut, situated	Fort Pitt	D. Williams A. S. Hoff 90 A. 85	Pt Joseph Crosswell 45 th Regt. aged 40, an English man, a laborer, height 5 feet 10 inches, weighing 165 lbs; total service 16 1/2 years of which 9 years in the Mediterranean, 4 years in England and the rest at home. From the document which accompanied him it appears that he had been frequently in the Hospital since 1832 with

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
42	<p>in the internal surface of the left ventricle, about its centre; these bodies are smooth externally and soft to the touch and filled with bloody pus: they penetrate deeply between the columnar cornua, some of which as also the chordae tendineae through the walls of the sac: their walls are firm and of considerable thickness, their internal surfaces are rough, and at parts of a bright red colour and composed of condensed fibrine: these bodies are firmly attached to the cornua columnar, on detaching some of them, the lining membrane underneath was seen to be perfectly healthy, as were also the different valves.</p>	<p>Prof. Will.</p>	<p>J. Williams</p>	<p>Abnormalities in the upper and lower extremities the right elbow and left knee being the parts chiefly affected, but no mention is made of October 1845. Submitted into Prof. Will's General Hospital July 1845 on his return from Weymouth under the head of Rheumatism. He was much emaciated, with marks of old ulcers on arm and legs, appetite good, had no pain in chest, no difficulty of breathing, although there was considerable dullness on percussion over both sides of chest: the left knee and ankle were stiff, on the former an issue had existed for two months. By the use of blisters of Rhubarb with Opium, Saline, the rheumatic symptoms were much improved and the pains had almost subsided in the p. M. August however he had a slight attack of hæmoptoe, which was removed by the exhibition of small doses of Pot. Cyano-gen. and he appeared to be going favourably until the evening of the 13th when he complained of excessive debility, severe pain over the whole region of the chest particularly on the left side, accompanied by a short hacking cough, mucous purulent expectoration and urgent dyspnoea: a blister was applied to the chest, left side, which however although it rose well, did not relieve the difficulty of breathing; opiate sulphuric ether, Camphor, wine &c. were administered without effect: the prostration increased and he died in a state of complete collapse 15th August 1845</p>

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
42	Boards of aorta shielded with albumen's displaced and the lining membrane of a yellow bluish tinge. The heart is enlarged; walls of the left ventricle thickened, muscles dilated and were filled, as also the larger vessels with dark, coagula. Weight of Heart by 3ij	Port Pitt	D. Williams A. J. Stoff Meylin. Feb 1845	<i>Sectio cadaveris, hora vigesima quinta post mortem.</i> External App. sanctor. front. maculation hemorrh. Dura mater presented a slight bluish tinge, slight subarachnoid effusion and about an ounce of fluid at base of skull. Height of Brain by 3x structure healthy. Thorax. Pericardium contained 3ij of yellow serum: heart enlarged, cavities dilated, walls of left ventricle thickened and on cutting into it, about 3ij of sanguineo-purulent matter escaped from two large sacs situated on the internal surface. (vide Description of Preparation) Trachea and bronchial tubes filled with frothy purulent matter and their mucous membrane highly vascular. Right Lung, adhered firmly and universally to the walls of the chest, the pleura being coated with a thick layer of coagulable lymph, and the pulmonary tissue studded with miliaary tubercles. Left Lung at its apex and posterior part adhered to the thoracic parietes, and lbg of dirty yellow fluid with flakes of lymph floating in it, were found in the lower part of the pleural sac; miliaary tubercles studded the structure of this lung particularly in the upper lobe, which also contained numerous small irregular cavities and its structure being condensed and sinking in water. Weight of Lung & Trachea by 3x. Abdomen. Liver healthy, weight 1lb. gall bladder filled with black viscid bile. Spleen. weight 3ij. Kidneys normal weight of right 3x 2x. Left 3ij 3i. Several patches of vascularity along the course

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
				of the small intestines, some small <i>Scrophalium</i> deposits in glandular <i>Scleraria</i> and aggregates and the mucous membrane covering several of these bodies in a state of ulceration: several large patches of inflammation in caecum and commencement of colon.
43	Coloured drawing of R. Dastmalla of fibrous Cancer of Spleen October 1848. Containing several smaller situated in the left ventricle.			Red. Peritonitis Appendix. 8 th 4 th Size of P. Joseph breast 9 th 5 th height 4 th .
44	Begin of the Arteria innominata, mostly closed. A large aneurism of the anterior and convex surface of the arch of the Aorta, commencing about 3 inches above the semilunar valves and extending to the left carotid: the walls of the sac on all parts very thin (the internal and middle coats being destroyed) and contain concentric rings: there is a second division of smaller size situated between the former and the semilunar valves. Internal lining membrane of the left ventricle much thickened, white and glistening; margins of the aortic valves also thickened; coats of aorta rough and irregular from atheromatous deposit which has caused contraction and complete obliteration of the mouth of the Arteria innominata, also partly closed by organized fibrin.	J. Williams	J. S. Lloyd	Arteria 1848 R. 286 B. 104

A. 2813 *varnished
in tall cupboard*

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
45				<p>Fracture of the bodies, spinous and transverse processes of the lumbar vertebrae.</p> <p>The bodies of the third, fourth and fifth, but particularly the fourth, appear as if they had been compressed by direct violence applied from above downwards. The body of the fourth is broken into many fragments, which have become rounded; its upper articular surface presents a wide fissure, embracing the whole thickness of the bone and extending from the anterior margin obliquely backwards to the spinal canal. Looking at the front of this vertebra, the right side is very thin, being only 1/3 of an inch in thickness and much comminuted, while the left side is of natural size, although a portion of its lower articular surface has been broken off. There is also a fracture through the lamina of this vertebra, detaching the spinous process, this process as also the different fragments of the body of the bone are much displaced, and rounded; the lamina having a very abundant deposit of new osseous matter surrounding the fracture. I find, which with the great displacement has nearly obliterated this portion of the spinal canal.</p> <p>The superior articular surface of the fifth lumbar vertebra presents a similar fracture, extending through the upper third of its body backwards to the spinal canal, the fracture is partially detached and union has taken place.</p> <p>The upper articular surface of the body of the third vertebra shows a transverse fissure about a quarter of an inch in depth.</p> <p>Fracture of the spinous processes of the 1st 2nd & 3rd vertebrae, (also of the 4th previously mentioned). The fragments are firmly rounded by an abundant deposition of new osseous matter. A fissure in the transverse process of the second vertebra, extending from its extremity to its root. The left transverse processes of the 2nd 3rd & 4th are broken short and their extremities rounded off by new bone.</p> <p>The coccyx is entirely destroyed by ulceration; extensive caries of the posterior and lower third of the sacrum, and a very abundant deposit of new bony matter over the whole of its anterior surface, particularly at its apex where it is in the form of large granules; ulceration of the posterior spinous processes of the left ilium. The lateral surface of the left iliopectineal margin is also carious and its posterior part covered by a thick deposit of new osseous matter; also a bony exudation around the posterior and external surface of the acetabulum and on the spine of the ischium.</p> <p>Portions of the right humerus & ulna; there appears to have been a fracture in the superior third of the latter bone, the extremity of which is rounded off.</p>

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
45	and coated with new osseous matter; coronoid process is also fractured transversely and rounded. There are two small portions of bone which appear to be as far as can be ascertained, the radius & ulna, one of which is fractured much displaced laterally and firmly rounded, and its surface coated with a bony exudation, the fractured extremity of the other is rounded, and two small fragments united to it laterally.			<p>Has to be regretted that nothing is known of the history of this case; it would be interesting to know how the accident happened & what was the patient's condition and how long he survived the injury. Has to be supposed however, that the violence must have been applied from above downwards as appears from the fractures in the bodies of the vertebrae; that great violence must also have taken place posteriorly and laterally, from the fractures in the spinous & transverse process. That the patient must have lived for a considerable time after the accident is proved by the reunion of the different fragments of bone, as also from the extensive ulceration of the sacrum and coccyx, the latter result being produced by the patient's position in bed. It is also probable that there existed paralysis of the lower extremities, as shown by the contracted state of the spinal canal. December 1845</p>
46	greater number of the bones of the skeleton, exhibiting the effects of inflammation viz enlargement and effusion of new osseous matter; the bones of the right lower extremity show the disease in the most advanced stage; the left femur has been amputated in its lower third.			<p>Right Femur very much enlarged, especially its lower third; the outer shell is opened out soft and cancellated, a very abundant deposition of new osseous matter in spicules & nodules over the whole of its surface, particularly on its posterior & lower third; also around the condyles and on their articular surfaces which are very rough and irregular, but at some parts smooth and polished. Patella much enlarged with spicular deposits of new bone on its external surface; the patella also seems to have been partially ankylosed to the femur.</p> <p>Superior half of tibia much enlarged from bony exudation, the new osseous matter is at parts ulcerated, and the shaft of the old bone is generally soft & spongy. The greater number of the tarsal and metatarsal bones are soft & light & coated with a thin layer of new bone. Amputated extremity of the left femur.</p>

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
#6	wounded, the medullary canal closed and a few small osseous spicules near the linea aspera. Bones of the pelvis and several of the vertebrae soft & spongy and light; new bony matter deposited on the posterior spinous processes of the left ilium, as also on the anterior surface of the bodies of some of the vertebrae. Sternum enlarged, its anterior surface and lateral margins coated with adenomatous matter. Left humerus very much thickened from deposition of the outer shell of the bone and new osseous deposit. Right humerus & ulna also kept dense healthy. Cranium normal with the exception of the right superior maxillary bone; immediately behind the upper incisors both there was an aperture communicating with the cavity of an abscess situated in the alveolar process. The skull appears to be that of a Negro; the whole skeleton seems to have been taken from the church yard.			January 1845
#7	A portion of female peritonaeum about 5 inches long & rather more than half the circumference of the gut which came away with the fecal contents of the bowels on the 17 th day after the operation for strangulated hernia. The preparation having been hardened in strong spirits it is now difficult to say whether the valves of the coats of the intestine are present or not: the mucosæ and muscular coats are however quite evident	J. S. Hoffman S. J. Staff Surgeon	S. J. Staff	Pt Thomas M. Nelson 76 th Reg ^t aged 22, of good constitution and who has always enjoyed good health, was admitted into the Garrison Hospital at Portsmouth on the 15 th June 1845 with all the symptoms of strangulated inguinal Hernia of the left side which he states first commenced the morning of the day previous, and had made several attempts himself to return it without effect. He lay together with a warm bath, general bleeding and enemata of every description having failed and the symptoms becoming urgent viz vomiting of feculent matters, great tenderness of the abdomen, urgent thirst, tongue dry, pulse 120 and intermittent, together with complete stoppage of the evacuations; no time was lost to relieve the patient by operation which was performed by me in presence of Staff Surgeons Melson, P. Brown of the 37 th Reg ^t and Apis Surg. Capt 76 th Reg ^t from all of whom I received the greatest assistance. Considerable difficulty was experienced in the operation from the strong adhesions existing

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47	Narrow bands of serous membrane complete at two different places the circumference of the gut, the other end being formed by the internal and middle coats. After the part of the intestine came away, it is probable that adhesion took place between the remaining portion of the gut and the wall of the abdomen, and thus formed the anterior boundary of the enteral canal. The points worthy of particular notice in this case, as stated more fully in the history of the case are - That 9 weeks after the sloughing of the intestine, the wound was healed, and on the 6 th day	A. McLean Esq. Surgeon J. B. Hays	J. A. Hays Esq. R. L. Staff Esq.	between the portion of intestine and hernial sac, the growth of which was perfectly black. The adhesions were gently broken up, and the parts returned in the usual manner. The patient experienced immediate relief and all the symptoms of an urgent nature appeared to be arrested; as however, there existed considerable tenderness of the abdomen upon pressure, 50 leeches were immediately applied with the most decided benefit, and in the evening a little castor oil was given, which the following morning acted gently upon his bowels; from which time, every thing went on most favorably till the morning of the 4 th day after the operation; when he made a sudden effort to go to the horse stool (altho advised not to do so) which was immediately followed by the descent of a considerable portion of intestine and omentum, accompanied profuse hemorrhage, from a small artery on the surface of the intestine, which was taken up & tied and the parts returned into the abdominal cavity. The greatest excitement followed, with every symptom of acute inflammation; the above were treated by general bleeding to the extent of 50 lbs and 60 leeches to the abdomen with other antiphlogistic remedies; it was however, evident from a slight discharge of purulent matter from the wound in the inguinal region, that serious mischief to the bowel had taken place, and upon the morning of the 14 th day from the time of the operation, the accompanying

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17	after this, all evacuations from the bowels ceased when an abscess was made which was left open for 2 months and the bowels again acted naturally, two weeks after this the wound healed and the patient returned to his study	A. McLean M.D.	J. Williams M.D.	<p>piece of intestine came away with the feculent contents of the bowels, after which the patient experienced relief in all his symptoms but which circumstance appeared to take away the hope of the natural functions being ever again established. The patient however appeared to gain health & strength and after a time there appeared an evident disposition of the wound to unite. He was however to continue the trial until then appeared some unequivocal evidence that there was free communication with the via naturalis. Then at length discovered themselves 3 weeks after the strengthening of the accompanying piece of intestine. The wound was then healed up and the natural functions were hoped fairly established, but upon the 6th day all the evacuations ceased, attended with acute tenderness of the abdomen, which commenced to swell very fast. every means adopted appeared to have not the slightest effect in relieving any of the symptoms, and the patient was conscious of no relief. At this period the idea suggested itself to me of cutting into the abdomen and making an artificial anus, as it was the only hope left for the patient. Resolved to give it a trial; accordingly made an incision over the site of the former wound, and carefully opened the intestine to the extent only to allow the tube of the stomach pump to be inserted; when there was an immediate discharge of flatus and some feculent matter and the patient expressed himself relieved.</p>

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47				<p> <i>Dr. J. C. Lane & Dr. H. Hoffman</i> and by means of the stomach pump aspirator <i>August 25th 1845. S. I. Stoff</i> was enabled to extract a quantity of granular matter by the artificial opening and after some hours left the patient completely relieved from the dangerous symptoms he was suffering from. The artificial opening was now left open for 2 months when the bowels again gave evidence of acting naturally. The artificial wound was not however closed till a week after the bowels appeared to act easily and regularly, and the patient so much improved in his health that it was again closed finally upon the 22nd August 1845. The patient from this time got well and strong and was discharged to his duty on the 10th October 1845. Since which period he has continued to perform all the duties of a Soldier most efficiently and without experiencing any inconvenience to his general health or constitution. </p>
48	<p> <i>Shows two large C. Broadford & Williams</i> <i>masses of tubercular August 25th 1845. S. I. Stoff</i> matter, one the size of a hen's egg, the other of a pigeon's egg attached to the surface of the upper lobe of the right lung. The masses are of a pale cream colour, of the consistence of a hardly solid glass. </p>			<p> <i>History of the case of M. August Stoff</i> <i>August 25th 1845.</i> It is to be regretted that the early history of the symptoms of M. August's case have not been preserved. There can be little doubt that inflammatory action was an early character of his disease, but it does not appear that such disorder preceded the deposition of the tubercular structure which caused his death. It is stated that his health was not good for many months previous to his embarkation for the West Indies, but it does not seem that </p>

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48	and of a rounded & flattened form, Surgeon 5 th Regt. A. S. Staff the one seen in the upper part of the preparation has become depressed in the centre where a small cavity may be observed. The centre mass has the appearance of an encysted tumour, having a soft granular substance contained in a distinct sac, the substance deposit appears to be situated between the pleura and the substance of the lung, the structure of which is perfectly healthy. The portion in the lower part of the bottle was taken from the inferior edge of the same lung.	C. Bradford Esq. J. Williams Surgeon 5 th Regt. A. S. Staff		<p>he declared screams in convulsions till about a fortnight after he sailed. He arrived here on the 13th March 1844, he was then suffering from difficulty in breathing with some pain in the chest and some cough, he did not cough and had no expectoration. It was only ascertained by Dr. Garrison 8th Regt. that the action of the left lung was almost wholly obliterated, while the respiratory sound was very indistinct in the right lung. The difficulty of breathing became extreme, compelling him to remain almost constantly erect and depriving him of rest. but he did not cough and had no expectoration, no emesis of his lungs was not observed, he died on the 25th May.</p> <p>On dissection the lungs were found almost universally adherent to the contiguous surface; the left lung was universally adherent, the upper lobe and anterior part of the lower lobe of this lung was wholly occupied by a deposit of tubercular matter in masses of large size, some of them being fully as large as an egg. These masses were of a pale cream colour and of about the consistence of a healthy salivary gland; they were chiefly of a rounded and flattened form; on the lower lobe of this lung these masses were partly liquefied into a cream like fluid which could be scraped off with a scalpel from the cut surface; in the interval of these deposits narrow bands of pulmonary tissue were visible in an adematous state but not changed in structure. The right lung was less extensively adherent, but its surface showed evident marks of former inflammation. It contained many masses of similar appearance</p>

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48		C. Bradford Esq. William	August 25 th Esq. S. L. Hoff	<p>in those in the left lung but flattened. August 25th Esq. S. L. Hoff was attached to the base, margin of this lung having a very limited connection to the tissue of the lung, but chiefly attached to its membranous covering. Nearly the whole of these masses were in a partially softened state and exuded the same cream like fluid from their cut or torn surface, as the other deposits in the left lung. No tubercles in a crude or milky state were seen, but some such deposits of tuberculous matter were found in the upper part of the right lung. The Heart was very small and pale but no change was noted in its structure. The Liver was also pale colored, it contained no tuberculous deposits.</p> <p>The resemblance of the tuberculous masses found in the lungs to those so commonly found in the Liver and which have been so well delineated by Dr. Harris as the "Tubera circumscripta" was very striking both in their external form and internal structure. Nevertheless they less distinct from in which tuberculous matter is found in the tissue of the lungs. His most perfect form the being sketched which can be seen be given with symptoms in this case as well as from the appearance on dissection, that death resulted less from the wasting & exhaustion so uniformly observed in cases of tuberculous disease affecting the lungs, than from the enormous amount of exuberant matter which had invaded the organs and rendered</p>

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48		C. Bradford	Capt. J. Williams Surgeon 25 th Regt. A. S. Staff	<p>them incapable of ministering to the functions of life. Of the occasional occurrence of such cases there can be no doubt. Lacaze has remarked on the occasional occurrence of death before the tuberculous matter has communicated with the bronchi, but he states such cases to be of extreme rarity and always attributable to the combination of other circumstances. I can recall an instance in which the disease proved fatal in a soldier of the 60th Regt. in Portugal in 1837 before the enormous deposit of tuberculous matter had become sufficiently softened to escape by the ordinary process and in which the affection was mistaken for disease of the heart. In the case of Mr. August a similar result has been described and it is worthy of notice that the form of deposition is in many respects peculiar. This appears to have commenced in comparatively few points and it has not been wholly confined to the vesicular tissue of the lungs. The structure, consistency & process of softening of the tuberculous masses are singular and appear sufficient to constitute a distinct variety of the disease.</p>
49	<p>Ulceration of the oesophagus about 4th inch below the pharynx. The ulceration is of an inch in extent from above downwards and embraces the whole circumference</p>	J. Linton	C. Williams A. S. Staff	<p>Mr. Henry H. Davis, Commissioned 18th April 1837 of fair complexion and slight frame, 25 years in the service, 5 of which at Malta & 2 at Corfu and previous to his entering the service, he had been in India as a Madras man. Having suffered for several years from an affection of the throat which was daily becoming worse, he arrived at Corfu about the 15th March, for the purpose of obtaining medical advice. He was examined</p>

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
49	of the tube, elongated, rough and irregular, the mucous membrane and laid bare the mucous coat. The preparation does not show any contraction of the canal at the seat of disease.	Dr. Cutler J. H. Hargrave	P. Williams A. S. Ship	by a Board of Medical Officers who recommended his being placed under my care with the view of examining more minutely the extent of the stricture, and doing if any thing could be done towards its dilatation. 20 th State that about 1 year when at Annapolis he felt something stick deep deep in his throat which caused violent coughing and obliged him to leave the table. Since which difficulty of swallowing has never been absent and lately it has been aggravated by spasms and 1 month ago when taking rice soup the passage became completely shut, but after some time much washing & struggling having been induced, a grain of rice was brought up and he was again enabled to swallow fluid, to which he has ever since been confined - first eggs, thinly beat up in milk or water, then buttering his chief nourishment. He had mentioned on one or two occasions the difficulty he had in swallowing but had never been under treatment for. The medical officers thought that they could afford him any relief and advised its not being interfered with. His general health has in other respects been good. He has attempted to introduce different sized bougies into the stricture, but in vain. They passed upward of seven inches when they stopped, as if in a sac, and without having any mark of a stricture. Much coughing and irritation was induced. 21 st The introduction of the bougie does

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
44	Dr. Linton Staff Surgeon G. H. L. L.	G. Williams	A. L. L.	<p>seem to have caused any bad consequences. He being able to swallow his fluid as usual. He became daily weaker, however, till the 28th when he had not swallowed a drop of fluid since the previous morning, he was seen by Drs. Halahan, Stewart, Burton & Pendergast, but none of whom could suggest any mode of relief, save another attempt to pass a very small elastic gum catheter and which Pendergast attempted but in vain. He was ordered enemata of rice soup, twice or three times a day and cloths moistened with milk to be applied to the stomach. The cravings of hunger were not great, his chief complaint being that of thirst, nor was this very urgent, as he was able to allay it & ease by taking and retaining about three table-spoonfuls of water, but on being increased it was immediately ejected. He became progressively weaker, but still retained his senses and power of speech, and died on the 6th of April.</p> <p><i>Post-mortem</i> The body was examined 13 hours after death. The body was greatly emaciated. The trachea and oesophagus having been removed, a firm, white, semicartilaginous ring was found encircling the oesophagus about seven inches from the epiglottis, of an inch in extent, considerably elevated above the other portions of the tube and completely filling the passage internally and which on being laid open with the scissors appeared in a half-ulcerated state, there was slight dilatation of oesophagus above it. The stomach was very much contracted. No disease was found elsewhere.</p>

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
50	<p><i>Urethra caginata</i> much thickened and the whole of its surface coated with a very thick layer of granular lymph. The granular bodies vary from the size of a millet to that of a small pea. The testicle is very small, and its structure hardly to be distinguished. There is a cicatrix on the integument covering the testicle.</p>	J. Pearson	D. Williams A. S. Staff	
51	<p>Extensive comminuted P. Bone fracture through the Proximal Femoral and upper part of the shaft of the femur. The Proximal Femur is broken into several fragments and the Proximal minor is detached. The shaft of the femur is also broken ^{high up} obviously, the large Proximal Femur & small Proximal</p>			<p>— Foster Surgeon M.R. 56. Hgt. 56. Wt. 160. Was thrown from a gig on the 8th April and injured his hip, which was swollen and painful in pressure and motion turned outwards. The evidence of fracture is stated to have been obscure. He died on the 3rd May.</p>

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
51	is attached to the lower fragment. Some new bone is effused round the fracture, on the anterior aspect of the neck, around the margin of the bone, and attachment of the second fragment			
52	An abscess in the substance of the right anterior lobe of the brain. Situated about the centre of the lobe, external to the anterior cornu of the lateral ventricle and extending to the surface of the brain. Contained nearly an ounce of pus.	Divisional Sect. Hospital	D. Williams A. S. Hall	P. John L. Brown aetate 33-40 th Years. 4 years service all at home. Hair light brown, eyes blue, of an emaciated scrofulous habitus. Three years ago was admitted for primary venereal disease, and in February last was treated for disease of the skin; had been in Hospital from 20 th Nov. 1845 up to commencement of fatal disease, for Rheumatic fever, and a complication partaking of the form of both the papular and pustular for which he was slightly put under the influence of mercury. He suddenly attacked on the morning of the 8 th January 1846 with violent convulsive fits; on the 7 th he had three paroxysms which exhibited marked characters of genuine epilepsy. The head was always drawn to the left side, and the fit invariably terminated by his falling for a length of time into a kind of torpid state rather than sleep, from which he could be roused by speaking in a loud tone of voice, but immediately afterwards relapsed into his former condition; was sensible between the paroxysms and complained of a splitting pain across the forehead. From the first ^{death} ^{to} the time of death he gradually sank

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
52				with the exception of a slight swelling on the 9 th . On the 15 th passed urine & feces involuntarily being in a state of perfect collapse, countenance cadaverous, lips livid, pulse weak & intermitting, prostatic pyelitis, extremities cold and died on 17 th January 1888. Treatment: consisted at first of purgatives, head shaved, cold evaporating lotions applied: large blisters to neck, back to the temples, calomel & salivary aduinsistered to pyelitis, calomel, wine, arsenic & digitalis to catarrh of lungs and abdomen.
53	Stump after amputation of the lower extremity at the knee joint S. J. Staff A. J. Staff being 3 months and 7 days after the operation, an inch and half of the extremity of the former having subsequently been sawn off. Shows very great absorption and retraction of the flap; the posterior flap lies behind the bone, contracted to the size of an egg and having no muscular attachment; the extremity of the former protrudes through the flap to which it			Case of Amputation at the Knee Joint. William Lane 18 years of age, a tailor, enjoyed good health until about the beginning of July 1845 when carrying a child in his arms, his foot slipped into a hole, and his knee came against the margin, but he states that for some time previous he found this knee weaker than the other; it now began to swell and he had great pain in the joint for which leeches and blisters were applied and an abscess formed on the inner side of the knee. He went to London and was admitted into St. George's Hospital on the 8 th August where he states several blisters and iodine treatment were applied without much relief; he was now advised to go to the country for the benefit of his health which was very much impaired, he was discharged from Hospital on the 11 th December. He now came under the care of Mr. Stanley Surgeon Chatham with whom I saw him for the first time on the 5 th December.

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
53	loosely adhesion and is covered with follicle granulations. The intra-circumference of the external shell of the bone has exfoliated, two portions of which are still seen undetached. The skin in front does not extend to the end of the femur, not extending its length immediately after the operation and subsequent removal of a portion of the bone. The popliteal vessels are very tortuous; the peroneal nerve has quit bone on the surface of the wound; there is a small abscess in the muscles in front; the veins and sinuses healthy.	D. Williams to A. J. Stoff	A. J. Stoff	This general health was good, never had cough nor pain in the chest which was clear on percussion; he was very much emaciated had hectic and night sweats. The left knee joint had become much worse since he left Hospital, abscesses and sinuses surrounded it in all directions; there was a large abscess on its upper and outer side which was opened with some relief; on introducing a probe bone could not be felt. The limb was much emaciated, the knee bent and contracted, and the slightest motion caused great pain. A no doubt was entertained of the diseased condition of the joint, it was proposed to remove the limb which was accordingly performed on the 31 st December in presence of A. Bond M.D. Deputy Professor General Staff Surgeon Partholl & M. M. M. M. Surgeon. An incision was made across the front of the joint, nearly on a level with the lower margin of the patella, the skin dissected up and the joint opened into above this bone, the ligaments were then divided and a flap made from the muscles of the calf of the leg, the incision being carried down to the lower part of the gastrocnemius and the condyles of the femur sawn off; very little blood was lost during the operation and four arteries required to be tied. There were several abscesses in the flap and one of large size situated in front of the femur, extending for about 2 inches upwards, the muscles being partially destroyed and completely detached from the bone, the latter however was covered with iodoform and condensed collodion substance. The flap appeared to be rather too

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
53		J. Williams	J. Williams	long, but narrow in account of the amputation.
		A. S. Hoff	A. S. Hoff	Constitution of the limb. Salivary were at once inserted, adhesive plaster and water dressing applied. 4000. Mucous. Morph. 9th 44. First Amput. 3p 4. First Amput. 4p 4. Second Amput. 4p 4. First Amput. 4p 4. Second Amput. 4p 4. Third Amput. 4p 4. Fourth Amput. 4p 4. Fifth Amput. 4p 4. Sixth Amput. 4p 4. Seventh Amput. 4p 4. Eighth Amput. 4p 4. Ninth Amput. 4p 4. Tenth Amput. 4p 4. Eleventh Amput. 4p 4. Twelfth Amput. 4p 4. Thirteenth Amput. 4p 4. Fourteenth Amput. 4p 4. Fifteenth Amput. 4p 4. Sixteenth Amput. 4p 4. Seventeenth Amput. 4p 4. Eighteenth Amput. 4p 4. Nineteenth Amput. 4p 4. Twentieth Amput. 4p 4. Twenty-first Amput. 4p 4. Twenty-second Amput. 4p 4. Twenty-third Amput. 4p 4. Twenty-fourth Amput. 4p 4. Twenty-fifth Amput. 4p 4. Twenty-sixth Amput. 4p 4. Twenty-seventh Amput. 4p 4. Twenty-eighth Amput. 4p 4. Twenty-ninth Amput. 4p 4. Thirtieth Amput. 4p 4. Thirty-first Amput. 4p 4. Thirty-second Amput. 4p 4. Thirty-third Amput. 4p 4. Thirty-fourth Amput. 4p 4. Thirty-fifth Amput. 4p 4. Thirty-sixth Amput. 4p 4. Thirty-seventh Amput. 4p 4. Thirty-eighth Amput. 4p 4. Thirty-ninth Amput. 4p 4. Fortieth Amput. 4p 4. Forty-first Amput. 4p 4. Forty-second Amput. 4p 4. Forty-third Amput. 4p 4. Forty-fourth Amput. 4p 4. Forty-fifth Amput. 4p 4. Forty-sixth Amput. 4p 4. Forty-seventh Amput. 4p 4. Forty-eighth Amput. 4p 4. Forty-ninth Amput. 4p 4. Fiftieth Amput. 4p 4. Fifty-first Amput. 4p 4. Fifty-second Amput. 4p 4. Fifty-third Amput. 4p 4. Fifty-fourth Amput. 4p 4. Fifty-fifth Amput. 4p 4. Fifty-sixth Amput. 4p 4. Fifty-seventh Amput. 4p 4. Fifty-eighth Amput. 4p 4. Fifty-ninth Amput. 4p 4. Sixtieth Amput. 4p 4. Sixty-first Amput. 4p 4. Sixty-second Amput. 4p 4. Sixty-third Amput. 4p 4. Sixty-fourth Amput. 4p 4. Sixty-fifth Amput. 4p 4. Sixty-sixth Amput. 4p 4. Sixty-seventh Amput. 4p 4. Sixty-eighth Amput. 4p 4. Sixty-ninth Amput. 4p 4. Seventieth Amput. 4p 4. Seventy-first Amput. 4p 4. Seventy-second Amput. 4p 4. Seventy-third Amput. 4p 4. Seventy-fourth Amput. 4p 4. Seventy-fifth Amput. 4p 4. Seventy-sixth Amput. 4p 4. Seventy-seventh Amput. 4p 4. Seventy-eighth Amput. 4p 4. Seventy-ninth Amput. 4p 4. Eightieth Amput. 4p 4. Eighty-first Amput. 4p 4. Eighty-second Amput. 4p 4. Eighty-third Amput. 4p 4. Eighty-fourth Amput. 4p 4. Eighty-fifth Amput. 4p 4. Eighty-sixth Amput. 4p 4. Eighty-seventh Amput. 4p 4. Eighty-eighth Amput. 4p 4. Eighty-ninth Amput. 4p 4. Ninetieth Amput. 4p 4. Ninety-first Amput. 4p 4. Ninety-second Amput. 4p 4. Ninety-third Amput. 4p 4. Ninety-fourth Amput. 4p 4. Ninety-fifth Amput. 4p 4. Ninety-sixth Amput. 4p 4. Ninety-seventh Amput. 4p 4. Ninety-eighth Amput. 4p 4. Ninety-ninth Amput. 4p 4. One hundred Amput. 4p 4. One hundred and first Amput. 4p 4. One hundred and second Amput. 4p 4. One hundred and third Amput. 4p 4. One hundred and fourth Amput. 4p 4. One hundred and fifth Amput. 4p 4. One hundred and sixth Amput. 4p 4. One hundred and seventh Amput. 4p 4. One hundred and eighth Amput. 4p 4. One hundred and ninth Amput. 4p 4. One hundred and tenth Amput. 4p 4. One hundred and eleventh Amput. 4p 4. One hundred and twelfth Amput. 4p 4. One hundred and thirteenth Amput. 4p 4. One hundred and fourteenth Amput. 4p 4. One hundred and fifteenth Amput. 4p 4. One hundred and sixteenth Amput. 4p 4. One hundred and seventeenth Amput. 4p 4. One hundred and eighteenth Amput. 4p 4. One hundred and nineteenth Amput. 4p 4. One hundred and twentieth Amput. 4p 4. One hundred and twenty-first Amput. 4p 4. One hundred and twenty-second Amput. 4p 4. One hundred and twenty-third Amput. 4p 4. One hundred and twenty-fourth Amput. 4p 4. One hundred and twenty-fifth Amput. 4p 4. One hundred and twenty-sixth Amput. 4p 4. One hundred and twenty-seventh Amput. 4p 4. One hundred and twenty-eighth Amput. 4p 4. One hundred and twenty-ninth Amput. 4p 4. One hundred and thirtieth Amput. 4p 4. One hundred and thirty-first Amput. 4p 4. 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One hundred and seventy-ninth Amput. 4p 4. One hundred and eightieth Amput. 4p 4. One hundred and eighty-first Amput. 4p 4. One hundred and eighty-second Amput. 4p 4. One hundred and eighty-third Amput. 4p 4. One hundred and eighty-fourth Amput. 4p 4. One hundred and eighty-fifth Amput. 4p 4. One hundred and eighty-sixth Amput. 4p 4. One hundred and eighty-seventh Amput. 4p 4. One hundred and eighty-eighth Amput. 4p 4. One hundred and eighty-ninth Amput. 4p 4. One hundred and ninetieth Amput. 4p 4. One hundred and ninety-first Amput. 4p 4. One hundred and ninety-second Amput. 4p 4. One hundred and ninety-third Amput. 4p 4. One hundred and ninety-fourth Amput. 4p 4. One hundred and ninety-fifth Amput. 4p 4. One hundred and ninety-sixth Amput. 4p 4. One hundred and ninety-seventh Amput. 4p 4. One hundred and ninety-eighth Amput. 4p 4. One hundred and ninety-ninth Amput. 4p 4. Two hundred Amput. 4p 4. Two hundred and first Amput. 4p 4. Two hundred and second Amput. 4p 4. Two hundred and third Amput. 4p 4. Two hundred and fourth Amput. 4p 4. Two hundred and fifth Amput. 4p 4. Two hundred and sixth Amput. 4p 4. Two hundred and seventh Amput. 4p 4. Two hundred and eighth Amput. 4p 4. Two hundred and ninth Amput. 4p 4. Two hundred and tenth Amput. 4p 4. Two hundred and eleventh Amput. 4p 4. Two hundred and twelfth Amput. 4p 4. Two hundred and thirteenth Amput. 4p 4. Two hundred and fourteenth Amput. 4p 4. Two hundred and fifteenth Amput. 4p 4. Two hundred and sixteenth Amput. 4p 4. Two hundred and seventeenth Amput. 4p 4. Two hundred and eighteenth Amput. 4p 4. Two hundred and nineteenth Amput. 4p 4. Two hundred and twentieth Amput. 4p 4. Two hundred and twenty-first Amput. 4p 4. Two hundred and twenty-second Amput. 4p 4. Two hundred and twenty-third Amput. 4p 4. Two hundred and twenty-fourth Amput. 4p 4. Two hundred and twenty-fifth Amput. 4p 4. Two hundred and twenty-sixth Amput. 4p 4. Two hundred and twenty-seventh Amput. 4p 4. 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Two hundred and fifty-second Amput. 4p 4. Two hundred and fifty-third Amput. 4p 4. Two hundred and fifty-fourth Amput. 4p 4. Two hundred and fifty-fifth Amput. 4p 4. Two hundred and fifty-sixth Amput. 4p 4. Two hundred and fifty-seventh Amput. 4p 4. Two hundred and fifty-eighth Amput. 4p 4. Two hundred and fifty-ninth Amput. 4p 4. Two hundred and sixtieth Amput. 4p 4. Two hundred and sixty-first Amput. 4p 4. Two hundred and sixty-second Amput. 4p 4. Two hundred and sixty-third Amput. 4p 4. Two hundred and sixty-fourth Amput. 4p 4. Two hundred and sixty-fifth Amput. 4p 4. Two hundred and sixty-sixth Amput. 4p 4. Two hundred and sixty-seventh Amput. 4p 4. Two hundred and sixty-eighth Amput. 4p 4. Two hundred and sixty-ninth Amput. 4p 4. Two hundred and seventieth Amput. 4p 4. Two hundred and seventy-first Amput. 4p 4. Two hundred and seventy-second Amput. 4p 4. Two hundred and seventy-third Amput. 4p 4. Two hundred and seventy-fourth Amput. 4p 4. Two hundred and seventy-fifth Amput. 4p 4. Two hundred and seventy-sixth Amput. 4p 4. Two hundred and seventy-seventh Amput. 4p 4. Two hundred and seventy-eighth Amput. 4p 4. Two hundred and seventy-ninth Amput. 4p 4. Two hundred and eightieth Amput. 4p 4. Two hundred and eighty-first Amput. 4p 4. Two hundred and eighty-second Amput. 4p 4. Two hundred and eighty-third Amput. 4p 4. Two hundred and eighty-fourth Amput. 4p 4. Two hundred and eighty-fifth Amput. 4p 4. Two hundred and eighty-sixth Amput. 4p 4. Two hundred and eighty-seventh Amput. 4p 4. Two hundred and eighty-eighth

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
53		J. Williamson A. L. Hoff	J. Williamson A. L. Hoff	<p>5th Slightly sensible. pulse 110. skin cool, tongue moist, bowels open. The discharge from the stump has returned, and the wound is again closed with adhesive plaster and simple dressing applied.</p> <p>12th Since last report, the patient's general health has very much improved, appetite good and functions natural. The ligatures have separated, the stump however has not progressed, no union has taken place. The discharge has a fetid smell and is of an unhealthy character and the margin of the wound is denuded and partially necrosed. Solutions of Sulphate of Zinc and Copper are used alternately. Has nourishing diet wine and porter. R. Diaph. Trism. $\mathfrak{g}\mathfrak{ss}\mathfrak{ss}$. Acid Sulphur. \mathfrak{ss} Solut \mathfrak{ss} Aqua \mathfrak{ss} Ft. Misture Sumat \mathfrak{ss} for indies.</p> <p>19th Health still continues good, tongue clean and bowels open, pulse 90. A red inflammatory patch on the skin covering the front of the femur, where the extremity of the bone is passing above. A thick white appearance of union taking place, the surface being particularly callous, the wound is left open and a poultice applied, ordered Plummer's pill every night.</p> <p>26th The stump remains in the same state, not showing the slightest disposition to granulate being covered with a thick yellow film of lymph. The anterior aspect of the extremity of the femur, as stated at the time of the operation, to have been separated from the surrounding muscles still presents the same appearance. The flaps, as also the skin in front, have become shriveled and retracted to such an extent that it is</p>

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
33	J. Williams & J. S. Stoff	J. Williams	J. S. Stoff	<p>deemed advisable to take away the projecting portion of bone an inch and a half apertures was drawn off. In examining the part removed, it was observed that 3 lines of the margin of the external shell, embracing its whole circumference was necrosed. The flap was rubbed roughly with a hard sponge with the view of exciting action in the parts and then brought together with adhesive plaster and a lotion of Sulphate of Copper applied.</p> <p>1st February. The stump still presents the same unhealthy appearance, its surface being coated with that tenacious yellow lymph, and the posterior flap has contracted very much; the muscles in front are also absorbed, and the skin separated from the subjacent part; the discharge scanty watery and occasionally mixed with blood. General health and appetite good; diet any food he has a relish for, with wine and porter.</p> <p>2nd. No improvement has taken place in the wound, it has the same unhealthy appearance. The integuments in front, but particularly the posterior flap have contracted very much, and there is hardly enough to cover the end of the bone, the anterior margin of which shows a disposition to perforate through the posterior flap. The stump has been dressed every second or third day with various applications. Lotions of Sulphate of Zinc & Copper and Solution of Iodine.</p>

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
53		J. Williamson J. L. Stoff	J. Williamson J. L. Stoff	<p>It has also been touched with blue stone and bone caustic. The surface has just been shaved off and touched with nitrate of silver. General health continues much as usual.</p> <p>10th March. Some improvement has taken place in the stump, the outgrowths in front now only come to the margin of the femur, but are adherent, the posterior flap notwithstanding the utmost care in the dressing has fallen back behind the bone, a portion of the flap however still covers and adheres to the opening of the femur, the anterior margin of which has protruded through the soft parts and is bare and partially necrosed. In the internal side there is a deep hollow and on the external the muscular fibres are smooth & glistening. The wound is dressed with adhesive plaster and dry lint. Although he makes no complaint he appears to be weaker and the right lower extremity has become oedematous.</p> <p>20th Has had diarrhoea for the last few days with slight cramp without any expectation of fluids & food but he is evidently weaker. Union is now sufficiently strong to admit of the discontinuance of the adhesive plaster. Action is still very sluggish in the internal and external aspects of the stump.</p> <p>28th Diarrhoea has ceased, cramp continues and his breathing is accelerated on the slightest exertion. The upper part of the amputated extremity is oedematous; abdomen enlarged and fluctuation perceptible; appetite has and he is daily becoming weaker.</p> <p>3rd April. Stump remains in the same</p>

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
53		J. Williamson	J. Williamson	femur was sawn off might be owing to the
54	About an inch & half of the extremity of the femur, which was sawn off on the 25 th day after amputation at the knee joint. It shows 3 lines of the margin of the external shell of the bone, embracing a whole circumference, bare and partially necrosed.	A. S. Sliff	A. S. Sliff	long attachments of gastrocnemii having been destroyed. The extreme want of action in the stump is very remarkable and cannot entirely be attributed to the diseased condition of the part, as even after the abscesses had healed, the induration subsided and the surface of the stump paled, still no healing process set in, and had the limb been amputated higher up, union would in all probability have been tedious and to be ascribed to constitutional causes only. It is to be inferred that tubercles in a quiescent state existed in the lungs at the time of the operation although there were no symptoms indicating their presence, and that their development was accelerated and the fatal termination precipitated by the discharge from the stump having greatly diminished. It may be alleged that the disease in this case was too far advanced to warrant this operation but consider the local and general symptoms to have been what are usually observed in patients affected with White Swelling, when amputation is resorted to. There appears to be several disadvantages in the selection of this operation in disease of the joint where the soft parts are much diseased, and the constitution impaired for even after the source of irritation is removed it will be a considerable time before the parts take on a healthy action. But in

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
53 + 54		J. Williamson A. S. Stoff	J. Williamson A. S. Stoff	<p>cases of fracture in the upper third of the humerus, humerus &c where the soft part are comparatively healthy, amputation at the knee joint would be preferable to that in the lower third of the thigh.</p> <p>My respected teacher Professor Ferguson in the last edition of his admirable work on Operative Surgery recommends in amputation at the knee joint, the removal of the limb by the common flap operation on the leg. I have tried this method on the dead body and found considerable difficulty in getting the knife round the condyles of the femur, and would therefore prefer that recommended by Professor Syme as being equally quick in its performance and production of very little more pain.</p>
55	<p>last of the left arm and forearm showing a dislocation of the humerus forward & inward; the radius and ulna being thrown backwards and outwards. The large projection on the inner side of the arm is the internal condyle and the olecranon and head of the radius are seen on the posterior</p>	J. Williamson A. S. Stoff	J. Williamson A. S. Stoff July, 1894	<p>Pt Patrick Gibbons 27th Regt aged 32. Total service 12.5 years, of which 10.5 years at the Cape of Good Hope. The history of his case is thus detailed by the Medical Officer James M. DeGor M.D. F.R.C.S. who treated it. The man while ^{returning} coming to the camp about midnight ^{at night} on the 17th March 1895, fell, and about 11 o'clock on the morning of the 18th was sent for to see him. (The distance of two miles off) when I arrived I found ^{saw} him lying on the ground in the guard room. He appeared to me to have been drinking "as his breath smelt of spirituous liquors." I examined the left forearm minutely, found it much swollen about the elbow joint. Upon running my fingers along the outer aspect of the radius, I thought I felt an indentation</p>

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
55	and on its aspect. <i>J. Williams</i> There was on all <i>J. S. Staff</i> probability fracture of the bone composing the elbow joint	<i>J. Williams</i> <i>J. S. Staff</i> July 1845	<i>J. Williams</i> <i>J. S. Staff</i> July 1845	about one inch below the head of that bone, felt a hard, a crepitus, the least motion causing great pain, the forearm inclined inwards, supplied splints to the forearm and got him conveyed to the Hospital, and told doctors to the joint not being able to get doctors. From time to time I minutely examined the forearm and joint, after the swelling had been allayed in some measure. I then came to the conclusion that there was something wrong with the elbow joint that the ligaments have been severely sprained or ruptured combined with partial dislocation backwards. In the month of July seeing clearly made out that there was dislocation I attempted to reduce it after usual manner but failed. There is now slight wasting of the muscles of the extremity. pronation and supination are tolerably well performed, but flexion and extension are almost completely destroyed.
56	Hand exhibiting <i>J. Harris</i> <i>J. Williams</i> deformity of the joint. <i>Deputy Surgeon J. S. Staff</i> The fingers are <i>Deputy Surgeon</i> contracted and the distal extremities of the first phal of the fore, middle and ring fingers protrude through the skin on the back of the hand. The bones are denuded.	<i>J. Harris</i> <i>J. Williams</i> <i>Deputy Surgeon J. S. Staff</i> <i>Deputy Surgeon</i> 26/83	<i>Deputy Surgeon</i> <i>Deputy Surgeon</i> 26/83	<i>Deputy Surgeon</i> <i>Deputy Surgeon</i> born at Simon's Bay - an African - found lying on the sea beach at Simon's Bay in a distorted condition 25 th November 1844 taken to Somerset Hospital 11 th January 1845 and died on the 20 th Jan. I spleen rather large and illium vascular, no other abnormal appearances internally.

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
56	of pericostion and the cartilage destroyed. There are two large ulcers on the posterior surface of the hand and the cuticle is partially separated.	D. Nimmo	J. Williamson	
57	A tumor about the size of an almond situated on the left side of the larynx, it contained cheesy matter and closed up the rima glottidis. The tumor probably commenced by an enlargement of some of the arytenoid glands	D. Russell	J. Williamson	The patient a woman aged 26. had disease of the lungs, with marked symptoms of creaky breathing.
58	An osseous tumor about the size of an almond which was removed from the fore part of the finger of Private of the 8th Hussars	J. Spence	J. Williamson	

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
59	Section of an enlarged spleen showing numerous cheesy deposits varying from the size of pea to that of a bean: they are in greatest number towards the surface of the organ where they raise the capsule and produce a rough irregular appearance.		J. William A. S. Hoff	
60	<p>Portion of left Bronchus very much contracted and only capable of admitting a common quill.</p> <p>The mucous membrane surrounding the opening on the tracheal side & lower margin is thickened & corrugated and presents the appearance of sclericalization. A little above its superior margin there is</p>	Fort Pitt	J. William A. S. Hoff	<p>466</p> <p>1st Thomas James Esq. Esq^r, aged 24 an Englishman, a brushmaker, total service 4 years all at home. Was three times in Regimental Hospital for disease of the chest once in 1845 and twice in present year 1846. On admission into Fort Pitt General Hospital 10th March 1846 he complained of cough & pain in the chest with dyspnea, expectoration abundant & mucous purulent: pulse full & soft loud sonorous rales were heard over the whole chest. On the second day after admission he complained of severe pain over the region of the liver. Tongue dry and yellow, was constantly bathed in perspiration bowls inclined to cast fire. These symptoms were considerably relieved and he seemed to be gaining ground, but on the evening of the 16th cough became much more severe and the dyspnea greatly increased, little</p>

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
80	a depression or dilatation of the rings of the trachea. Capable of holding a bean. The contraction is about half an inch in extent and the bronchus and its subdivisions immediately beyond this point are of the usual caliber or perhaps a little contracted but hardly appreciable: no marks of previous ulceration observed in any other part of the tube. Part external to the contraction are thickened and condensed. Bronchial tubes of the right lung perceptibly dilated and their ramifications could be traced much further into the pulmonary tissue than usual. Mucous membrane of the trachea and			expectoration attended the cough. 17 th Breathing laborious attended with mucous expectoration over the whole chest; no expectoration, feeling quite weak 150 in the minute, face pale & bloodless body covered with a profuse cold clammy perspiration. ordered a desert spoonful of brandy every 20 minutes. The symptoms became aggravated and he died on 17 th June 1846. Treatment, tartar emetic in solution, mercury expectorants, purgatives, blisters & mustard plaster to the chest. <u>Section Cadaveric.</u> Body stout & muscular. Vene of pia mater and arachnoid much congested. section of brain presented a number of bloody points. structure soft. weight 3 lbs 7 oz. <u>Heart</u> slightly enlarged, cavities dilated weight of heart 12 lbs 3 oz. <u>Trachea and Bronchial tubes</u> contained a considerable quantity of mucous purulent matter. <u>Right Lung.</u> Structure healthy - posterior part congested. Bronchial tubes of the lung perceptibly dilated and their ramifications could be traced much further into the pulmonary tissue than usual. <u>Left Lung.</u> Upper half and anterior margin of the superior lobe healthy; a portion of the lower margin about the size of an orange was condensed and in a state of red hepatization as was also a portion of the inferior lobe at its upper and lateral part contiguous to the fissure in the superior lobe. This portion was of larger size and in the same stage red hepatization. The remainder of the lung was healthy with the exception of being engorged with blood. Weight of lungs trachea & bronchial tubes 1 lb 9 oz 2 1/2.

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
60	<p>bronchial tubes of both lungs of a deep red color. Thyroid body much enlarged, the lateral lobes extending upwards along the side of the thyroid body, and a small arterial vessel on the surface of the right. Litterum enlarged externally to the size of a walnut, but not protruding and the gland does not seem to compress the trachea to any extent. The trachea very firm and the granulations of which it is composed are very much enlarged and the arteries proceeding to it are ^{also} greatly enlarged.</p>	Fort Pitt	J. Williamson S. J. Staff	<p>Liver - hepatic veins congested weight of the <u>Spleen</u> healthy weight 6021 gr. <u>Kidneys</u> healthy weight of right 522.3 gr. left 602. <u>Stomach</u> and <u>intestines</u> healthy.</p>
61	<p>Diseased Larynx which required the operation of Laryngotomy the Larynx &</p>	Fort Pitt	J. Williamson S. J. Staff	<p>Capt George T. Lister, aged 28 - 30" height S. J. Staff as Surgeon in a volunteer. brought to the hospital July 1846. total service 7 1/2 years of service in the army in India & Ceylon. New South Wales. Was attacked with typhoid fever in November 1843</p>

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
61	Trachea are opened Post. Pth posteriorly and show the following diseased appearance. A large black slough about the size of a cherry situated in the angle of the Larynx anteriorly and extending laterally having destroyed the vocal chords on each side; the slough was firm projected & completely obstructed the lute. On inserting a probe through the slough it was found to communicate with a large sloughing sac situated in the left of the larynx in the site of the left wing of the Hyaline cartilage. The whole of which is destroyed only a small portion of cartilage was found loose in the cavity. The anterior half of the right wing of the	J. Williams	J. Williams and by March. Specimens in November 1844. Dr. S. S. Hopp sent the Hospital 12 th May 1845. In compliance of July 1846	slight cold and ulcerated sore throat; lungs hard; both ankles were swollen and painful. States that Syphilis first appeared about the time of embarkation from India, was treated with mercury on board ship but it was not pushed to saturation. Had slight cough, expectorated a quantity of frothy mucus, experienced difficulty in swallowing which symptoms were daily improving and on the 26 th May ¹⁸⁴⁵ having caught a fresh cold with inflammation of the fauces and which did not readily yield to local applications. His voice became impaired and on the 9 th of June 1846 complained of stiffness and unconsciousness in the Larynx which a poultice considerably relieved. Having had a paroxysm of coughing he felt as if something gave way in his throat and he expectorated a quantity of purulent matter of a very offensive odour. The symptoms became quite stationary until the 17 th when he was found breathing laboriously with violent movement of the larynx at each inspiration, blisters were applied on each side of the larynx, and 3 grains of calomel with grain of opium was ordered every 15 minutes. Respiration became more difficult say at 4 p.m. 3 o'clock. At 8 p.m. Dr. J. Williams performed the operation of tracheotomy during which the patient was pulseless and respiration had ceased, was was until some time & exertion that respiration was restored which process was assisted by means of artificial inflation & stimulants. The continued to breathe through the opening but with very great

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
61	<p>Thyroid cartilage is denuded of covering and forms part of the wall of the sac, the interior of the cavity is black & in a stony state. The soft parts surrounding it are much thickened & condensed. The aryteno-epiglottidian fold is very much enlarged, it nearly closes the glottis, it is greatly thickened from the effusion of lymph into the submucous cellular tissue, involved in consequence of its proximity to the stony cavity. The epiglottis is also thickened, & there is a cavity of a large size between the base of the left aryteno-epiglottidian fold. Several cicatrices were also observed on the surface of the pharynx. The fetor covering or perichondrium of the left</p>			<p>difficulty in consequence of an excessive secretion of a viscid tenacious mucous which appeared almost completely to block up the air passages, extreme difficulty of respiration ensued and he died at 11 at 19th June 1843 hours after the operation</p>

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61 *half of the cricoid cartilage is detached, red, & inflamed. The opening made between the breathing is observed a deep red color below the black slough situated a little to the right side: the cricoid cartilage & first ring of the trachea is divided. The mucous membrane between the opening & the slough was of a deep red color & highly vascular as was also that of the trachea & bronchial tubes, which contained a quantity of mucous purulent matter. The mucous follicles at the base of the tongue are enlarged. The thyroid body is of unusual size but its structure is firm & more granular than natural; the isthmus had not been cut during the operation, the*

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
61	incision being immediately above it several of the lymphatic glands along the side of the larynx are enlarged and of a white homogeneous appearance. The lungs were healthy as were also all the abdominal viscera.			
62	Drawing of a Brain H. P. Mearns Esq. said to represent A. S. 63 rd Regt showing congestion serous effusion between the convolutions - atrophy of the con- volutions of the brain.			Insanity - Mania - Incomplete paralysis of the lower extremities.
63	Apoplectic cyst - H. P. Mearns Esq. softening &c. A. S. 63 rd Regt Drawing.			
64	Drawing of a Heart H. P. Mearns Esq. showing - fibres A. S. 63 rd Regt cartilaginous trans- formation of the lining membrane of the left auricle & ventricle. adhesion of the mitral valve & great contraction of the auricular ventricle opening of the same side.			

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
65	Drawing of a portion of the Pellican Organ of the arch of the aorta. A.S. 63" high showing atheromatous deposit, the wall of the intima - a pouch or small aneurism as well above the semilunar valves; the coronary artery is obliterated.			
66	Drawing of a portion of the Pellican Organ of Liver presenting A.S. 63" high the appearance of carcinoma.			From the Museum of the University of London.
67	Drawing showing the Pellican Organ of Liver A.S. 63" high the appearance of Liver.			
68	Drawing of a portion of the Pellican Organ of Liver presenting A.S. 63" high the appearance of hypertrophy of the yellow matter.			The same from whom this specimen was drawn was a confirmed spirit drinker. Died 1857.
69	Drawing showing the Pellican Organ of Liver presenting A.S. 63" high degeneration of its capsule.			
70	Drawing of a portion of the Pellican Organ of Stomach showing A.S. 63" high great vascularity.			From a patient who died of Cholera at Andover. Died March 1858.

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
71	Drawing showing the Pellean lig. supra-muscular of the S. I. 63 rd vert. muscular membrane of the stomach. A the cardiac orifice			
72	Drawing of a part of the Pellean lig. of the ascending S. I. 63 rd vert. colon from a patient who died of Typhus Fever			
73	Drawing of a Pellean lig. showing contraction S. I. 63 rd vert. of the uteri with the commencement of cancer.			
74	Drawing showing the Pellean lig. anhydrosis of the S. I. 63 rd vert. knee joint subsequent to white swelling			
75	Drawing showing the Pellean lig. elephantiasis of the S. I. 63 rd vert. left hand			
76	Section of a urinary M. Robert calculus, weight 38 grains before being cut up.			
77	Section of a urinary calculus			

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78 Section of a urinary *M. Roberts*
calculus weight *Chester*
before being cut
3 gr.

79 Fragment of *M. Roberts*
urinary calculus *Chester*
weight before being
cut 3 gr. 124

80 Fragment of *M. Roberts*
urinary calculus *Chester*
weight before being
cut 12 gr.

81 Fragment of *M. Roberts*
urinary calculus *Chester*
weight before being
cut 14 gr.

82 Fragment of *M. Roberts*
urinary calculus *Chester*.
weight before being
cut 4 gr. 24

83 Fragment of a urinary *M. Roberts*
calculus weight *Chester*
before being cut 5 gr.

84 *Chigoe* *Polay* *M. Robertson*
penetrant. *N. S. 54*

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
85	<p>Portion of brain showing the sac of an abscess capable of containing a hard egg, situated in the posterior lobe of the right hemisphere. The external wall of the abscess approaches almost to the surface of the brain; the internal was close upon the ventricle with which it communicated by a small irregular opening such as that the matter escaped. The abscess contained puriform opaque tenacious contents, it was lined with a firm membrane in which large blood vessels were seen to ramify. The right ventricle was completely distended with the matter from the abscess: the substance of the brain around was extremely soft. The left ventricle contained some serum. The sinuses & vessels of the pia mater were distended with dark colored blood.</p>			<p>Mr James Morrison aged 32. 5th Dragoon Guards, a stout muscular subject, sanguine temperament, regular habits. Admitted 5th May 1843 with symptoms of apoplexy of an obscure character; complained of acute frontal headache; great depression; - perfect mind retained. Conversation extremely vacillating: voluntary motions all impaired, he lay perfectly still the eyelids firmly closed and never moved or opened except when roused. Depletion general & local carried to a great extent with brisk purgatives followed by temporary relief. During the whole course of the disease the pulse ranged from 44 to 64 sometimes labouring at other times intermitting; there was no great changes in these symptoms till 8 o'clock on the evening of 9th up to which period he had answered questions put to him distinctly: he turned suddenly round in bed placing his hand to his forehead, from this moment all sensibility & motion completely left him he lay in a comatose state & expired at 8 o'clock the following morning. The Post Mortem clearly showed that when he turned round, the large abscess which existed in the brain burst suddenly into the ventricle. His worthy friend that up to the time of admission he had performed all his duties and was at field drill the day before.</p>

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
76	<p>Portion of brain showing an old apoplectic cell of 57 days standing in the superior and anterior part of anterior lobe of left hemisphere, situated half an inch from the surface; the organ is about the size of a pigeon's egg, was filled with yellowish serum and a small clot of blood, and is apparently lined by a very delicate membrane. The cerebral substance for a short distance surrounding it is also of a yellowish color and slightly softened.</p>	Port 1844	J. Williams A. L. Staff.	<p>1st Stephen Morris 8th Dragoon Guards, son of William, height 5 feet 10 inches, age 48 years, total service 23 1/2 years all in the United Kingdom. Was admitted into the General Hospital Port 1844 25th October 1844. From the document it appears that he had been subject to attacks of catarrh since 1841 also to chronic rheumatism and various other diseases, for these disabilities he had been invalided, and while awaiting removal to this establishment at Ipswich, he was seized on the 21st September with a palsy for which he was bled from the arms & from both temporal arteries, the incisions united and shortly after in their site small false aneurisms formed for the cure of which compresses were applied to both, the pressure caused ulceration of the skin over the right temporal artery which continued to bleed a little occasionally; on account of these aneurisms he was admitted here on the 23rd October. On admission there being a slight discharge of blood from the skin over pressure was applied upon both sides of the aneurismal tumour by means of compresses and bandages, he appeared to be going on favorably until 14 past 10 o'clock P.M. 24th October when he was suddenly seized with an apoplectic fit, which immediately caused death; he was bled by the Orderly Officer but without any relief.</p> <p><u>Section Cadaveris hodie quadragesima post mortem.</u> Body stout and muscular. Membranes of the brain dry & glistening; veins of the pia mater and arachnoid not congested. Those of the choroid plexus gorged with blood. The</p>
87	<p>A recent apoplectic cell in the crura cerebri and in the pons varoli, the substance of both of which is softened & broken up and contained fluid & coagulated blood.</p>			

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
87	intermixed with shreds of softened medullary matter. The fourth ventricle was also filled with fluid and partially coagulated blood from the cell in the pons having burst into it.	Prof Pitt	G. Williams A. J. Hoff	Carotid and basilar arteries with their various branches were studded with atheromatous deposit. Two of apoplexy each about the size of a shelling on the anterior surface of the heart. Heart enlarged; right auricle, vena cava superior and the larger vein at the root of the neck filled with black fluid blood; right & left ventricle & also the left auricle empty. Left ventricle hypertrophied, the walls being of great thickness and its cavity of the usual size; atheromatous deposit in the arch & thoracic aorta. Lungs healthy. Liver lobulated and the whole of its capsule thickened and opaque; structure firm & granular; gall bladder contains a small quantity of thin bile. Spleen healthy. Kidneys slightly lobulated and a small serous cyst on the surface of the right. Stomach & intestines healthy. Preparations of the ^{the} subject.
88	shows a false aneurism on one of the branches of each temporal artery, the result of opening them during the ^{in pyrexia} former apoplectic seizure. The left temporal artery in which the probe is placed, shows a sac about the size of a pea filled with a firm fibrous coagulum which communicates with the artery by a small oblique opening; the walls of the sac, are formed by the surrounding cellular substance. The skin covering			

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
88	the right temporal artery is ulcerated from pressure applied for its cure: there is a conglom. in the ulcerated opening which prevented haemorrhage.			
89	Liver enlarged: Not Well in the blood state its convex surface projected much higher than usual: left lobe elongated covered the stomach and extended into the left hypochondriac region. In making a section, a large irregular sac about the size of an orange was found in the thick margin of the right lobe, close to its anterior surface; this sac contained a few drachms of pale yellow bile, was lined with a thick firm laminae	Dr. William	Dr. James Keach, aged 40, 80 th Regt. An. A. & Buff. Englishman, laborer, total service 20 th years, of which period 10 years in the Mediterranean and 8 years in New South Wales. Was in Hospital at Ophthalmia, as also in St. V. Malis several times suffering from rheumatism and cramps in his stomach, but from the treatment there derived having received no benefit was treated some from Australia and was first admitted into the General Hosp. for 1844 19 th August 1845. Still laboring under rheumatism, chiefly affecting the right shoulder and head: there was also some dyspnoea, unaccompanied however by cough or expectoration, but on examination of his chest the respiratory murmur was found to be very feeble in the apex of the right, while it was found perfectly unperceptible on that of the left. The treatment then adopted consisted in the employment of counter irritants, namely Hydrargyri, Mercurii, Iodine, & cantharidis, under which having	correct

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
89	<p>membrane, and that the right biliary ducts of various sizes, the largest being capable of admitting a full sized bougie, opened into it. This sac was evidently formed by dilatation of the biliary ducts, produced by calculi in their tubes, obstructing the escape of bile. The biliary ducts were (and the same may be seen in the preparations) generally very much dilated some to the size of the middle finger and at parts dilated into sacs from the size of a pea to that of an orange. Almost all of the contained biliary calculi; the stones deceased appearance are observed in the left lobe.</p>			<p>Dr. Williams, considerably benefited he was discharged on the 16th Aug 1846 to perform duty in Chatham Barrison. He was again admitted into the Hospital on the 13th April 1846 being carried to the in a sedan chair laboring under the present fatal attack of which the following were the most prominent symptoms viz. Bile and continued retching; the matter ejected being very copious, varying in character, being at first composed of half digested food, but afterwards dark and peculiar in odor, severe pain in the abdomen, recurring in paroxysms and chiefly referred by the patient himself to the right side extending from the pyloric extremity of the stomach round the right hypochondrium; the abdomen was very tense, hard and excessively painful on pressing over apparently a defined spot which may be said to correspond to the pylorus; the bowels at the same time being obstinately constipated. The liver seemed greatly enlarged, tongue furred, with a broad dry coating, teeth covered with iced like patches, eyes dull, suffused & fixed, eyelids not covering more than half the eyes, and pupils contracted & immovable, features shrunk, cheeks having a dusky tinge and the whole countenance expressive of great suffering; skin hot and for the most part dry but often covered with cold clammy perspiration, while at the same time features</p>

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
89	The structure of Port Pitt the liver was firm & granular. The hepatic ducts on issuing from the liver are very large, as also the ductus communis cholechus until within an inch of its entering the duodenum, where a large biliary calculus about the size of a bean was impacted, the duct below this point was of its usual calibre. The gall bladder was distended with pale yellow bile; cystic duct dilated; weight of liver 6 lb 1 oz 3 dr.	Port Pitt	J. Williams J. L. Hoff	experienced the sensation of great heat; feet were very cold; urina, which was at first altogether suppressed, for the last six days flowed freely and in quantity, pale continuing throughout the attack, full and steady being rarely more than 9 p. On the 5 th day after admission there were in addition to the above symptoms which, with the exception of the vomiting what was checked, all aggravated in degree, signs of extensive pneumonia engaging the right lung, lagatha with thoracic respiration and evident congestion of the brain. Percussion elicited considerable dullness over the entire anterior region of right lung and also posteriorly in the infra scapular portion, the respiratory murmur being perfectly inaudible over the same extent. There was also great resonance of voice, and slight subrespiration was detected over the apex respiration was puerile on the opposite side. The heart action & sounds were perfectly normal. Two days before death, suppurative inflammation attacked the right elbow joint and the patient gradually sunk under these varied complications. The treatment pursued in this case consisted at first in the use of Breach's Purgative and Therapeutic & Opium drops, purgatives & enemata succeeded by calomel at first in full & sedative doses with opium to alluviation which allayed the vomiting. Tartar emetic, blisters & finally brandy & opium & brandy.
90	Shows the ductus Port Pitt communis cholechus dilated to the size of the middle finger until within an inch of its entering	Port Pitt	J. Williams J. L. Hoff	of Breach's Purgative and Therapeutic & Opium drops, purgatives & enemata succeeded by calomel at first in full & sedative doses with opium to alluviation which allayed the vomiting. Tartar emetic, blisters & finally brandy & opium & brandy.

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90	<i>the duodenum</i> where a biliary calculus about the size of a bean is impacted: the duct below this point is of its usual calibre. There are two pancreatic ducts one of which joins the duct communicating chol. vesiculae and the other enters the duodenum separately.	Doct Pitt	A. Williams A. S. Hoff	<i>Sclo. cadaveris hora longum aetate 40. in</i> <u>External Appearances</u> Body stout and muscular, superficial layer of the lower segment of both tibiae denuded by ulcers on account of exposure. The eyelids having been constantly open. Right elbow swollen and enlarged, skin covering it posteriorly of a livid color and the cuticle detached; a large diffused abscess in the upper part of the flexor of the forearm which was filled with a quantity of dirty purulent pus. The elbow joint contained a small quantity of purulent matter; reflexion symmetrical membrane vascular and coated with lymph, integuments healthy. Cranium. Considerable sub-arachnoid effusion; about 200. of serum in the occipital cavity, section of brain presented an unusual number of bloody points, several serous vesicles in the left choroid plexus, weight of brain 3 lbs 3 oz. <u>Thorax.</u> <u>Pericardium</u> contained 6 oz of turbid serum, membrane covering the right auricle 1/2 centile thick and of a smooth white glistening appearance weight 12 oz. A small valvula on each inferior vena cava: bronchial tubes contained mucopurulent matter, mucous membrane of the lower part of the trachea and bronchi highly vascular. <u>Lung</u> adhered firmly & universally to the walls of the chest; on cutting into the lung many isolated portions of the pulmonary tissue were found in a

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Prepared

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state of red hepatization, their centres softened irregularly broken up and contained pale cream colored pus and their section gave a peculiar mottled appearance; on washing away the purulent matter, shreds of the pulmonary tissue were seen intersecting them. These diseased appearances masses were situated chiefly in the superior lobe and posterior part of the inferior, the largest about the size of an egg was observed in the anterior part of the superior lobe; the substance of the lung between the diseased part was healthy. Left Lung, pleura-pulmonalis covering the inferior lobe thickened and coated with a layer of recent lymph, a thick fringe of which surrounded its lower margin and attached its base to the diaphragm. Several portions of the structure of the superior lobe presented the same appearance as that observed in the right lung, the diseased parts were however of smaller size & fewer in number. There small crude tubercles in the apex of the superior lobe, weight of larynx trachea and lungs & the p. &c. Stomach. The state of the liver is given in the description of the preparation. Spleen healthy weight 132. Kidneys much enlarged, structure coarse and presented the first stage granular degeneration; a few small serous vesicles in the cortical substance near the surface, weight of right 1302 5d. left 1302 2d. Stomach healthy duodenum & small intestine distended with flatulent mucus membrane of the stomach & portions of the small intestine of a dark slate color.

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
91	<p> hemorrhoid covering the spinal chord. The preparation the membrane was highly vascular. </p>	<p> Dr. William L. Hoffman Hospital </p>	<p> J. S. Hoff </p>	<p> Dr. Charles Dick W. M. Dick, a German, a recent, always enjoyed good health till within the last 12 months during which time he has been frequently in the hospital for bowel complaint. On the 17th August 1895 he was admitted into the hospital laboring under pain in the right side, accompanied by dyspnea and slight cough with expectoration. He also complained of headache and of pain in the lumbar region with tenderness over the abdomen, and diarrhoea. His tongue was foul but moist pulse 110 full; he was admitted under the head of diarrhoea, and the above symptoms continued unchanged up to the 29th August when his bowels became somewhat constipated on the 30th he complained of pain in the region of the kidneys and voided urine of a high color in the morning, but in the evening there was retention of urine, the catheter was introduced and 2 quarts of water drawn off. The pain in the lumbar region continued and the urine was drawn off night and morning, though sometimes very little was secreted. On the 3rd September paralysis of the lower extremities commenced and he became delirious on the afternoon of the 4th and in the evening he was in a comatose state. The symptoms having changed so much from the original disease he was discharged on the 5th & readmitted under the head of Paralysis. He appeared rather better on the morning of the 5th, slight delirium remained, the lower extremities retained </p>

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
91		Detachment Hospital	S. Williams	<p> their heat and sensation, but they were together with the bladder sphincter and completely paralyzed, 18 oz. of urine which were drawn off had a strong violet smell, he complained of great pain on pressure over the kidneys and in the evening he was again comatose the pupils being greatly dilated. On the 8th in addition to his former symptoms he had paralysis of the left eyelid; no water was found in the bladder, he remained in much the same state as on the previous day, and the evening when he became much worse the stools continuing to be passed involuntarily pupils dilated, and comatose, 20 oz. of urine were drawn off and stimulant administered but without avail, died at 4³⁰ A.M. of 8th Sept. </p> <p> <i>Superior Cerebrum</i> None of the fluid water was retained congested, section of brain presented a number of bloody points; ventricles distended with pale, straw-colored serum in which were floating portions of lymph and their walls soft. The spinal chord was in the state described in the preparation. Heart healthy, Right Lung, superior lobe studded with miliar, & crude tubercles. Left Lung studded throughout with miliar, tubercles. The omentum formed two bands of adhesion to the upper part of the bladder, one on each side; the peritoneum covering the lower part of the ilium was vascular and coated with lymph, a fold of which adhered to the bladder, and on the mucous surface of this portion of the gut there was found one small ulcer. Liver & Spleen healthy; Kidney congested, Bladder healthy. </p>

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
92	<p>Arteries dried and Part VIII</p> <p>showing extensive specific deposit.</p> <p>Slight arteriosclerotic deposit in the coats of a portion of the abdominal aorta; the iliac & femoral arteries are also diseased containing in their coats only a few atheromatous. The superficial femoral arteries in the recent preparation presented transverse lines of a white glistening appearance. Numerous scales of bony matter in the branches of the deep femoral and popliteal arteries. The posterior & anterior tibial arteries as also many of their larger subdivisions are very thickly encased with small atheromatous and completely converted into osseous tubes.</p>	<p>A. L. May</p> <p>B. 40</p>	<p>P. John McFarquhar 11th Brigade</p> <p>aged 41 total service 21 1/2 years of which 14 1/2 years in the Mediterranean and the remainder at home. Enjoined good health until he caught cold on guard in April 1846, about two months after which at dusk he was suddenly seized with a spitting of clear & fluent blood to the extent (as he says) of 3 pints, but has never experienced any since. On re-joining into Part VIII June 19th July he presented the usual symptoms of an advanced stage of Phthisis Pulmonalis and died on the 20th July.</p> <p>The Lungs contained cavities and tubercles in various stages of maturation. Heart healthy. coats of aorta generally rough and irregular from deposition of atheromatous matter, it was in greatest abundance in the arch becoming gradually less to the termination of the abdominal aorta; the other arteries as seen in the opposite column. Liver & Kidneys healthy, numerous large valvular with thickened along the whole course of the jejunum and upper third of the ileum. A few small irregular ulcers in the caecum and several of a larger size in the ascending and transverse arch of the colon.</p>	

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
92	The subclavian, brachial and carotid arteries were healthy. The radial ulnar arteries are seen to contain numerous bony scales.			
93	Lower part of the I. Lining L. Williams. From an officer who received compound right humerus. A. S. L. Reg. A. I. Staff fracture of the right humerus showing an oblique comminuted fracture from gunshot. The broken ends are much displaced. The lower portion lies to the inner side of the upper having been drawn upwards and inwards by the action of the muscles. The bone must have been shortened to the extent of three or four inches. There is a large fragment at the posterior part of the preparation which is united to the two fractured but particularly to the lower portion.		R. 2938	From an officer who received compound right humerus. A. S. L. Reg. A. I. Staff fracture of the right humerus showing an oblique comminuted fracture from gunshot and afterwards shot of William Pulmonaire.

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
93	by a very abundant deposition of osseous matter. There is a large cavity between the fracture fragment and the lower portion of the femur. The upper extremity of the fracture lies to the outer side of the lower, the extremity of which is sharp & pointed having been fractured obliquely and, probably, protruded through the skin.			
94	Right tibia and P. Lining. L. Williams. The fracture ends are united by a very abundant deposition of osseous matter more particularly the tibia, in which there are several pieces leading			Thomas Private of the 80 th Regt. who received a compound fracture of the leg from gunshot at Persubah and had the limb amputated on board ship September 1845.

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
94	<p>into a cavity in the centre of the bone where there were some portions necrosed. The tibia has been fractured obliquely; the superior line to the outside & overlaps the lower portion to the extent of an inch and the latter is united to the tibia by a quantity of new bone. New osseous matter is also deposited to a considerable extent on the surface of the tibia & fibula. On the anterior surface of the tibia immediately above the fracture, absorption of the new bony matter seems to have been going on.</p>			
95	<p>Shows a depressed fracture of the tibia.</p>	Dr. Russell. G. Mullins	Dr. J. Mullins	<p>36th Nov^r 1845; recovered in a fortnight after the injury without a bad symptom. Was afterwards four months at his duty without complaint. Died 13th Nov^r 1846.</p>

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
93	of bone projects to a considerable extent internally and new bone is thrown out around it, the margins of the fracture are smooth & rounded off.			five months after the accident, from Crissipiles of the head which was Epidemic.
94	Calvaria showing Tuber necrosis; there are many circular cavities in the frontal & parietal bones containing loose necrosed bone; the disease has generally extended to both tables of the skull. In the scalp were found tumours which corresponded with the necrosed portions and also with fungous growths from the dura mater.		Dr. 2602	Pt James Reynolds, aged 29, 14 th Regt was admitted into Hospital in August 1844 with a chancre deep and foul, situated near foramen which was succeeded by a small hole - both cured without mercury. He was shortly afterwards re-admitted on account of cough, during the treatment of which several soft and apparently encysted tumours were discovered on the scalp and were quite free from tenderness. The patient died from Phthisis in Feb 1845 six months from the period of his admission for the primary sore.
95	A portion of Tuber big skull showing 3 rd & 4 th stages of the tubercular & mastoid process			Pt John Pilon aged 40, 14 th Regt, had been affected with dropsy. Suffered discharging from the meatus, tumours arising; dull pain around the ear and generally over the

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
97	of the left temporal bone, in the center of both of which there is a large ulcerated cavity		2511	left side of the head, for about three years which he stated originated from exposure on our post duty in Canada. On the 14 th April 1846 two months previous to death, paralysis of the muscles of the left side of the face (but with perfect sensation) supervened. He died Pthitic. No mercury had been administered for any other complaint. On dissection, the dura mater covering the diseased bone was found to be detached, ulcerated and of a leaden hue; the superimposed brain was softened on the surface.
98	Shows from adhesion Part VII of the lower part of April 1847 the tunica vaginalis to the surface of the testicle: there are also two small round cartilaginous bodies attached and projecting from the surface of the gland at its upper part	Part VII	L. Williams A. L. Staff	From a soldier who was tapped for hydrocele and injected with a spirituous solution of iodine, and died one month afterwards from false puer. Erysipelas.
99	Portion of spleen Part VII showing two irregular calcareous deposits about the size of beans situated in one of the veins in its substance, close to the convex margin.	Part VII April 1847	L. Williams A. L. Staff 1308	From a patient who died of Pthirus.

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
100	<p>Lower showing a large scrophulous deposit in a state of softening situated near its convex surface. There are also many others of a smaller size & former consistency throughout the substance of the gland.</p>	Fort Pitt	L. Williams A. J. Hoff	<p>From a soldier aged 32. Total service 5 1/2 years of which 5 1/2 years in India where he suffered from Dysentery & Rheumatism; was attacked with breast complaint in September 1843 which continued to his death 4th July 1845. The immediate cause of death was from an attack of Acute Bronchitis. The mucous membrane at the termination of the steeple was highly vascular; large intestines healthy.</p>
101	<p>Superior of the transverse ligament from 1847. An abscess was found situated in the right humeral tuberosity. The tuberosity surface of which on the left side are rounded & carious. The transverse ligament is destroyed by ossification and the weight of the head raising it to fall forward has supplied the death of the chord opposite to that process and the chord was dragged over.</p>	Fort Pitt	L. Williams A. J. Hoff	<p>St John Stevens aged 21. 31st Sept. 1 year service; was admitted into the Detachment Hospital 2nd April 1846 for contusion. The then full & plethoric in habit. The arm swollen & an abscess formed & burst near the elbow; it was 3 months in healing. He found a psoas formed on the sternum which was dispelled by blistering and he was discharged to Duty 14th July. In August he was readmitted with swelling & stiffness of the left elbow joint, and sinuses formed around the joint; these healed and fresh ones formed at intervals, up to the 9th February when he was transferred to the General Hospital. The lymphatic glands of the neck had been occasionally enlarged and painful; his general health had somewhat improved previous to this time. Flexion of the left arm was performed with facility but complete extension was impeded. The left cervical glands were swollen and painful; isolated sinuses were situated on the exterior.</p>

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
181	it and pierced deep into the spinal marrow. The posterior part of the 2 ^d vertebra is carious; the articular surface of the 1 st vert. on the left side is ulcerated as also the corresponding condyle of the occipital bone. The sheath in the neighbourhood of the diseased bone is thickened vascular and the chord itself softened.			<p>of the elbow; their appearance improved up to the 15th February 1847. On the 15th the cervical glands were observed more swollen & painful and the motions of the head were now, for the first time, noted as being impeded. The head was flexed on the right shoulder, and the patient seemed unable to rotate, or move the head in any direction upon the spine. Some dyspnoea & cough also appeared with slight epistaxis. On the 19th the headache came on, and became so intense, during the night as to prevent him from sleeping or resting. On the 20th the headache still continued & now was referred to the forehead & temples; there was a hectic flush on the cheeks, the eyes were suffused and bloodshot, the countenance sunken. The right arm appeared paralyzed in motion & sensation; excessive tenderness was complained of, from pressure on the nape of the neck and the patient could not bear the slightest movement of the head, which remained bent and fixed on the right shoulder. Leeches to the temple greatly alleviated the headache, but he died suddenly 20th February 1847, on being raised, for the purpose of changing his linen.</p> <p><u>Section cadaveris hora vigesima post mortem.</u></p> <p>Body much emaciated; several superficial abscesses around the left elbow joint; joint itself healthy. Brain healthy. The whole chain of the deep cervical glands were much enlarged and filled with scrophulous matter in a state of softening, more particularly those situated close to the base of the cranium, and the</p>

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
101		Fort Pitt	D. Williams	<p>and the surrounding cellular & muscular substance was thickened & condensed. Heart and Lungs healthy. The left lung adhered very firmly & universally to the chest, & very large mass of scrophulous matter in thickness, of scrophulous matter of firm consistence was situated between the base of the lung and the diaphragm and another of smaller size along the anterior margin of the lung. Bronchial glands enlarged & filled with scrophulous matter. Seven ounces of straw-colored serum in the cavity of the abdomen. The whole of the peritoneum was very thickly studded with scrophulous tubercles, the masses varying from the size of a pin's head to that of an almond were found situated in the serous membrane, on cutting into these bodies, the substance of the greater number of them was of firm consistence and other in a soft state. The omentum was contracted into one mass, and very much thickened from the deposition of the same tuberculous matter between its layers. Liver, cone of surface & adhered very firmly to the diaphragm and its lower surface to the colon & stomach with numerous tuberculous deposits in the peritoneum covering it. Liver large, structure firm & granular. One of the biliary ducts was observed to be dilated so as to form a small cyst which contained some fluid bile weight of liver 5 lbs 2 oz. Spleen large, structure soft weight 12 oz.</p>

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
101		W. P. H.	L. Williams	Kidney healthy. Stomach healthy. Numerous ser. phulous de poset passing from the size of a pea to that of a bean. Situated below the mucous membrane. Along the whole course of the small intestines, the larger ones were most numerous towards the termination of the gut. The matter contained in these bodies was soft and simplified and the mucous membrane, covering several of them had given way and large ulcers were in consequence, formed. Large intestine healthy.
102	Diaphragmatic Hernia the result of a gunshot wound. 1844. The greater part of the stomach the transverse arch of the colon and omentum are seen in the left pleural cavity: this being adhered very firmly and closely to the walls of the chest as low as the 9 th rib by adhesions of long standing. The lung is pushed to the upper part of the cavity, but on account of the adhesions to the ribs, it is compressed	W. P. H.	L. Williams H. J. Long 3 rd class	Pt. Thomas Fletcher aged 40, an Irishman a Weaver, height 5 feet 8 inches, stout and healthy frame, total service 28 1/2 years, of which 19 1/2 years were spent in India where he had two or three attacks of intermittent fever. Was wounded at Sabraon, by a musket ball in the left side of the thorax, entering between the 8 th and 9 th ribs, and about 4 inches from their cartilages and making its exit close to the transverse process of the 11 th dorsal vertebra and between the 11 th and 12 th ribs. Landed in England on the 13 th January 1844 in good general health. Admitted into the 1 st General Hospital on the 20 th January under observation for the wound in his side, discharged well on the 2 nd February. On the 11 th February immediately after his dinner, he was attacked with vomiting and pain in the left side over the 1 st rib, this continued the evening of the 12 th when he was admitted into the Hospital, he could not account

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
132.	<p>into a thin layer. Post. Post. which lines the August walls of the thorax. 1844</p> <p>The heart is also displaced and lay behind and a little to the right of the sternum. The large curvature of the stomach lies in front and first showed itself on opening the chest; the transverse arch of the colon is to the left of the stomach and below it and the ribs; the stomach reaches a little higher in the chest than the gut. There is an opening in the diaphragm with rounded margins 2 1/2 inches in diameter situated 2 inches to the left of the oesophagus, - the Peritoneum being the diaphragm proceeds through the aperture and is continuous with</p>	<p>Q. Williams</p> <p>Thos. Long</p> <p>2nd Class</p>	<p>for his sickness, had been quite well in the morning and his bowels had been acted on. On admission his skin was cold, pulse quick, small & wiry 90, - respiration natural, - pain over the spleen increased on pressure. On the 13th the pain had left his side and shifted to the shoulder and clavicle, it was not acute. He was free from all other pain and all inflammatory symptoms to the hour of his death; there was there any pain on pressure in the region of the stomach, nor any tension of the belly, but on the contrary, an extraordinary hollowiness or drawing in about the umbilicus, resembling very much in appearance a man suffering from Asiatic Cholera. The bowels could not be acted on and the irritability of stomach and vomiting of all things swallowed continued to the last. He began to sink on the afternoon of the 16th gradually became weaker and died on 18th February, it being eight days from the time he was first attacked with vomiting and twelve months from the time he was wounded. The cause of the irritability of the stomach and the torpidity of the bowels was as obscure as on admission. The treatment consisted at first of an emetic with a blister over the spleen. Afterwards full doses of calomel, opium, morphia and hydropyranic acid frequently repeated & castor oil combined with Croton oil both by the mouth & injections.</p>	

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162.	<p>the pleura, the <u>Forst Pott</u> serous surface. August around this 1844 opening although smooth and uninterrupted, yet there is some frank thickening and an appearance of calcification. In the pleural sac, close to the opening in the diaphragm, on its posterior & external margin, the stomach, colon and omentum adhere firmly to the pleura covering the diaphragm and ribs to the extent of a few inches. There are also two broad thin and loose bands of adhesion about 8 inches in length stretching from the omentum to the base of the lung and side of the pericardium.</p>	<p><u>Forst Pott</u> August 1844</p>	<p><u>C. Williams</u> <u>Hippury</u> <u>2nd Class</u></p>	<p>turpentine injections and fomentations to the abdomen; hot bath and hot bottles to his feet; leech injections, were the remedies administered. <u>Sotto cadaveris hora trigesima post mortem.</u> <u>External Appearance.</u> Body stout and well formed; skin shrivelled, more particularly that of the hands and feet; features contracted and indicative of a person having died under great suffering; muscles rigid. <u>Cranium.</u> about 1oz of fluid at the base of the brain: some of the pia mater coagulated as also some of the velum interpositum and choroid plexus; section of brain presents a number of bloody points, weight of brain 3 lbs. <u>Thorax.</u> The structure of both lungs were healthy; the posterior aspect of the right was attached to the chest by adhesions of long standing. The heart was of its natural size and its structure healthy. <u>Abdomen.</u> On tracing the small intestine five <u>intussusceptions</u> were found, the first situated at a foot and a half from the <u>duodenum</u> and the other four were generally from 8 to 10 inches apart; the portion intussuscepted was in each about 2 inches, there was no vascularity or congestion in the intussusceptions or in any of the abdominal viscera. Both portions of the stomach viz the part in the chest and that in the abdomen contained a quantity of dark fluid mixed with portions of food & medicine.</p>

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
103	The stomach & colon are however August loose and free. Wily in the pleural sac; the parts in the aperture of the diaphragm are free from adhesions and not constricted and the fingers were easily introduced through it, from the abdomen into the thorax. The <u>esophagus</u> after penetrating the diaphragm in the usual place, takes a sharp turn to the left side, the stomach then enters the thorax, - a portion of the cardiac extremity of which still however lies in the abdomen, in front and to the right of the spleen; the larger part having entered the chest, curves round and descends to the	Forst Pitt	Q. Millin Hoff Long 2nd Class	The <u>duodenum</u> and upper part of the jejunum as far as the first intestinal succction was distended with flatus; the small intestines below the invaginations, although not distended but in their condition were coated with mucus tinged with bile. The caput cecum and ascending colon to where it entered the chest were distended and contained a quantity of fluid & hardened faeces. The transverse arch of the colon was distended with flatus and some feculent matter. The descending colon and rectum were empty. Liver healthy weight 4 lbs 4 oz. Spleen healthy. Kidneys healthy weight of right 6 oz. left 6 oz 2 dr. Remarks. Kitcher was in perfect health until immediately after he had taken a full meal, which no doubt he had frequently done since the time he received the wound. It may therefore be asked what was the immediate cause of vomiting and the sudden attack of illness, - probably the portion of the stomach still in the abdomen having become over distended, spasmatic contraction of the diaphragm may have been induced and prevented the food from entering the larger portion of the stomach situated in the thorax; but it might have been

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162	to the opening in the diaphragm, August the pyloric orifice lies immediately in the aperture; about a foot and a half of the transverse arch of the colon with the omentum attached are also in this cavity. On the skin exactly opposite and corresponding to the opening in the diaphragm are two old cicatrices on the left side of the chest, one situated between the 8 th and 9 th ribs, three or half inches from their cartilage where the musket ball had entered, and the other its exit, between the 11 th & 12 th ribs close to the transverse process of the vertebra; the ball in its course	Fort Pitt August 1844	L. Williams M.D. 2 nd class	supposed that after the contents of the lower portion had been ejected the irritability of this organ would have ceased, which did not take place, but continued to the last without the slightest alleviation. The reason for supposing that it was spasmodic contraction of the diaphragm, is that on examination the opening in this muscle was found large enough to admit two fingers with ease along the side of the gut. Although it was however known that he had been wounded in the side, yet it was never suspected that the wound was in any way connected with the disease for which he was under treatment. The general appearance was most peculiar, the contracted state of the abdomen, the total absence of all pain in his belly after the first day and of all inflammatory symptom and the occurrence of pain in the left shoulder. It is known that in diseases of the liver, pain in the right shoulder is a common symptom, the pain in Hister may have had the same origin, whatever that may be as no satisfactory explanation has as yet been given of it, except that it may depend upon some irritation of the ramification of the phrenic nerve, communicated along its course to its origin from the cervical and brachial plexus, and then reflected by twigs distributed to the shoulder. A number of the symptoms which

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
103.	Through the thorax, Pitt-Rivers must have wounded August the diaphragm. Wally 2 nd class and permitted the hernia of the stomach and colon.	Pitt-Rivers	L. Williams	<p>presented themselves in this case, were those usually attendant on strangulation inguinal or crural hernia viz incessant vomiting and obstinate constipation. pulse small & wiry, but there was no stercoraceous vomiting, dissection showing that it could occur. The intussusceptions were the first morbid appearances seen on opening the body, and the remark was immediately made, that they did not present the appearance of invaginations which were the cause of death, but rather what are sometimes seen to have taken place during the latter stages of life when the patient, where the patient had no symptom of derangement of the intestinal canal. It is therefore most probable that the intussusceptions took place after the commencement of the fatal disease and was not the cause of it, but to be attributed to the violent peristaltic motions, induced by the action of the large doses of Castor oil which were administered.</p> <p>At first view of this case it appears to throw some light on the physiology of vomiting, as to how far the muscles of the abdomen and diaphragm co- operate with the stomach. The stomach in this mechanical act. But the whole of the stomach not being not being displaced into the thorax, and</p>

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163		First Pitt August 1844	L. McIlwain	<p>Therefore whatever influence they possess diff. lung may have been exercised upon the part 2nd place in the abdomen. It is also to be supposed that the contents of the stomach and transverse arch of the colon situated in the thorax remained the same from the time they became strangulated. M^r Guthrie states in his work on Gunshot Wounds, Vol. 1. page 14 that "Wounds of the diaphragm, in consequence of the motion of the parts, never unite, but always leave an opening with rounded edges, through which hernia of the stomach or intestines are apt to be formed and sometimes become strangulated". This may be the fact generally, but in a case where the wound of the diaphragm is small and the patient kept quiet and on low diet there is no good reason for supposing that the wound would close: the base of the lung might adhere to the diaphragm close up the opening and so form a boundary between the thorax and abdomen, and thus prevent a hernial protrusion. Besides it is only in those cases where a hernia has taken place that a Surgeon is lead on to take to a careful examination of these parts. I am therefore disposed to think that in cases of wounds of the lower part of the thorax, the diaphragm has been injured in many instances and the patient recovered from its effects</p>

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102	Port 2 nd August 1847	L. Williams St. George 2 nd class		<p>as never after to draw any attention to it, and that union of the divided fibres of the diaphragm or pleural adhesion take place in some cases and prevent a hernia from forming.</p> <p>It is very remarkable that this extraordinary malposition of the stomach and colon should produce so little inconvenience to the patient and that in every respect Fletcher was in perfect health until strangulation took place. The case of Lieut. Dennis Barry who was wounded in nearly the same situation where there was also a hernia of the stomach and colon into the thorax, and continued to do his duty as a soldier for nearly 32 years, showing little inconvenience he likewise experienced and ultimately died of gangrene of the left lower extremity. The parts forming the hernia in this case are preserved in the Museum Preparation N^o 1153.</p> <p>Had the exact^{state} of things been accurately diagnosed during life, what steps could have been taken for his relief? Would a Surgeon be warranted in cutting into the abdomen and reducing the hernia? In this case it would have been impossible on account of adhesion of the displaced viscera to the surrounding parts</p>

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Fort Pitt
August
1844C. Williams
H. H. H. H.
2nd Blue

The diagnosis of such a displacement would be extremely difficult, if not impossible. There is at present in this Hospital a patient wounded in nearly the same situation. P^t. Thomas Cathey aged 25 who was wounded on the 2nd of December 1843 at Maharagpore by a grape shot, which entered about three inches below and to the outer side of the left nipple between the 8th and 9th ribs and was cut out shortly after the accident, behind and at the angle of the 11th rib. He suffered severely from pleuritis of the left side in 1844. His general health is now good and he has no complaint except shortness of breathing or rather uneasiness in his chest when wearing his napier and cross belts. There is no doubt but the diaphragm was wounded in this case also, if so the wound may possibly have closed or pleuritic adhesions formed and prevented a hernial protrusion. If however Cathey was secured in the same manner as Fletcher after all other means had failed and after a careful examination I think a Surgeon would be justified in cutting into the abdomen and trying to reduce the hernia if one existed.

103

Portion of Small Intestine showing
intestine showing Aug. 1844
an intussusception

Fort Pitt

C. Williams
1st 2nd Blue

From the same case as the preceding Prep.
P^t. Thomas Fletcher 31st Regt.

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
104	<p><i>Cysticercus sicci</i> R. Allen deposited between Hoff's layers the costal and 2nd Class pulmonary pleura. Augt 1847 of right side. The deposits are in large plates of from 8 to 10 inches in length and from 3 to 3.5 inches in breadth and nearly a quarter of an inch in thickness</p>	R. Allen	Do	<p>9th John Truman aged 42, 1st Batt 12th Regt died of Dysentery Sept 23rd July 1847. Right lung adhered throughout to this mass of sicci matter and the latter adhered to the ribs. Small conical in upper lobe. lobe of right lung. Left lung and its pleura normal. Abdomen. Left lobe of liver enlarged; mucous membrane of cardiac extremity of stomach congested (stomach stomach); many ulcers on mucous membrane of large intestine. Kidneys and spleen normal.</p>
105	<p><i>Calvaria</i> from R. Allen since its natural Hoff's layers thickness, especially 2nd Class the frontal bone; Augt 1847 external surface rough irregular from non-sicci deposit; internal surface presents marks of increased vascularity; diploe thickened</p>	R. Allen	Do	<p>From an Indian servant, named Sumner, aged 40, died after a few hours illness on 23rd June 1846. Sectio cadaveris. Skull very vascular, periosteum much thickened, vascular and a layer of organized lymph lay between it and the cranium. The external layer of the dura mater 1/8 an inch thick; tunica arachnoides and pia mater highly vascular having a considerable virus effusion and some coagulable lymph between them. Thorax Both lungs studded with tubercles the size of peas, and part of the lower lobe of the right lung inflamed and hepatized. Heart and great vessels normal. Abdomen The liver contained a few milary tubercles Pieces of both kidneys, as well as the ureters and bladder greatly distended with urine.</p>

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
106 127	One hundred and thirty eight gall stones. Two of large size	J. Johnston Aug ^r 1847		From Corp ^t H. Barton Royal Artillery who died of Acute Dysentery at Demerara December 1845, neither before nor during the rapid progress of the fatal disease, had any symptoms of gallstones occurred. The liver was healthy.
107	Large biliary calculus	W. H. W. W. Aug ^r 1847		No History of case.
108	Two biliary calculi	For P. W. Aug ^r 1847	L. Williams W. H. W. W. Aug ^r 1847	From J. M. Henry 87 th Regt aged 33. who died of Phthisis Pulmonalis; never had any symptoms of gallstones. Liver much enlarged structure firm & granular and its section presented a nutmeg appearance.
109	Very perfect specimen of Præmuculus	Long th Aug ^r 1847		
110	Commenced fracture at the middle & lower third of the left femur from gun shot. The bone is much distorted and the lower portion is turned inwards. There is a large fragment lying on the posterior aspect and the fractured extremities are	For P. W. Aug ^r 1847	L. Williams W. H. W. W. Aug ^r 1847	From James M. Smith aged 29 th Regt 7 th gun which appears in India. Received a gunshot wound at Peshawar 21 st December 1845; the ball passed through the left thigh fracturing the femur and lodged in the right femur which it was extracted. Admitted into Fort Pitt General Hospital 28 th September 1846, there were two deep sinuses on the left thigh; on the 4 th October Crysopelas attacked this thigh and on the 11 th incision were made on its inner side from which a piece of exfoliated bone was extracted. From this date down to the beginning of Nov ^r the crysopelas had gradually extended to the foot & had given rise to great constitutional

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
110	<p>united by a very abundant deposition of new osseous matter in the centre of which are two portions of increased bone firmly attached to the new bony matter. The patella is ankylosed to the femur & the cartilage on the latter is absorbed. The patient died 13 months after the accident.</p>	<p>Post Mort Aug. 1847</p>	<p>L. Williams L. J. Long J. H. Hall</p>	<p>disturbance. Opening were at different times made to give exit to large quantities of pus. There was shortening of the limb to the extent of 3 inches and four openings in the thigh one on the outer side through which the probe reached the bone in a denuded state. On the 24th Dec. he was attacked with acute pain in the left side at the lower border of the true ribs, accompanied with cough and difficulty in breathing, expectoration rust colored; on the left side there was dulness & coarse crepitation heard. He gradually became weaker and died on the 3rd Jan'y 1847.</p> <p><u>Section cadaveris hora Regimen post Mortem</u> <u>External Appearances.</u> Body much emaciated. <u>Left leg</u> much swollen & 4 1/2 inches shorter than the other: on making an incision into the affected limb, the subcutaneous fat & cellular tissue was thickened and infiltrated with serum. On laying open the outer sinus, there issued a large quantity of dark colored pus. Under this opening and lying close upon the bone, was found the flattened remains of musket ball. The <u>Left Pleural cavity</u> contained 2 oz of turbid serum in which was floating flakes and masses of lymph; the pulmonary & costal pleura was highly vascular and coated with a recent layer of lymph which was easily detached. The lower lobe was condensed and sunk in water, a section presented the usual appearance of grey hepatisation</p>

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
110		First Pitt	L. Williams	softened and broke down under the fingers
		Aug. 1844	Staff Surg.	and infiltrated with pus. Right Lung healthy.
			2 nd Class	
# 111	Left foot showing Mr. Elly a fracture of the Rochester astragalus. The fracture has taken place through the upper part of the bone. the portion which articulates with the tibia still remains in its place. The larger portion of the astragalus was dislocated and thrown forward on the dorsum of the foot and was extracted several days after the accident. A small portion of the extremity of the fibula is also broken off. The cartilage covering the different bones are absorbed and their surfaces have become	Aug. 1844	L. Williams Staff Surg. 2 nd Class	John M. Croth. pensioner from the 11 th Regt. when walking along the street of Charleston his foot slipped from the pavement and the astragalus was fractured and dislocated on to the dorsum of the foot. Was admitted into the Medway Union on the 23 rd Jan'y 1844, the accident had happened some days before. There was great swelling & inflammation of the foot & ankle, the portion of astragalus became exposed and was at length removed by incision. A large suppurating cavity remained leading down to the joint and as his strength was fast giving way, the leg was removed on the 13 th March. He died from sloughing of the stump a fortnight after, died on the 2 nd April.

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
111	smooth and polished; some new bone is deposited on the posterior part of the tibia & fibula. The external lateral ligament, the tendons of the extensor communis & peroneus muscles are ruptured and lacerated	Mr. Ellis Rochester Aug. 1844	D. Williams Hoffburg 2 nd Class Aug. 1844	
112	Left Kidney. The kidney is very much enlarged and entirely converted into a soft, pale yellow cheesy looking matter. The infundibula are very much dilated in the centre of the gland and extend to its convex margin. The pelvis & ureter are also much dilated and their coats of great	Mr. Ellis Rochester Aug. 1844	D. Williams Hoffburg 2 nd Class	Langley, 13 years of age. first complained of wetting his bed at night. He had a delicate, jaundiced look. He had all the symptoms of stone in the bladder. On sounding, no stone was detected, when the point of the instrument was turned downwards it grated on a fibrous ridge in the bladder. He died of Phthisis Pulmonum suffering extremely to the last. The nose was enlarged and affected by the same morbid disease.

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
112	Thickness, the mucous lining of which is very rough & irregular and coated with granular lymph.	W. E. Ely	J. Williams	
		Rockwell	Hoffburg	
		Aug. 1847	2 nd Class	
113	Mucous membrane of the bladder, entirely destroyed by ulceration, its surface is very irregular, and the ulceration is most extensive at the neck of the bladder.	W. E. Ely	J. Williams	From the same subject as the preceding preparation No. 112.
		Rockwell	Hoffburg	
		Aug. 1847	2 nd Class	
114	Small intestine showing a very large intussusception. The portion imbricated is about a foot in length and this is again introduced into the part below forming a double intussusception. In opening the intestine over	Pelachmann	J. Williams	Pt. Thomas Pascoe 51 st Regt. aged 30. Total service 13 1/2 years of which 4 years in P. I. India. Admitted into Pelachmann Hospital atatham 25 th April 1846 complaining of acute pain in the abdomen, attended with vomiting and tenderness on pressure. He had an inguinal reducible hernia on the right side for which he wore a truss. Depression & debility became daily more and more apparent with aggravation of the symptoms till the time of his death which took place at 10 past 10 o'clock 28 th Aug. 1846. <u>Stomach</u> <u>liver</u> <u>pancreas</u> . <u>BRAIN</u> , external surface highly vascular and the veins filled with blood. <u>Thoracic viscera</u> healthy. <u>Abdomen</u> on opening this cavity some fluid flowed out
1089				
1092				
		1092 New Pat.		

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
114	<p>The invagination. Detachment of three layers of serous membrane are divided in succession. Portions of the mucous membrane of the second a deep intussusception are elevated into large round soft projecting masses which hang from its surface. The whole of the intestine, but particularly the mucous membrane is of a deep purple color and much congested.</p>	<p>Detachment of three layers of serous membrane are divided in succession. Portions of the mucous membrane of the second a deep intussusception are elevated into large round soft projecting masses which hang from its surface. The whole of the intestine, but particularly the mucous membrane is of a deep purple color and much congested.</p>	<p>L. Williams W. J. Sargent 3rd Class Aug. 1844</p>	<p>and the omentum was covered with lymph and congested, extending towards the plexus and adhering to the wall of the abdomen on the left side. Intestines generally distended more particularly the duodenum and jejunum which were of a bright copper brown color and on further examination an intussusception was found at the junction of the jejunum and ileum. Lower intestines of a very dark brown color with a greenish tinge and containing a dark thick bloody fluid.</p>
115	<p>Aneurism of the Arteria innominata. The trunk of the arteria innominata are dilated in all directions, into an oval pouch, which is accurately filled by compact</p>	<p>Aneurism of the Arteria innominata. The trunk of the arteria innominata are dilated in all directions, into an oval pouch, which is accurately filled by compact</p>	<p>L. Williams W. J. Sargent 3rd Class Aug. 1844</p>	<p>William Martin aged 40, a patient of Messrs. Hammond and Biddle of Lower Edmonton London. He spent 1844 he first began to complain of cough and loss of voice; he had bronchitis of both lungs and well marked symptoms of an aneurism of the arteria innominata. His being unable to speak much above a whisper was attributed to the pressure of the aneurism on the</p>

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
115	<p>fibrous, deposited in the layer of the layer. It is deposited in such a manner Aug. 1847 as to fill the interior to a level with the lining membrane of the aorta. The surface of the innominate at this part is dilated to about the diameter of a half crown piece and the arch of the aorta is also somewhat expanded. The fibrous occupies a small extent of the interior of the aorta, so as to cover up the opening of the left carotid. The vessel with the right carotid and subclavian are completely obstructed and the circulation to the brain could only have been in any considerable stream</p>	Dr. Michael S. Williams	S. S. Williams	<p>would prove. He was confined to the house and kept very low; his cough was much relieved, - and in the course of the autumn the pulsation over the superior end of the sternum became gradually less distinct. About a month before his death the symptoms of aneurism appeared no longer to exist; pulsation could not be detected in either carotids and almost from the commencement of his being under treatment no pulse could be felt in the right wrist. During the latter months he was seldom visited a cough mixture being occasionally sent him. He died the latter end of Feb. 1848 of Phthisis Pulmonalis, ten months from the time the aneurism was first detected. Several large cavities existed in both lungs.</p>

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
115	Through the left I. Michart vertebral, both it and the sub- clavian being somewhat enlarged in calibre; the right superior extremity must however have been chiefly supplied by the anastomosis between the superior thyroid and the branches from the thyroïd axis. The aneurism is firmly attached to the front of the trachea, some of the rings of which as well as small portions of the mucous membrane are absorbed. The coat of the aorta are thickly studded with atheromatous deposits.	Aug. 1847	J. Williams J. L. Hall	
116	Cavity of a large abscess in the left lobe of the cerebellum; the surrounding	Surgeon: 45 th Regt. Staff Surg. Aug. 1847	J. Williams J. L. Hall	Wm. James Preston aged 25. He came to Hospital on the morning of the 13 th Sept. complaining of pain in the back part of the head, with belious vomiting and

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
116	Structure is softened and broken up. This was also a small collection of matter between the osseous matter and the angle formed by the junction of the squamous and petrous portions of the temporal bone of the same side.	H. Larson Esq. L. Williams M.D.	Surgeon 43 rd Regt. N.Y. Arty. Aug. 1847	uneasiness across the abdomen. coldness of the surface and small pulse. On being put to bed he recovered the natural temperature and felt easier, and the vomiting ceased, had Purg. Sarsol. Calomel a gr. and the following morning vomited an ounce of Sulphate of Soda. The medicine did not operate, but he felt easier, until 6 P.M. when symptoms of compression of the brain came on and he died at 2 A.M. the following morning. He had slight earache about a month before, and had complained occasionally of pain in the back part of the head for ten days or a fortnight previous to admission into Hospital, and had continued to do his duty without hindrance to the time of his admission.
117	Medullary sarcoma of the right kidney which is very much enlarged and lobulated. The structure is completely disorganized and the lower portion is converted into a soft yellowish brain like substance without the slightest appearance	J. Robertson Esq. L. Williams M.D.	Whittam Esq. Aug. 1847	He had generally enjoyed a good state of health, and had always been actively engaged in the duties of his profession until he was 60 years old, when he had an attack of Gout to which he was afterwards occasionally subject, until the appearance of the first symptom of the disease, which manifested itself about a year and a half previous to death, consisting in a slight swelling in the right lumbar region which increased gradually during several months, when there followed a soreness of the skin of the right hip, groin and thigh and which continued until within a few weeks of death and accompanied with tenderness over the right kidney the seat of a tumour which was indurated and somewhat unyielding. With inability to take exercise there was less

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
117	<p>off-faded vessel. Dr. Robertson</p> <p>In the superior Chatham</p> <p>angle of the kidney, Aug. 1847</p> <p>There is a large coagula which is softened in the centre, and close to this there is another coagula about the size of a walnut enclosed in a distinct cyst and only connected to the kidney by a narrow neck; this coagula appears to be of more recent formation.</p>	Dr. Robertson	Dr. Williams	<p>of appetite and restlessness, followed by</p> <p>Dr. E. C. Case emaciation and gradual exhaustion.</p> <p>The patient was 67 years old when he died.</p>
118	<p>A large tumour Dr. Robertson</p> <p>of a medullary Chatham</p> <p>Sarcomatous Aug. 1847</p> <p>Character attached to the right side of the lumbar vertebrae. The tumour consists of two lobes enclosed in the same firm cellular capsule. The structure of both are different, - the anterior one</p>	Dr. Robertson	Dr. Williams	<p>From the same subject as the preceding</p> <p>1886</p>

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
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118	is soft and brain lobe with a few spiculae of bone intersecting it; the posterior one was filled with fluid and semicoagulated blood with numerous thick bony plates in its centre. The lobe seems to be in the most advanced stage, the osseous deposit being greatest and some of the vessels having been ruptured and poured their contents into the sac. The tumor is firmly attached to the vertebrae. The laminae of which are absorbed	I. Robertson	L. Williams	Chatham S. S. 24th
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119	Abdominal parts and iliac arteries showing large thick bony plates between their coats.	I. Robertson		Chatham S. S. 24th
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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
120	Portion of integument from left shoulder, the back showing. Aug 5. 1844. discoloration of the cutis vera. the result of flogging	H. Reed to J. A. Williams	J. A. Williams	<p>4th Mr. White 4th Hussars received 150 lashes on the 15th June 1846 and died on 11th July 1846 of Pleuritis of left side and endocarditis on both sides of the heart. A portion of the integument was dissected from the shoulder and spine where he had been punished and all the parts underneath were found perfectly sound and natural. The integument stiff with the exception of some discoloration of the cutis vera perfectly healthy. By order of the Surgeon, Erasmus Wilson Surgeon, made an examination of the body and stated that he found a pulpy softening of the multifidus spinae muscles!!! resulting from involuntary contraction and that a relation subsisted between that disorganization and the disease which was found in the chest and that the marked change in the muscles lying in contact with the pleura had a prominent share in exciting the inflammation of that membrane. The result of this case was the almost total abolition of flogging in the British Army. Vide Lancet 1846 Page 172. J. A. Williams</p>
121	Extensive carcinoma ulceration of the cervix uteri and upper part of the vagina. The surrounding parts	Prof W. H. J. Williams	J. Williams	<p>Catherine Pate aged 37, the mother of 9 children. Admitted into the Female Hospital Prof W. H. J. Williams on arriving from Leyden. She bled from the previous she had laboured under pain of the abdomen & pelvis with profuse discharge from the vagina, generally</p>

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
121	parts are much thickened and semicartilaginous; the ulceration has extended posteriorly and produced a communication with the rectum, this opening is of large size and situated about 10 inches from the verge of the anus.	Fort Pitt Aug ^t 1847	D. Williams J. L. W. H.	menstrual, but sometimes scruous. She was much emaciated, countenance pale & yellow. In examination the neck of the uterus was found diseased. The discharge from the vagina became more profuse and sanguinous & occasionally bloody and died on the 13 th December 1846
122	Inflammation of the superficial veins of the arm resulting from venesection. The veins are filled with coagula, which at parts softened in the centre. The lining membrane in the recent state was highly vascular, and the coagula adhere to it. The cellular substance along the course of the veins was	Bellevue Hosp. Aug ^t 1847	D. Williams H. J. W. H. J. L. W. H.	

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
122	much thickened and condensed particularly surrounding the incision, and pus was found both in and external to the sac.	Maidstone, Aug. 1847	J. Williams J. P. Shaw	
B 194				
123	Ulcers showing a number of tumors of a fibrous character in its substance varying from the size of a cherry to that of an ostrich egg in the centre of some of them there are plates of bony matter deposited. The large sac seen on the posterior aspect of the uterus contained the following pre- paration and shows how easily these tumors can be dissected out and that they	J. Williams Maidstone, Aug. 1847	J. Williams J. P. Shaw	

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
123	are developed in the cellular substance, - produced by interstitial deposition and that the muscular fibres are stretched so as to form the enveloping sac.	J. Abbott Maidstone Aug ^t 1844	L. Williams L. S. Class	
124	The large fibrous tumor removed from the sac Aug ^t 1844 in the uterus of the preceding preparation	J. Abbott Maidstone Aug ^t 1844	L. Williams Staff Surg. 3 rd Class	
125	Kidney much enlarged, and completely filled with serous cysts of various sizes	J. Russell Surg. 36 th Regt Aug ^t 1844	L. Williams Staff Surg. 2 nd Class	
126	A large fungus growth from the right testicle; its structure is firm semicartilaginous and of a smooth character.	L. Williamson Staff Surg. Aug ^t 1844	L. Williams Staff Surg. 3 rd Class	Serg ^t Lewis Thayer aged 38, 94 th Regt. The left testicle became enlarged in Aug ^t 1845 for which he was sent home from India and treated in this Hospital for the space of one month and discharged to Duty. Was again admitted 12 months after for enlargement of the right testicle which was found to be of a natural size, red, but not painful with distinct fluctuation at the upper anterior part

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
126		L. Williams Staff Surg. 2 nd Class Aug. 1844	L. Williams Staff Surg. 2 nd Class	an incision was made into it, through which a fungus protruded and continued gradually to enlarge. It was found impossible to cover it by the surrounding integument amputation was made. Recurred.
127	Calculus of uric acid. A section has been made, showing the nucleus to be a clot of blood; weight 12 grs. 4 drs.	L. Williams Staff Surg. 2 nd Class Aug. 1844	L. Williams Staff Surg. 2 nd Class	Taken from the bladder of a troop horse. The operation of Lithotomy was performed by Col. J. Surgeon Horsfield, but from the size of the Calculus it could not be extracted; the horse was shot being unfit for service.
128	Portion of cane removed from the bladder by Lithotomy. It is 3 3/4 inches long and hollow in the centre, what is frequently used by Soldiers as a stem for their tobacco pipes. It was completely imbedded in the centre of a soft stone, the portion extracted and washed out must have weighed 2 lb., the quantity	L. Williams Staff Surg. 2 nd Class Aug. 1844	L. Williams Staff Surg. 2 nd Class	Pt. James Huxsey aged 25 - 18 th Regt. total service 7 1/2 years, of which 5 months were in Bombay and 6 1/2 years in China. At Hong Kong on the 24 th Feb. 1845 he was taken to the guard room in a state of intoxication and when he became sensible, he found a piece of cane about a foot long in the urethra, retained by a string tied round the penis, on removing both of which there was slight hæmorrhage. The guard room contained at the time a number of men waiting to be tried by General Courts Martial and he suspected one of them to have played this trick upon him. He did not go into Hospital for a month after when he complained of pain over the pubes, inability to void his urine, and when able to do so, urine mixed with blood and copious deposit

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
128	preserved weight 2. Williamson 102, and in form of S. S. Case to be uric acid.	S. Williamson	S. Williamson	<p>of mucus was passed; on introducing the catheter a grating sensation was experienced. The patient himself did not know that anything had been pushed into the bladder.</p> <p>Admitted into Fort Pitt General Hospital 19th May 1847, very much emaciated, skin dry and scaly, gums spongy and scabrous, had also diarrhoea which attacked him on boardship five months previous, as he was about leaving China. Complained of continued and excruciating pain across the bottom of his belly, at the neck of the bladder and along the course of the urethra, could not retain his urine which was continually flowing from him in drops, when collected, was thick, very pale, alkaline and deposited a quantity of mucus. By introducing a sound, a large stone supposed to be of soft consistence, was at once detected. The great pain which he suffered for the last 12 months made him very desirous to have something done for his relief. The general health having considerably improved and the diarrhoea in a great measure checked, on consultation it was determined to remove the calculus which was accordingly done by the Lithotomy operation of Elliotson on the 14th June by Messrs. Surgeon Williamson.</p> <p>Before carrying the patient into the operating theatre, in consequence of his being unable to retain his urine and the very contracted state of the bladder, some tepid water was thrown in, which came</p>

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
128		L. Williams S. A. S. W. W. Sept. 1844	L. Williams S. A. S. W. W.	<p>away immediately by the side of the catheter. On placing the patient on the table and introducing the staff, it was felt to enter the center of a large, soft stone, and there became in a manner fixed. On making the incision into the neck of the bladder, a small quantity of fluid escaped; the bladder was now found to be completely filled with a large friable stone and very firmly contracted on its contents; having scraped out several large masses, a hard body was now found lying transversely which was also extracted by the finger and scoop; the remainder of the stone having been taken away and the bladder washed out, the patient was put to bed. There was no hemorrhage and the operation was concluded in less than 5 minutes. The hard body extracted was a piece of bamboo cane 3 1/2 inches long and hollow in the center, what is frequently used by soldiers as a stem for their tobacco pipes. The portions of stone extracted and washed out must have weighed 2 lb. the quantity preserved weigh 1 lb. and is found to be uric acid.</p> <p>The patient never had a bad symptom, and although his health was very indifferent, the wound was all but healed in three weeks after the operation; a small fistulous opening however continued to give exit to the urine for sometimes and required to be touched with a hot wire, after which</p>

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
128		L. Williams S. of 2 ^d Class Sept 1847	L. Williams S. of 2 ^d Class	<p>it closed completely.</p> <p><u>Remarks.</u> It is difficult to conceive how a portion of cane nearly 4 inches long could have been forced into the bladder without the patient being aware of it at the time or soon afterwards. When one is in the bladder, it might have been expected that the irritation would have caused contraction to such an extent that ulceration of the coat of the viscus would have taken place. The patient did not suffer much annoyance until a month after its introduction when he went into Hospital and a grating sensation was then felt from the deposit around foreign body, but there was not the slightest suspicion of a piece of cane being present.</p> <p>At the time the operation was performed the patient was far from being in a favorable state, his constitution was shattered from disease in the lungs, dysentery and the irritation produced by the calculus; it was removed as affording the only chance of preserving his life and as no further advantage could be expected from delay.</p> <p>On cutting into the neck of the bladder it was found impossible to introduce the finger from the contracted state of the bladder and the size of the stone and therefore it could not be removed by the forceps.</p>

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
128		J. Williamson S. 1 st Class Augt. 1847	J. Williams S. 1 st Class	<p>The scoop was the only instrument which could be employed.</p> <p>If the deposit around the foreign body, instead of being composed of vice acid of a soft and friable consistence, had been hard & compact its extraction would have been impossible on account of the contracted state of the bladder not admitting of the introduction of the forceps. The calculus however might have been broken by a lithotripsy instrument, still the portion of tana with fragments of the calculus attached to it, could neither have been broken nor removed without being first cut across, but as the extent and nature of the nucleus was not known, it is easy to imagine the difficulties which the surgeon would have had to encounter.</p>
129	<p>Portion of the sac Collings of Popliteal Surgeon Aneurism and 2nd M. J. Williams the effects of the Augt. 1847 operation of tying the femoral artery. On first of the pre- paration shows the popliteal artery vess and portion of the sac; upper end of the artery abrupt & divided</p>	Collings Surgeon 2 nd M. J. Williams Augt. 1847	J. Williams S. 1 st Class R. 407 B. 12	<p>Surgt. in the 3rd M. I. Regt. procured age 45, a native of Sierra Leone. The aneurismal tumor occupied the whole of the left thigh and prevented motion of the knee, and was stated to be of recent formation. The femoral artery was tied by 2nd class M. J. Williams in the upper third of the thigh on the 4th Augt. 1846. Its untoward symptoms took place at the time, the circulation and natural heat of the leg and foot was soon restored. Rigor and fever occurred on the 15th and secondary hemorrhage</p>

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
129	The lower contains a piece of bougie. Surgeon and is smooth and rounded off into the sac. vein almost imperious from pressure of the sac & containing soft coagulum. The other portion shows the femoral artery, vein, with ligature used in the operation, inner coats of the artery completely divided and plugged with firm coagulum. vein inflamed and lined with a deposit of lymph.	L. Williams	L. Williams	in the evening, so that was arrested spontaneously and did not recur. There was pain and tension of the sac, tenderness along the course of the femoral vein, with great irritative fever. Died on the 21 st Augt. exhausted by fever, legs swollen & tense and covered with vesications. Survived the operation 15 days.
130	Bladder and penis, showing the sac of an abscess around the membranous portion of the urethra and prostatic gland. Two sinuses	Amos & L. Williams	L. Williams	John Edwards aged 28 admitted into Hospital at Madras 20 th Jan ^y 1844. When he complained of frequent watery purging with heat of skin, thirst, anorexia and debility. The purging was easily checked but the febrile symptoms persisted and he lost strength. On the 24 th he was found to have complete retention of urine.

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
130	extend from it, one into the membranous portion of the urethra and the other into neck of the bladder. The mucous membrane of the bladder is very rough & irregular of a dark claret color and, softened	Amos M. D. L. Williams Surg. & Prof. S. S. L. Williams May 1844		<p>Ulls were drawn off by the catheter; it stated that this was the first time an instrument had been passed and that he never suffered from any urinary disease before. On the 28th the bladder was again distended, the catheter passed easily, but only a few ounces of urine mixed with mucopurulent matter flowed. On examination per anum, the catheter was felt as if in the bladder, there was no enlargement of the prostate but there was a want of firmness in the part anterior to the rectum. Pulse small & full - had a dull apathetic expression of countenance, stated positively that he had no pain except when the finger was passed into the rectum, which caused acute suffering, at 9 p.m. the catheter was passed with ease and blood & urine flowed freely when he was in the erect posture. 29th June. Constant dribbling of urine; bowels freely acted on, passed enormous quantity of dark green feces. From this time the catheter was used two or three times daily, with various success, sometimes it passed freely and easily into the bladder and the viscus was completely emptied by his standing up, & other, though there was no difference in the</p>

1844. A large ulcer with irregular edges on the mucous membrane of a portion of colon, the ulcerated surface has a peculiar granulated appearance. - MS. Cat. vol. II, page 76, No. 130.

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
130		Wm. H. D. Williams A. S. 84 Regt. I. S. 2 Aug 1847		direction of the instrument, the point appeared to abut against some soft substance in the bladder and only a pound or two of fluid were discharged. The urine was extremely foetid & largely mixed with pus & mucus. - Warm water was injected; the foetus now increased and every time the catheter was introduced it became blackened. He died comatose on the morning of the 5 th Feb'y. Post mortem 6 hours after death. Body much emaciated. Abdomen distended to the size of an infant's head and adhered to the surrounding parts and contained 1/2 p of clear urine. No other marks of the slightest consequence were discovered.
131	Rheumatic disease of right knee joint. It is enlarged and distorted, the patella adheres by long firm bands of adhesion to the corresponding surface of the femur, which are evidently of long standing. The cartilage	Fort Pitt Aug 1847	S. Williams Staff Surgeon 3rd Class	Sgt. James Barber 55 th Regt. aged 43. 19 years service of which 18 years in the East India & China when in the last station he suffered severely from Rheumatism having been in Hospital for seven months at Calcutta, was again in Hospital at Calcutta from Feb'y to Sept 1843 suffering from the same affection in the right knee & elbow joints and was sent home to join his Regt. Was admitted into Fort Pitt General Hospital on account of Paralysis. He complained of constant gnawing pain in the forehead; the right arm and leg were paralyzed, and the disease rapidly

Division.

Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
131	covering the patella and condyles of the femur are almost entirely absorbed. but the synovial membrane is entirely continuous. Between the condyles of the femur new osseous matter is deposited in large granules which renders the surface very irregular	Fort Pitt Aug. 1847	G. Williams H. J. Perry 2 nd Class	advanced and he died on the 28 th May 1847 The right Popliteal Artery was softened and broken up and purulent matter was found intermixed with the medullary matter.
132	Tumour on the origin of the 8 th & 9 th pairs of cerebral nerves and firmly adhered to the dura mater so they pass through the base of the skull. The nodules oblongate at the origin of the nerves of grey slate color & softened probably from the pressure of the tumour. The structure of the	Fort Pitt Aug. 1847	G. Williams H. J. Perry 2 nd Class	Col. Surgt. Charles Percell. 39 th Regt aged 41, 31 years service, of which 14 years in India & 5 years in N. S. Wales. While in India he was several times in the hospital three times with Fever & four for scitis and cephalgia, he was sent on account of the latter and for length of service. When admitted he was greatly emaciated & very weak: he had cough & expectoration. The right side of the tongue was paralyzed & shrivelled. he was extremely deaf, voice hoarse and whispering: throat & mouth sore, he had difficulty in swallowing and great irritability of stomach so much so that neither food nor medicine could be retained. For the first week he seemed to improve a little, he never complained of

Division.

Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
132	tumor is firm cartilaginous & exactly and about the size of a cherry; the vessels cannot be traced through the center of the tumor. On tracing the 8th & 9th nerves to their distribution they are found of their usual size and to all appearance healthy. The irritability of the stomach and the pneumonia of the right lung may have been caused by paralysis of the 8th & 9th pairs of nerves on the right side.	Hort Pitt Aug. 1847	D. Williams S. L. Chas.	<p> pain. On admission his bowels were confined but afterwards he had diarrhoea. Ten days before death he was seized with hiccup, and vomiting. Medicine did not appear to have any effect in checking either.</p> <p> Spleen cadaveric. Hæmorrhage post mortem. Cranium. about 1 oz of serum at the base of the brain; veins of pia mater congested; white of brain presented a number of bloody points. Thorax. 2 oz of serum in the pericardium. Trachea & bronchial tubes contained some mucous purulent matter; mucous membrane congested. Right lung. superior & middle lobes adhered firmly to the walls of the chest; the inferior part of this pleural sac contained about 1 pint of serum with lymph floating in it and the surface of the pleura was coated with a thin layer of lymph. Almost the whole of the substance with the exception of its anterior margin was condensed and sank in water; the superior & middle lobes & upper part of the inferior was very firm & semicartilaginous. Left lung. Superior lobe adhered to the walls of the chest. Structure healthy. Abdominal viscera healthy.</p>
133	Infused found in M. Holt & D. Williams. Both apices of the right & left lung at St. Lucia 28th December 1846. They were only detected at these parts, the remaining portions	M. Holt & D. Williams	From W. Thomas Jones who died suddenly at St. Lucia 28th December 1846. 3rd Class	<p>Physical Characters of the Infused. It has a round figure, is about the magnitude of a small marble, dark externally, white on its interior and apparently is composed</p>

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G. W. Valer
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 April 22nd 1891

8.674

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
133	lung entirely free from the and quite healthy.	M. M. K. B. L. Williams Supt. Surg. 2 ^d Regt.	of an exterior cyst and an internal nucleus; the cyst seems to be formed of organic matter; the nucleus is colorless in odorless & tasteless and insoluble in water. The composition of the deposit is accor- ding to the Analysis made. — Albumen Fibrin or gelatin? Lime. Magnesia. Silica? Phosphoric Acid. Carbonic Acid.	
134	Mulberry calculus removed from the bladder by Lithotomy. It weighs 4 dr. 23 gr. it measures 3 $\frac{1}{2}$ by 3 $\frac{1}{2}$ inches in circumference. The broken spines are the result of attempt to crush it in the bladder.	Gumbrecht Surgon 7 th Regt. 2 ^d Regt.	L. Williams Supt. Surg. 2 ^d Regt.	From a Soldier of the 7 th Regt. aged 24. he had suffered for some months from uniquivocal symptoms of stone in the bladder and several attempts were made with the lith. forceps to seize & crush it, its size and hardness rendered this operation inapplicable and the lateral operation was resorted to. The time occupied in the extraction was seven minutes; a much less time might have sufficed, but the stone was grasped in its long diameter. The inhalation of Ether was resorted to, in about seven minutes he was considered sufficiently under its influence; he felt scarcely any pain during the operation, till towards the end of it when the effects of the Ether was wearing off; however he was perfectly conscious during the whole time; he was sensible of the first incision being made he heard and remembered and could repeat any casual observation which dropped from the assistants, and so

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
134		J. Dumbreck & L. Williams Surgeon 78 th Regt. & L.D.S.		little was consciousness impaired that he heard the urine gushing out and, falling on floor, and felt relief from this, as it had been a great effort to him to retain it during the marning. The urine had a bad sympthome and recovered perfectly so as to
135	Aneurism of the R. Aorta. A. A. 4 th Regt. situated at spine to the coeliac a. p. The aneurism arose from its posterior and lateral aspects. The largest sac is on the left of the spine where it burst into the pleurae muscle and extends down into the groin, it also ruptured upwards into the left pleural cavity compressing the lung & heart and causing instant death. There is a portion of the sac of matter size on the right			Capt James McFerson 94 th Regt. an Irish laborer, admitted into Hospital 30 th June 1874 complaining of pain and tenderness in right hypochondriac region: had a tallish black tall & stolid frame. On examining the abdomen a considerable tumor was observed in the epigastric region attended with much fluctuation and a bruit de soufflet was distinctly heard. On the 20 th July he complained of pain in the left loin extending into the groin with some of fluctuation in the tumor; pain and swelling in the abdomen increased and on the 25 th he became suddenly very weak and quite insensible; after rallying a little he suddenly expired on 26 th July. Auta cadaveris was a copious post mortem. The most appearances were chiefly confined to the abdomen and left side of chest. The left pleural cavity contained a large quantity of coagulated blood, the lung was pale and collapsed. The first bursting of the aneurism, naming that disease as it seems by the symptoms to have occurred on the 25 th July when

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
135	<p>of the spine. The R. Agar. Anterior part. A.S. 43. 1/2 of the aorta for several inches opposite to the aorta is also dilated.</p>			<p>he fainted, and death was caused by the rupture into the chest.</p>
136	<p>Portion of large Intestine showing numerous large sloughing ulcers; the ulcers generally are of a circular or oval form & about two inches in diameter; the mucous membrane is detached from their surface & adhering in long loose shreds from their margins. The ambucular coat is laid bare and without any lymph effused on it. The ulcers seem to be of very recent formation and the portions of sloughing mucous membrane are of a bluish</p>	<p>Port. 13. 1/2 J. Williams</p>	<p>1st 3 Class</p>	<p>Pt. Patrick Donnan 99th Regt. Ag. 19 an Irishman, a laborer, had been only 12 months in the service - had good health previous to enlistment and since his coming into the service until 5th Jan'y 1867 when he was under treatment in this Hospital for 20 days for an attack of Pneumonia of the right lung. He had not returned to his duty above 3 days when he was seized with diarrhoea increasing in severity until the 3rd Feb'y when he began to pass blood and was again admitted into Hospital. He had then much abdominal tenderness with constant straining and calls to stool, thirst, and quickened pulse. The bowels continued to be opened 12 times in the day and nearly as often during the night, occasionally patches & shreds of mucous membrane came away with the thin dark and sanious stool, while the pulse continued very small and the tongue dry and red. It was evident or at least probably that the patient was labouring under some organic disease most probably of the large intestine. Up to 11th Feb'y he had been using strong astringents.</p>

Division.

Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
136	slate color and are not entirely thrown off by opium. The mucous membrane is thickened, soft and pulpy.			and opiates with but partial and temporary good effect, but on the day just mentioned his ailments were further complicated by the occurrence of pain under the 6 th & 7 th ribs on the left side, with scanty, viscid and slightly rust colored sputum but without any cough; these pleural symptoms yielded in the course of three days to the use of Calomel & opium combined with Tartar of Antimony. But no sooner had this good result obtained than the Dysentery which had been lulled as it were, for a time, broke with increased acuteness, larger patches of mucous membrane were passed at stool; hemorrhoids appeared from the constant straining and the patient's food and strength were very much reduced. Chalk Mixture combined with opiates, warm turpentine fomentations, mustard cataplasms to the abdomen, frequently repeated anodyne injections &c all proved fruitless. In the last 24 hours before his death, thin watery stools (with no abdominal tenderness) were constantly passed, and he sank on the 20 th Feb'y 1899. <i>Actio Cadaveris</i> hœc quadragesima p. post. Body very much emaciated. Cranium, membranes & substance of brain pale & loose. Thorax. 2 oz of straw colored serum in the pericardium, right cavities of the heart filled with fibrinous clots, structure healthy. Right lung adhered very firmly & universally to the walls of the chest by adhesions of old standing; numerous clusters of extremely minute milky

Division.

Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
136		For 1 st 2 nd 3 rd 4 th	J. Williams	<p>Intercostal in the posterior part of the superior lobe; the remainder of this lung healthy. Left lung healthy. Abdomen. A fold of the sigmoid flexure of the colon, adhered to the posterior surface of the bladder and on separating it, purulent matter escaped from a large ulcerated opening. The discharge, which into the cavity of the abdomen, during, had been prevented by adhesion inflammation. Numerous large sloughy ulcers in the caecum and along the whole course of the large intestines. Mesenteric glands enlarged. The remainder of the abdominal viscera were healthy.</p>

137 J. Dierking, a stout, muscular man of the 3rd Regt. of German Hussars, was wounded at the battle of Waterloo by a lance which penetrated the chest between the fifth and sixth ribs and was with drawn. He fell from his horse, lost a good deal of blood by the mouth and some by the wound and was carried to Brussels without any particular attention being drawn to the injury. His strength not being restored whilst he suffered from palpitations of the heart, and other uneasy sensations in the chest, he was sent to England to be invalided and from the Savoy Barracks in the Strand, in November 1815 to the Park Hospital, Chelsea, in consequence of an attack of pneumonia, of which he died in two days, without attention being particularly drawn to the wound. Placed on the examination table in the hospital for a dissection of the pericardium. I thought I could not miss the opportunity of tracing the effects of the wound of the heart & diaphragm. Having removed the parts they became the first preparation made for the Military Medical Museum now at Port Pitt (Khartoum). See in Exhib. Hist. Section of N. 136.

The lance, having injured the edge of the cartilage of the rib, passed through the inferior lobe of the left lung, the track being marked by a deep narrow cicatrix. It then perforated the pericardium under the heart and sliced a piece of the outer edge of the right ventricle, which being attached below turned over and

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
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being down from the heart to the extent of two inches, when in a fresh state, the part of the pericardium from which it had been sliced being puckered and covered by a serous membrane like the heart itself. The lance then penetrated the central tendon of the diaphragm, making an oval opening, easily admitting the finger, the edges being smooth and well sloped. It then entered the liver, on the surface of which there was an irregular mark or cicatrix. The heart in front was attached to the pericardium by some strong bands, the result of adhesion inflammation, but the general appearance of the serous membrane showed that this had not been either great or extensive. The pericardium was not thickened. If this man had lived long enough, he might have furnished an instance of hernia of the stomach or intestine into the pericardium. Extracted from McGuthrie's Lectures on Surgery, published in the Medical Times, April 1st 1848.

Robt. Hunter's Catalogue Vol 5th Common Surgery Page 513

11/38

Cyst of an abscess. S. Lauranville, I. Minna
in the anterior lobe. Surgeon. Sept. 21st
of the left hemisphere. N. Asylum, August
of the brain: also. Chelsea 1848
the contiguous portion
of the frontal which
was perforated
by a small carious
aperture, through
which pus had
escaped previous
to death. From
a boy about 8 years

Duncan McQuary 8 years of age. Had
only been admitted into the Chelsea
Asylum on the 24th Oct. 1831, 16 days before
his death. He was then apparently in
good health, but on the following day
he was brought to the hospital on account
of refusing his food, but he made no
particular complaint. He was ordered
some opening medicine and discharged
Oct. 26th. On the 31st he was again brought
to the hospital complaining of pain in
his head, but he had no constitutional
disturbance, and he referred his pain to
the left side of the forehead, about an inch
above the superciliary ridge, where there
was a small inflamed boil, from which
a few drops of pus were pressed out.
He was observed to be dull and inactive
and continued to refuse his food. On
being questioned whether he could

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
138				<p>account for the pain in his forehead: he said that he had had a fall in the street about a week before his admission and struck the left side of his forehead, against the ground, but the skin was only slightly grazed, and he neither felt sick at the time, nor afterwards. His tongue was clean, bowels torpid and a dose of Scammony & Calomel was given him and a poultice applied to the boil on the forehead. In three days the boil was healed, very little discharge having come from it and only a small cicatrix remained. During this time he did not complain much of his head only occasionally, and was walking about the Ward, with trifling complaint. No alteration took place until Nov 8th when febrile symptoms appeared, the tongue was slightly furred, skin hot, and increased pain in the forehead. Leeches were applied to the forehead, a brisk cathartic of Jalap prescribed, followed by saline medicine. There was nothing unusual in the evacuations. This was the first day that any serious affection of the head was indicated. Nov. 9th the febrile symptoms were much moderated and he said he had less headache, he dined a great deal and disliked to be disturbed but was perfectly sensible; pupils natural. Nov. 10th This morning his pulse was remarkably</p>

Division.

Diseased Structure of

Number

Character of Preparation

By whom
PresentedBy whom
Prepared

History of the Case, with Remarks

138

slow (60 in a minute). tongue more
furred, bowels torpid. He did not
complain much of his head, but always
pointed to the left side of the forehead.
An emetic of Opium was given followed
by Calomel & Rhubarb, the emetic operated
gently and he had two scanty, bloody
evacuations; at this time he was
apparently tranquil, pulse 60 &
small, skin natural. During the
night, the nurse hearing him make
a moaning noise, went to him, he
was perfectly sensible, spoke to her
and said he did not want any thing.
At six o'clock, the following morning
of the 10th he was found dying and
soon after expired.

The mother corroborated the boy's state-
ment regarding his fall and said
that she had not considered it of the
least importance, but added, that
he was a delicate child, and possessed
of great mental sensibility. He never
told his father about it until the time
he had felted much and never was
playful like other children, subsequent
to his father's death.

Section cadaveric.

Cranium. On reflecting the scalp from
the bone, particular attention was directed
to the left side of the frontal where
the boy during life had complained
of most pain; a small carious
perforation of the bone was there.

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
138				<p>perceived about an inch above the superciliary ridge which would admit a small sized probe, and the bone around this hole had a dull, red appearance apparently from increased vascularity. The internal surface of the scalp had a small, dimple, like a depression, corresponding to the perforation in the bone and to a minute cicatrix on the skin, left by the healing of the boil. The calvarium was now removed, and which was less strongly adherent to the dura mater than is usual in young subjects. On the internal surface of the os frontis a small, prolongation, about the thickness of a probe, was seen proceeding from the dura mater to the perforation in the bone, immediately above which was a spot of ecchymosis on the brain, about the size of a soapstone. The dura mater was now reflected - no particular vascularity or turgescence of the vessels of the brain was observed, but the anterior lobe of the left hemisphere appeared of a straw, or greenish yellow color, evidently denoting the existence of an abscess, with distinct fluctuation, the posterior lobes were of natural appearance, as well as the whole of the right hemisphere of the brain. The right side of the brain was now sliced down to the lateral ventricle.</p>

Number

Character of Preparation

By whom
PresentedBy whom
Prepared

History of the Case, with Remarks

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on opening, which a small quantity of limpid fluid escaped: attempting to do the same on the left side, the brain gave way, and about two ounces of bland inodorous pus gushed out, and the cyst of an abscess became apparent: the posterior part of the left lateral ventricle was also found filled with pus, but it was difficult to say whether it had existed there prior to death or took place from the bursting of the cyst of the abscess during the dissection. The cyst of the abscess and the portion of bone perforated are preserved. The thinnest part of the cyst was at the anterior part near the ecchymosed spot, just above the perforation in the frontal bone. The cavity of the cyst was vascular, being of a dark red color. The cerebrum was natural. The Thoracic and Abdominal viscera were healthy.

Remarks. This must have been a chronic abscess originating independently of the fall, but which might have accelerated the fatal termination. May not the suddenness of this disease been owing to the abscess having burst into the left lateral ventricle? for it is to be remarked that there were no symptoms of effusion on the brain, no dilatation of the pupils, no coma, the boy being perfectly sensible to the

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
138				latest period at which he was seen, prior to death. <i>James A. Lawrence.</i>
139	Carcinoma of <i>L. Lawrence</i> by <i>L. Williams</i> Surgeon the right eye. <i>History, by J. S. I. Chalmers</i>			Removed from a boy aged 13 years April 20 th 1825. The boy did well
140	Heart very <i>L. Lawrence</i> by <i>L. Williams</i> Surgeon much enlarged. <i>History, by J. S. I. Chalmers</i> weight 1 lb. 8 oz. Surface of the <i>Chalmers</i> heart & pericardium coated with a thick firm adherent layer of granular lymph. From a boy aged 13 years	A. 7		<i>Wm. Leachman</i> aged 13 years. This boy's disease was well understood. Venesection, & bleeding by leeches was practiced to a full extent and the antiphlogistic regimen was strictly adhered to for several weeks. Pain was occasionally felt very severely but it was not constant. <i>Lectia cadaveris</i> . Therapy. The pericardium was considerably thickened and adhered strongly to surrounding parts and on the side contiguous to the left lung, was of a bright red color. On making an incision into the pericardium about a pint of bloody serum escaped. The internal surface was of a purple color and entirely covered with coagulable lymph. The right lung adhered firmly to the walls of the chest. The left pleural cavity contained about a pint of serum. Structure of both lungs healthy.
141	Heart covered <i>L. Lawrence</i> by <i>L. Williams</i> Surgeon with a thick <i>History, by J. S. I. Chalmers</i> layer of coagulable lymph, having			<i>Wm. McLeod</i> aged 8 years who died of pericarditis. <i>L. Williams</i> in the must have been some time ill without its being observed; he was

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
141	a honey comb appearance. The interior of the pericardium was covered with a similar coat. In removing part of this layer from the surface of the heart, the vessels were seen tinged with blood. The pericardium contained about half a pint of a greenish milky fluid.	J. Lawrence Surgeon	L. M.	only three days in hospital. He was bled largely twice and blisters applied. The symptoms on admission were, great dyspnoea, rapid small pulse, great prostration of strength. He only complained of pain in the stomach. <i>Section cadaveris.</i> Thorax. The pericardium & lungs were found firmly adhering; both lungs were coated with a thick layer of coagulable lymph but their structure was healthy. The bronchial glands contained cretaceous matter in distinct cells. The peritoneum exhibited marks of inflammation and a small quantity of lymph was found among the intestines.
142	Pericardium J. Lawrence firmly united to the surface of the heart by adhesions of old standing	J. Lawrence Surgeon	Military Physician	Sarah Robinson aetat 12 years who died of Phthisis. She was of a highly scrophulous habit and for a long time the cervical glands had been at different periods enlarged and occasionally suppurating; at the time of death there was a large cluster of them on the right side of the neck. <i>Section cadaveris.</i> Thorax. Both lungs adhered very firmly to the walls of the chest and the structure of the lungs were filled with tubercles and vomicae. The bronchial glands were enormously enlarged and converted into a hard yellow cheesy substance.

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
142		J. Lawrence, Surgeon		The cavity of the abdomen contained 8 oz of serum. The liver was of a yellowish color, considerably enlarged & of a firmer texture than usual. The other viscera were healthy. The mesenteric glands were enlarged and somewhat indurated.
143	Spification of J. Lawrence the popliteal artery and its branches, the anterior & posterior tibial & peroneal.		R. 254 B. 79	Taken from the body of a Negro in whom all the arteries of the body were more or less ossified.
144	A polypus removed from the nose.	J. Lawrence, Surgeon		
145	Larynx and trachea lined by a pale membrane, formed in croup; but which has partly separated on being immersed in spirits. From a boy 8 years of age who died 17 hours.	J. Lawrence, Military Surgeon		John McCray aged 8 years. He was seized with symptoms of croup and brought to hospital at 10 o'clock on the morning of the 9th Febry and notwithstanding the immediate employment of B. L. Lusk, Emotiv, calomel & a blister &c his symptoms gradually increased, he became delirious & died at 3 a.m. on the 10th. Section Cadaveris. On opening the trachea at the posterior part, it was found to be completely filled at its upper part with a tenacious adhesion membrane; lower down the tubes were filled with frothy mucus. The mucous membrane of the air passages was of a bright red color. The adventitious

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
145		S. Lawrence Surgeon		membrane having been removed at the rima glottidis. there was an appearance of abrasion or approaching ulceration and minute patches of coagulable lymph on the epiglottis. The right lung adhered firmly to the wall of the chest by adhesions of old standing structure. of both lungs healthy. In two separate places in the susceptible portions of the ileum were observed but the whole of the intestines were otherwise healthy as also the abdominal viscera.
# 146 462	Syphilitic ulceration of the larynx with necrosis of the right half of the hyoid bone	S. Lawrence Surgeon	L. M. W. D. S.	From a man aged 30 years, who died in the Lock Hospital 1822.
# 147	Portion of the left lung containing portions of calcareous matter embedded in its substance	S. Lawrence Surgeon	L. M. W. D. S.	Mr. Holt aged 77 years who died of dropsy. he had suffered for some time under symptoms of general dropsy and died suddenly. Both lungs contained tubercles and pneumonia. The abdomen contained a pint of serum. The liver was of bright red color.
# 148	Portion of liver having numerous small yellow tubercles both on its external surface & internal structure.	S. Lawrence Surgeon	L. M. W. D. S.	Emily M. Evans aet 4 1/2 years who died of Pthisis. The Spleen and peritoneum was studded with tubercular deposits. The mesenteric glands were enlarged and indurated.

Spurthwaite
Browne
Andersson
April 22. 1871

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
149	<p>Half of a greatly enlarged spleen. Surgeon, D. J. S. The structure is Military, highly very thickly studded with tuberculous matter; portion of which are in a state of softening which contrasted with the dark red color of the substance of the spleen gives it a speckled red & yellow appearance. Patches of coagulable lymph are also deposited on the surface. The spleen weighed 12 oz.</p>			<p>Mr. Shell aged 14 years who died of Marasmus. He must have been long ill without its being noticed for, when admitted in Hospital on the 25th Nov. 9 weeks before he died, he was much emaciated and bore evident marks of organic visceral disease. He scarcely ever complained of any pain in belly, but the alvine evacuations were unnatural and irregular; tongue always presented a clean appearance, & his appetite was tolerably good; pulse always quiet; skin dry and harsh. The region of the spleen and abdomen generally was frequently subjected to pressure, but it never produced any pain. His menses was extreme at the period of his disease. Spleen cadaverous. Both lungs were thickly studded with military tubercles. The liver was large and adhered to the diaphragm; it was of a dark red, mottled appearance and tuberculated; some of the tubercles were softened & broken up. The peritoneum was thickly studded with tubercles the size of millet seeds. The mesenteric glands were much enlarged and several were entirely converted into a cheesy substance. The intestines were healthy.</p>
150	<p>Spleen enlarged. Surgeon, D. J. S. and thickly studded with tubercles of Chelsea various sizes</p>			<p>From a boy 12 years of age.</p>

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
151	Right kidney containing several scrophulous abscesses; the pelvis ulcerated. Chelium calcarated and entirely denuded of its mucous membrane. There are also several ulcers on the in- ternal surface of the ureter.	J. Lawrence	G. M. Dr J. J.	Joseph Grant aged 12 years, born at Libonia was admitted into this institution in July 1836. A boy of scrophulous constitution, having a dry purpuraceous state of the skin, with occasional enlargement of the submaxillary glands; rarely however in hospital, except for trifling complaints until Feb'y 5 th 1839 when he was admitted for severe Chelitis. In the beginning of March he was attacked with fever, but did not complain of much local pain; nor was attention drawn to the urinary organs until the 28 th of March when he complained of pain & smarting in making water with very frequent desire to void it. On examination there was edematous swelling of the prepuce with slight enlargement of the body of the penis; and a small circumscribed swelling of the size of a small hazel nut, in the urethra just in front of the scrotum, very hard and painful under pressure. Two or three of the inguinal glands in each groin were also enlarged, apparently from sympathetic irritation. He could assign no cause for this swelling, and said he had only perceived it a day or two. Pulse 120; dry unperforable skin; thirst; frequent micturition and the general symptoms of fever. The urine was observed to be turbid and smelly, soon forming a deposit, and on being tested, had little or no effect on either Litmus or turmeric paper. On the 30 th March the swelling had increased to the size of a small haz nut and fluc- tuation being perceptible it was punctured
152	Bladder and urethra showing extensive ulceration. The whole of the mucous membrane of the bladder & urethra is destroyed by ulceration & the surface is rough & irregular; the muscular coat of the bladder is thickened. There are two small ulcerated fistulous openings about half an inch from the orifice of the urethra, through which urine & pus escape during life.	J. Lawrence	K. 1937	

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
151 152		J. Lawrence L. M. Surgeon D. S. S.		<p>and about a tea-spoonful of pus evacuated the bladder was sounded, but nothing could be perceived excepting that it was in a very irritable state. In a few days the febrile symptoms were mitigated, but his pulse continued very quick 100 to 120 and the irritable state of the bladder remained the same, as also the state of the urine. He was frequently asked if he had any pain in his back; he always stated that he had not; he only complained of the continual desire to make water with pain in voiding it—passing only from half an ounce to an ounce at a time.</p> <p>April 6th The urine now passes both through the fistulous opening in front of the scrotum and orifice of the scrotum. The urine continues turbid & milky and deposits a copious sediment very soon after it is voided. The urine was analysed by Mr. Brock and he stated that it was serous & purulent and that it was streptococcus pus, and thought it most probable that it proceeded from the kidney; for in his experience he had never found such matter in calculous cases. He also prognosticated a fatal termination.</p> <p>From this time the boy continued nearly same with very little variation in the symptoms except that he gradually emaciated; and character & appearance of the urine remained unchanged, but the purulent deposit varied as to quantity. May 6th a accumulation</p>

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
151 152		J. Lawrence Surgeon	L. M. 2 ^d S. S.	<p>of urine appeared to take place in the perineum forming a small pouch, so that by pressing that part, it forced out both from the fistulous opening and orifice of the urethra. There is also ulceration of the meatus urinarius & separation of the scrotum from the constant dribbling of the urine. June 4th. The first complaint of pain on the left side of the chest and over the region of the kidneys increased by pressure. He had for the last few days a short dry cough; his countenance, at all times expressive of pain & anxiety has now become more so and he is evidently sinking. He died on the 11th June.</p> <p>Section cadaveris. Thorax: The lungs on both sides adhered to the parietes of the chest by adhesions of old standing. At the posterior part of both lungs, a large pneumonia was found containing purulent matter; a few tubercles only were dispersed throughout their substance, the greater part of which however was crepitating & healthy. Heart healthy. Abdomen. On opening this cavity, the omentum which was entirely destitute of fat, and the whole of the peritoneal surface of the intestines & viscera were studded with small yellowish tubercles; also between the folds of the mesentery; the mesenteric glands were healthy. The right kidney was not examined, on pressing it gently, previous to cutting into it</p>

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
151 + 152		J. Lawrence Surgeon	L. M. D. A. I.	<p>pus flowed freely out through the ureter to the amount of two or three drachms. On laying it open, several abscesses were seen; and the pelvis was ulcerated, abraded & entirely denuded of its mucous surface. On stripping off the ureter, the mucous lining was only partially removed, there being several spots of ulceration on various parts. The left kidney also contained several abscesses and together with the ureter presented the same appearance of disease as the right. The bladder was much contracted and in the state described in N° 152. The liver and other viscera were healthy.</p> <p><u>Remarks.</u> It is rather curious to observe how the ulcerative process was continued throughout the whole of the urinary organs, from the kidneys even to the orifice of the urethra. It may also be mentioned that this boy's brother aged eight years, who was born in Scotland and admitted into this institution from Leith in July 1834 died on the 28th April last of marasmus & general tubercular disease. On postmortem examination the lungs were found hepatized and tuberculated. The peritoneum, covering the abdominal viscera, was studded with numerous gray colored tubercles of the size of small peas. The mesenteric glands were much enlarged and several of them contained</p>

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
151 152		J. Lawrence Surgeon	L. M. D.S.S.	<p>into the peculiar, scrophulous cheesy substance. The liver adhered firmly to the diaphragm and contained several tubercles in its substance. The kidneys and urinary organs were healthy.</p> <p>The hereditary nature of tubercular disease was very strongly marked in the above instances. From the records kept of post mortem examination for the last twenty years in the Military Asylum at Chelsea it may be stated that more than two thirds of the deaths occurring amongst the children, are from scrophulous and tubercular disease. Out of the great number of such examinations, this is the first instance in which any disease in the kidneys in children was met with and it may therefore be stated that this disease is rare in children.</p> <p>Edinb. Medico-Chir. Gaz. July 13th 1839</p>
153	Right kidney enlarged, highly vascular, and of a deep reddish purple color with blood extravasated throughout its substance which is also extremely soft and tearing with the slightest force. The pelvis & ureter were highly injected.	J. Lawrence Surgeon	L. M. D.S.S.	<p>Sergt. J. Lynch aetat 41 who died of Nephritis. The disease was much masked the symptoms resembled more those of pleurisy than any renal disease until the last two days and then only by the urine being bloody. It proved rapidly fatal, being only 4 days under treatment during which period he was twice cupped.</p> <p>The left kidney was of natural size & color but was nearly as soft and as easily lacerable as the right. The bladder was contracted & contained some bloody urine.</p>

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
154	A portion of the S. Lawrence L.M. diaphragm, the Surgeon, D.D. under surface of which is very thickly studded with serophulous matter	L.M.	D.D.	Mr. Sheedy aged 8 years who died of Hydrocephalus. Both lungs were filled with incipient or miliary tubercles.
155	A portion of S. Lawrence L.M. ileum showing Surg. D.D. the peritoneum very thickly studded with serophulous tubercles, some nearly as large as a bean. The convolutions were agglutinated by coagulable lymph	L.M.	D.D.	B. Gristly aged 9 years who died of Phtisis. He was ill for some months with the usual symptoms of pulmonary & mesenteric disease, he was greatly emaciated and death took place suddenly from a profuse hæmorrhage from the lungs.
156	Stomach covered S. Lawrence L.M. with patches of Surg. D.D. coagulable lymph and serophulous deposit	L.M.	D.D.	From a boy 10 years of age.
157	Portion of the S. Lawrence L.M. intestines very Surg. D.D. firmly agglutinated.	L.M.	D.D.	H. Williams aged 14 years who died of disease of the abdominal viscera. On opening the abdomen, a very extensive and confused mass of disease presented itself. The transverse arch of the colon was ulcerated and communicated

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
157		J. Lawrence L. M. Surgeon	D. S. S.	with the duodenum. All the small intestines were agglutinated and contained a quantity of faecal matter mixed with castor oil which had been swallowed. Abscesses had also formed in various parts between the convolutions of the intestines several of which communicated with intestines: the intestines were so soft as to be torn on the slightest force. The sigmoid flexure of the colon was ulcerated and faeculent matter escaped from it into the pelvis. The left lung was filled with tubercles.
158	A portion of ileum showing extensive ulceration. The ulcers are deep, separated and their margins are thick ragged and irregular; on the external surface corresponding to the ulcers, the peritoneum is thickened and lymph is deposited.	J. Lawrence L. M. Surgeon	D. S. S.	J. Havenagh aetat 44 years who died of Phthisis.
159	The lower portion of the ileum and caecum. The mucous follicles of the former.	J. Lawrence L. M. Surgeon		J. Havenagh aetat 44 years who died of Phthisis.

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
159	are enlarged and contain scrophulous matter, the greater number of which have become softens suppurated and produced small wat ulcers; many having coalesced some having caused perforation. There are also a few enlarged mesenteric glands	J. Lawrence Surgn	L. M. D. S.	
160	A portion of the J. Lawrence sigmoid flexure. Surgn. of the colon, the mucous membrane of which is almost entirely destroyed by ulceration: the surface is very irregular & portion of the lining membrane is hanging loose. Mesenteric glands uniformly enlarged and filled with firm yellow scrophulous matter.	J. Lawrence Surgn.	L. M. D. S.	<p>Path. Hawkins aet 13 years who died of inflammation and hemorrhage of the bowels. He was a long time ill with visceral disease, towards the latter part of his complaint, he had copious discharges of fluid & coagulated blood by stool.</p> <p>The thoracic viscera were healthy.</p> <p>Abdomen, three pints of turbid purulent fluid in this cavity. The liver adheres by recent lymph to the diaphragm. The large intestines adhered to the walls of the abdomen. The small intestine was studded with small ulcers, two of which had perforated the coats. The peritoneum was very vascular and ecchymosed. The spleen was studded with small tubercles, hard and of a yellow color resembling mustard seeds.</p>

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Mesenteric gland J. Lawrence
very much enlarged Surg. 2^d J. S.
and filled with
firm yellow
scrophulous
matter: peritonium
coated with
lymph.

L. M.
2^d J. S.

J. M'Creo aet 49 years who died of
Mesenteric disease of several months duration.
He was a highly scrophulous subject and
became greatly emaciated; he seldom
complained of pain except occasionally
near the umbilicus.
The peritonium was studded with small
scrophulous deposits and the convolutions
of the intestine were glued together
with coagulable lymph.

162

Bladder enlarged J. Lawrence L. M.
and its coats Surg. 2^d J. S.
thickened par-
ticularly the
muscular coat
: mucous membrane
puckered. Prostata
gland somewhat
enlarged. Ureter
much dilated.

L. M.
2^d J. S.

Surg. Pallison aet 59 who died of
disease of the kidneys & bladder. He
was Master shoemaker to the N. M. Asylum
for 17 years & his sedentary habits together
with full living, caused him to become
exceedingly fat and bulky. He was subject
to gout for which he was in the habit of
taking colchicum; just before the attack
in his kidneys he had taken his usual
medicine feeling the gout coming on in
his wrist, and the translocation of the gouty
inflammation to the kidneys was the con-
sequence. During the latter part of his illness
he voided much bloody urine.
The kidneys were covered with an enormous
quantity of fat. The structure of the kidneys
contained scrophulous deposits, some
in a state of softening: the pelvis was
enlarged: the kidneys were also congested.

163

Extensive car. J. Lawrence L. M.
cinomatous ulcer Surg. 2^d J. S.
action of the penis

L. M.
2^d J. S.

From a man 60 years of age.

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
164	Schirous of the S. Laurance mammary.	Surge.	L. St. 2 ^d S. S.	Removed by operation
165	Extensive disease of the right hip joint. The acetabulum is completely destroyed by caries so that the rim only is left, and that held together by the ligaments & muscles; the disease extends downwards to the tuberosity of the ischium & upwards & inwards to the sacrum & pubis. The head of the femur is soft but covered with cartilage; it was of a dark brown gangrenous hue and was found lying within the rim of the acetabulum resting on the muscles within the pelvis.	L. St. Surge.	L. St.	James Masterton set at 44 years who died of diseased hip joint. He was admitted into Hospital on the 31 st Jan with a swelling in the right buttock which slowly increased unattended with pain or any constitutional symptom until about the beginning of March when slight fever came on; some pain in the groin was felt and great lameness. The swelling was punctured on the 28 th and a several ounces of purdy pus evacuated which continued to discharge profusely; other collections also formed and he died greatly emaciated. The lungs contained tubercles in various stages of advancement. The abdominal viscera were healthy. There were several large extensive abscesses and sinuses surrounding and communicating with the hip joint.

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
166	Cartilage covering the head of the right femur, R. M. Boyle almost entirely destroyed and the bone carious	L. M. Lawrence	L. M. Boyle	George Jenkins aged 12 years; he was from the Antislavery and was nearly black, having the peculiar curly hair of the negro. He was admitted into Hospital on the 4 th May 1839 with the primary symptoms of disease of the right hip joint. On 9 th May an abscess formed below the trochanter which was opened; a few days after irritation fever came on, and he died on the 4 th June. <u>Section cadaveris</u> . The head of the femur was out of the acetabulum and rested on the ischiatric notch and pus had penetrated through it into the interior of the pelvis. The acetabulum was entirely dissolved of cartilage & carious; a very extensive sloughing abscess occupied the gluteal muscles. The thoracic and abdominal viscera were healthy.
167	Upper part of the right femur; the head of the bone is very soft & compressed but the cancellous structure was filled with pus & laminae present matter. Portions of the cartilage covering the head of the bone is destroyed.	L. M. Lawrence	L. M. Boyle	Mr. Russell aged 18 years, was admitted into Hospital with the symptoms of disease of the right hip joint 18 th Apr 1839. He was considerably relieved by the employment of cupping followed by blister & issues. So that in June 1839, he was sufficiently recovered to be allowed to walk about on crutches; finding himself so much better, he could not be prevented from using more exercise than he should have done, whereby a fresh inflammation was excited in the joint, followed by abscesses, which ultimately completely destroyed the joint & caused death. <u>Section cadaveris</u> . On examining the

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
165	Right ilium showing extensive disease of the hip joint. The skin of the acetabulum is destroyed by ulceration and the dorsum of the ilium also presents deep carious grooves.	J. Lawrence	L. M.	The joint, the greatest destruction of parts was observed, which is seen in Nos 164 & 168. The head of the femur was dislocated on to the dorsum of the ilium; the muscles were wasted & abscesses & sinuses pervaded them in various directions. The Thoracic and abdominal viscera were healthy.
169	Upper part of the right femur which was dislocated on the dorsum ilii. Part of the head of the bone is destroyed by caries; the cancellated structure is very soft; some new bone is deposited on the neck.	J. Lawrence	L. M. D. S. I.	John Byron aged 16 years who died of disease of the hip joint with ascites. He was admitted into hospital with symptoms of disease of the hip joint July 12 th 1816, it had existed for years. Hops were entertained, as ankylosis had taken place, that he would ultimately recover, especially as all the sinuses had healed up, excepting one, the discharge from which was very trifling. Therefore most probably the dropsy & visceral disease was the immediate cause of death.
170	Left hip joint. The surfaces of which are through out carious. A portion of the	J. Lawrence	L. M. D. S. I.	Samuel Farby aged 14 years, was admitted into hospital on the 24 th May 1819 with a limping & slight pain about the hip, which he attributed to a fall he had down some stairs, a few weeks

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
170	bottom of the acetabulum is destroyed; there is also a small portion of the cancellated bone in the acetabulum partially necrosed. The inner surface of the ilium is also carious	S. Laurance L.M.	L.M.	<p>before; it was soon seen that there was incipient disease of the joint, from the lengthening of the limb & other symptoms. By treatment, the disease was apparently checked. In the beginning of Sept he was allowed to take moderate exercise on crutches and his general health was good. On the 5th Feb he had a return of pain in the hip and an abscess formed in the forepart of the thigh, hectic fever supervened soon after it was punctured; other abscesses formed and the disease proceeded rapidly to its fatal termination. In this boy there was not any peculiar mark of a scrophulous habit. He died on the 4th June 1830.</p> <p><u>Lectio cadaveris.</u> There were several sinuses at the upper and lower part of the left thigh leading to abscesses surrounding the joint. The head of the femur was dislocated on the dorsum of the ilium and had ulcerated its way out so that the trochanter major, was protruding thro a large ulcer over the ilium. Both lower extremities were distorted, being turned considerably to the right side, while the pelvis projected to the other. Several abscesses and sinuses existed in the soft part and communicated freely with joint and with the interior of the pelvis. The thoracic & abdominal viscera were healthy.</p>

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
171	<p>Right hip joint of Laurence. L. M. showing extensive Surge. 2^d S. S. disease. A. bottom N. M. dysplasia of the acetabulum. Choleca is destroyed. The head of the femur is carious, partially dislocated and ankylosed to the posterior margin of the acetabulum and likewise the neck of the bone to the symphysis of the pubis.</p>			From a boy 15 years of age.
172	<p>Extensive caries of Laurence. L. M. of the head of the humerus. The head of the bone had not become firmly united to the shaft and it is now loose and detached.</p>	Surgeon	2 ^d S. S.	<p>M^{rs} Lodge, aged 48 years who died from disease of the left shoulder joint. She was of a highly scrupulous habit and was admitted into the Hospital Nov^r 1826, having an abscess under the deltoid; she stated that it was produced from a blow she received on the part. The abscess was punctured and a large quantity of pus was evacuated. The disease progressed and she died on the 22^d April 1827. The glenoid cavity was similarly affected as the humerus. Both lungs contained tubercles and pneumonia.</p>
173	<p>Caries of the upper cervical vertebrae, particularly of the atlas. Choleca</p>	L. M.	2 ^d S. S.	<p>James Irving aged 22 years who died of phthisis & disease of the cervical vertebrae. He was of a highly strumous habit; was admitted</p>

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
173	and dentition. The articular surfaces are carious and the processes dentatus is destroyed.	L. M. Lussan	L. M. Lussan	<p>on the 3^d October 1832, on account of a stiffness in the back of his neck, with enlarged glands on each side, just below the mastoid process; they suppurated and afterwards a general tumefaction of the parts at back of the neck immediately below the occiput began to take place. Several abscesses formed and were opened from time to time, and deep sinuses resulted. Although he had a narrow and deformed chest he had no cough until about a month prior to his death. About a fortnight before his death a tumor was observed just above his right clavicle on coughing and which subsided when the cough ceased, it was soft to the touch, and could be easily pressed down below the clavicle, but when he was desired to cough an impulse was given, which proclaimed it to be an abscess. For months before his death he was unable to hold up his head without supporting his chin which generally rested on the sternum. Febrile fever became established and great emaciation took place and he died on the 12th Dec. 1832.</p> <p><u>Section cadaveris.</u> The chest was flattened & malformed. In the apex of the superior lobe of the right lung was found a large cavity filled with caseous purulent matter; this was what was observed during life to project above the clavicle. Both lungs were filled with tubercles and some caseous. The abdominal viscera were healthy.</p>

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
173		S. Lawrence Surgeon R. M. Dylum Chelien	L. M. D. V. S.	On both sides of the neck there were several deep sinuses communicating with the diseased vertebrae, and the soft parts were thickened & condensed.
174	Left foot exhibiting an extensive caries of the outer aspect of the calcis astragalus and tuberosity of the corresponding articular surface.	S. Lawrence Surgeon	L. M. D. V. S.	R2603
175	Skull showing an extensive fracture of the left side of the cranium. A large portion of the frontal and parietal bones is completely detached. A fissure extends through the orbital plate of the frontal bone and nasal process of the sphenoid maxillary bone. A second fissure extends through the parietal & occipital bones.	S. Lawrence Surgeon R. M. Dylum Chelien	L. M. D. V. S.	John Lawrence aged 10 years; he fell from the top of the stairs leading to the school room, on the pavement of the vestibule below, a height of 16 feet. He remained in that position (except showing signs of feeling when pinched or moved and when the wound of the scalp was enlarged) until he died. He survived the accident 58 hours. <u>Section cadaveris.</u> A very small portion of the posterior part of the parietal bone was detached and driven at least an inch into the substance of the brain; the dura mater being lacerated at this part. The frontal and parietal fractured portion was driven nearly an inch under the sagittal suture. The right hemisphere exhibited no unusual vascularity and was healthy.

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
145	nearly to the parietal margin and a third fracture extends through through the temporal to the sigmoidal process.	J. Lawrence Surgeon R. M. Hyman	L. M. 2 ^d S. S.	The whole of the left hemisphere was covered with extravasated blood; the vessels much gorged and the dura mater was lacerated at the posterior part, under the edge of the fractured parietal bone, and here the detached portion had been driven deep into the substance of the brain, a portion of which had protruded at the time of the accident. The brain on this side was in a soft pulpy state, mixed with greenish blood. Near the temporal bone blood was extravasated between the dura mater & bone, forming a small elevated tumor.
146	Fracture of the shaft of the right bone at the junction of the middle & lower third, which is firmly reunited by bone. The fractures ends overlap con- siderably; the upper fragment is situated to the inner side of the lower, and the bone is consequently much distorted.	J. Lawrence Surgeon R. M. Hyman Chelsea	L. M. 2 ^d S. S. 2874	— 90 —
147	Fracture of the dorsal & cervical vertebrae. Second R. M. Hyman	J. Lawrence Surgeon R. M. Hyman	L. M. 2 ^d S. S. 2531	Mrs. Hyman aged 9 years was admitted into the Hospital 10th August 1826. Lesions were kept open for several months and

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
177	<p>the 15th cervical. Lawrence</p> <p>to the eleventh. Surgeon</p> <p>dorsal vertebra R. H. Syphum</p> <p>the surface of the Chelsea</p> <p>bones are carious.</p> <p>The intervertebral</p> <p>cartilage between</p> <p>the last cervical</p> <p>& first dorsal</p> <p>is destroyed.</p> <p>Altogether the whole</p> <p>of the bodies of the</p> <p>9th 10th 11th 12th</p> <p>& 11th dorsal</p> <p>vertebrae and</p> <p>their intervertebral</p> <p>cartilages are</p> <p>destroyed by</p> <p>caries. The spine</p> <p>at this part</p> <p>particularly is</p> <p>bent to an acute</p> <p>angle; the ribs</p> <p>compressed &</p> <p>cavity of the thorax</p> <p>consequently</p> <p>much contracted.</p>		G. M. J. S. J.	<p>The usual mode of treatment adopted</p> <p>but the curvature increased gradually</p> <p>A few weeks before death paralysis</p> <p>of the lower extremities occurred.</p> <p>The digestive organs acted well, &</p> <p>he chiefly complained of difficult</p> <p>respiration, and being obliged</p> <p>to lay continually on his right side.</p> <p>He died on the 25th May 1828.</p> <p>Lotho cadaveris. Both lungs adhe-</p> <p>firmly and universally to the walls of the</p> <p>chest, by adhesions of a standing. The</p> <p>structure of both lungs were thickly</p> <p>studded with tubercles & some were</p> <p>large abscesses, situated in front</p> <p>of the spine extending from the</p> <p>6th cervical to the 11th dorsal vertebra</p> <p>and contained upwards of 4 or 5</p> <p>a thick curdy pus mixed with portions</p> <p>of carious bone. The whole of the bodies</p> <p>of the vertebrae included in the abscess</p> <p>were carious & some of them completely</p> <p>destroyed as also the intervertebral</p> <p>cartilage, so that the spinal column</p> <p>appeared to be only kept together by</p> <p>muscles and ligaments.</p> <p>The abdominal viscera were healthy.</p>
178	<p>Calcutti passed. Lawrence</p> <p>thru the urethra Surgeon</p> <p>of Col. M. at R. H. Syphum</p> <p>various times Chelsea</p> <p>between 1826 & 29</p>		G. M. J. S. J.	

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
179	Detritus Calculi	S. Lawrence		from bot. the Surgeon passed in 1836
180	Calculus passed	S. Lawrence		by Sir J. H. Gordon, Surgeon, at various times
181	Calculus extracted	S. Lawrence		from the extremity of the urethra of a boy 9 years of age.
182	Cast showing	S. Lawrence		the result of the Surgeon caries of the 11th. R. R. vertebra dorsal vertebra. When the spine is much curved and between the shoulder, the vertebra project to a great extent forming a scute shape. The body is also bent to the right side.
183	Cast showing	S. Lawrence		the result of the Surgeon caries of the vertebrae.

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
184	<p>Resolutions of the Stomach intestines firmly, & adherent to one another. Pilestones very rough & irregular from the deposition of scrophulous bodies varying from the size of a pin head to that of a bean, some of them of firm consistence others are soft of softening. These bodies are deposited in the peritoneal coat or in the cellular substance beneath many of them having become softened had burst both into the interior of the gut and into the cavity of the abdomen, leaving openings which allowed the contents of the intestines to escape. There are a few small oval ulcers on the mucous membrane of the intestines produced by</p>	L. Williams J. H. Jurgin Aug ^r 1848	768	<p>Bushman Boy, named Terrance Cannon. On the 30th April 1845, a Squadron of the 7th Dragoon Guards, with three companies of the 9th Lancers, passing the advance of a Field Force on service across the Great Orange River in South Africa, having fallen in with a body of Rebel Boers, then in arms against Her Majesty's Government, and numbering about seven hundred men with two pieces of cannon. After a smart skirmish ensued in utterly overthrowing the Rebels and Lieut. Gray A.D.C. to the Officer Commanding at the head of a small party succeeded in capturing one of enemy's cannon. This cannon was drawn by twelve oxen, the Leader (Lancier) to which was a young Boer man who with other prisoners was secured and accompanied the Troops to their Bivouac the same night. The following morning Lieut. Gray was induced to send for the lad, who attached himself to this Officer, following him on the return of the Troops to the Colony and eventually to England where he arrived on the 27th April 1847: he died on the 21st April 1848.</p> <p>Lieut. Gray made many particular enquiries from the Hottentots and Boysman in the camp at the time of the lad's capture, and both from them as well as from the lad's own statement, he has no hesitation in saying there cannot</p>

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
184	The bursting of the spleen attached to the diaphragm. The softening of the spleen into the intestines only.	Dr. Smith	L. M. D. S. I.	be a doubt but that the lad was one of the very few pure blooded Bushmen still existing across the Great Orange River; his mother sold him when very young, for three sheep, to Capt. Britton one of the Emigrant Farmers, and subsequently an active leader of the Kotsie on the day they were encountered by Her Majesty's Troops. The lad was Capt. Lawrence Cannon and at the time of his death is believed to have been about seventeen years of age.
185	Stomach with the spleen attached to the diaphragm. The softening of the spleen into the intestines only. The softening of the spleen into the intestines only.	Dr. Smith	L. M. D. S. I.	Stomach (Signed) Hamilton Gray 24 th April 1848. Captain "J. P. Gray"
186	Liver attached to the diaphragm. The softening of the liver into the intestines only.	Dr. Smith	L. M. D. S. I.	On inspection, after death, the first thing that struck the eye was the formation of the head and face. The skin was of a brown tawny color, nearly the same as the complexion of many Europeans present when they have just returned after a long residence in a tropical climate. With the exception of the head, which had all the characteristics of a genuine Bushman well marked, and the slight tinge of the skin, there was nothing different on an external view from an European Boy of the same age. He was evidently under 14 years of age, as there were no signs of puberty, the pubis being destitute of hair. The body was emaciated and generally well proportioned. The arms of the usual length, the points of the fingers

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
186	its peritoneal covering. The hair is of the usual Maidstone form and its structure is healthy.	Wm. Smith	L. M.	reaching to the middle of the thighs. Feet flat, the arch not well formed, and the scaphoid bone rather prominent; lower extremities in other respects well made, and no masses of fat on the buttocks or on the inner side of the knees. The hair was very short, black woolly and in small tufts and thinly sown, the scalp being apparent between the tufts. Eyebrows black, not curved but straight, thinly sown, and widely separated one from the other. The opening of the eyes were straight and horizontal not oblique. Nose extremely flat and broad, particularly between the eyes which were widely separated being 1 1/2 inches. Cartilages of the nose of broadly flat upon the face, the distance from the tip to the tip of the nose being only 8/10 of an inch. The aperture of the nostrils were small, of an oval form and their greatest diameter in a transverse direction. The cheek bones were extremely prominent, this with the great flatness of the nose nearly brought these three points on the same plane. The lips were large and fleshy and much turned out. The upper jaw projected but not to any great extent. The chin recurred and the angle of the jaw was obtuse. The ears placed far back on the head, being three inches from the malar bones, but this might be caused chiefly by the projection of these bones. The ears were of moderate
187	Pericardium rather firmly adhering to the surface of the heart, by adhesions of old standing, they could however be broken down which shows the serous membrane to be opaque. There are also small opaque bodies of a scaphoid character deposited on its surface. The heart ventricle in the usual size for a boy of the supposed age and is free from disease.	Wm. Smith	L. M.	Black woolly and in small tufts and thinly sown, the scalp being apparent between the tufts. Eyebrows black, not curved but straight, thinly sown, and widely separated one from the other. The opening of the eyes were straight and horizontal not oblique. Nose extremely flat and broad, particularly between the eyes which were widely separated being 1 1/2 inches. Cartilages of the nose of broadly flat upon the face, the distance from the tip to the tip of the nose being only 8/10 of an inch. The aperture of the nostrils were small, of an oval form and their greatest diameter in a transverse direction. The cheek bones were extremely prominent, this with the great flatness of the nose nearly brought these three points on the same plane. The lips were large and fleshy and much turned out. The upper jaw projected but not to any great extent. The chin recurred and the angle of the jaw was obtuse. The ears placed far back on the head, being three inches from the malar bones, but this might be caused chiefly by the projection of these bones. The ears were of moderate
188	Brain of the same boy. The brain is healthy and nothing	Wm. Smith	L. M.	Black woolly and in small tufts and thinly sown, the scalp being apparent between the tufts. Eyebrows black, not curved but straight, thinly sown, and widely separated one from the other. The opening of the eyes were straight and horizontal not oblique. Nose extremely flat and broad, particularly between the eyes which were widely separated being 1 1/2 inches. Cartilages of the nose of broadly flat upon the face, the distance from the tip to the tip of the nose being only 8/10 of an inch. The aperture of the nostrils were small, of an oval form and their greatest diameter in a transverse direction. The cheek bones were extremely prominent, this with the great flatness of the nose nearly brought these three points on the same plane. The lips were large and fleshy and much turned out. The upper jaw projected but not to any great extent. The chin recurred and the angle of the jaw was obtuse. The ears placed far back on the head, being three inches from the malar bones, but this might be caused chiefly by the projection of these bones. The ears were of moderate

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
188	unusual in the appearance or in the structure of the cortical or medullary substance nor in the size of the nerves is discovered. Weight 2 lbs 10 3/4 lbs.	Wm. Smith 2 ^d V. S. Maidstone	L. M. 2 ^d V. S.	size and well formed, but slant out in a slight degree from the head; there was a fold at border posterior to the cranium. The forehead was high and broad and the hair did not descend low on the forehead. The distance between the eyebrows and hair being 2 inches. The vertex was broad and flat and the parietal protuberance very prominent. <u>Measurements.</u> Height 4 7/8 Length of arm 24 from the acromion do Leg 30 7/8 from the inf. epicond. from Circum. of chest 25 1/2 over nipple do Round Hip 21 do Head 20 3/4 Longitudinal diameter of head 6 3/4 Bicentral diameter of do 5 3/4 Frontal diameter 4 3/4 Length of head's face 7 3/4 Zygomatic diameter 4 3/4 After a most careful dissection of the whole body, no peculiarity either as regards the form or structure of the soft parts was observed. The skeleton is preserved also several diseased organs and are placed in the Museum. <u>Scleroderma</u> <u>scrophulosa</u> <u>scrophulosa</u> <u>scrophulosa</u>
189	Bladder, penis & testicles of the Bushman boy; they are of the usual form and healthy in structure.	Wm. Smith 2 ^d V. S. Maidstone	L. M. 2 ^d V. S.	
190	Tongue, larynx & trachea & oesophagus also the vessels and nerves of the neck of the Bushman boy. There is nothing peculiar in their structure or appearance.	Wm. Smith 2 ^d V. S. Maidstone	L. M. 2 ^d V. S.	
191	Scalp of the Bushman boy showing the peculiar appearance described under the head of remarks.	Wm. Smith 2 ^d V. S. Maidstone	L. M. 2 ^d V. S.	<u>External Appearances.</u> Body emaciated. Abdomen tumid and feculent matter issued from an opening in the navel. <u>Cranium.</u> Brain healthy, and nothing unusual in the appearance or in the structure of the <u>cortical</u> or <u>medullary substance</u> nor

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
				<p>in the size of the vessels was discovered weight of brain 2 lbs 8 oz 4 dr.</p> <p><u>Thorax.</u> The pericardium adhered firmly and universally to the surface of the heart, by adhesions of old standing, they could however be broken down, which showed the serous membrane to be opaque; there were also small opaque bodies of a scrophulous character deposited on its surface. The heart and ventricle were of the usual size for a boy of the supposed age, and was free from disease weight 4 oz 2 dr.</p> <p><u>Larynx trachea and lung healthy.</u></p> <p><u>Abdomen.</u> This cavity showed most extensive disease. The intestines and viscera were matted together and the convolutions adhered very firmly to one another, rendering it impossible to separate them, and formed one continuous surface which again at several parts adhered to the walls of the abdomen; by this means several sacs were formed which were filled with feculent matter. On the surface of the intestines there were numerous openings which communicated with the interior of both small and large intestines and had allowed their contents to escape. The whole of the peritoneum was very rough and irregular from the deposition of scrophulous bodies varying from the size of a pin head to that of a bean, some of them of</p>

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
				<p>firm consistence, others in a state of softening. These scrophulous bodies were deposited in the peritoneal coat or in the cellular substance beneath; many of them having become enlarged and softened, had burst both into the exterior of the gut and into the cavity of the abdomen. On opening the intestines, at several places a few small oval ulcers were found, these were also produced by the bursting of softened scrophulous deposits into the intestines only.</p> <p>The <u>apertures</u> were much contracted and adhered to the walls immediately below the arch of the colon. The <u>stomach</u> was of the usual form as also the <u>caput vesicæ</u>, to which was attached a <u>verruform process</u>.</p> <p>The <u>liver</u> adhered very firmly to the diaphragm and surrounding parts and the same scrophulous deposits were found in its peritoneal covering. It was of the usual form and its structure was healthy weight 2 lbs 2 oz. <u>Spleen</u> adhered to the neighbouring parts, structure healthy weight <u>Supra renal capsule</u> and <u>kidneys</u> healthy weight of right 4 oz 3 dr left 4 oz 4 dr. <u>Pancreas</u>, <u>urinary bladder</u>, <u>testicles</u> and <u>vesiculae seminales</u> of the usual form and healthy in structure.</p> <p>G. Williamson H. J. Burgis 2nd class</p>

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
192	Small aneurism of the aorta		L. M.	
319	incriminated firmly attached to the trachea into which it burst. The arch of the aorta is dilated and its coats studded with atheromatous deposit		S. D. S.	
193	Ulceration of the St. Allan, Oesophagus extending 3 ^d d. long into the aorta. There are two ulcerated openings about 4 lines in diameter, of an oval form & funnel shape, situated about the middle of the oesophagus, on its anterior & left lateral aspect: these openings are about an inch apart, both of which communicate with the aorta, close to the ligament	L. M.	S. D. S.	Augustin a Morambique black aged 45 of a strong muscular frame, employed on a habitation six miles from Port Louis, came to his old master's house on the 29 th May 1844 and asked permission to remain all night, as it was his intention to return to the country next morning. During the night he was seized with a vomiting of blood, and next morning he went out to void his feces, but not returning they sent to look for him and found him lying dead on the ground, with a quantity of blood projecting from his mouth. The trousers were undone and some blood had passed from the rectum into them.
172 B in new cat. 1840		Mauritius	Sept 1848	<u>Section cadaveris.</u> 28 hours after death. <u>Thorax.</u> No complete adhesion between the pleurae in the right side. S ^o 43. 1844 shows the disease in the Oesophagus & liver.

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
193	of the second intercostal artery, 2 nd M. Allan by an ulcerated opening of an irregular circular shape, of 3/4 of an inch in diameter and filled with coagulum and clough. The intermediate cellular tissue is hardened, & infiltrated with blood for about an inch around the ulcerated passage.	M. Allan D. S. I. Sept. 1848	L. M. D. S. I. Sept. 1848	<u>Admission.</u> Stomach completely distended with coagulated blood and a lumbricus 7 inches long was found in the center of the clot. Both large and small intestine were also filled with coagulated blood, down to the anus and several lumbrici were found in them. Spleen soft and its capsule thickened. Bladder thickened and contracted and its mucous membrane covered with a sabulous deposit. All the other parts of the body were in a normal condition. <u>Remarks.</u> Death appears to have been caused by the escape of an immense quantity of blood from the aorta into the prima via and the ulceration has most probably commenced in the scapha for the following reasons. 1 st There was no trace of disease in the aorta with the exception of the ulcerated opening. 2 nd There was but slight thickening of the cellular tissue in the track of the ulcerated passage and there was no aneurismal sac, as would in all probability have occurred, if the artery had given way first and the blood poured out before a communication had formed with the scaphagus.
194	Portion of liver showing a liver disease in the ductus communis choledochus. The gall bladder is enlarged like and contained the secretion of light colored bile. The ductus communis choledochus and part of the ductus hepaticus	M. Allan D. S. I. Sept. 1848	L. M. D. S. I. Sept. 1848	

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
194	are much distended by a lumbricus eight inches long doubled on itself, having its head & tail up the hepatic duct, and its middle half an inch from the termin- ation of the duct in the duodenum which opening is much larger than natural.	Mr. Allan D. L. S. Mauritius Sept 1848	L. M. D. L. S. Sept 1848	
195	An aneurism about the size of a orange arising from the posterior aspect of the artery innominate and which burst into the trachea. the opening between the vessels etc. is about an inch in length. The internal & middle coat of the artery are continued for a considerable distance into the interior of the	Mr. Allan D. L. S. Mauritius Sept 1848	L. M. D. L. S. Sept 1848	Corpsman aged 35, an Indian laborer several years in the Mauritius, who returning from market on the 5 th Feb 1849 was seized with a profuse haemorrhage from the trachea, under which he almost immediately expired. There was a mark of recent bleeding on the anterior part of the thorax, from which it may be inferred that he had lately suffered pain in the chest. There was a great quantity of blood in the mouth, fauces, trachea and stomach as well as in the tissue of the greater part of the lungs.

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
195	sac which is partially filled with laminated coagula. The coats of the sac are studded with atheromatous deposit.	M. Allan	L. M. Sept. 1848	
196	Biliary ducts of a Cow partly filled with coagula and containing gall stones	M. Allan	L. M. Sept. 1848	
197	Tuberculated kidney of a Cow. The tubercles vary from the size of a pea to that of a cherry. They are of firm consistency and in the centre of some of them there is calcareous deposit. The tubercles project and elevate the peritoneal coat.	M. Allan	L. M. Sept. 1848	

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
198	Spleen thickly studded with tubercles of varying from the size of a pea to that of a bean. The tubercles are of firm consistence and of a light yellow color. The capsule is thickened and opaque.	L. Longmore A.S. 19 th Regt Sept 1848	L. M. S. J. S. Sept 1848	From a patient in whom the lungs, bronchial & mesenteric glands, and pancreas were also affected with tubercular deposits.
199	Tumour of a scrophulous character, which was imbedded in the right lobe of the cerebellum. The tumour is about the size of a hen's egg, of firm consistence and of pale white color.	J. G. Simpson A.S. 33 rd Regt Sept 1848	L. M. S. J. S. Sept 1848	Pt. Patrick Cullen 33 rd Regt. He has been suffering for months from headache also some swelling in the head, which sometimes occurred in paroxysms and frequently accompanied with vomiting. Suffered also from giddiness which made him afraid of walking alone. He always complained of a permanent and fixed uneasiness in the back part of the head, chiefly on the right side. A few days previous to his death, was seized with a fit of an apoplectic nature, from which he soon recovered. The morning of his decease, had another attack, from which he also soon rallied and then suddenly expired. <u>Section cadaveris</u> There was considerable subarachnoid

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
199		J. G. Dempster A. S. 33 Sept	L. M. 2 ^d I. S.	and the ventricles were distended with serum. The thoracic and abdominal viscera were healthy.
200	See addition tumor the size of a large pea, situated in a prolongation of the peritoneal coat of the colon.	J. Longman A. S. 19 th Sept	L. M. 2 ^d I. S. Sept 1848	From an African in whom was found old & general agglutination of the intestines; he died of dysentery.
201	Two organic foreign bodies, one situated in the posterior part of the choroid plexus; they are round in figure of soft consistence and about the size of a small marble.	H. M. Melt A. S. Sept	L. M. 2 ^d I. S. Sept 1848	Lieut. J. A. Pirie R. Artillery. He was a fine young man, who had recently arrived in the West Indies. About three weeks after he had been in Barbados he was seized with fever, which from the first assumed a bad character, and was accompanied by marked symptoms of cerebral congestion. Added to this fever, he suffered from fits of an epileptic character and after recovering from one of them, it was that he expired. <u>Section Cadaveris.</u> <u>Cranium.</u> Effusion of blood on the internal surface of the dura mater to a considerable extent: and the two bodies already described were found in the choroid plexus. Numerous adhesions were found in the thorax and abdomen. The stomach contained black vomit. The blood was fluid and acid when tested.

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
202	Drawing of a Female Monstrosity. Museum	Ceylon	L. M. 2 ^d S. S. Sept. 1848	There are two bodies united at the dist. of the thorax & abdomen; also two heads two superior & four inferior extremities and one umbilical chord.
203	Cast taken in way of Surgeon of Liver with melanotic deposit	Mr. Garte Curator of the Surgeon College of Surgeons Ireland		
204	Cast taken in way of Surgeon of Liver with melanotic deposit	Mr. Garte Curator of the Surgeon College of Surgeons Ireland		
205	Cast taken in way showing a Pharyngeal Chancre.	Mr. Garte Curator of the Surgeon College of Surgeons Ireland		
206	Cast taken in way showing a chancre on the prepuce.	Mr. Garte Curator of the Surgeon College of Surgeons Ireland		

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
207	Cast taken in wax showing location of several ulcers of the larynx in the lower larynx.			
208	Two urinary calculi removed by the lateral lithotomy, by J. Stewart Surg. 14 th L. Div.	J. Stewart	L. M.	From a boy aged 3 years, the son of a non-commissioned officer of the 4 th Lancs. The operation was performed at Liverpool in December 1854. The first symptoms of derangement of the urinary organs were attributed to an injury of the loins caused by a fall while on board ship during the voyage from England in 1842. The patient's health although somewhat impaired at the time of the operation, had materially suffered from the disease, so much so, that at the time the existence of stone was detected, together with the unfavorable season of the year, the immediate performance of an operation was considered inadvisable. The patient did well until the 5 th or 6 th day after the operation, when he became feverish, restless and suffered from occasional sharp cramps, and all reparative action in the parts incised appeared to cease. In this state he continued, being sometimes better sometimes worse, until the 22 nd day after the operation when died. After death sub-acute pleurisy of the right side and some purulent effusions to the extent of about three ounces mingled with fluids.

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
208		J. Stewart Surg. 4 th D.		of lymph were found to exist. The minute dissection of the perineum and parts involved in the operation, the incision in point of direction extent &c. were found to be in every respect satisfactory.
209	Rupture of the Spleen caused Lucas by a kick on the 61 st Regt perineum. The rupture is transverse & situated in the inferior wall of the urethra at the bulbous portion; it is about three parts of an inch in extent with ragged and frayed edges. Blood is extravasated in the cellular substance and parts corresponding to the rupture.	Asst Surg. Q. M. S. Lucas		Taken from a Hindoo travelling merchant Messrs Nampremer. He was admitted into the Regiments Hospital of the 61 st Regt in October 1847 in consequence of his having received a kick, as it was stated, in the perineum, from one of the soldiers. In receiving the injury, he was immediately seized with severe pain in the part struck and also in the lower part of the abdomen, and an urgent desire to pass urine, but blood only came from the urethra and in considerable quantity and continued to be passed at intervals for the few days (four) that he lived. After receiving the injury, he was able to void a small quantity of urine, but with much suffering, so that for the few days that he lived, a catheter was obliged to be had recourse to; abdominal pain & tenderness continued to increase until death, also obstinate constipation and severe vomiting the last day of existence. On inspecting the body after death

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
209				<p>There was no apparent mark of external violence. On dissecting the perineum however a small quantity of effused blood was found to exist in the subcutaneous cellular tissue, circular in form and occupying a space equal to the size of half a crown; this superficial extravasation on further dissection was found to correspond with the rupture in the urethra. The bladder was found to contain about one pint of fluid blood, but there was not the slightest trace of inflammation either in the coats of the bladder, or perineum, nor the least effusion of urine. The small intestines however presented a bright red appearance and were inflamed throughout their entire extent; the other organs were free from disease.</p>
210	A wax model of Proctitis in- veterata of 18 years duration.	Purchased		From a woman aged 21.
211	A wax model of Proctitis in- veterata of 14 years duration.	Purchased		From a man aged 51
212	A wax model of Proctitis Pulmonum of 6 weeks duration.	Purchased.		From a man aged 41
213	A wax model of Proctitis putrida of 7 years duration.	Purchased		From a woman aged 55.

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
214	A wax model of <i>Pemmaris</i>	Purchased		
215	A wax model of <i>Ecceima impetiginodes</i> of 3 months duration	Purchased		From a woman aged 21
216	A wax model of <i>Ecceima</i> of 9 months duration	Purchased		From a man aged 22
217	A wax model of <i>Pompho labialis</i> of 6 weeks duration	Purchased		From a man aged 25
218	A wax model of <i>Pompho calvaria</i> of 15 months duration	Purchased		From a boy aged 15
219	A wax model of <i>Impetigo</i> of 43 years duration	Purchased		From a man aged 77
220	A wax model of <i>Impetigo sparra</i> of 17 years duration.	Purchased		From a man aged 52
221	A wax model of <i>Herpes</i> of 8 days duration	Purchased		From a man aged 41
222	A wax model of <i>Pompho mites</i> of 9 weeks duration	Purchased		

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
223	A wax model of Ecthyma simplex of 9 months duration	Purchased		From a boy aged 14
224	A wax model of Ulcerum simplex of 9 months duration	Purchased		From a boy aged 19
225	A wax model of Noli me tangere of 5 years duration	Purchased		From a boy aged 13
226	A wax model of Syphilitic herpes of 18 years duration	Purchased		From a man aged 29
227	A wax model of Lupus non exedens of 8 years duration	Purchased		From a man aged 24
228	A wax model of Secondary eruption of 4 months duration	Purchased		From a man aged 42
229	A wax model of Syphilitic Syphilis of 7 years duration	Purchased		From a boy aged 14
230	A wax model of a syphilitic ulcer of 9 years duration	Purchased		From a woman aged 29

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
231	Drawing of a Stuffed human malformed human fetus.	Allen.		
232	Drawing of the S.M. Drained muscular membrane 2 nd A.S. Super of the stomach of a drunkard.			
233	Drawing exhibiting the muscular membrane of the septum nasae, and portions of the lungs of a horse affected with glanders, also a portion of lung of Lawrence Farrell.	?		
234	Drawing of Lawrence Farrell affected with glanders	?		Lawrence Farrell aged 38 City policeman admitted into Howards Hospital Dublin Decr 21 st 1844. Complained 8 days before. Died Jan 24 th .
235	Firm adhesion of the pericardium Super 23 rd Tendon 2 nd S.S. to the anterior surface of the heart Posteriorly this membrane is distended so as to form a large sac which contained 32 oz of fluid - Pericardium thickened and	E. Bradford	G. Williamson	

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Division.

Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
235	Coated with lymph, as also the surface of the heart which is considerably enlarged.			
236	Aneurism of the arch of the aorta which burst into the anophagus. The opening between the two canals is plugged up by a fibrous coagulum. There is considerable dilatation of the aorta between its origin and the site of the aneurism with adhesions deposit between its coats. The valves of the heart are healthy.	S. Youngfield D. Surgeon 18 th Regt 2 nd S. I.	G. Whitman	Dr. Mullins 13 th Lt. 3 rd at 41, a robust man engaged by 21 years service of which 14 had been passed in India where he enjoyed generally speaking very good health. Was admitted into Regimentsal Hospital in Dublin on the 7 th of Nov. 1846 complaining of acute pain across the chest but chiefly in the precordial region, pulsation throbbing of the carotids and dyspnoea, inability to lie on the right side. He continued in this state until the 29 th of the month when the pain became more severe extending back to the spine and left scapula. On the 12 th of December he was much relieved, and as percussion and auscultation could not detect anything either in reference to the heart or lungs, that could lead to a supposition of the existence of aneurism, he was discharged under observation convalescent to barracks where he remained apparently improving until the 21 st of February, when at 10 o'clock A. M. he walked steadily up to the hospital complaining that he had just vomited a large quantity of coagulated blood. His countenance was expressive of great anxiety, the chest resonant on percussion with some bronchitic rales present. In the evening he was found extremely feeble, and he lay constantly on his face; there was no return of hæmorrhage until 2 o'clock A. M. on the 23 rd when he was seized with a fit of coughing and vomiting of blood of a scarlet hue. About 4 o'clock P.M. a similar attack

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
236				occurred when he vomited about two pints of florid blood, and in about half an hour after expired.
237	Two small aneurisms situated between 2 ^d & 3 ^d ribs immediately above the pericardium valves of the aorta, one of these had burst into the pericardium and caused death. The coats of the aorta are thickened by atheromatous deposit, and in the recent state were highly inflamed. Some granular deposit of lymph on the right auricle.	E. Bradford	G. Williamson B. 274 B. 98	
238	A large ovarian cyst which contained 36 pints of fluid, from a woman aged 35.	W. James Esq. & G. Williamson	G. Williamson 24.1.	W. J. Esq. at 30 th years, had suffered from an enormous tumour of the Abdomen which commenced 15 years ago. He said to have applied to many Doctors at Madras who refused to operate on her; was not visited by me till a few nights before her death when she appeared moribund. I did not therefore propose to operate. <u>Post Mortem Examination</u> shows after death. <u>External Appearances</u> very much emaciated

Division.

Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
238				<p><i>Abdomen</i> enormously distended. 36 hours of a thick turbid greyish colored fluid evacuated by a trocar and canula. Upon opening the abdomen a fibrous sac having hard but friable walls was found to fill the whole cavity of the Abdomen, pressing the intestines backward against the spine, but nowhere adherent except to the body of the uterus, which, as well as the left ovary was found quite healthy. The inner surface of the sac was studded with small sacs filled with fluid of the same character as that in the large sac. The Fallopian tubes on the right side much enlarged, having a canal capable of admitting a small quill leading into the uterus. —</p> <p><i>Intestines</i> healthy. — A large abscess in the <i>Liver</i> containing one pint of thick pus. <i>Thoracic Viscera</i> healthy.</p> <p>(Signed) Wm. W. Holmes M.D. Deput. Surgeon</p>
239	A drawing of a suppurative disease of the elbow joint.	H. Pellieau	2 nd Haffeyson	
240	Drawing of a gunshot wound of the head	H. Pellieau	2 nd Haffeyson	
241	Drawing of a gunshot wound of the head	H. Pellieau	2 nd Haffeyson	

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
242	A drawing showing the high division of the tracheal artery	H. Pilleau 2 nd Staff Surgeon		
243	A small calculus, composed of oxalate of lime and ammoniac. mag. remain phosphate, passed per urethram and extracted by Joseph from near the orifice.	Assist. Surgeon Simpson 19 th Feb	Shoberston S. Ad. April 19/49	
244	Kidney with a mulberry calculus of considerable size impacted in its pelvis. The upper calices are much dilated and one of them contains a calculus of a similar character but of smaller dimensions.	Fort Pitt	Shoberston S. Ad. April/49	<p>Q^{te} Daniel Cox Aged 25, 4th Foot admitted Sept. 27th 1848. An English gardener of 5 1/2 years service which 5 were spent in India. While there he suffered from continued fever and dysentery and after his recovery from the latter he became affected with symptoms of phthisical disease under which he laboured at the time of his admission into Fort Pitt. He suffered much from hæmoptysis and nocturnal perspirations during the progress of his disease. Three days before death his feet and ankles became oedematous.</p> <p>After death the lungs were found diseased by tubercular deposit, an abscess of considerable size in the right lobe of the liver, and the right kidney with a calculus impacted in its pelvis. Left kidney was healthy.</p>
245	Cavity of an abscess situated			

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
245	in the head of the Opisthion.	W. K. Lutterbach S. Ad.	McBister S. Ad. May 20/49.	From an artilleryman who died of Phthisis Pulmonalis.
246	Penis of a black showing anatomical position of the meatus urinarius.	R. Allan Esq. 2 ^d Hopperton	McBister S. Ad. May 20/49.	
247	Plaster cast of the head of a human Monstrosity, an "Anterior Monop."	R. Allan Esq. 2 ^d Hopperton	May 24/49.	A fetus between the 8 th and 9 th months of gestation born at Mauritius 29 th July 1847 the offspring of an Irish woman aged 32, mother of two healthy children. It was a foot presentation and I had to bring the head through the pelvis by means of forceps - Placenta normal. The protruded feet moved showing the child to be alive, but it soon died from the umbilical cord being pressed between the head and pelvis vide Lancet vol. I for 1848 page 227. (Also drawing. App. 231).
248	Fibrous deposit on the inner surface of the left ventricle of the heart; that cavity is dilated, and the heart generally enlarged. The valves are healthy.	Fort Pitt.	McBister June 2/49.	P ^{te} Wm Hudson aged 24. 30 th Regt. admitted 28 th Feb ^y 1849 under the head of Phthisis Pulmonalis - English laborer of 8 months service. He had suffered from slight attacks of cough previous to enlistment. On admission his chest was ill formed with unusual prominence of the 2 ^d , 3 ^d , & 4 th ribs on the left side near their junction with the sternum, dulness on percussion under both clavicles, and all over the chest minus ribs were audible. He had copious expectoration of frothy mucus mixed with blood and also containing pus. 14 days after admission, he caught fresh cold, expectoration became

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
248	On admission his expectoration ^{was} was copious, his lips were blue, the heart action was rapid and irregular and he complained of dyspnea on exertion - 8 days following he complained of pain across the upper part of the chest which was constant and not much affected by taking a full inspiration. Next day pain was relieved by the application of opiate but the pulse was almost imperceptible at the wrist, the lips were blue, and the hands and feet cold & livid. He continued to sink and died at 1/2 past 1 A.M. next morning.			On post mortem examination right lung was found completely diseased by tubercular deposition, containing numerous cavities throughout. Left lung was also infiltrated with tubercles. The heart was found as described in the preparation.
249	A scrophulous Surgeon removed by operation ^{Menzies 1854} from the female breast.		Shelton Sd. June 30/49	From a female aged 16 years.
250	Cavity of an abscess of considerable size which was situated in the posterior lobe of the left hemisphere of the brain, immediately over the tentorium cerebelli. In the neighbourhood the vessels in its immediate vicinity were much congested.	E. Richardson A.S. 95 th Regt.	Shelton Sd. June 30/49	Pt. Jeremiah Hogan Apr 24, 95 th Regt. Admitted Feb 10 th 49. 2 1/2 years service. Labourer of sanguine temperament, stout conformation, and very good general health. His habits were believed to have been sober and quiet. He called to see him on the above date. He was in a barrack room and in a fit which closely resembled apoplexy. Breathing was deep and loud, the lips blown out at each <u>expiration</u> , and scattering a quantity of froth from the mouth - external vessels of head and neck

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
250	The aperture in the cavity was accidentally made during the post-mortem examination			<p>much congested, pupils permanently dilated and eye, suffused - pulse slow and oppressed - no convulsions. I had him immediately removed to the hospital, and had him bled largely from the arm. He recovered greatly upon the bleeding - sense and sensation returned the breathing became regular, pupils obedient to light, and general congestion removed, in fact he said he felt quite well with the exception of being a little fatigued. I gave him a brisk Cathartic, and with it a full dose of Hydr. Chlorid. At night he was much better, the medicine had operated freely, he had no complaint. On visiting him next morning he complained of a pain in the back part of the head, and the Hospital Sergeant informed me that he had had a threatening of a fit early in the morning. The pulse was 110 and strong, and he complained of vertigo and general uneasiness, together with a strong disposition to sleep. I rubbed him on the temples, to <u>Evig</u> and placed a blister on the nape of the neck. At 12 noon he was seized with an Epileptic fit. There were violent convulsions, pulse quick, respiration short, deep and irregular, eyes fixed and drawn upwards and continued movement of hands and fingers. He was perfectly aware of the fit coming on, and said emphatically, that it came up from his toes, and reaching the trunk he lost all sensation. Several fits of a similar character occurred - Blisters had risen well, the general functions of the system were normally carried on, and the only complaint he made was that of constant pain in the head. On the morning of the 17th but when the blisters were cleaning out, ^{he was} he complained of the noise they made, and turned himself in bed apparently for the purpose of going to sleep. In a quarter of an hour from this time he was found dead.</p>

(Signed) E. Richardson

Amst. Surg. 95th Regt.

No other morbid appearances are noticed. - M

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
251 <i>B 125</i>	An aneurism the size of a large orange arising from the arch of the aorta, and pressing on the trachea. The opening into the tumour is of an oval shape with smooth defined edges. A piece of bougie is passed through this into the small circular aperture by which the aneurism burst into the trachea. The greater portion of the aneurism is filled by fibrinous coagulum. The coats of the aorta are thickened from atheromatous deposit. the heart is of unusually small size but its valves are healthy.	R. Allen Esq. Staff Surgeon 2 nd Regt.	L. Whiston S. A. S. June 30/45. R. 325	"Dookun" aged 45, an Indian labourer native of Madras, 5 years in Mauritius spit up a large quantity of blood, and died in a few minutes on 2 nd December 1848. He had experienced dyspnoea during the last 3 months.
252	Calculus composed almost	— Menzies Esq. Surgeon 45 th Regt.	L. Whiston S. A. S. June 30/45	Passed from the urethra of an elderly Dutch Female and the mother of a large

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
252	entirety of phagocytes and weighing 1803.5 dr. which was passed per urethrum by a Dutch female.			family after having endured much suffering by its presence in the bladder for 15 years.
253	Necrosis of a portion of the lower jaw, which appears to have been the result of an injury	Arch ^d Stewart by Surgeon 14 th Dragoon	Mohrson S. A. S. July 17/49	
		703	B. 2605	
254	Caries of the articular surfaces of the hip joint. The acetabulum is much enlarged and altered in form; towards its base internally it is much attenuated, narrowing its basin there is a large amount of adventitious osseous deposit. A considerable portion of the head of the femur is destroyed, and the trochanter major is likewise	G. Stephenson by Surgeon 3 ^d Dragoon	W. Weston S. A. S. July 1/49.	Pte James Crawley 10 th Dragoon Guards was transferred to the hospital of the 3 ^d Dragoon Guards on the march of his Regiment to Manchester 8 th June 1848. Had been under treatment in Hospital 10 th Dragoon Guards since 17 December 1847. Had been placed in a water bed on account of his exceedingly attenuated state. Had several ulcers on different parts of his body, and disease of the hip joint, with discharge, and shortening of the limb. He died on 14 th August 1848. On examination the head of the femur, and cotyloid cavity were found to be carious.

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
254	affected in a slight degree by canies.			
255	A number of gall stones of dark colour; the majority of small size.	Amst. Surgeon 1 st Regt.	McBerthum S. A. B. August 49.	Taken from the body gall bladder of Corp ^t . John Connell 1 st Regt. Royals, who died of Consumption at St. John's N.B. on the 23 rd June 1848.
256	Gall stones of a light colour taken from the body of a patient who died of Cholera	Fort Pitt	McBerthum S. A. B. August 49.	From a soldier's wife, the first patient who died of Cholera in Fort Pitt in 1849. The liver was enlaged, gall bladder nearly empty, no urine in the bladder, and dark fluid blood in the chest arteries. Intestines healthy.
257	Yellow softening of a considerable portion of the anterior extremity of the right hemisphere of the brain. In the centre of the softened portion is a cavity of considerable size, and imbedded entirely under the ^{covering} arachnoid of the portion of the brain cut so as to expose the clot, there was found a slight amount of	Fort Pitt	J. McBerthum S. A. B. August 49.	P ^{te} . William Hannigan aged 20, 80 th Regt admitted into Fort Pitt General Hospital June 17 th 1849, labouring under P ^{te} . Phthisis. He first complained of chest symptoms at Dover about 5 months before admission. As shown by the stethoscope he laboured under P ^{te} . Phthisis in the advanced stage, and gradually sank exhausted. With the exception of considerable tendency to drowsiness during the day for about a week before his decease, there was no evidence during life of the cerebral lesion. Tubercles in an advanced stage were found in both lungs. - Vide Rep ^t . 312. Feb. 1850.

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
257	tubercular deposit in the form of milium granules.			
258	Malignant ulceration which has involved the greater portion of the base of the tongue on the left side. There is considerable enlargement both of the submaxillary and sublingual glands, and their natural texture is increased in density.	Amst. Disp. S. W. J. R.	Mobergton S. A. S. Sept/48.	The patient died suddenly from hemorrhage, had never suffered from Constitutional symptoms, and the local ones viz. difficulty of swallowing and articulation, made their appearance only a few days before death.
259	Portion of the great sciatic nerve, showing the bulbous termination usually found on the extremities of the nerves of a limb after amputation.	Fort Pitt	Mobergton S. A. S. Sept/48.	From P ^{te} Wm. Lyman 8 th Regt. whose limb was amputated at the lower 3 ^d of the thigh for disease of the knee joint in 2 nd March 1848. He continued to progress favourably until the 21 st May when paralytic symptoms in the right (sound) limb supervened. He was unable to pass his urine except involuntarily. He was transferred to the Medical Division where his paralytic symptoms improved considerably, but spreading over the sacrum and hips commenced and spread to an alarming extent notwithstanding every effort for its prevention. He sank gradually exhausted on the 13 th August 1848. <i>Verdely, Sept 1848</i>

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
260	A large piece of tobacco found in the human stomach after death.	Rhantymony by Surgeon 66 th Regt.	Moherston 1 st Lt Sept. 1849.	Found in the stomach of No 2096 Pte. Charles Curtis of the 66 th Regt, admitted 25 th June, and died 14 th July 1849, disease Acute Rheumatism.
261	Extensive thickening of the epiglottis and parts in the vicinity. Also opening is present in the trachea which appears to have been made for the performance of tracheotomy.	Dr. Dawson? D. S. G.	Moherston 1 st Lt Sept. 1849.	
262	A bony growth of an irregularly opaculated character attached to the palatine. It was situated between the hemispheres about 1/2 inch from their anterior termination. Another of smaller size was attached to the palate near the Vista galii.	For Pice	Moherston S. A. B. Sept. 1849.	From second class Staff Surgeon Hardy, who died suddenly in Sept. 1849. He had served the greater part of his time in the W. Indies and had been subject to epileptic fits. On post mortem examination with the exception of the diseased state of the dura mater, no lesion of any consequence was discovered. The small intestines appear to have been affected with subacute inflammation involving the mucous membrane. The substance of the brain was firm and healthy.

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
263	Effusion of blood in the peritoneum chiefly in the form of elevated coagula of considerable size. There are also numerous ecchy-mosed patches on the surface of the membrane which is much thickened, and was intimately attached to the fascia transversa.	Fort Pitt 733	McMahon SAS Sept 1/49	<p>Pte Samuel Robinson, aged 29, 11th Regt, Admitted ^{to Fort Pitt} August 2nd 1849.</p> <p>An English Carpenter of 7 years service, of which he was in India, the remainder at home. While in India he suffered from Dyspepsia, Rheumatism, and Hepatitis, and on the voyage to this country was affected with Purpura hemorrhagica. On his admission into Fort Pitt he was much emaciated, his abdomen enlarged and fluctuating. For the first few days he appeared to improve a little, but ^{he} was soon attacked with diarrhoea, which although at first checked by the remedies administered gradually became worse. On the 13th of August his face became oedematous, and he complained much of dyspnoea, he derived little or no relief from medical treatment, and gradually sunk until the 18th when he died at 8 o'clock.</p> <p>On post mortem examination, the lungs and organs within the chest were found to be healthy.</p> <p>Traces of fluid were found in the abdominal cavity and the whole of the peritoneum presented the appearance described in the portion that has been preserved.</p> <p>The small intestines were found to be healthy, but the whole of the mucous surface of the colon was coated with lymph, and ulcerated in several places, vide Regt 319. Folio 47</p> <p>Fort Pitt</p>
264	Necrosis of the greater portion of the tibia	Staff Surgeon Lanson - (Bamburgh)	McMahon SAS November 1/49	From a young recruit who was in Hospital with a slight ulcer. He endeavoured to leave hospital one night in November

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
264	A large sequestrum is situated in the centre and upper portion of the bone, which during life was removed from the patient. An abundant deposit of adhesion bone has taken place in the vicinity of the diseased structure.			1847, by leaning himself down by the water spout on the outside, he fell and laid bare about 3 inches of the tibia at its middle third, having struck against a sharp point in his fall. Some time afterwards it was evident that a portion of bone had died, and it was removed on the 30 th January 1848, but subsequently profuse suppuration ensued, and crusts, which prevented amputation being had recourse to, and the patient died on the 3 ^d April. - (signed) Robert Lanson. P.S.
265	A portion of tattooed skin taken from the forearm of a soldier.	Fort Pitt	Robertson Esq. Decr. 49	
266	Gallstones of a brownish yellow colour and of considerable size which were removed from found in a patient who died of apoplexy.	Fort Pitt.	Robertson Esq. Decr. 48 -	Sergeant Joseph Daniels aged 43, 46 th Regt, an English Carpenter of 18 th years service. - Admitted Sept. 27/48 with haemorrhoids, which bled freely whenever he went to stool. After some time he improved under the treatment adopted, and when 25 days in hospital he was seized at midnight with what was considered to be an attack of Epilepsy. On the following morning at 1/2 past 7, his respiration was stertorous, pupils fixed and dilated, skin hot, pulse full and rapid. He was bled to 18 oz., and castor oil administered and turpentine enemata, and afterward, "

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
266				<p>capped, blisters applied to the scalp, but he never rallied, and died in the evening.</p> <p>On post mortem examination, nothing could be detected in the brain, beyond a slight increase of fluid in the lateral ventricle, and the substance of the organ was, after than natural. The more important viscera were healthy.</p>
267	Tenia solium complete, with the exception of a small portion of the caudal extremity	Fort Pitt	Shesham S. A. S. D ^{no} /189	<p>From P^r. James Dunn 10th Hussars Admitted August 2nd 1899 under the head of Chronic Dysentery. Had served 2 years in India, during nearly the whole of which time he suffered from Dysenteric symptoms, and also disease of the liver. He improved after his admission until the 27th of August, when he became noisy, and talked incoherently. On 5th Sept. he passed a portion of a tape worm, his cerebral symptoms became more marked, the abdomen was tumid, and fluctuating, and the dysenteric symptoms were now increased in severity. On the 17th he again became rational, but from this time without any very prominent symptom gradually sank, and died on the 3rd of October.</p> <p>The brain was found to be a good deal congested. The liver was affected with cirrhosis in the advanced stage. With the exception of the tape worm being found in the small intestine, no morbid appearance could be detected in any part of the intestinal canal.</p>

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
268	One of the glands of the neck which has been almost entirely converted into bony matter.	Fort Pitt	Mr. Ashmun S. A. S. Dec/45	From a man who died of Phthisis Pulmonalis.
269	A large fibrous growth attached to the margin of the right auricular orifice. Its surface presents an irregular warty appearance; the base is of narrower dimension than the free apex, and in the recent state the body was capable of almost entirely closing the opening from the auricle into the ventricle, projecting either into the one cavity, or the other. The margins of the bicuspid valve is thickened, and also presents	Fort Pitt	Mr. Ashmun S. A. S. Dec/45	<p><i>page 136</i></p> <p><i>condition of the lungs in length</i></p> <p><i>of a short like form</i></p> <p>Mr. Matthew Adair 30th Reg^t admitted October 12th 49 for Chronic Rheumatism. He was first admitted into his Regimental Hospital on the 13th of July/49 suffering from acute pain in the left side, with cough, and dyspnea; first he was actually treated, and shortly recovered, but when about to be discharged, he contracted <u>intermittent</u> fever, from which he continued to suffer until a fortnight before his admission into this hospital on 13th Oct/49.</p> <p>His symptoms on admission were acute pain over the <u>liver</u>, dyspnea, lumbar pain, the feet were edematous, pulse 120 & small, tongue clean, appetite good. Chest resonant, respiration tubular, with slight <u>bronchophony</u> at right apex. Heart's action hurried, and a <u>bruit de souffle</u> heard with the first stroke. He was ordered ten grains of Dover's powder at bed time, and to have the tincture of iodine applied to the skin. The following day he was much better, and nearly free from pain. On the 14th he was again worse, the <u>bruit de souffle</u> more strongly marked, pulse 150 and very small. On alternate days, until the 17th the pain</p>

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
269	one or two circular ulcers on its surface. The heart is somewhat enlarged (height $1\frac{1}{2}$ "), the pariet. of the right ventricle especially being hypertrophied. The <u>Cuprum</u> Aurantii of the aortic semilunar valves are enlarged, the mitral valve is healthy. — Capacity of the endocardium of the left ventricle was approx. 4 oz. On the pericardium there was a small effusion. The right ventricle			and dyspnea were aggravated; on the 17 th the pulse was irregular, and occasionally intermittent. On the morning of the 18 th he was found pale, and anæmic, with extremities cold and numb, much dyspnea, and anxiety, pulse scarcely perceptible at the wrist, and he had coughed up a small quantity of mucus. Incontinent matter — all pain had disappeared. On examining the heart, its position could hardly be distinguished. — Difficultly stimulæ were given, and hot bottles applied to the feet, these slightly gave some relief, and he fell asleep. At 1/2 past 3 p. m. he was nearly moribund, the symptoms of the morning having returned with increased intensity, dyspnea being excessive. He died at 1/4 to 7 P. M. — On post mortem examination, his organs generally with the exception of the heart and other comparatively free from disease, no lesion having been detected which could account for or accelerate his death.
270	Left Kidney of an irregular, nearly triangular shape, and small size. Numerous cysts of variable size and dimensions are present throughout its substance, and nearly every trace of tubular structure is obliterated.	Fort Pitt	135-9	Wednesday 1 st John Landers, aged 38, 53 rd Regt. admitted July 5 th 1847, labouring under scitis. Stated that when very young, he had some affection of the kidney; in 1835, he suffered from liver disease, for which he took Mercury & Salivation, and had a seton inserted over the organ. He recovered perfectly from this attack, and remained in good health until the latter part of the year 1847. In August 1848, he was recommended for discharge on account of "General debility". On his admission into Fort Pitt, he suffered

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
279	<p>except a few in what forms the apex of the triangle. Right kidney, was, of the usual form, but affected with Bright's disease. (Vide App. N^o 286)</p> <p>1359</p>			<p>from dyspnoea and dry cough. The abdomen was tumid and fluctuating, the lower limbs slightly oedematous. The quantity of urine discharged was natural, but its passage along the urethra was accompanied with scalding pain. The bowels acted freely, the pulse was regular but feeble, and his appearance generally betokened excessive debility. The skin was exceedingly dry and harsh. Density of urine 1015, and it contained a quantity of albumen.</p> <p>The cough ceased almost entirely, a short time after his admission, but the scrotum, and integuments of the penis became anasarcomous, and the swelling of the legs more considerable. The quantity of urine passed in 24 hours ranged during the month of July, from 19 to 26^{oz}._(175.1) The hot air bath was tried at this time, but failing to produce sweating, caused great distress to the patient, and was discontinued. The circumference of the abdomen measured August 23, was 37¹/₂ inch. At this time there was considerable crepitation heard over the lower lobes of both lungs. On 5th Sept. the scrotum being much distended, was pierced with a lancet, and on that, and the following 8 days, about 10 pints of fluid escaped from the wound, affording considerable relief. The circumference of the abdomen, on the 10th Sept. was 36 inch. Throughout this month the quantity of urine in 24 hours, averaged 16^{oz}. Towards the latter end, the circumference of the abdomen increased considerably, and the</p>

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
270	1359			<p>dyspnea became at times very urgent. On the 26th Sept. the circumference of the abdomen reached its maximum 39¹/₂ inch. Paracentesis abdominis was performed, at this time, and 15¹/₂ of straw coloured fluid evacuated; no faintness followed, and dyspnea was much relieved. A large quantity of fluid afterwards escaped from an ulcerated opening in the right thigh; as also from the scrotum and penis on amputation. He gradually sank from this time, and died on the 26th Oct. -</p> <p>Both lungs were much congested, especially their lower lobes. The liver was slightly affected with cirrhosis. Right kidney was granular, and most of the tubuli obliterated, the cortical substance pale, and mottled on the outer surface. The intestines were healthy. - Reg. 324. Vol. 174.</p>
271	<p>Fragment of a salivary calculus, removed by operation from the duct of the submaxillary gland, close to the pyramidal larynx.</p> <p>271</p> <p>Ad. 1504</p>	<p>Surgeon General</p> <p>60th Regt.,</p>	<p>Walesham</p> <p>Jan'y, 1850</p>	<p>He John Grogan aged 26, states that when encamped at Thurles in Ireland, he caught cold in consequence of lying on the damp ground for 5 days, after which he felt stiff about the neck, which continued for 3 weeks, when he observed a swelling near the pyramidal larynx. The calculus was removed from this situation, and gave relief to all his disagreeable sensations. -</p>
272	Rupture of the femoral artery and vein, the result of the crushing of the limb from	<p>Trache by</p> <p>Surgeon Chatham</p>	<p>Walesham</p> <p>S. G. S.</p> <p>Jan'y 1850</p> <p>R. 415</p> <p>B. 26</p>	<p>From an artificer employed in Chatham Dockyard. He lived about 14 days after the receipt of the injury, the limb being much swollen, and ultimately, imperfect gangrene set in, when he sank and died.</p>

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
272	<p>a heavy weight. Both vessels are completely torn across and filled with coagula near their ruptured extremities. That contained in the vein extends farther up the vessel from the site of the injury, but less completely fills the canal of the vessel than the coagulum contained in the artery. This latter is about an inch in length, of a conical shape and terminates where the first branch above the seat of injury appears to have been given off. The injured extremities of both the vessels are completely occluded chiefly by their own contraction.</p>			

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
273	Section of a tibia affected with nodules, the dense texture of the bone is much thickened from the deposition of adiabatic matter	For Pitt	J. Robertson Esq. Feb. 50.	From a man who died of Phthisis Pulmonalis. No mention was made in the history of his case as to whether he had been affected with Syphilis or not.
274	A tumour of fibrous consistency and malignant structure which was found in the substance of the left hemisphere of the brain. The cerebral substance in its vicinity was softened and of simplified consistency.	Am't. Surgeon Carlisle 6 th Dec. 80	J. Robertson Esq. March 1850	From P ^r . James Everall 6 th Dec. 80. First admitted into Hospital on the 28 th of August 1846 complaining of debility of both knees which rendered him unable to stand for any length of time, but was unattended by pain or swelling. He was treated by Cathartics, and stimulating liniments, and discharged cured on the 7 th day. Readmitted Sept. 8 th 1848, complaining of severe pain in the temples and forehead. Treatment Counterirritants, and purgatives, and he was discharged well on 7 th October. Readmitted 22 nd November, complaining of the same symptoms. On 24 th Dec. the pupil of the left eye was considerably dilated, and bluishish, he complained of dimness of sight and double vision, the eyelids drooping. He experienced some relief from the remedies employed, blood-letting, Mercury &c. but a recurrence of his symptoms took place at intervals, and he continued in much the same state up to the 11 th of May 1849. His utterance was indistinct, pulse seldom varying from 60, very small and compressible, skin cold and dry, bowels pretty regular. At 10 O'Clock on 11 th May, he became comatose and died without post mortem.

Post mortem appearances. On removing the calvarium

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
274				<p>there was general congestion of the vessels of the surface the upper portion of the membranes having been removed, the left anterior lobe of the brain was found firmly adherent to the bone, corresponding to the left orbital plate, left wing of the Sphenoid, and anterior portion of the left temporal bone, the greater portion of the base of the anterior, the entire of the middle, and part of the posterior lobe, left side were in the 3rd stage of softening being as fluid as cream. This softening extended upwards to a line on a level with the roof of the lateral ventricle, sprouting from the centre of this, was a firm cancerous mass about the size and shape of a fig, and which pressed upon the left optic nerve, and the supra-orbital branch of the 5th pair, partly enveloping them. The floor of the left lateral ventricle was healthy but both were filled with transparent serum, the optic nerves were degenerated into a very soft reddish brown, pulpy mass, and the anterior lobes of the brain were firmly adherent together, the cerebellum was perfectly healthy. On removing the bony plate of the left orbit, a large quantity of adipose matter was found enveloping the muscles of the eye. (Note. Cancer cells were found in the tumour.)</p>
275	Calcareous deposit in one of the communicating arteries of the Circle of Willis.	Ant. Surgeon Carline 6 th Decr 85	Misses Dwyer 190	From P ^{re} . Henry M ^r . Cornwell 6 th Decr 85 and who died of Apoplexy.
276	Cast in wax of ulceration of the small intestines, also of a portion	Fort Pitt	Mr. Lempereur	From a man who died of Phthisis Pulmonalis.

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
	of the sigmoid flexure of the colon.			
277	Wax cast of ulceration of the pyjunum, the ulcer being of a deep red colour and rectangular shape.	Forst Pitt	Mr. Lamprey	From a man who died of Phthisis Pulmonalis.
278	Cast in wax of a portion of the right lobe of the liver affected with nutmeg degeneration.	Forst Pitt	Mr. Lamprey	From a phthisical patient who was addicted to intemperate habits.
279	Wax cast of a large anthrax situated on the back.	Forst Pitt	Mr. Lamprey	
280	Wax cast of a phagedenic ulcer affecting the	Forst Pitt	Mr. Lamprey	From a private of the Royal Marines, who made a rapid and favourable recovery.

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
280	integuments on the under surface of the penis.			
281	Wax cast of a large inguinal hernia on the right side.	Fort Pitt	Mr. Lamfrey	From a patient who was under treatment in Fort Pitt.
282	Wax cast of a child's head showing recession of a considerable portion of the ramus of the lower jaw on the left side.	Mr. Lamfrey	Mr. Lamfrey	
283	Wax Cast showing elevation of the integuments over the frontal bone.	Fort Pitt	Mr. Lamfrey	
284	A large wax model showing most extensive disease of the head. Nearly all the bones have	Fort Pitt	Mr. Lamfrey	

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
284	capsulated, and came away at different times, the greater portion of the frontal is still present. The integuments of the scalp are much thickened and irregularly modulated. Parts of portions of the capsulated bones are contained in the glass case.			
285	Wax cast of a double orange, a section of the fruit has been made	Fort Pitt	Mr. Sampson	(Has been removed to Nat. History Museum)
286	Wax cast of a malformed Kidney	Fort Pitt	Mr. Sampson	For history of this Preparation vide Appendix N ^o 270. Vide Appendix N ^o 1815 No. 1111
287	Water colour drawing showing ulceration of the Cartilages of the Knee joint	Mr. Sampson	Mr. Sampson	Taken from a drawing made by Mr. Conolly of the Richmond Hospital, Dublin.

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
288	<i>Spiria bifida</i> showing deficiency of the canal in the sacral region.	As. Watall 94 th Regt	McMahon S.A.S.	R 3085
289	Two cartilaginous bodies, removed by operation from the left knee joint.	As. Watall 94 th Regt	McMahon S.A.S.	<p> <i>Pth Joseph Hamilton</i> Aged 21, an Irish labourer, had suffered for a period of 9 months from inflammation of the left knee joint occasioned by the presence of these morbid formations within the joint. The symptoms had always been relieved ^{relieved} by leeches, rest & nuchal at last it was determined to remove the bodies, as as the inflammation they gave rise to was severe, and the cartilages so movable as to render him liable during any active or prolonged movement of the joint to a return of this troublesome affection. The operation was accordingly performed by As. Purves 94th Regt with the usual precautions, and the patient was at the end of six weeks discharged from hospital cured. </p>
290	<p> <i>Extensive valvular disease of the heart</i> The left auricle ventricle ventricular surface is much contracted. The mitral valve thickened and rigid and attached to its annular border is a large warty excrescence. There is a small </p>	Fort Pitt	McMahon S.A.S.	<p> <i>Pth Samuel Macken</i> Aged 30 4th Div of the Can ^{Eng} English ^{man} of 17th years service of which 2 in N India, 2 in America, 1 in Gibraltar. He was at home. Had frequently been in hospital abroad for fever and dyspnea, cough and dyspnea. On admission he complained of cough, palpitation, and dyspnea but not severe except on exertion. A strong <u>bruit</u> accompanied the heart sounds. He was discharged to the Invalid depot at St. George's and while there suffered more or less severely from the above symptoms. He died suddenly. </p>

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
290	<p>growth from one of the semilunar valves of the aorta about 2 lines in height, its base rather broad, and apex pointed. The tricuspid valve is thickened and ulcerated, and in the recent state was highly vascular. The heart generally is enlarged, and its cavities dilated, especially the auricles.</p>			<p>In addition to the morbid appearances in the heart, the lungs and most of the glandular viscera were much engorged with blood, but no organic change of any consequence could be detected. The greater portion of a tape worm was found in the small intestines.</p>
291	<p>Brain of a monster, a monstrosity, a monstrosity. The eye is of large dimensions, and the curves of the cranium much increased in size in proportion to the cerebral substance, which was soft, and the greater part of the cranial cavity filled with serous fluid.</p>	M. S. M. S.	M. S. M. S.	<p>Purchased from a farmer in the neighbourhood of Chatham.</p>

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
292.	Head of a ^{malformed} mammalian lamb, the brain having been removed. The orbital cavity is situated in the median line and is of large size. In the centre of the orbit is a small appendage resembling a tail, and on each side two marks in the integuments as if for the attachment of horns. The upper jaw is deficient. In dissection the animal was found to be a male.	McBride, M.D.	McBride, M.D.	(Use previous preparation).
293.	Water colour drawing showing a large sloughy sore on the integuments of the penis.	D. Langley	D. Jack Royal Marines	Slide App: 280.
X 294	A portion of tattooed skin from the forearm.	Fort Pitt	McBride, M.D. Saf	From a soldier who died in Fort Pitt.
295	Kidney enlarged having several	Surg. Huntley 6 th Regt.	McBride, M.D. Saf	From P ^t Wm Jamieson, 13 th 4 th 5 th Regt. He had received an injury in the dorsal region R 1823 (Kidney)

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
255	<p>cyts of considerable size in its substance. These were filled with softened serous fluid. The infundibula & pelvis are much dilated the former containing similar deposit. The ureter is also dilated, its coats much thickened and lined by a layer of lymph.</p>			<p>about 2 years previously. the 6th 7th & 8th dorsal vertebrae were very prominent with lateral curvature towards the right side. paralysis of the lower extremities, inability to pass his urine or retain the feces, also short hacking cough, & phthisical spitta with alkaline urine. He was 5 months in the hospital of the 16th Reg^t.</p> <p>On post mortem examinations the upper lobes of both lungs were found thickly studded with tubercles. the bronchial glands enlarged and filled with cheesy matter. A tumour the size of an egg was found situated on the right side of the bodies of the 10th & 11th dorsal vertebrae from which when opened a considerable quantity of matter flowed, about half of the bodies of the 10th & 11th dorsal vertebrae were found perfectly destroyed by Caries exposing the medulla spinalis. The 6th 7th were also softened. (Vide App. N^o 292). The left kidney was in the condition described, and an abscess was found in the prostate portion of the urethra.</p>
256	<p>Kidney much enlarged containing an immense number of cysts generally of small size some of these presented the appearance of hydatids but the majority of the larger which are now empty</p>	S. As Blake	W. H. Blake	<p>Sgt Henry Freeman Aged 38¹/₂ years, an Englishman of 12th Reg^t home service. Had lived freely and latterly had become very phthisical. He appeared to have been suffering for about a month from thoracic inflammation having frequent attacks of pain of side and urgent dyspnoea for which he was bled. On reporting himself at the Military Hospital he was found to be suffering from an attack of double pneumonia and which carried him</p>

Division.

Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
296	were filled with softened suppurative deposit... in some of the smaller there is also deposit of a similar nature but much harder consistence. The external substance is in addition extensively infiltrated with fat and nearly all traces of the tubercles has disappeared.			off in two days - Autopsy he was found to have been affected with double pleuro-pneumonia, there was some fluid mixed with flakes of lymph in the pericardium, the heart enlarged but its valves healthy. All the abdominal viscera were loaded with fat, and the liver was affected with nutmeg degeneration. The kidneys presented the appearance described, that prepared from the best specimen of the disease.
297	Gunshot wound of the spinal column. The ball has passed in between the head of the 11 th rib and the corresponding vertebra at the front A, transverse the spinal canal and lodged in the opposite side where it now remains.	A. Laing 3 ^d Lt. R. G. P.	McIntosh Sgt A. 2913	From P ^{te} Ralph Grieve 3 ^d Lt. D ^g who was wounded in action at Rhamnagur Nov. 21/49. A musket ball entered below the right mamma, penetrated the liver lobe of right lung, and the diaphragm, grazed the upper surface of the liver, and passed between the head of the 11 th rib and the vertebra. It lodged in the spinal canal, and caused paraplegia. The man died 14 days after the receipt of the injury.
298	Effusion of lymph on the inner surface	Fort Pitt A. 95 A. 90	McIntosh Sgt	From P ^{te} J. McLaughy aged 19, an Irish labourer of 1 1/2 years service admitted into Fort Pitt General Hospital in November

Sent to Mr. S. College 18.1.03.

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
	of the left ventricle of the heart, which is considerably enlarged. The valves are healthy, the aorta at its commencement is unusually narrow.	admitted 95		18 ⁵⁰ with swelling of the abdomen and anasarca. The heart's sounds were attended by a strong murmur chiefly accompanying the second. He was discharged inviolated, and readmitted on the 18 th of June 1850 much reduced in flesh and strength. Murmur was still, and still chiefly over the aortic valves. He complained of great dyspnoea which gradually became more urgent, and he died on the 29 th . On post mortem examination, both lungs were found firmly adherent by growth of old standing, and about 3 pts of fluid were contained in the right pleural cavity. The liver was enlarged and fatty.
299	Lesions affecting chiefly the bodies of the 4 th , 5 th , 6 th . Dural vertebrae, that of the latter is almost entirely absorbed, and exposed the spinal process. There is considerable deformity, and projection of the spinal column at this part.	Sur ^g . Muntz 6 th May	McRobertson L.S.	For history of this preparation, vide App. No 295. (2 nd portion)
300	Lesions affecting the anterior surface of the	Fort Pitt	McRobertson L.S.	Infant J th Thomas, Fugate Age 20 th 90 th Aug ^r . Admitted 10 th April 1850 under the head of Scrophula. An Irish labourer of 2 th years home

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
	body of the sacrum - the whole of the bone is unusually soft and spongy, and a considerable quantity of abscesses have been formed.			<p>service, was admitted into his regimental hospital in June 1849 with an oval fluctuating tumor in the groin above Poupard's ligament. This was eventually opened, and gave passage to about 2 pints of greenish matter and some spicules of bone. He gradually recovered and was discharged to duty, which he seems to have performed until the beginning of April 1850, when he was readmitted complaining of severe pain in the right hip joint with weakness and deformity of the limb, fluctuation became apparent, and some sinistia formed near the great trochanter, which continued to discharge until his death. This was accelerated by the formation of another large purulent collection on the left side of his neck in the beginning of May. Ectasia set in and he died on 25 June -</p> <p>Post mortem appearances - A large collection of matter occupied the pelvis and infiltrated the paravascular spaces. The iliac and articular surfaces of both hip joints were healthy -</p> <p>Both kidneys were affected with granular degeneration in the advanced stage.</p>
301.	Extensive disease of the mitral valve which is much thickened and its orifice contracted, being reduced to a mere chink only capable	Fort Pitt	McKenna Sas.	<p>M^r W. Bentley Aged 35, 45th Reg^t. Admitted July 27/50. A large abscess of 12 years service of which seven at the Cape the remainder at home. In November 1849 when on the line of march he became suddenly affected with severe palpitation, pain of left side and dyspnoea which symptoms never left him. He never had acute rheumatism or syphilis. On admission he complained</p> <p style="text-align: right;">24 July 1850</p>

Division.

Diseased Structure of

Number

Character of Preparation

By whom
PresentedBy whom
Prepared

History of the Case, with Remarks

of admitting a small probe. On its annular aspect a warty excrescence of considerable size is present. The heart generally is enlarged especially the left ventricle and both auricles are dilated. The valves and its valves are healthy.

⁴⁴ The living membranous is opaque. The papillary tendons are very much thickened and corrugated and shortened.

of the above symptoms, and also of cough. On examination of his chest, percussion was found to be duller than natural in both lateral and posterior regions, and cardiac dulness was increased. Both sounds of the heart were accompanied by a loud bellows murmur but most marked with the first, this was very loud at the apex, became fainter towards the axilla and was altogether lost under the sternum. The pulse at the wrist was 84 small, feeble, and slightly delayed. micro-crepitant rales were heard over the upper lobes of both lungs. On the 3^d of August he expectorated a considerable quantity of nearly pure dark colored blood but without expressing any additional symptoms. On the morning of the 4th when sitting up in bed he suddenly fell backwards and expired.

On post mortem examination a considerable quantity of fluid was found in the right pleural cavity. The right lung was inflated throughout with patches of extravasated blood (vide App. 302). Left lung was in nearly a similar condition. The other organs generally with the exception of the heart were healthy. Vide preparation

302

Effusion of blood into a portion of the pulmonary, texture of the right lung, affording a specimen of what is generally termed pulmonary apoplexy.

Fort Pitt

McNester.

(For history, vide previous preparations.)

Vide Preparation 1st

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
303	A large aneurism of the aorta at its commencement; the coats of the vessel are immensely thickened and internally very rough from alterations dependent, immediately above the semilunar valves, are two additional aneurisms of these one is of small size, the other adjoining it, in dimensions equal to a walnut, has burst into the pericardium and must have proved the immediate cause of death. Nearly the whole of the outer surface of the heart is covered by a thin layer of recently effused serous lymph. The heart generally is very much enlarged.	Ant. L. J. M. Wichart 15 th 1845	Med. Soc. Saf. R. 273 B. 105	<p> <i>Mr. Samuel Swallow aged 37 83rd Aug^t of 19 years service.</i> <i>He applied on his last illness only a week before his death for medical aid. He at that time complained of cough, dyspnoea on the slightest exertion, and pain in the region of the heart. Was a stout man but of bloated appearance although his habits were regular. He had rheumatic fever 15 years ago in Canada. For many years had been an officers servant but for a considerable period has laboured under shortness of breathing and cough. The sternum was slightly arched and yielded a dull sound on percussion, and a rough double bruit was heard instead of the normal sound of the heart. On one occasion after walking up and down for a little the sound was found to be double, the pulse was only 52 giving alternately, a strong full beat followed by an exceedingly feeble one, but this latter fact was never afterwards observed. He died suddenly, while sitting on an easy chair.</i> <i>The lungs were healthy. A large quantity of coagulated blood was found in the pericardium & the membrane lining the left ventricle. Chiefly at the base of the heart is very much thickened and opaque so as hardly to be distinguished from the semilunar & mitral valves. The fleshy columns are also hypertrophied.</i> </p>

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
304	An aneurism about the size of an orange arising from the arch of the aorta. It is completely filled by dense fibrinous coagulum, the laminated structure of which is seen on section.	Fort Pitt	J. Nicholson Sas R. 313 B. 96	Taylor P ^{te} George Taylor Aged 38 S ^t Helena Reg ^t who was admitted on the 12 th of August 1850 under the head of chronic bronchitis and died on the 18 th . Both lungs were found to be affected with pleuro-pneumonia. There was no symptom during life to lead to the supposition of the existence of an aneurism, and the heart was healthy with the exception of slight traces of atheromatous deposit at the commencement of the aorta.
305	Exhibits fracture of the frontal bone, also partial separation of both parietal bones, at the anterior extremity of the sagittal suture. The left parietal is also extensively fissured chiefly in a radiating direction from its centre of ossification.	Exhibits fracture of the frontal bone, also partial separation of both parietal bones, at the anterior extremity of the sagittal suture. The left parietal is also extensively fissured chiefly in a radiating direction from its centre of ossification.	A. S. Boume 3 ^d Reg ^t 80 th 2790	Part of the skull of Sergeant Saddle Plus 3 ^d Reg ^t Guards, who was killed by a fall down stairs at the Barracks Glasgow. The man was on detachment duty at the time.

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
306	Two urinary Calculi with several fragments composed of triple phosphate and phosphate of lime. The larger of the two was firmly attached to the bladder, and seems to have articulated with the smaller, the opposing surfaces being convex and dense.	A.S. Leithorn 9 th Lancers	J.S. Collins	Extracted from a native of India by Dr. Leithorn.
307	Urinary Calculus of which the nucleus and external layers are composed of lithic acid, and the intermediate layers of Oxalate of lime.	A.S. Leithorn 9 th Lancers	J.S. Collins	Extracted by Dr. Leithorn from a native of India.
308	Urinary Calculus composed of oxalate of lime and uric acid.	A.S. Leithorn 9 th Lancers	J.S. Collins	Extracted from a native of India by Dr. Leithorn.
309	Urinary Calculus of which the	A.S. Leithorn 9 th Lancers	J.S. Collins	Extracted from a native of India by Dr. Leithorn.

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
309	nucleus is composed of oxalate of lime, and the surrounding layers of lithic acid with trifluorophosphate externally			
310	Urinary Calculus composed of lithic acid or oxalate of lime, very friable	Ab. Lephron 9 th Decem	S. S. Collins	Extracted from a native of India by Dr. Lephron
311	Specimens of the Muntichoke Balls used by the inhabitants of the Burghoffa country in the Himalayas.	A. S. Lephron 9 th Decem	S. S. Collins Dr. 2932 Mus. of Milit. Surgery	Extracted by Dr. Lephron from a wound received in action
312	Rifle Ball which was lodged near the hip joint	S. A. S. Lephron Dr. 2933	McIntosh Lay Mus. of Milit. Surgery	From a wound of the Ceylon Rifle Regiment. Remitt. abscess and death
313	Urinary Calculus nucleus composed of lime and also the outer layers, the intermediate of oxalate of lime	Dr. Scott Ab. 79 th Regt	McIntosh Lay	Extracted by Dr. Scott from P th Mathew Thomson 78 th Regt. at Gibraltar on 28 th Sept. 1847, in the usual manner and with successful result. Ether was administered to the patient
314	Urinary Calculus			

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
314	and fragments mucous, composed of one side, and the other layer parted by the same.	D ^r . Lephew of the Lancet.	Mohrman Prof.	Extracted from a native of India by D ^r . Lephew.
315	A small calculus which was found per urethra.	W. Davison of ship "Middlebrian"	Mohrman Prof.	
316	Urinary bladder containing 13 soft calculi. General the contents of which from long time to no sym- ptoms & was not detected until after death.	W. Guthrie D ^r . Inspector General	Mohrman Prof.	From the Museum of the late D ^r . Worsper
317	Portion of the femoral artery and vein between which a ball had passed causing mortifi- cation of the limb and death.	W. Guthrie D. I. S.	Mohrman Prof. R. 408 B. 13.	Occurred at Toulouse, the case is well known, and has been published by W ^r . Guthrie. Guthrie Page 204 of the Lancet
318	Head of the femur removed amputation at the by Gasparet Bouffier after the Battle of Waterloo	W. Guthrie D. I. S.	M. R. 2929	The case was successful. Vide Guthrie on Gunshot Wounds Page 362. and Illustrations

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
319	A monocular human monstrosity, of "Astoma mumps" the offspring of an Indian woman at the mission	H. Allanby 2 ^d Cl. S. S.	H. Allanby Sgt.	For History of this Preparation vide 1 st Vol. of Lancet for 1848 Folio 227. (also Prep. App: 247). —
320	A Wax Cast of the head of a Guinea an affected with tubercular Elephantiasis.	H. Allanby 2 ^d S. Surgeon	H. Allanby 2 ^d S. Surgeon	
321	Drawing showing maximum distention of the stomach from inflammation structure at its pyloric orifice	A. S. Broun 2 ^d Surgeon	A. S. Broun 2 ^d Surgeon	From P th Daniel M ^r . Green, Sects Secy. S.
322	Drawing of a fracture of the right parietal bone with depression, and wound of the middle meningeal artery. From a gunshot wound at the battle of Chillianwallah 13 th June 1849.	A. S. Jefferson 9 th Lancers June 1851		P th Thomas Deveril 61 st Reg ^t Aged 24 was hit with a musket ball at the battle of Chillianwallah which produced a small wound in the scalp and fracture of the right parietal bone near its anterior inferior angle. The wound was dressed with adhesive plaster. On the morning of the 16 th he complained of severe headache which had been present more or less since he was wounded, pulse was slow and natural, tongue clean wound suppurating. Stated that he was stunned and obliged to lie down when wounded, but

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
322				<p>after a little was able to walk to the rear Treatment. Leeches, cold lotion, Tart: Ant solution and Cathartics. 17th Very Dragg Pain not so great. Discharge from the wound healthy and copious. 18th Was allowed last night with signs followed by febrile symptoms, was very restless, lying about in bed, and complaining of a violent tight kind of pain round the head. His bowels were knitt and ^{he} could not endure the light. Pain continued violent, skin hot and dry, pulse small, hard and quick. A Trepan was made to ascertain the state of the fracture and as a means of abstracting blood. 3XXV of Blood were allowed to flow from the wound. The bone was found to be very much depressed and comminuted. About 10 P.M. he was more drowsy and complained of pain and intolerance of light. The operation of trephining was performed. The dura mater and middle meningeal artery were wounded by the depressed bone. On the 31st fungus of the brain was observed, which was restrained by pressure. On the 15th February he was discharged from Hospital.</p>
323	<p>Two masses of Cholesterine passed by stool after violent symptoms of colic.</p> <p>1274</p>	<p>Surgeon Dr. Dr. Dr. 23 Functions</p>	<p>W. Dr. Dr. Dr. 23 Functions</p>	<p>From a soldier of the 13th Regt.</p>

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
324	A quantity of hydrostatics prepared by stool after violent symptoms of colic.	Surg ^l Dr. Brown 23 rd Franklin	McBostom S. A. S.	The man quite recovered.
325	Hydrostatics prepared in the Epididymis of the right testicle.	Surg ^l Dr. Brown 23 rd Franklin	McBostom S. A. S.	The left testicle was not fully developed and had not passed through the inguinal canal.
326	Alters of the convex surface of the right lobe of the liver which has burst into the pericardium through the diaphragm. The opening through which the pericardium has been perforated in some respects resembles the orifices. The membrane is thickened and especially that covering the heart from the dissection of lymph of a granular form.	Garrison Hospital 1135	McBostom S. A. S.	<p>P^l Robert Smith 78th Highlanders was admitted into Hospital from the Barracks on the 17th of April 1851, suffering from acute pain in the Epigastrium. Skin was covered with moisture, pulse small but soft. Stated that he had ^{not} been in his usual health, but having occasion to go to the rear at 3 A.M. was suddenly seized with the pain in the Epigastrium. Some relief was afforded him by the administration of an opiate draught, but he complained of great debility, the pulse was feeble and intermittent the countenance pale and sunken, and after having had one natural evacuation shortly before death he expired at 10 P.M.</p> <p>The Lungs were healthy. The Pericardium appearing to be much distended was carefully opened and 3^{or} 4 of serous fluid mixed with blood were evacuated. The liver was much enlarged, and on section presented a nutmeg appearance. On cutting into its upper surface a large cavity was found passing into the right and left lobes. The upper</p>

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
326				<p>wall of this cavity was formed by the diaphragm through which the opening into the pericardium had taken place. The walls of the cavity were much thickened, it was evidently of old standing, for the sides were in some parts cartilaginous. It contained nothing with the exception of some thick lymph and a few clots of blood.</p> <p>The intestines, stomach, kidneys were healthy.</p> <p><u>Remarks.</u> He had served 10 years in India & had been of intemperate habits. Was invalided for Chronic Hepatitis, but improved so much during the voyage home that he was ordered by a Medical Board to do duty with his depot.</p> <p>From the appearance of the lymph it was (in part at least) of pretty old formation, the irritation excited by the pressure of the matter continued in the abscess having probably given rise to inflammatory action, and rupture ^{took} having taken place through the previous & attenuated portion of the membrane by the act of straining at stool.</p>
327	Double aneurism of the abdominal aorta situated close to the celiac axis, the larger of the two tumours burst into the	Fort Pitt	Indebentum Sub R. 356.	<p>Robert P^t James Quinn 22nd Reg^t of 19th years service of which 7 in U.S. Marine, 7 in India, the remainder at home. Died on 17th Nov^r 1850. About a month before he was confined in the Guard room for being drunk and fell off the bed and hurt his back severely since which period he complained of pain in his limbs loss of appetite, and was unable to take solid food which caused pain when swallowed.</p>

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
327.	Abdomen, and the smaller through the diaphragm into the right pleural cavity			Amputation was applied to the limbs, with temporary relief. He died very suddenly in his quarters. He was employed as Orderly in the dead house at Fort Pitt since the month of June 1850 - On post mortem examination none of his other organs showed any lesion of importance.
328	Part of the scapula of a goose removed by operation from the diaphragm	W. G. L. by S. A. S.	W. R. 1063	For History, vide Medical Gazette for the year 1850.
329	Cast of a rare form of injury of the ankle joint, consisting in separation of the tibia and fibula from the astragalus	W. G. L. by S. A. S.		
330	Gall stones of various forms and sizes	S. A. S. M. Thorne	M. Thorne S. A. S.	
331	Femoral artery and vein included in one ligature, both vessels contain coagula of about 1 inch in length	S. A. S. M. Thorne	M. Thorne S. A. S. R 406 B. 11.	

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
331	and there is no appearance of inflammation having taken place in either vessel. —			
332	Cavity of an abscess situated in the parietes of the left ventricle of the heart. It is lined by a layer of lymph and contained thick pus	L. A. S. M. Marie	Robertson Esq	From a woman who although previously in good health, was suddenly seized with palpitation at the heart and great dyspnoea. There was dulness on percussion over right side of chest and the heart's action was attended by a bellows murmur. She died on the 3 rd day after being seen. Both lungs were hepatized and there was fluid in the pleural cavities. —
333	Tentacle much enlarged, and the seat of malignant disease apparent. On its removal it weighed 1 lb. 2 oz.	L. W. Home 2 nd Staff Surg.	Robertson Esq.	From a Chinaman. The Tentacle appeared never to have descended into the ventrum but to have been detained in the region of the External ring. About 3 years before the operation for its removal was performed, without any assignable cause the tentacle began to enlarge, and without ever having been the seat of much pain, attained gradually such a size and prominence as to cause much tightness from the abdominal integuments being stretched across it. — The patient at first made a rapid recovery after the performance of the operation, and the wound was all but healed, when a tumour began to form

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
				at its site, and grew rapidly. The patient was recommended then to return to his home.
334	Kidney enlarged and the seat of extensive serfulous degeneration. Numerous large cavities are present in its substance which are occupied by pus and broken down tubercles. The ureter is enormously thickened, as was also the capsule, which contained tubercles	For Pitt	Robertson L.S.	From ^{Dr} Samuel Strong 30 th Sept. who was admitted on the 25 th Oct. 30 with Fistula in Perineo. He had some time before suffered from pain in the lumbar region, with copious purulent deposit in the urine, and painful micturition. On dissection, in addition to the ^{left} kidney, the lungs contained milky tubercles, the ^{right} liver was enlarged, the mucous membrane of the bladder ulcerated and full of pus which appeared to have descended along the thickened ureter; the liver was much enlarged, and its texture fatty. (Uide Mus. Roy. Vol IX Folia ultima.)
335	A monocular monster of a pig, - there is also deficiency of the upper jaw, and a cuticular appendage in the centre of the forehead.	R. Allamby 22.5.31	Robertson L.S.	From the Mauritius

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
336	Head of a young Patna goat which is moulting the upper jaw being deficient.	R. Allamby 2 ^d S. Surg ⁿ	McKerrow	From the Mauritius.
337	A monstrous Chick, which has two sets of legs.	R. Allamby 2 ^d S. Surg ⁿ	McKerrow	From the Mauritius.
338	Gallstones of various shapes and sizes	For Pitt	McKerrow	From a patient who died of Phthisis Pulmonalis.
339	Structure of the urethra, with false passages, Extravasation of urine has taken place into the perineum in which there were two fistulous openings, with several abscesses in the vicinity of the membranous portion of the urethra and prostate gland. The mucous membrane of the bladder	Staff Surg ⁿ 2 ^d McKerrow	Prof. McKerrow	Sgt. John Egan 9 th Lancers, was invalided from India on account of repeated attacks of Fever. Was admitted into hospital at Wandsworth on the 25 th April /57 with a tumour which had suddenly formed in the perineum from an injury received a day or two before whilst riding a restive horse. Had been subject to stricture for 15 years. An opening was made in the perineum, and pus and urine evacuated a catheter at the same time being introduced but this occasioned so much pain, that it was necessary after a day or two to withdraw it and a gum elastic catheter was introduced but the greater portion of the urine escaped by the side of the instrument or the wound, and on the 6 th May considerable hæmorrhage took place. As the instrument after this was much obstructed at the bulb when attempted to be introduced. It was deemed advisable to perform

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
	is ulcerated. There is a small opening to the left of the urethra which appears to have been made by operation			perineal section of the structure which was accordingly done on a grooved staff. He lost about 300 blood during the operation, but was carried off by haemorrhage on the 24 th May. Both kidneys were diseased, containing abscess, filled with purulent matter
340	Numerous gallstones of small size and irregular figure	Surg ^t . Taylor 80 th Reg ^t 1279	McRobertson Sof	From a man of the 80 th Reg ^t who died in India -
341	A fine specimen of Elephantiasis or Barbadoes leg, the greater portion of the limb including the whole of the foot being affected -	S.A.S. Manifold <i>no history</i>	McRobertson Sof	From P th Daniel Hartley, 88 th Reg ^t . On the 26 th October 1850 when stationed at Halifax Nova Scotia he was brought into Hospital with a compound fracture of the lower third of the left leg. Both bones were broken ^{almost} transversely the upper portion of the tibia overlapping the lower. The integuments on the inner side over the fracture were much lacerated and the main tendons were jammed in between the bones. The accident was caused by a fall from a scaffold about 9 ^{ft} high while employed at the Government works - He was under the influence of drink when the accident occurred. He remained in Hospital till January 12 th 1851 but no proper union ever took place there was great discharge, and constant exfoliations of dead bone. When admitted into the General Hospital Fort Pitt on the 11 th July 1851 the state of the limb is thus described in Reg ^t 147 Folio 44.
342	Ununited fracture of both bones of the leg, at their lower third. The ends of the tibia are laterally in apposition but have not united in the centre which	Fort Pitt 2875	McRobertson Sof	

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342	gives the appearance of a perforation in the centre of the bone. Both ends are in contact obliquely and near the point of lesion are surrounded by abundant adventitious osseous deposit. Interposed between the ends of the broken fibula is a narrow elongated cystic tumour which presented contact between them, and as in the tibia a considerable quantity of new bone has been thrown out.			<p>The left leg cannot be planted on the ground and is shorter than the other leg at least 2 or 3 inches. On examination the anterior surface of the limb presents about its middle a considerable elevation due to the ends of the bones not being fully in apposition the surrounding textures are much condensed and the skin presents two apertures at the seat of the fracture. On probing the one which is nearest the knee the instrument passes in for nearly half its length and enters a large cloaca leading into the interior of the shaft of the tibia when dead bone is distinctly felt, the other aperture which is lower down and smaller does not apparently lead to any cloaca. The man's health is good, and bodily functions active.</p> <p>As the limb was quite useless from shaking and imperfect union of the bones with very now and then detachment of sequestra, amputation was proposed and being acceded to was performed on the 1st August by "Hoffburg" (Bartlett) in the usual manner below the knee.</p> <p>The patient made a very favourable recovery and was discharged invalided on the 1st Oct. 1857.</p>
343	Malignant disease of the stomach, carcinoma (colloid) which involves	Asst. Surgeon Sutherland 41 st Reg ^t	Robertson S.A.S.	<p>Captain E. M. Warrack master of Kilkenny was a thin worn out looking person from the period he came under my observation. He then complained of dyspeptic symptoms, pyrosis and gastralgia at times very distressing, these were temporarily relieved</p>

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Ames

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
	<p>fully two thirds of that organ a small portion only towards the pyloric end being free from disease. The parietes of the antrum are enormously thickened and near the esophagus altogether absorbed by the adenomatous structure</p>			<p>by remedies. About January 1850 his symptoms were becoming more severe and emaciation perceptible in a greater degree, about this period he directed my attention to what he considered a tumor in the epigastric region appearing under the false ribs of the left side. On minute examination I could not detect prominence of such and considered it to be a prominence of the abdominal muscles from his attenuated state, it shortly became visible and I recommended his proceeding to Dublin for the benefit of professional advice. On his arrival in the month of February he was advised to see Sir H. Marsh who pronounced the existence of a decided tumor and prescribed as for an aggravated case of chronic dyspepsia. He consulted also Dr. Hutton who advised local remedies for the time he continued under his observation, and the opinion expressed was, the existence of malignant disease. He returned under my direction after a period of three weeks, the size of the tumor had increased, it could be circumscribed, and extended from the false ribs on left side to the umbilicus, he could not bear much manipulation, the symptoms complained of continued viz. <u>intermittent constipation</u>, thirst, occasional <u>gastrodynia</u> <u>sinking at the praecordia</u> and <u>hiccough</u>, this last subsequently became a very distressing symptom followed by burning pain along the esophagus, he could not take wine which felt like boiling lead going down the throat; constant expectoration of mucus and acid rejections from the stomach annoyed him much, as the disease progressed he could not bear the pressure of his dress or the local applications directed to the surface of the tumor viz. <u>Iodine & Unguent. Iod. Pot.</u> He exhibited now</p>

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
343				<p>on broth and jellies, and the above symptoms continued without much variation until the month of June when copious brownish evacuations from the stomach appeared, these continued for a week or ten days wearing out his strength much and he was obliged to resign his appointment -</p> <p>Towards the end of June he became more exhausted and attenuated to the greatest degree but suffered no pain or ache for some days before his death the dissolution being gradual in the extreme.</p> <p><u>Post mortem 36 hours after death</u> -</p> <p>The body was in a state of extreme emaciation - edema of the lower extremities, also partial in the hands, a circular incision into the <u>abdomen</u> exposed a quantity of straw colored fluid in the <u>peritoneum</u>, no adhesions - The <u>stomach</u> appeared as a white solid tumour thrown prominently forward - The <u>Liver</u>, <u>Spleen</u> & <u>Pancreas</u> all healthy, also the lymphatic glands along the <u>oesophagus</u>, the diaphragm being entirely confined to the stomach which when removed was laid open along its concave edge from the <u>oesophagus</u> to the pyloric extremity, it was densely thick and felt as if cutting cartilage the wall being here fully an inch thick - The inner surface presented a pulpy brownish appearance and there was no trace of mucous membrane except a small portion toward the bulging extremity it contained a small portion of brownish fluid such as was rejected during life and bearing the characters of the matter of an hepatic abscess</p> <p>(signed) W. H. Duttonham</p>

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
344	<p>Pinch of the pylorus with great contraction of that orifice of the stomach and enormous distention of the organ generally. The mucous membrane with the exception of the portion in the immediate vicinity of the pylorus appears otherwise healthy. The stomach is inverted.</p>	<p>Ad. Brink 2nd D^{rs} 825</p>	<p>Robertson S^{rs}.</p>	<p>From P^{te} Daniel Infirmary 2nd Dragoon.</p>
345	<p>Abscess of the left lobe of the liver which has burst into the stomach near the pylorus. The opening is of large size and irregular shape with shred of mucous membrane along its margin but the inner surface of the</p>	<p>Ad. Stanton 9th D^{rs} 1159 1161</p>	<p>Robertson S^{rs}.</p>	<p>P^{te} John Owen Aged 20¹/₂ years 9th Lancers arrived at Calcutta in October 1846 and enjoyed good health until the following year when he was admitted into the Regimental Hospital at Meerut for an acute attack of dysentery for which he was bled, leeches, and took mercury until slight pygalism was induced he remained for 16 days in hospital viz from 15th October 1847 till 1st Nov^r 1847 when he was discharged cured and performed all his duty from that period until the 23rd of April 1850 when he was again taken into Hospital at Wuzerabad complaining of pain in the epigastrium which for some days previously was accompanied by liquid purging</p>

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345 348	stomach is in other parts healthy			<p>On admission his countenance was sallow sharp and anxious, tongue brown rather dry and red at the edges, bowels much too free, dejections liquid and of a light yellowish line, pulse small, soft weak, 100 - Body and limbs somewhat emaciated, skin at one time hot and dry, at another covered with copious clammy perspiration. There was a small globular tumor in the epigastrium a little to the left of the linea alba which was very tender to the touch and gave an obscure sense of fluctuation. There was also some fulness of the right hypochondrium which was dull on percussion as high up as the lower margin of the 4th rib. He had nausea much thirst and anorexia. On consultation it was not considered advisable to make an artificial opening for the evacuation of the matter leeches, calomel or purgative were ^{on} exhibited, and he continued free from pain and had tolerably good nights up till the 29th May.</p> <p>On the 1st of June he was reported to have suffered much from pain in the epigastrium during the fore part of the day and towards evening he became sick and vomited several times which gave much relief. The fluid vomited was thrown away before being examined but the patient said it was bitter and contained yellow mucus. The tumor in the epigastrium immediately after vomiting was much smaller, and continued to diminish for several days until a deep seated induration only could be felt. Although he did not vomit again no pus could be detected in the</p>

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alvine evacuations probably from being intimately mixed with them. His appetite improved under the use of mild tonics and mineral acids. He continued tolerably free from pain but slowly became more & more debilitated & died quite exhausted on the 27th July 1850. —

Section Cadaveris 3½ hours after death.

Old adhesions of both lungs. The lower lobe of the right lung was also slightly united to the diaphragm by a thin stratum of recently effused colourless lymph towards the centre of this weak adhesion the diaphragm was very thin and almost diaphanous, a large abscess of the liver adhed intimately to that muscle at the corresponding part of the abdominal aspect and pushed it up into the right thoracic cavity as high as the upper margin of the fourth rib.

Abdomen. The liver was also united to the abdominal parietes by long old cellular bands in one of which a little to the left of the falciform ligament a considerable quantity of moist calcareous like matter was found. The right lobe contained 4 Abscesses two large and two small. The former were towards the back part of the viscus, both were full of pus containing nearly 63 each in the one thick & green, in the other thin, watery & brownish. The two small abscesses were more towards the thin edge of the right lobe, the size of an apple and filled each with thick pus. Convex surface of left lobe was normal, its concave was closely united to the lesser curvature of the stomach from the Cardiac to the pyloric orifice, at a short distance from the latter all the coats of the organ were perforated by and opening which would admit 2 or 3 fingers and lead into a thick empty cyst in the left lobe of the liver capable of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
345				Containing a small hen's egg. The walls of the cyst were thick & contracted & the cavity must have been much larger before it burst. About $\frac{1}{8}$ of an inch intervened between the upper part of the cyst & the convex surface of the liver. There was ulceration of the lower end of the <u>duodenum</u> of the whole of the <u>large intestine</u> .
346	Both testicles containing a considerable amount of tubercular deposit	Surg ^l Taylor 80 th Regt	Robertson Surg	From the body of P ^{te} John Connolly 80 th Regt who died of paralysis. Tubercles were not found in any of his other organs.
347	Portion of lung condensed from pneumonia and showing nearly complete supuration of one of the larger bronchial ramifications.	Ab. Sutherland	Robertson Surg.	From a private of the 43 rd Regt who died of pneumonia. He was also affected with insipient ulceration of the cartilage of the wrist joint.
348	Four small calculi passed by or removed from the urethra of different individuals.	As. Barrow 43 rd Regt	Robertson Surg.	
349	Section of an oval shaped mulberry.	As. Barrow 43 rd Regt	Robertson Surg.	The Calculus was encysted, and its presence only detected two days before death.

Proved
not a stone
Condensed
April 22nd 1871

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349	calculus. The layers are deposited of various density but a careful examination of them all showed their composition to be oxalate of lime exclusively.			
350	Elephantiasis Scroti: section of the tumor shows it to contain a considerable amount of white fibrous tissue, externally it is rough and corrugated.	2 ^d S. Surgeon Home	Hobbs Esq.	The patient from whom this tumor was removed was named Alean (a Chinaman) an agricultural labourer aged 27. The disease was in all of 3 years standing the enlargement commencing at first slowly and afterwards progressing more rapidly until it attained its present dimensions. No doubt existed as to the nature of the disease, the tumor being solid, firm, and elastic, and from its inconvenience and weight rendering the patient altogether unfit for performing his accustomed labour. The morbid structure was on its surface lacerated irregular and rough and concealed the penis completely, imbedded in its mass, a circular opening existing towards its centre and in front from which the urine was discharged, and at the bottom of which the gland penis was perceived. The testicles having been detected though scarcely a little below the neck of the pendulous growth no obstacle opposed its removal and this was accordingly undertaken. From the amount of integument removed the cure was necessarily slow, but effectual.

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
351	Caries of the lower articulating surfaces of the tibia and fibula. The shaft of the former bone is also much diseased presenting a worm eaten spongy appearance for about $\frac{2}{3}$ of its length, and it is very light. The shaft of the fibula is covered with a considerable amount of adventitious osseous deposit.	Fort Pitt	Robertson Surg.	P ^r . John George aged 18, 16 th Dec ^r was first attacked with necrosis of the lower extremity of the left fibula in September 1849 when stationed at Norwich and was discharged from hospital after 3 months treatment convalescent. In February 1850 he was again admitted with an unhealthy ulcer situated on the lower extremity of the external malleolus communicating with rough and diseased bone; the tibia then became affected, sinuses formed implicating the joint in April 1850, and from that time his health became much impaired. On admission into this Hospital he was weak and emaciated, limb devoid of power and motion with sinuses opening into the joint and considerable discharge. In this state he continued until the 13 th November 1851 when the limb was amputated below the knee by Staff Surgeon (Dartnall) the patient being under the influence of Chloroform. The greater part of the wound healed by the first intention. The bones of the foot & leg were found in the state described. Preps: 351 & 352.
352	Caries of the whole of the bones of the tarsus, which are soft spongy and porous. The metatarsal bones are also slightly affected at both their extremities.	Fort Pitt	Robertson Surg.	
353	Caries of the lower end of the radius involving its	Asst. Surg. Major 11 th Regt.	Robertson Surg.	P ^r . John Needles Aged 31 11 th Regt. admitted into Hospital 19 th July 1851. Stated that 2 months previously in raising some

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
	articulating surface and also to a considerable extent the body of the bone. A large amount of adhesions of various kinds have been thrown out in the ulcer is affected in a similar manner but less degree.			<p>hay at stable duty, he severely sprained his left wrist. This was followed by much swelling but no great pain, - cold evaporating lotions were applied, and he was getting gradually better, but on the 31st the swelling returned with pain over the styloid process, - distinct fluctuation was felt over the lower and anterior part of the forearm, and on incision a considerable quantity of pus was evacuated. The wound continued to discharge pus for some time, and by means of a probe carious bone could be detected in the radius. As the man became gradually weaker amputation was deemed advisable and accordingly performed.</p> <p>On examination of the limb, the articulating surfaces of the first row of carpal bones were likewise found to be carious. -</p>
354	Shows the femoral artery with a popliteal aneurism which was cured by pressure 3 years before death. From about 4 inches beneath Ponsart's Ligament to the popliteal space the artery is quite imperforated being little more	Dr. J. S. P. P. 11 th Huguenot	W. H. A. S. R. 457 B. 25	The man from the preparation was taken died from aneurism of the aorta.

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
	<p>than a dense fibrous coat -</p> <p>The remains of the aneurism are situated immediately above the division of the artery, and on being first laid open contained a small reddish brown fibrous clot -</p>			
355	<p>A small aneurism of the aorta, from which passed two small oval shaped openings into the pulmonary artery; the semilunar valve of ^{the latter} the latter immediately opposite the larger of the two is likewise perforated in a similar manner. The lowermost part of the</p>	Fort Pitt	<p>McArthur Sag. R. 270 B. 118</p>	<p>Dr. Charles Bailey. <i>Anatomy</i> Page 10 Page 44</p>

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
	<p>aorta is affected with atheromatous deposit. The heart is much hypertrophied, and traversing the muscular substance of the base of the left ventricle is a considerable amount of fibrous tissue in the form of dense band-like bands. the result of an old aortic valve disease</p>			
357	<p>Malformation of a portion of the ileum, in the form of a large cul de sac projecting on either side of the intestine</p>	<p>Armit. Surg. Reade 52. Regt.</p>	<p>Robertson L.A.S.</p>	<p>J. G., a stout young man aged 22 was, attacked one morning with symptoms resembling those of cholera. These symptoms increased and, continuous vomiting with obstinate constipation supervened. The extremities became cold clammy and of a blue sodden aspect and he died in the greatest agony about 6 hours after the commencement of the attack with the combined symptoms of cholera and ileus, no passage through the bowels having ever taken place.</p> <p>I am informed that some anatomical malformations had latterly been suspected.</p> <p>Autopsy 27 hours after death. Rigor mortis fully</p>

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
				<p>established and the body plump and in good condition. No external tumour in any part of the abdomen, belly especially its upper, tympanic.</p> <p>On laying open the abdomen the small intestines were observed to be enormously distended with flatus. This distention extended from the stomach downwards to the middle of the ileum where there was a <u>Cul-de-Sac</u> in that gut, much resembling in size and appearance the head of the Cecum, and filled with stercoraceous matter. The part of the gut to which this anatomical malformation was attached was considerably dilated, but for about two inches on either side of it, was contracted, somewhat thickened and unusually pale. The portion of the ileum, between this situation and the Colon was shrivelled, collapsed to the size of a goose quill and pale, but <u>distended on being filled with water</u>.</p> <p>The liver and kidneys were normal except the left one which was lobulated and slightly enlarged. The urinary bladder empty.</p> <p>It is said that the patient suffered from inflammation of the bowels five years ago.</p> <p>The string attached to the neck of the bottle shows the stomachic end of the gut.</p> <p>Vide cases of internal obstruction { Benjamin Phillips. "Presb. Times" 2^o Aug. 1851, also Baillie's Medical Anatomy { Wardrop. p. p. 164</p>

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
366 (188)	A portion of the Abdominal Aorta & Vena Cava, with the Right Iliac & femoral arteries & Veins. The external Iliac artery has been tied about 1 1/2 inches below its origin. When the ligature had been applied the vessels divided, and each extremity was occupied by a firm fibrous clot as seen in the preparation. The one in the upper end extends to within a very short distance of the origin of the vessel. About the level of Poupart's Ligament the artery ended abruptly in a dark discoloured trunk obliterated by a coagula &c. A portion of the Femoral artery including the point of origin of the Profunda was together with the corresponding vein entirely destroyed. The Profunda and superficial femoral arteries terminate at the upper part by	Surgeon Genl. Stewart, 14 Light	Wm. F. Gerald J. H. S. Surg.	Plumpton Wm. Penn, aged 26, 14 Light Bn., was admitted into Hospital 24 January 1851, with Gunshot Wound in the Right groin. The Gunshot soon ceased; but the Wound separated and was opened on March 3 rd . Issues formed in the groin and Potassa Fusa appears to have been used on two or three occasions up to the 16 th April. On the night of the 15 th April he complains of pain in Right knee, followed shortly by "pain swelling and inflammation" in the groin with arterial hemorrhage from an opening in that region. Countenance was pale & cachectic; the bleeding was restrained for a time but returned at intervals during the night of the 16 th April when Dr. Stewart saw the case on the morning of the 17 th the upper part of the thigh was swollen, tense & shining & arterial blood escaped from an opening in the groin. On removal of coagula for the first careful examination of the source of the hemorrhage arterial blood gushed out profusely from a cavity about the size of a small orange & into which the finger could be readily passed as far back as the Ischiofemoral minor. After consultation the External Iliac artery was tied, the patient being under the influence of Chloroform; the hemorrhage was at once completely & permanently arrested; the Ligature came away on the 23 rd day and the wound healed readily. One care was taken to maintain, as far as possible the temperature of the Limb; but on the 21 st the foot was found cold & livid. The state of the limb gradually became less favorable & by the 28 th the signs of gangrene, as high up as the calf, were evident. The limb was removed by the flap operation (anterior & posterior) at the middle of the thigh - Gangrene of the deep structures was found to have extended as high up, as the Ham.

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
358	Separate trunks. The canal of the bifurcated femoral was obliterated and the vein which accompanied it filled through with firm coagula. A distance of 1/2 inch exists between the divided ends of the femoral artery.	L. Stewart. 14 th Dec. 51	J. F. Fitzgerald. S. Asst.	The patient at first after the operation was in a prostrated state, but at length a marked general improvement took place; a strip of sponge along a portion of the edge of the upper flap, had nearly separated. The discharges became moderate in quantity and improved in quality. But on the evening of the 10 th May he complained of pain in the region of the liver with gurgling; hurried & short respiration & anxious countenance; hot dry skin with thready Pulse 140, suddenly improved & he died about 9 o'clock A.M. on the 11 th May. The discharge from the stump, at the same time, ceased.
359	A small aneurism of the upper and back part of the transverse portion of the arch of the Aorta projecting into the trachea about 2 inches above its bifurcation. Mucous membrane & other structures of the trachea corresponding to the part detached, and in various degrees the larynx & trachea in some part remaining still perfect. The spring by which the aneurism communicates with the aorta is well defined and oval in form. The heart was rather large & substance	Surg. Arch. Stewart - 14 th Slight Ovaries.	J. F. Fitzgerald. B 321 70 246	John Clifford, 14 th St. Dec. 51. Aet. 30, robust from during the last 18 months of his life suffered from attacks more or less severe of Dyspnoea; sense of constriction about the chest; slight hard cough; hard quick Pulse, with occasional lividity of countenance and bronchial rale. During one of these attacks about 6 months before his death he spat up about an ounce of florid blood when last admitted into Hospital in December on the 1 st June 1851 he complained of severe constriction about the chest, Dyspnoea & slight cough, accompanied by a natural state of skin. Respiration was accompanied by a marked yet somewhat muffled subdued whistling creaking & conjoined with a hissing noise similar to that produced by passing a dry ill-fitting piston through the cylinder of a pump. This noise was more marked sometimes than at others. Soon after admission he was seized with severe pain in the chest & head & oppressed & hurried breathing. Beats action tumultuous. The symptoms improved for a time but on the evening of the 29 June he was attacked with intense Dyspnoea, lividity of countenance &

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
	firm - the aorta ulcerations - the semilunar valves of the aorta were thickened.			inability to move or speak - On the following morning the symptoms had become more severe and in his distress, attempting to get up, he fell back & expired.
360	Nasal Polypus removed from a native of Lahore consistence very firm.	Surgeon Stewart 14 th L. Dragoon	J. G. Fitzgerald Staff Asst. Surg.	The History transmitted with the preparation.
361	Portion of the Left Parietal Bone, showing the results of a gun shot wound.	Surgeon J. R. Taylor 80 th Regt.	J. G. Fitzgerald Staff Asst. Surg.	361 - Pte. Will: Truman Lt 35, intemperate, and recently under treatment for Delirium Tremens, died of Epilepsy at Singapore 16 June 1857. He received a severe contusion of the head by round shot at the Battle of Ferozshah - when first under treatment notice after the wound, there appears to have been no disturbance of the sensorial functions - no breach of the scalp, but great tumefaction of the part from ecchymosis - suppuration and exfoliation followed but the patient recovered perfectly & neither then nor since ^{has he} appear to have suffered cerebral symptoms in consequence of the wound. Corresponding to the injury to the bone, there was a slight depression in the Cerebral Substance & the membranes there had a darker and more vascular appearance than elsewhere; but there was no thickening or trace of lymph. There was extensive (Chagden) ulceration of the large intestines with two abscesses in the ^{cecum} .
362	Third, fourth and fifth ribs from the left side, each exhibiting a double fracture.	Surgeon J. R. Taylor 80 th Regt.	J. G. Fitzgerald Staff Asst. Surg.	Serjt Briscoe, 80 th Regt, died Singapore 18 Aug. 1857. was under treatment for these fractures 6 months before his death, crepitus was indistinct & doubtful & treatment successful without Bandaging. He was of intemperate habits and died of Fever & Delirium Tremens. Lungs were adherent throughout on the Right side, and quite free on the side of the Fractures.
363	Pylic half of Stomach dried & varnished, showing a oval ulcer close to	L. A. L. Skues	L. A. L. Skues	A stout healthy man, aged 45, had been suffering for some time from Dyspeptic symptoms, on Oct. 16 1851 felt a sudden pain in Epigastrium - had been shortly after

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
	the Aortic Valve.			when he was found suffering from the usual
364.	Drawing of Prep. 363 seen in the recent state.	S.R. S. Skues	S.A. S. Skues	Symptoms of Peritonitis in the acute form of which he died in 26 hours.
365.	Representation of a Piece of lung affected with Pulmonary apoplexy.	ditto.	ditto.	
366	A large aneurism of the ascending portion of the arch of the aorta. The aneurism arises from the right and posterior aspect of the vessel, about 1/4 inch from the sigmoid valve. The opening by which the aneurismal cavity communicates with the canal of the aorta is oval in shape with a well defined sharp margin surrounding it. This margin at the part of the opening is rolled into a sort of tube or membrane. In the walls of the cavity of the aneurism near the opening into the aorta, numerous deposits of calcareous	S.S. Snowright. S.R. S. Skues	Hypertrophied S.R.S.	Paul Linder a Black creole of Mauritius about 40 was admitted into the Boil Hospital at that station on the 10 th July 1848. He stated that he had received a blow on the Right side in 1843 whilst employed as a Mason. On examination a pulsating tumour (with 'Bruit de soufflet' alternating with a whistling noise) the size of the clenched fist was perceptible on the outer side of the Right Breast. There was also great Dyspnoea. The Dyspnoea and cough continued to increase and the tumour to enlarge until the 8 th August 1848 when the integuments near the Right nipple ulcerated and gave way, allowing fatal hemorrhage to occur. All the other organs were healthy.

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
366	Matter accessible. The cavity of the Aneurism occupies almost the entire of Right side of Chest, extending from the axilla above to the Diaphragm below, and pressing so much against the Ribs of the Right side of the chest, both anteriorly and laterally, as to have caused considerable thinning (atrophy from pressure) of those bones, most marked in the former situation where several of the ribs are thinned to perforation. The opening by which the aneurism burst contains a dark clot of blood in the interspace between the fourth and fifth ribs, immediately outside their junction with the costal cartilages. This opening communicates with the anterior and inferior part of the cavity of the Aneurism. The Lung on the Right side appears to be compressed between the Aneurism and the ribs posteriorly and partly between it and the back part of the Diaphragm. The passage through the Diaphragm appears to have been perfect. The Sup Vena Cava is nearly obliterated.	S. S. Sawright P. M. Hawkins	J. H. Fitzgerald S. A. S.	
367	Two pieces of the small intestine (i.e. jejunum) showing the results of injury by Gun shot wound. The larger piece of intestine exhibits three constrictions of that gut, two of which have been laid open, to show the interior, and the remaining one remains entire. In the inside these constrictions present much the	Surgeon J. R. Taylor Lt. Col. 80 th Regt.	J. H. Fitzgerald S. A. S.	Private Paul Moseley 4 th Co. 80 th Regt. was shot in the abdomen at the Battle of TROYSHAK. The symptoms consequent immediately on the wound appear to have been so inconsiderable that it is recorded by Dr Hardcastle (then Surgeon of the Regiment) that it was his opinion, that the ball had coiled round the abdomen and not penetrated or passed through that region. The patient however shortly before his death stated that he passed blood by stool after the receipt of the injury. Recovery followed slowly but appeared to be perfect. The Soldier however soon after became subject to attacks of Bowel complaint gradually becoming more frequent and for the last 12 months of his life he was nearly constantly under treatment for symptoms of Dysentery, of the <u>land</u> scorbutic type, whilst in hospital

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367	appearance of a cicatrix, being totally devoid of the normal villous character of mucous membrane of the intestine, above and below the constriction it bounded by a sharp well defined line of the natural lining of the intestine. Externally these constricted parts are covered by a layer of old cellular lymph. They were of a darker hue and more vascular than other portions of the small intestine which however, presented throughout the abundant vascularity; bloodless state constantly observed in rapidly fatal cases of Blue Spasmodic Cholera. The smaller piece of intestine exhibits a fourth constriction of the gut, capable of admitting only a good sized quill.	J. R. Taylor. Port. Reg.	Wm. F. Gould. L.A.P.	On account of this disease, he was seized on the 13 th May 1851, with Blue Spasmodic Cholera terminating fatally the same day. Cholera was then prevalent in the neighbourhood and became epidemic in the Regiment in the following month. Post mortem appearances 1 1/2 hours after death, as follows. - Externally. - <u>Wound</u> staining not less marked than during life; not much emaciation. cicatrix of a gun shot wound in left iliac region about 4 inches above the Costa <u>Ilia</u> and on the same plane posteriorly another cicatrix an inch to the left of the spine. <u>Head</u> . - General <u>Wound</u> appearance of <u>membranes</u> and <u>cerebral substance</u> , some milky opacity on the upper surfaces of hemispheres. Right sensoria under brachioid. <u>Thorax</u> - Adhesions Right side Lungs partially collapsed, structure healthy. <u>Heart</u> normal, fluid Blood - <u>Left Ventricle</u> <u>Abdomen</u> - Peritoneum firmly adherent to the internal surface of anterior cicatrix & gathered into a fold or knot at that point. The intestine neither there nor elsewhere morbidly adherent, but the fold of intestine immediately opposed to the cicatrix presented a <u>line</u> of contraction as if a ligature had been tied round the gut. The fold of intestine immediately above presented the same appearance and on the first fold four inches from the first noticed contraction and situated on a line below the <u>umbilicus</u> was another similar appearance. The mucous surface of the small intestine generally was pale pinkish in colour. No ulceration of large intestine. Upper part of colon attenuated & contracted in <u>situ</u> . Rectum thickened somewhat pale. Liver small congested, Gall Bladder half filled with dark viscid bile. Spleen small. Kidneys healthy.

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
368	A very firm old cyst in the Liver, Surgeon 80 th Regt. occupying the entire thickness of the thin edge of the organ, causing bulging of the Capsule both on the upper and under surfaces of the Liver.	J.R. Taylor	Lt. Col. Fitzgerald	Private John Deminson 80 th Regt. died of dysentery, of the Shagreen type, at Singapore on the 23 rd April 1851. Aged 29 - Another similar but smaller cyst was discovered in the Liver of this Soldier.
369	Lower part of the Stomach, exhibiting old cicatrized ulcers limited to the patches of Agminated glands on the Pyloric surface of the broad corresponding to these cicatrices are clusters of small Tubercular deposits, these deposits on the Pyloric end were limited almost entirely to the points corresponding to the old ulcerations. The Intire of the small intestine, from the Duodenum presented extensive old ulcerations. The Ileo-Cecal valve nearly entirely destroyed.	Fort Pitt	Lt. Col. Fitzgerald	Private Daniel M. David, 50 th Regiment, Aged 23 ^{1/2} years, an Irish Labourer, had served 5 ^{1/2} years at home. In July 1851 was attacked, while on detachment at Stockport, with Pulmonary symptoms. He was admitted into Hospital at Chatham June 3 rd 1852 in an advanced stage of Phthisis Pulmonum. In the abstract of his case, no mention is made of his ever having had deranged bowels and during the time he was in Chatham, the medical register states that his "bowels were regular" and on another occasion it is noted that there was "no purging". <i>vide Register 357. Vol. 206 + 219.</i> <i>— Neurological Register Vol. 10</i>

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
370.	<p>Wound of the Right knee joint, presenting the appearance of a dislocation and destruction of the cartilage, with deposition of new osseous material on the inner side of the condyles of the Femur.</p> <p>In the recent state the following condition of the parts was discovered:—A few old fragile adhesions existed between the Patella and condyles of the femur. The soft tissues at the central and posterior parts of the joint converted into a gelatiniform loose discoloured and very fragile mass. At the attachment of the crucial ligaments to the Tibia and the space between the condyles of the femur, the osseous substance was laid bare and destroyed to a considerable extent, extending into the condyles and forming an excavation the size of a hazel nut at the outer side of inner condyle. The cartilage of the inner half of the head of the Tibia had been ^{entirely} destroyed but an attempt at reparation had apparently been made.</p>	J. P. Pitt	J. G. Fitzgerald	<p>Capt. Leach Wilkinson, R.M. 84th Regiment, aged 29½ years. Total Service 10½ years, of which 9½ in the East Indies, a naturally stout man of fair complexion and rather sturrious appearance. His health was good previous to Oct. 1847, at which period he was admitted into Hospital with Bubo, when the existence of an ulcer was discovered near the Tarsus of the Popae, while in Hospital this sore reopened, but healed ^{in 16 days} while he was under the influence of Mercury. During the following three years he was in Hospital for short periods, suffering from Hemia Hemorrhoids, Granules atillaris and syphilitic ulceration of the Throat and Nose. Since March 1850 he has been, almost constantly, under treatment for "secondary Syphilis and Rheumatism." The latter attacking chiefly his hands and knees. He was admitted into J. P. Pitt General Hospital, June 28th 1852, suffering from Syphilitic (Arthritis) and Rheumatic pains. The Right knee joint being enchausted to a right angle and immovable; he suffered excruciating pain in this joint, especially at night; other joints were very painful and deformed but in a less degree than this one. His bowels were loose during the period he was in Hospital here, on the 8th July, he was attacked by a sensation of suffocation, the Pulse became exceedingly feeble and he appeared almost moribund, he rallied under the use of Stimulants but ultimately died 11 July.</p> <p>Vide Register 350 Vol. 250—50—612 and 142. Vide Necrological Register Vol. 10.</p>
371.	<p>Scalp of a child which was removed by operation in consequence of being much distended by a</p>	J. A. S. W. Brown	J. G. Fitzgerald	<p>The subject which furnished this preparation was a male child born at the 8th month of intra-uterine on the 1st July 1852 at Chatham, Father and Mother tolerably healthy but the latter a good deal enfeebled by a long sea-voyage. At the time of Birth there was a large tumour the size of the clenched hand, fluctuating</p>

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
371.	Coagulum and large quantity of sanguineous serum. The cavity of the swelling is partially divided by a septum. It was probably what has received the name of "cephal-hematoma" or "Cranial Blood swelling" Hyt.	William Brown S. ad.	Thos. Fitzgerald S. ad.	and covered by the integuments of the scalp, attached by a pedicle to the occiput at the situation of the Posterior Fontanelle. The integument was thinner at the base than at the apex and several large veins ramified over its surface. The mother had no milk and the child was weakly. For a week little change occurred but subsequent to this the swelling increased in size, became more tense, and the integument thinned and appeared inclined to slough. Removal of the swelling appeared now to be the only chance for the preservation of life. This was determined upon on the 2nd August. A Canula and Trocar being inserted gave exit to 24 ounces of dark turbid serum. The apex of the tumour was now found to be occupied by a solid substance which on incision proved to be a coagulum. The swelling was removed by means of a ligature and Scalpel. A few drops only of blood were lost. The occiput was found to be quite normal in structure, there was a partial septum in the sac of the tumour. The patient gradually became weaker and died on the 5th August.
372.	A large Urinary Calculus extracted from the bladder of a man at Leeds, Age nearly 10 ³ Weight 10 ³	W. A. Mac Kinnon S. ad.	G. F. Fitzgerald S. ad.	The patient from whom this Calculus was removed by operation, was aged 54 years; he lived 14 years after the operation was performed.
373	Right half of the Sacrum, showing caries from pressure, corresponding to a bed sore.	Fort Pitt.		

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
374	Anencephalus Fetus, with spina lipida, Harelip, Cleft Palate &c.	Thos. West Esq. J.G. Fitzgibbon 45 th Regt.	J.G. Fitzgibbon	The fetus is about between six and seven months old. It is stated that the mother during pregnancy, about three months after conception, was severely frightened by a Baboon.
375	A foetal monster, Harelip and Cleft Palate, Eyes protruded from the orbit, Back of the cranium and Brain imperfect. The Right upper extremity and corresponding side of Thorax imperfectly developed.	Byron M.D. J.G. Fitzgibbon	J.G. Fitzgibbon	
376	Extensive calcareous deposit in one of the Semilunar Valves of the aorta.	Thos. West Esq. J.G. Fitzgibbon 45 th Regt.	J.G. Fitzgibbon	Removed from the body of a young man aged about 26 years.
377	Extra-Uterine foetus (ovario-tubal). The uterus has been opened by an incision from below upwards, along the anterior aspect. The preparation is seen from behind. The adovulation, uterus is seen on the Right, the lacerated membranes depending from the opening, the foetus, lying at the bottom of the jar, is still attached by the Umbilical cord.	Surg. Langley Esq. J.G. Fitzgibbon 62 nd Regt. L.S.	J.G. Fitzgibbon	M ^{rs} . O'Brien, aged 32 yrs, married five months, without issue, residing in the town of Athlone, was seized with severe pains, early on the morning of the 21 st Dec. 1852. I was requested to see her at 8 o'clock p.m. on that day, by her husband, gunner & driver John O'Brien, Royal Artillery. She lay in a supine position in bed, with her thighs somewhat bent on the abdomen, and the legs on the thighs. She looked pale, anxious, and depressed and at first indisposed to answer my questions. Pulse 70 tolerably full & firm. Stated that she was five months gone with child, and had strained herself the previous day whilst spreading clothes to dry on a line, that she suffered from most distressing pain in the abdomen & small of the back, extending to the abdomen and thighs, the pain

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
377. (B2)		Surg. Langley 62 nd Regt.	T. J. Fifford	<p>referred to the abdomen being especially distressing. No flooding or discharge of any kind was apparent nor could the OS Uteri be felt in the least dilated. She was very desponding, and said she was sure she would die.</p> <p>Ordered an Anodyne & Elix. Stimulating draught, which composed her for some hours; she was again seen by Assistant Surgeon Rutherford, 62nd Regiment, at nine o'clock when the same symptoms were observed as in the morning, and the same remedies had recourse to; but at ten o'clock she got up to take a drink, became suddenly faint, fell back in the bed, and died almost instantaneously.</p> <p><u>Examination Cadaveris, Forty-eight Hours after Death.</u> — On laying the abdomen open an immense quantity of fluid blood was found, filling up the whole pelvic and hypogastric regions, and a foetus at about the fifth month was seen floating in the umbilical region, through the transparent membranes, which were whole and perfect, but broke as soon as they were taken in the hand. The umbilical cord was traced to a large rent in a hollow membranous sac, in the right ovarian region, somewhat similar in shape to the womb, to the inside of which the placenta was seen to be adherent, but on further examination the unimpregnated womb was also discovered and laid open for the purpose of tracing its connection with the other body, which had evidently been the resting place of the foetus, and an imperfect deciduous membrane was found lining the inside of the womb but the Fallopian tube was imperforate. The dilated bag of the ovary was connected with the true uterus by means of the Right Fallopian tube the lubricated end of which was covered and was adherent to it. This woman had suffered from pain</p>

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
374. (cont.).		Surg. Langley. 62 nd Regt.	L. H. Stoddard	a variety of anomalous sculations in the right groin and lower part of the Abdomen for several months, at least three or four, but would not submit to an examination.
375.	A double fetal monstruosity.	Ceylon Hospital	L. H. Stoddard	No History of this Specimen.
	The fetal trunks are united by almost the entire front. The bodies are full-sized and well formed. The extremities and heads normal.			
379.	Calcification and shortening of the Mitral Valve. On the inner surface of the Valve the calcareous matter is exposed but is covered by the endocardium on the outer surface. There is also calcareous deposition (granular) in the walls of the Left Ventricle (at the base of the aortic trigone of the Mitral Valve) this calcareous matter extends from the heart to the pericardium, thus the surrounding pericardial.	Fort Pitt.	L. H. Stoddard	The specimen was removed from the body of P. C. Bryan, Regt. B. Co. 1 st Regt. (Inf) who died Fort Pitt, 6 th July 1852. He had served four years at the Corps of Engineers. Previous to entering the service he had suffered from acute Rheumatism. While in hospital at Fort Pitt, he presented the Physical signs of Mitral disease. Towards the latter part of his life, the pulse became high colored, S. G. 1030 and loaded with urea, this was disappeared shortly before death. ^{Dr. C. C. C. C.} at the Post mortem examination, both lungs were found studded with numerous nodules of dark colored circumscribed Pulmonary apoplexy; these were, as usual, most numerous at the periphery of the organs, situated immediately beneath the Pleura Pulmonalis.

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
380.	Rupture of the Stomach per violence The opening is circular in form, about the size of "a florin" and situated, near the greater curvature, about 2 inches from the Pylorus. The mucous membrane is everted on the peritoneal surface of the Stomach. The opening is surrounded by considerable ecchymosis.	Dr. Tice, L.L.D. of Lymington	Capt. Lodge, 9 th Lancs.	died Maidstone 3 rd Sep. 1852. "The rupture was caused by a horse falling back on the knee - Symptoms for the first twelve hours were, Vomiting, intense pain in the Epigastric region and great anxiety of countenance. The vomiting ceased, suppression of urine succeeded accompanied by marked Epigastric distension. Several attempts at the introduction of a catheter into the bladder, were made by myself and others, apparently without success. The post mortem examination explained the cause - viz. empty bladder, the viscera being completely collapsed." Signed L.C.L. Tice M.D. L.L.D.
381.	Choroid Plexus, in which, are large sized calcareous deposits. These bodies were situated at the junction of the lateral Ventricles with the descending cornua and were exactly symmetrical in size and situation on the two sides of the Plexus.	Garrison Hosp. Lymington Chatham	Dr. Tice	Discovered at the Post mortem examination of a man Soldier (a private of the 25 th Regiment) who had committed Suicide.
382.	Softening of cereb. structure.	Fort Pitt	Dr. Tice	This pathological specimen was removed from the specimens of Private Thomas Mitchell 25 th Regiment, who died at Fort Pitt 29 th Aug. 1852.

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
382.	<i>with Sh. membranes and were filled with serous and gelatinous fluid</i>	Fort Pitt, T.G. Telford		This soldier was sent home from the Presidency of Mysore in India, in the early part of 1852, where he laboured under an insular condition of mind. On the voyage home (15 th April 1852) he was seized with Paralysis of the lower extremities and muscles of the Right side of Face. He was admitted into Hospital, Fort Pitt, 6 May and died 29 th Aug. 1852. His habits were exceedingly dirty and his alimentation most indigestible. He also laboured under considerable excitement of the sexual function. <i>note kept in register Vol. 10, P. 138.</i>
383.	<i>Cardioplegic ulceration of the Mitral Valve and 5th Guards of the Heart, permitting regurgitation into the Auricle.</i>	Geo. Taylor. 5 th Guards	T.G. Telford	In this case the morbid condition of the heart caused sphacelus of both legs as high as the bifurcation of the Popliteal arteries. <i>vide document from the Surgeon to 5th Guards</i> <i>A-97</i> <i>101</i>
384.	<i>Perforation of the Duodenum. The mucous and muscular coats of the bowel appear to have been ulcerated.</i>	Geo. Taylor. 5 th Guards	T.G. Telford	Rupture took place whilst playing a game of Rackets and death causing death in less than 4 days. "Remitting Symptoms only, those of slight indigestion." <i>vide document above referred to</i>
385.	<i>Substance expelled from the stomach, by 50th Regiment, vomiting induced by an emetic.</i>	Aug. H. Coates. 50 th Regiment	T.G. Telford	Private John Palmer, 50 th Regiment, aged 38 years, 14 years service, part of which was spent in the East Indies. He states that, about 4 years ago, he felt an uneasy sensation in his stomach, that continued up to the present date. He describes the feeling as of something rising in his throat, endeavouring to get free and then falling heavily down, this sensation being repeated several times

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
385. Corti		Surgeon H. Corti	J. H. Jeffers	During the day when in an upright posture. He came to Hospital on the morning of the 17 August 1852, complaining of feeling sick at his Stomach, and described the above sensation. He was ordered to take a cautious emetic, which began to act soon afterwards when he vomited the substance forming the preparation. It was covered with a strong coating.
386.	A heart ruptured at its apex by external violence. There is an irregular lacinated opening into the apex of the left ventricle. The heart is covered externally by a thick layer of adipose tissue.	Medico-military Surgeon J. H. Jeffers	J. H. Jeffers	No history received with this preparation. Aug 31
387.	Beneath the dura mater the left cerebral hemisphere and closely adherent to the inner surface of that membrane (not so firmly adherent to the two sides of operation) is a fibrous layer, of considerable thickness at the summit of the hemisphere and gradually becoming	Surgeon J. H. Jeffers	J. H. Jeffers	Private J. H. Jeffers, 9th Regt. Art., 33. He invalid lately returned from India, on account of having been subject to fits of an epileptic character. On the afternoon of the 5 th of June, while drunk, he fell into the benches at St. James's Invalid Depot and was admitted into this Hospital about 5 P.M. presenting the following appearances:— Total Paralysis of the upper and lower extremities; involuntary evacuation of feces; retention of urine; priapism; loss of sensation below the nuchilla; feeble pulse and coldness of the surface. He recovered somewhat from the state

See also block 387. Beneath the layers of the dura mater - a membrane in that situation.

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
387. Ent?	thin and translucent Fort Pitt. towards the Periphery, the latter and thinner portion assumes the characters of a thin, brownish or rusty coloured membrane, which, spreading out on the cranial vault, reached the base, and terminated in a thin gauze like membrane, both below at the base and above at the falk. This fibrous layer, at its thicker part, is smooth and rusty coloured on both the external (attached) and internal (free) surfaces. On section it is found to consist of two laminae, of semi-opaque appearance and very firm consistence, which enclose a flattened space filled with yellowish solid gelatiniform matter each lamina being about half a line in thickness. The dura mater on both sides of the cranium was glistening and healthy in appearance. This layer seems to be the remains of blood effused between layers of the arachnoid at some period (probably, after one) previous to death — An Altitud	J. G. Fitzgerald	J. G. Fitzgerald	of collapse but the respiration soon became more feeble and the patient died of asphyxia, conscious almost to the last, at 4 o'clock P.M. on the 6 th June 1853, 22 hours after admission. vide Medical Register 151. Surgical Division.
388	A calculus removed from the lower 1/4 th of the back part of the bladder by incision.	J. A. Fraser	J. G. Fitzgerald M.D.	Thomas Rivers, suffering from retention of urine, was relieved by incision into the bladder and removal of the calculus April 1 st 1852. No history of the case.
389	A young chicken with Reglow the extremities in Indian military duplicate - four wings and four legs - all well formed.	Indian military Museum.	J. G. Fitzgerald M.D.	

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
390.	Acacia <i>Acacia</i> Mexico-Military Hospital A young "hare" (3) Museum Egypt. L.S. with the extremities and posterior part (behind the hind legs) of trunk in duplicate.			
391.	A young animal with a malformed face.	Ditto.	L.H. Pfeiffer	
392.	A young animal Mexico-Military Hospital with a proboscis Museum Egypt. L.S. growing from the centre of the frontal region.			probably malformed - from the posterior eyes Kölliker x To Natural History Museum
393.	A young animal Mexico-Military Hospital with a malformed trunk Museum Egypt. L.S. face.			
394.	A young animal Mexico-Military Hospital supernumerary pair of hind legs growing from the caudal extremity of the spinal column.			
395.	The head of a Mexico-Military Hospital fatal Elephant. Museum Egypt. L.S.			also as in 392 x To Natural History Museum

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
396.	Medullary carcinoma of the antrum and adjacent parts. 3058 P.	Jefferson Carter.	W. J. Gould	<p>The patient, a soldier, 23 $\frac{1}{2}$ of age; a slave before entering the service, was admitted into the General Military Hospital, Thayer Park, 1st Nov. 1862. He stated that, three months previously, he had been attacked with catarrh, after recovery from which he began to experience a dull, deep seated pain in the right side of the face, followed soon afterwards by the appearance of a small tumour in the nose. This rapidly increased in size, filling up the right nostril, by its pressure obliterating the left and passing outwards upon the external surface of the superior maxillary bone. About two months after its commencement it began to protrude from the mouth; and, when the patient was admitted, the tumor had attained an enormous size: it occupied the entire of the right side of the face, and extended from the eyebrow to below the jaw.</p> <p>After this admission it continued to increase, and hemorrhage took place from its very second or third day, up to the period of his death, the quantity of blood lost on each occasion varying from 8 to 20 ounces; that portion of the tumor exposed to the air became dry, and during the periods of desquamation from hemorrhage, a thin ichorous discharge poured from its surface. During the last few weeks of the patient's life, he complained a good deal of pain in the tumor, and suffered much from the difficulty of taking his food, the mouth being nearly filled by the morbid growth.</p>

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
396.		D. Foster.	L. Higginbotham	He rapidly sank and died 30 th December. Upon examination after death, the tumor was found to have filled the mouth, nose, nostrum, and orbit; above, it extended across the left side and had destroyed the ethmoid bone, and absorbed the roof of each orbit; it was here covered by the dura mater. There was no trace of malignant disease in any other part of the body. —
397.	Thickening and enlargement of the lower part of the shaft of the humerus.	Fort Pitt	L. Higginbotham P 2703	Removed from a soldier who died in Fort Pitt General Hospital, from Pthisis and who had suffered from humeral disease and had been often salivated.
398.	Drawing of the preparation 396.			
399.	A small circular tumor of the testicle which presented the microscopical characters of Müller's Cholesteatoma.	Fort Pitt.	L. Fitzgerald	In the history vide Register of Private Henry Wallace 94 th Reg ^t Ecological Register Vol. 10. page 192. Very few specimens of this tumor are on record and none in the testicle - vide article "Adventitious Products" in the Cyclop. Anat. & Phys. by Dr. Walsh.
400.	Two gallstones. The larger about the size of a walnut is presented in section; the other	L. Fitzgerald	L. Fitzgerald	— the man (a patient in University College Hospital named Mason) from whom these biliary calculi were removed had died with symptoms of softening of the brain. At the post-mortem inspection the left cerebral hemisphere presented

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
400. Cont.	Biliary Calculi, and smaller ones in situ. The former was one of two; the latter one of seven calculi about the same size and found in the same gall bladder.	H. Hyslop	H. Hyslop	a large excavation filled with a large clot of blood which was continued through all the ventricles and from the 4 th ventricle into the substance of the cerebellum. In the right cerebral hemisphere numerous apoplectic cysts in various stages of progress in the substance of the Pons Varoli a moderate size multilocular cyst, which was evidently the result of softening. The gall bladder contained nine biliary calculi. Two about the size of smallish walnuts; the remaining seven pretty uniform in size and about equal to that of the smaller of the two accompanying specimens. The man died in India. coll. Hosp. London in Aug. 1849.
401	A fetus of five months, taken from a woman who in 1850 at Dacca while in the 5 th month of pregnancy was attacked with Asiatic cholera and died after a few hours illness.	Wm. J. Todd	H. Hyslop	

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
402	A fine Specimen of Eostosis of the upper part of the femur.	From Lunatic Asylum Yarmouth	H. Lang 2740	History not known. The disease in this case was probably Osteosarcoma. The soft elements having been removed, to show the osseous deposit.
403	Forty-five Biliary calculi removed after death from the Gall bladder of an insane Soldier at the Military Lunatic Asylum Yarmouth	From Lunatic Asylum Yarmouth	H. Lang	There were no symptoms of hepatic derangement during life. The patient was upwards of 70 years of age, & died of Acute Capillary Bronchitis.
404	A large calculus found after death in the bladder of Private John Flinn an inmate of the Lunatic Asylum at Yarmouth.	From Lunatic Asylum Yarmouth	H. Lang	No details given.
405	A Mulberry Calculus removed from the Urine by Dr. Innes 84 th Reg ^t .	Surgeon Innes 84 th Reg ^t	H. Lang	Private John Barry 26 years. A healthy man of clear complexion & temperate habits; was first admitted into Hospital on the 13 th April 1853 complaining of painful & frequent micturition; urine clear, high coloured. 40 ounces per diem, Spec. gravity

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
405	Continued	Surgeon James W. Barry 34 th Reg ^t	W. Barry	<p>1021, reddens litmus paper; under the Microscope shows small crystals of uric acid like blood globules; catheter admits No. 9 catheter. These symptoms were relieved by hot baths, Alkalies with Tincture of Hyoscyamus followed by Nephro-Mucatic Acid & bitter tonics; she was discharged on the 5th of May. Proceeded to the Hailgherry hills for change; on his return, he stated that the difficulty in micturition had increased; on the 29th October was admitted into hospital with complete retention. The bladder was emptied by No. 9 catheter, which grated against a stone. On the 30th the same catheter was introduced with some difficulty, owing to the stone having entered the neck of the bladder; on the 31st the stone had advanced into the lacunar portion of the Urethra, when the retention of urine became complete and no instrument could be passed. The patient was now laid up in the position for lithotomy; an incision made in the perineum, & a malting calculus of an elongated form weighing 45 grains & measuring $\frac{9}{10}$ inch in length & 1 inch in circumference, was removed, & a large silver catheter was introduced through the Urethra. For two days, the urine passed chiefly by the instrument which was then removed & found to be quite clean. A gum elastic catheter was substituted, & in 48 hours the urine was found to be so loaded with mucus, as on looking to assume a gelatinous consistency. The gum elastic catheter was then removed, when its surface was found all unaltered like</p>

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
405		Surgeon James 84 th Reg.	H. Lang	a membranous hand, of almost pulpy consistence. On removal of the catheter the Catarrh of the bladder subsided, for the 19 th of Nov ^r the urine all passed by the natural passage, on the 22 nd the wound had cicatrized, for the 29 th of the same month he was discharged. The urine having again become acid.
406	A Malignant growth of the jaw implicating the Superior Maxillary & Malar bones, & rendering their removal necessary. The Operation was performed by Ap ^l Surgeon (Dresble) 56 th Regiment. The tumor is nodulated, & presents under the microscope a simple fibrous structure.	1 st Class Staff Surgeon D ^r Logan	H. Lang	Lucy Casey Aged 30, the mother of four healthy children, the last was born 7 months ago. She states that the disease commenced about four years ago in the form of a gum-boil over the second bicuspide tooth; it gradually increased without pain until it grew as large as a Pigeon's egg; she consulted a Private Practitioner who opened, told her that he removed the whole disease. Six weeks after the operation, the tumour again made its appearance, & continued to increase until it was as large as a good sized orange. A consultation was held, consisting of Doctor Logan 1 st Class Staff Surgeon, Mr. Parratt Surgeon O.M.D., Mr. James Surgeon 56 th Reg ^t , Dr J. Hunter a Private Practitioner, & Mr. Dresble Ap ^l Surgeon 56 th Reg ^t . They considered it advisable that the whole of the upper jaw Malar & Palate bones should be removed, which was accordingly done on the 12 th of April 1854. The tumour extended from the floor of the orbit to the upper lip, under which it protruded anteriorly, displacing the nose to the other side of the face, & running back as far as the ear, & filling up a portion of the pharynx. All the teeth on that side with the exception

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
406	Continued	1 Glass Haffleyer D. Logan	H. Lamy	<p>The extraction of the two Incisors had fallen out from the pressure of the tumor. The Patient was placed in a strong, high-backed chair, with her head resting against the breast of an Assistant. An incision was made commencing at the Zygomatic process of the Maxilar bone, terminating at the angle of the mouth; a second was made from the margin of the upper lip towards the nostril, then from the ala as high as within half an inch of the inner canthus of the eye lids. Now the flap between the nose & the wound in the cheek was dissected from off the tumor & turned upwards on the brow. A third incision was made extending from the Angular process of the frontal bone towards the neck of the lower jaw; then that portion of the Cheek between & behind the wound was turned downwards & the mucous membrane divided. The full extent of the disease being now seen, two incisors were extracted, the mucous membrane lining the hard palate was cut in the incisal line as far as the soft palate, at the anterior margin of which a transverse incision was made as far as the back of the last molar tooth; the alveoli & palatine plate of the Superior maxillary were notched by the saw, & finally divided by the bone forceps; the saw was again applied to divide the Zygomatic frontal processes of the maxilar bone, & a careful dissection made of the floor of the orbit so as to save the eye from injury; the nasal process was now divided by inserting ^{one} the blade of the Nippers into the nostril, & the</p>

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
406	Continued	D. Logan	H. Lang	<p>other into the angle of the orbit. With a little dissection the malar bone came away; then by pressing downwards & outwards the superior maxillary started from its place together with the palate, both were easily torn from their situation. Profuse bleeding followed the first incision from the facial artery, which was immediately secured; the other vessels that required ligatures were very small, & gave no trouble. The Patient was placed in bed; the Symp- toms appeared to sustain no shock; in about four hours after the operation, the wound was deep. The wounds on the surface were accurately brought together by sutures, that in the lip by needles; the cavity in the mouth was stuffed with lint. Eight hours after the operation, no bleeding, pulse 80 & soft, skin cool. 4. Linct: Opium ʒj. Linct: Hyoscyamine ʒj. Mist: Camphora ʒj. Mft. Haustus. 13th Resided well for about six hours, very little pain or swelling, pulse 80 & weak, skin cool, bowels open. 14th Complaints of pain in the back of the neck accompanied by subcutis, a good deal of swelling of the face & eye lids, pulse 96 & weak, skin hot & dry, bowels open. ʒj. Regime. Uteralis Ammoniac ʒj. Linct: Opium ʒj. Linct: Hyoscyamine ʒj. Linct: Aconit. Nit: ʒj. Mft. Haustus. 15th After the third dose, the pain & subcutis began to subside. 15th Bad night, complaints of severe headache; there is an erysipelatous blush over the face & forehead; the solid Nitrate of Silver was freely applied, the sutures & lint were removed from the wound, after which there was much bleeding from the dental artery.</p>

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
406	continued	D. Loran	W. Harry	<p>of the opposite side, which was arrested by the finger pressure over the exposed surface of bone. Trepan. Appears a good deal better, from the bleeding, pulse regular, skin moist, a small discharge from the inside of the mouth - R₂ Linet: Opii 3j. Linet: Hyoscyami 3j. Mist: Camphorae 3j. 15th A good night. No fear, pale, comfortable, profuse purulent, healthy-looking discharge from the inside of the mouth, external incisions healed by the first intention. 16th to 19th No bad symptoms, takes plenty of beef tea & chicken broth, discharge from the mouth diminishing. 22nd Sitting up, very little discharge, swelling almost gone with the exception of slight oedema of the under eye lid; the facial lymphatics have come away, & healthy granulations are springing from the palate inside of the cheek. The case progressed favourably; ^{the deformity was very little.} the only marks left, were those of the external incisions. Her speech was very indistinct for a short time, but it is improving daily. The Catamenia has appeared twice since the operation. The tumor has many of the characters of Osteo Sarcoma.</p> <p>Signed W. Deeble Op. Surgeon 56th Reg.</p>
407	A Plaster Cast Surgeon Dickson showing a well united compound fracture of the left tibia.	D. Dickson	57 th Reg.	<p>The injury was received by Private James Cairney 57th Reg. & was occasioned by a fall from a height of thirty feet. The synovial membrane was completely exposed. The cast was taken three months after the receipt of the injury. Nearly regained the perfect use of the joint.</p>

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
400	A Plaster Cast showing an ununited fracture of right Scapula	Lieut. Dickson 57 th Reg.	Lieut. Dickson	The Cast was taken eleven Months after the Accident.
409	Aneurism of Port Pitt the arch of the Porta Communis eating posteriorly into the left bronchus. The aneurismal tumor was of the size of an Orange, & entirely confined to the arch; the communication between it & the bronchus is filled up by a fibrous coagulum deposited in concentric layers, which is seen in the preparation filling up the aneurismal pouch on the one side, & the commencement of the bronchus on the other. A piece of Whale bone passed along the opening into the bronchus shows this communication.	Port Pitt General Hosp. ^l	W. Harvey Sturtevant 2 nd Class. R. 320 B. 128	The Individual from whom this preparation was taken was Private Henry Wallace of the 94 th Regiment. An Englishman aged 32 years, of sanguine temperament; ^{11 1/2 years} thirteen years ^{eight months} service, the whole of which except four months he served in India. Always enjoyed good health until the commencement of 1852 when he was much exposed to fatigue while on field service in aid of the Civil Power. In May of that year he was admitted into Hospital labouring under fever, which speedily assumed an intermittent character, & did not yield to the usual remedies. A burning sensation was constantly complained of, attended by palpitation in epigastrium & umbilical region, loss of appetite. A small tumor about the size of a walnut was found to exist immediately to the left of the umbilicus, & a strong double pulsation with a bruit de soufflet heard. Having derived no benefit from treatment, & the evacuation increasing, he was sent to England, & was admitted into the General Hospital Port Pitt on the 28 th of April 1853. He was at this time greatly emaciated, laboured under urgent dyspnoea, inability to lie on the right side or back, a harassing cough, with scanty bloody expectoration, & total loss of appetite.

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
409	<p>This specimen is the only barrier to the blood passing from the vessel to the bronchus. The latter, as seen by the preparation, has given way at its origin, forming an oval opening of about an inch in its long diameter; & from its lower edge to the end of the tube, the wall of the bronchus covering the plug is reduced to a thin membrane.</p> <p>The Aneurismal tumor is of the size of the lower part of the trachea & left bronchus, & encroaches so much upon the origin of the pulmonary artery as, greatly to impede the circulation through this vessel.</p> <p>The surface of the arch, is rough & uneven from atheromatous deposit; but the artery both at its commencement, & at its descending portion is perfectly healthy, as were also the valves both of the heart &</p>	Fort Pitt Hospital	2 nd Class	<p>There was tumultuous action of the pleural coat, heard over the whole chest, but more especially under left clavicle. On the two following days the dyspnea became extremely urgent, & there were superadded to the other symptoms inability to swallow even liquids & aphonia. He died on the 3rd of May, five days after his admission.</p> <p>Autopsy. On opening the thorax, the right lung not collapsed; it extended to the border of the 12th rib; across the median line, its anterior margin corresponding to the left border of the sternum; it was of much greater bulk than natural; weighed 15 ounces 15 drams; it was pale on the surface & crepitating under pressure. The bronchial tubes, even to the smaller divisions, were filled with dark, black-cumant, jelly-like coagula. Left lung. The bronchus near the division of the trachea presented an ulcerated opening about the size of a shilling, communicating with the Aneurismal cavity of the arch of the aorta. This opening was crossed by the attenuated cartilaginous rings of the bronchus. Below this opening, the tube of the bronchus was completely occupied by a dark firm coagulum, which projected into it from the Aneurism. The lung itself was quite collapsed & non-crepitant, of a dark slate colour, sinking in water, but not</p>

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
409	Mass of the two great Aortic trunks.	Port Pitt	H. Perry	Consolidated, set weighed 1302 4 lbs. On examining the large arteries near the heart, the arch of the aorta presents an aneurismal enlargement at its birth part; the aneurism about the size of an orange is communicated with the canal of the aorta by a large but well-defined opening, & was filled with firm coagula, the latter forming the only separation between the cavity & the canal of the branches. The pressure of the aneurism against the closed ostia had produced absorption of the bodies of those bones to a considerable extent. The Aorta presented extensive atheromatous disease, but this was confined to the transverse arch - This vessel at its origin & in its ascending portion & also in the descending portion was quite free from any deposit, its lining membrane in those portions is quite smooth, polished & natural. The valves both of the heart, as well as the Aorta & pulmonary ^{artery} , were also quite healthy, free from any atheromatous deposit, or other disease.
410	Portions of human Liver supposed to contain Hydatids.	The Surgeon of the 1 st West India Regt.	H. Perry	The subject from whom the portions of liver were removed, was Private John Sutton 1 st West India Regiment who died at Bathurst, Gambia; & for the history of the Case reference is made to the Annual Report of Sick & Wounded from that Station, dated March 1854. - Application has been made to the Army Medical Director, for a certificate of the facts for the above history of the case.

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
111	Specimens of two Months growth with Placenta & Cord.	Surgeon Grant. Dept. Bell. ^m Winchester.	Surgeon Grant.	
112	Heart. Showing well marked disease of the Aortic valves, & extensive adhesion of the Pericardium, the result of Acute Pericarditis. The left Semilunar valve is seen divided in its middle & covered with bony excrescences. All the other valves of the heart appear quite healthy. At the Apex of the heart the Pericardium has been detached.	Dr. Dickson	Dr. Long	The history of this Case is not known.

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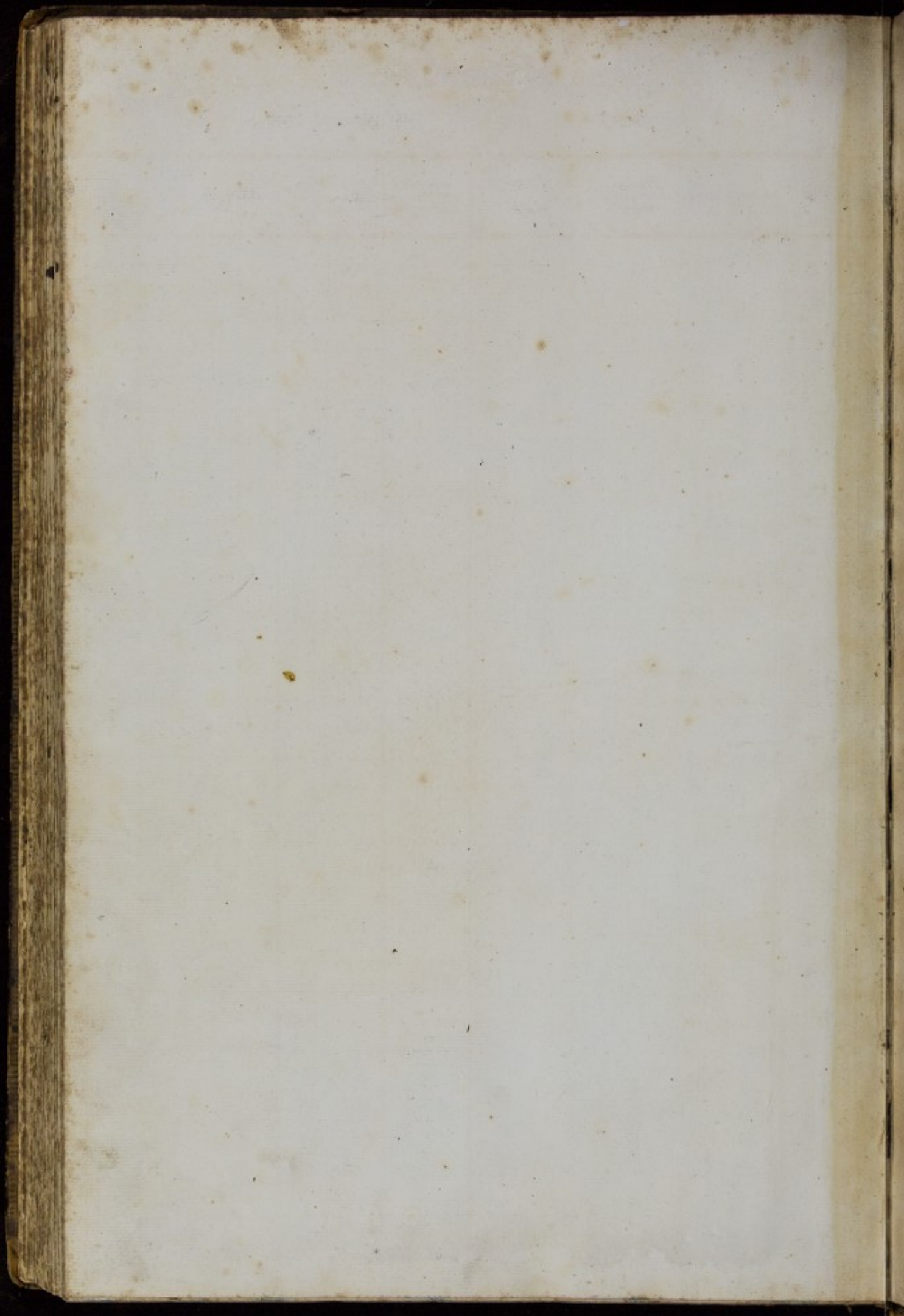
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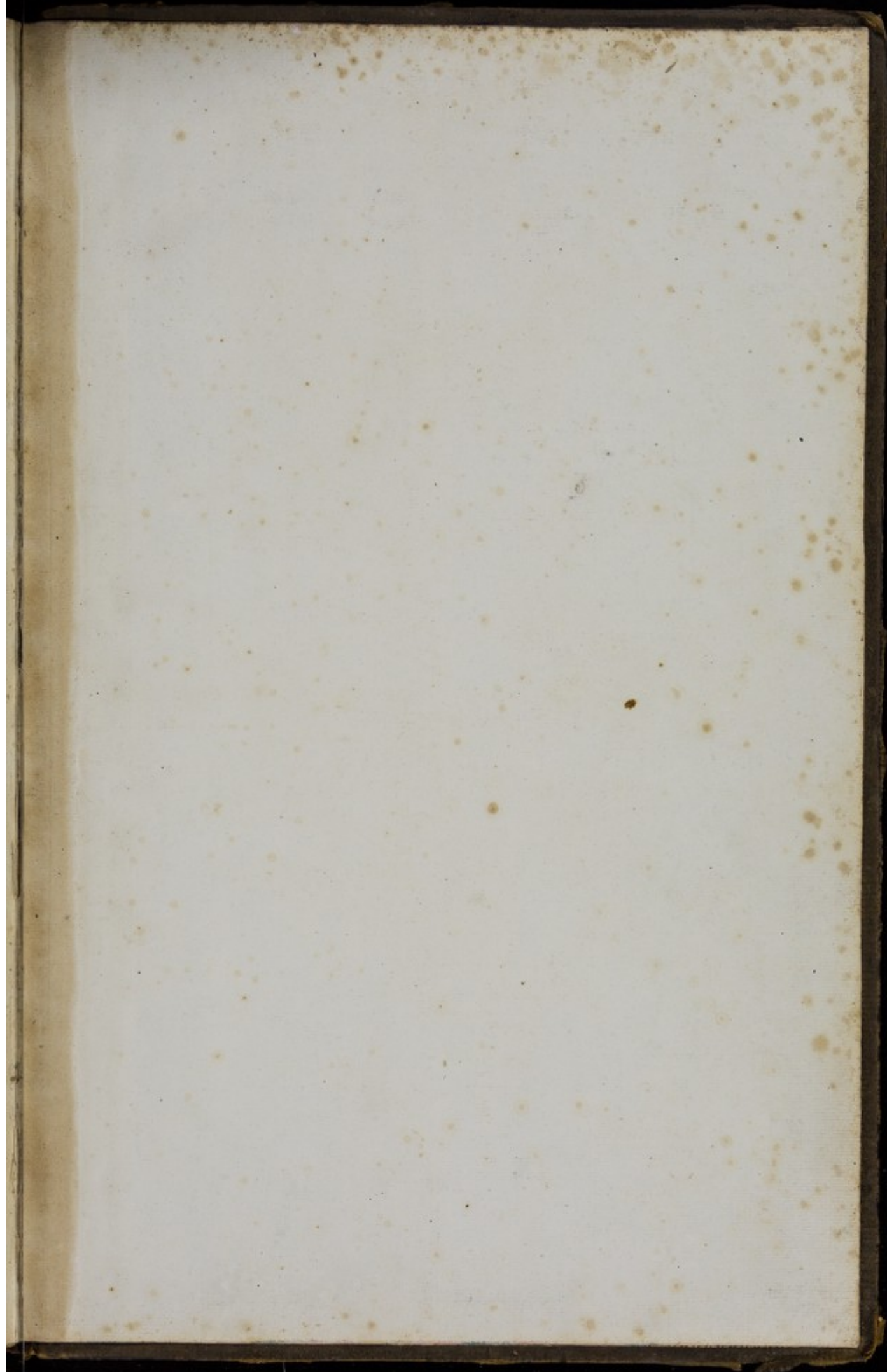
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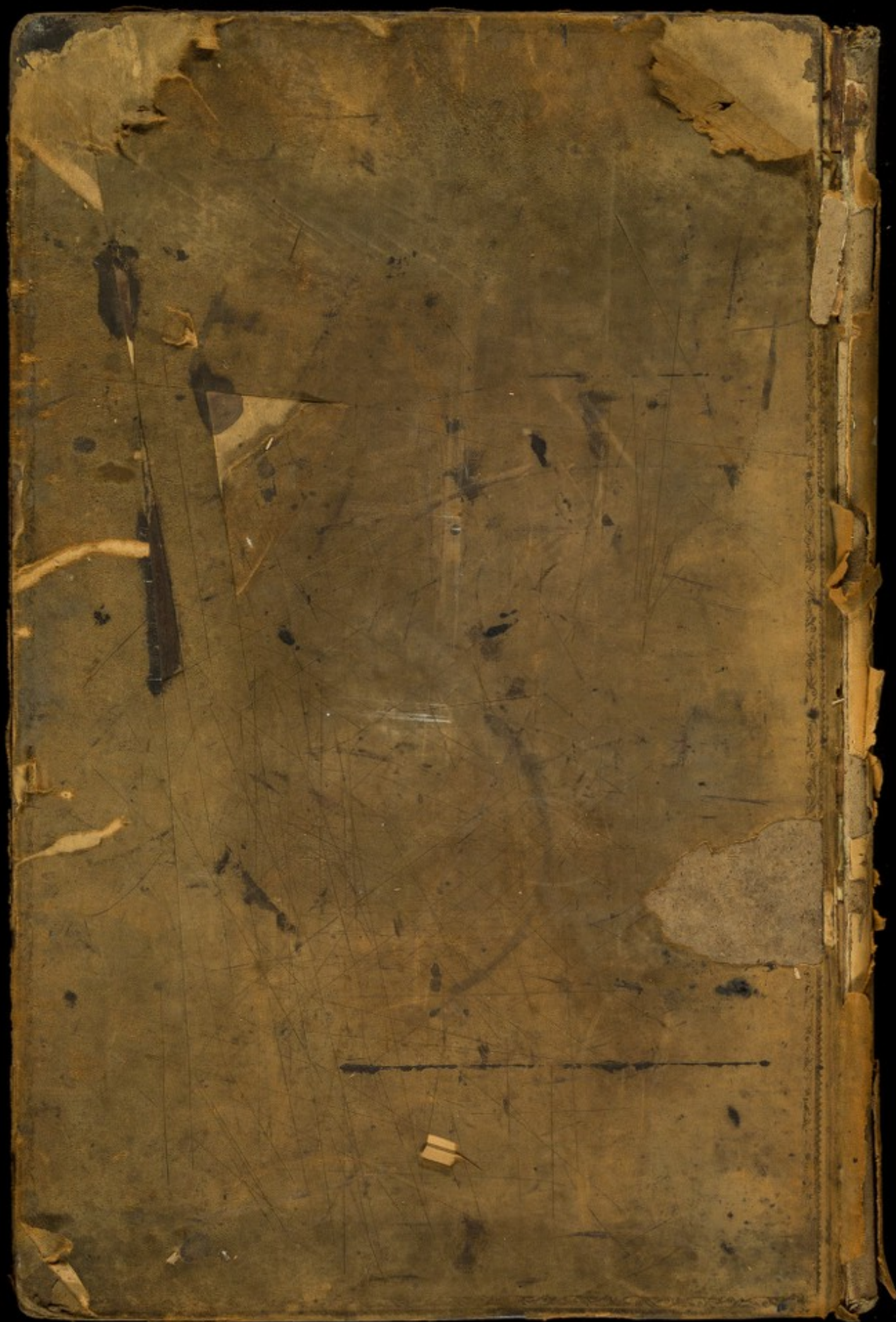
Diseased Structure of

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
413	The bones of the face & a portion of the cranium with the broken extremity of a bone which had penetrated into the nostril at the left side of the nose, & entered the inside of the skull immediately below the left optic nerve, & ending before it the left posterior ciliary group.	Mr. Simpson D. Carter G. Anderson H. Gibson	D. Carter	For an account of this very interesting case vide Dublin Quarterly Journal, Volume 11 Page 347. Case 1 by George Anderson M.D. Surgeon 12 th Royal Lancers.
414	Specimen of a badly united fracture of the left femur.	2 nd Clap Staffordson D. Knox	H. Lang	The Patient James & Devere Thomas Maule R.A. had his left thigh bone fractured when on duty at Malinbeg, Ireland, on the 9 th Decem ^r 1853, by a horse falling on him & crushing his leg against a parapet wall. He was treated at that place from 9 th Dec ^r 1853 to 1 st March 1854, & was then sent to the General Hosp ^l at Cork where he remained until the 5 th of June when ^{he died} death closed the scene. A full detail of the case is given in N ^o 5 General Hospital Register ^{Cork} to which reference is to be made.



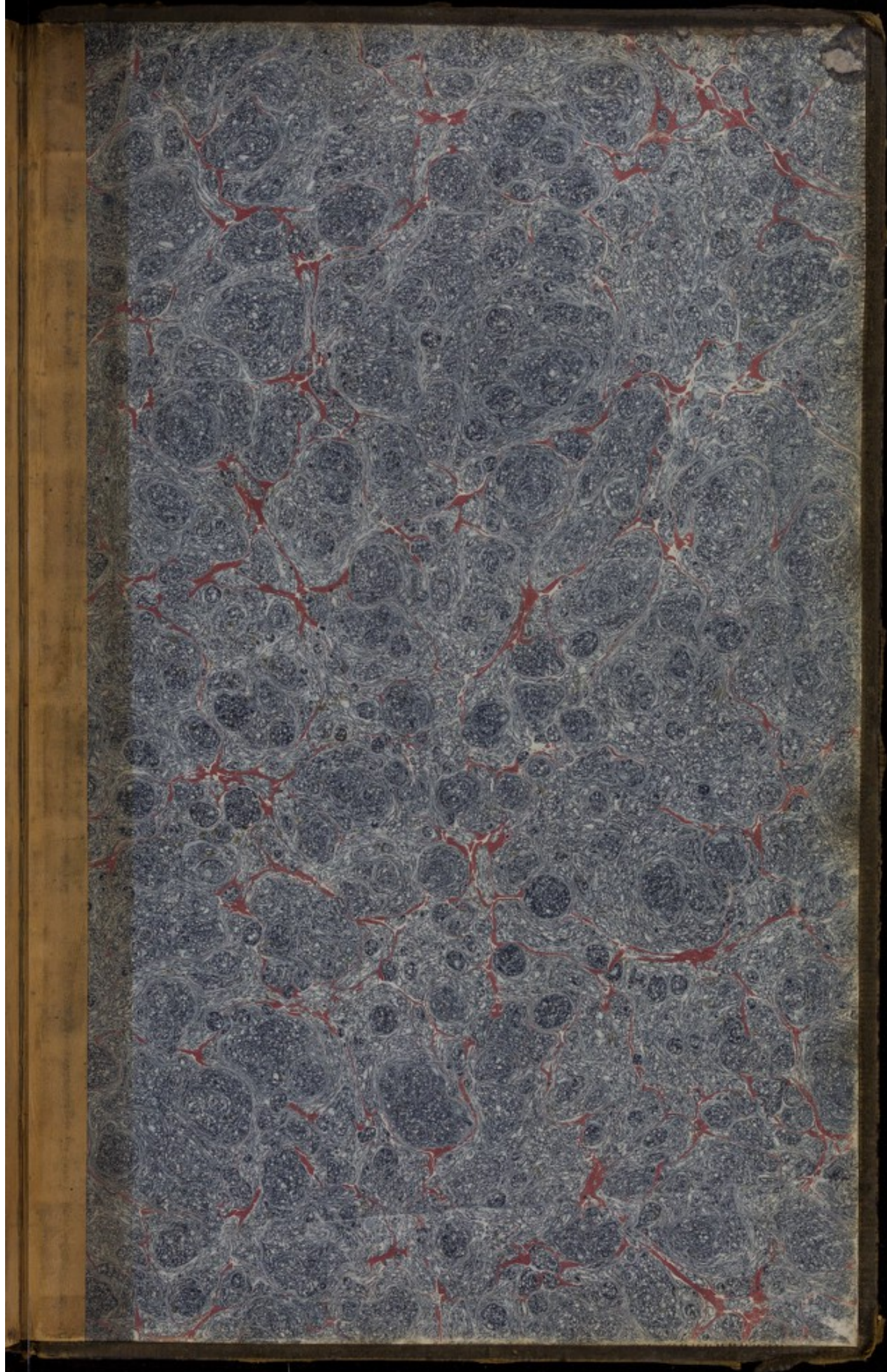




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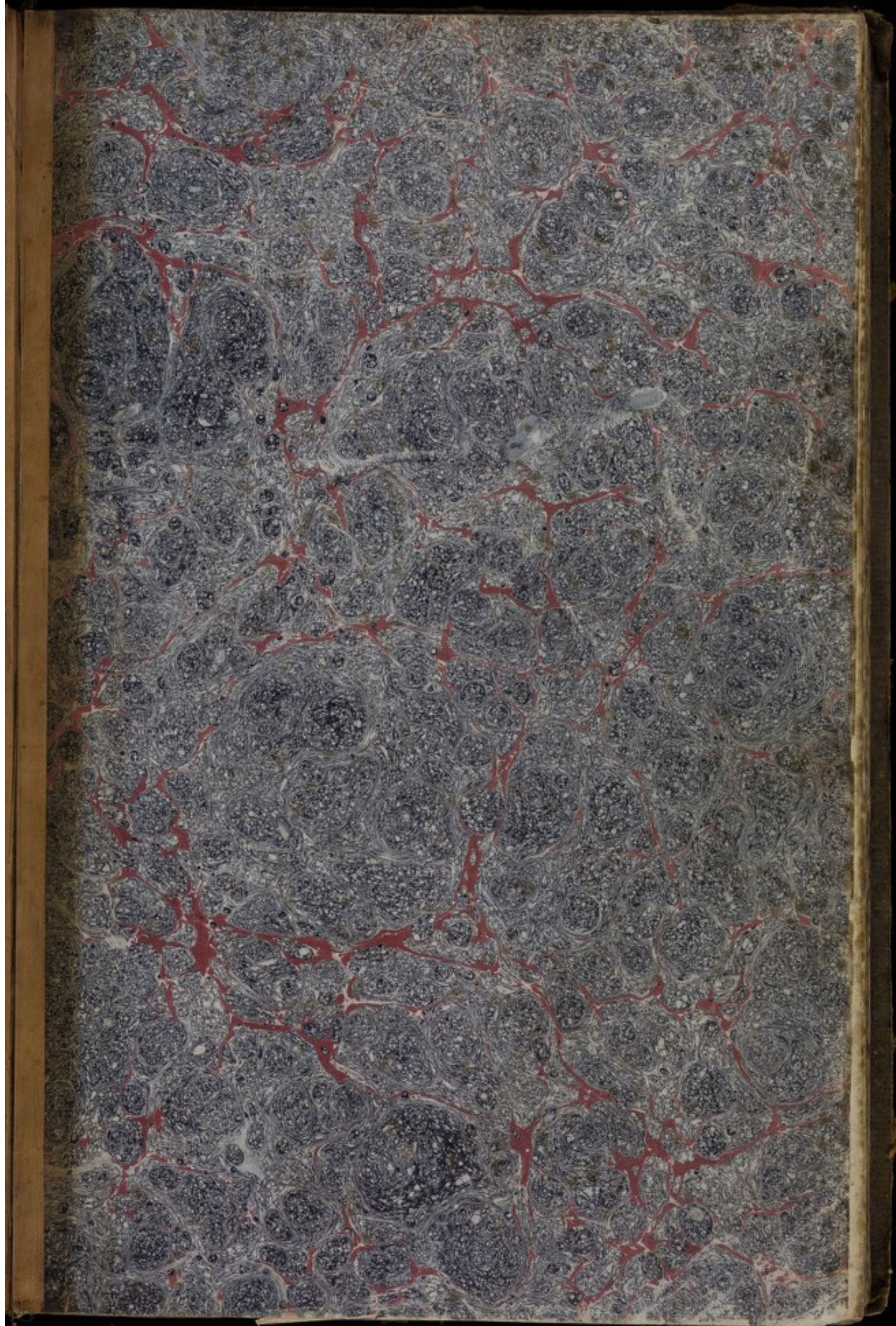
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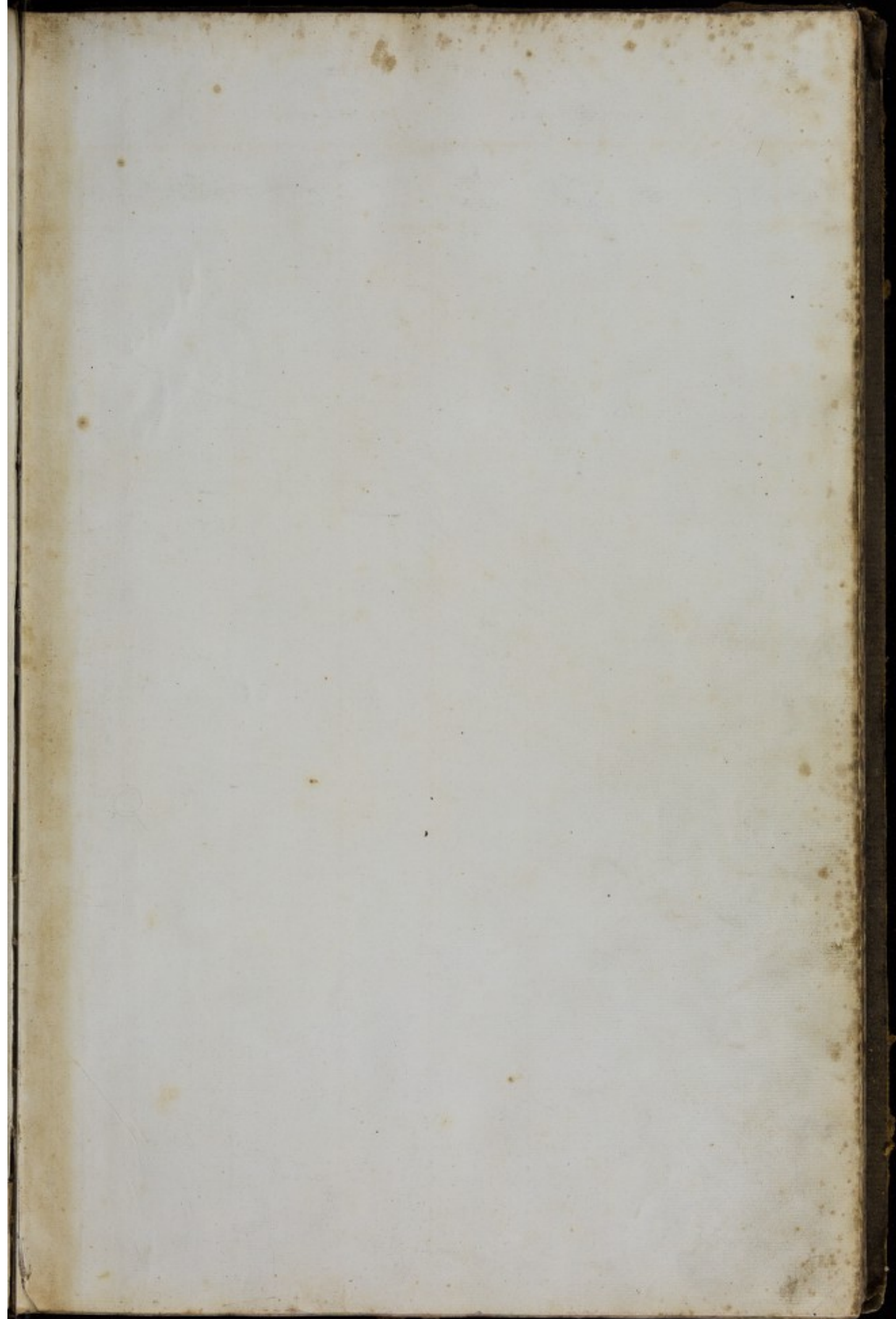


The image shows the front cover of an old book. The cover is decorated with a complex marbled paper pattern. The pattern consists of dark blue or black circular spots, often called 'stones', which are arranged in a somewhat regular grid. These are separated by a network of fine, branching lines in shades of red and white. The overall effect is a dense, organic texture. In the center of the cover, there is a small, rectangular white label with a decorative border. The label contains text in a mix of cursive and printed fonts. The text reads: 'Grosvenor Chancery' in a cursive script, followed by 'Wholesale Stationers' in a smaller, printed font. Below that, 'No. 10, Cornhill' is written in cursive, and 'LONDON.' is printed at the bottom. The edges of the book cover show the underlying board material, which appears to be a light-colored wood or paper. The spine of the book is visible on the right side, showing a similar marbled pattern.

Grosvenor Chancery
Wholesale Stationers.
No. 10, Cornhill
LONDON.



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Class

Functions

Division.

Diseased Structure of

Number

Character of Preparation

By whom
Presented

By whom
Prepared

History of the Case, with Remarks

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
415	The Metallic portion 2 ^d Class of the stopper of a Musket removed from Brain of Private Edward Amitage R.N. Companies	Staff Surgeon L. M. V. Lloyd N. 2954	See List of Cases of British Army	<p>An Englishman. A Smith. Aged 33 years. Service nearly 9 years. While on Guard over some prisoners his musket was accidentally discharged and the extremity of the Barrel which was held in his right hand, was burst. The ball seemed to have passed out through ruptured part of Musket, and through right hand, destroying the greater part of the Metacarpal bone of index finger. The hand was also much lacerated before and behind apparently from the bursting of the Barrel. Both his eyes were destroyed at the time of the accident, the left one from a portion of the wooden part of the stopper of his musket having been driven into it, and the right one from the injury produced by the passage of the Metallic part of stopper through upper portion of the orbit. From the amount of swelling and extent of laceration of soft parts around the right eye, we were not able at the time of the accident to discover any foreign body in or above the roof of the orbit. A fracture merely was detected. During the first six days there was considerable pain in the head, with sleeplessness, but scarcely any fever. His bowels were kept open and he was put and remained under the influence of Jaster Emetic, and Cold Water was constantly applied to the head. At the end of the sixth day a foreign body was found pressing down into the orbit which was with some difficulty removed. This was the Metallic portion of the stopper of his musket, an ounce in weight, three fourths of an inch in circumference and hollow. The open end had passed in and was embedded in the lower and anterior part of right hemisphere of Brain. The portion of brain that fitted into the cavity of stopper was quite visible and some cerebral matter had been discharged for some time before removal of the foreign</p>

Division.

Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
415		2 nd Class Staff Surgeon L. Mr. Lloyd		body. Since that was taken away the case has progressed favourably. The Patient was kept under the influence of Tartar Emetic so long as headache continued; and his bowels were kept free. All through there has not been a bad symptom. The wound over the eye is almost quite healed. The only bad feature in the healing of the wound is the retraction of the upper lid leaving the remains of the eyeball partially exposed. It was found impossible to prevent this from the amount of substance destroyed. The hand is healing favourably the forefinger about $\frac{3}{4}$ of an inch shortened. The joint that was laid open appears Anchylosed and a false one is forming where Metacarpal bone was fractured.
416	Preparation of the Atlas & Axis, showing fracture of the anterior arch of the former from a gunshot wound.	Doctor Dick Surgeon 12 th Reg ^t	Dec 29/15 — Dr. Dick.	The following is the history of the case which furnished this preparation:—Private Felix Boyle received a gunshot wound of the Head on the morning of the 3 rd of December 1854, in an attack made by a body of Troops on a Stockade, resisted by a body of Sappers on the gold field at Ballarat, for the purpose of assisting the constituted authorities. He died on the morning of the 2 nd of January 1855. The ball entered the left side of the Head superiorly, & passing downwards & backwards came into contact with the Atlas, producing, as it will be observed, a comminuted fracture of the bone anteriorly, & a simple fracture posteriorly, displacing to a considerable extent the fragments of the bone. A very short time after receiving the above wound, a clinically formed conical bullet was voided by the mouth, &

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				<p>Some days afterwards, the Man complained of severe pains behind the right jaw, I directed my attention to a hard body in the vicinity, which he conjectured must have been either a second bullet, or the Cup of the one voided, the pressure several times to cut down & endeavor to retract it, but it was only after death I discovered that the supposed foreign body was in fact the transverse process of the Atlas - considering the nature of the injury, I have thus briefly described, it is certainly a matter of surprise that the Man should have lived for 30 days after receiving it; for it is evident enough that an incutaneous movement of the head might, at any time, have terminated life by causing greater displacement of the bone, & so compressing the spinal marrow.</p> <p>Lieut. William Dick M.D. Surgeon 12th Regiment.</p>

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
417.	Aneurism of the ascending Aorta within Pericardium	Staff Surgeon Lieut. H. Cowen		<p>Report on the case of <u>Private William Bootle</u>, 9th Regiment, who died suddenly in the New Barracks, Limerick, on the afternoon of the 19th September 1855 -</p> <p>It appears that this man has been two months and some days in the service, and apparently in good health at the time of his death. He was close to his company, and had just returned to his room, and whilst in the act of washing his face, dropped down dead.</p> <p>On the Post Mortem examination, the heart was the first part examined, so it was imagined that the Disease lay there. On opening the Chest, the Pericardium was found enormously distended, on opening which it was found to contain from eight to ten ounces of coagulated blood and serum, which being removed, the heart was taken out and a large aneurism discovered in the ascending portion of the Aorta, almost immediately from its rise from the heart, nearly of the size of a Walnut. The opening through which the blood escaped, was not larger than to admit the insertion of a pin. The remaining contents of the Chest quite healthy, so were those of the Head and Abdomen.</p> <p>By Lieut. H. Cowen. Staff Surgeon. Limerick, Sept. 20th 1855.</p> <p>P.S. Since the preparation has been placed in spirits, the part of the aorta which was pierced has shrunk to that degree, giving the aneurism the appearance of existing in the substance of the heart itself, so will be seen on referring to it. a thread has been passed through the opening to indicate its situation.</p> <p>"The Preparation has not been put up, so I have no means of doing so here and have left it for the Curator of the Museum to do."</p>

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
418	<p>Lodgement of part of a Rifle Ball in the Brain, without the usual evidence of a hole in the Cranium -</p> <p>Portion of Cranium with a depressed fracture by Musket Ball.</p> <p>Portion removed by Trephine -</p> <p>Portion of Rifle Ball found in Cerebrum -</p>	Mr. Geo. Laymore Surgeon 19 th Regt.		<p>Pick William Doyle, 19th Regt. at 19 years, was wounded in the head by a Rifle Ball, in the forward trenches of the Right Attack, on August 2^d 1860. The scalp & Cranium were cut about two inches and a portion of the Cranium, about an inch in length and half an inch in breadth, a little in advance of the posterior & superior angle of the right parietal bone, and close to the sagittal suture, was depressed, according to statement, the man was rendered perfectly senseless and unconscious from the instant of being struck by the ball, so much so that at first he was supposed to be dead.</p> <p>On being conveyed to camp, he presented all the usual symptoms indicating compression, pupils dilated & fixed, raw surface, unconsciousness, complete Paralysis &c. - on examination of the depressed portion of bone, no opening whatever could be felt, the edges of the sunk bone and of the bone adjoining were in contact, and it was presumed to be an ordinary case of fracture with depression. Some very minute portions of cerebral substance were observed to be mixed with the clot about the wound, but so tight it squeezed through a finger. Trephining being determined on was performed at once and the depressed bone raised without difficulty. No relief whatever followed. the brain matter bulged slightly upwards into the opening. On passing the finger over its surface, a little beyond the space exposed by the Trephine, a defined cut edge was felt a little more than an inch in advance of the site of the depressed piece of bone, being the boundary of an opening into the Cerebral Substance.</p> <p>Three hours after arrival in camp, the patient sank, on post mortem examination a wedge like skin of the ball (weight of section of bullet 4 lbs 5 grs) was found to have entered and penetrated the Cerebrum, and was discovered in the anterior lobe on the right side, just above the orbitary plate. It had not completely penetrated but was lying just above the Cerebrum covering the lobe - The Ball - a conical rifle ball with three secondary was cut mostly from apex to base as if by a sharp knife. This must have been done by the edge of the broken bone, above the opening made in the parietal bone; one half of the ball flying off, the other entering the skull - On close examination several minute points of lead were found to be imbedded along the fissured margin alluded to - The depressed piece of bone</p>

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				<p>Directly after the section of the bullet entered, must have sprung up again by its own elasticity, or been forced up by sudden pressure from within, so that no evidence of an aperture, but merely a depression and fissure remained. The inner table was separated & nearly detached from a space rather more extensive than that of the depressed part of the outer table. The superior longitudinal sinus was wounded by the sharp edge of the broken inner table, and a considerable quantity of blood extravasated upon the surface of the brain.</p> <p>The portion of bone implicated in this injury accompanies this Report of the case.</p> <p>By J. J. Thomas Longmore Surgeon 10th Regt.</p>
419	Necrosis of upper portion of the humerus of the right arm.	Dr. Monroe Surgeon Major Coldstream Guards.		<p>Necrosis of the upper portion of the humerus of the right arm after amputation at the middle of the bone in consequence of compound gunshot fracture of bones of the Fore arm.</p> <p>The Patient James Curtis 1st Bn. Coldstream Guards was wounded at Salamanca. 5th November 1807.</p> <p>Second amputation at shoulder joint, performed by Doctor Monroe, Surgeon Major, Coldstream Guards, 25th July 1855.</p>
420	Necrosis of upper portion of the humerus of the right arm.			<p>Necrosis of the upper portion of the humerus of the right arm after amputation at the middle of the bone, in consequence of compound gunshot fracture of bones of the Fore arm.</p> <p>The Patient, James Kerman 1st Battalion Coldstream Guards, was wounded at Salamanca, 5th November 1807.</p> <p>Second amputation at shoulder joint performed by Dr. Brown, 1st Surgeon Coldstream Guards. 25th July 1855.</p>
421	Anaemia of parts spinning into Pus.	Surgeon Andrew J. J.		<p>The History has been forwarded.</p>

Preparations relating to the Army in the Crimea, Collected by Dr Lyons & his Assistants.

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
<p>The Preparations forwarded by Dr Lyons commence here. They all bear the number 422 - and are also numbered according to the list which Dr Lyons forwarded with them -</p>				
422.				
1.	Rectum.	Dr Lyons Report - page 35.	Lt Col Ridgway	Chronic dysentery - soft pulpy exudation of the mucous membrane of the Rectum, of a greenish black colour when recent & deeply ulcerated - case of Middle Delany - 45 th Regt. no. 3082. General Hospital. July 10 th .
# 2.	Jejunum showing - do - a piece of gut has been put up, but not a piece cut out in situ.	- do -	- do -	Diarrhoea. Ulceration of Peyer's Glands. Case of Capt. Eliza Borrowick. Genl. Hosp. July 20 th . page 4 - Lyons report.
# 3.	Ileum showing - do - ulceration of Peyer's Patches	- do -	- do -	F.C.D. Deposit and ulceration in Peyer's Patches. Case of David Prior. July 24 th . (see Dr Lyons Report p. 67).
# 4.	Colon	- do - Report p. 33.	- do -	Dysentery Chronic. Colon - upper portion of a greenish black color when recent, with extensive ulceration increasing as the Rectum is approached. Case of Wm. Callen. 77 th 3267. Genl. Hosp. July 26 th . There are 3 specimens of this preparation put up -
5.	Colon & Rectum	- do -	- do -	Diarrhoea. Honey comb like exudation over mucous membrane. Case of James Brown. 34 th 3674. Lyons Rep. p. 34. Two specimens of this Preparation are put up -
6.	Ileum	- do -	- do -	Diarrhoea. Ulceration of Peyer's Patches in Ileum increased in size towards caecum. Case of Henry Woodward. 75 th 2825. July 26 th .
# 7.	Ileum showing - do - ulceration of Peyer's Patches in situ. Gut sawed in situ showing	- do -	- do -	Diarrhoea. Ulceration of Peyer's Patches - & exudation with clots. Case of Mr. George Nicholas. 7 th 5335. 12 th August. Two specimens of this Preparation are put up -

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
<i>Continuation of Dr. Lyons' Preparations.</i>				
8.	Colon	Dr. Lyons	W. Lauch. Ridgway	Dysentery acute. Colon - when recent of a greenish black color - ulceration to depth of Peritoneum. Case of Geo. Wildsmittle 95 th no. 3387. Aug. 13 th
9.	Colon	- do -	- do -	When recent of a dark green colour - Dysent. chronic = enormous thickening of tissue. Case of Wm. Benachy 31 st no. 2045. Sept. 5 th } page 33 Two specimens of this Preparation are put up - } Report.
10.	Stomach & Intestines	- do -	- do -	Dysentery chronic - Ulcers at lower portion, no other lesion in this case excepting exudation in colon (p. 33) Case of George Lines. R.A.A. 24 th Sept. p. 35. 7 Lyons' Report.
11.	Brachial artery	- do -	- do -	Wound - Brachial artery partially torn across - ulceration - ligatures applied, but not to sound parts of vessel. Extensive injury of soft parts, especially median nerve, cutaneous nerve & large veins. Case of Sgt. Geo. Anderson 56 th June 28 th .
12.	Colon	- do -	- do -	Dysentery - exudation, distention of solitary glands with ulceration (tuberculous dysenteric lesions). Two specimens of this Preparation are put up (see Case in Dr. Lyons' Report - p. 42. Rich ^d Sull 23 rd 91.
13.	Colon & small Int.	- do -	- do -	Dysentery chronic - Dysenteric exudation with ulceration of vermiform appendix and of Peyer's patches.
14.	Small Intestine	- do -	- do -	Washing of mucous membrane - remains of ulceration in folds. Case of Wm. Woods - 3739 Rifle Brigade. July 10 th

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
<i>Continuation of Dr. Lyons' Preparations.</i>				
15.	Colon	Dr. Lyons	Dr. Lyons & Redway	Mucosa - Remains of healed ulceration with melanotic deposit in Colon - Case of Mr. Peter Holden - 62 nd Regt. no. 2765 - Two specimens of this Preparation are put up -
16.	Rectum	- do -	- do -	Mucosa - ulceration with great thickening of the substance of Rectum - Case of Mr. Peter Holden - 62 nd Regt. no. 2765.
17.	Heart & Pericardium	- do -	- do -	Pericarditis - adhesions organized - Case of Capt. Brindley - R.A. 10 th Augt.
18.	Aneurysm None is here	- do -	- do -	Aorta with portion of heart - Aneurysm about the Ape of a vessel - dilatation of aorta - Case of John Smith, 55 th Regt. July 30 th
18a.	Large & small gut None is here	- do -	- do -	Stripping of mucous membrane of large & small gut - Peyer's patches & solitary glands irregularly infiltrated with a white milky deposit - Evidence of partial washing with iodine deposit in some of the Patches - Same case as the above -
19.	Ulceration of Peyer's Patches	- do -	- do -	Ulceration of Peyer's Patches - follicular washing of gut - general bases of Peyer's patches & gut - Case of Moses Burns, 44 th Regt. - Sept. 14 th - also Preparation 22 -
20.	Colon, &c.	- do -	- do -	Phthisis - Erosion with diphtheritic deposit & ulcerations extending up into the small gut - Case of Burns, L.F.L. 159.

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
<i>Continuation of Dr. Lyons' Preparations.</i>				
21.	<i>Small Gut</i> <i>Preparation of Peyer's patches</i>	Dr. Lyons	2 nd Classd. Ridgway.	Diarrhoea - extensive ulceration of Peyer's patches. Case of Capt. Ridd. Sedgwick - 4 th Light Dragoons. Sept. 25.
21a.	Intussusception	do -	do -	Portion of Intus-susception - same case as the above -
22.	Ulceration of Peyer's Patches -	do -	do -	Diarrhoea, portion of gut in case of Prep. no. 19. with ulceration of Peyer's patches. No. 19 & 22 are placed in the same jar.
23.	<i>Tenia Solium</i>	do -	do -	<i>Tenia solium</i> complete with head.
24.	Ulcus.	do -	do -	Ulceration in vicinity ofileo-caecal valve. Case of Mr. Jas Davis. 1 st Dragoons - Oct. 2 nd 1855.
25.	Hemorrh.	do -	do -	Remarkable hypertrophy of mucous tissue - Patient long known to be addicted to Opium -
26.	Lung.	do -	do -	Remarkable rupture of left lung extending horizontally through pulmonary structure to near the Bronchus. Cause - external violence in explosion of Nov. 15 th . No rupture of costal pleura could be positively determined, & it band like adhesions being found at corresponding part of thoracic wall -
27.	<i>Epithelium ulceration of the stomach</i> <i>Intestines</i>	do -	do -	Valvulae Solis. The "Plicae coli" more properly the Epithelium-cyberide in small intestine, being the lesions which caused death in case of Dr. Lyons' aneurysm through the knee joint in General Hope's Lung - after 2 nd Sept. Case of Capt. Campbell, 66 th Regt. A case of gonorrhea per urethra: very particularly severe per urethra through the knee joint per urethra

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
Continuation of Dr. Lyons' Preparations.				
28.	Intestines.	Dr. Lyons	Dr. Lassell.	Fever. Enteric lesions (secondary) of foot. Patient in 34th Regiment in camp.
X 29.	Humeral artery.	- do -	- do -	Ulcerated. Humeral artery, veins & nerves, entire portion of, in a limb torn off by round shot.
30.	Large intestine.	- do -	- do -	Dysentery. Exudation in large with ulceration in small intestine and large grain appearance (or white milk like infiltration of solitary glands) in Peyer's patches.
Two specimens of this Preparation are put up -				
31.	Scrophulous deposit on Solitary glands and Peyer's Patches.	- do -	- do -	Deposit in solitary glands & Peyer's Patches.
32.	Portion of Ulceration of Peyer's Patches.	- do -	- do -	Ulceration in Peyer's Patches.
X 33.	Large gut.	- do -	- do -	Dysentery chronic - large gut in case of which no. 10 is a preparation of the small gut. Dr. Lyons p. 359 Report.
Extensive ulceration of mucous surface -				
Two specimens of this Preparation are put up.				
34.	Ulceration of Peyer's Patches. In a case of Cholera.	- do -	- do -	Cholera. Ulceration of Peyer's Patches & large grain appearance 7th day. Patient now 26th.
This is a very beautiful Preparation.				

Portions of all the Preparations sent home by Dr. Lyons have been put up, with the exception of 12a & 26b, the former of which was merely a mucous fluid with cutaneous deposit, and the latter an enlarged & softened gland.

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
423		Port Pitt	2 nd Class Lt. T. J. P.	<p>Corporal Thomas Warren, 77th Regt. aged 40 - was admitted into the General Hospital, Port Pitt - Sept. 19th 1855, with a large tumor on the right side of the neck, which extended from beneath the clavicle upwards to the angle of the jaw - the tumor was hard & circumscribed without pulsation and having deep & firm attachments - The Larynx & Trachea were pushed to the left side and pressed on, producing hoarseness, loss of voice & difficulty of Respiration - at the time of his admission the disease had been 3 months in existence, and from that period it continued gradually to increase, attended with pain in the shoulder & head, congestion of the veins & blueness of the face & lips. The case was brought before the notice of Prof. Ferguson of London, who considered that nothing could be done for it. The difficulty of respiration & deglutition became rapidly more apparent & distressing, the lips & face more livid, purple spots appeared on the chest and different parts of the body, and the symptoms were those of gradual asphyxia -</p> <p>He died sometime on the 19th Oct., one month after his admission -</p> <p>Post mortem appearances -</p> <p>On exposing the integuments of the neck, the muscles were found very much hypertrophied. The tumor, ^{extending} from the mastoid process on the right side downwards beneath the clavicle & ^{was} firmly attached to the upper lobe of the left lung, enveloped the large vessels of the neck and occupied a great part of the upper opening of the Thorax -</p> <p>particularly it was intimately connected with the bodies of the vertebrae and ^{comprised} the cervical plexus of nerves - on the ^{right} side it was firmly adherent to the Trachea, from the lower border of the cricoid</p>

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
423				<p>Cartilage to its bifurcation, pushing it very much to the left side and diminishing its calibre considerably and curing it. the thyroid body had no connection with the tumor. the right subclavian ^{and carotid} interspersed through the centre of the tumor. it seems to have originated among the bronchial glands and to have grown from below upwards.</p> <p>Signed Wm. Johnston M.D. Staff Surgeon 2nd Class</p>
424	Piece of meat impacted in Trachea	Joseph Munro J. B. Hayles	2nd Class Lt. Redgrave	<p>Case of P. George Robertson 79th Highlanders - Death resulting from a piece of meat becoming impacted in the Trachea, while the man was in a state of insubility from intoxication.</p>
425	Sequestrum composed of portions of both parietal bones	W. H. Barrett	n. 2896	<p>Preparation of sequestrum composed of portions of both parietal bones removed from P. George Pickersley 22nd Regt. 11th March 1856. Aged at 44 1/2.</p>
426	Three pieces of necrosed Tibia	W. H. Barrett		<p>Three pieces of necrosed Tibia, consequent upon sloughing, & removed from P. Daniel McRade, 88th Regt. on the 16th April 1856.</p>
427	Necrosis of Tibia	W. H. Barrett		<p>Preparation of necrosis of the Tibia consequent on sloughing for which the limb was amputated by D. Ford and the patient recovered.</p>

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
428				<p style="text-align: right;">14523</p> <p>Abstract of the fatal case of <u>Pte Chas. Wilby</u> of the 7th Regiment. at bat. 25.</p> <p>An English Bricklayer enlisted in May 1850 - had always had good health. His father was subject to Erysipelas of the face and his mother died of affection of the lungs, knew of no other particular instances of disease in his family.</p> <p>Soon after enlistment he received some trifling hurt (from his musket at cartridge firing) in the right side of his neck, a swelling formed of some size for a few days & subsided spontaneously to a small painless lump which was passive & considered of no consequence till September or October of the same year when being in Hospital in the Crimea with diarrhoea, he brought it to the surgeon's notice & it was painted over with iodine & appears to have assumed a degree of activity - he states that it began swelling at once & arrived at the size of a fist - He was sent home in January & during the voyage the Tumour was blistered and poulticed but grew larger & more painful, he was in tolerable health, but had no appetite & a dislike and difficulty to take meat & was taking Cod liver oil regularly.</p> <p>He arrived at Chichester on the 30th March, pallid & sickly looking, & awoke with a peculiar unnatural expression & features affected by the tension of the skin over a large tumour on the right side of the neck, extending from close above the clavicle to the ear & anteriorly & posteriorly to the median line - It was generally of a uniform surface, hard elastic feel & the skin over it of natural colour with some large veins underneath, but at nearly the inferior border of the whole & close above the clavicle, it presented a distinct prominence of about two inches in diameter, which was dark red, very vascular and tense, higher than the rest of the Tumour, <u>acutely</u> sensitive to touch and the seat of most acute pains of a lancinating character occurring at uncertain intervals & apparently on the point of bursting, no fluctuation in it however - The whole mass was firm, evidently highly</p>

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 $\frac{1738}{6} = 289.6$
 289.6

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				<p>It extensively connected with a process under the jaw, and projection inside jaw, pushing the right tooth inward. His general health was tolerably good & secretion regular - & he slept well excepting when tormented by pain - His pulse was 104 & small - he suffered from a certain degree of dysphagia & had an aversion to meat or broth - The suspicious malignancy of the lower part of the Tumour with its history & the extensive & undetermined limits of the diseased mass precluded any operative attempt at removal as worse than useless.</p> <p>Soon after admission the attacks of pain became more frequent & of fearful intensity & extended to the head, forehead & eye - the skin over the projecting portion grew darker & burst on the 23^d April - slight oozing of sanguineous fluid only occurred till the 27th May, when hemorrhage to some considerable amount took place & he became very feeble for some days - but the discharge lessened, assumed an altered appearance & on the 18th June consisted of ordinary purulent matter & the cavity appeared contracting with granulating walls; the whole mass diminished, became softer, lost any appearance of vascularity & assumed that of an ordinary suppurative disease - his general health & appetite also improved rapidly - on the 15th June however an alteration again took place, the purulent discharge ceased, heat & vascularity returned to the Tumour with the acute paroxysms of pain, prominence similar to that described as present on his admission formed on the previous part - sanguineous discharge renewed, loss of appetite also returned. The Tumour increased, frequent hemorrhages took place & he fell into a helpless condition, till a large quantity of hemorrhage occurred on the night of the 6th July after which he sunk into collapse & died at 12 past 4 P.M. on the 7th instant.</p> <p>A marked feature & peculiarity in this case not included in the above account was the occasional invasion of</p>

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				<p>of most acute agonizing pains amounting to laceration, (which when present rendered him frantic) in the lower part of the back, perineum, thigh & testicles - only approached by any local applications. these attacks commenced about the middle of May & continued to recur in increased intensity till his death.</p> <p>The Treatment consisted of Opium freely given - Alteration externally also, & every endeavor to support his constitution by Diet & usual means of attention to his comforts & wishes.</p> <p>Post mortem appearances. 20 Hours after death - Body wasted, but not to any extreme degree of emaciation. <u>Thorax</u>. Lungs anemic but of healthy structure throughout, & no evidence of recent disease, although firm adhesions were found particularly on the left lung.</p> <p>The heart was pale with congestion of the surface veins, some dark fluid blood in the right auricle - left auricle empty - <u>Abdomen</u>. Liver, kidneys, stomach & intestines healthy - but the spleen was found very large of pale colour & firm consistency, with a number of round nodular deposits of white, soft, fatty looking, tuberculous matter in size from a small pea to a walnut & resembling in appearance the upper part of the tumour in the neck.</p> <p><u>Tumour</u>. The tumour was found to involve the whole of the structure of the right side of the neck, from the thyroid gland to the clavicle with a process extending under the hyp. maxilla to the base of the Tongue. The carotid vessels & other cervical vessels were included in the diseased mass & a minute anatomical account of the implicated parts would be but a detailed dissection of the neck & of no practical value. The tumour itself was of a granular white structure, semi-cartilaginous structure & consistency with softened parts & typhoid of very yellow cheesy, confluent matter. The whole conveying the idea of a degenerated diseased glandular mass with tumorous deposit. The source of hemorrhage was not evident, & the</p>

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Division.

Diseased Structure of

Number

Character of Preparation

By whom
PresentedBy whom
Prepared

History of the Case, with Remarks

the pathological nature of the tumour seems somewhat obscure. the glands on the left side of the neck were enlarged & unhealthy.

Signed/ J.B. Fison. 2nd Class Staff Surg.

Signed/R Dunc. M.D. 1st Class Staff Surgeon

& Principal Medical Officer.

General Hospital. Chichester - 17th July 1856.

429 Osipian cranium. Both bones from the Medians Vienna with a gunshot fracture. The inferior third of the right parietal bone is fractured and depressed; there is also a fissure separating the superior maxillary bone the right nasal bone and nasal process of the superior maxillary and extending thro the centre of the frontal and left parietal bone

R. 2890

430 Skull of an English Soldier Vienna. Man who was killed by falling

R. 2918

Class

Functions

Division.

Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
430	Wen. a process near Substapal. A fissure extends from the centre of the right parietal upwards and backwards to the posterior part of Sagittal suture; the left side of Lambda suture is considerably loosened.			
431	Ischurium. Showing fracture and depression of the frontal bone caused by a skull. The fracture is situated on the left side immediately above the superciliary ridge. Two small pieces of bone were removed from the wound by operation.	R. Board.	B. 2892	P. Connolly 1 st B. Rifle Oct. 19, 1864. Soldier was wounded on the 26 th April 56 by the accidental bursting of a shell. He sustained a fracture of the skull above the left eyebrow. There was depression and after the removal of the depressed portion of the skull he became quite sensible and continued so for 11 days. Delirium then supervened and he died on the 14 th day of the injury. On dissection the dura mater was found uninjured, but beneath the seat of fracture an abscess existed containing about 3 oz. of pus in the superior lobe of the cerebrum, whilst the whole of the base of that hemisphere was softened & far back to the corpora striata.
432	Femur. Showing bony deposition. The result of		B. 2940	

Division.

Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
432	perforated which C. Board followed - amput. & resection of the thigh on which bone A. J. Millen Presd. Nearly Rupt. Bignea An end of the shaft of the bone is rather necrosed. It is a drying state and incased in a new layer of bone. It is a good example of bone resulting from amputation.			John Wilson. aged 29. 2 B. R. B. Injured on the 8 th September 1855 by a bullet wound. Through the integuments of the knee. There being every probability that the joint was injured. Perfect rest was enjoined and Leeches formations so applied. These means were insufficient for restraining the inflammation. The joint appeared quite disorganised and consequently discharging pusulent matter. Amputation was performed on the 2 nd Nov. on the 15 th the wound had almost healed up when he was attacked by acute osteitis in the shaft of the bone. The great suffering attending the inflammation was but his strength and he died on the 16 th Dec. Much exhausted and moribund.
433	Gunshot fracture of the left thigh. The end of the bone was very much displaced but united by new bony deposit which forms a large cavity. The end of the bone portion of the femur is necrosed and in progress of being separated, the		R. 2937	

Class

Functions

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
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433 In the second
the portion of
necrosis bone
rather partially
separated, &
bound down
by the new
bone. A com-
municated portion
of bone is situated
on the inside
and attached
to the other by
bony union.

434 Fracture of the femur in the center of the shaft, 2 1/2 inches from the knee joint. The bone was much comminuted, and the extremities separated, and the soft parts were much lacerated. The bone was united by new bony deposit and there is also several portions of necrosis.

22929

Mr. Donald of Glasgow was wounded in the right thigh at the knee by a musket shot and sent to the hospital where he was much reduced and with the limb very much swelled and discharging freely. After some time a musket ball was discovered and removed, and the swelling reduced, the wound closed and he was able to move about with crutches. About a week after the limb again swelled, very much, and the pain increased, and the man died.

On examining the limb, another musket ball was found in the cavity between the ends of the bone, chiefly covered by ligament and bony matter.

Division.

Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
435	Section of the <i>H. humeri</i> (in spirit) 3" x 1" of the upper half of the humerus. A secondary amputation of the shoulder joint. A section of the upper part of the shaft of the bone immediately below the neck of about 2 1/2 inches in length and comprising nearly the entire thickness of the shaft of the humerus is presented. The second portion is freely enclosed in a case of thin bony deposit through which there are two sperular openings, the medullary membrane is soft spongy and inflamed. The medullary canal is open superiorly at the acromion.		Red 29/6	Mr. James Clark, 77th Regt. of Foot, an Englishman of highly sthenic constitution and in healthy aspect was admitted into the Hospital 4 th Sep. 55. He had suffered amputation of the arm about 18 months, in the May preceding, consequence of a severe gunshot wound, and on admission the wound was healed, through the greater part of the extent, but there were two small sinuses opening on the face of the stump which discharged profusely and dead bone could be detected by a probe near each of them; his appetite was bad and general health very indifferent. He had improved in general health, but had an inflammatory attack in the whole of the stump which terminated in the formation of abscesses, leaving sinuses at the per. and both parts of the scapula and a general thickening of all the bones of the arm. In the 11 th Nov. a ring of bone (extending of the humerus) was removed by incision connecting the sinuses on the face of the stump and his general health improved considerably, but he continued subject to returns of inflammatory attack, deepening of the sinuses and unhealthy discharge, and in February, diseased bone was discovered at the bottom of the sinuses about the scapula and it became evident that the whole extent of the humerus was affected. But his health appeared improving greatly and the discharge

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
435	extremity, and allowed of the free escape of discharge. A thick layer of new bone entirely surrounded the whole of the shaft.			became of both character and operation in hospital was postponed, and it was evident that he was not likely to bear favourably the operation of removal of the stump, and hopes were entertained of his attaining to a more promising state; but in the beginning of April his progress was so unsatisfactory that the operation of removing the stump, at the shoulder joint was decided upon, as the only hope of his restoration. And on the 19 th of April this was done. He was low after the operation but rallied and seemed likely to do well, until the 23 rd when he became low, irritable and unable to take nourishment. Great nausea and diarrhoea set in and a train of unsavourable symptoms through which he gradually sank and died on Sat. May 10 th . At the post mortem examination the liver was found large and friable; the right kidney diseased; serous effusion in the peritoneal cavity and deposits making the epistoma of tubercle-pneumonia and the tubercles were soft dark and injected. The whole of structure around the shoulder joint was abnormal and degenerated, and the clavicle, scapula & 1 st rib & vicinity affected with disease similar to that exhibited in the
436	Section (dry) preparation) of the preceding viz of the stump of the superior half of the humerus removed by secondary amputation at the shoulder joint. The entire shaft of the bone with the exception of the neck, is surrounded by a thick granular deposit of new bone. The compact structure of the old bone is soft and cellular in the medullary canal is also rough and spongy.		Dr. 2917	

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
436	the result of inflammation of the bone. The is a large specimen of the bone communicating with the middle of the bone.			Preparation of the humerus. The cancellous structure appeared disorganized, dark spongy and soft and filled with a dark brown fluid (which was not found in the humerus when removed) in which it appears that the bony structure was gradually becoming so it was dissolved, but there was no attempt at formation of new bone around, then as in the arm.
437	Pinched fracture of the upper third of the bone. The bone was comminuted and the fracture united but with some displacement. A portion of the end of the bone appears to have been on the point becoming necrotic. The external margin of the end of the humerus is visible.		R. 2949	No History
438	Pinched fracture of the lower third of the humerus. The bone is fractured obliquely and		R. 2941	

Class

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
438	Commenced a portion of the is driven into the cork canal. The margin of both fragments show the action of the absorbent, - a line marking the portion of bone which would have been separ- ated and removed. Secondary amputation was performed at the upper third.			It is a large
439	Depressed fracture of the parietal bone. The fracture parts of the right parietal bone. A sharp margin of the bone must have penetrated the dura mater & brain.		B. 2894	Alia Sergt. 4th Regt. Mounted Inf- antry. He was with a piece of shell admitted into his back. He died Decem- ber 28. The wound had cicatrized, and he appeared to be in good health; he could feel that there was depression of bone. He complained of burning pain at seat of injury. There was not the slightest tenderness to pressure and he was suddenly seized with convulsion at 7 A.M. July 31. and died in about 2 hours. After death a large portion of the parietal bone was depressed; there was a collection of blood in a fluid state between the dura mater & the bone; brain somewhat congested but otherwise healthy.

Class

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Diseased Structure of

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Presented

By whom

Prepared

History of the Case, with Remarks

440 *Calvarium of a man, P. Hodgkinson*
Specimen of the *May 1852*
1st. The *Q. 2909*
was killed at
Beckinow, the
is a large deep
cut. The
superior part of the
right parietal,
bone extending
into the left;
the bone seems
to have been
from behind.
And a second
bone is cut
seems to have
fallen across a
portion of bone
immediately
below the other
cut.

441 *Mandible dentate, Beckinow*
showing fracture *Q. 2513*
of the transverse
ligament and
caric around
the base of the
odontoid process;
superior articular
surface of the
bone also caric
Anterior arch

Is a history?

Class

Functions

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
441	of the Atlas and Right Scapula Articular surface destroyed by Caries			
442	Superior extremity of the left radius very much enlarged, and the humerus broken - much enlarged and stewed out; there also appears to be an extensive disease of the wrist joint. The scapular bone is ankylosed to the radius and the scapula and is ankylosed to each other. The specimen is remarkable on account of the very defined character of the enlargement.			

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
43	Humeral shaft by a Gunshot Fracture below the center the end of the lower portion is healthy but there is recession of a large portion of the outer layer of the shaft of the superior part of the end of the medullary canal Eight months after the injury union had taking place Three quarters of an inch of the end of the bone was removed by operation	Dr. Peate Surgeon	B. 2920	<p> <i>Rev. Thomas Cooper</i> 45th Regt. aged 23 years admitted into Brompton Hospital, on the 10th July 1854. A strong healthy looking Englishman. When on duty, in the trenches before Sebastopol on the 10th August 1855, a fragment of shell struck him in the left arm, producing a compound comminuted fracture of the humerus an inch below its center. On admission into Brompton Hospital on the 11th July the wound had healed but sequestered on the 18th April. At this date firm bony union had taken place between the end of the fractured bone and a false joint had become established. On the 25th April as the patient was in an excellent state of health it was determined to perform the usual operation for effecting union of the broken shaft of the bone. The dissection commenced the operation by making a free and deep incision in the outer aspect of the left arm about an inch below the insertion of the deltoid muscle and carrying it perpendicularly down- wards to a level with the condyle dividing amongst the muscles the subscapular of the triceps. Owing to the obliquity of the fracture and the strength of the ligamentous structure holding the bones together, some little difficulty was experienced in passing the knife through the ends of the bone. After </p>

Division.

Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
				<p> further dissection of the neck was done off with a Macleod's forceps from the posterior end. There was but little blood lost during the operation. Though much ligature had to be applied. The patient was under the influence of chloroform. Some considerable time after he was removed to his ward and reaction had taken place. profuse hemorrhage occurred from the wound probably from deeply seated muscular branches but was stopped eventually by the application of ice. The limb was placed in a gutter perineal splint. On the evening of the following day the patient was feverish with hot dry skin, quick pulse, flushed face and great thirst. He went on gradually until the 3rd when he had an attack of what is described as intermission, fever. On the 3rd he was improving in health. The wound contracting and granulating, discharge profuse but healthy. On the 1st 3 25th May he was slightly delirious and restless. But the limb was completely disturbed. On the 4th fever typhus came. The wound still continues. He contracted since the discharge was healthy. On the 8th he had a slight attack of shivering: all the ligatures came away. Continued to gain </p>

Division.

Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
				<p> strength up to the 14th. His appetite was enervated and bilious vomiting came on being as was supposed to the mixture of some incompatible article of food which he the 14th he passed a restless night. The vomiting stopped but there was a good deal of nausea. - Had a severe attack of dyspnea with short cough & symptoms of congested lungs especially of the left; pulse regular though slow & quick; tongue furrowed; discharge from the nostrils less. The cough and dyspnea became more severe and the heart's action very rapid; these symptoms continued to increase especially those of pericardial effusion and died on the 21st. May. </p> <p> Autopsy cadaveric 33 hours after death. Pericardium contained two pints of turbid serum and coated with a thin layer of recent effusion lymph. of a granular appearance with several patches of vascularization. valves healthy. Both lungs congested. Liver healthy. An abscess was found in the splenic margin of the spleen. Left kidney, there was an abscess about the size of a walnut on its upper and inner surface immediately below the capsule. There was also a similar abscess in the right kidney. Stomach & intestines healthy. Bladder not examined. This appears to have been a case of Pyemia. </p>

Division.

Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
444	Gunshot fracture of the upper third of the humerus		R. 2921	
445	Gunshot fracture of the upper third of the humerus		R. 2922	
446	Gunshot fracture of the upper third of the shaft of the humerus		R. 2923	X
447	Gunshot fracture of the upper extremity of the humerus		R. 2942	
448	Gunshot fracture of the upper extremity of the humerus			

Side Appendix N^o 425

Mt. George, Brockton and about 29. 3. 35th

Dr. J. G. Brockton, on April 1854 and on the 30th of the battle
of the Alma, received a gunshot wound of the neck; in this injury the bullet
entered on one side a little behind the hyoid cartilage and made its exit
on the other about a corresponding level and position. At this battle he
was thrown down, on the left side of the head about two inches above
the ear, by a portion of shell weighing two pounds. On the day following
the receipt of the injury, he was sent by General A. S. Wright, where he
received from the general surgeon, but the injury of the head
received no treatment. There was no external scalp wound.

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
				<p>caused by the injury, but he stated that he was never free from headache, which at times was excruciating. He returned to England in January 1855 when the pain of head became very much more severe and he was unable during 2 days; his head was swollen and kept constantly erect. He gradually recovered and joined the 1st Regt. of Wiltshire in June. He stated that on his way to Winchester, he received a stroke from the blow of a box on the top of his head, from the cut inflicted by which a large quantity of matter burst out. The day following his arrival in Winchester he went into hospital where he remained till he was transferred to the hospital. He stated that for 3 months he was completely deaf in both ears and that he had been occasionally deaf since then. His sight had not been affected. He always had the use of his limbs with perfect sensibility in them. Bowels and urinary organs remained unaffected. On examining the bone by means of probe it was found bare over an area 3 inches in diameter on the top of his head; there was a very copious purulent discharge and the pain was said to be very great. The dressing was applied over the sore and the patient bathed removed when a large quantity of matter was evacuated. He remained in this state able to walk about occasionally, somewhat emaciated and always suffering more or less from headache, till the 21st March 1856 when a large sequestrum having become loose, the sequestrum was removed and a large mass of necrotic bone formed of both tables was removed. The sequestrum was formed of the outer table excepting anteriorly, when a portion nearly an inch square was composed of the whole thickness of the skull. The skin which had become more and formed adhesions to the neighbouring skin, having been divided, there was found little striking evidence of inflammation. About 3 inches above the left ear, there was a small opening in the skin from which matter had occasionally been discharged; several sequestra, varying from 1/2 to an inch and a half in length and of a peculiar form were evacuated from the opening.</p>

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
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At the date of his being invalided he was in good health, and could sleep on either side. His functions were healthy. The wound on the top of the head was rapidly closing but a purulent discharge continued from the opening above the left ear when it appeared some necrosis had still remain

1869, Col. Cummins M. Cummins
Showing a distinct Abscess
fissure limited 55° West
to the internal
table running
parallel to the
course which the
left hand follows,
and communicating
necrosis

1869 James Barry 55° West Aug 19 multiple
wound from the French, and was admitted
in Hospital Aug 24 1855. The
wound at the time a musket ball
which he found afterwards struck him
on the head. On examination a dis-
tinct linear slit about 3 inches long and
running parallel with the axis of the
brain was observed situated over the
upper surface of the right parietal bone.
On introducing the finger the bone
was found quite bare, but no fractures
or depressions could be discerned.

There were no general symptoms of any
serious injury of the brain. The head
was ordered to be shaved, and cold water
dresses applied to the wound.

August 25th complains of pain in his
forehead - head rather little throbs; ate
his breakfast with pulse rather strong.
He fell asleep. Was then from the
camp to

August 26th Has been passing peacefully
until this evening when the whole scalp
was observed to become suddenly swelling,
and not all redness.

The swelling was greatest in the right
of the head and face. The edges of the

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
469				<p>seemingly healthy individual and strong, and there was no particular smell from the wound. Complained of a want of power in his left arm. Muscles of the face are slightly twisted towards the right side. Leg more, his leg fully. No crucial incision was made there the wound, the flap retracted and the bone carefully examined.</p> <p>No injury of its internal structure could be detected but a distinct bloody line marking the course of the ball. The pulse is small and weak. Numerous fine incisions were made here and there over the swelling scalp. From these issued a great deal of serum escaped. Irritation intense. Aug³¹ 5th symptoms of Meningitis more distinct. Exterior of the scalp is quite gone. Sept well. Wound looks more healthy. They have appeared dark. Pulse small but regular, external stimulants used as mild purgatives. Irritation to the scalp. Sept³ 5th continues quite visible. No improvement in the paralytic symptoms. Pulse is rising up. Wound looks well. No pain in head. Sept⁵ 5th Had one slight convulsion this morning. In consultation again with the P.M.C. No operation was deemed advisable. Head kept under the influence of Morphia.</p> <p>Sept⁶ 6th Is much weaker this morning. Respiration decidedly more hurried. Had two more convulsions. Last convulsion in the evening.</p> <p>Sept⁷ 7th Mortem Examination 2 hours after</p>

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
449				<p> skull— Calvarium firmly adherent beneath the seat of the injury. On removing it as false Membrane was observed on the Dura Mater—corresponding exactly to the point of fracture, and measuring about 2 inches in diameter. Vessels of Dura Mater and Ar. Mater congested. Underneath the dura mater at the spot to which the false membrane was adherent, was a large clot of coagulated blood of a size of a Walnut distinctly circumscribed, and extending in depth to the roof of the lateral ventricle of the same hemisphere—Portions of this clot were degenerated into a reddish granular matter possessing no consistence. The cerebral substance around and beneath the hemisphere of brain was quite healthy. No effusion in either of the ventricles. The internal aspect of the Calvarium seemed at first quite sound, but after they were incised a distinct fissure, limited to the internal table running parallel to the course of the bull, and about half an inch in length was at once perceived. The other organs of the body were healthy. This case proved fatal from compression of the cerebral substance. The question arises usually that compression here being relieved by the operation of trephining—Should not, and for the following reasons 1st That the compressing ^{no lesion} containing was not a fluid which might have escaped this opening in the cranium, and 2nd to </p>

Division.

Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
459.				<p>have separated and punctured the Dura Mater, where this membrane was in a state of inflammation would have greatly increased the chances of a fatal issue. — The case is interesting as showing an injury of the internal table of the Skull, unconnected with any lesion of the external, and produced by a ball whose conical shape and sharp apex would have led one to expect quite the opposite injury viz fracture of external table and unimpacted internal.</p>
450	<p>Columbus showing fracture of the left parietal bone caused by a shell. The depressed portions of bone were removed and the dura mater was punctured and allowed to protrude in order to escape.</p>	<p>Mr. Lawrence Ass't Surg. 55th Reg't</p>	<p>R 2888</p>	<p>Mr. Dennis O. Lamy 55th Reg't aged 24 was wounded by a shell in the head on Sept 8th 1856, at the assault on the "Redan". He marched to Camp a distance of 2 miles, by examination of the wound there was detected fracture with depression of a portion of the bone of the Skull situated at the posterior superior angle of the left parietal bone.</p> <p>Though the fact of there not being the slightest general symptoms of compression the head was ordered to be shaved, lint water dressing to be applied to the wound, and the vertex to be minutely watched.</p> <p>Sept 11th This morning for the first time he complained of being sick at the stomach, had frontal headache, and that he did not rest well.</p> <p>A crucial incision was at once made thro' the wound. The portion of bone depressed was found to include both tables — that of the external was fractured, while that of</p>

Division.

Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
450				<p>The patient was much depressed. The opening left was about the size of a shilling piece. The lower incisors at once protruded, the the upper incisors were protruded, where a rectal tube, some punctured incisor escaped very fast. The wound did considerably. The patient after the operation stated he felt no pain and fell into a deep sleep. Sept^r 13th Throat hurt, voice very hoarse, and almost complete anastomosis. Blood to 25, and bowels fully opened. Sept^r 14th Had a convulsion fit this morning. The prominent features of which was an excessive action of the muscles of the face and neck. The fit lasted about 3 minutes after which he fell into a deep stupor. Wounds discharges but little, Blood to 30 and Calomel administered every 2 hours. Sept^r 15th Complete paralysis of right side. Has had frequent convulsions and is insensible pupils not dilated quite contracted. A true ^{epileptic} herm is observed over the wound, it is about the size of a walnut and bleeds freely when touched. Sept^r 16th Insensibility is deeper, it rest. rolls head from side to side. pulse much weaker. Breathing laboured, and accompanied with a moist rale. Died at 12 Noon quite comatose. Post mortem Examination 10 hours after death. Calvarium firmly adherent</p>

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
450				<p>Lower Matter discolored and softened around the seat of injury which of left hemisphere presented one mass of black & sanguinized cerebral matter, lateral ventricle quite healthy. Lungs Oedematous Bronchi full of Mucus. Other organs healthy.</p> <p>Remarks. This is one of those obscure cases of injury of the head where immediately after the receipt of the injury there is no relaxation & hence the symptoms develop, and the actual extent of the lesion. There must have been a large extravasation of blood into the left hemisphere immediately on the receipt of the wound, and yet the patient was able to walk home a distance of 2 miles, and not the slightest departure of paralysis was discernible.</p>
451	<p>Subcranium showing the great extent of injury inflicted on the osseous substance by a circular musket ball. Not only are both openings formed by a well defined fissure, but there are cracks extending in all directions from both wounds.</p>	<p>M. Keen Asst Surg^l 55th Regt</p>	<p>2889</p>	<p>P. Nich^l Davies 55th Regt aged 23 was admitted into Hospital on the morning of July the 2^d 1855, as musket ball was found to have perforated the cranium at the right superior angle of the frontal bone, and having traversed the substance of the brain made its exit at the posterior superior angle of the right parietal bone.</p> <p>He was wounded in the trenches. He was with all the symptoms of severe compression of the brain - loss of sensibility - involuntary action of the sphincters; contraction of the pupils &c. Portions of the cerebral substance escaped at both openings - on introducing the fingers in these points of laceration the detached - there was scarcely</p>

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
451	It is also curious that portions of long large enough to allow of the easy introduction of the fingers were removed and driven before the ball escaped with it thro' the aperture of exit. Only a few loose specks were found in the substance of the brain itself.			any hemorrhage. Therapeutic measures and other Stimulants were employed, but no improvement having shown, the respiration became quite stertorous and he died 6 hours after admission. Remarks. The Calvarium which had long presented is interesting as showing the great extent of injury inflicted on the osseous substance by a ^{minutest} bullet, not only was the opening found by a well defined fissure, but there was crumpling in all directions from both wounds. It is also curious that portions of this long large enough to allow of the easy introduction of the fingers were removed and driven before the ball escaped, with it thro' the aperture of exit. Only a few loose specks were found in the substance of the brain itself.
452	Compound comminuted fracture of the left tibia caused by a shell; a second fracture situated about the middle of the bone, the tibia was at shortness no trace of injury. One	Mr. Lewis, Asst. Surg. 55 th Regt.	2948	12 th Feb. Arthur 55 th Regt. Aged 24, received a severe shell wound of the left leg in the trenches, on the 18 th Aug. 1855. He was standing erect at the time. The thigh joint was distinctly opened into, and the head of the tibia severely comminuted. Amputation of the thigh was executed by Mr. A. M. C. This operation was performed by me, and the patient was admitted on the 24 th Sept., having made an excellent recovery. What is interesting in this case is the dis-

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452 = preparation and
performance.

—covery, after the leg was amputated, of an ancient
fracture of the tibia; not temporarily healed; &
situated about the middle of the bone; the
skin over it showed not the least trace of injury,
how the fracture was produced, or a matter
for conjecture— If division of the joint had
been contemplated; this after-discovery would
have been at least embarrassing.

453 Right tibia ex-
hibiting several
nodes, the bone
is of very great
thickness and
density and of
great weight the
anterior part of the
shaft of the bone
is more than two
inches thick and
fine and polished
to the ivory.

No history.

454 Left tibia exhib-
ing several nodes;
the anterior part of
the shaft of the
bone is very thick
and dense and
of great weight.

No History.

455 Very extensive
necrosis of the
shaft of the right

22726

2645

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
355	<p>Shew^g the middle shaft, the of the sequestered mass of the shaft; it is loose, and inclosed in a case of membrane.</p>			
356	<p>Shew^g portions of sequestered par- ietal bone; the sequestered mem- ber the entire thickness of the bone.</p>			<p>B. 2895</p> <p>Mr. Thos. Walker, aged 22 years. 5'3" high. Total service 5 years, was dangerously wounded on the crown of his head, at the battle of Inkermann, by a large fragment of a shell, which struck him on the vertex, producing a large laminated wound, with extensive comminuted fracture of the upper and posterior third of each parietal bone. Immediately on being struck he fell down senseless, but got up again and walk- ed towards the Russian lines, in a semi- conscious state, which he had nearly reached when he was perceived by two British Regiments who intercepted him, and brought him back. On his admission into the Surgical Division the wound presented the following appearances.— The two parietal bones were separated from each other to the distance of more than an inch at their upper border, and fully to the height of the posterior half of the sagittal suture. These borders projected above the scalp, forming a sharp shrapnel which large quan- tities of purulent matter were pouring up at each pulsation of the brain, and they</p>

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
456				<p>forward to the margins of two extensive fragments of each parietal bone the lines of separation of the left, being from the anterior angle of the opening of the sagittal sin a direction obliquely backward and downward, that of the right from the posterior angle of the sacral foramen in a direction obliquely forward and downward. A third fragment of a somewhat triangular form occupied the space between the posterior angles of the other two, and the lambdoid suture.</p> <p>At the time of his admission the fragments consisted of only very partial movement, and were much too firmly attached to allow of their removal with safety or puncture, but they gradually became sufficiently loosened from their attachment to admit of this, which was successfully effected under the influence of chloroform. After the removal of the bone the wounds much rapidly progress towards cicatrization, the discharge subsided, and the sinuses ceased to pour out purulent matter, while the patient's health manifestly improved.</p> <p>He was inoculated in April, and was then in pretty good health, considering all the suffering he underwent, and was in good and cheerful spirits; his memory had lost its acuteness, but in other respects he was in possession of all his mental faculties. The number of square inches of bone removed was $5\frac{1}{2}$.</p>
457	Removal of the anterior and inferior third of		2642	<p>Dr The^{rs} Matthews of the 85th Regt. whose left thigh was removed, at the only hopes of saving his life, at a time when he was almost</p>

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
454	The left lobe. Over the centre of the lobe there is a small portion of more solid lung.			in a helpless state from protracted shu- chings of the leg, very faint hopes of re- successful termination were entertained when the patient was placed on the table, but from the moment the limb was removed, he began to rally, and was finally discharged in good health.
458	Wandering portion of the colony thick- ened from ex- cessive deposition of fibrine over the mucous coat, which hangs in thickly set tufts.	L. Chaumont M.D.		<p>1st William Colnett 1st Bⁿ Rifle Brigade had been invalided from the Crimea with dysentery, some time ago, and had acted as a sort of clerk and att^d to the hospital surg^t in the hospital of the Depot on his return home. He was admitted in July labouring under symptoms of incipient phthisis. His disease made rapid progress, and was accompanied with diarrhoea. On the removal of the Depot to Winchester on the 17th inst^t he was transferred to the head quarters of the Battalion. He was however so debilitated that he sunk on the morning of the 16th inst^t.</p> <p>A section made 24 hours after death. There was universal pleuritic adhesions - and the lungs were quite filled with pus & tubercles, there being also numerous venous in every part. The cellular tissue about the peri- cardium was empty serous - the heart normal though pale. The liver was much enlarged, very fatty and presenting nothing appearances well marked. The sto- machus was normal. The small intes- tine was very short, being little more</p>

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thirty twenty one feet in length. There were seen
and ulcers, apparently superficial, in the mucous
membrane, and numerous deposits of tubercle.
The Colon was very contracted and appeared
little thicker than the finger. On opening
it the ascending part was found to present
a most remarkable appearance, there having
been a dense deposition of fibrine in the mucous
coat, which hung in thickly set tufts. The
remaining parts of the great intestines were
filled with a thick sticky matter, resembling
very thick ill prepared flour-paste. This was
probably dried mucus, probably mixed with
partially coagulated lymph. The Spleen was
normal, but the Kidneys were fatty, and
all the glands were enlarged and filled with
tubercles.

The appearance exemplified by the prepa-
ration has been noted by M^r Lyons, and
M^r Lehmann informs me that it was frequent
in the cases examined at Antwerp during
the middle and latter parts of the campaign.
They however had not occurred during the
winter & spring of 1854-5, when I was there,
myself, so that this is the first well marked
case I have met with.

Now described &
prepared by Dr. Becker.
M.D.

459.

Uterus, removed
from the left
mammary and
axillary regions.
It forms a
calcareous mass of

Dr. Williams
Self Surgeon
to the

Capt. Joseph Baumann, No. 251, 1st Regt. British
Swiss Legion 1st Batt. Arrived 26. Admitted from
on board the ship into Geneva Hospital last
month (Sanitary division) on the 24th of July
Disease: Ulcers axilla - changed carcinoma
Joseph Baumann Swiss (former Surgeon) Geneva, 36

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
2059	an oval firm flattened on two sides, extending from neck below the clavicle down to the 8 th rib which it overhangs and from $\frac{1}{2}$ inch to the left of the sternum into the axilla and under the last scapula, it is about 12 inches in diameter and 8 inches in thickness and weighs 5 ^{lbs} . Its structure does not show any trace of the various lesions that have been involved in the growing tumour, which in its outer part forms a soft white homogeneous mass of the consistence and appearance of coagulated substance variously			<p>years of age, Corporal in the 1st Battalion 1st Reg^t British Swiss Legion. 14 months service the first 4 of which he passed in England, and the following 6 at Smyrna - an able bodied man of middle height fair complexion ruminated - had never been seriously ill previous to his enlistment, which took place in May 1855.</p> <p>He stated, that he had for 3 or 4 years a hard movable tumour of the size of a nut under the skin - a little above the margin of left side, from which he never experienced any inconvenience until a short time after his enlistment, when the tumour began to increase in size. It was then removed by operation - at Dover July 1855. Soon after the operation wound had been healed a fresh tumour appeared in the same place, growing much more rapidly, until in the month of November it had reached the size of a hard egg; it was then removed a second time with the knife - at the General Hospital Smyrna Nov 15th 1855.</p> <p>The second operation was attended with no better result: the tumour reappeared and attained in 6 months such an enormous size, that on previous admission into this hospital May 3rd 1856 - it occupied nearly the whole mammary and axillary regions of left side, with a longitudinal and transversal diameter of about 1 foot and a thickness of at least 8 inches. The tumour appeared then of rather hard hard consistence, and was covered entirely with thin greatly distended, kind skin, which</p>

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456) Pressed by blood
vessels of various
sizes; one pressing
containing a thick
milky like juice,
representing in
one word a la-
ridulous specimen
of Encephaloid
or Carcinoma
medullare. In
the center the
cut surface is
found slightly
depressed, of a
yellow color, with
many numerous
dots of blood &
a less sanguine
but not colorless
appearance repre-
senting that in-
nately white had
been described
by Wollstenhulst
as Carcinoma
reticulare, and
which was shown
by Virchow as indi-
cating the regressive
metamorphosis
or fatty degenera-
tion of tumours.
In the inner

was very tender, but there was no pain whatever
in the tumour. The general health of the
patient was evidently better by a state of ex-
haustion his pulse was small and quick, his
countenance pale and anxious but all functions
regular, particularly the appetite very good.
On the 23rd of July perforation of the skin
took place in the lower part of the tumour
accompanied by profuse hæmorrhage; the latter
was counteracted by cold applications - and
followed by the internal administration of
astringents with sulphuric acid. Profuse
discharges from the open portion of the growth
followed, until another attack of hæmorrhage
occurred on the 31st. After that date from the
progressive destruction of the skin, loss of blood
to a greater or less extent was daily sustained.
The treatment consisted in cold water dressing,
Nourishing diet and ~~and~~. But the discharge,
as well as the open surface of the tumour, gra-
dually assumed a putrid character, and when
I first saw the patient - on the 1st of Aug^r - the
whole upper surface of the tumour was covered
in a green fetid slough, from which a
fætid discharge poured out followed on the
slightest mechanical injury, or coughing or re-
sisting etc. by most profuse hæmorrhage.
Recent history, appearance of the tumour and
constitutional symptoms leaving no doubt as to the
true nature of the affection, the latter was
changed to "Carcinoma" (fatty, or putrid) in
place of "Tumour medullare".

Dressing with ice and charcoal poultices did
not arrest the rapid progress of the Gangrene

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
439.	<p>and upper angles of the tumour was first a considerable portion converted into a thin milky little fluid, that escapes on incision leaving a cavity of about 2 inches in diameter, the walls of which present a white surface of felt like appearance. No other changes of the substance of the tumour presents themselves in the two incisions that have been made.</p>			<p>most clearly now present the tendency to haemorrhage, or check the effusive action; as strong chest-lotion was therefore resorted to which converted the whole surface into hard dry crust - and prevented further destruction of the tumour most effectually. But even this was not sufficient to check the repeated attacks of haemorrhage so that long during convalescence with the fingers in an ^{inward} instance (Night of 17th) cauterisation with the ferrug. caustic became necessary. The repeated loss of blood together with the profuse discharges from an open cancer could not fail to exhaust the cachectic system rapidly - in spite of every support that his stomach could admit of and on the morning of the 18th repeated attacks of sanguineous vomiting deprived the patient literally of the last drop of blood, and brought his sufferings rapidly to a conclusion - at 10 1/2 o'clock Night 18th 1836.</p> <p><u>Post-mortem examination.</u> External appearance & general condition of the body.</p> <p>Well made body of middle height about 5 ft 4^{inches} - light hair and beard. Skin very thin colorless pale with a yellowish cachectic tint of face, lips and scleroticæ; <u>humeral</u> <u>acromion</u> wasted to a great extent. Muscular system well developed, but very pale and lax. No rigor mortis - The whole body externally <u>anemic</u> - The subcutaneous vessels, as also the whole of the internal organs almost bloodless.</p> <p>The right side of chest is occupied by</p>

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
1459				<p>are enormously large, sized <u>tumors</u>, reaching from below the clavicles to the hypochondriac region and from the left sides of sternum to the scapulae - so as to keep the left arm raised at nearly a right angle, with the thumb and prevent its retraction.</p> <p>The <u>tumors</u> exhibit a more or less irregular surface and very soft consistence in some parts so much so as to give the sensation of fluctuation. Its periphery appears very covered with the greatly distended <u>skin</u> which adheres to the central or anterior part as first the surface formed by a dry, greenish brown, shaggy, firm underneath which a thin, serous fluid is pouring out on pressure. - At the base or insertion of the tumors and in the surrounding portions of the skin there is a close set of more or less distended veins. The tumors and adherent portions of the muscles, ribs, and scapulae are removed together for examination and preservation. A detailed description of the rare specimen will follow below.</p> <p>The <u>abdominal appearance</u> in <u>sketch</u> <u>W. H. M.</u> <u>Quar</u> & the <u>Mater</u> exhibiting a very remarkable condition. <u>Paracystic</u> <u>abscesses</u> <u>containing</u> <u>about</u> <u>1/2</u> <u>of</u> <u>fat</u>, <u>some</u> <u>fluid</u>.</p> <p><u>Heart</u> & <u>pericardium</u> as little altered in size presenting throughout a natural form and structure. The ventricles are found somewhat larger than usual filled with gray, pulpy serum. The substance of the brain has a natural consistence but are unusually white below, in consequence of the bloody condition of the whole organ. <u>Arteries</u> <u>showing</u> <u>no</u> <u>change</u>.</p>

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
2459.				<p>fractured and collapsed.</p> <p><u>Columnae vertebrales</u> - exhibiting no marked changes.</p> <p><u>Medullae apicales</u> - not examined.</p> <p><u>Tongue</u> - dry - white, coated. Lining membrane of mouth, fauces, pharynx, almost colorless and anemic. <u>Larynx</u> & <u>Trachea</u> in the same condition. Larger vessels of mouth containing only a few drops of thin fluid blood.</p> <p>Configuration of Chest - regular. Ribs not ossified.</p> <p><u>Pericardiacus</u> - belly free with the exception of a small tumour of the size of a bean - propagating through the anterior portion of the C⁶ rib into the left cavity, and evidently forming part of the subcutaneous growth.</p> <p><u>Bronchi & glandular bronchiales</u> - presenting nothing remarkable.</p> <p><u>Lungs</u> - are both in an extremely anemic condition, without any marked alterations in their parenchyma, that would have interfered essentially with their function, but presenting a very unusual appearance on account of the following changes;</p> <p>Over the whole of the surface of both lungs as also through their ^{smaller} parenchyma there are scattered numbers of irregularly shaped, soft, white tumours their substance resembling in appearance that of the brain, their size varying from 2 to 3 lines diameter; these on the surface either flat, or elevated and rising by a kind of pediculus one of them ultimately confluent with the flattened surface</p>

Division.

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of the tumour, that was mentioned as projecting from the pleura costalis; these in the preparation forming solid round granular or noduliform projections on the surface on section. There are no signs of inflammation or any other changes in the surrounding tissues. The largest deposit is met with in the sinus between lower and middle lobe of right lung, and on the whole they are more numerous in that lung, than on the side which the external tumour occupies. (The right lung has been fastened.)

Pericardium Heart and large blood vessels are found entirely normal, the heart contracted and containing a very small quantity of half coagulated blood, the only remainder of its contents.

The deviation from the normal is the fastened lung.

Stomach regular.

Liver of natural form size and consistence; subcapsular fatty, homogeneous, containing very little blood, as also does the Vena portarum and the larger branches

Gall-bladder & its ducts - also regular, with about 1/2 of greenish yellow bile enclosed.

Spleen - very small, its capsule corrugated, substance of a light pink colour, firm consistence and very dry; quantity of blood in this organ almost none. Vessels entirely deprived of their blood.

Through the whole length of the intestinal tube, from pharynx to anus there is no irregularity met with neither of form structure nor contents, except in the Stomach where a dark brownish red colour of the fluid contents, and the presence of small flakes of a dark solid substance indicate that

haemorrhage had taken place in that organ, also it is impossible to detect any visible structural lesion in its folds - coats.

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Testes small, fleshy, pale; their structure regular. A large consistent black coagulum filling up the whole length of Vena cava. No other irregularity.

Bladder distended with almost colorless urine. Prostate Glands &c. regular.

A few remarks may be sufficient in commemoration of this interesting case, touching more upon what is called its anomalies, than its nature which has been sufficiently elucidated by the above description.

The original seat of the primary humor must have been in cutis or subcutaneous tissue and not as might be expected, in mammary or axillary glands.

No injury of any kind, no change of general health preceded the development.

Its reproduction is remarkable for its rapidity.

The diffusion and dissemination has been singular in so far as the corresponding lymphatic glands remained almost intact - and as the lungs but rarely from the first and unique seat of secondary deposits.

The death of the patient, although inevitable, was not due to the exhaustion by the morbid growth but to the loss of blood. A remarkable symptom of the latter is the coagulation of blood in the small veins - consequent on the density of the fustiness of the blood - calculus in its course through the secreting apparatus of the testes.

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
460	Compound dislocation of the right ankle of 54 th year with fracture of the tibia 40 years standing. Male. <i>Malacollus</i> fatty degeneration of all the muscles of the leg. The limb was amputated. The bones of the foot are gelatinous very portions of muscular fibre in the foot and leg had disappeared and been replaced by fat the form of the muscles being only indicated by the tendinous portions. The bones contained an unusual quantity of oleaginuous matter but their outer surface is hard and firm normal.	By M. J. Williamson Staff Surgeon 2 nd Flap	By M. J. Williamson Staff Surgeon 2 nd Flap	<u>Russian</u> Soldier looking <u>Thin</u> 52 years of age requests to have his right leg amputated. States that when 12 years old he dislocated his right ankle by a fall from a Bullock. After ten days confinement an attempt to use the limb produced ulceration which has continued with little intermission till now does not recollect any time being discharged. <u>Present state</u> , Foot loosely attached to the leg by soft parts which are slightly ulcerated, granulations red and healthy looking, discharges thin and odourless considerably larger than the left limb and feels hard as if from hypertrophy of the cellular tissues no pulsation can be perceived in the leg or popliteal space. Heart and lungs healthy. — 30 th May 1857 <u>Amputation</u> , a <u>Torwingsuet</u> and <u>Good</u> applied in the haem, and <u>anæsthesia</u> produced by one drachm of Chloroform. The first incision showed that Haemorrhage was not restrained and pressure was immediately made on the femoral artery when the limb was removed in the usual way by the flap operation. The muscles were all of a light straw colour and did not retract in the least degree, and it was necessary to remove a portion of the muscular substance of the flap to allow the parts to be brought easily into apposition. Some difficulty was experienced in securing a small <u>interosseous</u> branch, but the patient scarcely showed any signs of consciousness before the flap was secured by stitches. 3 rd June. On removing the first dressings it was found ^{3rd} of the wound had united, 17 th June The last ligature separated, wound nearly all healed 3 rd July healed <u>A good stump</u>

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461.	<p>Suspension, incision of the dia- aphragm on the right side about 5 inches in diameter through which a large portion about one third of the liver protruded into the cavity of the thorax and was there firmly adhered, the structure of the liver was much congested and recent adhesions had taken in the thickened it and the diaphragm The peritoneum cover- ing the protruded portion of the liver was ruptured in various directions. The gall bladder was also protruded, one half being in the thorax and the other in the abdomen.</p>	<p>J. H. Barker Sept 25th 1856</p>		<p>Wrote John Short 6th June 1856, Kingston, Apr 40 Admitted September 23rd 1856, <u>Fracture</u>. An Irishman, Lawyer by trade, twenty years perine of which about eight months were spent in the East and the remainder of the time in the United Kingdom. He was brought to the Hospital in a cart from Folkestone, having about eleven o'clock the previous day fallen from a viaduct in that neighbourhood a depth of 40 or 50 feet. From his statement it would appear that he was a long time in a state of insensibility. The symptoms on examination are—four super- ficial wounds in the face, two being just beneath the frontal protuberances and the other two over the malar bones, the nose is also slightly injured, and there appears to be some depression of the nasal car- tilages. The fractured ends are depressed, and Crepitus and crepitation is to be felt. The liver is painful on pressure and the whole abdomen somewhat tympanitic. The right hand was found dislocated at the wrist laterally towards the radial side. The head of the Ulna of the same arm was frac- tured also more obliquely and extensively. On minute examination crepitus was distinctly perceptible and it appeared that there was extensive fracture of the neck of the femur. In addition there are to be found bruises on almost all parts of the body.—<u>Laceration</u>. He is quiet and somewhat easier this evening but complains of sharp pain in the imme- diate vicinity of the gall bladder but no injury of the organ can be detected percussion being impossible from excessive pain occasioned. The surface of the abdomen generally is painful on pressure the bowels have not been opened neither has he made any water since the accident happened.</p>

Hos

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History of the Case, with Remarks

Has been perfectly sensible since he has been in camp.
March 10 When brought to camp, he was so much col-
 -lapsed that it was necessary to apply warmth and admin-
 -ister Stimulant before applying bandages and Splints.
 When he had somewhat recovered, the right leg
 & thigh were bandaged and the limb placed in position
 in a double inclined plane and Splint. The necessary
 extension and counter-extension being made as thought
 advisable when in bed, under which treatment the
 shortening and eversion disappeared and the limb assum-
 ed its normal appearance. The dislocation of the
 wrist was easily reduced, the hand and arm bandaged
 nearly up to the shoulder. The limb was extended and
 two straight splints applied in the usual manner to
 the hand and forearm. Cold water dressings were applied
 to the injuries of the face after this was effected a cup of
 warm tea was given.

Breath - Large poultices applied to the abdomen. 4
Sept 22
Spills - Not urine. Slept only about an hour and a half
 during the night has no inclination for food, but complains
 very much of Thirst. In other respects appears to be
 doing well.

Continued to do well until about midnight
 when mucous began to rattle in the throat during respi-
 ration accompanied with some collapse.

Sept 24th - He continues this morning in the same state
 as at last report, but has passed a large quantity of
 urine, the first he has made since the accident. The
 bowels have not yet been moved.

Breath - The arm is much swollen this evening and on
 approaching him a gangrenous odor is perceptible
 apparently due to his breath.

Sept 25th - Continues to get weaker and more collapsed.
 the mucous rattle still continuing, the gangrenous

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arm is stronger this morning, and on removing the bandage from the arm, the limb was found discolored with ecchymosis on the periphery and emphysema up to the shoulder joint. The blood vessels of the limb was imperceptible in the whole extent and could not be detected, even in the subclavian while in the sound limb it was easily perceptible at the wrist. The popliteal vein of the left leg appears through the skin enlarged and hard in its upper portion.

On the early history of the case it should have been mentioned that on being brought to Hospital there was complete loss of sensation in both the injured limbs, and he has never complained of the slightest numbness in them since his admission.

Evening. Rapidly sinking the gangrene is extending and on examination of the right foot it is found slightly discolored. Patient continues restless. Bowels freely opened about 4 P.M. and the bladder evacuated naturally. Complains only of thirst.

September 26th continued restless and much in pain as at last report until about 5 minutes previous to his death.

Post Mortem Appearances

. 32 hours after death.

The body was tall and athletic in appearance, discolored almost all over the surface, particularly on the posterior aspect which was quite green. The right arm throughout its whole extent was larger than natural, green and black in colour, to about 6 inches above the elbow, covered with bullae filled with purpuric blood and when the canthari and nails being removed from the hand in a mass. The thorax from the fourth rib downwards on the outer side was discolored, the sternal ends

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of the fractured ribs appearing prominent.

The right thigh was also larger than natural and shortened—the foot and leg nearly as high as the knee, discolored and presents an appearance as though it would have become gangrenous had it lived longer.

On removing the cranium the bones of the head were found unusually thick. The membranes covering the brain were very much thickened and fibrous, with some slight serous effusions. The cerebral substance very firm and tough otherwise quite healthy.

On examination of the Thorax the fourth and fifth ribs were found to be fractured about 1/2 inches from the cartilages, and the cartilages connecting the 6th 7th 8th and 9th ribs also broken about 2 inches from the Sternum. — The lungs generally were congested more particularly the lower lobes. The right lung was quite free but the left somewhat bound down by old adhesions. Both pleura were congested in their whole extent and in their cavities, especially the right was found a large quantity of sanguinous fluid. The heart was dilated and flabby in its structure, both ventricles and the aorta containing pale fibrinous clots.

In the abdomen the liver was thrown much out of its natural position; the spleen was also thrown towards the right side almost covering the cardiac orifice of the stomach and nearly approaching the rupture of diaphragm the whole peritoneum was congested and in its cavity was observed about one pint of the same sanguinous fluid that was found in the Thorax. The stomach and large intestines were much distended by flatus. The right kidney very much

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
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congested and appeared to be slightly enlarged. The right arm was found emphysematous in its whole extent and infiltrated with an ichorous fluid particularly in the vicinity of the large vessels which however were impermeable in their whole extent. The forearm quite gangrenous. The inferior extremity of the radius was broken in about a dozen places one of which was lying on the head of the ulna and led to the supposition during life that that bone was also fractured which was found not to be the case.

The muscular structure of the thigh was very black in colour and thick coated with thick black

App. 462, Red 2891.

The skull, presented by Dr. Menro Surgeon 93rd Regt., ^{having been} ~~found~~ picked up near the site of the battle of Inkermann with the scalp dried upon it. It exhibits a perforation & extensive fracture of the right parietal bone together with half of the bullet which had become lodged outside, between the bone & the scalp, about 1 1/2 inch above the perforation.

Part of the dried scalp has been recently removed in order to show an internally produced fissured fracture of the temporal bone with two inches of sound bone between its commencement & the direct fracture of the parietal bone. The fissure in the temporal bone may be seen passing downwards in the squamous portion, penetrating into the auditory canal, & prolonged from it into the petrous portion through part of the glenoid fossa. T. Longmore.

462 Skull of the Russian killed at the battle of Inkermann. The bullet is in the skull close to the opening in the skull made by the other skull.

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463. *Coup of the Muscles*
two glands in
liver and con-
tinuing to Galathea
taken from the body
of a Soldier of the
13th Regt who
died of gastric
enteritis in July
1856. The heart
seems throughout
the summer
campaign and
has suffered
much from both
Diarrhea & Dys-
entery. The
muscles were
much enlarged.

464. *Brain*

J. R. Taylor, Esq.
D. J. G. R. 2957

From the thigh of Sergt Brown 11th Regt made
deep longitudinal incision and much enlarged
of left leg, distal. - seen that compound comminuted
fractures of left thigh at the Sigs of Clara
- tiple.

Mus. of Milit. Surgery

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
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congested and appeared to be slightly enlarged. The right osseous was found emphysematous in its whole extent and infiltrated with an ichorous fluid particularly in the vicinity of the large vessels which however were permeable in their whole extent. The forearm quite gangrenous. The inferior extremity of the radius was broken in about a dozen pieces one of which was lying on the head of the Ulna and led to the supposition during life that that bone was also fractured which was found not to be the case.

The muscular structure of the thigh was very black in colour and thickened with thick black blood. The acetabulum and head of the femur were uninjured but the neck from the capsular ligament down to both trochanters was found fractured into about twenty pieces of all sizes. The trochanter major was also found to be ruptured longitudinally and across its base.

In the left thigh the osseous paperna was found permeable in the whole extent but the cellular tissue surrounding it was infiltrated with serum.

Lib 2 Skull of a Dr. Merce
Rushmore killed 9th Aug 1862
at the battle of
Sutterman Hall
the bullet is under
the skull close to
the opening on the
skull under the
forebrain by the
other half.

No history!! See 2891 Red.

Transferring to Museum

Class

Functions

Division.

Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
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163.	<p>One of the Mesenteric Glands enlarged and containing a Calculus taken from the body of a Soldier of the 93rd Highland who died of gastric Enteritis in July 1856. It had seeds throughout the laminae companion and had suffered much from both Diverticula & Stenosis. The Mesenteric vessels were much enlarged.</p>	<p>D. J. Moore J. B. Taylor</p>		
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164. Bone

J. B. Taylor
D. J. G. 1957

From the thigh of Sergeant Brown 1st Regt. made by a shattering and much irregular fracture of left leg, broken bone not completely comminuted fractures of left thigh at the time of dissection.

Mus. of Milit. Surgery

Class

Functions

Division.

Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
465	Heart, of a Russian Hussar, killed, at the battle of Balaklava, by a sabre cut through the occipital bone.	Dr. Stanley Assistant Surgeon 5 th Dragoon.	Dr. Stanley	The subject, remaining unburied, from that action untill the early part of the summer of 1855.
466	Extensive caries of the heart of the femur and acetabulum, which penetrated into the cavity of the pelvis; a large portion of the margin of the acetabulum, is necrotic, and there is now bone exposed external to it.	Dr. Williamson 2 nd Class.	Dr. Williamson (Chirurgus)	Dr. John Living about 32-31 st Regiment, 10 th Division, by trade a Weaver. Total service 14 1/2 years of which he served 1 st in Australia, 10 th in India, during which time his health was good, up to Jan ^y 1855. When he suffered from Rheumatism affecting all the joints, after a time he returned to his duty but the pain never quite left him. In April last went into Hospital at Aldershot, for his present Disease, an Abscess formed, near the left Hip Joint, which was opened about a fortnight before his arrival at Fort Pitt and nearly a pint of Pus was evacuated. First noticed, alteration in the shape of the Joint three months ago, and on admission the left leg was three inches shorter than the right. The limb much emaciated cannot bear extension of the knee Joint, on account of pain. Hip Joint, much altered, in shape the head of the Femur can be felt in the Osium Ilii. The whole integument around the Hip Joint, was undermined by Suppuration and discharge profuse. On 27 th December an Incision was made in the worst depending part of the Buttock to afford a more ready exit for Pus, Great suppuration continued, up to 2 nd Jan ^y when although bedsores had formed, no active inflammation was going on.

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
466				<p>Redness and swelling had nearly disappeared, on 5th January several small pieces of bone came away from one of the abscesses, where the head of the Femur could be seen and felt. On 7th Jan. his appetite (hitherto good) and his strength began to fail. He died, 10th January 1857, at 11 1/2 P.M.</p> <p><u>Acute Osteomyelitis</u> 37 hours after Death.</p> <p><u>External Appearances.</u> Body much emaciated, Rigid Mortis complete. The left hip had the characteristic appearance of <i>Morbis Osseus</i> - Two openings caused by incisions existed, in front, one over the great Trochanter and the other in the middle of the thigh 3 inches below Psoas - Ligament, a deep excavation the size of a crown pin, was on the left nates, and a large bedson on the Sacrum.</p> <p><u>Cranium.</u> An ounce of Serum at the base of the Brain, substance and Membranes of the Brain healthy. Weight - 3^{lbs} 2 3/4 ounces.</p> <p><u>Thorax.</u> Heart: - A considerable deposit of fat on the external surface of the Pericardium, Heart perfectly healthy. Weight - 9^{lbs} 1/4 ounces.</p> <p><u>Lungs.</u> Slight adhesion at apex of right lung. Bands of firm adhesion in various parts of left Pleural Cavity - Soft cheesy tubercular deposit, scattered throughout the whole of left lung and more especially through the right. Weight - 4^{lbs} 10 ounces.</p> <p><u>Adipose.</u> Substance of the Liver friable and granular, but not to any great degree. Weight, 4^{lbs} 11 ounces.</p> <p><u>Spleen.</u> Rather larger than natural. Weight, 1^{lb} 3 1/2 ounces.</p> <p><u>Kidneys.</u> In the right kidney the capsule where it defined the cortical substance, having invaded that portion of the organ. The same appearances were remarked, in the left kidney but in a less degree. Weight, Right, 7 1/2 ounces - Left 7 1/4 ounces.</p> <p><u>Stomach & Intestines.</u> Both large and small perfectly healthy throughout.</p> <p><u>Hip Joint.</u> Head of Femur, carious to half its substance, resting far back on the Osium Ilii; The acetabulum showed, -</p>

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
466			2568	- Extensive and, hopeless caries going on, which had eaten its way entirely through that cavity in the center - There is also commencing caries of the Femur, near Proximal, Minors and the whole bony structure of the os Innominata seemed softer than natural.
467	Neuritis of the test, St. Williamson of the Tibia, immediate Staff Surgeon - ately below the - 2 nd Class. Tubercle.		2643	<p>Mr. George Warner about 26 - 82nd Regiment, was admitted, into this Hospital from Brompton Hospital with Phthisis and ulceration of the left leg. He first became affected in the Chest, in the Crimea. He was shortly afterwards admitted, into Hospital, 30th September 1856, at Brompton for disease of the lungs and ulceration of the left leg, also sore throat, the result of secondary syphilis, - at that time he presented the following symptoms: Great emaciation, with profuse purulent expectoration. Considerable dulness beneath the Clavicles. Increased vocal resonance. Both lungs studded with tubercles. Nocturnal perspiration. Acute fever, well marked. He had two ulcers looking ulcers, one on the inner, the other outer, side of the left leg. The ulcers continued to spread notwithstanding the various treatment adopted. He had also ulceration of the throat, which was ascribed to the secondary venereal complaint. He was treated with Cod Liver Oil, Iodide of Potassium, Local applications to the ulcers &c. with little or no benefit. At Brompton he was treated for the same complaints with very little benefit, as the disease made rapid progress (viz the Chest). He was removed to this Hospital 17th January 1857. Very much emaciated, the legs greatly ulcerated, a venereal ulcer on the back of the Pharynx. He had a troublesome hacking cough with purulent expectoration. Acute Fever, with an attack of Diarrhoea occasionally. Daily rigors and loss of appetite. The chest on both sides sounded clear, on percussion, respiratory murmur, distinctly.</p>

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
467				<p>Pulse less than 90 frequently above 100. He now occasionally spat blood, mixed with the purulent secretion from the lungs, which lasted a few days, then ceased. He gradually became weaker and died on the 17th June 1857.</p> <p><u>Section Cadaveris</u> - 18 hours after death.</p> <p><u>External Appearance.</u> Body much emaciated. Marks of ulceration on the middle third of right thigh, also on the left leg from the knee to about an inch and a half of the ankle joint. Just below the Tubercle of the Scapula there is an ulcer exposing a piece of necrosed bone. Rigor Mortis completely passed away.</p> <p><u>Cranium.</u> A layer of coagulated blood covered the whole of the base of the skull, and also the upper surface of the Tentorium. On cutting through the spinal marrow a fibrous clot about the size of a small marble was found lying posterior to it. The arteries from which the effused blood was formed could not be discovered on the lower surface of the Brain. No unusual subarachnoid effusion. Membranes of the Brain slightly congested and a section of the latter presented many bloody points. On opening the right lateral ventricle a fibrous clot was found to extend throughout its entire length and downwards into the third ventricle, and from that into the fourth, and then in all probability it became effused over the base of the skull. Possibly also a rupture of the Foramen perforatum. Injuries took place so as to allow of the effusion on the Calvaria plate and Tentorium. The structure of the Brain was softer than natural; No althoromatous or bony deposits were found, in any of the cerebral arteries. The rupture most likely took place from the Choroid Plexus of right Ventricle.</p> <p><u>Thorax.</u> Three ounces of yellow fluid in the Pericardium. Heart rather small, right ventricle contained fibrous clots. The left coagulated blood. Structure of the heart healthy. Trachea and Bronchial tubes contained a large quantity of dark, solid, purulent matter. An ulcerated abscess immediately</p>

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
467				<p>below the right vocal chord. Mucous membranes of bronchial tubes highly congested, Inferior lobe of right Lung connected to the walls of the Thorax by adhesions, Pleural surface of inferior lobe also adhering to the Chest by old standing adhesions. Structure of the Lungs healthy except some oedema of posterior surface, Left Lung connected to the Thoracic Parities by a few bands of adhesions one of which connected the Lung to the Chest, and, Corresponding to this externally, both Muscle and Integument where found of a livid colour and contiguous to this in the substance of the Lung was found an irregular, foul abscess containing dark, fetid Pus, Several other small circumscribed abscesses were found in the structure of the inferior Lobe, The structure of the Lungs surrounding these abscesses was perfectly healthy. It is probable that the pus was taken up from the ulcer of the leg or Cervical Vertebrae or inflamed veins in these situations and conveyed to the Heart and became arrested in the Capillary vessels of the Lungs and there formed abscesses.</p> <p><u>Abdomen.</u> Liver. Weight 9^{lbs} 3 ounces. - Very much enlarged, Structure very fine and presented the true fatty character. A serophulous deposit about the size of a plum was situated on the convex surface. The Liver extended to near the cost of the Pleum, on right side and into the left Hypochondriac region and in the middle as low as the Umbilicus. The Gall bladder was filled with thick,ropy dark bile.</p> <p><u>Spleen.</u> Enlarged. Weight 13 ounces. <u>Kidneys.</u> Presented the first stage of granular degeneration - none of the tubular portion being destroyed.</p> <p><u>Intestines.</u> Mucous membrane of the small intestines congested, but particularly in the Ileum where it was of a very dark purple colour."</p>

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
468	<p>Gunsnot fracture by a musket ball striking the head of the left Tibia, making its exit on the inner side of the leg fracturing and comminuting the bone but not injuring the joint. The fractured portions have reunited and there is a very abundant deposition of new bone around them and there is a large cavity in the centre which is in an ulcerated state.</p>	<p>D^r Williamson Staff Surgeon 2nd Class.</p>	<p>Dr 2943</p>	<p>Mucous Membrane of large Intestines, soft and pulpy and of a dark slate colour.</p> <p>Pvt Henry Porter at lat. 32nd - 34th Regiment, an Englishman, 34th made a Musketier, Total service 14 1/2 years, chiefly at home and in the Mediterranean; always enjoyed good health and when admitted, was a strong looking man. He was wounded on the 7th June 1855, by a musket ball striking the head of left Tibia, making its exit on the inner side of the leg fracturing and comminuting the bone, but not injuring the joint; since then he has always been in Hospital, considerable quantities of bone have come away but without any severe pain or loss of health. On admission, existed through each of which part of a large sequestrum could be felt with a probe; he progressed very favorably up to the 19th Nov^r, dead bone in small quantities being thrown off, health was good and he had been taking full diet and a Pint of Porter; but on the day mentioned, the report states that he had "headache foul tongue and constipated bowels," he was ordered to bed and to take a saline aperient, by which he was relieved; slight febrile symptoms however, continued and on 23rd of Nov^r his pulse was 100 per minute; tongue coated, skin hot but moist; bowels four a little increase of discharge from the wound, which was looking healthy; these symptoms under the administration of salines with small doses of became a good deal relieved, but on the 25th Nov^r he complained of slight pain in the right Hypochondriac region, not increased by pressure, a mustard Cataplasm was applied and he appeared to be regaining his former health, up to the 30th Nov^r when after a severe rigor febrile symptoms increased; his manner became excited but stupid, skin hot and dry, tongue brown and furred, pulse small and weak, 80 per minute and during the rigor, almost imperceptible, bowels open very</p>

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
468				<p>July; he complained of pain in the right side and fullness in the head. Autopsy: examination of Chest, detected nothing abnormal, a blister was applied to the right side and small doses of <i>quina</i> given frequently, the following day Dec 1st having passed a good night he was better in every respect. On the 2nd slight feverishness without excitement and with thirst as the most prominent symptoms remained, as he appeared weak, <i>Quinine</i> and a Salt of Pot. Wine was given. On Dec 3rd Eruptive eruption appeared round his mouth without increase of febrile symptoms, skin became normally cool and the pulse improved; The day of his death the eruption had increased, but he appeared otherwise better, stating that his appetite was good enough to eat a Mutton Chop. However, at 3 O'Clock P.M. he was seized, with a very severe Rigor, Stimulants were administered; Hot water bottles applied to his feet and Mustard Cataplasm to the Stomach, but he only partially rallied and died at 6 1/2 P.M. Throughout the course of the disease he complained only of slight pain in the right side.</p> <p><u>Section Cadaveris</u> - 12 Hours after Death.</p> <p><u>External Appearances</u>. Riga Gates passed away, Body stout and muscular, skin having post mortem tinge of Pink, Face, and Neck livid and putrefaction rapidly advancing; Muscles pale and lax, Mark of Blisters on the Abdomen, A wound on the anterior surface of the left Thigh about two inches below the knee, Skin surrounding it, adhering to the bone, A vesicular eruption on the lips and lower part of face.</p> <p><u>Cranium</u>. Veins of Pia Mater much engorged. Structure of Brain healthy.</p> <p><u>Thorax</u>. Half an ounce of serum in the Pericardium. Slight deposition of granular on the external surface of right, auricle of old formation.</p>

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Character of Preparation

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History of the Case, with Remarks

468

Heart. Muscular, structure soft and easily lacerated, and without coagula in the cavities or large trunks, the internal membrane of these undistained. Weight of Heart, 12 ounces.

Mucous Membrane of Trachea, and Bronchial Tubes of a deep purple colour and highly congested, the latter containing semi-purulent Mucous Matter, Right Lung adhering very firmly and universally to the walls of the Chest by adhesions of old standing, Base of left Lung adhered very firmly to the Diaphragm. Structure of both Lungs particularly the right, gorged with serum and much congested. Weight of Lungs 3^{lbs} 11 ounces.

Abdomen. A portion of the convex surface of the Liver, adhered very firmly to the Diaphragm by recently effused Lymph. Corresponding to this portion on making a ^{dissection} of the Liver, a large diffused Abscess was found, which contained 10^{oz} of Pus which was infiltrated throughout this part of the structure of the Liver, over bands of which stretched across the sac there were no defined walls to the abscess which appeared to have resulted from the subsiding of several minute abscesses, The sac on being opened allowed a large quantity of very fetid gas to escape (Sulphuretted Hydrogen) There was a second abscess, situated to the right of the other and of nearly the same size, The rest of the structure of the Liver was soft, and friable easily broken up. Weight of Liver 5^{lbs} 3 ounces.

Spleen. Enlarged, softened and much congested. Weight of Spleen 11^{oz} 1/2 ounces.

Kidneys. Enlarged and presenting the first stage of granular degeneration. Weight of Kidneys, Right 5^{oz} 7/8, Left 5^{oz} 7/8.

Stomach. Mucous Membrane congested.

The whole of the mucous membrane of Intestinal Tube congested in different portions of its extent, Mucous Membrane of large Intestines, soft, pulpy, and easily scraped off, but firm upon vibration.

After a very minute and careful examination and tracing the veins of the left leg through the Abdomen

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
468				<p>and others, the sign of Inflammation could be detected. It is nevertheless the opinion of some Pathologists, that, in the great majority of cases some trace of Inflammation of the Veins may be found, and when they cannot the veins affected are supposed to be so small or so obscure that they are overlooked. Further that Pus Globules have never been detected in the blood of the Pyæmia, and even in the blood of Animals, which had died from the effect of Pus injected into the veins, the Globules of Pus have only once been discovered; so that the Pus Globules seem in the great majority of cases to be rapidly destroyed after entering the Circulation. This throws considerable doubt on the view that the Pus Globules become arrested in the Capillaries in consequence of their size and thus establish numerous Foci of inflammation. I also expressed his opinion very strongly against it. I consider that Pyæmia occurs not uncommonly as a Primitive affection that is to say that Pus is actually formed in the blood itself in consequence of certain changes of a Chemical vital nature; this is well seen in Globular Vegetations in the Heart. This supposition accounts for cases occasionally occurring in which there are abscesses yet no source of purulent infection can be discovered.</p>
469	Cast of the Head of a man who received a gunshot wound of the right anterior lobe of the Brain			<p>Daniel Tonson 24th Regiment sustained an injury of the back of the head by a fall off the Barracks in Loddiansh in 1846. The nature of the injury is not clear as the scalp was not broken and there is but a slight dent to be felt in the occipital bone. The skull however was supposed to have been fractured. He was after the injury subject to headaches though at his duty. In 1853 whilst under the influence of drink he attempted suicide by aiming his right eye upon his musket and firing a ball.</p>

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
470	Cast of a Ball	D. Dornell R 2958		<p>through the right anterior lobe of his Brain. There is an irregular elevation covered by a puckered cicatrix at the roots of the hair on the forehead formed by fragments of displaced bone. And there is a depressed cicatrix notch in the superciliary ridge marking the entrance of the ball. The sight of the eye is good. The bodily health of the patient is also good. His mind is undisturbed so long as he is not allowed to obtain liquor.</p> <p>Grapheshot Wounds, fractured the whole process of superior maxillary and passed downwards and lodged in the right side of the neck, having also fractured the lower jaw part of which was fractured with some of the teeth. The ball weighs $1\frac{3}{4}$ and was removed by a careful dissection as it was close to the Carotid. This patient was also severely wounded in the left leg, he still complains of slight pain, when pressure is made in the lower Anus, and he can only make use of liquid diet.</p>
471	A very large medullary sarcoma at anus tumour occupying the whole of the right hip, attached to the side of the lumbar vertebrae right ilium and nearly the whole of the sacrum, the greater part of the bones being destroyed or involved in the disease.	Red 2756		<p>Private Thomas Lison 10th Regiment admitted 11th Jan 1856 and died 4th Nov 1856. Duration of disease 3 1/2 years.</p> <p>An Irishman a labourer 5 years service at home, admitted into the Garrison Hospital Chatham 27th Sept 1856 complaining of pain in his limbs and joints, which he states he had suffered more or less from for 3 years. He had also at the time of admission a small swelling between the hip joint of right side and the sacrum, which did not then annoy him much, but shortly after it became enlarged and painful.</p>

Mus. of Hist. Surg.

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
471	<p>A section of the tumour it presents all the characters of Medullary sarcoma at some parts it is of a brain like appearance interspersed with a quantity of bone matter at other parts it is soft and broken up and again there are cyst like portions which are filled with fluid or semi-coagulated blood. On microscopic examination cancer cells were observed of the usual nucleated spindle shaped & canaliculated character.</p>			<p>In Nov^r the tumour increased in size and became hard though not painful, and appeared attached to the bones of the pelvis. A hard swelling was also perceptible within the pelvis by pressing the fingers over the anterior part of the crest of the ilium. He was brought to the General Hospital Port Pitt, 11th Jan^y 1857. The swelling of the hip continued to increase & extended to the anterior and superior spinous process & also upwards into the hypogastric region, and across to the umbilicus. At the anterior spinous process it is very prominent and elastic. It appears to be a Medullary sarcoma about the size of the whole of the right side of the pelvis protruding through the ilium and obturator foramen & pressing on the sciatic nerve & femoral artery, causing atrophy of the limb and lancinating pains. It also presses on the bladder causing incontinence of urine. It is evidently of a malignant character; it is at parts cystic, especially at the anterior part of the hip & is more firm and of a medullary consistence. It has likewise the appearance of a man suffering from a malignant</p>
472	<p>Section of the preceding preparation</p>			

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Diseased Structure of

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475 Both lungs
exhibiting
numerous
Medullary
deposits
varying
from the size
of a pea to that
of a small apple
situated im-
mediately below
the pleura cov-
ering the lungs.
They are of
different con-
sistence some
being broken
given & others broken
up a few of
small size are
distributed
throughout
the substance
of the lungs.
The same
medullary
deposit is
observed in
the bronchial
glands at the
bifurcation of
the trachea.

Not
in
Chest

Order No 3039

Disease. A small abscess has
also formed on the external angle
of the frontothorax.

On the 4th day fluctuation being
very distinct, in the hip immediately
behind the superior and anterior
process an opening was made
into it with an abscess Lancet
and fluid arterial blood was
discharged but no pus. On in-
serting a probe it was found to
enter a large cavity or sac filled
with blood. The aperture was then
closed and a compress applied.

On examining his chest nothing
abnormal was found with the
exception of the respiration being
a little rough under the left clavicle.
difficulty of retaining his water
continued and the scurvy is
adematous and exacerbated the
lower extremities are also adematous
especially the thighs.

During his residence in hospital
he daily became weaker, and
his appetite failed and he gradually
sunk on the 27th day at 4 P.M.
"Treatment." A brownish diet,
tonics, Anodynes, and alteratives.

Section Cadaveris. When affixed to
External appearances. Body very
much emaciated, lower extremities
adematous. A very large tumour

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
117				<p>or swelling in the right hip & abdomen.</p> <p><u>Cranium</u>. Considerable sub-arachnoid effusion, membrane of brain congested. Section of brain presented a number of bloody points. Substance of brain softer than usual, but no disease in it nor at the point corresponding to the tumour on the bone.</p> <p><u>Thorax</u>. An ounce of serum in the pericardium, heart healthy. Mucous membrane of the trachea and bronchial tubes congested. The left pleural cavity contained a $\frac{1}{2}$ of serum deeply tinged with blood. Numerous medullary deposits ^{deposits} varying from the size of a pea to a small apple situated immediately below the pleura covering the lungs they were of different consistence some being firm and chesy, others broken up. A few of small size were distributed throughout the structure of the lungs. Extrapleural ^{Extrapleural} matter was deposited in the bronchial glands also at the bifurcation of the trachea.</p> <p><u>Abdomen</u>. Liver, Spleen, and Kidneys healthy. Stomach and intestines healthy and the latter filled with harden.</p>

Number

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History of the Case, with Remarks

forces which could not pass through the pelvis.

474 Rectum exhibiting a stricture situated about 11 inches from the Anus. the stricture is only capable of admitting a common quill and immediately below there are two fistulous openings leading into the sac of a large abscess which was situated between the rectum and sacrum, the surface of which bone was denuded and carious. There are cicatrices of former ulcerations both above and below the stricture.

Private Patrick Dobbin, an Irish labourer of fair complexion and scrupulous diathesis. On the 10th of Sept^r 1856 suffered from chronic chest disease, and ulceration of the glands of the neck. On the 26th of same month had acute dysentery and these symptoms continued, without any amelioration until the 30th. When a portion of mucous membrane of the rectum, four inches in length was discharged in a state of mortification. Contraction of the gut producing stricture followed this when admitted he suffered from fistula in ano, the opening in the bowel below the stricture apart. The chest was found confined & on examination dulness & percussion was detected on the left side beneath the clavicle, there was also tubular respiration and a mucous vocal resonance between the scapula. Symptoms not so marked on right side. had repeated attacks of diarrhoea accompanied by tenesmus. From the day of admission there was a constant discharge of pus from the fistula. There was great emaciation and great prostration.

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
1474				<p>of strength. On the 19th of July 1857 dropsical effusions into the abdomen were observed. Both legs now became oedematous. About the 21st of August an improvement was noticed. The diarrhoea being checked and oedema being less; but the discharge from the fistulous opening still continued.</p> <p>About the 1st of Sept^r the oedema increased and extended to the scrotum. Pressure had produced abrasion of both hips. Two abscesses formed along the course of the scrotum. These abscesses having opened, the drain of the system was so great that the patient began to sink. He died on the 17th of Sept^r.</p> <p><u>Sectio Cadaverica.</u></p> <p>The body evidently of a man about 23 years of age, greatly emaciated. Skin of whitish hue. Hair of light colour; once generally of a scrofulous appearance. The chest was of small capacity. There was fistula in Ano, as well as a fistulous opening on the side of the scrotum.</p> <p><u>Cranium.</u></p> <p>On taking out the brain of found its weight to be 49^{lb}. There was no effusion of lymph on the Dura Mater or other membranes of the brain.</p>

Number

Character of Preparation

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History of the Case, with Remarks

471

Autopsied a subim. Spont. perfectly healthy, and no effusion into the the ventricle, save the usual quantity of fluid. Very slight congestion of the vessels. Cerebellum Healthy.

Thorax.

About an ounce or a half of serum was found in the pericardium. Weight of Heart 8 1/2 lbs. both lungs with tubercles in their different stages of advancement. The weight of the lungs together was 2 1/2 lbs. & contains of various sizes.

Liver.

Weight 12 1/2 lbs. abnormally enlarged, but not congested, of rather a pale hue.

Spleen.

Weight 9 1/4 lbs. Healthy. Kidneys 12 1/2 lbs. each perfectly healthy patches of ulceration in the lower part of the ileum. In the large intestine there were several old cicatrices of ulcers, commencing about 1 inch from the ileo-caecal valve forming two fistulae with hematic passage through each. There was also considerable congestion of the lower part of the colon.

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
<p>177 177 177</p>	<p>Left popliteal artery and vein. The artery contains the state of the coats of the vessel & sac when absorption of the contents of an aneurismal sac is taking place. The aneurismal tumour is about the size of a thumb and filled with pale rather soft fibrinous coagulum. The fibrinous clot extends up the artery for about 3 inches & without the coats of the vessels, and becomes smaller and more taper as it descends towards the</p>	<p>W. W. W. 332</p>		<p>Private Mr. Tumham of 17th years service, nearly all in India. A stout thickset man of moderate height and of good health till Sep. 1856 when he was treated in hospital for popliteal aneurism in left leg, by a bandage applied from the foot up to the middle of thigh. A thoracic aneurism was soon afterwards discovered, which increased in ratio with the diminution of the other. On admission here 17th June complained of aching pain in front and limbs. Popliteal aneurism entirely disappeared and flexion of leg completely restored. Pulse 88, and with a slight rebruna. pulsation perceptible in right third intercostal space just to the right edge of the sternum immediately following the impulse of the heart. A loud hollow murmur heard behind sternum, along the course of the aortic arch. complained of sensation of constriction in oesophagus during deglutition, but never had any hæmoptysis. Lungs healthy. On the morning of the 19th of June he expressed himself quite comfortable and had nothing</p>

Number

Character of Preparation

By whom
PresentedBy whom
Prepared

History of the Case, with Remarks

177 The sac, where
the artery is
completely
obliterated.
The artery
below the an-
eurism is
converted
into a round
cord.

particular to complain of.
After sitting quietly in the ward
all the morning, he went out &
began conversing with his com-
rades. Presently he cried out that
he felt faint and wanted to go
in. Grasping the arm of a neigh-
bour he almost instantly became
insensible. He was quickly brought
in and placed upon a bed, eyelids
closed, pupils contracted and
insensible to light, no pulsation
either at the wrist or heart.
The respiration became irregular
was twice revived by cold water
and friction. The pupils now
dilated, the jaw fell and after
a few convulsive gasps he died
without having once given a
sign of consciousness. He had
not been upon orderly duty, nor
had he undergone any exertion.
Section Cadaveris.

Body stout muscular, with a
quantity of adipose tissue beneath
the integuments. Rigor mortis
not quite passed away. Marked
capping in the epigastric region.
Brain.

Healthy, but rather paler than
natural. Membranes also healthy.
The usual quantity of serum in
the arachnoid spaces. Weight of
brain 3 ^{1/2} lbs.

Number

Character of Preparation

By whom

Presented

By whom

Prepared

History of the Case, with Remarks

1177

Thorax.

Heart healthy, except slight thickening of the edges of the Aorta, with extensive atheromatous deposit in the coats of the vessel, the surface of which was rough and irregular. Lungs healthy and slightly emphysematous.

Abdomen.

B159
317
An Aneurism, about the size of an orange was found, situated on the anterior surface of the ^{abdominal} Aorta opposite the coeliac axis. The opening from above downwards being greater than laterally, the former being about an inch and half in extent. The rupture had taken place anteriorly, by an irregular ragged opening behind the stomach. The sac was nearly free from coagula, a few fibrous bands being only found in it. The walls of the sac at several places were very thin and on the point of rupturing. Atheromatous deposit although in a much less degree was observed in the branches of the abdominal Aorta.

Division.

Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
478	Larynx showing Raphael fracture of the W. Road. The thyroid membrane 3 rd Regt. the result of direct violence was caused by falling from a wall the mast against the head of a common wooden bucket the head being in the bucket. Death ensued in 4 hours.		394	Case of Private J. Andrews 3 rd Regiment.
479	External iliac artery exhibiting an ulcerated opening about 1/2 of an inch in extent situated on the anterior aspect and a few acib was passing below. Protruded ligaments to become the common femoral artery. The result of a sloughing Ulcer.			Ensign James William. Was 20 th Light Infantry attached to the 23 rd Royal Welch Fusiliers on the 10 th April 1837. This officer on being treated on the morning of the 10 th instants, on which day he was attached to the 23 rd Regiment was found to have a large sloughing Ulcer in the left groin from which there was a copious purulent discharge. He complained of pain in the part and also of loss of appetite and want of sleep. He appeared very weak and much emaciated. The treatment at the time consisted of powdered Charcoal with prussic Sulphate of Copper to give an anodyne draught at night. The same

Division.

Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
479				<p>treatment, was continued with tonics nourishing diet. Porter. Lotion of Chloride of Soda was afterwards used. He appeared to improve slightly and the sore to look clear and more healthy. In the morning of the 19th he complains much of pain in the groin and light warm water dressing was applied, which gave him relief.</p> <p>About half past 12 O'clock he was attacked with slight hemorrhage which stopped of itself before I could reach his room although stopping to be in the same Banquet and within a few doors of his Quarters. Pressure with Symplics was applied and a narcotic administered. About half past 2 O'clock profuse hemorrhage came on.</p> <p>The Asst. Surgeon was instantly on the spot followed by Dr. H. Norton when it was found that the external Aorta Artery had given way. The parts were such a mass of disease that it was considered inadvisable to tie the Artery especially as he was in such a complete state of collapse. The bleeding however was perfectly arrested completely stopped by pressure and the use of the Liquor Symplicis Stimulants. Wine. Brandy were freely administered in order to</p>

Division.

Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
479				no reaction but without effect. He gradually sunk and died at a quarter past Seven O'clock.
480	Bullet			
480	Lead Bullet & plug removed from the head of Lt Robert Stewart 416 th Regt. who committed suicide at the barracks by shooting himself on the 8 th Decem ^r 1864.	R. M. Bradford Asst Surgeon 416 th Regiment		<p><u>Reserve this history!!</u> Lt Robert Stewart 416th Regiment. This man was found lying dead on the floor of his hut with his rifle between his knees and the boot and stocking removed from his left foot with which he had evidently pulled the trigger. The muzzle of the rifle had been placed immediately below the chin, the ball making a small circular wound with slightly inverted edges. The surrounding skin for more than an inch in every direction was blackened and burnt - no mark could be detected by which the bullet could have escaped, for although there was a small slit just above the right Zygomatic process through which brain had protruded, its size and shape did not give me the idea of the passage of a bullet and it was considered to have been caused by the explosion. A large quantity of blood had escaped from the ears and nose. An examination of the head was made 40 hours after death - on removal of the scalp the vault of the Cranium was found broken into a great many irregular pieces of various sizes the largest consisting of greater portion of the occipital bone with part of the right temporal bone attached. There was a large extravasation</p>

Transfer to Museum of
Military Surgery

Division.

Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
H80				<p>of blood between the skull and the surface of the brain. The brain itself was entirely broken up and blackened. It smelt strongly of gun powder and had a great number of small fragments of bone driven into it from the base of the skull. On the removal of the brain which was not easy owing to its pulpy condition the bullet fell out on the table from the posterior lobe of the right hemisphere as well as could be judged. It was flattened into an irregular crescentic shape much indented and from its position in the brain must have been arrested and altered in shape by the occipital bone which as before stated was not broken. There was however no mark on the inner surface of the bone. The wooden plug of the bullet was uninjured and fell out with it on the table. The whole of the base of the skull was shattered into a multitude of fragments none of the bones being recognisable. The bullet had passed through the tongue and hard palate separating the superior maxillary bones from all their attachments. The arm used was the Snider Rifle with the regulation Cartridge.</p>

Class

Functions

Division.

Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
481	A Snatchlock bullet impress- ed with marks of the texture of clothing.	Dr. Archer 98 th Regt.	<i>Impressed to me H. M. M. M. M.</i>	Bullet impressed with marks of the texture of clothing, through which it passed before infla- ming a flesh wound. The bullet was fired from a Snatchlock gun during the Mankya Campaign, and struck a native dresser on the outside of the thigh, passed through the corrob, & lodged beneath the skin on the inside of the same thigh, whence it was issued.

= not finished =

see R. 2883, Portion of Cremation

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
482	Cast of an Iron Ball <i>see Museum of Mil^y Surgery 613-6.</i> <i>Drawings in Lancet, ^{24th} July 1855,</i>	A. W. Perry D. Sc.		<p>Private William Barrett 19th Regiment. Aged 19 years Admitted on the 10th January - Was Wounded at the battle of the Alma by a canister shot which penetrated the upper lip, immediately below the attachment of the lower border of the left ala nasi, entered the nostril and lodged deeply in the cavity of the nose among the turbinated bones. At the time of his admission, the external wound was cauterised, but in such a manner that the alar cartilage, which had been torn from its connection with the cheek by the onward course of the ball, was in close contact with the septum narium, thus clearing the nostril, and producing considerable deformity. Several attempts had been made, both at Scutari and at Malta to extract the ball; and as these had occasioned him much pain and suffering, he was quite indisposed to submit to any further operator measures; but frequent headaches and pains in the face of a neuralgia character, attended by considerable febrile excitements having superseded in the course of the second week after admission, and also two slight convulsive paroxysms, the removal of the foreign body became a point of immediate urgency, and this having been strongly impressed upon him he consented to undergo another trial although dubious of its proving successful. On the 5th of February while, under the influence of Chloroform, I divided the Ala nasi in its whole extent, carrying the incision through the cartilag extending it downwards through the upper lip to within half an inch of its free border;</p>

Division.

Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
1482.	Lost of an Iron Ball	A. H. Perry, R. I. G.		<p>Then passing the curved extremity of Coxe's bullet forceps, divested of the stilet around the summit of the ball, I next insinuated a curved elevator along its under surface, and making a slight leverage exertion with the two instruments, I succeeded in ejecting the shot through the opening with little force. It proved to be an iron ball, weighed four ounces, was one inch and a quarter in diameter and three inches and three quarters in circumference. Rusted on the floor of the nasal cavity, crushed the septum narium and lower turbinated bones, and thoroughly imbedded itself in them. There was some hemorrhage from the labial artery but immediately the surfaces were brought together it ceased. Two ligatures were placed in the lip; and the edge of the alar cartilage having been pierced it was fixed in its normal situation by two sutures, and a plug of lint was introduced into the nostril to preserve it in situ. The result was very satisfactory. Complete union having taken place throughout the wound on the 11th. Six days after the operation. There was some purulent discharge from the interior of the nose, and he experienced occasional attacks of giddiness, but these subsided after a few days; and he was discharged on the 24th of the month with his health perfectly restored and with the deformity of the nose in a great degree removed; and quite proud of having converted a most troublesome and unwelcome guest into a quiet pocket companion.</p>

S/-

Division.

Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
483	Section of upper portion of Femur.		D. J. G. Longman	Section of upper portion of Femur, showing the limits of the medullary canal of the shaft and of the cancellated structure of the head, neck, and trochanteric portions of the bone.
484	Piece of wood run over from Tongue		J. Longman D. J. G.	<p>Sergt. J. M. Troy, states that on the 2^d March 1871, at Bermuda he was engaged at gun practice with a breach loading Armstrong gun. At the time of the accident the gun was being loaded with a shell, and he was looking in, as it was his duty to do, to see that it was driven home. Something had gone wrong with the fuse, and the shell exploded in the breach sending out, through the soft fragments of itself and of the wooden rammer, with which it was being driven home. The patient was struck on the face by splinters of wood, knocked down, and considerably stunned. His face was cut in various places and fragments of wood lodged in his forehead a little to the right of the nasal line, in the globe of his left eye, in his nose, and in his tongue. The fragments in the eye and in the forehead were extracted immediately after the injury, that in the nose came away about a week afterwards, but that in the tongue remained till after his arrival at Netley. On the 31st July 1871. Surgeon Major Mackinnon removed the fragment from the tongue by an incision into the right lobe commencing about three quarters of an inch behind the lip, on the inferior surface. On the next day he passed the Board as fit for duty.</p>

transferred to museum
of Medicine Aug 1873

Division.

Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
1884	Piece of wood removed from tongue		J. Longmore D.O.C.	<p>Present State. Vision in the right eye is perfect. The pupil is of an oblique oval form, which from the man's statement, appears to be congenital. The contents of the left eyeball have been removed by the injury, and the tunics above remain shrivelled in the orbit. There are numerous cicatrices on the face, none of them adherent to bone, the largest crescentic extending for about three inches from right side of forehead near mesial line through the brow on the same side; a smaller one of similar shape extends for about an inch across the right cheek on a level with right ala nasi, and a semi-circular adheres to the left ala nasi extending a little way on the cheek. Cicatrix over left malar bone, not adherent. Cicatrices likewise free from adhesion to bone, occupy the entire region of left brow and superior half of orbit. The face is marked in various places with dots of gunpowder, especially round the eyes. The nostrils are free, there is no indication of a communication between them. The wound on the under surface of the tongue is healing. There was considerable hemorrhage after the accident, which simple measures sufficed to check. Very little pain followed. He has now no unfavourable symptoms nor any indications of injury to nerves. He is a strong powerful man.</p> <p>Signed. H. D. Mafey S.O.S.</p> <p>Netley 2nd August 1871.</p> <p>The lodgement of the piece of wood in the tongue has been undiscovered until his arrival at Netley. There was no allusion to anything being the matter with the tongue in the Detailed Medical history for Invaliding. He was invalided on account of</p>

Division.

Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
484	Piece of wood removed from tongue		J. Longmore D.J.G.	of the defective vision. The sight of the left eye being destroyed as described, the sight being greatly impaired by the results of deep seated inflammation, probably brought on by contusion. Grains of gunpowder are lodged in the conjunctive of both eyes. Signed. J. Longmore. D.J.G.
485	A. Skull and fragments of cervical Vertebrae strung on wire (the result of an Enfield Rifle bullet fired through the mouth into the brain) July 1872. — in Corridor Glass case — — next to the door —	J. B. Wilson F.R.C.S. Edinb. Asst Surgeon Genl. M.D.	J. Longmore D.J.G.	Case of P ^{te} Thomas Porter 1/11 th Regt. On 11 th July 1872 P ^{te} Thomas Porter 1/11 th Regiment. Aged 26 Years, and 7 Years Service. Committed Suicide in the verandah of his barrack room at Morar Central India, by introducing the Muzzle of his rifle into his mouth and pulling the trigger with his foot. No reason could be assigned for the act. — The Court of inquiry returned a Verdict of temporary insanity. Post-Mortem Appearances five hours after death Height 5 feet 6 Inches Body well nourished, Skin of body particularly white, features fine and chiselled, neither face nor beard charred at all. <u>Head</u> — The scalp was not broken through in any part although the posterior aspect of whole skull could be felt to be broken in many places. On reflecting

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
4-85				<p>The scalp, effusion of blood was found between it and the broken bones, and in some places, between the cracks brain substances had escaped.</p> <p>The Occipital, Temporal, Sphenoid and Ethmoid bones were fractured into innumerable pieces, some pieces being pulverized. The Frontal, Parietal, Superior and Inferior Maxillary, Lacrymal, Palate, Vomer and Inferior Turbinate bones were also fractured.</p> <p>Upon removing some of the large pieces of fractured bones, the Dura Mater was seen to have collapsed leaving a vacuum of about half size of cavity of Skull.</p> <p>It enclosed the smashed brain, detached and broken pieces of bones and seven pieces of lead. Two pieces of lead were found in the crevices of fractured bones, (Temporal and Occipital), One in the muscular tissue of Posterior Occipital triangle, One in integument covering upper part of spine, and in substance of Tongue, which organ was wounded by a V shaped laceration and much charred. The plug of Cartridge was found in the substance of left Trapezius Muscle, at a line corresponding to the Axis.</p> <p>The mashed brain weighed 3. lbs 7 1/2 oz.</p> <p><u>Neck.</u> There was disorganization and effusion of blood into muscles and tissues of upper part of posterior aspect of neck. Several upper Cervical vertebra were</p>

Division.

Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
485				<p>fractured. The atlas and axis partly pulverized.</p> <p><u>Preparation.</u> Showing the amount of injury done to bones of Skull, Face and Cervical Vertebra in above case.</p> <p><u>I.</u> Bones of Cranium articulated as far as practicable. —</p> <p><u>II.</u> Bones of upper five Cervical vertebra articulated as far as practicable. —</p> <p><u>III.</u> Debris of Facial and Cranial bones strung on wire. —</p> <p><u>IV.</u> Debris of Cervical Vertebrae strung on wire. —</p> <p><u>V.</u> Box Containing (A) Specimen of Cartridge used.</p> <p>(B) Particles of exploded Snider bullet</p> <p>(C) Remains of Snider Cartridge used.</p>
486.	Right Temporal bone	Surgeon Major W. R. Burn R. E.		<p><i>Remains of Cartridge not found among the other things sent -</i></p> <p><i>see No 606-A</i> <i>Museum of Mil. Surgery</i></p> <p>W. B. Wilson M.D. S. A. Surgeon</p> <p>No 8862. Sapper Frederick Penning aged 24 years service 6 1/2 years - time on station 2 years, tall, slight, of indifferent muscular development and highly stunted appearance - generally well conducted but occasionally intemperate - was 2 1/2 months under treatment for syphilis from January 1870 - took Plumes Pill in grains & doses, just sufficient to touch the gums: was in hospital again in September 1871 with a large bursal tumour over left olecranon fluid removed by</p>

Division.

Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
486	Right Temporal Bone	Surgeon Major Lockburn R.E.		<p>subcutaneous incision: the existence of tuberculosis in its earliest stage was also at this time diagnosed.</p> <p>On the morning of the 25th December 1872 reported himself sick, complaining of general malaise, loss of appetite and slight otorrhea which had made its appearance for the first time, the day previous - no earache, no deafness and membrana tympani intact. On the 26th was seized with shivering, violent cephalaea, considerable fever, greater debility, for more general constitutional disturbance and increased otorrhea of semi-purulent offensive matter. On the 27th diarrhoea set in and delirium supervened during the night, the headache increasing to a most acute degree - from this date (27th) the more purely febrile symptoms increased in severity and on the morning of the 30th the presence of several rose coloured spots over the upper part of the thorax and one or two over the anterior surface of the upper part of both thighs, satisfactorily indicated the true type of the febrile attack. From this moment the delirium became very active and continuous and constant attendance was required to keep the patient in bed - the tongue became very dry and the teeth and lips covered with sordes - On the morning of the 4th January 1873 the extreme and violent delirium appeared to be somewhat abated but this condition has been but 3 or 4 hours, delirium setting in again.</p>

Division.

Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
1486	Right temporal bone	Surgeon-Major J. B. Lockhart R. E.		<p>with redoubled energy and it was soon evident that the innate vital energy of the patient was not sufficient to withstand the terrible depressing and exhausting effects of this long continued cerebral irritation. On the afternoon of the 5th a gush of about 14 ounces of blood took place from the right ear. — and at 7.40 P.M. he died unconscious to the last.</p> <p><u>Post Mortem Examination</u></p> <p>Body much emaciated. Military tubercle scattered over the upper portions of both lungs considerable congestion of the lower and posterior portions — Heart normal — liver much congested. — Both kidneys the same. Almost the whole of the smaller intestines bearing traces of congestion and a quantity of the yellow gelatinous mucus described by Aitken spread over a considerable portion of its upper third and numerous ulcerated patches in the neighbourhood of the ileo-cæcal valve. On removing the calvarium, the central vessel was found to be gorged with blood and the ventricles contained more fluid than usual no trace of softening or abscess in any portion of the brain. The dura mater at the base of the petrous portion of the right temporal bone — (anterior surface) was observed to present a dark dull appearance and on pressing the point of the scalpel on this point, the knife sunk at once deeply into the bone.</p>

Division.

Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
1486	Right Temporal bone	Surgeon Major J.B. Lockburn R.G.		<p>pressing a probe into this aperture it was found to communicate easily in a direction downwards and backwards with the lateral sinus and on careful removal of the dura mater at this spot, the same was found partially eaten through, this easily accounting for the hæmorrhage a few hours before death. On removing the greater portion of the right temporal bone - The base of the pectus portion was found to be completely destroyed and the internal ear, save the three small bones eaten away, with a large opening on the anterior surface in situ of the eminence and another large opening in the posterior surface which was gradually enlarging itself by the destruction of the mastoid process.</p> <p>Gibraltar 23rd January 1873</p> <p>J. Balfour Lockburn M.D. Surgeon Major R.G.</p>
1487	Bullet lodged in thigh <i>Transferred from Division</i>	From Surgeon J. Longmore Division Surgeon General	J. Longmore J. Kelby R.A.	<p>Bullet lodged 2 1/2 years in thigh of Driver. Extracted at Kelby 27th May 1873. Presented to show some of the incrustation which had formed upon it. For results analysis by Dr. Parkes of this incrustated substance see Gunshot Register for 1873. Page 136, 143, &c.</p>

Division.

Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
488. <i>Cont. Section Robert Greig 1843</i>	Aneurism of Aorta.	W. Johnston Esq. Surgeon 18 th Regt.		<p>Aneurism of the aorta, unsuspected during life, and proving instantaneously fatal with an account of a deposit in the interior of the aorta, which is presumed to have been of syphilitic origin.</p> <p>Lance Corporal Robert Greig, 18th Highlanders, a bandsman aged 30, service 12 years, was about 2, P.M. on the 5th February 1843, found lying dead in a latrine in the Barracks at Belfast, surrounded with blood which had come from his mouth and nostrils. He had never been in hospital with any thoracic complaint, but his washerwoman afterwards stated she had several times noticed that his shirts and handkerchiefs were stained with blood. He was a man of temperate habits.</p> <p>A post-mortem examination was made 22 hours after death.</p> <p>His body was fairly nourished, there was great pitting of the lips - Periosteal thickening of both tibia; Cicatrices of ulcers on penis, with induration of separate glands of both groins, no induration of suboccipital glands was noticed.</p> <p>There were old and very extensive adhesions of the pleura on both sides. Lungs intensely congested, but their substance healthy -</p> <p>There was some hypertrophy of the</p>

Division.

Diseased Structure of

Number

Character of Preparation

By whom
PresentedBy whom
Prepared

History of the Case, with Remarks

488

Aneurism
of AortaWm Johnston M.D.
Chicago 1872

left ventricle of heart, but no valvular disease - a small aneurism arising from the transverse portion of the arch of the aorta communicated by two small openings into the thoracic, a little above its bifurcation. Except a small quantity of clot, blue to the ulcerations, there were no clots in the vessels or heart. The pericardium was healthy and empty. The Aorta from about an inch above the Semilunar Valves was thickened, on its interior with round elevations from the size of a pea downwards. From these the internal coat could be dissected off internally, and the external coat externally. These coats seemed but little changed in comparison with the middle one, in which thickening by deposit of yellow pulpy matter had occurred and produced the elevation of the inner coat. Microscopical examination showed the fibres of the middle coat to be imbedded in the new mass which was found to consist of small irregularly shaped, or rounded, highly refractive particles (fat) the elastic fibres appearing to have had their substance altered and broken up to form the granules, which the fatty granules also occurred in the muscular fibre cells in some places abundantly.

See
contribution book no 16, p 22

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
488	Aneurism of Aorta	Wm Johnston M.D. Surgeon 78 th Highland		Abundantly; "No Cholesterine plates," "No Calcification of the Coats of the Vessels was observed." "Distinct history of Syphilitic disease, points to the degeneration of the Coats of the Artery as having been the result of that disease. The degeneration has obviously rendered the Middle Coat fragile," hence the rupture of the internal and Middle Coats and the Aneurism."
				William Johnston, M.D. Surgeon 78 th Highlanders. Aberdeen 28 th June 1873

489	Skulls	Through Dr. J. D. Macdonald, F.R.S. Staff Surgeon R.H.		Skulls from Peru (a) one showing Ankylosis of the atlas bone, (b) one brachy Cephalous, (c) one ditto (part of one) of a Child, (d) one longicephalous,
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Class

Functions

Division.

Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
490.	Fragments of bullet & brass stopper	Surgeon Mitchell		See history of the case Wm Meera, 1420 7/4/85 May 1865. in Register of Gunshotwounds (Vol. 4, 13th Division) page 332 to 339 (Accidental gunshot wound; fracture of Clavicle; injury of humerus, &c)
491.	The Skull of an Egyptian soldier taken from the battle of 1840. The skull found in the hands of the British	Lieut. W. Lacy Staff Officer of Prisoners Southampton presented 15/6/74		no history - facial part of skull not found - skull of a soldier of the British army - skull of a soldier of the British army - skull of a soldier of the British army
492.	The Skull of a soldier of Mahomed Pasha's Army taken from the battle field on their retreating from Syria in 1840 by the late General Elers Napier then Major Elers Napier, 46th Regt	Lieut. W. Lacy Staff Officer of Prisoners Southampton presented 15/6/74		No Medical history of no interest
492	Part of the skull of one of the Portuguese killed at the battle of Aljubarrota, taken from the Royal Cloisters at Lisbon by the late General Elers Napier 28th March 1843			No Medical history of no interest

The Skull of a Soldier
of Mahomed Pasha's Army
taken from the battle field on
their retreating from Syria
in 1840 - by the late General
Elers Napier Col. 46th Regt
then Major Elers Napier
Superintendent
Southampton 18/4/74 Wm Lacy

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
488	Aneurism of Aorta	Wm Johnston M.D. Surgeon 78 th Highland		Abundantly, "No Cholesterine plates," "No Calcification of the Coats of the Vessels was observed." "Distinct history of Syphilitic disease, points to the degeneration of the Coats of the Artery as having been the result of that disease. The degeneration has obviously rendered the Middle Coat-fragile," hence the rupture of the Internal and Middle Coats and the Aneurism."
				William Johnston, M.D. Surgeon 78 th Highlanders. Aberdeen 28 th June 1873
489	Skulls	Through Dr. J. D. Macdonald, F.R.S. Staff Surgeon R.H.		Skulls from Peru (a) one showing Ankylosis of the atlas bone, (b) one brachy Cephalous, (c) one ditto (part of one) of a Child, (d) one longicephalous,

Class

Functions

Division.

Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
490.	Fragments of bullet & brass stopper	Surgeon. Nicholson		See history of the case Wm Meara, 1420 74th Regt May 1865. in Register of Gunshot wounds (Vol. 4, Surg. Division) page 332 to 339 (Accidental gunshot wound; fracture of Clavicle; injury of humerus, &c.)
491. 2 3	The Skull of an Egyptian soldier taken from the battle of 1840. By the late Major John Napier, 46th Regt Napier's 46th Regt	Colonel Wm Lacy Staff Officer of Engineers Southampton presented 15/6/74		no history — first part of skull shot off at battle of 1840 (a skull) a fragment of a Frenchman's skull taken from the battle of 1840 CAPTIVITY
492	The Skull of a soldier of Ibrahim Pasha's Army taken from the battle of in their retreating from Syria in 1840 by the late Major Elers Napier Hon Major Elers Napier, 46th Regt	Colonel Wm Lacy Staff Officer of Engineers Southampton presented 15/6/74		No Medical history — of no interest
492	Part of the skull of one of the Portuguese killed at the battle of Aljubarrot, taken from the Royal Cloisters at Lisbon by Colonel E. Napier 24th April 1843 presented by Colonel Wm Lacy Staff Officer of Engineers Southampton 15/6/74			No Medical history — of no interest

Division.

Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
494	Urinary Calculi ^{18 of various sizes to 16 (some deep)}	Staff Surg. Surgeon W. Venour in July 1872-		Removed from Natives at Moradabad, Rohilkund District Bengal by J. A. S. Leane in 1864, when Civil Surgeon of that Station. — one case only fatal —
494	See 494			
495	Urinary Calculus	Surgeon J. H. Porter 1870		Extracted from a Native of India.
496	Urinary Calculus — two —	Surgeon J. H. Porter 1870		Extracted from a Native of India.
497	Urinary Calculus	Surgeon J. H. Porter 1870		Extracted from a Native of India (from the prostatic part) a Native also by Surgeon Staples in "Lateral Lithotomy" in Library.
498	Urinary Calculi	Surgeon Staples Cont. 175-178-		Extracted from a Native of India.
499	Section of Urinary Calculus & Cast.	From lithotomy at Valley Surgeon May. Porter	at Valley Hospital by Surgeon May. Porter	Vide Vol. 12. p. 491, P.M.K. also preparation of the kidney, bladder & ureter of same man —
500	Nucleus and fragment of the external crust of a urinary calculus. The nucleus is white of line, the crust phosphatic.	From lithotomy at Valley by J. M. Porter.		No 1520, Pt. 2. London 70 th Regt. Lateral operation performed by Mr. Porter May 5. 74. Calculus found adherent to bladder; 1010 grains of crust brought away. 2 nd operation 438 grains brought away comprising the nucleus. 3 rd operation 570 grains of crust removed, constituting the adherent mass; much blood & urinary matter was commingled with the portion of the crust. Patient recovered completely.
501.	Cast of iron grape shot (presented some years ago to the Museum of the Army Surgeon)	Brig. General G. R. Dartnall Arden House Kent in Arden.		See Surgical Museum Catalogue No 613-a. Cast of an iron grape shot weighing 19 1/2 oz, which entered the jaw fracturing the lower jaw. Presented by Major-General Dartnall Private John Lockhardt 35 th Regt, age 27, private 9 years received a severe grape shot wound of face with injury of right eye. (Private J. B. O'Brien 5 th Regt, 18 th Dec 75 private 5 years received a wound from a 1/2 lb. shell that caused a fracture of the jaw & injury of face & palate bones.) A photograph representing these two cases was sent to Kelly & returned to the owner. (Dr. Dartnall) 25/7/76.
502.	Urinary Calculi	Dr. P. Staples 6/4/76 with a Dr. Staples to Staff Library	Surgeon (cases 7 & 420.)	See history see case 420 put into Pathology Museum see Contab. 178.

Division.

Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
503.	Gunshot Fracture of Tibia & Fibula (151)	Surg. Major E. Becker	Put up in Stupa under Prof. Langen's direction	Upper portions of left Tibia and Fibula fractured by a Russian needle gun bullet. Siege of Paris, 1870-71. Case: Antoine Fort, 2 nd Bat. Lancers, wounded Dec. 4 th 1870, just below the patella. Treatment: An anterior splint. No operative interference. Dec. 25 th , erysipelous swelling, sanious discharge; edges of wound livid; vesicles forming; necrosis and extraction of fragments. Cold applications with Carbolic acid. Gangrene. Amputation above knee at night of Dec. 29 th . Death Dec. 30 th .
504	Gunshot Fracture of Femur (152)	Surgeon Major E. Becker	Put up in Stupa under Prof. Langen's direction.	Gunnelled and comminuted fracture of lower third of left femur. Siege of Paris, 1870-71. Case: Perforating bullet wound through lower part of thigh. Inflammation with sanious discharge. Suppuration of knee joint. Amputation. Death between 2 and 3 days afterwards.
505.	Gunshot Fracture of Tibia (153)	Surgeon Major E. Becker.	Put up in Stupa under Prof. Langen's direction.	Head of right Tibia perforated by a Chassepot bullet. Siege of Paris, 1870-71. Case: Joseph Fleckenstein, 1 st Bavarian Jäger Bat., 35 years old, wounded, Feb. 4 th 1870. Septicæmia; hemorrhage; ligature of femoral artery, 28 th Decemb.; Gangrene; Death, 1 st January 1871.
506.	Gunshot Fracture of Upper Arm & Shoulder	Surgeon Cornish	Put up in Stupa under Prof. Langen's direction.	Bones excised from the right shoulder and upper arm of Corporal Benjamin Strange, 10 th Hussars, in consequence of a gunshot wound met with near Multia, India, on 22 nd July 1875. Excision performed by Surgeon Cornish. For History of Case and of results of the operation, see Gunshot Register Vol. 5 p. 284 to 288, Vol. 5.
507.	2 Burmese Skulls (154) Lower jaws absent	Surg. Major Erskine Grant M.D. (through Dr. Dobson) 16/9/76		none. Kept in Corridors Glass Case of Skulls.
508.	Specimens of Entrance Wounds of Chassepot bullets through the Skin. From the Siege of Paris, 1870-1.	Surgeon Major E. Becker, M.D.	Put up in Stupa under Prof. Langen's direction.	None.
509.	Wounds of Exit through the Skin caused by Chassepot bullets. From the Siege of Paris, 1870-1.	Sent to M. S. College 15.1.03. Surgeon Major E. Becker, M.D.	- As before -	None. no documents.
510.	Wound of Exit caused by a Chassepot bullet. Portion of Omentum carried through the Rectus muscle and walls of the Abdomen. From the Siege of Paris, 1870-1.	Surgeon Major E. Becker, M.D.	- As before -	None.
511.	Bones excised from the left knee joint of a boy, 1 1/2 years of age.	Surgeon Major J. H. Porter		See Army Medical Report for 1879, Appendix, page 211.

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
512.	Head & neck of right femur, removed from Captain Freeborn, Royal Artillery.	Surgeon Major J. H. Porter	macerated, dried - in a glass bottle	See Officers' Casebook, Royal Artillery Hospital, Melk, 1876.
513.	Head of right humerus excised for caries, the result of an accident. (mounted on a glass board) Taken off sinas, macerated, dried - in a glass bottle	Surgeon Major J. H. Porter		See Dublin Medical Journal of Medical Science, February 1875, and Appendix of Army Medical Report 1876, p. 276
514.	Bones excised from the left elbow joint of a young man, Royal Engineers, age 28 years. (mounted on a glass board)	Surgeon Major J. H. Porter		See Dublin Journal of Medical Science, Octob. 1876.
515.	Bones excised from the left elbow joint of a boy, 12 1/2 years of age, of York's school, apoplexy. (mounted on a glass board)	Surgeon Major J. H. Porter		See Dublin Journal of Medical Science, October 1876.
516.	Wax Models, (See 517) 1. Showing the convolutions of the brain (front) of an adult. 2. Mid section of the brain.	Purchased 1876 from Dr. A. Ziegler of Freiburg in Baden	Prof. Dr. A. Ziegler	See Dr. Ecker's Work on the Convolution of the Human Brain, 1876. Translated by
517.	Wax Models, (See 518) 1. Showing the development of the bulb and convolutions of the hemispheres of the cerebrum in the human foetus. 2. Brain of embryo 3 months. 3. Brain of Foetus 4 months. 4. Brain of Foetus 5 months. 5. Brain of Foetus 6 months. 6. Brain of Foetus 7 months. 7. Brain of Foetus 8 months. 8. Brain of Foetus 9 months. 9. Brain of Foetus 10 months. 10. Brain of Foetus 11 months. 11. Brain of Foetus 12 months. 12. Brain of Foetus 13 months. 13. Brain of Foetus 14 months. 14. Brain of Foetus 15 months. 15. Brain of Foetus 16 months. 16. Brain of Foetus 17 months. 17. Brain of Foetus 18 months. 18. Brain of Foetus 19 months. 19. Brain of Foetus 20 months. 20. Brain of Foetus 21 months. 21. Brain of Foetus 22 months. 22. Brain of Foetus 23 months. 23. Brain of Foetus 24 months. 24. Brain of Foetus 25 months. 25. Brain of Foetus 26 months. 26. Brain of Foetus 27 months. 27. Brain of Foetus 28 months. 28. Brain of Foetus 29 months. 29. Brain of Foetus 30 months. 30. Brain of Foetus 31 months. 31. Brain of Foetus 32 months. 32. Brain of Foetus 33 months. 33. Brain of Foetus 34 months. 34. Brain of Foetus 35 months. 35. Brain of Foetus 36 months. 36. Brain of Foetus 37 months. 37. Brain of Foetus 38 months. 38. Brain of Foetus 39 months. 39. Brain of Foetus 40 months. 40. Brain of Foetus 41 months. 41. Brain of Foetus 42 months. 42. Brain of Foetus 43 months. 43. Brain of Foetus 44 months. 44. Brain of Foetus 45 months. 45. Brain of Foetus 46 months. 46. Brain of Foetus 47 months. 47. Brain of Foetus 48 months. 48. Brain of Foetus 49 months. 49. Brain of Foetus 50 months. 50. Brain of Foetus 51 months. 51. Brain of Foetus 52 months. 52. Brain of Foetus 53 months. 53. Brain of Foetus 54 months. 54. Brain of Foetus 55 months. 55. Brain of Foetus 56 months. 56. Brain of Foetus 57 months. 57. Brain of Foetus 58 months. 58. Brain of Foetus 59 months. 59. Brain of Foetus 60 months. 60. Brain of Foetus 61 months. 61. Brain of Foetus 62 months. 62. Brain of Foetus 63 months. 63. Brain of Foetus 64 months. 64. Brain of Foetus 65 months. 65. Brain of Foetus 66 months. 66. Brain of Foetus 67 months. 67. Brain of Foetus 68 months. 68. Brain of Foetus 69 months. 69. Brain of Foetus 70 months. 70. Brain of Foetus 71 months. 71. Brain of Foetus 72 months. 72. Brain of Foetus 73 months. 73. Brain of Foetus 74 months. 74. Brain of Foetus 75 months. 75. Brain of Foetus 76 months. 76. Brain of Foetus 77 months. 77. Brain of Foetus 78 months. 78. Brain of Foetus 79 months. 79. Brain of Foetus 80 months. 80. Brain of Foetus 81 months. 81. Brain of Foetus 82 months. 82. Brain of Foetus 83 months. 83. Brain of Foetus 84 months. 84. Brain of Foetus 85 months. 85. Brain of Foetus 86 months. 86. Brain of Foetus 87 months. 87. Brain of Foetus 88 months. 88. Brain of Foetus 89 months. 89. Brain of Foetus 90 months. 90. Brain of Foetus 91 months. 91. Brain of Foetus 92 months. 92. Brain of Foetus 93 months. 93. Brain of Foetus 94 months. 94. Brain of Foetus 95 months. 95. Brain of Foetus 96 months. 96. Brain of Foetus 97 months. 97. Brain of Foetus 98 months. 98. Brain of Foetus 99 months. 99. Brain of Foetus 100 months.	Purchased 1876 from Dr. A. Ziegler of Freiburg in Baden		See Dr. Ecker's Work on the History of the Development of the Brain in the human Foetus - Translated by 1876
518	Andamanese Skull	Surgeon Fodder 1876		
519	Skull of a native of the Garo Hill Tribes	Surgeon F. E. C. Jarvis		Bengal Med. Service 24/12/76.
520	Skulls of			
521	British Islanders.			
522				From Pathological Collection sent up by Surg. Maj. Bailean from Microscope Room

Class

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
523 524	Skulls of British Islanders			Sent up from Microscope Room by Dr. Carson
525	Skull of a native of Iroquois			From Pathological Collection - from Microscope Room
526	Left elbow joint of Private A. Storey, 1st Regt (mutilated on a black beard)	Excised & prepared & presented by Surgeon Major J. H. Porter		See Case Book No 6 of 1877, Fol. 18.
527	Right elbow joint of Private J. Newall, 1st Regt	Excised, prepared & presented by Surgeon Major J. H. Porter		See Case Book No 7 of 1877, Fol. 93.
528	Right wrist joint of Gunner John Hales, 12th Regt	Excised & presented by Surgeon Major J. H. Porter	Repaired by Surgeon E. H. H. H.	Gunner J. Hales 12th Regt Royal Artillery at 21. No hereditary history of Tetraplegia. Though all the characteristic features of such a disease are present. While stationed at Malta Sept. 1876 experienced dull aching pain in the right wrist, the result of an injury, received in shifting a gun shears. This was followed by, stiffness, swelling and decay of the bones of the wrist. Excision was performed by Surgeon Major Porter on the 3rd of Oct. 1877. by Professor Lister's method. Progress most satisfactory, but the following most unfortunate circumstances. On the 11th of Dec. 1877 Mr. Lister's splint was discontinued and he commenced using weight and pulley, and on the 14th writing exercise. On the 14th evening, and a 14th weight with the pulley, wound healed except radial part. While there was a very slight discharge. Could pronate & supinate hand and forearm. flex & extend the fingers, wrote a very good hand. back his hair and make his hand generally useful

Division.

Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
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529. Vesical Calculi

from London, India, Surgeon
Birmingham, & the Province
of India.

Surgeon Major
H. Kelsall

Date

Manuscript was sent down through the Directors
for more personal, as they General R. M. Dept.
were wanted for printing in the R. M. Dept.
Dr. Kelsall requested to be supplied with a printed copy
of these manuscripts.
1878.

(The whole received by Dr. Kelsall)

530 Urinary Calculus

(a.k.b.)

(shown in two)

Surgeon Major
J. H. Porter
May 1878.

Date

Private Albert Rose 1st Regiment 29 years of age
Served 6 1/2 years. Admitted into the R. M. & Kelly
April 16th 1878 with the following history, and under
the head of Structure of the, He states that "as far
back as 10 years ago he had a difficulty in
passing water after an attack of Scarlatina
The urethra is very narrow, and tender, and
liable to dangerous spasm. A small catheter
(no 2) has been passed but without relief"
On the 19th of April 1878 no 9 metal sound
was passed without difficulty when a hard
calculus was detected. On the 29th of April
lateral Lithotomy was performed with little or
no hemorrhage by Surgeon Major Porter and
a calculus removed. Weight See Case book
No. 25 folio 53 1878 Surgeon (Division)

Class

Functions

Division.

Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
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531. 2 Plaster Casts
 532 of the foot of a Chinese girl, 15 years of age, with ornamental shoe and a paper (printed) and drawings descriptive of the anatomy of a Chinese distorted foot.
 26th June 1878.

Dr F. Junker,
 40 Elgin Crescent
 Notting Hill
 London, W. of Canton.

533. A Heart showing a leaden bullet en-
 cased outside the pericardium.

Surgeon J. Fleming set up at Petty - sent up from P. M. Brown, marked Ashanti. 2.
 Description of Case in A. M. D. Sept-Report No. XIV page 286.

A 170
 148 A

534 Bones of the right Ankle
 Surgeon Major J. H. Porter
 June 1878

(taken off the black boy)
 (Osteo macerated, dried & varnished)

Private R. Honybone 2/35th Regiment 20 years of age
 Disease commenced December 1877 with severe pain
 apparently of Rheumatic origin
 May 13th 1878 excised the ankle by Harewood's
 method. The limb was afterwards placed
 in a Plaster of Paris splint with bone hair
 drainage. See Case Book No 17 p 46
 Surgical Cases 1878

Division.

Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
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535. Gunshotwound of the
Tibia (Case No. 1.)

Dr. F. Junker
Surgeon in Chief
of the Military Hospitals
at Saarbrücken.

See for correspondence
Saarbrücken A. Saubert, 1878, 79.

Description of preparations
of bones injured by
gun-shot, from cases
treated by F. Junker, M.D.
Surgeon-in-Chief of the military
Hospitals at Saarbrücken
During the Franco-German war
1870-1871.

1.

German Private, aet. 23.
Wounded at Spierdoren Aug. 6, 1870
Gun-shot wound of the superior
Epiphysis of the left Tibia
Necrosis - Abscess in epiphysis
and suppurative inflammation
of the knee-joint.
Secondary amputation of
thigh above condyles, 12 months
after injury, Aug. 2^d '71 at
Saarbrücken.
Wound by first intention
Healing.

2.

German Private aet. 21
Wounded at Beaune-la-
Rolande, Nov. 28, '70.
Gun-shot fracture of occiput
Depression of the occipital
of the inner table.
Pyo-meningitis
Died Dec. 7th '70 at Saarbrücken.

536. Gunshot fracture Dr. F. Junker
of the occiput.
(Case No. 2)

Sent to M. S. College 1871-73.

537. Gunshot fracture Dr. F. Junker
of the Os pubis.
(Case 3) - next page

Division.

Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
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538 Gunshot fracture of the left thigh.
(Case)

Sent to M. S. College 15.1.03.

3.
German Private, act. 24.
Wounded at Spicheren Aug 6/90
Gun-shot fracture of the horizontal
canal of the right tibia.
NB. The trans-pot. ball entered
about 2 inches below and one
inch behind the left great
trochanter and remained below
the integument of the right
buttock, where it was removed
by an incision 3 days after
the injury.
Necrosis. continuous pain
along the sciatic nerve. Edema
of right foot. Rigor.
Erysipelas.
Died Dec. 9th 90 at Spicheren.

4.
German Volunteer (Ersatzmännchen)
act. 19.
Gun-shot wound of the
left thigh.
NB. Entrance of bullet through
the rectus muscle at the lower
border of the Sartorius. Ball
flattened against the bone,
between the latter and the
two peritons.
After ineffectual attempts to
dissect and to remove the ball,
4 days after injury, the wound
healed rapidly, only a narrow

wound. The
periosteum
separated
downward
on the
left over
anterior
bone.
The wound
was
thoroughly
cleared of a
bullet -
cartilage
the upper

coming
in contact
with
the bone
without
the two
peritons.
The confirmed
extent
of the bone
of the thigh
of the bone
have called
the patient
rapidly failing

4 1/2

4 1/4

4 3/4

exp
disjunct
union

The
into
bone

direct
union

union
stable

to action
since

many
shot

many
After
down

the
disjunct
union

and
the ball
found

by of
the

to finally
a sound
in body

extractor
the probe

of
J.O.

3.

German Private, act: 24.

Wounded at Spicheren Aug 6. '90
Gun-shot-fracture of the horizontal
ramus of the right pubis.

NB. The shane-pot-ball entered
about 2 inches below and one
inch behind the left great
trochanter and remained below
the integument of the right
buttock, where it was removed
by an incision 3 days after
the injury.

Necrosis. continuous pain
along the sciatic nerve. - Oedema
of right foot. - Rigor.

Gaemia.

Died Dec. 9th '90 at Saarbrücken.

4.

German Volunteer (Einzöhriger)
Freisilliger act: 19.

Gun-shot-wound of the
Left thigh.

NB. Entrance of bullet through
the rectus muscle at the lower
border of the Sartorius. Ball
flattened against the bone
between the latter and the
torn peritoneum.

After ineffectual attempts to
dissect and to remove the ball,
4 days after injury, the wound
healed rapidly, only a narrow

undermining the muscle. The detachment of the periosteum from the bone reached upward as far as two inches below the great trochanter and downward to three inches above the condyles and extended over $2/3$ of the circumference of the shaft of the bone.

The periosteal opening was enlarged upward and downward, the abscess cavities were thoroughly cleansed by injections of a solution of carbolic acid -

Drainage-tubes, and carbolic lint. Draining. Another rigor during the night.

On the following morning (March 3^d) an immersion of the injured limb into a warm bath mixed with Condy's, Drainage-tubes and continuous irrigation with Carb. Condy. After two more rigors, the patient died on March 6th.

The P.M. examination confirmed the above mentioned extent of the denudation of the bone & high amputation of the thigh. Since the condition of the bone and its periosteum we have looked for, was conclusively indicated by the extreme weak state of the patient whose strength was rapidly failing.

fistulous opening remaining.

The patient was sent to the Depot in Germany at the end of February '91.

Considerable pain accompanied by swelling and redness over the region of the Testes, extension having set in during the journey.

he was admitted into one of the Hospitals under my charge at Manchester on March 1st.

On admission there was considerable swelling and indistinct fluctuation. Iodine was ordered. Pus was during the first night after admission.

On the morning of the 2nd of March the fistulous opening was enlarged and a large quantity of fetid pus evacuated from a deep-seated abscess.

The sac could be discovered neither by digital examination nor by Nelaton's probe, but by using the electric probe. (Forceps +), its situation became evident and its extraction was easily accomplished, after having enlarged the narrow button-hole-like slit of the detached peritoneum. There was a large quantity of pus between the latter and the bone besides a large abscess cavity.

43/4

+ The electric probe - forceps
is mentioned in Prof. Simpson's
Work on Gun-shot injuries
p. 366.

I devised it as well as the
probe with isolated points
at the outbreak of the war
for my own use, and directed
Messrs Krohn & Lissmann
to construct a very sensitive
electric indicator of portable
shape and brought into action
without acid. Experience
proved its efficacy in many
cases in which no bullet
could be discovered by ordinary
means of exploration. After
some trials I very seldom
used the pointed probe,
preferring the probe - forceps
which has the advantage
of serving the double
purposes of probe and
of extractor, seizing the ball
after its discovery without
there being the necessity of
changing the instrument.
By this means the
inconvenience and difficulty
often met with, are avoided
of finding the foreign body
a second time by the extractor
after the withdrawal of the probe.
Besides a great deal of

Division.

Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
539	Gunshot fracture of the right thigh (Case 5)	D. F. Junker		<p>43/48 cont'd</p> <p>additional irritation to the wound is avoided by using one instrument instead of two. —</p> <hr/> <p>5.</p> <p>German private, act. 22. Wounded Aug. 7th 70 at Spickhausen.</p> <p>a) Compound fem. shot fracture of the right thigh at the lower third by a Chasse-pot bullet. Fragments of the ball lodged in the knee-joint between the condyles, and between tibia and fibula. Extensor abdominis. Excision of bone. —</p> <p>b) Flank-wound of the left calf. Bullet extruded Nov. 7th 70.</p> <p>Amputation of right thigh Nov. 22nd 70 at Spickhausen. Union by first intention. Recovery.</p> <p>13. ad. a. The ball entered 3 inches above ^{the} inner condyle and passed in a transverse direction outward and downward, making its exit 6 inches above the external condyle. Excision to the amputation. While the patient lay repeatedly</p>

Class

Functions

Division.

Diseased Structure of

Number

Character of Preparation

By whom
PresentedBy whom
Prepared

History of the Case, with Remarks

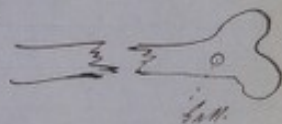
removed, fragments of the
ball and splinters of bone
were removed, at the same
time, when several extensive
abscesses in the right thigh by
were opened and also the
ball extracted from the left
calf.

540. Gunshot fracture of the Occiput.
(Case 6.) D. F. Junker.

German Corporal, age 29.
Wounded at Gravelotte,
Aug. 18th 70.
Gun-shot fracture of
the occiput.
Ball lodged in the frontal
lobe of right hemisphere.
Died of Eys-Meningitis
Oct. 5th 70.

541. Gunshot fracture of the femur.
(Case 7.) D. F. Junker.

Bavarian Private, age 20.
Wounded at Sedan Sept. 2nd 70.
Ball impacted in the medullary
canal of the inferior portion
of the shaft of the left
femur, at its junction with
the epiphysis. The shaft
splintered and fractured at
its lower third. Pyæmia.
Amputation of Thigh Sept. 25th
at Wazierles.
Died six hours after operation.



Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
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542. Gunshot fracture D. F. Junker
of right humerus.
(Case 8)

S.
German Private;
Wounded at St Quentin Jan 21st. 71
Fragments of a ball, a piece
of cloth of the sleeve and a
small piece of shell, removed
from between the fractured ends
of the right humerus, placed in
at Sacton.
Afterward firm union of
fractured bone.

543. Gunshot-wound D. F. Junker
of lung, rib & scapula
(Case 9)

J.
German Private, act. 26.
Wounded at Spicheren, Aug. 6-70
Gun shot-wound through superior
lobe of left lung; compound
fracture of the anterior ends
of the 5th & 6th ribs and of the
inner border of the left scapula.
Inflammation of both lobes
of left lung. Empyema.
N.B. The sham-pot-bell entered
two inches above left nipple
between the 1st & 2nd ribs, which
escaped injury; passed through
the inferior lobe of left lung
obliquely inward & downward
fractured the inner border of
the left scapula and fractured
segments of the 5th & 6th ribs
and remained imbedded between
the latter and the scapula.
It was discovered by means of the

Division.

Diseased Structure of

Number

Character of Preparation

By whom
PresentedBy whom
Prepared

History of the Case, with Remarks

electric proto-fence on Nov. 7th
after several previous trials,
and removed at the same time
with several exploded fragments
of bone.

Some more fragments were removed
on Jan. 7. 91 & Feb. 7th 91.

The pus was evacuated from
the pleural cavity by means
of a cannula introduced through
the posterior opening; drainage.

Water & repeated injection of
a sol. Condy into the cavity.

Patient gradually improved
in health, gained flesh and
was discharged in June '91.
Perfectly recovered, except
the left lung having contracted
and the corresponding side of
the thorax having sunk in
in proportion.

544. Gunshot-fracture of left thigh.
(Case 10) D. F. Junker

10.

French Sergeant, act 90.
Wounded at Spicheren Aug 6. 90
Fragments of bullet and
exploded bone removed
from a gunshot fracture
of the left thigh, Nov. 20. 90
Recovery.

545. Resection of the metatarsal bones of the foot.
(Case 11.) D. F. Junker

11.

German Private act. 89.
Syphus from St. Annen's,

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
546.	Gunshot-fracture of right tibia & fibula. (Case 12)	D. F. Junker		<p>(Admitted Jan 21st 71.) Gangrene of all the toes of both feet from Syphilis. - Resection of the necrotic metatarsal bones, May 20th 71 at Sæbster's.</p> <p>Recovery.</p> <hr/> <p>12. German Private, æt. 25. Wounded at Spredheron Aug 6th 70. Compound fr. shot fracture of the superior third of both right tibia and fibula. Partial union of fractured bones. Successive exfoliations of necrotic splinters. Abundant more or less copious hæmorrhage. During the night of May 18th 71 a very alarming hæmorrhage took place, which nearly proved fatal. It was arrested by digital compression of the femoral artery. On examination of the wound with the view of applying ligatures, the posterior tibial artery and several branches of the anterior tibial artery were found perforated and practically destroyed by fatty degeneration. The ligatures therefore abandoned and temporary styptic compresses applied so as to allow the patient to regain</p>

Division.

Diseased Structure of

Number

Character of Preparation

By whom
PresentedBy whom
Prepared

History of the Case, with Remarks

sufficient strength to undergo amputation, which was performed in the afternoon of the 26th. Through the spine of the tibia with removal of the head of the fibula. The bones were of abnormal softness and porosity. The dissection of the amputated limb showed extensive fatty degeneration of the arteries, by which the posterior tibial was completely destroyed at several places. The arteries were at the level of the amputation were however in perfectly healthy condition. The wound united almost entirely by first intention, only a small portion healed by granulation with very slight discharge.

Recovery without fever

13.

547. Gunshot-fracture of left tibia & fibula.
(Case 13)

D. F. Junker

German Corporal, 22nd Regt.
Wounded at Spicheren Aug 6th 70.
Compounded from shot-fracture
of left tibia and fibula.
Neuronis, Osteophyllos.
Perforations on tibia 17th &
April 25th 71.
Amputation of the tibia with
removal of the head of the fibula
July 26th 71 at San Antonio.
Recovery.

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
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548. Gunshot-fracture of left tibia.
(Case 14) D. F. Junker.

14.
French private, act: 24
Wounded at Spierden Aug 6th 70
Compound gun-shot-fracture
of the left tibia at its lower
third. Complete absence of
Union.
Amputation of the leg through
the ring of the tibia, April 12. 71
Recovery.

549. Gunshot-fracture of right thigh-bone
(Case 15) D. F. Junker.

15.
French private, act: 36
Wounded at Spierden Aug 6th 70
Compound gun-shot-fracture
of the right thigh-bone.
Pyæmia.
Complete absence of union.
Died Nov: 28. 70.

550. Gunshot-fracture of left thigh-bone
(Case 16) D. F. Junker.

16.
German private, act: 27.
Wounded at Spierden Aug 6th 70
Compound gun-shot-fracture
of the left thigh-bone. Necrosis.
Necrotomies: Nov: 5th 70. Feb: 20th
& July 28th 71.
Died Aug: 14th 71.
P.M. Anguish degeneration of
sacral, cervical and mediastinal
lymphatic glands, of spleen,
liver and both kidneys. Fatky
degeneration of the muscles of the
thigh. Empyema.

Class

Functions

Division.

Diseased Structure of

Number

Character of Preparation

By whom
PresentedBy whom
Prepared

History of the Case, with Remarks

551. Gunshot-fracture of right thigh-bone.
(Case 17.)

D. F. Junker

17.
French Private, act. 25.
Wounded at Spierden Aug. 6th 70
Compound gun-shot-fracture
of right thigh-bone - Necrosis -
Osteomyelitis - Pyemia.
Died Dec. 2nd 70 at Saubert.
RM. Muscles of thigh in state
of complete fatty degeneration
and studded with minute
interfibrillar abscesses.

552. Gunshot-fracture of left thigh-bone.
(Case 18.)

D. F. Junker

18.
German Private, act. 24.
Wounded at Spierden Aug. 6th 70
Compound gun-shot-fracture
of left thigh-bone. Extensive
destruction of skin, fasciae,
muscles etc. over the whole
back, buttocks and left thigh
from gas gangrene. Pyemia.
Died Dec. 24th 70 at Saubert.

553. Gunshot-fracture of left femur
(Case 19.)

D. F. Junker

19.
French Sergeant, act. 32.
Wounded at Spierden Aug. 6th 70
Compound gun-shot-fracture
of left femur - Pseudo-arthritis.
Osteomyelitis
Amputation July 3rd 71
at Saubert.
Recovery

Division.

Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
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554. Gunshot-fracture of the left tibia (Case 20.) D. F. Junker

20.
French Sergeant. act. 29.
Wounded at Spierden Aug 6th 70
Gun-shot-fractures of the tarsal
bones of the left foot.
Compound gun-shot fracture
of the left tibia one inch below
the knee.
Amputation of the foot above
malleolus by a surgeon of the
Dutch Ambulance on Aug 29th
at Saubertville.
Caries of shaft of the tibia
Distal portion of the Epiphysis
of tibia and entire malleolus
of fibula.
Amputation of thigh above
condyles May 5th 71 at
Saubertville.
Recovery.

555. Gunshot-fracture of left thigh-bone (Case 21.) D. F. Junker

21.
French private, act. 29.
Wounded at St. Arnould near
Saubertville Aug 7th 70
Compound gun-shot fracture
of left thigh-bone at its
superior third. Ball impaled
in bone. Necrosis.
Resection and extraction
of ball June 20th 71 at
Saubertville.
Recovery

Number

Character of Preparation

By whom
PresentedBy whom
Prepared

History of the Case, with Remarks

556. Gunshot fracture of femur
(Case 22) Dr. F. Junker

II

22.

German Private, aet. 27.
Wounded at Spierkeren Aug 6. 70
Compound fr. shot fracture
of left femur. Necrosis.
Necessary & extraction of fragment
of tibia, July 11th 71.
Recovery.

557. Gunshot-fracture of left ankle-joint.
(Case 26) Dr. F. Junker

23.

French Sergeant, aet. 29
Wounded at Spierkeren Aug 6. 70
Gun-shot fracture of left
ankle-joint; fixation of
tibia
Twice amputated by a surgeon
of the Dutch Ambulance, at
the inferior third of the leg
Aug 22nd, and one inch below
head of tibia, Sept. 30th 70
Osteo-myelitis. Excision of
exposed extremity of bone June 9th 71
at Spierkeren.
A third amputation (at the
lower third of the femur) is
said to have been performed
in France in '72.

24.

558. Injury of the right tibia.
(Case 24) Dr. F. Junker

German Private aet. 24.
Expired during the battle of Amman
by the kick of a horse against
the anterior surface of the right
tibia, Feb 7th 71.

Division.

Diseased Structure of

Number

Character of Preparation

By whom
PresentedBy whom
Prepared

History of the Case, with Remarks

placed after his removal from the battle-field, describes his condition as follows:

"The wounded man exhibited not the symptoms of concussion of the brain. The ball had fractured the skull at the superior portion of the ^{left} parietal bone. A piece of the brain mounting and of the leather of his helmet were carried into the wound with fragments of the bone, which were extracted. He remained insensible until Aug. 23^d when he again became conscious, but the whole right side of his body was paralyzed from time to time he again lost consciousness. He had an epileptiform fit on Sept. 4th after which a fragment of bone and three small pieces of lead were discovered imbedded in the brain and removed. A considerable amount of suppuration took place, and his face, especially the eye-lid, was much swollen from oedema. Abscesses formed at several places of the back and sides of the head and in the neck, which were opened. The epileptiform fits recurred several times daily, but at the end of September they ceased in frequency and the paralysis

+ Numerous discharges of thin green stuffy the discharges broke into the room.

no

no

weight 308 — 23.934 —
pieces 2 1/8 grains = 16.740 grammes

to 118 grains — 7.186 grammes
(partially previously extracted)

18

on April 17th he
broken
was
and

still
he
was 76)
he had
obtained
long
was

wooden
large

usually
loosely

the
perforation
there

in the

is closely
to

the bottom.

very damp

power

not

reacted

closed

16

Peritonitis. Excision of exfoliated
lamina of bone April 24. 71
at Saarbrücken.

Recovery

25.

German Private act. 25.

Wounded at St. Quentin

Jan 9. 19th. 71.

Gn. shot. fracture at the
mouth of the shaft of right
humerus. Repeated haemorrhages
caused by a fragment of bone
being impacted in the wall
of one of the brachial veins.

No more haemorrhage after
excision of the bone March 18th. 71
at Saarbrücken.

Recovery.

26.

French Mitrakowski Batt. - Chepôt bullet -

27.

German Jägeradel Batt. Bavarian. T.L.

28.

German Sergeant (Volunteer)
act. 28. August Engler, Russ. Grenadier
Regt No 12

Wounded at Spicheren May 6. 70

Gn. shot. fracture of left parietal
bone, ball lodged in the left hemisphere.

S. Jermontov of the Dutch ambulance
under whom came the patient was

placed after his removal from
the battle-field, describes his
condition as follows:

The wounded man exhibited
all the symptoms of concussion
of the brain. The ball had fractured
the skull at the superior portion of
the ^{left} parietal bone. A piece of the
brain mounting and of the leather
of his helmet were carried into
the wound with fragments of the
bone, which were collected. He
remained insensible until
Aug. 23^d when he again became
conscious, but the whole right
side of his body was paralyzed
from time to time he again
lost consciousness. He had
an epileptiform fit on Sept. 4th
after which a fragment of bone
and three small pieces of lead
were discovered imbedded in the
brain and removed. A considerable
amount of suppuration took
place, and his face, especially
the eye-lids, were much swollen
from oedema. Abscesses formed
at several places of the back
and sides of the head and in
the neck, which were opened.
The epileptiform fits recurred
several times daily, but at
the end of September they ceased
in frequency and the paralysis

commenced to decrease.

The fragments of ball, removed by S. D. Davenport, had not been weighed, nor preserved.

When taking charge of the patient on Oct. 2nd '90, I found him in a semicomatose state; he continued hemiplegic but was able to move his fingers, without however possessing the strength of grasping. The epileptiform fits repeated themselves almost daily. The actual headache, but the sensation of dull heaviness, and piddiness & fainting on attempting to raise the head. Memory almost lost. Appetite poor.

I made an examination of the wound on Nov. 22nd. Convinced that some fragments of the ball or of bones must still be lodged in the brain. Exploring first with a thin elastic bougie I discovered a deep narrow canal leading to the base of the brain. I introduced the probe-fingers connected with the electric indicator, which soon signaled the presence of metal. I removed from the base of the left Ventricle

two pieces of lead, which weighed 43.35 gr. (16.748 grammes) 2 pieces 2 1/5 grains = 16.748 grammes & a Charney's ball weighing 63.33 gr. (23.934 gr), the portion of the

+ Moderate discharge of thin pus through the drainage tube inserted into the sinus.

(Assault bullet 393. — 23.934 —
2 pieces 2 1/5 grains = 16.748 grammes
7.186 grammes
(probably previously extracted)

latter out in a bath-chair on April 7th.
When the Hospital was broken
up on Sept. 7th 71, he was
able to read large print and
walk with a stick.

I had opportunity of seeing
him again in Sept. 76. He
had married since (June 76)
but he told me, that he had
no sexual desire and abstained
from cohabitation, feeling
silly after it. He keeps
the books and the correspondence
for his wife, who has a large
Drapery business.

There was however one peculiarity
about his gait, which forcibly
reminded of a symptom of the
Early Stage of locomotor ataxia
Ataxy (Sydenham). He tottered
when walking, ^{unless} unless looking
at his feet and tightly
grasping a raised chair closely
held to his seat so as to
rest its pressure against the buttocks.
So, he walked safely enough.
The motory and sensitive power
of his legs however was not
impaired - the muscles reacted
readily and were well developed
and of normal tone.

Division.

Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
563.	A portion of protruded lung, detached by sloughing from P ^t C. Hagan, 2 ^d Regt, who was stabbed at Mearns on the 14 th Feb. 1877.	Surgeon Major F. A. Sartorius D.	in medical charge of 2 ^d Bat. 68 th Regt, Mearns, E. India.	See Gunshot Register, E. V. H. Netley, Vol II for 1877-78.
565.	The wound was followed by recovery, and P ^t Hagan was admitted subsequently at Netley as an Invalid. 3 rd April 1878, when discharged. (Remains 28776)		acknowledged by private letter of S. M. Sartorius to Mearns.	
564.	Urinary Calculus.	Surgeon Major J. H. Porter	No 585- P. Patrick MacFarland 1 st 4 th Regiment	at 24 This man enjoyed good health till January 1877 when the first symptoms of vesical calculus appeared. He was then quarantined at the Cape. July 10 th 1878. Lithotomy was performed by Surgeon Major Porter Netley. There was considerable difficulty experienced in extracting the stone without injury to the bladder. The fore finger-left hand with forceps facilitates the operation. The external coating of the calculus is carbonate of lime. Phosphate of lime in small quantities and traces of oxalate of lime. The inner portion is formed of oxalate of lime, traces of phosphate of lime and a little nitrate of ammonia.
565.	Ashanti Slugs in 3 bottles.	Surgeon Major J. H. Porter	a. Ashanti Slug removed from the face of Private William 2 nd Bn R B 7 th July 1874 by Surgeon Major J. H. Porter. See Gunshot Register No 5- Folio 88. b. Ashanti Slug removed from the thigh of Private Morton 4 th Highlanders by Surgeon Major J. H. Porter 2 nd of September 1874. See Gunshot Register No 5- Folio 191. c. Iron stone nodule extracted from the calf of Major Bairds right leg. St Marks brother command.	See Catalogue of Museum of Military Surgery No 598, &c.

Class

Functions

Division.

Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
566.	Right wrist joint. (dry preparation) of Rev. C. Fitchard 1/29 th Regt, excised on 20/7/78 by Surgeon Major J. H. Porter see Case book, King's Coll. Nataly, 1878	Surgeon Major J. H. Porter		No 834 Private C. Pridemore, On the 29 th of October 1877 while stationed at the Cape he was attacked with Rheumatism in the right wrist which was followed by permanent swelling and loss of power in the hand, was treated to Nataly, where excision was performed by Professor Lister's method, on the 21 st of Feb, 1878.
567	Skull of a Zulu Kafir Boy from Natal	J. H. Porter Surgeon, R. M. S. 3/4/79		(no lower maxilla forthcoming) left process broken off
568.	A. Photograph of a case of a Univentricular or Tricocelian Heart (note 19) 165 B			Patholog. Museum, Nataly, the Journal of Anatomy & Physiology, to App. 568. 165 B. CASE OF UNIVENTRICULAR OR TRICELIAN HEART. BY ROBERT ELLIOT, M.D. (Edin.) Fellow of the Royal College of Physicians of London. CAMBRIDGE: PRINTED AT THE UNIVERSITY PRESS. 1877
569	— o —			

Patholog. Museum, Netley
to App. 568.

165 B.

CASE OF UNIVENTRICULAR

OR

TRICÆLIAN HEART.

BY

ROBERT ELLIOT, M.D. (*Edin.*)

Fellow of the Royal College of Physicians of London.

CAMBRIDGE:

PRINTED AT THE UNIVERSITY PRESS.

1877

X

STATE OF CALIFORNIA

PROCEEDINGS

IN SENATE

January 1, 1901

CASE OF UNIVENTRICULAR OR TRICÆLIAN HEART¹.

By ROBERT ELLIOT, M.D., F.R.C.P. *Carlisle*.

THE case of J. C——, a clerk in a public office, most nearly approximates to the 17th of Dr Peacock's 2nd Edit., p. 148; and to the 4th of Dr Cockle in the *Med-Chir. Trans.*, Vol. XLVI. p. 200, quoted from Mr King.

The peculiarity of J. C.'s case was that transposition of the great vessels; smallness of the aorta, and large size of the pulmonary artery; total absence of ventricular septum—coexisted with all but total freedom from pericardial adhesion; equally healthy and efficient lungs; the attainment of the age of 19 years and 8 months; and great amiability and humour.

Cyanotic signs were first observed at 3 months of age, and gradually increased as he grew older. The livid complexion, the clubbed finger ends, the sensibility to cold, the inaptitude for bodily exertion, the stuffy breathing, the high intelligence, were such as are usual in cyanosis. He was short and slight in figure, had no beard, his chest was small, rounded and projecting, especially at the left border of the sternum, and with trifling movement. On percussion of the chest there was dullness in the precordial region far beyond normal limits. The heart's action was nervous and thumping, with a whizzing bruit which only occasionally accompanied the systolic sound, the 1st and 2nd sounds, however, were otherwise normal. His pulse was an exceedingly shabby one, and strangely variable in force, but not in frequency, being always about 80. There was no other indication of valvular defect, nor any sign of pericardiac disease.

¹ Read to *Med-Chir. Soc.* London, June 28, 1868. Abstract in *Proceedings* of that date.

Appetite good, bowels regular, urine generally turbid, sleep of average length and depth, but with thick stuffy breathing. In summer, especially in warm weather, feels himself best. His health was wonderfully good and uniform.

In his last and only important illness, extending over three weeks, his appetite was extremely poor, he vomited frequently, his tongue was dirty, aphthous, and sore; and his pulse was small and rapid; he had much precordial pain and oppression, his breathing was laborious, so that he was obliged constantly to sit up, he had drowsiness gradually deepening, extremities slightly œdematous, very cold and livid, face still more livid, and mouth and tongue most so. He died calmly, and as if through gradual exhaustion, on May 19th, 1867. He got great relief from the inhalation of oxygen, but was not troubled with any other medication. Under the influence of this gas his precordial pain lessened, his colour mightily improved, his bowels, skin, and kidneys, all acted better, and he breathed so much more freely, that he said he had not felt so easy and well for years.

I made an autopsy with the kind aid of Drs Walker and Robertson 2½ days afterwards. There was great œdema of the extremities, the body was generally livid, and especially so were the extremities, the neck and face, and the inside of the mouth most intensely so, as in life.

The brain was not inspected.

Both lungs were quite healthy: no trace of tubercle or of any disease in either of them. Slight effusion existed in each pleural sac. No adhesions.

The liver was healthy.

The pericardium externally was normal, internally there was slight effusion, and but one trifling adhesion, old, and elongated.

The heart, after more than two months immersion in spirit, was very carefully examined, on 24th July, 1867, with the important help of Dr Embleton, of Newcastle-on-Tyne.

Externally: The organ appears large, measures round its

widest part $11\frac{1}{4}$ inches, and in length $4\frac{1}{2}$. The bulk was chiefly due to the right or pulmonic heart which was distended with grumous blood. External surface healthy, except the old adhesion above-named, on the front near the apex. On placing the heart with its anterior surface upwards, the anterior longitudinal furrow with its vessels holds the usual position, ending above and to the right side of the apex.

The aorta and pulmonary artery are seen to be reversed in position. From the right side of the heart springs the aorta, having, on each side of its origin, the right and left auricular appendages. The aorta is only half an inch in diameter, its arch is formed as usual, and the customary three branches are given off from it. All three are small, and in proportion to the size of the trunk from which they arise; the innominata bifurcates within half an inch of its origin. Immediately behind the origin of the aorta is placed that of the pulmonary artery, which measures an inch and three quarters in diameter, at its commencement, and passing up behind the ascending part of the aorta, it bifurcates as usual under its arch; and just below its bifurcation its diameter is 2 inches. The ductus arteriosus is quite closed. The right auricle and the right side of the ventricular part of the heart appear unduly large; this auricle is much larger than the left one, both as to its sinus and its appendage.

The venæ cavæ enter the right auricle normally, and the usual four pulmonary veins are normally connected with the left auricle.

Internally: The ventricular division of the heart is one large cavity, no trace of septum is visible, the organ having been freely opened from the apex towards the base. The reticulations of the columnæ carneæ on the right side are not nearly so numerous and complicated as those on the left side; the muscoli papillares are nearly as large on the right as on the left side, and the ventricular wall on the right is very nearly as thick as that on the left side.

The aortic aperture is in the position of that of the pulmonary artery, and the latter in that of the former; the orifice

of the aorta is small, its valves are of the usual form, and are healthy in appearance.

The pulmonary orifice is somewhat constricted, contrasting thus with the wide calibre of the trunk above, and yet it has about twice the diameter of the aortic opening, the latter admits only a fore-finger, whilst the former can admit two fingers.

The valves of the pulmonary artery are thickened, particularly at their borders, but unequally so, the anterior and the right posterior segments being much more so than the left posterior, which is not only thinner but also a little smaller than the others. Together, however, these valves appear to be competent to close the opening. The thickened edges of these valves appear incapable of causing the whizzing sound which sometimes accompanied the ventricular systole.

On close examination, just under the right posterior segment of the pulmonary valve, is seen a little bag of membrane, valve-like, convex and bulging towards the pulmonary aperture, concave towards the right auriculo-ventricular opening, and having two or three chordæ tendineæ attached to its otherwise free border. Its exact position was between the last-mentioned segment of the pulmonary valve and the left segment of the tricuspid valve, and might assist that segment in preventing the direct passage of blood from the right auriculo-ventricular aperture to that of the pulmonary artery, but when distended with blood it would be carried somewhat over the pulmonary orifice, and thus, in all probability, give rise to the occasional whizzing above mentioned. This little valvular bag lies in the uppermost part of the space, that is left vacant by the absence of the interventricular septum, and its attached border is fixed between the right auriculo-ventricular aperture and that of the pulmonary artery. A little below this bag, and further back, against the posterior wall of the general ventricular cavity, are seen the adjacent segments of the tricuspid and bicuspid valves connected together, a small papillary muscle running up along a part of their line of union. These two sets of valves appear to be otherwise normally arranged as regards their seg-

ments. The right auricle is a good deal dilated, and its walls hypertrophied, the appendage is unusually capacious, and the muscoli pectinati strong.

The vestige of the Eustachian valve is visible. The valve of the coronary vein shews a perforation. At the upper and back part of the fossa ovalis exists a rather oblique opening which would admit an ordinarily sized goose-quill. This is the only communication between the auricles, and could not be the cause of the whizzing murmur. Nothing abnormal in the left auricle.

For other cases of Malformation of Heart, see *Reports of Proceedings of Northumberland and Durham Med. Soc. Session 1862-63*, and ditto 1850, 1st by Dr Embleton and 2nd by Mr Wallis, South Shields, and again, 1858, in ditto, by Mr Bolton. Also, Dr Peacock's work on "Malformations, &c. of the Human Heart," *Brit. Med. Journ.*, Sept. 28, 1872, p. 351, a case by James Johnson, M.B. of Birmingham, (Deficiency, not absence of sept. ventricul.), and the same *Journ.* for Jan. 11th, 1873, a "Case of Tricælious Heart in which sept. ventricul. was absent, with figs. of exterior and interior," by S. M. Bradley, F.R.C.S. of Manchester.

Class

Functions

Division.

Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
566.	Right wrist joint. (dry preparation) of Private C. Pritchard 1 st 24 th Reg ^t , excised on 27/78 by Surgeon Major J.H. Porter see Case book, Surg. Dep ^t , Nataly. 1878	Surgeon Major J.H. Porter		No 834 Private C. Pritchard, on the 29 th of October 1877 while stationed at the Cape he was attacked with Rheumatism in the right wrist which was followed by permanent swelling and loss of power in the hand, was invalided to Nataly, where excision was performed by Professor Lister's method, on the 21 st of Feb, 1878.
567	Skull of a Zulu Kafir Boy from Natal	Dr. Cotter Surgeon, A.M.D. 3/4/79		(no lower maxilla forthcoming.) (left process broken off)
568.	A. Photograph of a case of a Univentricular or Tricostial Heart (autopsied) 165 B	Dr. Robert Elliot F.R.C.P. Lond. of Carlisle 1/4/79		also a reprint of a paper from the Journal of Anatomy & Physiology, Vol. XI, 1877. This photograph has been framed, so as to hang up in the Pathology Museum
569	—			

BY

ROBERT ELLIOT, M.D. (Edin.)

Fellow of the Royal College of Physicians of London.

CAMBRIDGE:

PRINTED AT THE UNIVERSITY PRESS.

1877

Division.

Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
570.	Skull of a Fanti Capt-Keighley (2.W.3)	through Surgeon Major Robson		found at Sime, during the Ashanti War of 1873-74. — see Collection of Skulls, 282-a.
571. 2 ²	Skulls of Zulu warriors of the Inkobandakosi Regt. — age about 20. —	Surgeon Major A. H. B.		Killed at the attack on Rooke's Drift on the night of the 22 nd January 1879 after the Sandkwaan Disaster. — see Collection of Skulls - No 407-bxc.
573.	50 Skulls (the upper part only)	Surgeon Gilbert Kirker, R.N. (20 February 1880)		Crania were dry when fired at. The bullet was a rook rifle bullet. Distance about 10 yards. Crania free, just set up on the top of a box when fired at. The Expts show the starned fissuring of the cranium which accompanies the passage of the bullet when fired from within, the absence of such fissuring when fired from without. The top of substance is also in the actual opening left by the bullet is believed to be left in area where there is fissuring than where there is not. (The above are Dr Kirker's remarks) It.
574	as illustrations of the effect			
575.	of conical bullets (experimentally fired)			
576.	on the cranium.			
577.				
				* Sent to M.S. College 15.1.03.
578.	a Skull (with jawbone) of an old Hilltribe native of Atcheen (Sumatra)	by Surgeon Major J.C. de Moor Medecin de Regiment à Dacsbwigh (Sago-Bado) N/so		
579.	Head of Humerus and 18 fragments of the shaft, removed by excision, from a man of the Guides Cavalry wounded in action by an Enfield Rifle bullet on the 26 th April 1880 at Charasiak near Cabul, by Surgeon J. Lewtas	Surgeon J. Lewtas (2nd Med. Service) N/so		See the fragments of bone (18) wrapped in paper together with the head of a humerus, being the case of a wounded man by a bullet which I extracted, was found in the arm. Excision of the bone was made, 14 days after the wound. The wound healed at Charasiak, 26 th April 1880. Has done well.
				See the fragments of bone (18) wrapped in paper together with the head of a humerus, being the case of a wounded man by a bullet which I extracted, was found in the arm. Excision of the bone was made, 14 days after the wound. The wound healed at Charasiak, 26 th April 1880. Has done well.

Division.

Diseased Structure of

Number

Character of Preparation

By whom

Presented

By whom

Prepared

History of the Case, with Remarks

580. 8 Fragments of Bone

J. L. Leavitt
2nd. Med. Service
Surgeon to the
Guides Cavalry
7/11/80

Sent to M. S. College 15:1.03

The fragments comprising portions of the Humerus, Ulna and Radius removed by excision for a rifle wound of the Elbow joint in a soldier of the Guides Cavalry (Bu. A.), on 13th Decemb. 1879, near Cabul.

581. Femur penetrated and fissured by an irregular bullet composed of a stone encased in lead.

(Colonel Sergeant Pegg)

Surg. Major
W. Johnston,
A.M.D.

(as contained in 1878)

Letter to M. S. College
No 1011 A.M.D.
695 29/1/80

Sent to M. S. College 15:1.03.

History: Colonel Sergeant Pegg, 1st Bat. 13th Regt was wounded at the storming of a Stadt in Secoceni's country, Transvaal, 24th Octob. 1878. Amputation performed by Surg. Major W. Johnston, 5 hours after receipt of wound. Patient died on the following day.

Penetration & extensive fissuring of the shaft of the femur by an irregular bullet composed of a small stone encased in lead. The stone and 2 fragments of lead by which it was covered are placed above the fractured portion of the femur.

582. 5 Urinary Calculi

J. B. Wilson
Surgeon
A.M.D.

31st January 1881.

These Calculi were removed by the donor

No. 1, on Aug 15th 1876, from -Soka, age 60, Dooly Barrer

No. 2. Sept. 8th 77, from -Luchman, age 60.

No. 3. Sept. 8th 77, from -Jee Khan, age 7

No. 4. Oct. 4th 77, from Bulidare, age 20.

No. 5 is a small stone extracted from a cavity just beneath the skin of the perineum about midway between the bulb and the anus, to which position it had doubtless ulcerated its way from the wrethra of a Soldier during the Zulu War 1879

583

Division.

Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
584. Feb 3763.	Fungus disease of the Foot, Madura Foot Disease.	The President of Grant College Museum, Bombay See Letter 21202 of 5/1/64 in Abstract Book, Vol. II p. 28. (Pathology Museum, Killy) See also W. Aitken "Science and Practice of Medicine", Vol. I p. 998, 1815. (Coloured here March 1892) See Abstract Book Vol. II p. 28. A. 3763 & 64 for Harleth's paper, 1892.		Copy of Abstract: (Preparation) Fungus disease of the Foot, (first variety) The specimen was the first that occurred of this kind. The history of this case is recorded in the Transactions of the Bombay Physical and Medical Society Vol. VI New Series, and a drawing of the section may be seen. The black fungus masses are clearly seen; the pieces of cane are introduced, some of them into the loculi occupied by the fungi, showing the direction of the canals leading from them towards the surface. Those on the dorsum are placed in the sinus-apertures through which fungus particles were discharged during life.
585. Feb 3764	As before (for) A. 3764.	D=		Copy of Abstract: (Preparation) A well marked specimen of Fungus disease (Mycetoma) of the Foot. It shows the usual external characters of the disease, but the cuticle has been removed. This belongs to the second, or more common variety of the disease as distinguished in the Specimen before mentioned.
586. 888	Ulceration and perforation of the Colon.	The President of Grant College Museum, Bombay Abstract Book Vol. II in Pathology Museum, Killy p. 28. Letter 21202 of 5/1/64		Copy of Abstract: (Preparation 1899). The perforation occurred near the junction of the transverse and descending colon. In the whole extent of the large intestine ulceration was present passing into gangrene and the rectum was approached. In several places only the peritoneal coat was left. The size of the actual opening may be seen to be equal to a pinhole. Death quickly followed the rupture. The previous duration of the symptoms is recorded as 2 months. Peculiar dark stains were noticed in the liver.

Division.

Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
587. 104	Thickening and contracting of the mucous membrane of the rectum in a case of Dysentery.	The Residents of Grant College Museum, Bombay. Abstract Book No. 28 in Pathology Museum, Guelley.		Copy of Abstract: (Preparation No. 21.) Large sloughs of a dark colour were found in the caecum and commencement of colon, probably the consequence of a recent attack of dysentery which caused death.
588	Aneurism of the arch of the Aorta bursting into left bronchus. (see B. 241.)	As before (from Bombay) Abstract Vol. II, 28	B. 241 (Entered here March 1881.)	Copy of Abstract: Preparation No. 1. The opening in the arch of the vessel is very small and is partially obstructed by a Coagulum. The sac is nearly filled with concentric laminae of fibrin. The opening situated a little below the division of the left bronchus, is lacerated and irregular; Heart healthy. No previous history. The man (a Hindoo Sepoy) died suddenly. (by Dr. Haines)
589.	Humerus of an Aboriginal Guianaco inhabitant of the Grand Canary Islands.	Dep. Surgeon General John Irvine 20/9/51		Etiological - no further record - The thin transparent lamina of bone between the coronoid and the olecranon depression (fossa) is here perforated or absent. See Gray's Anatomy, 6th Edition, p. 95.
590.	Bullets, and a Stone bullet mould of Afghan manufacture	Henry Waghorn, Surgeon Major A. M. D. (at the time Surgeon General) 18/9/51. Through the Director General's letter 9800-22/7/51. 595	Scapula History Museum of Pathology Surgeon - 614	No. 1 K Bullet extracted from vicinity of inferior angle of right Scapula of Pte 7th Fusiliers 17th Aug 80 immediately after the sortie of De Koja. The bullet entered just beneath the centre of the right clavicle, passed obliquely downwards through the right lung the missile came from the roof of a house. After the removal of the bullet and several spicula of bone from the rib and Scapula 8 or 10 ounces of blood escaped. This case recovered in one month. No. 2 M. Bullet removed from buttocks of Pte 66th after battle of Mairwand. Case recovered.

Division.

Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
590. (continued)	<p>The pieces of paper bearing the numbers were separated from the bullets in the box being opened so that one could not be numerically distinguished from another T. Langmore S.S.</p>			<p>No 3 M. Taken from the of 66th 12 days after being wounded at the Battle of Mowand. The ball entered just below the left trochanter and passed upwards towards the pubes and was thus lost; 7 or 8 days after receipt of the wound the leg and thigh swelled and appeared erysipelatous, on the 12th day a swelling in the popliteal space gave way and death occurred from hæmorrhage. At a necropsy the Vena Cava and Aorta were found grazed by the bullet and both had subsequently ruptured.</p> <p>No 4 K. Taken from near the right tibia which was fractured case recovered.</p> <p>No 5 From vicinity of femoral Artery at the groin Sortie de Kija, case recovered.</p> <p>No 6, 7, 8, 9 From wounded men natives and Europeans at the dressing station during the relief of Kandahar.</p>

Henry Mphors
Surg. Major Genl.

In Med. Charge of No 1 Field Hospital
December 1880

591. Sarcoma of Tibia.

From Post-mortem Room
Royal Victoria Hospital,
Netley.
Dec 25/10/81

Surg. Major
Boileau M.D.
and.

The leg is that of Gunner J. Daly, R.A., No 4448.

A small movable tumour appeared in May 1880 on front of the right tibia, whilst he was serving at Aldershot. He was invalided to Netley when the disease was diagnosed as Sarcoma of tibia. The leg was amputated through lower third of thigh. He made a rapid recovery, and during the 3 months he remained at Netley after the operation, the disease showed no tendency to return.

(See Wilson)

592 Upper jaw — from P.M. Room.
593 Lower jaw & frontal bone —

to show the dentition under or about 24 years of age
(See Wilson)

Division.

Diseased Structure of

Number

Character of Preparation

By whom
PresentedBy whom
Prepared

Section of
594. Vesical Calculus
the nucleus of which
consists of a bullet.
removed from a native
of India by lithotomy.
Operation performed
by the donor.
(Dec 18/82).

Surgeon Major
T. Robinson
Ind. Med. Service
Edwardsabad
India.

Set up
at Netley.
No. 615, A.
in a glass case
(among urinary Calculi)

Below you will see a section of the stone
& please let me know whether you would
care to put one half of it in the Museum
of this hospital.



Out of all the Calculi I have
removed this is the only
one of any note. I offer it
to you in remembrance
of old times at Netley.

I am Dear Sir

Yours faithfully

T. Robinson M.D.

Surgeon Major

I.M.D.

The Professor of Pathology
Royal Victoria Hospital
Netley.

595. Segment of the

Surgeon Major

Walter of Jamaica

S. Nichol

Case the different

Calix

from epilepsy due
apparently to disease
in the brain

"A healthy looking man, of Jamaica race,
admitted into hospital on account of Epilepsy.
Suffered from pain of a neuralgic character
in the head, and had what seemed to be a
node on the left forelimb. This disappeared
under the influence of iodide of potassium.
Intermittent attacks of agonizing pain came
on almost daily in the head and he seems
to have died of exhaustion after nearly two
months illness. At the autopsy a tumour,
size of a walnut was found in the left lobe of
the cerebrum anteriorly and the membranes
of the brain over it were adherent to the
tumour which was elevated & compressed with a
depression in the centre. The tumour was
of considerable density and consisted
of a substance of a yellowish, gelatinous appearance.

Below you will see a section of the stone
& please let me know whether you would
care to put one half of it in the Museum
of the Hospital.



Out of all the Calculi I have
removed this is the only
one of any note. I offer it
to you in remembrance
of old times at Netley.

I am Dear Sir

Yours fully

J. Robinson M.D.

Surgeon Major

I. M. D.

The Professor of Pathology
Royal Victoria Hospital

Netley.

5 Harbour View Place

Summer Hill

St Luke's, Cork

8th Feb. 82

Dear Sir

When I was abroad in India I operated on a man for stone & on removing it I was struck by its extreme weight. I made a section of it & found an elongated bullet forming a nucleus. The history of the case was. the man had taken part in a raid on a neighboring village. the attacking party was repulsed. when my man was clearing off he was hit in the right gluteal region. the bullet penetrated the bladder passing through the right ilium. he had no trouble of any kind until nearly two years afterwards when all the symptoms of stone appeared & he came to me to be operated on.

10 + 11 York St.

Dublin

16th Feb. 82

My dear Sir

I have much pleasure
in sending you the half stone. the
following is a brief account of the
case.

The patient was a Still-man from
beyond the North West Frontier. the
fight in which he was wounded
took place in independent ter-
ritory. he was wounded about
2 years before ~~the~~ he came down
to our territory for operation in
the beginning of '81. He said that
he had suffered no inconvenience

from the injury so far as his urinary
organs were concerned until a couple
of months before ~~the~~ he came. & then
all the symptoms of stone appeared
after the operation, which was performed
in the Civil Dispensary at Edwardes-
abad on the North West Frontier. he
got a small dose of Opium which
confined his bowels until the eve
of the following day. when at stool
a very large abscess burst discharging
 $1\frac{1}{2}$ pint of pus. hectic fever imme-
diately set in & rapidly carried him
off. I could not get a post mortem.
but I consider that there was a peri-
rectal abscess & that I gave it a
snick when withdrawing the knife
& the slight straining at stool burst

it.

The section was made with a very fine
pet saw. which caused very slight wa
& divided the stone into very equal parts
I regret that I did not weigh it before
cutting it

I am returning at once to India
& should I meet with any really in
teresting specimens I shall not
forget the Netley Museum, nor for
Kind letter.

I am my dear Sir

yours very truly

J. Robinson

19th Session 1869/70 - Ind. Med. Service

Surgeon Major in 1882

4th Punjab Infantry
Edwardsabad
— India. —

Division.

Diseased Structure of

Number	Chart
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4.

History of the Case, with Remarks

594. Vesic
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of Inde
Opera
by the
(the

The section was made with a very fine
jet saw, which caused very slight wa-
+ divided the stone into very equal parts
I regret that I did not weigh it before
cutting it

I am returning at once to Ind
I should I meet with any really in-
teresting specimens I shall not
forget the Nalley Museum, nor for-
get to write you a
kind letter.

I am my dear Sir

Yours very truly

J. Robinson

19th Lesion 1869/70 - Ind. Med. Service

Loggia Major in 1882

14th Rajah's Report
Edwardes
— India. —

595 Legation of the US Secretary Major
 1000
 abstract from
 164 II 183
 (inhibition 183)
 State the different Police
 from Philology and
 especially the Museum
 in the Museum

A weakly looking man, a Jamaica Creole admitted into hospital in account of Epilepsy. Suffered from pain of a neuralgic character in the head, and had what seemed to be a node in the left prefrontal. This disappeared under the influence of Iodide of Potassium. Subsequently attacks of agonizing pain came on almost daily in the head and he seems to have died of exhaustion after nearly six months illness. At the Autopsy a tumour, size of a walnut was found in the left lobe of the cerebrum anteriorly and the membranes of the brain over it were adherent to the one which was elevated & covered with a depression in the centre. The tumour was of considerable density and consisted of a substance of a yellowish gelatinous appearance.

Division.

Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
596.	Portion of a Calvarium <i>Contribution Book Vol. I, p. 68, 2.</i> 22/5/69	Dep. Asst. General Robert Smith, M.D. R.F. Cumbland Villa, Windsor Road, Shirley, near Southampton 21/5/69	- same -	Calvarium exhibiting 11 or 12 scattered small exostatic growths upon the cerebral aspect of the frontal bone. (no history) <i>sent by Dr. Becher</i>
597.	"Worms" Specimens of <i>Sclerostoma duodenale</i> , vel <i>Dochmius duodenalis</i> , ♂ & ♀. in a small glass bottle, addressed to Professor Aitken through Messrs. Paul Hambro & Co., Manchester, to whom Dr. Aitken has acknowledged the receipt of the parcel.	Dr. J. F. McConnell Medical College Calcutta.	See also in library Report of the International Medical Congress, London 1881. Vol. I, p. 439 "Paper by Dr. Long, Recorder."	Description given in a private letter to Dr. Aitken. Sent by Prof. Aitken to the Microscope Room for Dr. Becher's inspection and examination.
598.	Skull showing a gunshot fracture of the right temple. marked Case 190, China. (p. 43) See "Becher's China Case" in Microscope Room. August	E. Becher Brigade Surgeon (1887)		Case of John Murphy No 2519, 41 st Regt, wounded August 1880 before the Tzu Tsu, China. Gunshot fracture through Right Orbit & Sphenoidal bone. T.L. <i>collected by the Surgeon</i>
599	Calvarium - gunshot fracture -	Dr. Robert Smith Dep. Asst. Gen. R.F. 21/5/69		See Contribution Book Vol. I, p. 68 - also Rec. 3714, Cat. of Path. Museum.
600 A-171.	Heart, stabbed with a Knife	148B at Netley		Heart of A. D. 95 th Regt, who was accidentally killed at Athlone on the 5 th Nov. 1878 by a stab through the heart. The Knife blade is still in position. <i>a 12 inch long</i> <i>original Knife in Surgeon's Museum No</i>
601.	Sloughing of lower end of Ilium.	Staff Surgeon E. Becher M.D.	- do -	See "Becher, China, B", Case 19, Blue

Class

Functions

Division.

Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
602.	Arteries of the Pelvis and Thigh with the parts engaged in lithotomy injected and dissected by	G. Williamson, M.D. Asst. Surgeon to the Forces, 1891.		Manuscript Mus. Catalogue Feb 1844 — Circulation No 26, p. 20.
603.	Arteries & Nerves of Head & Neck, minutely dissected by	G. Williamson, M.D. Asst. Surgeon to the Forces, 1891.		Manuscript Mus. Catalogue 1844 — Circulation 28, p. 20. N.B.: — The Innominata and Soft Carotid Arteries arising by a common trunk. Infraorbital Nerves subdivided and passing out through two foramina in the superior Maxillary bone of right side, and through three foramina in that of the left side.
604.	Arteries of the Hand minutely injected and dissected by	G. Williamson, M.D. Asst. Surgeon to the Forces, 1890.		M.S. Mus. Catalogue, 1844. — Circulation No 25, p. 20.
605.	Arteries & Nerves of the Foot, minutely dissected by	G. Williamson, M.D. Asst. Surgeon to the Forces, 1891.		M.S. Mus. Catalogue, 1844 — Circulation No 27, p. 20.
606.	Foetal Circulation, prepared & presented by W. M. Ford	Asst. Surgeon to the Forces, 1826.		M.S. Mus. Catalogue 1844. — Circulation No 1 — p. 21.
607.	The Antrum of the Superior Maxilla (set up under a glass shade)	Asst. Surgeon M. Crae M. Crae		M.S. Mus. Catalogue 1844, — Locomotion No 161
608.	Cranium — the bones separate, but approximated by mechanism — Paris.	Asst. Surgeon James Munro, M.D.		Mus. Catalogue, Feb 1844, Locomotion No 145 — (Anatomical Mus.)
609.	Stomach showing ulceration of Peyer's patches (entered April 1882)	J. E. Purdon M.B. Surgeon Major, R.M.F.	From a case at Secunderabad at Khetley	From a case of Enteric Fever which occurred at the Barracks of Secunderabad, India. (no further History)
610.	Intestine showing into intussusception (See 3rd Oct 6. 1865) (Contrib. 10 Nov 82)	Surgeon Lord 4th Bat 60th Rifles (See 3rd Oct 6. 1865) (Contrib. 10 Nov 82)		Case of P ^{te} William Russell 4 th Bat. 60 th Rifles See Abstract Book Vol. II, 54
611.	Human Cranium exhibiting Caries of the bones after secondary syphilis — Circulation Vol. 12, Feb 1864 — Abstract Book Vol. II, 20	Surgeon Nash R. A. Aldershot 1/2/64	— ditto —	Case of Gunner Joseph Mutt, 4 th Brig ^{de} R. A. Abstract Book Vol. II, 20

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
612.	Aneurism of Thoracic Aorta	A. F. Turner Surgeon 48 th Reg 29/10/66	at Netley	See Abstract Book Vol. II, 38. 293 Case of Russell John Brown Cont E. 48- B 158
613.	Aneurism of Aorta from P. H. Brown Hypertrophy of the Heart S. K. Cotter	from P. H. Brown Surgeon S. K. Cotter 29/10/66	at Netley at Netley	Case of P. H. A. Green See Pathological Cases to Vol. XIII, Case 73 } in Microscope Room also Abstract 75 in Abstract Book (B. 242) 268 B. H. M. D.
614.	Heart of a little girl 50 A new Catalogue	S. K. Cotter, M. D. Surgeon 48 th Reg 29/10/66	at Netley	— showing hypertrophy consequent on pericarditic effusion, — besides two Pulmonary arteries and slight patency of foramen ovale. see History of the case in Abstract Book Vol. II, 136, a
615	Preparation of Heart of Surgeon Wearne 161	from Surgeon Wearne 161	at Netley	(Preparation of Heart) — exhibiting deficiency of inter-ventricular septum. (Case of P. H. James Smith from dead house, 161) see Contribut. 58, 13/6/67 — (A. 17/6)
616	Spontaneous Fracture of the Femur	Dr. Oliver Surgeon Major	at Netley	Case of 1867, Bombardier R. Pitham 11 th Bat. of Brigade Art. no history
617 683	Lung of a Giraffe	from Zoological Garden, London	at Netley	presented 29/5/72 no history
618.	Portion of Calvarium showing a gunshot wound Med. History in Prof. H. G. Brown, Great East (Surgery) Sent to M.S. College 13.1.03.	Brigade Surgeon R. M. G. A. M. Juppels	at Netley	Received 18/10/02 through D. G. 2336 4/10/02 Private, J. Barr Duke of Cornwall Light Inf., age 21, service 1 1/2 years. Wound received 28/9/02, admitted to Great East 8/10/02. Bullet entered the head at a point corresponding to the junction of the superior angle of the occiput with the sagittal suture and passed obliquely upwards and to the right for about 3 inches, where it made its exit. A good deal of headache, intelligence dulled - offensive discharge. Later unconsciousness, vomiting; died 29/9/02 at 9 p.m. At the P.M. Examination, after the removal of the skull cap it was found that an irregular shaped piece of the inner table had been driven inwards, but was not detached. The size of the piece was about 1 inch square. The dura mater was intensely congested. On opening the brain the left hemisphere was found to contain a circumscribed abscess about the size of a small orange. It contained healthy pus. No other cerebral lesion could be detected. All the other organs were healthy. Prepared by J. Barr Surgeon 2 nd B. Co. R. G. at Great East Hospital

Division.

Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
619 } 2 Skulls of (Lower maxilla) 620 } Afghan Artilleryman, Surgeon Major picked up from the battle of J. Fleming, field at Besswar Kotah, Jamson, Afghanistan. A.M.D. 7/10/02			not	None whatever
621.	Ulcerated Bowels	Surgeon Major J. Fleming, W.O. Letter 54770 6/11		History as follows.
<p>From the India Med. Gazette HOSPITAL PRACTICE October 1883.</p> <p>A MIRROR OF HOSPITAL PRACTICE. GUNSHOT FRACTURE OF HEAD OF HUMERUS. EXCISION. BY J. LEWIS, M.D. (LOND.).</p> <p>Quilander, a powerfully built man, aged about forty, presented himself at the Marine Dispensary on 27th July 1882, gave the following account of himself:—Ten days previously he had, according to his usual custom, placed a loaded gun on his bed, alongside him, with the stock of his feet and the muzzle near his arm-pit. In the morning, before rising, he grasped the barrel near the muzzle with the intention of putting the gun aside, but while so doing the trigger caught in the rope of his charcoal (bedstead), the gun went off, and the charge passed through his left shoulder.</p> <p>On arrival of the dispensary, ten days after the injury, the shoulder was so much swollen by inflammation and effusion that all landmarks were effaced, and it was impossible to determine accurately all the details of his injury. Scarcely, however, was he seen, that a bullet had entered at the front of his left shoulder, had passed upwards and backwards through the joint, making its exit at or directly below the spine of the scapula. That some bone was broken was certain from the man's statement that small pieces had come away with the discharge; but neither Dr. Pearson, I. M. D., nor myself could detect crepitation, or determine which of the bones about the shoulder-joint was broken. From the back of the wound, and the absence of crepitation on moving the humerus, I was of opinion that the lower border of the acromion-process, or else of the spine of the scapula, had been broken.</p> <p>Palliative treatment was adopted for ten days to allow the inflammation to subside at the end of which it was decided to explore the track of the wound, and if necessary excise the joint. On 6th August he was put under chloroform, when, on introducing a finger into the front wound, I found a rough, bony, ball about the size of the scapula, but not pushing the finger further in towards the scapula I could find no fissure of this bone or its processes. Dr. Pearson, who gave me valuable assistance in the operation, agreed that removal of the head of the humerus was indispensable. Owing to the very large size of the bone it was found impossible to remove it through a liotome incision, and it was necessary to cut transversely through a portion of the deltoid at the upper end of the first incision. The head of the bone was then freed and removed while Butcher's saw at the surgical neck. A drainage tube was introduced, and the edges of the wound brought together except at the lower part, where the tube emerged.</p> <p>An inspection of the excised head showed that the bullet struck it in front of the greater tuberosity, at the outer edge of the bicipital groove. The whole of the greater tuberosity had disappeared, leaving a rough cavity, which measured 1 1/2 inch in length, by 1 inch across its widest part. A crack extended downwards along the outer edge of the bicipital groove, but for only one-quarter of an inch. The bullet, a round one, after breaking through the greater tuberosity of the humerus, had passed beneath the acromion-process, perforated the infra-scapular ligament, and escaped, and so made exit below the spine of the scapula.</p> <p>The man is making a good recovery, but a month or two must elapse before it can be stated what power and what movements he will retain. But a good illustration of the result of this operation is afforded by the present case of a man who underwent it in May 1880. The case I allude to is that of a defiler of the Guides Cavalry, the head of whose left humerus together with thirteen soldiers of the 11th, I excised on May 24th, 1880. He now discharges the numerous duties of a 2nd Lieutenant, and is one of the best veterans and most efficient in the regiment. His left shoulder-joint has every movement, except that of flexion forwards. To effect this movement he grasps the left hand with his right, and then, to all appearance thrusts them forward together, as a swimmer does before taking a "stroke." With the left arm he can lean now from the ground as heavy a weight as he could before the operation. The circumference of the upper end of the shaft is still sharp, and in putting forth any effort the upper end of the bone is pulled up against the coracoid process. The inability to push the limb forwards is due to the absence of any humeral attachment for the pectoralis major muscle, the place</p>				
ONLS (Brigade Surgeon, 2nd Med. Service) Don, W. Crichton 1882 in London (don)				No history.
Vajor ell Depart utana India.				Weight 60 grains—Extracted by supra-pubic incision, after the bilateral perineal section had failed to afford room enough for its passage by the donor.
on last M.D. Service standing wides 73.				Reported on in Ind. Med. Gazette October 1883, p. 285.
in Anderson Volley				No lower maxilla. — No history.

From the Indian Med. Gazette
October 1883

A MIRROR OF HOSPITAL PRACTICE.

GUNSHOT FRACTURE OF HEAD OF HUMERUS;
EXCISION.

BY J. LEWTAS, M. B. (LOND.).

Qalandar, a powerfully built man, aged about forty, presented himself at the Murdan Dispensary on 27th July 1883, gave the following account of himself:—Ten days previously he had, according to his usual custom, placed a loaded gun on his bed, alongside him, with the stock at his feet and the muzzle near his arm-pit; in the morning, before rising, he grasped the barrel near the muzzle with the intention of putting the gun aside, but while so doing the trigger caught in the ropes of his charpoy (bedstead), the gun went off, and the charge passed through his left shoulder.

On arrival at the dispensary, ten days after the injury, the shoulder was so much swollen by inflammation and effusion that all landmarks were effaced, and it was impossible to determine accurately all the details of his injury. So much, however, was certain, *viz.*, that a bullet had entered at the front of his left shoulder, had passed upwards and backwards through the joint, making its exit at or directly below the spine of the scapula. That some bone was broken was certain from the man's statement that small pieces had come away with the discharge; but neither Dr. Pierson, I. M. D., nor myself could detect crepitus, or determine which of the bones about the shoulder-joint was broken. From the track of the wound, and the absence of crepitus on moving the humerus, I was of opinion that the lower border of the acromion process, or else of the spine of the scapula, had been broken.

Palliative treatment was adopted for ten days to allow the inflammation to subside, at the end of which it was decided to explore the track of the wound, and if necessary excise the joint. On 6th August he was put under chloroform, when, on introducing a finger into the front wound, I found a rough broken surface on the head of the humerus, but on pushing the finger further in towards the scapula I could find no fracture of that bone or its processes. Dr. Pierson, who gave me valuable assistance in the operation, agreed that removal of the head of the humerus was indispensable. Owing to the very large size of the bone it was found impossible to remove it through a linear incision, and it was necessary to cut transversely through a portion of the deltoid at the upper end of the first incision. The head of the bone was then freed and removed with a Butcher's saw at the surgical neck. A drainage tube was introduced, and the edges of the wound brought together except at the lower part, where the tube escaped.

An inspection of the excised head shows that the bullet struck it in front of the greater tuberosity, at the outer edge of the bicipital groove. The whole of the greater tuberosity has disappeared, leaving a rough cavity, which measures $1\frac{3}{4}$ inch in length, by 1 inch across its widest part. A crack extends downwards along the outer edge of the bicipital groove, but for only one-quarter of an inch. The bullet, a round one, after breaking through the greater tuberosity of the humerus, had passed beneath the acromion-process, perforated the infraspinatus and latissimus dorsi muscles, and so made its exit below the spine of the scapula.

The man is making a good recovery, but a month or two must elapse before it can be stated what power and what movements he will retain. But a good illustration of the final result of this operation is supplied by the present state of a man who underwent it in May 1880. The case I allude to is that of a duffadar of the Guides Cavalry, the head of whose left humerus together with thirteen splinters of the shaft, I excised on May 8th, 1880. He now discharges the numerous duties of a Kote-duffadar, and is one of the best tent peggers and lime cutters in the regiment. His left shoulder-joint has every movement except that of flexion forwards. To effect this movement he grasps the left hand with his right, and then, to all appearance thrusts them forwards together, as a swimmer does before taking a "header." With the left arm he can lift now from the ground as heavy a weight as he could before the operation. The circumference of the upper end of the shaft is still sharp; and in putting forth any effort the upper end of the bone is pulled up against the coracoid process. The inability to push the limb forwards is no doubt due to the absence of any humeral attachment for the pectoralis major muscle, the place

of insertion of this muscle was removed. (The head and pieces of the shaft are in the A. M. D. Museum at Netley.)

In conclusion, I would add that the deltoid muscle is by no means atrophied, as stated by Mr. Holmes to be a usual after-effect of this operation (*vide* figs. 170, 171 in Vol. iii. of the last edition of his *System of Surgery*); the limb can also be elevated far beyond the horizontal line, contrary to another statement (*ibid.*, p. 740) of the same authority, and lastly, so far are the muscles "of the upper arm generally" from being "atrophied," that the biceps and triceps are such that many persons might with advantage exchange them for their own.

A CASE OF URETHRAL STRICTURE (MALARIAL.)

BY SURGEON P. M. CARLETON, M.D., A.M.D.

No. 2082. — Pte. Webb, 14th Hussars, 27 years of age, with eight years' service, a man of good muscular development, was admitted to Trimulgherry Station Hospital on the 21st of March 1883, with symptoms of stricture of the urethra. He had suffered from gonorrhoea on two successive occasions, when on service in Afghanistan, in 1878, but not since. He was three times in hospital during the year 1877 with ague at Meerut; and again during 1879 he was twice in hospital with the same disease.

He never felt any symptoms of stricture until his return to this country, in 1881, from South Africa, whither he had gone with his former regiment, the 15th Hussars, from which he was transferred to the 14th, and arrived with the latter regiment at this station towards the end of 1881. He first began to experience a slight dribbling of urine after each occasion of evacuating the bladder. He did not pay much attention to this at first, but in course of some time the stream of urine became so small and eventually forked, that he was induced to seek medical aid at hospital. A remarkable feature of the case was the occurrence of periodicity in the severity of the ailment. The first attempt to pass a No. 7 catheter with the utmost gentleness, was followed by a little hæmorrhage, indicating, as is often found, some congestion of the mucous membrane of the part. Further efforts for the introduction of an instrument were at that time desisted from, but the patient felt considerable relief in micturition afterwards, and it was ascertained that the seat of stricture was at the bulbous portion of the canal. He was then ordered to be placed in a warm bath, and Tinct. opii was administered, but without the least effect. Chloroform was also tried. On the third day, after medicinal treatment had been found unsuccessful, and the stricture becoming almost impermeable, it was decided to have recourse to the catheter again. With much care and patience a No. 1 was introduced into the bladder without any bleeding, and afterwards the patient passed urine pretty freely. However the difficulty returned next day, and a process of dilatation was adopted, commencing with a No. 1 and increasing gradually up to No. 4, which was allowed to remain in for about an hour. Next day the stricture, which had almost entirely disappeared on that afternoon, returned again. The catheter was not again resorted to, but in the evening he had a well-marked paroxysm of intermittent fever, not such as might be confounded with an ordinary rigor, but a distinct fit of ague with properly defined stages, such as he had often had before. The patient was then put on quinine, and the stricture gradually disappeared without any further surgical operation.

In reflecting on this case, the writer was reminded of other anomalous affections which he had observed, of a spasmodic nature, which had obeyed laws of periodicity, and which had given way before the administration of quinine, after having obstinately resisted other methods of treatment which seemed more directly indicated, and in all of which there had been a history of malaria. Amongst others was an instance of stridulous breathing coming on every other day, for which sedatives and antispasmodics had proved unavailing, and which lasted for months, until the patient commenced to take quinine, when it slowly disappeared.

American authors such as Flint have recognized this feature of certain anomalous affections, observing laws of periodicity, and have recommended the exhibition of quinine to determine the diagnosis. It would be interesting to know if any of the other members of the profession in the more malarial parts of India, have noticed any similar peculiarities which might not be considered mere co-incidences.

Secunderabad, Deccan, July, 1883.

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Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
619 } 2 Skulls of (Lower maxilla) 620 } Afghan Artillery men picked up from the battle field at Baiswar Kotah, Afghanistan.		Surgeons Major J. Fleming, Jameson, A.M.D. 7/2/82	— not —	None whatever
621.	Ulcerated Bowels	Surgeon Major J. Fleming, W.O. Letter 57770 6/11		History follows.
622.	Vesical Calculi (a large number in a glass bottle) — without any history whatever —	Dr. J. Jones (Brigade Surgeon, Ind. Med. Service) of London, W. through Professor Attkew on 19 th Feb. 1882. (32 Chancery Lane, Kensington)		No history.
623.	Large Vesical Calculus — Rec ^d 1/5/83. (carefully 17/5/83)	Surgeon Major H. Whitwell Ind. Med. Depart ^t Deoli Rajputana Central India.		Weight 9 ounces 60 grains — Extracted by supra-pubic incision, after the bilateral perineal section had failed to afford room enough for its passage — by the donor.
624.	Head of Humerus excised after gunshot fracture by Surgeon J. Lewtas, Ind. Med. Service, August 1883	Surgeon J. Lewtas R.N. Ind. Med. Service, Queen's Battery, Camp of Guides, 12/12/83.		Reported on in Ind. Med. Gazette Octob 1883, p. 285.
625.	Skull of a native of West Africa from the Bonny river (mouth of the Niger) taken from a large skull (fossil temple of the natives)	Surgeon L.E. Anderson Nataly		No lower maxilla. — No history.

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Diseased Structure of

Number	Character of Preparation	By whom Presented	By whom Prepared	History of the Case, with Remarks
626	Head of Humerus. (dry preparation)	Brigade Surgeon C. H. V. Godwin — the same Sept. 1888		— excised on 30 th August 1887 on account of Caries due to the lodgment of a bullet which had remained imbedded for 18 months. The head was firmly ankylosed by bony union to the glenoid cavity. Private H. Bull, 2 ^d Somerset Reg ^t , wounded in March 1886 in action in Burma. A. M. Reports for 1886, page 354.

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Diseased Structure of

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History of the Case, with Remarks

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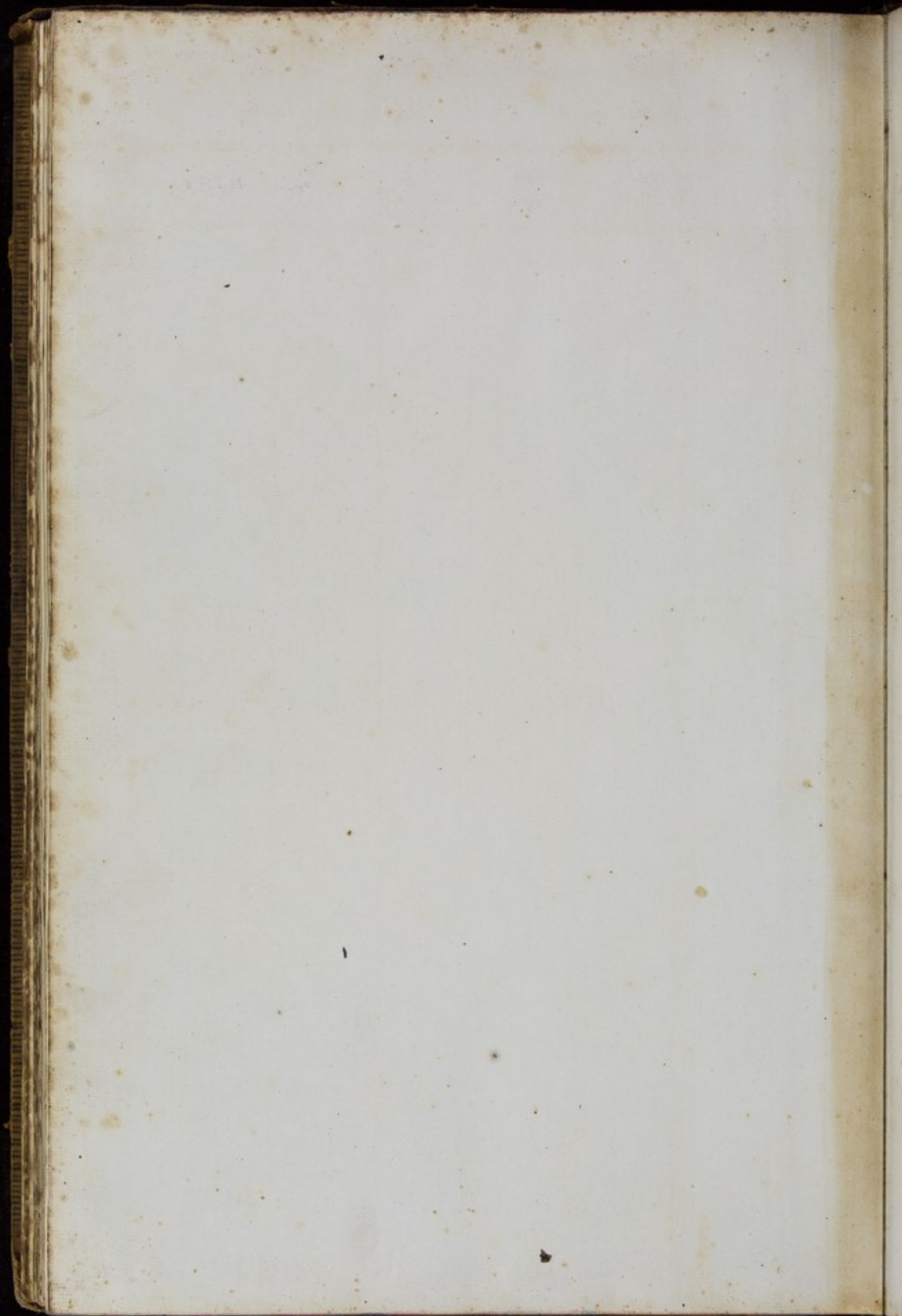
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History of the Case, with Remarks

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Surgeon Jephson
Bullet fractures No. 1 - 11
B. 2897 to 2906.



