

Publication/Creation

1848-1851

Persistent URL

<https://wellcomecollection.org/works/hmzspj3x>

License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution, Non-commercial license.

Non-commercial use includes private study, academic research, teaching, and other activities that are not primarily intended for, or directed towards, commercial advantage or private monetary compensation. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.

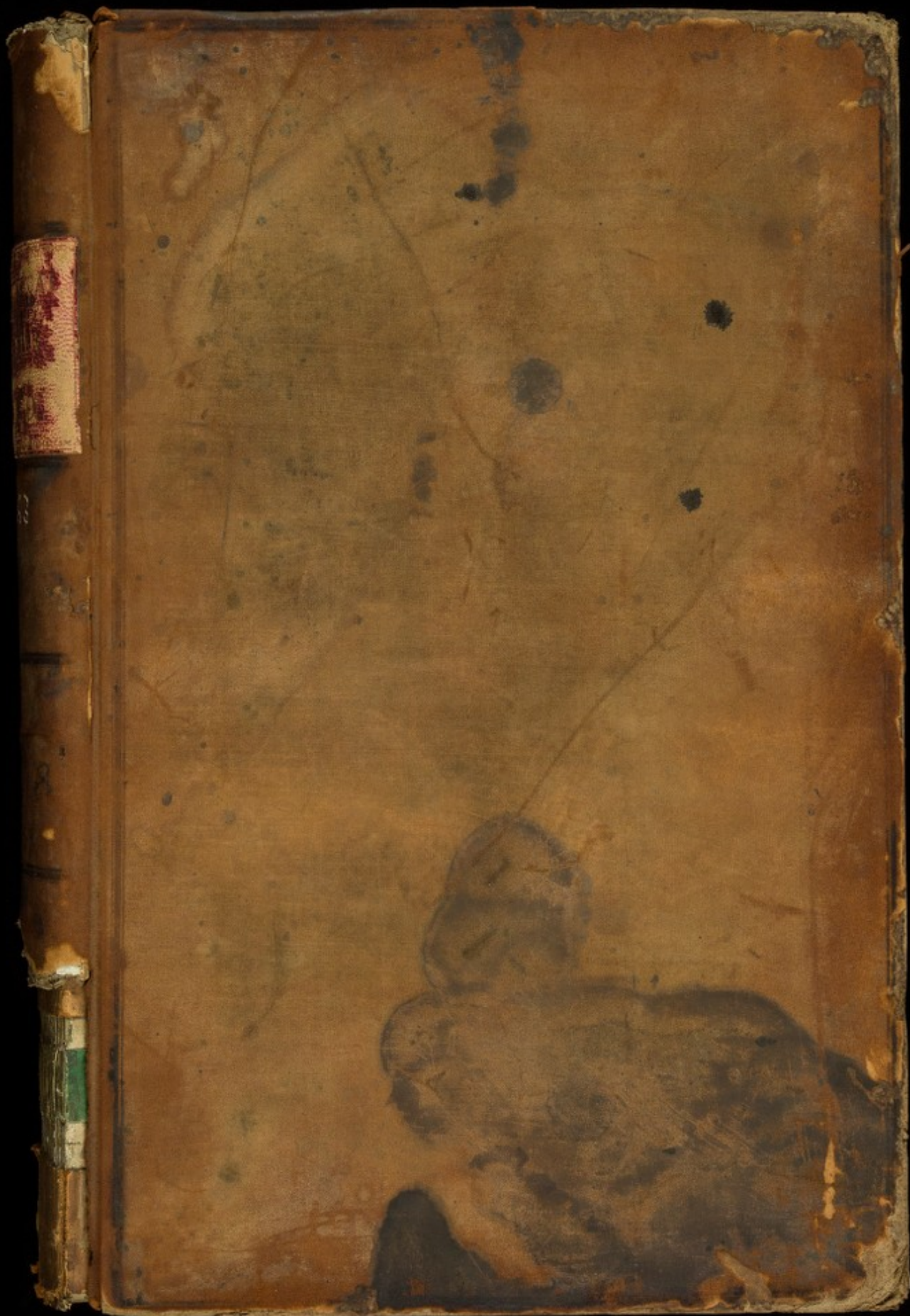


BIBLIOTHECA
MUSEI
VOL. 9

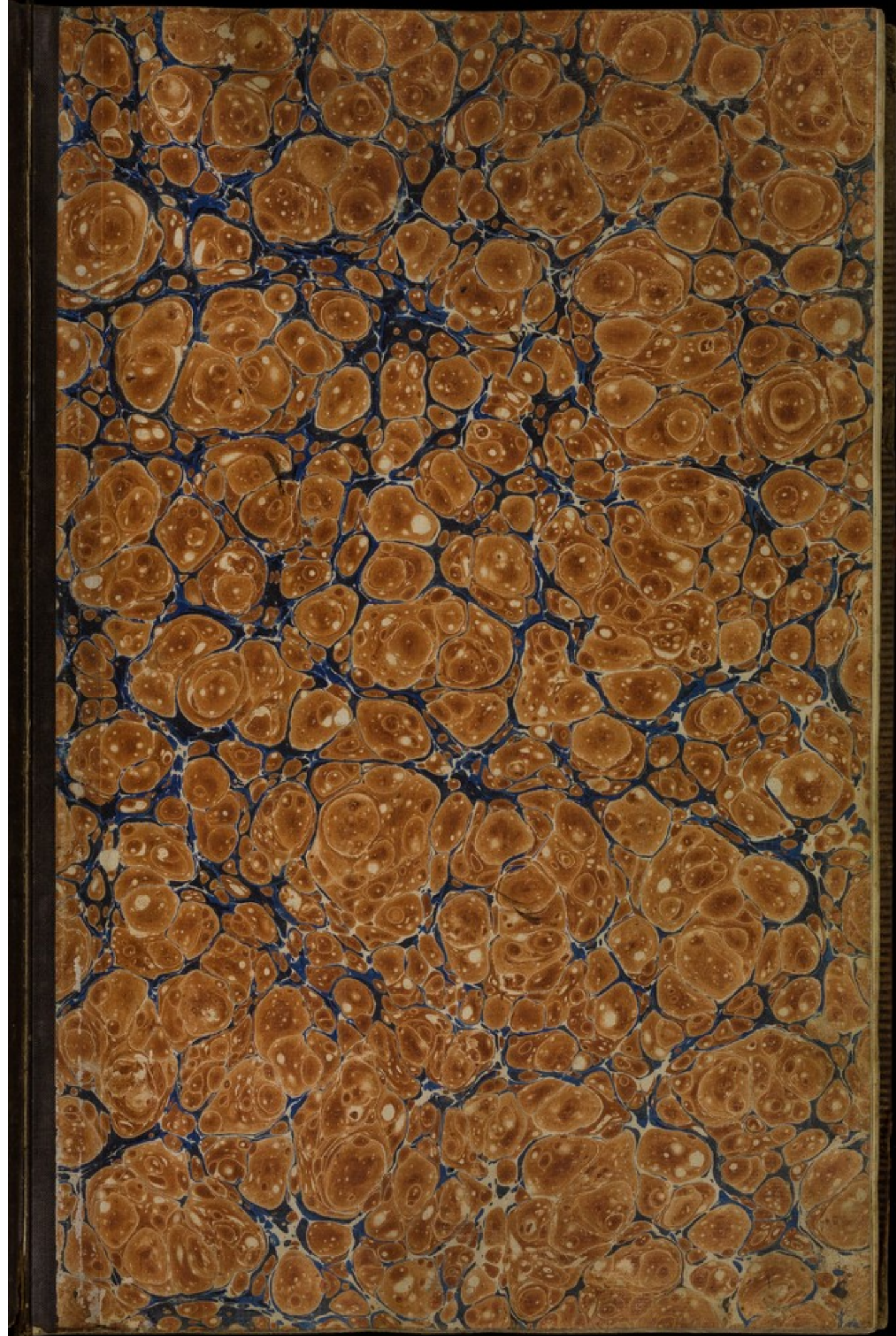
283

1848

1851







283

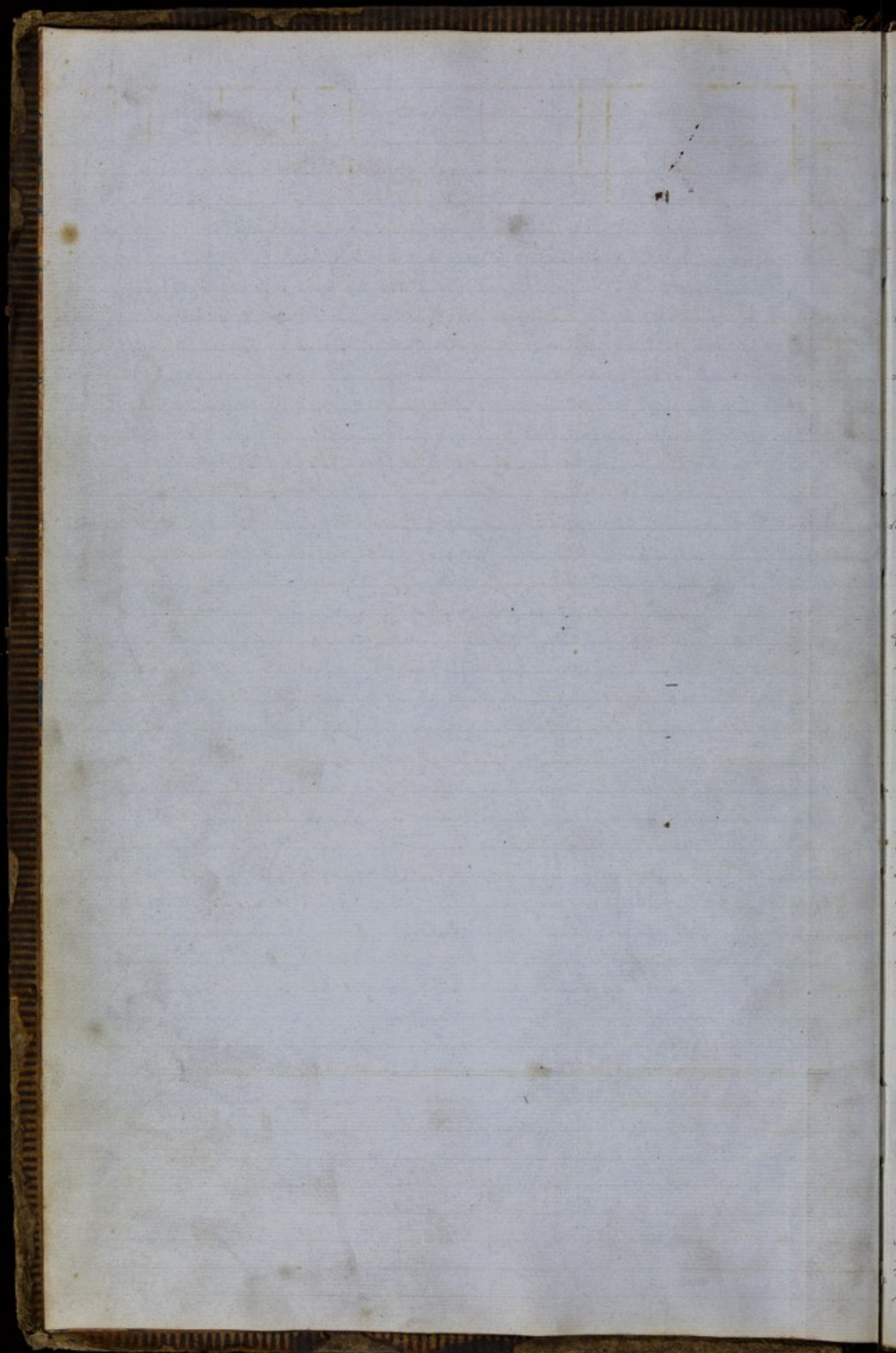
General Military Hospital
Fort Pitt Chatham

Necrological Register
Vol: 9

Commencing 7th April 1848
Ending 10th March 1851

Commencing

7th April 1848



No. 1

Regt.	Rank & Name	Age	Disease	Admitted	Died	Duration of Disease	Where Contracted	Wound	Reg. Vol.
7 th	8 th Richard Robinson	24	Phthisis	April 7 th 1848	April 7 th 1848	5 months	West-Indies	15	300 50

Richard Robinson, joined in the Hibernian school where he learned the trade of a tailor. Total service 9 1/2 years of which he served 5 1/2 years at Gibraltar, more 3 years in the West Indies the remainder at home. Was first attacked early in October 1847 with dyspnoea, frequent cough & expectoration of mucus purulent & flocculent & sputa, without pain of chest or bloody expectoration; had also profuse night sweats. He did not report himself sick till the 6th of January 1848, when he was admitted into Hospital in the West-Indies, being then much debilitated. He arrived at that Hospital from the West-Indies on the 6th of April 1848. On admission was much emaciated with extreme debility & exhaustion of the physical powers; Pulse 120 small; tongue white & dry; thirst; skin cold & clammy; has had some diarrhoea since he landed; sputa mucus purulent, of a reddish brown color & viscid, expectorated in considerable quantity; on percussion on the subclavicular region of right side considerable dullness existed, with a grunting sound & indistinct Pectoriloquy; on the left a little more clear & on this side Pectoriloquy was audible; Mucous rales heard over every part of chest. A draught of Lig. Morph. Mm: gutt xxx as also some warm Port Wine & water were prescribed on admission & at the time of visit at P.M. he expressed himself quite easy & free from pain. About 8 o'clock got up to the stool when he suddenly became weak & faint & spat up blood; an additional quantity of wine to that which was administered on his admission was now given but he became weaker and died at 1/4 to 1/2 P.M. —

(Signed) J. Miller M.D. Staff Surgeon 2nd Class.

Section Cadaveris hora trigesima quarta post mortem

- External appearances. — Body much emaciated.
- Cranium. — Considerable subarachnoid effusion
- Brain healthy Weight 3 lbs.
- Thorax. — 5 oz of serum in the pericardium. Heart healthy Weight 9 oz 1/4 lbs.
- Trachea & bronchial tubes filled with frothy mucus purulent matter
- Apices of both lungs adhered firmly to the walls of the thorax.
- Right Lung. Superior and middle lobes and upper third of the inferior thickly studded with milium & coarse tubercles

and a few small bronchi in the apex. Lower part of superior lobe free from tubercles, but oedematous. Left Lung - The whole structure thickly studded with tubercles & a few bronchi in the apex. Weight of Lungs, trachea, & lungs 4 lbs. 14 oz.

Abdomen - Several ounces of serum in this cavity.

Liver healthy. weight 3 lbs. 12 oz. Spleen healthy. weight 5 oz 2 drs.

Kidneys healthy. weight of right 5 oz 1 dr. left 5 oz 3 drs.

Numerous large irregular patches of ulceration with thick and everted edges situated along the whole course of the small intestines. Some of them having destroyed both the mucous & muscular coats and the peritoneum corresponding to them was thickened and coated with granular lymph. Very extensive ulceration in the caecum exposing the muscular coat. The mucous membrane of the large intestines generally exposed and easily detached and a few large ulcers in the sigmoid flexure of the colon. Mesenteric glands enlarged.

(Copied) by Angus Kerr

L. Williamson M.D. 2nd Regt. Surg.

.. N^o 2

Regt.	Rank & Name	Age	Disease	Admitted	Died	Duration	Where	Ward	Regt.	Fol.
						Disease Contracted				
88	Pt. Thomas Moran	26	Phthisis	April 7 th 1848	April 18 th 1848	11 months	Malta	11	307	194

An Irish labourer, Total service 9 years of which he spent 6 years at Malta and 1 1/2 year in the West-Indies. Stated that he had been given to habits of intemperance, but always enjoyed good health previous to November 1846. While at Malta he was employed in the band, and his illness was attributed to blowing a wind instrument together with his habits of intemperance, for suddenly in November he was attacked with hæmoptoe which was followed by cough and progressive emaciation. These symptoms continued for 2 months and when on the voyage to the West-Indies his health improved so much that he considered himself quite well on landing at Barbados. He continued well for nearly 6 months, when one night being intoxicated, he slept on the floor of his room, and was next day seized with a recurrence of hæmoptoe, together with other pulmonary symptoms, which at intervals remitted so as to permit him leaving hospital, but never so far subsided as to enable him to return to his duty. On admission into this Hospital he complained of cough with copious mucopurulent expectoration sometimes tinged with blood, dyspnoea on the least exertion, and inability to take a full inspiration. Pain in the upper & anterior portion of the left side of the Thorax, emaciation, and very great general debility. Pulse 98 and very feeble, appetite indifferent.

On examination of his Chest, there was extensive dulness of the left side, with bronchial respiration, Pectoriloquy and cavernous respiration in some parts of it: right side & front of Chest resonant, with crepitation & puerile respiration. From the date of his

admission, until he expired not the slightest improvement took place, on the contrary, he continued to sink daily and on the sixth day after admission diarrhoea and delirium set in, the latter of which continued until he died. The treatment consisted in a combination of stimulants, sedatives and expectorants. The only nutriment he partook of for the last 3 or 4 days being some wine and Tea:-

(Signed) Fergus Heron L.R.C.S.I.

Actio Cadaveris hoia quinquagesima post Mortem

External appearance.— Body emaciated.

Cranium.— Considerable subarachnoid effusion. Membranes of brain congested: about half an ounce of fluid in the lateral Ventricles

Brain, healthy, Weight 3 lbs 1 ounce.

Thorax. Two ounces of serum in the pericardium. Heart healthy, weight 9 oz 2 lbs.

An ulcer at the posterior angle of each vocal chord. Mucous membrane of the trachea and bronchial tubes congested: and numerous small superficial ulcers along the lower part of the trachea. Right Lung, adhered firmly and universally to the walls of the Chest, by adhesions of old standing: the whole of the superior, middle and upper portion of the inferior, entirely disorganised from tubercles in their various stages of advancement, and one large irregular cavity in the apex together with smaller ones in the remainder. Lower half of the inferior lobe filled with miliary tubercles. Left Lung. Apex adhered to the thoracic parietes. Structure in the same state as the right. Weight of Larynx, Trachea, and Lungs 7 lbs 9 oz.

Abdomen.— Liver healthy, weight 3 lbs 8 oz. Spleen healthy, weight 4 oz. Kidneys healthy, with the exception of a small seropulous deposit in the left. Weight of right 8 oz 4 lbs. Weight of left 7 oz 4 lbs. Stomach healthy. Several large oval ulcers with thick margins in the lower third of the Stom. Large intestines healthy

(Copied by Frederick York Stuey)

G. Williamson.

V. Hoff Surgeon

N^o 3

Regt.	Rank and Name	Age	Disease	Admitted	Died	Duration	Where	Ward	Reg.	Fol.
						Disease contracted				
88 th	P ^{te} Richard Redmond	30	Phthisis	April 7 th 1848	April 15 th 1848	10 months	Barbados	15	308	64

Irishman labourer 11 years service of which 6 years in Malta and 1½ years at Barbados. Was in Hospital at Dublin in 1839 for venereal disease for the space of nine months and since that time enjoyed good health up to his arrival in Barbados where in June last he was seized with pain in left side with cough and dyspnoea and for which he was admitted several times during 1847 into Hospital viz 1st from 12th to 20th June 2^d from 24th June to 5th July 3^d from 29th August to 13th September 4th from 15th October to 12th November 5th from 26th December till he was sent home

On admission into this Hospital he complained of cough with profuse expectoration of frothy purulent matter was very weak and much emaciated, pulse got weaker

Great dulness was observable under both clavicles particularly on the left side where it extended to below the mammary region and several cavities existed in both lungs.

During the eight days he was a patient in this Hospital he constantly expectorated a profuse quantity of purulent sputa while the general debility with attendant emaciation increased and he died apparently without any pain at $\frac{3}{4}$ past 10 a.m.

The treatment consisted of a mixture containing *Liquor. Morphine. Mur.* with *Digitalis* to allay the irritability occasioned by the cough. His appetite was never good since admission and the diet was spoon with bread puddings wine &c.

(signed) J. Miller. Staff Surgeon, 2^d Class
Sectio Cadaveris hora trigesima sexta post mortem.

External appearances. Body emaciated.

Cranium. Brain healthy. Weight 3 lbs $\frac{3}{4}$ oz.

Thorax. Two oz of serum in the pericardium. Heart healthy. Weight 10 oz.

Trachea & Bronchial tubes filled with muco-purulent matter. A small ulcer at the posterior angle of right vocal chord. Apex and posterior part of both lungs adhered to the walls of the chest. Right Lung. The whole of its posterior half thickly studded with milia-ry and crude tubercles and a large cavity in the superior and another in the inferior lobe. Anterior half of the lung crepitant and free from tubercles. Left Lung

The whole of its structure disorganized, from tubercles and cavities of various sizes throughout it. Weight of larynx trachea and lungs to the

Abdomen. Liver healthy. Gall bladder contracted & empty. Weight of liver 3 lbs 14 oz.

Spleen healthy. Weight 6 oz. Kidneys healthy. Weight of right 7 oz. Weight of left

7 oz 4 Drs. Stomach and small Intestines healthy. Several large patches of ulceration embracing the surface of the gut situated in the ascending colon. Mucous membrane of the large intestines softened.

(Copied by James Fraser, M.D.)

G. Williamson 3rd Staff Surgeon

Regt.	Rank and Name	Age	Disease.	Admitted	Died	Duration of Disease.	Where contracted	Ward	Regt.	Notes
95 th	Priv. Timothy Madden	23	Phtisis Pulm.	24 th March 1848	18 th April 1848	Four months 24 days	Ireland	15.	308	34

An Irishman. A Labourer. 1 $\frac{1}{2}$ years service all at home. Had cough and expectoration previous to enlistment, when at home in Ireland, four months previous to enlistment. Was in Hospital at Tilbury Fort from 17th January to 10th March after which he went to Gravesend Hospital.

On admission the cough was very troublesome, hard and accompanied with considerable pain of chest, but the expectoration was abundant and consisted of thin mucus with large flakes of pus mixed with it. Pulse 95 quick and small. Tongue clean. Bowels generally were regular.

On percussion under the clavicles dulness was perceptible under both; it extended on the right to below the fourth rib and was very marked at sternal edge of right clavicle; the respiration was puerile, harsh and at times large mucous râles were heard in larger bronchi. Neither pectoriloquy nor certain indications of a cavity on either side, but on the left there was crepitation and a rough internal sort of gurgling which possibly indicated the breaking up of the tubercular masses. The night sweats were very debilitating.

From the time of his admission till dissolution took place, the above symptoms grew more aggravated; the principal were extreme debility and emaciation, attended by profuse purulent expectoration mingled with blood and at times containing a large admixture of that fluid of a bright red colour. There were also copious nocturnal perspirations but no diarrhoea appears at any time to have presented itself.

For some time prior to decease he expressed sanguine hopes of recovery. A few hours antecedent to death, the bronchi were much choked up by purulent effusion which he had not strength to expectorate. Was insensible for some time and died without any pain.

The treatment consisted at first of Emetics, Purgatives and Blisters, with Diaphoretics, Alteratives, Expectorants and Anodynes. Latterly Anodynes and Expectorants were chiefly exhibited and an Anodyne draught at night, to alleviate the troublesome and irritating cough.

Diet consisted mostly of Milk with wine &c.

signed, J. Millan M.D.

Staff Surgeon 2^d Class.

Sectio cadaveris horâ trigesimâ sextâ post mortem.

External Appearances. Body emaciated and abdomen tympanitic.

Cranium. Brain healthy. Weight 3^{lbs} 2^{oz}.

Thorax. Four ounces of Serum in the pericardium.

Heart healthy. Weight 10^{oz}.

On opening the right side of the thorax a large quantity of air escaped, which had pushed the diaphragm to a great extent downwards, and the Liver consequently occupied the umbilical and iliac regions.

The right lung was compressed and adhered posteriorly. this pleural sac contained 1^{lb} 8^{oz} of serum with flakes of

of lymph floating in it. The pulmonary and costal pleura was coated with a layer of lymph:— The whole structure of the lung was completely disorganized from tubercular deposition, and contained numerous cavities of different sizes, one of which communicated with the pleural sac.— Left Lung free from adhesions. Structure generally healthy with the exception of a cluster of tubercles in the centre of the superior lobe— Bronchial Glands enlarged and filled with scrophulous matter. Weight of Lungs 3^{lbs} 6^{oz} 3^{grs}

Abdomen. Liver. Convex surface of right lobe of a more than usual conical form and projected higher than usual. Structure firm and granular and presenting the true fatty character. Weight 6^{lbs} 6^{oz} 3^{grs}

Spleen. Structure firmer than usual. Weight 8^{oz} 4^{grs}

Kidneys healthy. Weight of right 7^{oz} 4^{grs} of left 7^{oz} 2^{grs}

Stomach healthy. Numerous large oval ulcers, with very thick irregular edges, along the course of the ileum, increasing in number towards its termination. The mucous membrane was of a dark purple colour and much congested. Several large patches of ulceration in the large intestines.— Mesenteric Glands were much enlarged and filled with scrophulous matter.

(Copied by Robt Wilson M.D.)

L. Williamson,

3rd Staff Surgeon

No. 3

Regt	Rank and Name.	Age	Disease.	Admitted	Died.	Duration of Disease.	Where Contracted.	Ward	Reg	Fol
88 th	P. Patrick O'Brien	24	Phthisis.	7 th April 1848	19 th April 1848	Ten months.	Barbadoes	15	308	62

An Irishman, A Labourer, 8¹/₂ years service, of which he was 5 years in Malta, 1 in Barbadoes, the remainder at home, was in Hospital at Barbadoes 3 months on account of a cold caught from wet while on sentry and he has never been well since was also in Hospital at Malta for a sore leg. The document states that he has been in hospital at Barbadoes on the following occasions. viz. 1st from 26th May to 16th June 1847 2nd from 19th to 30th August 1847. 3rd from 7th to 20th Nov^r 1847 4th from 10th Dec^r till he embarked for Europe. The disease is reported to have been aggravated by vice and misconduct.

On admission he complained of great debility and was much reduced in flesh; had a short dry cough without expectoration; bowels open but stools of a light colour

47
colour. Tongue dry, furred and brown in the centre.

There was slight dulness under both clavicles particularly at sternal edge of right where there is pectoriloquy.

During the progress of the disease while a patient in the hospital an irregular state of the bowels was the prominent symptom. The stools were generally of an unhealthy abnormal appearance and consisted of a thin bilious looking matter; sometimes they assumed a greyish colour; he had generally no abdominal pain on pressure or on passing his stools; had occasional vomiting; tongue was always very dry and parched like leather with much thirst and dryness of internal fauces. Had little or no cough at this time and there was a total absence of expectoration; under the use of the Hydram Creta combined with Pulv. Jacob. and Quina alternated with small doses of Castor Oil, these symptoms indicated a disposition to yield, the dejections had a more healthy appearance and he appeared otherwise much better; the tongue grew moister and cleaner round the edges and the appetite partially returned. He proceeded in this improving state till about the 11th day after admission. On the evening of the 18th instant his respiration became hurried and laborious, and he had pain at lower part of sternum; pulse small and weak; countenance anxious; dyspnoea with a feeling of constriction in chest, came on in paroxysms resembling asthma, on the 19th symptoms became worse, passed a bad night and was delirious; expectorated a quantity of muco-purulent sputa, extreme weakness and depression succeeded and he died at $\frac{1}{2}$ past 11 A.M.

The treatment consisted of laxatives, alteratives, diaphoretics, expectorants, anodynes and blisters. The diet prescribed was beef tea, mutton, bread, wine etc.

Signed, J. Millar 2^d Class Staff Surgeon

Sectio Cadaveris hora trigesima sexta post mortem.

External Appearances. Body emaciated.

Cranium. Brain healthy. Weight 3^{lbs}.

Thorax. Heart healthy. Weight 8^{oz} 6^{dwt}.

Both Lungs adhered firmly and universally to the walls of the chest. Right Lung. The whole of its structure, with the exception of the lower and posterior third

third of inferior lobe entirely disorganized from tubercles, and cavities of various sizes throughout it, but particularly in the apex where they were of large size and irregular form. The posterior and inferior part of the lower lobe was crepitant and healthy. Left Lung - superior lobe and upper third of the inferior in the same state as that of right lung. Inferior part of the lower lobe healthy. Weight of Larynx, Trachea and Lungs 11^{lbs} 8^{oz}

Abdomen. Liver healthy. Weight 3^{lbs} 9^{oz} 3⁴/₁₆ ^{dr}
Spleen - healthy weight 83 2^{dr}

Kidneys healthy weight of right 53⁴/₁₆ ^{dr} of left the same -
Stomach and small intestines healthy with the exception of a few of Peyer's patches at the termination of the ileum being enlarged - very extensive ulceration along the whole course of the large intestines - The ulceration commenced in the caecum and extended along the whole course of this intestines encircling the whole circumference of the gut, small portions only of healthy mucous membrane intervened. The surface of the ulceration was very irregular and of a dark leaden colour.

(Copied by Robt. Wilson. M.D.)

C. Millman, 3rd Staff Surgeon

Regt. Rank & Name	Age	Disease	Admitted	Discharged	Duration of Disease	Where Contracted	Wound	Regt. No.
9 th Lt. James Wright	25	Ulceration of the large liver and granular kidneys	1 st April 1847	28 th April 1848	4 years		12	126/76

An Englishman, Born in the 49th Regiment. Enlisted when a Boy into that Regiment with which corps he served in China through the whole War. He did not suffer from the Climate, neither was he wounded. Returned to England with the 49th was at home about 12 months & volunteered into the 9th Regt. in the beginning of 1845 - When he joined the 9th as a volunteer he had Sloughing ulcer of left leg, which he said were first caused, by a rope breaking & coiling round it causing slight abrasion of the skin accompanied with considerable swelling & pain. He was in Hospital with his Regt. for ulcers from 21st of March to 20th April 1845; during which time the ulcer healed, but he was readmitted on the 27th of the same month, the leg having become red swollen & painful, with the ulcer again open - by the 23rd of May it had again healed, this time he remained out till the 30th of August when he was readmitted having a foul & Sloughing ulcer over & on the inner side of the Tendo Achillis, which he stated had existed

for several weeks - Since this admission the ulcers had never completely healed & the Army Surgeon at one time thought that he had amputated with it; but after close watching thought otherwise. When admitted into this Hospital after having been sent home either for change of climate or discharge; he had two irregular ulcers, on the anterior of left leg, one about 3 inches below the knee, the other the same distance above the ankle, both looked very unhealthy. His general health was impaired. He had nourishing diet & gentle alteratives, with the application of poultices, acid lotions &c to the ulcers under which he improved for some time, but ultimately relapsed. His improvement was only temporary, and was followed by a relapse & aggravated symptoms. The ulcers each time becoming larger & more unhealthy in appearance. Every variety of treatment had been tried, at times he was nearly well at others much worse. First saw him on the 25th of Febry, when he had all the appearance of a man who would not live many hours, the extremities were cold the pulse imperceptible & the countenance death like. The ulcers at this time were covered with a loose slough; which coming away left the ulcers clean and healthy in appearance, his appetite, which was always very unstable, was improved & he appeared stronger till the 28th when he expired at 4 to 11 o'clock, A.M. He had no cough of any consequence till a few days before his death and he had all the appearance of having died from exhaustion. He ^{had} also for a short time - Diarrhoea before death which was troublesome but generally easily checked - it was accompanied with obscure symptoms of ulceration of the intestines. -

(Signed) Robert Wilson M.D

Section Cadaveris horæ septuagesimæ post Mortem.

External appearances. - Body much emaciated, very extensive ulceration of the left leg extending from the knee to the ankle, and the muscles & cellular substance condensed: Knee joint bent & contracted: both feet oedematous.

Cranium. - Brain healthy Weight 3 lbs. 1 oz. 2 drs: -

Thorax. - Two ounces of serum in the pericardium;

Heart Small, structure healthy. weight 6 oz 6 drs: -
 Structure of both lungs healthy: 12 oz of serum in
 the left pleural cavity: weight of Lungs. Trachea
 and Lungs 2 lbs 9 ounces: -
Abdomen 5 parts, 10 oz of serum in this cavity:
Liver enormously enlarged, structure very
 firm and presented the true fatty character
 weight 8 lbs 8 oz: Gall bladder very much
 distended with dark viscid bile:
Spleen enlarged & adherent to the surrounding
 parts. Capsule thickened & opaque, structure
 firm. weight 1 lb 5 oz: Kidneys presented
 the first stage of granular degeneration.
 weight of Right 6 oz 4 drs: of left 6 oz 6 drs: -
Stomach & small intestines healthy: Mucous
 membrane of the large intestines soft, pulpy and
 easily detached, and of a black carbonaceous hue
 (Copied by Burgess Kerin)

L. Williamson M.D.

2nd Regt Surg.

Regt.	Rank and Name.	Age	Disease	Admitted	Died	Duration Where Disease Contracted	Ward	Regt.	Vol.
R.B. 56 th	P. Joseph Percival	22	Phtisis Pulmonalis	28 th April 1848	29 th April 1848	in months Gibraltar	10	306	126

An English Labourer, 5 1/2 years service, of which 13 months in the Mediterranean, and the remainder at home. Had an attack of Syphilis and one of Ophthalmia some years ago, and was three times in Hospital, for rupture, during the last year. He took ill, at Gibraltar of cough with pain in his Chest and dyspnoea in October last. When leaving his Regiment a month ago, the symptoms were reported to have been Pectoralgia under the Clavicles, general mucous-spitting rales, bloody expectoration, night sweats and emaciation. He was admitted into this Hospital in a very weak and emaciated state, complaining of urgent dyspnoea, frequent cough and diarrhoea, his pulse was weak and rapid, respiration short and difficult, Sputa copious, fetid and mucopurulent, general mucous rales and gurgling sound under left Clavicle are easily detected, but he was too ill to allow of a satisfactory examination. On admission he had a thought of ether and solution of Morphia and passed a very good night, and next morning seemed much easier. He suddenly expired after talking for a few minutes to the orderly. Treatment. While in his Regimental Hospital, expectorants, obtingents, sedatives, Laxatives, Mineral Acids, Hygienes, Tonics. Locally, Cupping, Blistering, and hincant treatments, Wine and generous Diet.

(Signed) J. M. Lloyd

Section Cadaveris hora quadragesima sexta post mortem

External Appearances. Body emaciated

Ceranium. Brain healthy. Weight 3 lbs 4 oz.

Thorax. 3 oz. of serum in the pericardium. Heart healthy. weight 10 oz. Trachea and Bronchial tubes filled with purulent matter. Right Lung adhered very firmly and universally to the walls of the chest. A very large irregular cavity in the apex of the superior lobe lined by a thick firm membrane and several bronchial tubes opening into it, the whole of the lung thickly studded with milium tubercles more particularly the posterior half of the lung. Left Lung. Several bands of old adhesions connected it to the thoracic walls. Structure of this lung in precisely the same state as that of the right. Weight of Larynx, Trachea and Lungs 4 lbs 8 oz.

Abdomen. Liver healthy. weight 3 lbs 14 oz. Spleen healthy, weight 8 oz. Kidneys healthy, weight of right 8 oz. 2 lbs, weight of left 8 oz. Stomach healthy. Mucous Membrane of the lower third of the Oesophagus of a deep purple colour and highly congested and contained a tape worm 11/2 yards long. Mucous Membrane of the large Intestines soft and pulpy.

(Copied) by Frederick York Shugart M.D.

G. Williamson, M.D.
2nd. Staff Surgeon.

No. 8

Regt	Rank and Name	Age	Disease.	Admitted	Died	Duration	Where	Ward	Regt	Folio
							Disease Contracted			
3rd Foot.	Pte James Hawkes	29	Phthisis.	29th March 1848	11th May 1848	15 months	England	11	307	178

An English labourer. Total service 6 years, of which he spent 16 months in Chatham and about 5 years on the recruiting service in Oxfordshire. Attributed his illness to exposure to cold and rain, whilst recruiting at Whitechurch; where he was stationed about 5 months, during the winter & spring of 1846 & 1847. Had previously enjoyed good health. On admission into this Hospital his appearance was indicative of an advanced stage of Phthisis Pulmonalis, complained of pain in the anterior regions of chest on both sides, aggravated by inspiration, pressure, or cough; suffered very much from cough (particularly at night) attended with copious muco-purulent expectoration, dyspnoea & profuse nocturnal perspirations, as also occasional diarrhoea. These symptoms continued to progress rapidly and resisted every means adopted for their removal. The physical signs were also well marked, for under both clavicles there was unnatural resonance of voice, while lower down there was extensive dullness. Pectoriloquy and cavernous respiration existed in the right infra-clavicular region, also in the left where however it was not near so audible. Pulse 108 very feeble. Skin moist.

moist, tongue clean. He continued to sink gradually and at length quietly expired on the 37th day from admission here.

The treatment adopted in this case consisted in a combination of Stimulants, Sedatives and expectorants, followed up by nourishing diet including Wine, Brandy, etc.
Signed, Fergus Herin, L.R.C.S.I.

Sectio Cadaveris, hora vigesima Sexta post mortem.

External Appearances. Body much emaciated.

Cranium. Considerable subarachnoid effusion about 23 of fluid at the base of the brain. Brain healthy.

Weight 3 pounds.

Thorax Heart healthy, weight 73.2^{dr}.

Bronchial tubes filled with purulent matter, an oval ulcer at the posterior angle of each vocal chord. Several small ulcers on posterior aspect of the trachea where the mucous membrane was congested, Both Lungs adhered firmly and universally to the walls of the thorax.

Right Lung. Superior, middle, and upper half of the inferior lobes completely disorganized from tubercular deposition and containing numerous large irregular cavities particularly in the apex. lower half of the inferior lobe comparatively free from tubercles, containing only a few clusters of crude tubercles, anterior margin of this lung emphysematous. Left lung in the same condition as that of the right, weight of Larynx, Trachea and Lungs 4^{lbs} 6^{oz}.

Abdomen. Convex surface of the Liver adhered firmly to the diaphragm by adhesions of old standing, section of the Liver of a pale yellow colour, structure very firm and granular. weight 4^{lbs} 10^{oz}.

Spleen. healthy weight 432^{dr}.

Kidneys healthy, weight of right 532^{dr} of left 532^{dr}.

Stomach healthy, numerous large oval ulcers with thick everted edges along the whole course of the small intestines, Many large irregular ulcers in the caecum and Colon.

(Copied by Robt Wilson M.D.)

G. Williamson
2nd M^{aj} Surgⁿ

Regt.	Rank & Name	Age	Disease	Admitted	Died	Duration	Where Disease contracted	Ward	Reg.	Folio
58 th Foot	Pt. George Duggan	20	Phthisis Pulmonalis	17 th Febr.	5 th May	100 days	Chatham	14	305	175
				1848	1849					

An Irishman. Labourer. Service 3 months. Had never been abroad. It appeared that he had good health until he entered the army and was vaccinated, when having exposed himself to cold he became affected with cough occasional rigors and debility. About three weeks previous to admission these symptoms became aggravated and attended with hoarseness sore throat and mucous expectoration. On admission there was no difference on percussion of the chest anteriorly but the posterior part of the left lung was quite dull. On applying the stethoscope over the left lung anteriorly the respiration was found to be rough combined with an occasional rale which were more numerous posteriorly and also in the right lung. The cough was hard and teasing accompanied with slight expectoration. Breathing difficult. Pulse small and quick. From the use of antimonials his pulse soon became softer and less frequent expectoration free and his breathing less difficult. The rales also disappeared but the dulness over the posterior and inferior part of the left lung continued. Although the acute symptoms disappeared his health seemed to have been very unsatisfactory. Debility and emaciation gradually increased and nocturnal perspirations supervened. On the 8th of April it is reported that he rested badly and was troubled with rigors. The pulse was 104 small and tremulous. On both sides of the chest respiration was accelerated but unmixed with any rale and there was dulness generally over the chest. From the continued state of debility and his general appearance there was reason to believe that tubercular deposition was rapidly taking place yet the stethoscopic signs were still unsatisfactory.

While sitting before the fire on the 2^d of May he suddenly became delirious and notwithstanding stimulating applications and enemata continued in that state until the afternoon of the following day. He appeared to have no pain in any part but respiration was attended with a good deal of elevation of the chest. There was crepitation heard on applying the stethoscope to the lower and posterior part of the left side. A regulated temperature of 105 was applied to his chest for the space of an hour by means of a peculiar apparatus which produced free perspiration but no other benefit. A combination of tartar emetic opium and calomel was administered. On the 4th he was much better the delirium gone expectoration established and respiration easier. On the 5th he continued in an improved state but it was also noticed that frequent flushes appeared in his cheeks which would suddenly disappear and then return. At 5 p.m. of the same day (5th May) he was sitting up in bed taking his tea when he suddenly threw up a quart of pure blood and expired in a few minutes just as I was entering the ward. When I went up to him he was quite dead and his mouth and nostrils full of semi coagulated blood.

(Signed) W. Donny, Staff Surgeon 2^d Class
Sectio cadaveris hora septuagesima post mortem.

External appearances - Body stout and muscular.

Cranium Brain healthy - Weight 3 lbs 8 oz 2 drs.

Thorax Pericardium contained one ounce of fluid. Heart healthy - Weight 8 ½ oz

Trachea & Bronchial tubes to their minutifications filled with coagulated blood and the mucous membrane in consequence stained to a deep red colour. the source of the haemorrhage could not be ascertained. Lungs. Structure of both very thickly studded with crude tubercles, none having advanced to suppuration. Weight of Larynx Trachea & Lungs 3 lbs 10 oz.

Abdomen. Liver healthy. Weight 3 lbs 5 oz. Spleen healthy. Weight 7 oz 6 drs. Kidneys. Right. Several scrophulous deposits varying from the size of a pea to that of a bean some softened and others of firm consistence were scattered through this kidney, situated chiefly in the cortical substance. Weight 6 oz 1 dr. Left contained a scrophulous deposit about the size of a cherry in the cortical substance. Weight 7 oz. Stomach and Intestines distended with flatus and healthy.

(Copied by James Fraser, M.D.)

L. Williamson 2nd Lieut Surgeon

Regt.	Rank & Name	Age	Disease	Admitted	Died	Duration of Disease	Where	When	Regt.	Vol.
90	St James Lyall	31	Phthisis Pulmon.	April 26 1848	May 7 th 1848	6 months	Cape	11	307	225
							Good Hope			

St. Scotchman, a Shoemaker, Naval Service 8 $\frac{1}{2}$ years, of which he spent 4 $\frac{1}{2}$ years in Ceylon & 1 $\frac{1}{2}$ years at the Cape of Good Hope. Was a sickly delicate looking man, of dark complexion, who it appears had repeated attacks of Haemoptoe; the first of which occurred while on duty in the field at the Cape of Good Hope and which is stated to have been a very severe one, preceded by a hoarse dry cough, dyspnoea, & a sense of weight & tightness across the Chest, together with pain at the lower end of the Sternum.

Since then he gradually lost flesh & strength. He was subject to periodic attacks of Haemoptoe. Had been in Hospital from the 28th of last November up to the period of his embarkation for England with Haemoptoe. On admission into this Hospital his general appearance was indicative of an advanced stage of Phthisis. He complained of cough, attended with copious purulent expectoration, dyspnoea, and nocturnal perspirations. Pulse 100 very feeble, tongue clean, bowels regular, appetite indifferent. Physical signs — consisted in dulness on percussion over the upper part of right lung, where also Pleurodynia & cavernous respiration were distinctly heard. The left lung also appeared to be in a disorganized condition from deposition of tubercles, crepitation & dulness being found to exist over the upper part of it. — From the date of his admission until he expired

not the slightest improvement was observable, but the contrary, for he continued progressively sinking. The treatment adopted consisted in a combination of sedatives, stimulants & expectorants including Wine and nourishing diet. Regius Kevin L.R.C.S.I.

Section Cadaveris hora trigesima sexta post Mortem.

External appearances. - No emaciation.

Cranium. Brain healthy. Weight 2 lbs 14 oz.

Thorax. Heart healthy. Weight 10 oz 2 drs.

Trachea & bronchial tubes contained a quantity of purulent matter and mucous membrane congested. A small ulcer at the posterior angle of each vocal chord. posterior aspect of both lungs adhered firmly to the walls of the chest but particularly the right.

Right lung. the whole of its structure completely disorganized from tubercles in their various stages of advancement, & cavities of different sizes particularly in the superior lobe & in the apex. Structure condensed & sinking in water.

Left lung. Numerous large clusters of crude tubercles throughout its structure but none of them having advanced to suppuration. Weight of

Larynx, Trachea & lungs 6 lbs 12 oz.

Abdomen. Liver healthy. Weight 3 lbs.

Spleen healthy. Weight 12 oz 4 drs.

Kidneys healthy. Weight of Right 8 oz 2 drs. of left the same.

Stomach & small intestines healthy. Numerous small ulcers and abrasions in the descending colon.
(copied by Regius Kevin)

G. Williamson M.D.
2nd Staff Surgeon

N^o 11

Regt	Rank and Name	Age	Disease	Admitted	Died	Duration Where Disease Contracted	Ward	Reg. Fol.
2 nd Bn	60	Pte Charles Rustmeyer	38	Abscess	17 th March 5 th April 1848		12	134 42

An Englishman, A Labourer, 16 years service of which 12 years were passed in the Mediterranean, West Indies, and America. He was admitted into Hospital on the 24th September/47 under the head of Varicella, with ulcers of the right leg which healed. The Potassa Iodasa was applied to the varicose veins, with the greatest apparent benefit and he was discharged cured on the 9th Decr. after being out some time the spots where the Potassa Iodasa had been applied ulcerated and he was again

admitted in January, the 12th under the head of Ulcers Curis, and was discharged cured on the 24th February apparently in good health. He was again and for the last time admitted on the 19th March suffering from ulcers of the leg or rather with the leg in an inflamed state, with the old ulcerated parts about to open afresh. After being in Hospital a short time he was attacked with Erysipelas Phlegmonoides which extended from the knee, involving the calf and proceeding downwards to the foot, the ulcers at this time had a very unhealthy appearance and continued in the same state till the 27th when the swelling of limb subsided and the ulcers assumed a more healthy appearance, his general health continued to improve at the same time. On the 1st of April a small abscess had formed on the calf of the same leg which contained healthy pus, another abscess formed on dorsum of foot, this was followed by several others, also a very large one over left hip, all the abscesses contained healthy pus and his general health which was at first very bad continued to improve up to the 17th of April from which time he gradually got worse, the pus becoming thin and very fetid and the abscesses increasing not only in number but also in size, that over left hip extending a long way up back, fluctuation being felt as far as last rib. These symptoms were attended with restlessness want of appetite and sinking. He died on the 8th May, evidently exhausted by the copious discharge &c. There was great reason to suppose that these symptoms were all caused by a chronic phlebitis consequent on the application of the Iodide of Potash to the varicose veins. signed, Robert Wilson M.D.

Section Cadaveris hora trigesima sexta post Mortem

External appearances. Body much emaciated. A large ulcer on the dorsum of right foot exposing the extensor tendons, and several others on the external side of the foot. Two small openings on the outer side of the leg: one in the calf and another on the inner side of the tendo achillis each of these leading into the sac of abscess. These openings had been made for the evacuation of matter. An extensive abscess situated among the muscles forming the calf of right leg and another on the extensor muscle. The saphena and other veins were healthy, neither the saphena nor any of its branches were obliterated although this had been attempted by means of Iodide of Potash. A small incision over left hip which had been made to give exit to a very extensive collection of matter. There was a most extensive abscess engaging the whole of the muscles of the left hip and extending upwards among the lumbar muscles to about the centre of the Thorax. This sac was filled with thick dark bloody matter having a most offensive smell. There was no disease of the bones as far as could be made out.

Cranium. Brain healthy weight 3 lbs 2 oz.

Thorax. Heart. Structure healthy, weight 9oz 4dss. Extensive atheroma-
tous deposit in the arch of the aorta and extending downwards through
out the thoracic portion. Apices of both lungs connected to the walls of the
Chest by adhesions of old standing. Structure of both lungs healthy weight
2lb 9oz.

Abdomen. Liver. a deep sulcus on the convex surface of the right lobe
having a puckered appearance resembling an old cicatrix, but probably
resulting from an obliteration of a hepatic vein, the liver at this point
was connected to the diaphragm by a band of adhesions. The margin of
the left lobe was spange from thickening of the peritoneal coat, structure
of liver firm and granular and of a mottled nutmeg appearance. Gall.
bladder filled with very thick black viscid bile, weight 3 1/4 lb 14 oz.

Spleen healthy weight 9oz. Kidneys healthy weight of right 8oz 4dss
Left 7oz. Stomach and Intestines healthy

(Copied by Frederick York Shogob M.D.)

J. Williamson,

3rd Staff Surgeon,

N^o 12

Reg ^t	Rank and Name	Age	Disease.	Admitted	Died	Duration	Where	Ward	Reg	Fol
							Disease. Contracted			
16 th	Serj ^t Charles Rowan	21	Cachexia Syphil.	29 th April 1848.	8 th May 1848.	18 months	Corfu	2.	136.	6.

An Irishman, An Apothecary. Total Service 4 years, of which 18
months in Corfu the remainder at home. The document
which was sent along with him stated that 18 months ago
on landing at Corfu he had a very severe attack of
syphilis, after remaining some time in Hospital, the
soft palate was destroyed and there was also extensive ul-
-ceration at the back of the pharynx. He was besides affected
Rheumatic pains. He was under treatment in Corfu 292 days
The Treatment consisted of alterative doses of Mercury, Sarsaparilla
with Hydriodate of Potash, Quina. &c. — With this ex-
-ception there is no detail of his case till the 29th of April, the
date of his admission into this Hospital, — On admission
he was very much emaciated, there was an extensive ul-
-ceration on the left side of the frontal bone which exposed
the outer table and was attended with a thick fetid
discharge. He had also very extensive ulceration at the
back of the pharynx with loss of soft palate. — The lungs
seemed to be the seat of tubercles, as he was troubled with
considerable cough and purulent expectoration. From
the loss of palate and cough it was difficult to under-
-stand what he said. — He continued in much the
same state as on admission up to the 3rd of May when the

the cough became more urgent and dyspnoea very severe which was relieved by the coughing up a portion of slough of the shape of the trachea. On the 5th an ulcer broke out on the front of left tibia which discharged a thick greenish looking matter and from that time the difficulty of breathing and swallowing greater and he died on the 8th at $\frac{1}{2}$ past 5 o'clock A.M. He was unable for a day or two previous to his death to take any nutritious diet except Milk with Brandy and Wine.

The Treatment consisted of Muricatic Acid gargle to the throat, dressing the ulcers with dry lint to absorb the great discharge, and the exhibition internally of Anodyne draughts night and day: Potash with the Decoct: Sarsae twice daily

signed, James Tuttle M.D. S. A. Surgeon.

Sectio Cadaveris hora septuagesimâ octavâ post mortem

External Appearances. Body extremely emaciated.

Knees on both tibia; an ulcer about the size of a half-crown on the centre of the left, exposing the bone which was in a state of caries

Cranium. An ulcer larger than a shilling situated on the forehead, exposing the frontal bone, the external table of which was necrosed. The internal table of the calvaria corresponding to it, presented marks of increased vascularity. Considerable subarachnoid effusion.

Brain healthy. Weight 3^{lbs} 5^{oz} —

Thorax. Three ounces of serum in the pericardium.

Heart healthy. Weight 9^{oz} 4^{dr}

Soft palate entirely destroyed by ulceration and the tonsils in a sloughing condition. Posterior part of the pharynx entirely destroyed leaving the muscles covering the front of the spine exposed. — Bronchial tubes filled with purulent matter. No ulceration or disease in the larynx or air tubes. Right pleural sac contained about half a pint of serum, with flakes of lymph floating in it; a coating of which surrounded the inferior lobe. Posterior half of the right lung condensed and sinking in water a great portion of it being in a state of red hepatization and some parts of it having advanced to the gray stage. Anterior half of the lung healthy. About 8^{oz} of serum in the left pleural cavity. Left lung in the same state as the right

Weight

Height of Larynx, Trachea and Lungs 4th 13 1/2^{ths}
Abdomen. Liver healthy. Weight 4th 4 3/4^{ths}
Spleen large. Weight 16 3/4^{ths}
Kidneys healthy. Weight of right 73. of left 73 1/2^{ths}
Stomach and Intestines healthy
 (Copied by R. Wilson M.D.)

L. Williamson

D^{no} Staff Surgeon

11-13

Reg ^t	Rank and Name	Age	Disease	Admitted	Died	Duration	Where	Where	Reg.	Fol.
							Disease contracted			
88 th Foot	P ^t Lawrence Costello	27	Phthisis Pulmonalis	7 th April/48	10 th May/48	4 weeks	Malta		11	307 197

An Irish labourer Total service 8 years of which he spent 6 at Malta and 2 in the West Indies enjoyed good health previous to February 1844 being then stationed at Malta where he was attacked with Haemoptysis from which he completely recovered after being in Hospital 16 days and continued afterwards in the enjoyment of good health until he went to the West Indies. About three months after his arrival there he was again attacked with Haemoptysis attended with a short dry cough dyspnoea and nocturnal perspirations. From these symptoms he never completely recovered although he continued to do duty occasionally. His health was much improved by the voyage home until he reached the channel where he got a fresh cold which aggravated his illness considerably. On admission into this Hospital he complained of cough attended with copious mucopurulent expectoration dyspnoea general debility and emaciation. Pulse 110 feeble tongue furred and loaded. Bowels confined. The physical signs consisted in dulness on percussion over the upper and anterior part of both lungs but particularly the left. On applying the stethoscope over the same regions crepitation pectoriloquy Bronchial respiration and in some places purulent respiration were distinctly heard. From the date of his admission until he expired no decided amendment was observed. However he continued tolerably well until the 26th of last month when he complained of a severe pain in the chest great dyspnoea and slight haemoptysis. From this date until the 10th of this month when he expired he continued progressive by sinking for the last few days partaking only of wine and beef tea. The treatment adopted consisted in counterirritation over the chest by means of Friction of Iodine and Tartar emetic ointment rubbed over it and the administration of sedative stimulants and expectorants followed up by nourishing diet.

Signed Fergus Herin L.R.C.S.I.

Lectio Cadaveris hora trigesima post mortem

External appearances. No emaciation.

Cranium Vessels of the pia mater very much congested. Section of the brain presented numerous bloody points. Structure healthy. Weight 3 lbs 10 5/8 drs

Thorax Heart healthy. Weight 10 oz. Trachea and Bronchial tubes filled with purulent matter. A small ulcer at the posterior angle of the right vocal chord. Apices of both lungs adhered firmly to the walls of the chest. Right lung The whole of the posterior lobe completely disorganized from tubercular deposition softened and broken up into numerous

small cavities. Numerous clusters of miliary and crude tubercles in the middle and inferior lobes. Left lung. The whole of the superior lobe and posterior half of the inferior in the same condition as the superior lobe of the right lung. Anterior half of this lung contained a few clusters of miliary and crude tubercles. Weight of larynx trachea and lungs 6th 6oz. Abdomen. Liver healthy. Weight 3th 12oz. Spleen. Structure soft. Weight 5oz 6drs. Kidneys healthy. Weight of right 7oz of left 8oz 6drs. Stomach healthy. A few small ulcers close to the termination of the ileum with two or three in the ascending colon.
(Copied by James Fraser, M.D.)

L. Williamson
3rd Staff Surgeon

14

Regt	Rank & Name	Age	Disease	Admitted	Disch	Invalided where	When	Regt	Vol.
						Disease continued			
1 st	Capt. Nicholas Fitzgerald	20	Pleuritis Acute	12 th May 1848	20 th May 1848	9 days	Chatham	15	308724

An Irish labourer service 2 1/2 years, of which he spent 5 years in Gibraltar & 3 1/2 yrs in the West Indies. Had venereal in 1839 whilst stationed in Dublin for which he was treated: Enjoyed good health until his arrival at Barbados, in December 1846, soon after which he suffered from dyspnoea & cough, & was in Hospital during his stay there three different times for the same complaint - from thence he was invalided to this for Phthisis Pulmonalis. On his arrival here on the 11th of April 1847, he was admitted for Chronic Catarrh, labouring under severe cough, with copious expectoration of viscid mucus. - On examination of Chest - there was formal dulness, below both clavicles & respiration difficult in left lung with increased action of heart. - for these affections he was treated until the 12th of May 1848 - discharged and readmitted on the same day for Pneumonia which was evidently brought on by a fresh cold, which he took on day or two previous while moving about the grounds around. - On the 12th inst - he laboured under severe inflammation of Right lung. Breathing much oppressed & giving great pain, in right internal & inframammary regions of thorax, pulse quick, weak & small 152, tongue loaded & furred, skin hot & dry - with scanty sputa which was with great difficulty expectorated, the next morning he appeared much relieved but afterwards became worse, expectorating rusty viscid mucopurulent sputa (crepitation being distinctly audible in both sides of Chest) and lingered on until the 20th inst ant, with increased aggravated symptoms: - The treatment was

active antiphlogistic, until the acute inflammation was overcome - viz - cupping, calomel & antimony with opium & occasionally purgatives, together with Night Hydrag. Port. to the thighs & axilla - when stimuli & light nutritious diet were administered - but which proved useless, his constitution having been so thoroughly undermined by the former disease.
(Signed) John Davies Staff Ast. Surgeon.

Lectio Cadaveris huius tagesimâ quartâ post mortem.

External appearances. - Body Stout & Muscular.

Cranium. Veins of the pia mater congested; Section of brain presented a number of bloody points. Weight of brain 3 lbs 4 oz.

Thorax. Heart healthy weight 9 oz; Bronchial tubes contained some frothy mucus. Mucous membrane of the bronchial tubes congested. Right pleural cavity contained 3 pints 8 oz of thick milky fluid, with broken up coagulable lymph floating in it. pulmonary & costal pleura coated with recent effused lymph: the apex of the superior lobe, was connected to the wall of the Chest, and its base to the diaphragm by adhesions of old standing. Several bands also connecting the lateral parts of the lung to the Chest. Structure of the lung healthy, a small portion of calcareous matter found in the superior lobe. Left pleural cavity contained 9 oz of serum slightly tinged with blood, & the pulmonary & costal pleura was also coated with a recent layer of lymph. Structure of this lung also healthy. Weight of Larynx, trachea & lungs 3 lbs. 3 oz. 3 drs.

Abdomen. Liver Structure firm & granular, & presented the 1st stage of cirrhosis, Weight of liver 4 lbs 2 oz. Gall bladder much contracted, and contained only about a drachm of bile.

Spleen healthy. Weight 9 oz. 3 drs. Kidneys healthy. Weight of right 7 oz 4 drs. of left 7 oz 1 dr. - Stomach and small intestines healthy. Mucous-membrane of large intestines soft & pulpy, and portions of it of a deep purple color and highly congested, at these parts - the mucous membrane was abraded and lymph deposited on its surface.

(Copied by Fergus Kerin)

L. Williamson
J^{ns} Hoff Surgⁿ

No. 13

Regt	Rank & Name	Age	Disease	Admitted	Died	Duration	Where	Ward	Regt.	Sol.
							<i>Please Consult</i>			
62	Pt John Fishlock	29	Phthisis Pulmonal	14 th April 1848	21 st May 1848	4 months	At Sea	11	307	217

An English labourer, Total service 8¹/₂ years of which he spent 1¹/₂ year in India and 7 months at the Cape of Good Hope. Stated that he enjoyed good health previous to last February, being then on Board a ship coming home from the Cape and having slept one very severe night on deck, he contracted a very bad cold which it appears he neglected for over a month, thinking it would not signify, but it becoming much worse he finally consulted the Doctor on Board, who treated him for it, at the same time affording him little or no relief. - On admission into this Hospital his general appearance was most indicative of Phthisis. He complained of cough with soreness in Chest on doing so and attended with dyspnoea copious mucous-purulent expectoration, nocturnal perspirations, emaciation and general debility, Pulse 120 and very feeble, tongue loaded, bowels regular, appetite indifferent. On examination of his Chest by percussion and auscultation both lungs appeared to be in a disorganised condition from deposition of tubercles, the right lung however appeared to be in a more advanced stage of disease, for dulness was most distinct beneath the right clavicle and on applying the Stethoscope over upper part of same lung, crepitation, bronchial respiration, broncho-phony, and in some places purile respiration were distinctly heard. From the date of his admission not the slightest improvement could be observed, and he continued progressively sinking until the 21st instant, when colliquative diarrhoea set in which speedily put an end to his existence.

The treatment adopted, consisted in a combination of Stimulants, Sedatives and expectorants, followed by Wine and nourishing diet

(signed) Augustus Keim L.R.C.S.

Secutio Cadaveris hora sexagesima post mortem

External Appearance. Body slightly emaciated.

Cranium. About two ounces of fluid at base of Brain: Considerable subarachnoid effusion. Brain healthy. Weight 3¹/₂ lbs.

Thorax. Six ounces of clear serum in the pericardium. Heart healthy. Weight 10¹/₂ 9 lbs. Mucous Membrane of the whole of the air passages of a purple colour & highly vascular, an ulcer at the posterior angle of each vocal Chord, and numerous small superficial ulcers commencing in the Larynx and extending down to the division of the Trachea. On opening the right side of the Thorax a quantity of air escaped which had pushed the diaphragm much lower down than usual and displaced the Liver. The superior lobe of right lung adhered very firmly to the walls of the Chest, almost the whole of the structure of this lung completely

disorganized by tubercular deposition and cavities of different sizes throughout its structure, and two of large size in the apex. Left Lung Superior lobe in the same condition as that of the right, but in a less advanced state, inferior lobe comparatively healthy, containing only a few small tubercles. Weight of Lungs, Trachea and Lungs 5^{lb} 12^{oz} 6^{lbs}.

Abdomen. Contained one pint of clear serum. Liver Structure extremely soft and of a pale yellow colour. Weight 3^{lb} 14^{oz}. Spleen healthy, adhered firmly to surrounding parts. Weight 7^{oz} 4^{lbs}. Kidneys healthy, Weight of right 7^{oz}. Left 7^{oz} 3^{lbs}. Stomach healthy. A few small ulcers in lower third of ileum. Mucous Membrane of large intestines generally soft and pulpy. Coats of the intestines thin and blanched.

(Copied by Frederick York Shogog M.D.)

L. Williamson,
2nd Staff Surgeon

N^o 16

Reg ^t	Rank and Name	Age	Disease	Admitted	Dead	Duration Where Disease contracted	Ward	Reg.	Fol.
38 th Foot	P ^t Thomas Wyly	28	Phthisis Pulmonalis	7 th April 1848	23 rd May 1848	7 months Barbadoes	15	308	63

An Irish labourer 10 years service 6 of which he passed at Malta and one at Barbadoes. Had been treated four different times in Hospital before his arrival here viz from 20th to 30th March 1846 2nd September to 5th October 1846 + from 15th August to 6th September 1847 4th from 3rd November to 30th December 1847. Phthisis Pulmonalis first made its appearance in the year 1847. November month while stationed in Barbadoes. On his admission to this Hospital he suffered much with severe cough and copious expectoration of muco purulent matter. On percussion of the chest (as per Register 308 Folio 63) there was dulness under both clavicles with puerile respiration and at apex of right lung large cavities existed accompanied with pectoriloquy and mucous rales. For the few first days he found some relief owing to the comfort and attendance of the Hospital after the miseries of a voyage but he was too much reduced to derive any real benefit from medicines. Soon after his arrival ulceration took place in the Trachea which increased his sufferings much and aggravated his other complaints. Dyspnoea was frequently very painful and on which occasions he was obliged to be raised up in bed and which happily gave some relief. He continued in this for 6 weeks one day better the other again worse until the 9th May when his strength entirely gave way occasionally the pulse was scarcely to be felt he lingered on in this state until the morning of the 23rd instant.

The treatment was palliative with occasional counterirritants to ease pain and assist expectoration together with light nutritious diet and wine to support strength

(signed) John Davies, Staff Assistant Surgeon

Sectio Cadaveris hora trigesima sexta post mortem

External appearances. Body much emaciated

Cranium. Veins of the pia mater congested. Section of Brain presented a number of bloody points. Weight 3^{lb} 10^{oz}.

Thorax. Two oz of serum in the pericardium. Heart healthy. Weight 10 oz 3 drs. Bronchial tubes filled with purulent matter. Pharynx rough and irregular from superficial ulceration as also the superior surface of the epiglottis. Glottis thickened and condensed and a large deep excavated ulcer on the outer side of the left fold of the glottis. Mucous membrane of the lower surface of the epiglottis also slightly abraded. Lungs free from adhesion and did not collapse on opening the chest. Both lungs thickly studded with miliary and crude tubercles and a few small vomicae throughout its structure. Both lungs emphysematous. Weight of Larynx Trachea and Lungs 4 lbs 14 oz.

Abdomen. Liver. Veins gorged with blood. Weight 3 lbs 11 oz. Spleen healthy. Weight 6 oz 3 drs. Kidneys healthy. Weight of right 5 oz 1 dr of the left the same. Stomach healthy. A few large ulcers with thick everted edges situated on the lower third of the ileum. Very extensive ulceration on the caput caecum and a large patch of ulceration in the transverse colon.

Copied by James Fraser, M.D.).

L. Williamson

2nd Staff Surgeon

Regt.	Rank and Name	Age	Disease	Admitted	Died	Duration	Where	Wound	Regt. Vol.
							Disease contracted		
27 th	8 th James M'Farry	40	Phthisis chronic & Pericarditis. Died 1848	14 th May 1848	30 th May 1848	8 years	Cape.	11	307 236

An Irish Labourer, Total Service 21 years of which he spent 4 years in the West Indies and 12 1/2 years at the Cape of Good Hope. Stated that he had a severe attack of yellow fever in the West Indies for which he was detained in Hospital for over 3 months. Stated that about 8 years ago he was seized with a severe pain in the left side, hard dry cough, dyspnoea, and haemoptysis for which he was admitted into the general Hospital in Capetown, where he remained for 6 months under treatment. Stated that he had at least 20 similar attacks since attended with haemoptoea, had been in Hospital on an average 1 month for each.

On admission into this Hospital he complained of a severe pain in the left side attended with a hard dry cough, dyspnoea, but no expectoration. Pulse 98 and full, tongue furred and loaded. Skin hot but moist, bowels open, appetite indifferant. On examination of his chest respiration was distinctly heard all over the left lung, which was considered to be both tubercular and Pneumonic: the latter of which he was actively treated for by local bleeding, blistering and Antimonials combined with Hydragogue lead and followed up by expectorants, sedatives and nourishing diet. Under the above treatment he continued to improve steadily, and was convalescing on the 27th instant and continued so until 12 O'clock noon 30th instant, when he was seized with a severe rigor and vomiting which continued for some hours, when he became insensible and continued so until he expired: he was seen by the Medical Officer at 4 O'clock and 10 ounces of blood was taken from his arm, which after a short time became both hefted and cupped. At 7 O'clock Staff Surgeon W. M. Ford saw him and ordered a blister to be applied to the back of his neck, sinapisms to the Calves of his legs and to administer a strong Spongia injection, all of which was immediately done, but without producing little or no effect for he expired at 10 to 9 O'clock. About 1/2 an hour before he expired loud mucous rales were distinctly heard all over his chest and were

audible even without the aid of a stethoscope.

(Signed) Jurgus Herin.

Sectio Cadaveris hœc trigesima octava post Mortem

External appearances. Body emaciated.

Cranium. Brain healthy. Weight 2 lbs. 11 oz.

Thorax. On opening the pericardium the left side of the heart was found to adhere loosely by adhesions of recent formation which were easily broken down: portions of the serous membrane of the pericardium and heart were slightly vascular. An opaque spot on the anterior surface of the right ventricle which was easily torn off, leaving the serous membrane of its usual healthy appearance. Heart enlarged and its walls of their usual thickness and the cavities not at all dilated. Several portions of the serous membrane of the left ventricle, covering the septum and situated a short distance below the semilunar valves of the aorta were much thickened and opaque. Margins of the semilunar valves also thickened. Arch of the aorta dilated and its surface very irregular from the deposition of lithomatous matter, which extended to the termination of the abdominal aorta. Weight of heart 1 lb. 10 oz. Bronchial tubes contained some mucus. Right Lung free from adhesions and perfectly healthy. Left Lung adhered very firmly and universally to the walls of the chest. The whole of the superior lobe was very firm, condensed and portions of it, almost in a cartilaginous state; in the centre of which, were formed two cavities about 3 inches in length and 1/2 an inch in circumference, and lined with a firm thick membrane. Several large bronchial tubes opened directly into these cavities; portions of the inferior lobe were also firm and condensed, but in a much less degree than the superior. Weight of Larynx, Trachea and Lungs 3 lbs. 14 oz. 5 dms.

Abdomen. Liver healthy, Weight 3 lbs. 13 oz. Spleen large but its structure soft. Weight

1 lb. 1 ounce. Kidneys large, but healthy in structure. Weight of right 9 oz.

of left 10 1/2 oz. Other Organs were soaked with blood. Stomach and Intestines healthy.

(Copied by Frederick York Shogag M.D.)

L. Williamson

2nd Staff Surgeon

1848

Regt	Rank and Name	Age	Disease.	Admitted	Died	Duration of Disease	Where Contracted	Regt	File
6th	Wm Isaac Waddle	34	Phthisis Pul.	26 April 1846	2 June 1848	2 1/2 years	Ireland	15	308/108

Formerly an Irish Labourer, 17 years service. 6 years of which he passed in Canada and 10 months at the Cape of Good Hope. Had been subject to coughs and dyspnoea for the last three years and in Aug 40 prior to his embarkation for the Cape of Good Hope was in General Hospital Cork for Catarrhus Chronicus, during his voyage out and until the beginning of 1847 he suffered from repeated attacks of cold, cough and dyspnoea, which were

were severe and very distressing, also from constriction and pain in chest. with expectoration, and while on the Frontier he had a sharp attack of dysentery in Jan'y 1847 his symptoms becoming worse with debility and emaciation he was sent down to Graham's Town where he was treated until embarkation for England. — On his arrival here on 26th April 1848 He was a worn out man very feeble and greatly emaciated with severe cough and copious tubercular expectoration hectic fever and night sweats during his short existence in this Hospital there is nothing worthy of remark in regard to the progress of his disease. His disease with emaciation increased from admission and he died perfectly exhausted having been in Hospital thirty seven days. — The treatment was palliative, viz. Anodynes, mild expectorants counter irritation with wine, nutritious diet etc.

signed, John Davis

Staff Assist Surgeon

Sectio Cadaveris horâ trigesimâ sextâ post mortem.

External Appearances. Body emaciated.

Cranium. Brain healthy, weight 3^{lbs} 2^{oz} 3^{dr}

Thorax. Heart healthy, weight 12^{oz} 1^{dr}

Bronchial tubes filled with purulent matter.

Both Lungs adhered firmly and universally to the walls of the chest by adhesions of old standing but particularly that of the right side. Right Lung. A very large irregular cavity in the apex of superior lobe and the structure surrounding it was condensed from tubercular deposition, numerous clusters of crude tubercles throughout the middle and inferior lobes and also a few small bronchi. Left Lung. A very large irregular cavity in the apex of Superior lobe and two small cavities in the upper and posterior part of the inferior lobe. the lower and anterior half of the inferior lobe was healthy and free from tubercles. The lower and posterior half of the inferior was condensed and in a state of red hepatization advancing at some portions to the grey stage. Weight of Larynx Trachea and Lungs 4^{lbs} 7^{oz} 3^{dr}.

Abdomen. Liver healthy, weight 3^{lbs} 12^{oz} 5^{dr} 1^{ss}

Spleen healthy weight 8^{oz} 3^{dr} 5^{ss}

Kidneys

27

Kidneys healthy. weight of right 5³/₁₆ of left 8³/₁₆ -
Stomach and intestines healthy - - -
 (copied by Robt Wilson M.D.)

G. Williamson,
 2nd Staff Surgeon

1849

Regt.	Rank and Name	Age	Disease	Admitted	Died	Duration of Disease contracted	Where	Ward	Reg.	Fol.
88 th Foot	Pte John Connors	31	Phthisis Pulmonalis	7 th April 1848	7 th June 1848	12 months	Barbadoes	15	308	64

An Irishman by trade a tailor 11 years service of which 6 in Malta & in Barbadoes and the remainder at home. Symptoms of Phthisis first appeared in the West Indies in 1847. He was admitted into the General Hospital at Barbadoes and reported as disqualified for military duty. On his admission into this General Hospital he was excessively weak and much emaciated had severe cough with mucopurulent expectoration he also complained of pain in the left side increased on cough or a full inspiration likewise suffered from violent palpitation of the heart. On examination of his chest by the stethoscope cavernous respiration and Pectoriloquy were distinctly heard under both clavicles. There was a discharge of matter of an unhealthy scrofulous character from the right ear and from an unhealthy abscess near it. By the rest and quiet of Hospital and the use of Morphine & some of the most painful symptoms were relieved but the disease continued to advance. On the 28th Inst. a small abscess was opened in the neck which gave exit to half an ounce of unhealthy scrofulous matter. This abscess communicated with the former one the discharge also from the ear continued most profuse. The disease continued to advance as painful symptoms arose they were from time to time relieved by Cataplasms of opiates Hydrocyanic acid &c but he gradually became more and more debilitated. The expectoration and discharge from the abscesses were most profuse. Pulse small 140. On the 31st May erysipelatous inflammation of the left cheek and side of the head came on during the night and he became greatly exhausted. On the 2nd June the erysipelatous inflammation had changed over to the right ear he became gradually weaker and expired at 12 o'clock A.M. on the 7th Inst. The treatment consisted in the combination of sedatives expectorants with stimulants followed by a nourishing diet.

Signed L. H. Blakeney, Staff Surgeon. 2^d Class

Sectio Cadaveris hora trigesima post mortem

External appearances. Body very much emaciated. Numerous long callous sinusses situated on right side of neck extending along anterior margin of Sternomastoid upwards as far as the meatus auditorius where the temporal bone was found in a carious state. A considerable portion of the petrous portion of the temporal bone was completely destroyed leaving an opening about half an inch in diameter which communicated with the interior of the cranium the dura mater corresponding to the diseased bone was in a thickened state. The small bones of the ear were also destroyed and the periosteum for some distance around the ex-

tural ear was detached from the temporal bone and its surface carious.

Cranium. Considerable subarachnoid effusion. About two ounces of fluid at the base of the Brain. The membranes along the course of the longitudinal sinus were thickened and opaque. Structure of brain healthy. Weight 3 lbs 3 oz.

Thorax. Three ounces of serum in the pericardium and opaque spot on the anterior surface of right ventricle. Heart healthy. Weight 9 oz 3 drs. Bronchial tubes contained some purulent matter. Posterior aspect of both lungs adhered firmly to the walls of the chest.

Right Lung. Superior and middle lobes completely disorganized by tubercular deposit and cavities of various sizes in different parts particularly in the apex. Lower lobe comparatively free from disease and contained only a few clusters of crude tubercles. Left Lung. A small cavity in the apex of the superior lobe and numerous clusters of crude tubercles throughout its structure. Weight of Larynx Trachea and Lungs 5 lbs 8 oz.

Abdomen. A small portion of peritoneum on the convex surface of Liver immediately above the gall bladder thickened and opaque. Structure of liver healthy. Gall bladder empty & contracted. Weight 3 lbs 2 oz 2 drs. Spleen healthy. Weight 7 oz 4 drs. Kidneys healthy.

Weight of right 5 oz of left 5 oz 4 drs. Stomach healthy. Mucous membrane of intestines of a dark slate colour. Small intestines healthy. A large irregular ulcer in the Caput Caecum and two in the transverse colon.

(Copied by James Fraser, M.D.)

L. Williamson,

2nd Staff Surgeon.

No. 20.

Regt.	Rank and Name	Age	Disease	Admitted	Died	Duration	Where	Ward	Reg.	Vol.
							of Disease Contracted			
22	Mr Henry Walton	29	Dysentery Chronic	6 th June 1848	9 th June 1848	2 1/2 years	India	13	308	168

An Irishman by trade a Cooper, served about 3 years. It appears by the document received from his Corps this man landed in India December 1845, and that he enjoyed good health until the latter end of November 1846, when he was attacked with Hepatitis and jaundice, was under treatment for some time and readmitted in February 1847 with Intermit. Fever since which he was continually in and out of Hospital. On the 14 May 1847 he was attacked with Rheumatism accompanied with emaciation constant fever lassitude and excessive debility. On admission into this Hospital he complained of great pain in the Hepatic region and general tenderness over abdomen, with frequent purging and total loss of appetite. Pulse small and weak. The morning before admission he had an attack of dysentery which aggravated the symptoms. Two Draughts of Tincture Opii and Sol. Muriat. Morphine were prescribed by the Medical Officer, which afforded temporary relief. On the 8th the purging, tenderness, and all the symptoms were increased, the faeces were of a slate colour and gelatinous in consistence, but quite free from any tinge of blood, pulse almost imperceptible and countenance sunken and deathlike. He had the Dr. Ferri-berthine applied hot to the abdomen with the internal exhibition of acetate of Lead and Opium in large doses with Wine &c. The man however was so ill on admission that it was not expected he would survive more than 2 or 3 days at the utmost.

(Signed) E. M. Blackmore, Staff Surgeon 2nd Class

Section Cadaveris hœia Trigesima post Mortem

External appearance. Body slightly emaciated

Cranium. A thin layer of yellowish lymph. on the inner surface of the dura mater covering the left hemisphere of the brain: considerable subarachnoid effusion, but no vascularity or congestion of the arachnoid or pia-mater, structure of brain healthy. Weight of brain 2 lbs 12 oz. 2 lbs

Thorax. A large opaque white spot on the anterior surface of right Ventricle: posterior surface of the right Ventricle connected to the pericardium by a large broad band of old adhesion. Cavities of the heart filled with large fibrinous clots. Structure healthy. Weight 11 oz. 2 lbs. Right Lung, posterior aspect of the inferior lobe connected to the walls of the Chest, by an old band of adhesion. Left Lung adhered firmly and universally to the walls of the Chest. Structure of both lungs healthy. Weight of larynx, trachea, and lungs 2 lbs 14 oz.

Abdomen. 8 oz. of serum in this cavity, convex surface of the liver connected to the diaphragm by an old band of adhesion. Two scrofulous deposits about the size of a pigeon's egg, one of them situated in the thin margin of the liver above the gall bladder, and the other in the margin of the right lobe: these deposits were softened in the Centre, and enclosed in a thick firm cyst. Section of the liver of a dark mottled nutmeg appearance. Weight of liver 5 lbs 9 oz. 2 lbs. Spleen rather large, weight 12 oz. 3 lbs. Kidneys healthy weight of right 6 oz. 3 lbs. left 4 oz. 4 lbs. Stomach and small intestines healthy. Mucous Membrane of the large intestines soft and pulpy and free from ulceration.

(Copied by Frederick York Shoggy M.D.)

J. Williamson 2nd Staff Surgeon

Regt.	Rank and Name	Age	Disease	Admitted	Died	Duration	Where	Ward	Regt.	Vol.
							Disease Contrasts			
25 th Foot	Pte Andrew Ward	29	Phthisis Pulm.	3 rd June /48	10 th June /48	2 years & 2 months	Canna more	14	309	103

An Irishman. Shoemaker. Service 8 $\frac{1}{2}$ years of which 6 years in the East Indies and the remainder at home. When stationed at Cannanore about 2 $\frac{1}{2}$ years since he became affected with pulmonary disease which gradually increased in successive attacks until tubercular consumption became confirmed. On admission into this Hospital he was much emaciated and extremely weak. Had copious mucopurulent expectoration and harassing cough which affected him chiefly at night. The chest was narrow and projecting in the centre. There appeared to be cavities formed in the superior lobes of both lungs more evident in the left lung from distinct pectoriloquy in the subclavian region and extensive deposition of tubercles in the greater part of their structure. On the 8th of June the dyspnoea was very urgent and he was covered with cold clammy perspiration. Pulse 120 and very feeble. Expectoration copious and purulent. On the 10th he was worse in every respect the symptoms having become aggravated by his getting out of bed and going down to the store to look after his clothes. He died at 1/4 past 11 the same evening having been in this Hospital

8 days. The chief treatment here was anodynes expectorants & hot Turpentine fomentations.
(signed) W. Dering Staff Surgeon 2^d Class

Sectio Cadaveris horâ trigesimâ septimâ post mortem

External appearances. Body much emaciated.

Cranium. Brain healthy. Weight 3 lbs 3 oz.

Thorax. About 2 oz of serum in the pericardium. Structure of heart healthy. Weight 13 oz 3 drs. An ulcer at the posterior angle of right vocal chord. Bronchial tubes filled with purulent matter. Lung did not collapse on opening the chest. Right lung. Superior and middle lobes studded with milium tubercles and the posterior part of the inferior lobe oedematous anterior margin of the lung emphysematous.

Left Lung adhered very firmly and universally to the walls of the chest. Structure completely disorganized from tubercles in different stages of development and cavities of various sizes particularly in the apex. Weight of Larynx Trachea & Lung 1 lb 14 oz.

Abdomen. Liver healthy. Weight 3 lbs 6 oz 4 drs. Spleen healthy. Weight 3 oz 6 drs.

Kidneys healthy. Weight of right 7 oz. Weight of left 6 oz 4 drs. Stomach healthy.

Numerous small oval ulcers along the whole course of the Ilium. A large patch of irregular ulceration in the caput caecum and several small ulcers in the ascending and transverse colon.

(Copied by James Fraser, M.D.)

G. Williamson,
2nd Staff Surgeon

No 22

Reg ^t	Rank and Name	Age	Disease	Admitted	Died	Duration	Where	Ward	Reg	Fol
							Disease Contracted			
53 ^d	Foot Pte Henry Burkinshaw	23	Phthisis Pulmonalis	19 Feb ^r 1848	11 th June 1848	12 months	Hatham	11	307	221

An Englishman total service 1 year all at home. Stated that he enjoyed good health previous to enlistment. Since which time he has been in the Detachment Hospital twice with Catarrh. On last February he was admitted into this Hospital at which time he complained of cough with scanty sero-mucous expectoration and dyspnoea. Tongue clean. Pulse 70 soft. Skin cool bowels regular. On examination of his chest at this time there appeared to have been no decided evidence as to the existence of Tubercular disposition. However he was not long in Hospital until there was and there being unmistakable evidence of Tubercular degeneration existing in both lungs he was ordered to be discharged on the 23^d of last April so as to be readmitted next day for Phthisis. The following are the symptoms under which he laboured on readmission. Severe cough with pain of chest on doings so dyspnoea emaciation general debility nocturnal perspirations & occasionally diarrhoea. expectoration also became of a more purulent character. On examination of his chest with the stethoscope cavities were found to have existed in the upper part of both lungs and the heart's action was distinctly heard all over the anterior surface of chest. He was in bed during this examination and I did not like annoying him much as he was exceedingly weak and very irritable. Pulse 110 feeble. Tongue clean bowels open.

From the date of his readmission he did not rise out of bed and his Phthisical symptoms became much aggravated resisting every means adopted for their removal while the irritability of his stomach added very much to his sufferings and tended considerably to hasten his dissolution. On the 8th of this month colliquative diarrhoea set in which speedily put an end to his existence. Treatment adopted consisted in a combination of sedatives stimulants and expectorants together with counterirritation over the chest and astringents to check the diarrhoea followed up by wine and nourishing diet.

(signed) Fergus Herin

Sectio Cadaveris hora vigesima post mortem.

External appearances. Body greatly emaciated.

Cranium. Veins of the pia mater congested. Section of brain presented a number of bloody points. Structure healthy. Weight 2 lbs 14 oz.

Thorax. Heart small and healthy. A small opaque spot on the anterior surface of the right ventricle. Weight of heart 7 oz. Bronchial tubes filled with thick tenacious purulent mucous membrane of larynx trachea and bronchial tubes highly vascular and studded with numerous small superficial ulcerations more particularly along its posterior aspect. Right lung adhered very firmly and universally to the walls of chest. Superior lobe condensed from tubercular deposition and containing numerous small vomicae & one of large size in the apex, middle and inferior lobes healthy with the exception of the posterior aspect of the latter being gorged with blood from position. On opening the left pleural cavity a quantity of air escaped. This cavity also contained 4 pints of yellow serum with large flakes lymph floating in it a very thick fringe of which surrounded the base of the inferior lobe. The air and fluid contained in that cavity had displaced the heart considerably to the right side and depressed the diaphragm. Lung very much compressed towards the spine pulmonary and costal pleura coated with a thick firm layer of lymph. Superior half of the upper lobe as also the upper half of the inferior thickly studded with milary tubercles and one large irregular cavity in the apex and a few smaller ones throughout the remainder one of which communicated with the pleural sac the lower half of the superior lobe as also that of the inferior were healthy. Weight of larynx trachea and lungs 3 lbs 9 oz.

Abdomen. Liver healthy. Weight 3 lbs 2 oz. Spleen healthy. Weight 10 oz. Kidneys healthy. Weight of right 6 oz of left 4 oz 4 drs. Stomach healthy. Numerous small oval ulcers with thickened edges along the whole course of the ileum and also many ulcers of the same character in the caecum and ascending colon.

(Copied by James Fraser, M.D.)

L. Williamson M.D.
2nd Staff Surgeon

Regt	Rank and Name	Age	Disease	Admitted	Died	Duration	Where	Had Reg. Fol.
							Disease Continued	
99 th	Pte John Harvey	27	Morbus Cordis Hyper trophy of heart & dilated valves	3 ^d June 1848	16 th June 1848	5 Years	Paramatta	10 306/82

Fishman, Labourer. Service 8 1/2 years of which 4 years 11 mos. He in King St. Prison Remainder

at home. His statement states that the disease of the heart first became apparent in May 1848. he was then stationed at Saramotta. that the cause was not known but that it had not been aggravated by vice or intemperance. He was in Hospital from 15th to 20th May 1848. from 17 June to 10th July 1848 and from 18th July to 10th November 1848. On his admission into this Hospital on the 3rd June last, he had the appearance of a person labouring under disease of the right side of the heart - his countenance was puffed his lips livid, the veins in the neck were swollen. He had oedema, the lower extremities were anasarca, orthopnea, great dyspnoea. Pulse feeble 100, cough with frothy expectoration. There was dulness over a considerable extent of the praecordial region. The sounds of the heart were heard over every part of the anterior of the chest and as low down as the umbilicus. The character of the first and second sound were nearly the same, both being short and flapping; the sounding as if muffled. There was no bruit. The urine was albuminous; only a pint passed in the 24 hours. As he was too feeble to admit of active or lowering treatment a blister was applied to his chest, and he took pills of Blue pill, squills and Opacamarha; his bowels were regulated by laxatives. This treatment failed to afford him the slightest relief. His countenance was also livid; the dyspnoea increased and the dyspnoea became most urgent. yesterday the 18th the symptoms were so distressing, it was considered necessary to afford him relief immediately and the abdomen was tapped. Eight pints of a pale clear fluid were drawn off with immediate relief to the more distressing symptoms. He bore the operation very well, and expressed himself as greatly relieved and quite comfortable. At the evening visit he said that he had not been so well or comfortable for a long time. I understand from the Elderly and other patients that he rested pretty well during the night and did not seem to suffer in any way. At breakfast hour he spoke to them but appeared heavy and sleepy. Shortly after 8 o'clock the Elderly came for me to say he was dying. I saw him at once but found him moribund, and he died at 10 minutes past 10 o'clock A.M.

(Signed) J. K. Mac L. D.

Sp. Imp. 2nd M.T.R.

Scotia Cadaveris horâ vigesima quarta post mortem

External appearance. Lower extremities edematous. Abdomen much swollen and tympanitic.

Brain. Brain healthy. Weight 3 lbs 6 oz 2 grs

Thorax. No cancer of tumour in the pericardium. Heart generally enlarged and the walls of the left ventricle much thickened and the left auricle dilated. Left Auriculo Ventricular opening very much contracted and on viewing it from the auricle it presented a narrow slit which was only capable of admitting the point of the finger. There was extensive deposition of opacous matter in the mitral valve, more especially on its superior or auricular aspect, where its surface was very irregular and the lining membrane detached from the bony scales. The Columna Carnea and Chorda tendinea were very thick and strong. Margins of the Semilunar Valves thickened from the deposition of atheromatous matter. Weight of Heart 1 lb 2 oz 4 grs

Both Lungs adhered very firmly and universally, to the walls of the Chest by adhesions of old standing, structure healthy, Weight of Larynx, Trachea and Lungs 4 lbs. 8 oz.

Abdomen, contained two pints of serum. Liver capsule thickened and opaque, veins congested, structure healthy, weight 3 lbs 13 oz. 4 dr. Spleen capsule also thickened and opaque and adhered to the surrounding parts structure healthy, weight 8 oz. 6 dr. Kidneys healthy, weight of Right 7 1/2 lbs. 2 dr. of Left the same. Stomach and small Intestines healthy.

(Copied by Frederick York Shogog M.D.)

G. Williamson M.D.

2nd Staff Surgeon

N^o 24

Regt.	Rank + Name	Age	Disease	Admitted	Died	Duration	Where	Ward	Regt.	Vol.
						Disease contracted				
90 th Foot	P ^{te} William Farthedge	28	Dysentery Chronic	26 th April 1848	17 th June 1848	16 months	Cape of Good Hope	10	306	119

Englishman Carpenter service 9 years of which 7 years in Egypt, 1 year and 5 months at the Cape and the remainder at home. Was occasionally under treatment for Dysentery, during 1847. From the 2nd November 1847 he had been constantly under treatment for Dysentery, &c. then in Hospital at the Cape or at sea till his admission into this Hospital. He also laboured under internal Fistula. The treatment had consisted in mild aperients Calomel & opium, opiates astringents & Tonics. On his admission into this Hospital he was emaciated and sickly looking, his bowels were frequently affected with considerable pain there was tenderness on pressure over the abdomen. He took the Chalk mixture and Purgative ointment was rubbed over the abdomen. Subsequently acetate of lead and the Hydrarg. c. Crota and Dover's powders were administered. He appeared from time to time to derive relief from medicine but again relapsed. On the 12th of May the report states that the evacuations were passed without straining or uneasiness and that he was free from pain. On the 15th May he had considerable pain and straining, and great tenderness over the abdomen particularly in the left iliac region. A trial was now made of the sulphate of copper and turpentine fomentations. The sulphate of copper had the effect of checking the passing the bowels were now seldom moved more than twice in the 24 hours but he continued to complain of great pain & tenderness on pressure. From this period to his death he continued to sink gradually, he complained constantly of great pain and sense of heat in the bowels which was relieved only by opiates. He had the appearance of a man labouring under severe visceral disease. Treatment gave him relief only for a few hours at a time and he sank on the morning of the 17th.

(signed) J. Flehse, M.D.

Asist. Surg. 2nd W.I. Regt.

Sectio Cadaveris horâ trigesimâ sextâ post mortem.

External appearances. Body much emaciated.

Cranium. Brain healthy. Weight 2 lbs 12 oz 3 drs.

Thorax. About an ounce of serum in the pericardium. Heart small but healthy. Weight

7oz 2drs. Lungs free from adhesions and their structure healthy. Weight of Larynx Trachea and Lung 2^{lbs} 10z 2drs.

Abdomen contained twelve ounces of thick muddy fluid mixed with feculent matter and broken up coagulated lymph fringes of lymph agglutinating the convolutions of the Intestines Liver small and presenting rather an advanced stage of cirrhosis. Weight 3^{lbs} 10z. Spleen healthy. Weight 6oz 4drs. Kidneys healthy. Weight of right 4oz 6drs of left 5oz 2drs. Stomach & small Intestines healthy. A very large irregular patch of ulceration in the caecum. Extensive ulceration commencing about the centre of the ascending and extending to the transverse Colon, the ulceration at this part had destroyed both the mucous and muscular coats & at several parts had caused complete perforation. Mucous membrane of the rest of the Intestines soft and pulpy and several ulcers of smaller size along its course. The surface of the mucous membrane generally was of a leaden hue.

(Copied by James Fraser, M.D.)

J. Millman Esq,
Surgeon

Regt	Rank and Name	Age	Disease	Admitted	Died	Duration of Disease	Where	Ward	Regt.	Vol.
58	P ^{te} Thomas Mackay	26	Pleuritis & Empyema	3 rd June 1848	19 th June 1848	3 years	Spofth Island,	10	306	212

fishman, groom, service 5^{1/2} years, 3^{1/2} years in New South Wales. Remainder at home. In July 1848 he was admitted into Norfolk Island Hospital for acute Pleuritis; he was thin, emaciated, coughed, took rather smoky and was brought under the influence of Mercury, notwithstanding this active treatment, an extensive empyema rose that on the 4th day, the existence of air in the cavity of the Pleura was evidenced by putternational clearness on percussion over superior portion of left side of Chest and complete dulness of inferior portion. Miliatic tinkling was heard and the patient stated that when he shook his side he heard a loud gurgling or splashing. The heart was not heard to the right of the Sternum. In March 1849 he threw up a great quantity of purulent matter, and in the following May about a pint of thin yellow fluid, which came from his mouth as he lay on the left side. From that period until his admission into this Hospital, his symptoms had been much relieved and he had felt comparatively easy. On his admission on the 3rd of June he stated that he did not feel any uneasiness while at rest; but on taking exercise suffered from great palpitation and dyspnoea, he could not lie on the right side; had a sensation as if a weight fell over on attempting to do so; his appetite was good and he slept well. On examining the Chest, the left side was evidently dilated, the intercostal spaces were protruded but not quite obliterated. By measurement the left was half an inch longer than the right - 2 inches below the mamma. There was complete dulness over the whole of the left side; there was some respiratory murmur for 3 inches below the clavicle, superiorly to that, total absence of respiration. Posteriorly respiratory murmur heard in superior portion, but not in inferior 2/3rd along the spine. The heart's impulse was heard in the Epigastrium and to the right of the Sternum. From his admission until the 11th instant he went on

favourably experiencing no unusual distress or dyspnoea. On the 11th he had a rigor which lasted for some hours; for the next two days he did not feel so well as usual but still made no particular complaint. On the 12th he was much worse. His breathing considerably oppressed frequent cough and mucopurulent expectoration, Pulse 120. On the evening of the 12th he threw up about half a pint of matter which had the appearance of nearly pure pus; it came up in mouthfuls about a wing-spoon at the largest gush. He expected very little from treatment. I determined to try the effect of Mercury, a blister was also applied to the chest. On the 13th he stated that he felt greatly relieved since he had thrown up the matter Pulse 104. He did not from this period complain much of dyspnoea or oppression but he became gradually weaker. His strength was moderately supported and he got small doses of Morphine to allay the irritation of the cough. There was a good deal of expectoration but apparently nothing flowing from the pleura; he lay on his back or left side; his appetite still continued pretty good. During the 18th he continued to get gradually weaker and died on the morning of the 19th at 1/4 to one o'clock.

Signed J. Kehoe M.D.

Apr. Aug. 22^d W. J. Right

Electio Cadaveris horâ trigesimâ sextâ post mortem

External Appearances. Body Stout

Cranium. Veins of the pia mater congested. Section of brain presented a number of bloody points. Weight 8 lbs 2 oz.

Thorax. About 10 oz. of serum in the pericardium. Heart healthy. Weight 8 oz. 5 lbs

Trachea and Bronchial tubes filled with purulent matter and the mucous membrane congested. Right Lung adherent to the walls of the chest by an old band of adhesion. Structure of the lung healthy with the exception of a large cluster of chalky deposits in the lower and anterior margin of the superior lobe. Left pleural cavity contained 7 pints of thick purulent matter which had compressed the lung backwards towards the spine pushed the heart over to the right side of the sternum and depressed the diaphragm below the margin of the ribs. The pulmonary and costal pleura was very much thickened more especially the latter which at parts was semicartilaginous. Along the lateral aspect of the lung several small apertures were observed which communicated with the bronchial tubes. Structure of the lung although much compressed, was healthy. Weight of Larynx Trachea and Lungs 8 lbs 10 oz.

Abdomen. On opening this cavity the Stomach was found distended with flatus and descended below the umbilicus. Veins of the Liver congested and the Gall-bladder contained a biliary calculus about the size of a small marble composed of transparent crystals apparently of Cholesterine. Weight of Liver 3 lbs 4 oz. 4 lbs. Spleen healthy, weight 9 oz. 5 lbs. Intestines healthy. Weight of Right 6 oz. 5 lbs of Left 7 oz. 4 lbs. Stomach and Intestines healthy. Mucous membrane of large intestines of a dark slate colour.

(Copied by Frederick York Shigo M.D.)

E. Millarison

Staff Surgeon 2nd class

Regt.	Rank & Name	Age	Disease	Admitted	Died	Duration Disease	Where contracted	Ward	Reg	Fol.
21 st Foot	P ^{te} Patrick M. Namara	39	Pneumonia Chron Granular Kidneys	28 th May 1848	20 th June 1848	Unknown	Bengal	11	307	245

An Irish labourer Total service 22 1/2 years of which he spent six years in Van Diemens land & 9 1/2 in India. Stated that he enjoyed good health previous to going to India where he had several attacks of ague. Stated that 2 years previous to admission into this Hospital he had a severe attack of Rheumatism and being then stationed at Agra where he was admitted into Hospital & treated for 5 months when he was discharged not however perfectly cured and ever since that period had been liable to rheumatic pains in different parts of his body on the least exposure to cold. He was admitted into this Hospital on the 28th of last May his chief ailment being general debility and weakness of knees and ankles the result of long servitude he slept well appetite good pulse 78 but rather feeble tongue clean bowels regular. He continued perfectly well until the morning of the 17th inst (with the exception of a slight pain he had in the left side which yielded readily to the application of a blister and a few anodyne draughts) when he spat up about 6 oz of thick dark tenacious blood which he said gave him great relief at the same time he appeared very much alarmed and gave up all hopes of recovery. From this date he sank rapidly and could not be persuaded to partake of any nourishment and was constantly in a heavy sort of sleep but had no pain and when awakened he was extremely cross and irritable. On the morning of the 19th he again spat up some blood similar in appearance and quantity to the last described from which he also experienced relief. However his having partook of no nourishment from the 16th inst and being an old debilitated man who must have suffered a good deal from servitude and disease he became greatly exhausted & died at 3/4 past 8 o'clock A.M. 20th of June 1848 without the least struggle. Treatment consisted in the administration of astringents sedatives and stimulants and the application of mustard sinapisms over the chest and stomach.

(Signed) Ferpus Kerin L.R.C.S.I.

Lectio cadaveris horâ trigesimâ post mortem.

External appearances. Slight emaciation

Cranium. Considerable subarachnoid effusion. Structure of brain healthy. Weight 2 lbs 14 oz

Thorax. 1/2 oz of serum in the pericardium on a pale white spot on the anterior surface of the right ventricle. Structure of heart healthy. Weight 11 oz. Slight atheromatous deposit in the arch of the aorta. Bronchial tubes filled with bloody mucus. Mucous membrane of the bronchial tubes congested. Right lung free from adhesions and its structure generally oedematous more especially its posterior half. Left lung inferior lobe adhered to the walls of the chest. Structure of the superior lobe oedematous. The whole of the inferior lobe condensed and sinking in water in a state of papine or chronic pneumonia. Weight of Larynx & trachea & lungs 4 lbs 10 oz.

Abdomen. Convex surface of the liver connected to the diaphragm by several large bands of adhesions. Structure of liver healthy. Weight 3 lbs 11 oz. Spleen also connected to the surrounding parts by a few bands of adhesions. Weight 10 oz 4 drs. Kidneys presented the second stage of granular degeneration their external surface was rough and irregular & a small serous cyst on the external surface of the right. Weight of right 5 oz 3 drs of left 5 oz 4 drs.

Stomach & Intestines healthy

(Copied by James Fraser M.D.)

L. Williamson

Staff Surgeon

No. 27

Regt	Rank and Name	Age	Disease	Admitted	Died	Duration	Where	Wound	Regt	Vol.
							Disease	Contracted		
30 th	P ^{te} Michael Baughoy	22	P th isis	28 th February 1848	25 th June 1848	6 months	Shannon	18	303	293

An Irish labourer total service 14½ years at home, was first attacked after exposure to cold in Decr 1847, with severe pain in left side accompanied with cough and subsequent expectoration for which he was admitted into the Detachment Hospital 20 days after first seizure and discharged in 10 days, but readmitted 7 days afterwards suffering in a similar manner with night sweats and dyspnoea. On admission into this Hospital 28th Feb 1848 he laboured under severe cough accompanied with a copious muco-purulent expectoration, quick pulse, profuse night sweats and diarrhoea. The physical signs at this time were dulness under both clavicles particularly the left it was however very marked under sternal end of right clavicle and in right axilla, the breathing rather hoarse and purrle with prolonged expiration. From the date of his admission up to the period of his death, these symptoms gradually increased, the stethoscope latterly showing the existence of cavities in both lungs, on the 13th June he had retention of urine, requiring the occasional introduction of a catheter. For some time before death he lost flesh rapidly the dyspnoea at times was excessive the night sweats very profuse and the expectoration abundant and purulent, but the cough easier. He walked about till a few minutes before death and expired without apparently suffering any pain. The treatment consisted in blistering with the internal exhibition of stimulents sedatives expectorants mild nourishing diet. The Pyroacetic spirit was tried in this case at first with benefit, the night sweats cough and expectoration diminishing but this improvement was of short duration and latterly its exhibition tended to aggravate the symptoms

(Signed) E. H. Blakey. Staff Surgeon 2nd B^{at}

Sectio Cadaveris horâ trigesimâ post mortem

External appearance. Body much emaciated

Cranium. Brain healthy, Weight 3 lbs 8 oz.

Thorax. 4 oz. of serum in the pericardium, an opaque white spot on the anterior surface of left ventricle. Weight of heart 10½. Bronchial tubes contained some frothy purulent matter. Mucous membrane congested. Numerous small irregular cavities

on the posterior aspect of the trachea. Right side of Chest enlarged and on opening it, a quantity of air escaped, which had pushed the heart over to the left side and depressed the diaphragm, along with the liver below the margin of the ribs: 1 lb 4 oz. of serum, with lymph floating in it was found in this pleural cavity. Apex of the lung adhered to the walls of the Chest and its base was connected to the diaphragm by a long band of adhesion. The lung was compressed and the pulmonary and costal pleura was coated with a recent layer of lymph, structure of the lung thickly studded with tubercles in various stages of advancement and numerous small cavities, one of which had burst into the pleural sac. Left Lung apex adhered to the walls of the Chest and the upper half of the superior lobe, was thickly studded with crude tubercles, and one small cavity in the apex, the remainder of the lung was almost free from tubercles. Weight of larynx, trachea, and lungs 3 lbs 6 oz.

Abdomen, Structure of liver healthy, weight 4 lbs 11 oz. Spleen healthy, weight 8 oz. 2 ds. Kidneys healthy, weight of right 6 oz. Left 5 oz. 6 ds. Stomach healthy, mucous follicles of the lower third of the ileum contained serofulous matter, some of which had softened and burst and formed small oval ulcers, especially close to the termination of this gut. Numerous large irregular ulcers with thick and everted edges situated in the caecum and ascending colon. Mucous membrane of the large intestines generally soft and papillary.

Reported by Frederick York Shogog M.D.

L. Williamson
2nd Staff Surgeon

No 28

Regt	Rank and Name	Age	Disease.	Admitted	Died	Duration of Disease	When Contracted	When Discharged	Regt
14th foot	Pt David Fitzgerald	21	Phthisis.	22 nd June 1845.	14 th July 1845.	14 months	England	11.	310. 35.

An Irish labourer about the middle height and originally of healthy constitution. Total service 14 years at home.

Previous to April 1847 it appears that he enjoyed uniform good health. Had then an acute attack of Bronchitis from which he in a great measure recovered but has since suffered more or less from a cough with mucus purulent. In October following consequent on exposure to cold on night duty he experienced a relapse complicated at this time with Pneumonia. Since December 1847 to present date he has been in Hospital for progressive but well marked Phthisis. — On admission he was much emaciated, suffered from constant cough and copious purulent expectoration & dyspnoea with profuse sweating and marked accessions of hectic at night. Pulse 120 full. There was general dulness under both clavicular regions

regions, extending to the nipple, shewing in such a subject Tabercular deposition; with Pectoriloquy and the peculiar gurgling indicative of vomica in left. - Other physical signs of advanced Phthisis present. Treatment consisted chiefly of Pal-

liatives, as Anodynes expectorants and counter irritation nourishing diet and wine. The Olibiscus was used to the extent of an ^{ounce} ~~drachm~~ ^{three} daily

signed, James Grant M.D. Dec. Surin 28th Reg.

Sectio Cadaveris hora trigesima sexta post mortem

External appearances. Body much emaciated

Cranium. A scrophulous deposit about the size of a cherry situated close to the surface of the anterior lobe of the left hemisphere, and another in the substance of the posterior lobe of the right hemisphere. These deposits were of firm consistence and not softened in the centre. Structure of Brain healthy. Weight 2^{lb} 15³.

Thorax. Serous surface of the Heart opaque. Structure of the Heart healthy. Weight 8³ 3^{dr}

A small deep ulcer at the anterior angle of the vocal chords. Air tubes filled with mucous purulent matter and the mucous membrane congested. Lungs did not collapse on opening the chest, Both lungs adhered very firmly and universally to the Thoracic parietes by adhesions of old standing. Structure of both lungs completely disorganized from tubercles in their various stages of advancement and cavities of different sizes throughout their structure, particularly in their apices. The disease was in a more advanced stage in the superior lobe. Weight of Larynx, Trachea, and Lungs 6^{lb} 7³.

Bronchial Glands enlarged and filled with scrophulous matter

Abdomen This cavity contained 2½ pints of serum. The peritoneum was rough and opaque and presented marks of chronic inflammation. Convex surface of liver connected to the diaphragm by numerous bands of adhesion and its lower surface adhered to the stomach and colon. Veins of the liver gorged with blood and the biliary ducts were found very much dilated many of them being capable of admitting a common quill and were distended with bile. Structure of liver otherwise healthy. Weight 3^{lb} 11³. 2^{dr}

Spleen healthy. Weight 9³ 4^{dr}

Right

Right Kidney Healthy. Weight 431 grs.

Left Kidney contained a very large seropuluous deposit in its centre weight 432 grs.

Stomach healthy. Numerous large patches of irregular ulceration along the whole course of jejunum and ileum becoming more numerous towards its termination. The margins of the ulcers were thickened and everted. A few irregular ulcers in the caecum and ascending colon. Mesenteric Glands enlarged and contained seropuluous matter.

Copied by Robt Wilson M.D.

L. Williamson

2nd Staff Surgeon,

P^o 29

Regt.	Rank & Name	Age	Disease	Admitted	Died	Duration	Where	Ward	Reg.	Folio
							Disease contracted			
35 th Foot	P ^o Robert Wilson	39	Phthisis Pulmon.	25 th June 1848	5 th July 1848	3 months	Mauritius	15	308	227

An Irishman by occupation a labourer. Total service 20 years 10 months. Had served 5th years in the West Indies and 10th in the Mauritius remainder at home. The year before he left the Mauritius to return to England was attacked with cough and dyspnoea but it does not appear that he was regularly admitted before the 13th April 1848. Remained in the regimental Hospital at Plymouth till the 23rd June when he was sent here for the purpose of being Invalided the service. On admission presented the following condition. A worn out looking man much emaciated and debilitated from intemperance which he candidly acknowledges. Both legs oedematous some swelling in the right hypochondrium and epigastric regions with cough dyspnoea viscid mucopurulent expectoration and great prostration of strength. Physical signs Dulness in right subclavicular region with loud bronchial rales. Left lung also dull with cavernous respiration the general and physical signs indicative of Phthisis in an advanced stage. He continued in the same state until the 1st July 1848 when he was attacked with severe pain in the right hypochondriac region with increased dyspnoea. These symptoms continued to increase attended with bilious vomiting his strength rapidly sank and he died on the 5th July. The plan of treatment consisted in the exhibition of sedatives expectorants counterirritants stimulants with wine and a moderate nutritious diet.

(Signed) E. H. Blakeney, Staff Surgeon 2nd Class

Sectio Cadaveris hora trigesima sexta post mortem

External appearances. Body much emaciated.

Cranium. Membranes along the course of longitudinal sinus opaque. Brain healthy. Weight 2th 12 oz 3 drs.

Thorax Pericardium adhered very firmly and universally to the surface of the heart. The adhesions were of old standing and very difficult to break down. The heart generally was enlarged and the cavities dilated especially the auricles. Valves and structure of the heart

healthy. Weight 1 lb 4 oz 3 drs. Right lung. - Apex adhered to the walls of the chest. Superior and middle lobes thickly studded with miliary and crude tubercles posterior half of inferior lobe condensed and in a state of red hepatization. A few miliary tubercles thinly scattered through this lobe. Left lung. Apex of superior lobe also thickly studded with miliary and crude tubercles and a few in the posterior half of inferior. Weight of larynx trachea & lungs 4 lb 4 oz. Abdomen - Liver healthy. Weight 2 lb 13 oz 2 drs. Spleen very small. Structure healthy. Weight 2 oz 6 drs. Kidneys healthy. Weight of right 6 oz 3 drs of left 6 oz 4 drs. Stomach healthy. Peyer's patches in lower third of ileum enlarged and a few small ulcers near the termination of the gut. Also a few small ulcers in the ascending colon. The mucous membrane of the small and large intestines was of a dark slate colour soft and pulpy.

(Copied by James Fraser, M.D.)

L. Williamson

2nd Staff Surgeon

Regt	Rank and Name	Age	Disease	Admitted	Died	Duration	Where	Wood Reg. Fol.
							Disease Contracted	
89th	Pte Jesse Aldridge	37	Phthisis	22 nd June 1848	7 th July 1848	14 Months	Montreal	14 309 128

An Englishman, a Surgeon. Service 16½ years of which 8 years in North America and the rest at home. He had good health until he contracted a tendency to pulmonary affections at Montreal about 2½ years since, and for which he was frequently under treatment. When stationed at Dover in May 1847 decided tubercular disease first manifested itself and from that time his strength was not equal to the performance of military duty. On admission into this Hospital he was weak and emaciated complained of cough, shortness of breathing and mucopurulent expectoration. The chest was sufficiently well formed but sounded dull on percussion, general resonance of the voice especially under the right clavicle and mucous rales in the mammary regions. He also complained of Rheumatic pains of the hips which caused him to use short cutches in walking for additional support. From his admission on the 22nd of June to the 1st July he remained in the same state excepting that the pains of the hips nearly disappeared. About the latter date he began to manifest somnolence during the day and restlessness at night. On the night of the 2nd July he was delirious and disturbed the patients by whistling and cursing. The next morning his mind was greatly confused and he could only mutter unintelligible replies. It was reported he had not been seen passing urine for 12 or 20 hours and a pint was drawn off by the catheter which had no appearance of having been long retained in the bladder. From that time to his decease he passed urine freely. The expectoration was mucopurulent and presented no rustiness nor was there any indication of inflammatory action in the lungs discovered. The pulse was slower than natural especially in a Phthisical Patient. He gradually grew weaker for the next 2 days and lay meaning in a semi-inanimate state refusing to put out his tongue or use his food. On the 7th he was insensible became cold in the extremities and died in the afternoon. Treatment. Blister, Stimulating enemata Tart. Ant. Ether Camphor &c.

(Signed) H. Dorey Staff Surgeon 2nd Clap

Sectio Cadaveris hœc sexagesimâ post Mortem

External appearances. Body not much emaciated

Cranium. Considerable subarachnoid effusion, about half an ounce of serum in the lateral ventricles, brain healthy. Weight 3 lbs 6 oz 3 drs

Thorax. Heart healthy, Weight 9 oz 3 drs. Mucous membrane of the air tubes congested. Apices of both lungs adhered to the walls of the chest.

Right Lung superior lobe and the upper part of the middle thickly studded with military and some tubercles and a few small wormies, inferior lobe and lower part of the middle healthy. Left Lung in exactly the same condition as that of the right. Weight of Larynx, Trachea and Lungs 6 lbs 3 oz 8 drs

Abdomen. Viscera healthy. Liver weight 2 lbs 14 oz. Spleen weight 1 oz 3 drs. Kidneys weight of Right 7 oz 6 drs. Left 6 oz 6 drs.

Stomach and Intestines healthy.

(Copied by Frederick York Shogog M.D.)

L. Williamson,
2nd Staff Surgeon

Nº 31

Regt	Rank & Name	Age	Disease	Admitted	Died	Duration of Disease	Where Contracted	Mark	Reg	Folio
53 rd Foot	P ^t Richard Carruck	47	Pneumonia Acute & Chron.	7 th April 1848	11 th July 1848			10	306	216

Scotchman Baker. Service 22 years 1 month of which home 8 years 10 months East Indies 2 years 8 months Mediterranean 10 years 6 months. This man was admitted into Hospital on the 7th of July. His document stated that he was quite worn out from length of service and the effects of climate that he had latterly suffered frequently from common continued and intermittent fever and that he had been sent home from India for discharge. It appeared that he had made no complaint during the voyage until the 2nd of June when he was seized with violent illness. Of the nature of this attack there was no detailed account. On admission into Hospital he appeared in a very feeble state but complained only of nausea and a sense of uneasiness in the stomach. A draught with a few drops of laudanum was sufficient to relieve this and on the 7th inst. he stated that he was quite well. On my visit on the morning of the 8th I found him nearly pulseless the extremities cold and the face livid. He could with difficulty be roused. He had some pain in the stomach but not violent. Brandy with a few drops of laudanum was at once given to him. A sinapism was applied to the stomach and warmth to the extremities. At 12 o'clock the report states that he had not rallied by the stimulants that he did not appear to suffer pain but was sinking there was constant jerking. On attempting to sit up he was seized with a kind of spasmodic fit the whole body becoming rigid. During the day he continued in an almost dying state. Stimulants were given freely. Nothing but brandy & water remained on the stomach. There was not the slightest tenderness on pressure he passed water in moderate quantity. On the 9th his state was little improved the pulse could be felt and the extremities were warm.

Again on attempting to sit up in bed he had a spasmodic fit similar to the one yesterday. He immediately passed off on his being laid down. The stimulants were continued. he had a turpentine injection and a draught with hydrocyanic acid. Throughout the 10th he remained in the same state some pulse & extremities not very cold retaining stimulants but nothing else on the stomach. No pain. No tenderness or pressure passing water. On attempting to sit up for a moment the whole body became rigid this as before instantly passed off on his being laid down. On being roused he was perfectly correct and rational. Towards evening he began to sink more rapidly and died at $\frac{1}{2}$ past 10 P.M. on the 11th.

(Signed) J. Kehoe M.D. Asst Surg 2^d W.I.A.

Sectio Cadaveris horâ vigesima sexta post mortem.

External appearances. Body stout and muscular.

Cranium. About 10z of blood at the base of the brain. Arachnoid membrane generally opaque more especially along the course of the longitudinal sinus. Considerable subarachnoid effusion. Section of brain presented a number of bloody points and about 7oz of fluid in the lateral ventricles. Weight of brain 3 lbs 10oz 4drs.

Thorax. About half an ounce of serum in the pericardium. Considerable quantity of adipose matter under the surface of the heart. Weight 11oz 4drs. Mucous membrane of the air tubes congested. Right lung. Posterior aspect of the superior lobe as also that of the inferior condensed & sinking in water & in a state of red hepatization some parts of it advancing to the grey stage. The disease in the upper portion appeared to have been of some standing but that in the lower lobe was more recent it being soft friable and easily broken up. Left lung. Structure healthy with the exception of the posterior part being gorged with blood from position. Weight of larynx trachea & lungs 3 lbs 8oz.

Abdomen. Liver healthy. Gall bladder distended with viscid bile. Weight 4 lbs 3oz 12drs. Spleen very soft and its structure broken up. Weight 7oz. Kidneys healthy. Weight of right 6oz of left 7oz 3drs. Stomach & intestines healthy.

Copied by J. Fraser.

L. Williamson
Asst Surg 2^d

#32

Regt	Rank & Name	Age	Disease	Admitted	Died	Duration	Where	Ward	Reg	Tot
						Disease	Contracted			
86 th Foot	Pte James Laverty	27	Phthisis Pulmon.	6 th June 1848	15 th July 1848	20 months	India	14	309	111

An Irishman a blacksmith. Service 7^{1/2} years of which 5^{1/2} in the East Indies. He had good health until Dec^r 1843 when he contracted venereal disease for which he was twice salivated very severely. In October 1845 he was again under treatment for retention of urine produced by a structure near the bulb of the urethra and from which he subsequently suffered at various times. From this period he was almost constantly in hospital from symptoms of secondary syphilis with anorexia loss of rest general debility and emaciation. In December 1847 he became affected with dysentery from which he suffered until the period of his decease. On admission into this Hospi

tal he was weak and emaciated complained of pain all over the abdomen and frequent purging with tormina and tenesmus. His stools were slimy and tinged with blood. He had also cough and free expectoration. From the 6th of June to the 29th he continued to suffer from dysenteric symptoms and requiring the use of powerful anodynes to procure rest by day or night while his emaciation increased to an extreme degree and he grew weaker day by day. On the 8th of July the griping and tenesmus diminished but he complained of everything he swallowed burning him in the passage along the oesophagus to the stomach and the only thing he could take as nourishment was calf's foot jelly and milk. On the 13th he was greatly exhausted passed his urine and stools involuntarily and died in the morning of the 15th. The treatment consisted in the administration of sulphate of copper and opium Hydragoric acid starch and laudanum injections and suppositories of Hyoscinum &c.

(Signed) W. Denny, Staff Surgeon &c.

Sectio Cadaveris horâ quadragesimâ quintâ post mortem.

External appearances. Body very much emaciated.

Cranium. Considerable subarachnoid effusion. Structure of brain healthy. Weight 2 lbs 13 oz 4 drs.

Thorax Heart healthy. Weight 8 oz 4 drs. Right lung Apex connected to the walls of the chest by an old band of adhesion. A few crude tubercles throughout the structure of this lung. Left lung adhered very firmly and universally to the walls of the chest by adhesions of old standing. Structure completely disorganized from tubercles in their various stages of advancement and two large cavities in the upper lobe. Weight of larynx trachea and lungs 4 lbs.

Abdomen. Liver very much congested. Gall bladder distended with thin light coloured bile. Weight 3 lbs 6 oz. Spleen healthy. Weight 5 oz 6 drs. Kidneys healthy. Weight of right 4 oz 6 drs of left the same. Stomach and small intestines healthy. A large oval ulcer in the caecum and several small irregular ulcers in the transverse colon.

(Copied by J. Fraser, M.D.)

L. Williamson.

2nd Staff Surgeon

N^o 33

Regt.	Rank and Name	Age	Disease	Admitted	Died	Duration of Disease	Where Contracted	Height	Weight
25 th	Pte Friedrich Humphreys	27	Phthisis	30 June 1848	21 July 1848	16 months	India	11	910 8

An Englishman, a labourer, 8 1/2 years service, of which 2 1/2 years at the Cape of Good Hope, 4 months in New South Wales, and 4 1/2 years in Madras. Was first attacked with Haemoptysis on the 9th of February 1847 it was copious and seemed to proceed from the right lung, expectoration being also observed in that lung. Since that time he has been an invalid and suffered from rough pain in chest etc with symptoms of disease of the liver. He was ultimately invalided as phthisical and unfit for service. When admitted into this Hospital he was in a very weak state and the

disease evidently advanced to the second stage auscultation showing the existence not only of cavities in both lungs, but their almost total disorganization. The treatment before admission consisted of active antiphlogistic rubriferents and expectorants with counter irritation & after admission into this Hospital it was entirely palliative and consisted of anodynes and expectorants with wine and nourishing diet.

Signed James Grant M.D. Off. Surgeon 24th Regt.
Sectio Cadaveris hora trigesima sexta post mortem

External appearance. Body emaciated

Cranium. Brain healthy, Weight 8 lbs

Thorax. Two Ounces of serum in the pericardium. Heart healthy Weight 12 lbs

Trachea and bronchial tubes filled with purulent matter. Mucous Membrane of the Epiglottis thickened and studded with numerous small superficial ulcers. Lungs did not collapse on opening the chest and both adhered very firmly and universally to the thoracic parietes.

Right Lung the whole of its structure was completely disorganized from tubercles in their different stages of advancement and cavities of various sizes throughout it, there was one very large cavity in the apex, the disease was in a more advanced stage in the superior lobe Left Lung in exactly the same condition as the right. Weight of Larynx Trachea and Lungs 7 lbs 5 oz.

Abdomen. Liver healthy, Weight 3 lbs 14 oz. Spleen healthy Weight 12 oz.

Kidneys healthy. Weight of right 8 oz 3/4 of left 7 oz 3/4. Stomach

healthy, a few small ulcers close to the termination of the ileum. Mucous Membrane of the Caput Veneris entirely destroyed by ulceration and numerous large irregular ulcers along the whole course of the large intestine.

Copied, Frederick York Shoggen M.D.

L. Williamson.

2nd Staff Surgeon

Regt.	Rank & Name	Age	Disease	Admitted	Died	Duration of Disease	Where Contracted	Where = Ward	Reg. No.
35 th	Pte. John Wainwright	26	Pulmonary Phthisis in person	June 25 1848	July 24 1848	1 month	France	Mauntings	5 137 10

An English labourer 8 1/2 years service of which 7 1/2 years were spent in the Mauntings, the rest at home. It seems from the Regimental abstract of case, that when in the Mauntings, he was in hospital with secondary syphilis, and afterwards with fever, a tumour having formed in the perineum was opened on two different occasions and found to contain healthy pus; a small fistulous opening, with

with hardness and slight swelling of the remaining parts still remained, and it was the opinion of the medical men attending him that this tumour was of a scirrhous nature. He was also stated to have disease of the lungs, and was invalided as unfit for service. When admitted into this Hospital, he had a small fistulous opening immediately behind the scrotum from which there was a slight purulent discharge, the scrotum was very much contracted and bore marks of previous incision at the back part. The testicles were reduced in size, and appeared irregular in shape. He also laboured under cough profuse purulent expectoration & all the Physical symptoms of advanced Phthisis; his appearance was cachectic looking, but there was no decided evidence of Malignant disease. The fistula was improving under the treatment adopted; but the Chest symptoms increased daily, and he became extremely exhausted. On the 23rd inst. he was better & slept composedly till 1/2 past 10 o'clock the same evening when he awoke with great dyspnoea, cold extremities and almost imperceptible pulse, he continued in this state until one o'clock in the morning when he expired. The treatment consisted in the application of dry lint & pressure to the fistula with apparent benefit. Otherwise the treatment was palliative & consisted in Anodynes, expectorants, Tonics with Wine & Nutritious diet.

(Signed) Frederick York Shogof, M.D.

Sectio cadaveris horii quinquagesimâ sextâ post Mortem.

External appearances. Nothing Unmarkable.

Cranium. Considerable subarachnoid effusion. Beint of pia mater congested. Section of brain presented a number of bloody points. Structure healthy - Weight 3 lbs 4 oz.

Thorax. 2 oz of serum in the pericardium - A large opaque spot on the anterior surface of right Ventricle. - Heart healthy Weight 13 oz 2 drs. - Bronchial tubes filled with mucopurulent matter and the mucous-membrane congested. - Both lungs adhered very firmly and universally to the walls of the Chest. - Right lung. Superior & Middle lobes very

thickly studded with milium and crude tubercles & several small cavities and its structure condensed - Superior lobe almost free from disease, containing only a few milium tubercles in its posterior aspect. Left lung: Structure condensed, and parts of it hard & semicon-tilaginous and very thickly studded with milium and crude tubercles, none having advanced to suppuration. Weight of lungs, trachea, and lungs. 4 lbs, 7 oz and 10 drs. —

Abdomen. Convex surface of Liver connected to the diaphragm by several old bands of adhesion. — Veins congested and its section presented a nutmeg appearance. Weight. 5 lbs. Spleen large and its structure very thickly studded with large crude tubercles. Weight 1 lb. 2 oz. 4 drs. Kidneys healthy, weight of right. 7 1/2 oz; of left the same. — Stomach healthy. Numerous small irregular ulcers in the lower third of the Stom. — Very extensive irregular ulceration in the Caput-Cecum & Colon. There were two small fistulous openings in the perineum which communicated with the membranous portion of the Rectum, and also opened externally by two small fistulae in the perineum. The membranous portion of the Rectum was very slightly contracted. The bladder was healthy.

(Copied from Keim)

L. Williamson.
Jr. Staff Surgeon

No. 38

Regt	Rank & Name	Age	Disease	Admitted	Died	Duration	Where	Ward	Regt	Fol.
							Disease Contracted			
35 th	Foot Sergt. William Stewart	39	Phthisis Pulm.	28 th June 1848	24 th July 1848	10 months	England	15	308	31

An Irishman & weaver. Total Service 21 1/2 years of which in the West Indies 4 1/2 years and the remainder at home. He was for the last 11 years on the recruiting service. From his document it appears that when in the West Indies he had a severe attack of bowel complaint also that about two years ago Hernia of the left side occurred whilst on duty in charge of a deserter. His health was very good until about 9 months ago when he was attacked with Influenza which was followed by constant cough & yellow expectoration. However he was not under medical treatment until April when he joined the Head Quarters of his corps and was admitted into the General Hospital at Portsmouth where he remained until the 23rd June when he was sent to Fort Pitt. During this period he had a slight attack of Haemoptysis. While employed on the recruiting service

he acknowledged to have been excessively intemperate - On admission he is reported as being much emaciated, with contracted sunken features and his appearance generally indicative of the advanced stage of Phthisis. Both lungs adenomatous suffered from constant cough with much purulent expectoration dyspnoea and occasionally night sweats. Debility extreme. Had not had diarrhoea. The physical signs were cavernous respiration audible in the left subclavicular region dulness on percussion beneath both clavicles. In the superior portion of right lung, the respiration of a blowing character with distinct pectoriloquy. During the progress of the disease he suffered from temporary aphonia. Occasional rigors succeeded by hectic flushes and night sweats. The quantity of expectoration continued increasing with general debility. Edema of the left hand supervened, while that of the extremities disappeared. He sunk very gradually without apparent suffering, and died at 7 3/4 a.m. 24th July 1848. The plan of treatment consisted in the exhibition of sedatives occasional stimulants and a moderate nutritious diet.

(copied) W. Barrett, M.B. Staff Assistant Surg.

Sectio Cadaveris horâ quinquagesimâ post mortem.

External appearances. Body much emaciated.

Cranium - Considerable subarachnoid effusion. Structure of brain healthy.

Weight 3 lbs 1 1/2 oz.

Thorax 10 oz of serum in the pericardium. A small seropurulent tumor situated be-

tween the serous membrane covering the left ventricle. Structure of heart healthy. Weight

9 oz. Glositis thickened and very extensive superficial ulceration of the larynx

commencing immediately below the vocal chords numerous small superficial ul-

cers of the mucous membrane of the trachea & bronchial tubes. Right lung. Apex adhe-

red to the walls of the chest superior and middle lobes and upper part of the inferior

very thickly studded with milium and crude tubercles, some of them having

advanced to suppuration. Left lung. Posterior aspect adhered to the walls of the chest

and the anterior part of the pleural cavity contained one pint of serum. Structure of

this lung very firmly condensed from tubercular deposition and a very large irre-

gular cavity in its apex. Weight of larynx trachea & lungs 5 lbs 2 oz.

Abdomen - This cavity contained 2 pints of serum. Liver healthy. Weight

3 lbs 8 oz. Spleen healthy. Weight 6 oz 14 drs. Kidneys healthy. Weight of

right 5 oz of left 6 oz 14 drs. Stomach healthy. Numerous large irregular

ulcers with thick everted edges along the whole course of the ileum particularly

towards its termination. Very large irregular patches of ulceration of the same

character in the caecum & colon.

(Copied by J. Fraser)

L. Williamson,
2nd Staff Surgeon

Regt.	Rank and Name	Age	Disease	Admitted	Died	Duration	Where	Ward	Reg. No.
							Disease Contracted		
82 ^d	Pt. Thomas O'Brien	29	Paralysis from injury of typhoid secondary	3 ^d July 1848	30 th July 1848	12 Months	Carlisle Fort	11	310 59

An Irishman a labourer, service 7 years at home. About 12 months ago while on duty at Carlisle Fort, Cook Harbour he fell upon his head from a height of 4 feet, and remained for some minutes insensible, but subsequently walked to his guard with the assistance of his comrades. Excepting a statement that he had been 4 times in Hospital; on the first occasion for 3 months and then for 2, 3, and 7 months respectively, there is no further information regarding him until his admission into this general Hospital. When admitted on the 3^d of July the upper and lower extremities were much affected as compared with his body and he had lost the power of motion in them so as to be unable to stand or sit up without assistance. He complained of irritability of stomach after meals and deep seated pain in the head. His speech was slow and difficult, his memory impaired and erroneous. He also suffered from A. miosis, pupils dilated and only partially sensible to light. He was salivated slightly, but remained nearly in the same state until the 28^d when he became very restless and constantly talking to himself, on the 26th he made a great disturbance in the ward during the night and threw himself out of bed injuring his face and head. On the evening of the following day symptoms of typhoid appeared in the face extending upwards & downwards. On the 24th he lay in a semicomatose state, the disease having extended to the forehead and behind the ears. The left parotid gland was much swollen, stools and urine dark coloured. Body and thighs were tinged of a lemon hue. He took off poisoning draughts but refused all other drink or food. The next day he was insensible and incapable of swallowing. The entire body and extremities yellow and mottled with dark patches, pulse hardly to be felt. He died in the forenoon of the 30th July.

(Signed) W. Denny, Staff Surg. 26th.

Actio Cadaveris hoia trigesima scilicet post mortem

External Appearances. Body stout and muscular, face head and neck swollen and edematous, scalp thickened and puffy.

Cranium. About 2 ounces of fluid at base of Brain. considerable subarachnoid effusion, membranes very much congested, substance of Brain also very much congested and its section presented a number of bloody points and about an ounce of fluid in each lateral ventricle. substance of Brain otherwise healthy, Weight 3 lb 7 oz.

Thorax. About 1 ounce of fluid in the pericardium. Heart healthy, Weight 12 oz. 4 oz. Mucous membrane of the Larynx very much congested and of a dark purple color. Structure of Lungs free from disease and their position forced with blood from position. Weight of Larynx, Trachea & Lungs 3 lb 6 oz. 4 oz.

Abdomen. Liver small and its section presented an advanced stage of

Chonosis and its substance firm and granular. Gall-Bladder distended with very thickropy bile. Weight 24 5/8 oz. Spleen very large and its capsule thick and opaque, structure soft. Weight 14 5/8 oz. Kidneys healthy. Weight of right 73.30 grs of left 92.40 grs. Stomach and Intestines healthy.
(Copied by Frederick York M.D.)

G. Williamson.
Jr. Staff Surgeon

N^o 37

Regt. Rank & Name	Age	Disease	Admitted	Died	Duration of Disease	Where Contracted	Ward	Regt.	Vol.
90 P ^{te} William Shewton	21	Syphilis Consecuta	July 26	Aug 22	27 Months	Chester	H	133	170
		Wetness Pulmon	1848	1848					

An Englishman or Blacksmith was first attacked with secondary syphilis when quartered at Chester with the 90th of his Regiment on 31st of August 1848. Stated that he had been in Hospital at Shrewsbury for boils on Penis for which he took mercury to salivation prior to enlistment. On admission into Regimental Hospital he laboured under deep excavated ulcer of the throat, which rapidly extended carrying away soft palate & uvula. Then attacking trachea & spongy bones rendering the voice nasal and speech imperfect - ulceration had since extended to alveolar & surrounding soft parts - completely destroying the left, and the right partially. General health gradually declined, ulceration slowly extending since admission into Fort Pitt, and on the night of the first instant he was attacked with symptoms of Meningitis producing total aberrations of the mind and incessant and violent ravings. Treatment since admission Decort. Sarsaparilla with hydriodate of Potash & the application of Nitrate of Silver & simple dressing to the ulcers. On the supposition of Meningitis, Hot bottles were applied to the feet & stimulating draughts given consisting of Mist. Camphor. Carb. Ammoniac & Spt. Aetheris Sulphurici. He died at 4 o'clock P.M. on the 2nd of August 1848.

(Signed) P. Anderson. Asst. Surgeon 92nd Regt.

Section Cadaveris hora trigesima post Mortem.

External appearances. Body much emaciated. An ulcer on the centre of the forehead: Caricature of the nose

destroyed by syphilitic ulceration. Nasal bones and septum of the nose necrosed, would also be destroyed by ulceration.

Cranium. Brain healthy. Weight 2 lbs 13 oz;

Thorax. 2 oz of serum in the pericardium.

Heart healthy. Weight 8 oz 4 drs: — Apices of both lungs adherent to the walls of the chest.

Structure of both lungs very thickly studded with milium tubercles and a few small rounded in the superior lobes. Weight of lungs + trachea 3 lbs. 10 oz 3/4;

Abdomen. Liver healthy weight 2 lbs. 15 oz;

Spleen adherent to the surrounding parts. Weight 8 oz;

Kidneys studded with small seropulous deposits about the size of small peas. Weight of right 5 oz 2 drs. of left 6 oz: Stomach and Intestines healthy:

Copied by Surgeon Reim)

L. Williamson,
2nd Staff Surgeon.

11-38

Regt	Rank & Name	Age	Disease	Admitted	Died	Duration	Where	Ward	Reg	Fol
							General Contract			
91	Pte. Peter McMullen	19	Milium Tubercles, Pleurisy, Pericarditis & Peritonitis	25 th May 1848	4 th Aug 1848	5 months		14	309	94

An Irishman a tailor Service 10 months had not been abroad. On the 27th February last he was attacked with pneumonia of the right lung, for which he was bled and otherwise actively treated by Tartarized Antimony & calomel with opium. On the 7th of March the chest sounded dull under percussion of the right side and respiration in the lower lobe was nearly inaudible. On the 1st April he complained of a fixed pain in the hepatic region and his countenance assumed a jaundiced hue. He was bled for this attack but considerable swelling of the right side remained and he was transferred to this General Hospital on the 25th May. On admission he complained of pain in the right sub-mammary region with cough & expectoration. The chest inferiorly was much expanded at the sides sounded rather dull under both clavicles, and extremely dull in the submammary regions of both sides, where the respiration was very indistinct and in some places altogether absent. The liver extended below the ribs and there was considerable tenderness in that region. On the 30th of May a small quantity of fluid was discovered in the abdomen and on the 2^d of June the fluctuation was very distinct. From this time the serous effusion daily increased notwithstanding the use of Diuretics, and on the 17th of July the oppression of breathing was so great as to require the operation of Paracentesis, which was performed by Staff Surgeon Ford.

in the usual manner below the umbilicus. Seven and a half pints of clear serum were drawn off with much relief to the symptoms. The secretion of urine increased but the abdomen again became distended without any pain or febrile disturbance and without any change in his symptoms or apparently in strength and appetite he expired on the 4th of August the vital powers being exhausted by a complication of maladies.

[Signed W. Sereny Staff Surgeon 2^d Cl.

Sectio Cadaveris hora trigesima post mortem

External appearances - Body emaciated

Cranium - About 2oz of serum at the base of the brain. Membranes & structure of the brain pale & bloated. Lateral ventricles enlarged and distended with serum. Weight of brain 3 lbs 12 oz 2 drs

Thorax Pericardium adhered very firmly and universally to the surface of the heart by adhesions of old standing which could not be broken down. Structure of heart healthy. Weight 1 lb 2 drs. Right lung. Apex & anterior part of the lung adhered firmly to the walls of the chest the posterior part of this cavity contained 1 pint 6 oz of serum tinged with blood. The pulmonary & costal pleurae were coated with a thick layer of lymph of recent formation. Left lung. Apex adhered to the thoracic parietes and the pleural cavity contained 4 pints of bloody serum the pulmonary and costal pleurae were coated with a very thick layer of flocculent lymph of recent formation portions of the lymph were tinged of a bright red colour. The costal pleura was highly vascular. The structure of both lungs was studded with innumerable tubercles, thinly scattered none of them were in a crude state. Weight of larynx trachea & lungs 2 lbs 6 oz.

Abdomen On opening this cavity the intestines were found firmly matted together and adhered to the parietes so as to form two cavities which communicated together and contained 4 pints 8 oz of bloody serum and several clots of fibrine. The surface of the peritoneum was rough & irregular and thickly studded with very minute bodies of a scrophulous nature. The liver adhered very firmly to the diaphragm and surrounding parts its structure was soft and the veins congested. Several of the biliary ducts were dilated and filled with viscid bile. The gall bladder contained bile of the same character. Weight of liver 4 lbs 6 oz. Spleen adhered to the surrounding parts. Structure healthy. Weight 7 oz. Kidneys healthy. Weight of right 7 oz 4 drs of left 7 oz 6 drs. Stomach & small intestine healthy. A few small oval ulcers with thick everted edge, in the caecum & ascending colon. The coats of the large intestine were thickened from the deposition of gelatinous matter below the mucous membrane.

G. Williamson

Staff Surgeon 2^d Class

Regt.	Rank and Name	Age	Disease	Admitted	Died	Duration	Where	Ward	Reg. No.
							Disease	Contract	
34 th	P ^t Patrick McConna	22	Scrophula Phtisis Pulmon.	27 th April 1848	9 th August 1848	16 months		12	123 210

An Irishman, a carpenter 24 years service of which 2 years in the Mediterranean the rest at home. It appears from the Regimental Abstract of this man's case, that in October 1846, he received an injury on the right heel by leaping upon the stump of a mine, that he continued to do his duty after the injury with but slight inconvenience until March 1847, when he was obliged to give up on account of pain and lameness of foot, since which time he has been under treatment. When admitted into this Hospital he was emaciated and his appearance generally indicative of advanced Phtisis. There were several ulcerated patches over his right heel, the bone of which was extensively diseased; he also had a large chronic abscess on his back involving the right side of his chest and loins, and containing a large quantity of scrophulous looking pus which was evacuated at different times by valvular incisions. On the 10th of May, he had a severe attack of bowel complaint and passed a considerable quantity of blood attended with great pain and straining when at stool, with tenderness on pressure over the abdominal region. Chalk Mixture with tincture of opium was administered, which checked the purging for some days, he also suffered from occasional night sweats and regular exacerbations of hectic fever during the progress of the disease, and appeared from time to time to derive relief from Medicine, but again relapsed and the purging continued increasing with general debility, and not withstanding the most active remedies were adopted, it resisted every treatment, and he was at length worn out by the incessant discharge kept up, and sunk very gradually, with apparently suffering much pain. The treatment consisted at first in the exhibition of Emis and Alteratives afterwards when the set in, in Abstringents Sedatives, Emulsi of Nitrate of Silver, with Mustard sinapisms applied to the abdomen.

(Signed) Frederick York Shoggy M. D.

Sectio Cadaveris hora trigesima sexta post Mortem

External appearance. Body very much emaciated. An ulcer on the inner and outer side of right heel which communicated with diseased bone, the probe entering for a considerable distance into it from both sides, the bone being in a carious state. Glands of both groins very much enlarged, but particularly the right and filled with scrophulous matter. Two apertures on the lumbar region, one close to the spinous process and the other situated over the right false ribs. These apertures communicated with long sinusses which extended upwards to the middle of the thorax and downwards

to the base of the ilium, the posterior part of the four inferior ribs were found denuded of pericostum and carinae.

Cranium. Brain healthy. weight 3 lbs 7 oz. 2 1/4

Thorax. Heart healthy. weight 8 oz. Lungs. Both lungs adnued loosely to the walls of the chest. Right Lung superior and middle lobes very thickly studded with dense tubercles and numerous small worms, inferior lobe thickly studded with miliary tubercles none having advanced to suppuration. Left Lung. superior lobe contained a few miliary tubercles, inferior lobe healthy. Weight of Larynx Trachea and Lungs 3 lbs 7 oz.

Abdomen. Liver. Convex surface adnued firmly to the diaphragm section of liver presented the true fatty character. weight 4 lbs 13 oz.

Spleen healthy. weight 10 oz 2 1/4. Kidneys healthy. weight of right 4 1/2 oz of left 3 1/2 oz. Stomach healthy. Numerous large thick and irregular ulcers in the lower third of the ilium. Mucous membrane of this part of the gut congested. Mucous membrane of the caecum and ascending colon soft pulpy and congested. Mesenteric glands enlarged and filled with serophulous matter.

Copied by Frederick York Shigo M.D.

G. Williamson

Staff Surgeon 2nd class

N^o 40

Regt.	Rank & Name	Age	Disease	Admitted	Died	Duration of Disease	Where Contracted	Where Discharged
33	P ^{te} Joseph Hinchel	38	Phthisis	26 of June 1848	11 th of August 1848	1 year 2 months	New Brunswick	New Brunswick

An English labourer, Service 8 1/2 years, of which 1 1/2 in the Mediterranean, 2 1/2 in the West-Indies, & 4 1/2 in both Americas: He enjoyed good health until August 1847, when he contracted pulmonary disease at Fredericton New Brunswick, for which he was treated from the 17th of that month until 13th of April 1848. He was admitted into this Hospital on the 26 of June when he laboured under confirmed Phthisis. He complained of cough & mucous-purulent expectoration also diarrhoea, which had existed for 8 days and was attended with pain & griping. His appearance was old weakly and emaciated. Chest narrow and sounded dull under percussion with resonance of voice generally and Bronchophony almost amounting to pectoriloquy under the right clavicle - From the period of his admission the purging & griping were the most troublesome & prominent symptoms, and ultimately the stools assumed an dysenteric character. He gradually became weaker and more emaciated, which night privates still further aggravated. On the 9th of August his mind became wandering and

liscus Substitue and involuntary evacuations
of stools & urine ensued. He died in the forenoon of
the 11th instant.

(Signed) W. Denney 2nd Class Staff Surgeon

Sectio Corporis huius Trigesimâ Sectâ post mortem.

Cranium. Brain healthy. Weight 3 lbs. 2 oz. 2 oss.
Thorax. about one ounce of serum in the pericardium
Heart healthy. Weight 7 oz. 4 oss. Trachea & bronchial
tubes filled with purulent matter. Lungs did not
collapse on opening the chest. Right lung, a very
large irregular cavity in the apex. Superior & middle
lobes and upper third of inferior very thickly studded
with crude tubercles; lower part of inferior lobe
compensatively free from disease. Left lung adhered
very firmly to the walls of the chest. Structure in es-
sentially the same conditions as that of the right. Weight
of lungs, trachea & lungs 4 lbs. 13 oz.
Abdomen. Liver healthy. Weight 3 lbs. 5 oz. Spleen
healthy. Weight 10.5 oz. Kidneys healthy. Weight of
right 5 oz. 4 oss. of left 5 oz. 6 oss. Stomach healthy.
Numerous large irregular ulcers with thick ragged
edges situated along the whole course of the small
intestines, increasing in number, towards its termi-
nation. Mucous membrane of the caput caecum
congested and its surface rough & irregular. Numerous
large patches of ulceration; some of them embracing the
whole circumference of the gut were found along
the remainder of the large intestines.

Copied by Regius G. Reine

L. Williamson

Staff Surg. 2nd Class

No. 41

Regt.	Rank & Name	Age	Disease	Admitted	Died	Duration	Where	Ward	Reg. Tot.
						Disease Contracted			
3 rd Dragoon	Pte John Harvey	45	Phthisis Pulmonum Hæmorrh. in Ano	20 th June 1848	12 th Aug 1848	12 months	England	5	137 5

An Englishman a fold beaten Total service 24 5/12 years all at home. It seems from the Re-
gimental abstract of this man's case that he generally enjoyed good health till
Sept^r 47 when he was admitted into Hospital at Edinburgh with hæmorrhoids
attended with considerable bleeding when passing his evacuations that an
attempt to pass a ligature round the piles failed and a foetid discharge
came away from the rectum. Subsequently they became firmer and were re-

moved by ligature. Some time afterwards an abscess formed near the left side of the anus which was opened by simple incision. A considerable quantity of healthy looking pus was discharged and a fistulous opening remained. When admitted into this Hospital he was extremely emaciated and his constitution appeared broken up. He complained of his bowels being so very loose that he could not retain anything. His stools were quite dysenteric in appearance and he had a fistulous opening situated about $\frac{3}{4}$ of an inch from the right side and back of anus discharging fetid pus it extended only a short distance and could not be found to communicate with the bowel. From the date of his admission the purging continued increasing and he only derived temporary relief from medicine. He appeared to suffer from extensive ulceration of the intestinal canal. On the 15th July he passed his stools involuntarily from this period to his death general debility rapidly increased and he continued to linger suffering at times a good deal of pain in the abdominal region till the evening of the 12th Inst. when he died exhausted. The treatment adopted was merely palliative. Prepulse was applied to the fistula. Iodine and Symplics astringents administered internally with Caustic Enemata (quick) Fred. York Surgeon M.D.

Pectio Cadaveris horâ trigesimâ sextâ post mortem

External appearances. Body much emaciated

Cranium. Brain healthy. Weight 1 lb 13oz 4drs.

Thorax Heart healthy. Weight 7oz. Right lung. Apex & posterior part adherent to the walls of the chest. A large cavity in the apex & lateral of smaller size in the superior & middle lobes which were thickly studded with crude tubercles. Left lung. Numerous large clusters of crude tubercles in the superior lobe inferior lobe healthy. Weight of larynx trachea & lungs 3 lbs 11oz 5drs

Abdomen. Liver healthy. Weight 3 lbs 6oz 2drs. Spleen healthy. Weight 5oz

Kidneys healthy. Weight of right 4oz 2drs of left 4oz 6drs. Stomach healthy. Numerous large irregular ulcers in the lower third of the ileum. Mucous membrane of the caecum & colon soft & pulpy. A large aperture on the left side of the rectum which extended upwards for about three inches along the gut and almost completely surrounded it. The sac of the abscess also communicated by two openings with rectum the mucous membrane of which was ulcerated.

(Copied by James W. B. M.D.)

L. Williamson M.D. Surgeon & Censor

Regt.	Rank & Name	Age	Disease	Admitted	Died	Duration	Where	Mind	Reg. Fol
							Disease Contracted		
54 th Foot	Pte James Robinson	19	Phthisis Pulmonalis	15 th July 1848	13 th August 1848	7 months	England	14	309 155

An Irishman never performed any work or labour. Service 4 years at home. Was always delicate but not suffering from disease until six months ago when he became affected with pulmonary disease for which he remained under treatment in Hospital.

for 4 months. When admitted into the Hospital on the 15th July, he had cough difficulty of breathing tinged with blood night sweats emaciation and debility. There was general dulness of the chest under percussion. Pectoriloquy was audible under both clavicles with resonance of the voice in both mammary regions. All the symptoms and stethoscopic signs denoted an early termination in death. Excepting that he gradually became weaker being just able to remain out of bed no change occurred, no acute symptom supervene. His appetite remained good & his bowels regular to the last & he died in the morning of the 13th August without a struggle.

(Signed) W. Denny, Staff Surgeon 2^d

Sectio Cadaveris hora trigesima post mortem

External Appearances - Body greatly emaciated.

Cranium Membranes and substance of brain compressed. Weight 2 lbs 12 oz.

Thorax 4 oz of serum in the pericardium. Heart healthy. Weight 8 oz 4 drs.

Trachea & Bronchial tubes filled with purulent matter. Mucous membrane compressed and numerous small irregular ulcers along the posterior aspect of the trachea. Right lung free from adhesions. Structure of the lung completely disorganized from tubercular deposition condensed and sinking in water and numerous large irregular cavities particularly in the superior lobe. Left lung adhered very firmly to the walls of the chest. Structure in the same state as that of the right. Weight of Larynx trachea and lungs 4 lbs 3 oz 5 drs.

Abdomen - Liver healthy. Weight 4 lbs 10 oz. Spleen healthy. Weight 3 oz 6 drs.

Kidneys healthy. Weight of right 4 oz 5 drs of left 4 oz 5 drs. Stomach and small

intestines healthy. Numerous small irregular ulcers along the whole course of the large intestines.

(Copied by J. Grace.)

G. Williamson,

Staff Surgeon 2^d Class

Regt.	Rank & Name	Age	Disease	Admitted	Died	Duration	Where	Wid	Reg	Fol.
							Disease Contracted			
30 th Foot	Platpore Tallas	19	Phthisis Pul.	19 th July 1848	14 th Aug 1848	12 months	England	15	314	3

An Englishman, a private in the 30th Foot, two years house service enjoyed good health previous to enlistment. Had a bulbo in right groin for which he was under treatment for two months but states that he had neither chance nor power to cure. His present illness came on about 12 months ago after getting wet on parade (where not mentioned). The cough at first being very severe and having remained under treatment for two months since which time he was in and out of hospital and ultimately invalided from Manchester as phthisical. On admission here he was emaciated and very weak with hectic symptoms his legs were painful & oedematous. The 4th, 5th & 6th ribs were prominent. Percussion and respiration were clear on left side on the right

the dulness was general with cavernous respiration both anteriorly and posteriorly with mucocrepitant rales elsewhere. There was evidence of effusion on the left side of the chest and on the 30th July metallic tinkling was audible. When I first saw him on the 4th August he had very severe cough and expectorated a large amount of very offensive pus. He continued sinking gradually till the morning of the 14th Inst. when he expired. The treatment was entirely palliative and consisted of sedatives, expectorants, stimulants, with wine, nutritious diet &c.

(Copied) Robert Wilson M.D.

Lectio Cadaveris hora vigesima sexta post mortem

External appearances Body much emaciated. Lower extremities oedematous. Cranium Brain healthy. Weight 3 lbs 6 oz 6 drs.

Thorax. 2 oz of serum in the pericardium. Heart healthy. Weight 8 oz 5 drs.

Mucous membrane of the trachea and bronchial tubes congested and filled with purulent matter. Right lung. Superior lobe adhered firmly to the wall of the chest and the lower part of the pleural sac contained 14 oz of serum & the pulmonary & costal pleura was coated with a thick layer of lymph. The superior & middle lobes were completely disorganized from tubercular degeneration & containing numerous large irregular cavities. The upper part of the inferior lobe contained numerous large clusters of crude tubercles. Left lung adhered firmly and universally to the walls of the chest. The structure of this lung was in exactly the same state as that of the right. Weight of larynx, trachea & lungs 5 lbs.

Abdomen. Liver healthy. Weight 4 lbs 5 drs. Spleen healthy. Weight 8 oz 4 drs.

Kidneys healthy. Weight of right 6 oz of left 6 oz 4 drs. Stomach & Intestines healthy. Numerous large irregular ulcers in the caput caecum and along the whole course of the large intestine.

(Copied by James Fraser M.D.)

G. Millarson

Staff Surgeon 2nd Class

N^o 44

Reg ^t	Rank & Name	Age	Disease	Admitted	Died	Duration of Disease	Where Contracted	And Regd. For
30 th	Priv ^t David Brooks	45	Pneumonia Acute Aneurisma Aorta	Aug ⁵ 1848	Aug ¹⁸ 1848	10 days	St Mary's Hall	310 93

An English Labourer. Total Service 21 years, of which 7 1/2 years were spent in the West Indies and 2 years in N. America - the remainder at home. Had generally enjoyed good health with the exception of being subject to Rheumatism, and was invalided from his Reg^t for length of Service and "being worn out". Was admitted from St Mary's Barracks into this Hospital on the 3rd Inst. On admission he complained of severe pain in right side of chest and in the region of stomach. The whole chest sounded dull on percussion but this was more marked on the right side - he complained

also of pains over the whole body generally, and in his right shoulder, which were apparently of a Rheumatic Character. At one O'clock A.M. on the 11th he vomited a quantity of blood of a dark color, this again occurred on the 13th. On the 14th he passed a large stool of a pitchy colour evidently containing blood. He also experienced much difficulty in, and increase of pain, on taking a full inspiration. His cough was urgent - his expectoration profuse, viscid, and at times tinged of a rust color. The Treatment consisted in the application of leeches to the chest, with blisters and fomentations, and Colchicum with Dover's Powder was given shortly after admission for the Rheumatic symptoms then present. Subsequently Calomel was given in combination with James' Powder, first as a purgative and then to affect the system. Acetate of Lead and Opium after the Hamulemetis; laterally Nuxdyne draughts were administered, and from this weak state to which he was reduced, the exhibition of Wine and other Stimulants became necessary - He gradually sank and died on the 10th Inst at 1/2 past 11 P.M.

Signed R. S. Johnston, M.D.
Staff Assistant Surgeon.

Lectio Cadaveris horâ vicesimâ sextâ post mortem.

External Appearance. Body stout and muscular.

Cranium. Considerable sub-arachnoid effusion, about 2 oz of Serum at the base of the brain. Membranes and substance of brain congested, weight 3 lbs 4 oz.

Thorax. Two ounces of Serum in the Pericardium. Heart enlarged, weight 13 oz 5 drs. Extensive atheromatous deposits along the whole of the

Aorta. Surface of the Arch of the Aorta, rough irregular and puckered; an aneurism about the size of a billiard ball arising from the posterior part of the descending Aorta, it was firmly attached to the spine and had caused absorption of the 3rd and 4th dorsal Vertebrae; the opening between the vessel and sac was of an oval form, about an inch in diameter, the internal and middle coats of the artery were continued entire for a considerable distance into the Aneurismal sac, which was filled with firm Coagula. Almost immediately opposite this there was observed a second Aneurism which arose from the anterior aspect of the descending Aorta, it was about the size of a large orange, and was firmly attached to the posterior surface of the Pericardium which formed part of the anterior wall of the Aneurismal sac; the aperture between the vessel and sac was of a circular form and about 2 inches in diameter, the internal and middle coats of the artery were continued for a considerable distance into the sac which was completely filled with firm coagula. This aneurism had pushed the heart forwards and must have caused considerable obstruction

to the heart's action.

Bronchial tubes filled with rust colored, mucous-purulent matter and the mucous membrane congested. Right Lung. Superior and Middle lobes condensed and in a state of grey hepatization, inferior lobe healthy. Left Lung. Superior lobe healthy, posterior half of the inferior lobe also in a state of grey hepatization. Weight of Lungs 4 lbs.

Abdomen. Viscera healthy.

Weight of Liver 4 lbs. 3 oz.

Spleen 4 oz. 5 drs.

Right Kidney 6 oz. 2 drs.

Left Kidney 7 oz. 1 dr.

Stomach and Intestines healthy.

(Copied by Henry Crompton, B.)

G. Williamson

Staff Surgeon, 2nd Class

No. 43

Regt	Rank and Name	Age	Disease	Admitted	Died	Duration of Disease	Where Contracted	When Died	Age at Death
1856th	Pvt Dennis O'Brien	22	Phthisis Pneumonia then	Apr 20 1848	Aug 13 1848	14 weeks	Hospital	July 15	20 1/2

An Irishman, a Clerk, 2 1/2 yrs service, the greater part of which in the Mediterranean from which he was invalided, as labouring under dementia which at first from his previous bad character was supposed to be feigned.

When admitted here on the 20th April he was in such a weak debilitated state that he was not sent to the Lunatic Asylum. His countenance was sallow and idiotical, his habits slovenly and more filthy than I have ever seen; he was also at times very maliciously disposed. He gradually lost flesh and on the 3rd of August when I first had him under my care, I was told that he had been labouring under diarrhoea for 2 or 3 days, this continued up to the period of his death, his breathing was so very quiet that it was difficult to hear even the respiratory murmur; but I thought that when he gave a slight moan or coughed, that I heard pectoral rales.

Treatment consisted of astringents Opium &c. with Wine, Intentional diet &c.

Signed Robt. Wilson M.D.

Assist Surgeon 7th Hussars

Section Cadaveris hora trigesima Ayla post mortem.

External Appearance. Body very much emaciated; several suppurative ulcers on the sacrum and trochanters.

Cranium. About 2 oz of serum at the base of the brain; membranes of brain opaque; considerable subarachnoid effusion. Substance of Brain pale and bloodless. Weight of Brain 2 lbs 13 oz.

Thorax. Pericardium adhered firmly to the surface of the heart by adhesion of old standing, heart otherwise healthy, weight 13 oz, 2 dr.

Trachea and bronchial tubes filled with purulent matter.

Right Lung adhered firmly and universally to the walls of the chest, superior and middle lobes completely disorganized from tubercles in their different stages of advancement and cavities of various sizes particularly in the apex. inferior lobe thickly studded with crude tubercles.

Left Lung. Apex adhered to the Thoracic parietes: the whole of the substance of this lung was studded with crude tubercles but some of them having advanced to suppuration; weight of Larynx, trachea and lungs 6 lbs. 2 oz.

Abdomen. All the viscera in the cavity were healthy.

Weight of Liver 2 lbs 13 oz.

Spleen 7 oz.

Right Kidney 5 oz. 3 drs.

Left Kidney 5 oz.

/ Copied by Henry Croft M. B. /

G. Williamson,
Staff Surgeon, 2nd Class.

Regt	Rank & Name	Age	Disease	Admitted	Died	Duration of Disease	Where contracted	Height	Weight	Regt	Notes
50 th	Port David Williams	29	Phthisis Pulmonalis	Augt 9 th 1868	Augt 30 th 1868	2 3/4	India	14	309	171	

Service 9 1/2 years, of which 4 1/2 in N. S. Wales & 7 years in India.

By the fall of the Barracks, at Loodianah, 20th May 1866. He received severe contusions of the back & chest, which either produced, or was soon followed, by a severe attack of Hemoptysis, and pulmonary disease superadded. On admission he was emaciated, weak, & harassed with cough & some purulent expectoration. There was dullness of the chest under percussion, and pectoriliguity at the apex of the right lung, with tubercular crepitation in both lungs generally. On the 20th he had a severe attack of purging, which increased the emaciation, and debility. He gradually became more exhausted, until his death, on the morning of the 30th of August.

H. Denny

Staff Surgeon 2 Class

Section Cadaveris horâ quadragesimâ. Port Mouton

External Appearance - Body much emaciated - Cranium - Considerable subarachnoid effusion. Membrane & substance of the Brain pale & bloodless - Weight 3 lbs 1 oz.

Throat - Heart healthy. Weight 9 oz. - Trachea & Bronchial tubes filled with purulent matter, very extensive irregular ulceration at the posterior part of the larynx, exposing the cricoid cartilage, which was quite bare of a dark colour & partially partially recovered. Both lungs adhered firmly & universally to the walls of the chest. Right Lung Superior & Middle lobes completely disorganized from tubercles, in various stages of advancement, & one large irregular cavity in the apex, & a few of smaller size in the remainder of these two lobes, the posterior aspect of the inferior lobe, contained a few clusters of crude tubercles. Left lung in precisely the same condition as the Right. Weight of Larynx, trachea

and lungs 4 lbs 12 oz. Abdomen. Liver healthy - weight 3 lbs 11 oz. - Spleen healthy weight 8 oz 5 drs. Kidneys healthy - weight of right 5 oz 2 drs of left 6 oz - Stomach & small Intestines healthy. Numerous large irregular ulcers with thick everted edges in the Caput Caecum, and along the ascending and transverse Colon.

(Copied by H. J. Mastelli)

L. Williamson

Staff Surgeon 2nd class

Regts	Rank & Name	Age	Disease	Admitted	Died	Duration	Where	Remarks
79th	Pte Samuel Moseley	39	Pericarditis & Aortic Aneurysm	Aug 18th 1868	Aug 25th 1868	2 weeks	Canada	15 3/4 29

The English patient, arrived 22 3/4 years, of which 2 1/2 years in the hospital, 1 1/2 years in the Protestantism 2 1/2 years in Canada. - enjoyed good health until about two years ago, when he began to complain of pain in his chest, dyspnea, cough and great palpitation with occasional attacks of Hemoptysis. On his admission into this hospital, it is reported, his lips and countenance were livid, he suffered greatly from dyspnea and constant short cough, which was attended with a mucopurulent expectoration tinged with blood. - Both sounds of the heart heard distinctly, a purring murmur along the course of the Aorta Luminosa and right subclavian artery. - Bowels were free, tongue clean, pulse small and at times irregular, he was unable to lie down in bed, and was kept in a sitting position by means of pillows. - It would appear that he continued much in the same state up to the morning of the 30th, when I first saw him. - At that time his countenance and the upper part of the chest were of a purplish color, he suffered distressing orthopnea, gasping for breath, numbness and coldness of the upper extremities, little cough or expectoration, pulse 90, small irregular, skin white and clammy, tongue clean, bowels reported regular, bowels during the countenance and body became more livid, and his appearance very anxious, respiration more laborious, with "suint de sanglot" distinctly heard over the arch of the Aorta. - pulse 100 and scarcely perceptible, coldness of hands and wrists much increased - his cheeks were ordered to be applied over the arch of the Aorta with a chaquet of Camphor mixture, solution of Hyoscytate of Morphine, Suint Digitalis, administered about 8 P.M. he gradually became worse and died at 10 past four, O'clock this morning apparently suffocated. -

Treatment Opium, Digitalis, Squills, other, Lippins & leeches.

Ligned J. Donald

C. B. Staff Surgeon

Leito Baccharis, Nova Virginia post Mortem

External Appearances. - Noose about neck mustachae; lower extremities edematous.

Cephalum. - Considerable subcutaneous effusion, membranes of the brain congested; section of brain presented of blood points - height 5th 4th.

Thorax. - Heart enlarged, cavities somewhat distended and the walls hypertrophied, particularly the left ventricle; semilunar valves of the aorta slightly thickened at their margins; height of heart 4th 2nd. - Surface of the aorta very irregular and thickly studded with atheromatous deposit which extended to the termination of the abdominal aorta. - On the posterior aspect of the arch of the aorta immediately below the origin of the arteria subclaviata an aneurism about the size of an orange was observed. - This extended upwards and backwards and pressed on the trachea opposite to its bifurcation, two rings of which were destroyed by absorption and the aneurism had only presentation from bursting into the trachea by a firm coagulum. The opening between the vessel and aneurismal sac was of a circular form and about 2 inches in diameter; the internal and middle coats were continued for a considerable distance into the interior of the sac which was partially filled with a firm coagulum. Trachea and bronchial tubes continued some further onward.

Right Lung. - Superior lobe adherent to the walls of the chest. The posterior aspect of both lungs were covered with blood from position, but their structure was otherwise healthy. - height of lungs trachea and lungs 4th 3rd.

Abdomen. - All the viscera in this cavity were healthy. height of liver 6th 1st.

— of spleen 9th

— Right kidney 5th

— Left kidney 5th 2nd

Stomach and intestines healthy.

Copied by Frederick Clarke

L. Williamson

Staff Surgeon.

N^o 48

Regt	Rank & Name	Age	Disease	Admission	Died	Duration of Disease	Height	Regt	Force
25 th	Pvt John Portant	40	Aneurisma Aorta Thoracica	Aug 31 st 1868	Sept 3 rd 1868	2 1/2 Months	14 309 187		

A Scotchman, a labourer, joined 20th of which 3 1/2 yrs at the Cape of Good Hope & the remainder at home. was admitted into the Detachment Hospital at Chatham, with inflammation of both tonsils, Cough, dyspnoea, & affection of the lungs, on the 12th or 14th of July, a small pulsating tumor was detected at the sternal extremity of the left clavicle, over the arteria subclavia & close to the trachea. He also suffered from severe pain of the left shoulder & back of the head with Cough dyspnoea & frequent pulse, which was stronger at the left wrist than the right.

on admission into this Hospital he complained of difficulty of breathing pain of the left Shoulder & numbness of the arm. Could not rest on the left side in consequence of the oblong in the brain & side of the head. There was a pulsating tumor of the size of a half orange, at the left Sterno, Clavicular articulation, with adoma of the surrounding parts of Chest. Had Cough, but no expectoration, Could not rest comfortably in a recumbent position while eating his dinner on the 2nd of Sep^r. he suddenly exclaimed I am now done for & became black in the face & affected with laborious & stertorous breathing. Sudden convulsions starting & every sign of asphyxia. He was seen by Staff Surgeon Ford & myself soon afterwards & bled to the extent of xvi ozs in order to relieve the cerebral congestion. The pulse was so small & weak that no medicine could be administered without danger of immediate suffocation. He continued insensible, breathing with great difficulty until 7th past twelve A.M. on the 3rd Inst. when he died.

(Signed) H. Denmy
Staff Surgeon & Class—

Section cadaveris huius Viginti Septo post Mortem

External Appearance. Body Stout & Muscular, a large quantity of fat under the integuments of the abdomen. Neck & upper part of Chest of a livid color, a large soft tumor situated over the left Sterno Clavicular articulation. An adipose tumor about the size of a cherry situated below the integuments, over the right orbit. Cranium. Membranes of the brain & substance of the brain, congested, weight 2 lbs 5 ozs. Lids. Thorax. Heart enlarged, Auricles dilated & filled with black coagula, walls of the ventricles somewhat hypertrophied particularly the left. weight of heart 1 lb 5 ozs 2 drs. Internal surface of the aorta very irregular, & the coats thickly studded with atheromatous deposit (especially in the arch of the aorta) which extended as low down as the termination of the abdominal aorta. Arch of the aorta very much dilated. A very large aneurism arose from the anterior part of the arch of the aorta at origin of the Arteria Innominata. The aneurism extended in front of the trachea as high as the cricoid cartilage also about two inches above the left clavicle over to the right Sterno Clavicular articulation, it was also firmly adherent to the posterior surface of the left half of the Sternum. Inner half of the clavicle, these bones formed the anterior wall of the aneurismal sac, they were partially absorbed, particularly the clavicle which was disarticulated. So small portion was loose & detached.

The internal & middle coats of the aorta proceeded for a considerable distance into the interior of the sac, which was filled with firm coagula. the upper & most distant parts of the sac with firm laminated & the lower parts with recent black coagula.

The Arteria Innominata arose from the anterior part of the sac. the vessel was quite & not involved in the aneurismal dilatation. The left Carotid & Subclavian arteries were about an inch to the left of the aperture of the aneurism. The aneurism passed upon the trachea but it had not caused absorption of any of its rings. The mucous membrane of the trachea & Bronchial tubes was congested. Both lungs, were connected to the walls of the chest by several bands of old adhesions. The substance of both lungs was forged with blood weight 3 lbs. Abdomen. All the viscera in this cavity were healthy, with exception of being congested. weight of Liver 2 lbs 11 ozs Spleen 4 ozs 5 drs. Right Kidney 7 ozs 2 drs left 8 ozs. (Copied) by Hastings, M.D. L. Williamson 27th Feb.

No. 49

Regt	Rank and Name	Age	Disease	Admitted	Discharged	Duration of Service	How Reported
98 th	P ^{te} Francis Towsey	19	Felicit. Cont. Communio Assessment 9 th Missi	29 th August 1848	9 th Septem: 1848	1 $\frac{3}{4}$ years	11 310 124

An English labourer Total service $1\frac{3}{4}$ years; of which $\frac{10}{12}$ were spent in India, the remainder at home, had fever in India and was sent home Invalided for Insobriety; and being unable to earn his drill. Was admitted into this Hospital on the 29th ultimo under the head of Observation pro America. During the night of the 1st Septem he was seized with severe pain in his bowels chiefly referred to the Epigastric region - he was then seen by the Medical Officer and prescribed for. On the 2^d the case presented all the symptoms of Common Continued Fever - Face flushed, Tongue coated with a thick brown fur, pulse 120 rather full - On that day incessant vomiting came on. The substance rejected being apparently of a bilious nature, pain still referred to the Epigastric region, much tenderness existing on pressure. On Examination of Thorax considerable dullness on percussion was found to exist over the greater part of the left side with absence of the Respiratory murmur, superiorly crepitating Rales were faintly audible; on the 5th he became delirious talking constantly and incoherently and picking the bed clothes. On the two days preceding his death he remained nearly in a Comatose state, insensible to external impressions. The Treatment consisted in the application of Leeches to Epigastrum, together with blisters on nape and frequent Emetics. Calomel and James Powder were administered during the whole course of the disease, with Diaphoretic - Aqua Aetatis Annuae &c Effervescent draughts to allay the vomiting - wine was also given to the extent of 2 or three gills per diem; but from the extreme irritability of his Stomach it was seldom he retained either medicines or food - He gradually sank and died on the 9th Inst at $\frac{1}{2}$ past 6 o'clock P.M.

(signed) J. A. V.

Sectio Cadaveris hora quadragesima secunda post mortem

External Appearances. Body of slender make

Cranium. Considerable subarachnoid effusion; some opacity of the arachnoid along the course of the longitudinal sinus. Section of Brain presented a number of bloody points. Weight of Brain 2 lbs. 13 oz.

Thorax. Heart healthy

Right Lung. Apex attached to thorax continuously, superior and middle

Lobes thickly studded with Miliary and Cude tubercles, and a large cavity in the Apex which communicated with the Bronchial tubes. Left Lung connected to walls of chest by numerous adhesions of lung standing and the Pleural Cavity contained 4th of Serous Effusion, Miliary and Cude tubercles were scattered throughout substance of the lung which was gorged with blood.

Weight of Larynx, Trachea, & Lungs 3 lbs 13 oz

Abdomen. Liver healthy. Weight 3.402

Spleen healthy 14 ozs. Kidneys healthy. Right, weight 9 ozs

Left 9 1/2 ozs. Stomach and Intestines healthy

Copied by A.D. Adams M.D.

L. Williamson

J. H. H. H. H. H.

Regt.	Rank & Name	Age	Disease	Admission	Died	Dysentery	Where	Ward	Regt.	Folio
15 th Hussars	Pvt. James Hume	27	Syphilis Consecutio	19 June 1848	14 Sept 9 years 1848	Where contracted	India	5	137	4

An Englishman - Labourer, 9 years service, 8 of which in India during his stay in that country he was 21 times in Hospital - viz - 2 Fever - 1 Dysentery Acute - 1 Pneumonia - 1 Dysuria - 1 Contusion - 5 Parvities - 5 Gonorrhoea - 4 Syphilis Primativa - 1 Rheumatism Chronic - The disease which proved fatal to him commenced 3 years before admission into this Hospital, with Ulcers of Penis & Bubbles which detained him in Hospital six months; he was re-admitted in six days following his discharge & has since then been unfit for duty - After a severe & protracted attack of Syphilis Primativa, he in April 1847 became affected with Chronic Rheumatism - Complicated with enlargement of right knee - Tibia & Sternum - Indolent Sloughing Ulcers on various parts of body; 3 very deep ones in right groin & 2 fistulous openings beneath Glans Penis through which Urine passed - Severe pain of large joints, Fever - Sleepless nights, Nocturnal Sweats, General debility, derangement of bowels & digestive organs -

On admission into this Hospital of June 1848 - was much macerated, 3 or 4 large burrowing ulcers over Sternum & Scapulae and of right Clavicle, also on Head - Appeared to improve for just 10 days after admission, but shortly became affected with Oedema of lower extremities & Scrotum also Diarrhoea & Tenesmus -

Towards the end of August he again appeared to improve, but oedema recurred with discharge of serum from two small openings in Cuticle followed by a diminution in size especially of left leg - From 3rd to 5th Sept. he felt himself stronger - the oedema had diminished, which returned on 5th with a continual

67

discharge of serum from openings in Cuticle - Urine very scanty and continued to - He continued in the same way, gradually losing strength, with laterally urgent vomiting, till he died on the evening of 14 Sept 1848 - The Treatment consisted of Decoct Larynx Comp with Iodid Potass - Cold applications to ulcers - Irit una Sulph Linnæ - Diuretics consisting of Sp: Aeth Nit: Tinct Digital: Irit Camphoræ - Opriates - Astringents of Irit Cæticæ & Tinct Catechu with which Tinct Opri was occasionally combined - Warm fomentations Flannel rollers - An Enema of gr^o Nit Argent: also one of Tinct: Opri & Irit Cæticæ - Diuretic mixture of Scilla - Irit: Potass: Tinct Digital: Irit Camphor: Anodyne draughts. & Antacidetic of Acid Hydrog: gutt XII Sol Irit: Morph: gutt XL Irit Cardamon Comp gutt Agnæ 3V - Wine - Arrow root &c (Signed) Attendant M.D.

Secus Cadaveris No 1 Trigesima post Mortem

External Appearances Body much emaciated: lower extremities swollen & oedematous, and superficial excoriations on the inner side of right leg: Several Cicatrices on the right groin - Several ulcerated apertures on the front of the Sternum leading down to necrosed bone - also an Ulcer on the posterior part of the left side of the Head which communicated with necrosed bone -

Cranium Brain healthy, weight 3 lbs.

Thorax Heart healthy weight 8 oz. 2 drs. Base of both Lungs connected to the Diaphragm by old adhesions - Structure of lungs healthy - Weight of Larynx - Trachea and Lungs 3 lbs. 4 oz. 4 drs.

Abdomen Peritoneum covering the convex surface of the Liver opaque - especially near its lower margin - Gall Bladder distended with black viscid bile - Weight 4 lbs 13 oz. 4 drs. - Spleen healthy, weight 14 oz 4 drs - Kidneys large & presenting the second stage of granular degeneration, & little more advanced in the right than in the Left. Weight of right 9 oz - 1 dr. Left 8 oz. 5 drs - Stomach & Intestines healthy -

Copied by M. Stewart -

G. Williamson
2nd Staff Surgeon

1848

Regt	Rank and Name.	Age	Disease	Admitted	Died.	Duration of Disease	When Contracted	Ward Regt	Bois
90th	Pl Patrick Hubin	22	Pleuritis chronica cum empyema.	July 26 1848	Sept 16 1848	5 months.	Thames	15.	314 12.

Hubin, labourer, in the service 1 1/2 months, was in Hospital at Thames with Syphilis from 14th of October to 6th of November 1847. had Catarrhus vesicæ

68 from 1st to 25th January 1848 and Ictus continued continuously from 1st April to 1st July 1848, during and after the attack of fever he laboured under a chest complaint which was said to have gradually assumed the appearance of Pleuritis Pulmonalis at that time he had cough and expectorated mucus-purulent matter, night sweats and difficulty of breathing; about five months afterwards the pleural portion of the right side was observed to have become enlarged, the cough and other symptoms still continuing. There was much dulness over the right pleural region on percussion with total absence of respiratory murmur there which was heard on the opposite side. When admitted into the General Hospital July 2nd 1848, his cough and expectoration had subsided greatly, but he was very much emaciated, he seemed to improve for a short time but gradually the cough and expectoration increased, his breathing became more difficult, night sweats and hectic fever increased. On the 13th September the tumour was punctured with an exploring needle and purulent matter escaped, he now gradually appeared to get better, his legs and ankles a few days since became swollen. The expectoration decreased in quantity and his strength seemed gradually declining. The day previous to his death he complained of the extremities which, together with his face became swollen and livid. He died on the 16th at a 1/4 before 11 P.M.

Treatment consisted of alteratives, purgatives, expectorants and some local bloodletting and blisters. Anodynes and warm fomentations to the chest. restorants to the stomach, a light and nourishing diet. without any apparent relief.

(signed) A. L. Adams M.D.

Ictus Cadaveris hœa bignina pectâ post mortem.

External Appearances. Body much emaciated, a circumscribed abscess containing about 2oz of thick purulent matter was situated in the pectoral muscles immediately to the inner side of the right nipple. The abscess did not communicate with the pleural cavity.

Brain. Membranes of the brain congested. Section of brain presented a number of bloody points. weight of brain 3lbs 4oz.

Thorax. Heart healthy weight 4oz. Trachea and bronchial tubes filled with mucus-purulent matter and the mucous membrane of the air tubes was congested. Right pleural cavity contained 3 pints of thick purulent matter: the pulmonary and costal pleura were much thickened and coated with purulent deposit and lymph. The lung was compressed to the spine.

The Left Lung adhered firmly and universally to the walls of the chest by adhesions of old standing.

The structure of both Lungs was thickly studded with milium and crude tubercles none of them having advanced to suppuration: the tubercles were most numerous in the superior lobes. weight of Larynx, Trachea and lungs 15lbs 2oz.

Abdomen. This cavity contained 3 pints of serum. Liver healthy weight 3lbs 5oz.

69

Spleen healthy weight 5 os. Kidneys healthy weight of right 4 os 3 drs.

Stomach healthy. Numerous small oval ulcers with thick and everted edges along the course of the ileum increasing in number towards its termination. Mucous membrane of the large intestines soft and pulpy but free from ulceration.

Copied by W. Johnston Esq. M.D.

L. Williamson
Staff Surgeon 2nd Class

Regt	Rank & Name	Age	Disease	Admitted	Died	Duration of Disease	When dead	Post Mortem
19	Pt John Geddes	21	Phthisis Pulmonum	13 th Augt 1848	22 nd Sept 1848	7 months	Sept 10	3 1/2 25

A Scotchman, a book binder. Total service nearly 4 years, of which 1 year & 9 months were spent in the West Indies, & the rest at home. Generally enjoyed good health, until attacked with the illness of which he died. It commenced at Grenada in February last with Catarrhal symptoms, viz Cough sore throat & enlargement of the fauces, which were soon followed by Haemoptysis, pain in the chest, general debility, nocturnal perspiration & progressive emaciation. He was in consequence sent home from the West Indies, & upon his admission into this Hospital, it was obvious that he laboured under Phthisis in an advanced stage & a well marked form. He suffered from frequent harassing Cough, copious purulent expectoration, hectic fever, with nocturnal perspirations, Dyspnoea pain over the thoracic region and great debility. Emaciation Pulse 90. Tongue clean appetite good. Bowels regular. There was tenderness over the lower part of the left Lung, with pectoriloquy and cavernous respiration in its upper portion. The right lung was similarly affected though to not so great an extent. From the day of his admission no improvement took place, for although some of his symptoms were temporarily relieved by the medicines employed, yet the progress of the disease itself as indicated by the physical signs was unchecked.

His Cough & expectoration continued constant & he gradually became weaker. On the 6th Inst. he was attacked with Colliquative diarrhoea which was for a time arrested by astringent medicines, but which afterwards reappeared & very rapidly reduced his strength. He soon became much exhausted & on the evening of the 22nd Inst. expired apparently without pain.

The treatment consisted in the administration of anodyne & expectorant mixtures to relieve the Cough, with tonics & mineral acids to support the strength & check perspiration. Cod liver oil was also given but without any perceptible benefit. Opium, Chalk mixture and other astringents were employed to arrest diarrhoea, with blisters & turpentine fomentations, were used externally to allay pain. His diet was nutritious, aided by wine port & brandy. (Signed) James Fraser M.D.

Section Cadaveris horâ vigesima sexta post Mortem

External appearance. Body much emaciated. Cranium - Slight sub arachnoid effusion. Brain healthy - weight 2 lbs. Thorax - 1 oz of serum in the pericardium. Heart small, structure healthy - weight 7 oz 3 drs. mucous membrane covering the inferior surface of the epiglottis also that covering the larynx & trachea very thickly studded with numerous small irregular ulcers particularly along the posterior aspect of the trachea. Right Lung apex posterior part adhered to the walls of the chest by recent effused lymph, a thin layer of which coated the surface of the lung. the pleural cavity contained 10 oz of serum, with a small quantity of lymph floating in it. Superior & middle lobes very thickly studded with miliar and crude tubercles, with one large cavity in the apex, upper part of the inferior lobe contained only a few clusters of tubercles. Left Lung. Connected to the walls of the chest by adhesions of old standing. the whole structure of this lung completely disorganized by tubercles in various stages of advancement and cavities of various sizes. weight of Larynx trachea and lungs. 5 lbs. 11 oz 5 drs. - Abdomen - contained 4 oz of serum. Liver healthy weight 4 lbs. 2 drs. Spleen healthy weight 10 oz. Kidneys healthy weight of right 5 oz. 2 drs. weight of left 6 oz. 1 dr. Stomach healthy. Peyer's patches in the lower third of the ileum enlarged & contained scrofulous matter, the mucous membrane covering several of them having become ulcerated. Mucous membrane of the large intestines soft & pulpy an a few small ulcers in the descending Colon.

(Copied by Hastings. Martelli)

L. Williamson

Staff Surgeon 2nd. class

N^o 53 -

Regt.	Rank and Name	Disease	Admitted	Died	Duration	Where	Ward	Regt.	Tot.
					Disease contracted				
5 th Dr. G ^{ds}	Private Henry Brittain	34 Rheumatism Chronic Paralysis a Morbo Cerebri	August 15 th 1848	Sept 25 th 1848	Four Months	England	10	315	23
									Medical Division

A Englishman, a cloth dresser, Total service 10½ years, all at home; enjoyed good health until 1842 when he received a kick from a horse, which induced obstinate swelling and disease of the left knee and was followed by Chronic Rheumatism for which he was afterwards repeatedly in hospital; his last attack commenced on the 2nd of June and after having been for two months under treatment in his regimental Hospital at Birmingham he was sent to Fort Pitt. On admission he complained of pain in both legs and in the left arm extending from the hip joint to the ankle, and from the shoulder to the fingers. his left knee was swollen, stiff and painful; his health was otherwise pretty good but all his limbs were weak and he appeared to labour to a certain extent under mental imbecility. There was a small round depression in the left side of the skull, which he attributed to an injury about ten years before. The rheumatic pains

improved considerably under treatment, but his left arm became gradually benumbed and at length quite paralysed. He stated that it was void of sensation and it was so stiff that considerable difficulty was experienced when an attempt was made to bend the joints. His lower extremities were very feeble. He remained in this state until the 10th inst. when his left leg became similarly affected and he lost all power over the whole left side of his body; he passed his urine involuntarily, could not put his tongue out straight spoke inarticulately and indistinctly and could hardly be got to swallow any food. He slept a great deal and was sometimes roused with difficulty. There was Stasis of his right eye lids, and it was obvious that his brain was diseased. For a day or two afterwards he improved a little but soon again relapsed, his coma became gradually more profound and he expired on the evening of the 25th. Previous to his death his left arm and leg which had been quite stiff became flexible but continued powerless. During the last 10 days of his life, bedsores existed over his sacrum and hip joints.

The treatment varied at different periods. Iodide of Potassium, Liquor Potassae, Dover's Powder, and blisters were employed for the Rheumatic pains. Strychnine and stimulating liniment were used for the paralytic affection of the arm and when Paralysis became more general blisters were applied to the nape of the neck, the bowels being kept open by stimulating injections. The sores were dressed with lotions of Acetate of Lead and protected by soap plaster.

(Signed) James Feaser. M.D.

Actio Cadaveris hora trigesima post mortem

External Appearances. Body stout and muscular. Cranium The membranes of the brain were slightly injected - a scrophulous tumour about the size of a bean, of firm consistence and of a pale yellow colour, situated below the left Corpus Striatum; the medullary substance surrounding it being softened. Weight of Brain 3 Lbs. 2 ^{oz}/₇.

Thorax. Heart healthy. Weight 10 ^{oz}/₇. Lungs healthy. Weight 2 Lbs. 14 ^{oz}/₇.

Abdomen. Liver healthy weight 4 Lbs. Gall bladder distended with bile and contained a calculus about the size of a cherry and apparently composed of Cholesteroline. Spleen firmly adhering to the surrounding parts. Weight 10.0 ^{oz}/₇.

Kidneys healthy. Weight of right 7 ^{oz}/₇. Left 8 ^{oz}/₇. ^{Dms}
Stomach and intestines healthy. G. Williamson M.D. 2^d Dec

N^o 54-

Reg ^t	Rank & Name	Age	Disease	Admitted	Died	Duration of Disease	Where contracted	Ward	Reg ^t	Fol
4 th Foot	Private Mr. Stannard	30	Brachitis Chronica diarrhea incidenta	13 th Septem ^r 1868	1 st Octob ^r 1868	3 Months	On his way from India	10	315	66

An English labourer, Total service 7 years, 6 months, of which upwards of 5 years were spent in India, from which station he had just returned previous to his admission into this Hospital. He enjoyed good health previous to going abroad, but whilst there was frequently under treatment for various diseases. He was admitted for a bronchitis affection which he had contracted about three months previously while on his voyage home. He complained of cough with mucous expectoration, pain in the chest, & dyspnoea. His general appearance was emaciated & indication of great debility, and he appeared considerably older than he really was. There was a large patch of ulceration upon his back, his general health was inferior, his appetite being bad, while he occasionally suffered from dyspeptic symptoms, pulse 82 very feeble, auscultation did not indicate any serious affection of the lungs.

His cough was soon removed by the remedies employed and the sore on his back was healed, but on the fourth day after his admission, diarrhoea appeared which resisted every treatment that could be adopted, & very rapidly reduced his strength, he soon became much exhausted & died on the morning of the 1st Octob^r, having been quite free from pain during the last 10 days of his life.

The Bronchitis affection was treated by cough mixtures & Sinapisms. The sore on the back was cleaned by a poultice, and afterwards dressed with lobes of the Acetate of lead. Acetate of lead, catechu, chalk mixture, & Laudanum was employed to check the diarrhoea, with opiate suppositories, and stank injections with opium. He received wine, Porter, & brandy, and his diet was as far as possible nutritious and strengthening, but the irritability of his stomach rendered it impossible for him to take any food, that was not easily digested.

Signed | James Fraser M.D.

Actio Cadaveris huiusmodi post mortem

External Appearances. Body much emaciated.

Cranium Membranes of brain adhered together on each side of Falx Cerebri corresponding to two small portions of the skull which were very thin and transparent, slight serous effusion in the ventricles, substance of brain healthy, weight 2^{lbs} 13^{oz}.

Thorax Heart flabby, ventricles dilated & with considerable thinning of the walls - lining membrane of Aorta very vascular - weight of heart 13½ 2 drs. Right pleura adhered very closely to the parietes of the chest - Slight emphysema of upper lobe of right lung, left lung healthy, weight of lungs lungs & trachea 2 lbs 4 oz.

Abdomen Liver healthy, weight 5 lbs 5 oz. 3 drs. Spleen enlarged and softened, weight 15 oz. 3 drs. Right Kidney presented some marks of granular degeneration, its weight 6 oz. 4 drs. Left healthy, weight 5 oz. 6 drs. Stomach and Intestines healthy

(Copied by James N. Bews)

(Signed) D. D. Prof. W. Donald
Appt. Surgeon 25th Regt.

Nº 55 -

Regt	Rank & Name	Age	Disease	Admitted	Died	Duration of Disease	Where contracted	Height	Weight	Age
4 th foot	Private Daniel Cox	25	Phthisis Pulmonalis Hepatic abscess & Renal Calculus	27 September 1848	October 13 th 1848	monthly & monthly	On his way from India	15	3 14	94

An Englishman Gardener, 5½ years in the service, 5 of which were spent in India. Had always enjoyed good health until on his passage home from India in May 1848 he was seized with Common Continuum Fever but got well and was discharged from Hospital in six days afterwards. On the 21st June following he was again readmitted into Hospital with a similar attack & remained until the 3rd July. at this time it is said he had a slight cough with a feeling of constriction across his chest, both of which are reported to have readily yielded to Antimony and a Blister. He remained debilitated however until the 1st of August when he was admitted into Hospital labouring under Dysentery Acuta and remained until the 1st of September when the symptoms were entirely subdued - he had now a cough & scanty expectoration of clotted mucous purulent sputa without pain of the chest or uneasiness of respiration from that date up to his admission into Fort Pitt Hospital (a period of three weeks) during which the expectoration is said to have become very profuse; the cough more severe and emaciation rapidly increasing - on the 27th Sept. 1848 he was admitted into ward N° 15 Medical Division - He appeared much emaciated, coughed much & expectorated mucous purulent matter deeply tinged with blood, which he said had been present in his sputa for some five weeks previously his breathing was very difficult and much increased on assuming the recumbent posture - bowels regular pulse 106 - The stethoscope readily detected extensive tubercular disease of both Lungs but principally in the Right. From the date of his admission until two days before death his sputa became less and less bloody, & he seemed to improve slightly though still extremely weak and much emaciated. On the 10th instant he complained of much tightness across the chest - the

Sputa on the two previous days was free from blood. On the 11th inst. he appeared much worse; his sputa though quite bloodless remained still very purulent and contained small portions of matter like broken down tubercles - breathing very oppressive, pulse 112 - tongue parched - face much flushed and his whole body but especially the chest covered with profuse perspiration. He now continued to have fits of Dyspnoea very frequently - three days before death his feet & ankles became œdematous; the expectoration decreased in quantity & he seemed rapidly sinking - He died in a paroxysm of dyspnoea on Friday the 13th of October 1848 - The treatment consisted of Expectorants & Antispasmodics (the Acetate of Lead & Opium) which he continued to take up to the day before death & until the Hamoptysis had disappeared entirely. His Diet was mild & nutritive and from the increasing emaciation & debility; he was laterally allowed wine and occasionally Anodyne & Antispasmodic draughts, with the exception of the Acetate of Lead & Opium - all other treatment instituted proved abortive.

N. L. Adams M.B.

Sectio Cadaveris hora quadragesima post Mortem. -

External Appearances - Body much emaciated

Cranium - Slight meningeal effusion - a small quantity of serum in the Lateral ventricles & about 1 oz of serum at the Base of the Brain - Structure of Brain healthy Weight 2 lbs, 12 ozs.

Thorax - Heart healthy, weight 9 oz 4 drs. Right Lung adherent firmly to the walls of the chest by six bands of adhesion: the Costal pleura being coated with lymph and the sac containing a quantity of purulent matter upper Lobe healthy, Middle and Lower Lobes studded with tubercles and a large cavity communicated through the Diaphragm with the Right Lobe of the Liver. Left Lung healthy. Weight of Larynx trachea, and Lungs 2 lbs, 13 oz, 4 drs.

Abdomen - A large encysted abscess in the upper part of the Right Lobe of the Liver containing 3 pts of purulent matter; Gall bladder contained a small quantity of dark tarry bile. Weight of the Liver 4 lbs 14 oz. Left Kidney healthy, weight 8 oz 4 drs. A calculus about the size of a pigeon's egg in the Pelvis of the Right Kidney - the infundibulum being considerably distended with urine. Weight of this Kidney 7 oz. - Bladder distended - Stomach and Intestines healthy. -

N. L. Adams. M.B.

Regt	Patient's name	Age	Disease	Admitted	Died	Duration of Disease	Where contracted	Ward	Regt	Solis
1st	Pt. John Sinegan	30	Erysipelas	16th Oct. 1848	18th October 5 1/2 P.M.	nine days	General Hospital	14	309	257-

History. An Irish labourer served 10 1/2 years of which 10 were spent in India where he suffered from dysentery and liver complaint, also from Syphilis and secondary syphilitic affection of the skin joints glands of neck &c. for this latter he was admitted into the Surgical division of this Hospital on the 25th September 1848 on arrival from Madras. Under treatment employed he was gradually improving till 11th October when he was seized with rigor, followed by much febrile excitement, and on the evening of the following day by an erysipelatous redness on the upper part of the neck which gradually spread over the side of the face and head. On the 15th he was transferred to the Medical Division and on the morning of the 16th presented the following appearances. He was lying on his back in a state of low muttering delirium from which he was easily roused by speaking loudly to him or shaking him, he had rabbed a good deal during the preceding night and torn his shirt to rags. He spoke with much difficulty and his utterance was very indistinct, complained of thirst and soreness of the throat: the erysipelas occupied the entire of the right side of the head face and neck also a good part of the face and forehead of the left side. The countenance was much distorted eyes closed eyelids lips & cheeks on the right side swollen to an immense extent. The scalp generally was adenomatous and pitted on pressure. The cheeks and lower part of the forehead were covered with scabs of a black colour from the breaking of vesicles and the applications of citrate of silver. He breathed through his mouth tongue swollen dry and of a dark brown colour. Sordes on the teeth pulse 120 and very weak. Great debility bowels not acted upon for 12 or 14 hours. Next day notwithstanding the exhibition of Sesquicarbonate of Ammonia in full doses he was somewhat lower. pulse 110 very small and weak, it was more difficult to rouse him than on the preceding evening and his breathing was accompanied with mucous rattle: had two stools yesterday morning and passed them as also his urine in bed. In the evening his pulse had improved as to strength from the exhibition of wine, but I could not succeed in my attempts to rouse him, he still winced however when the erysipelatous surface was pressed upon. The erysipelas was extending down the back of the neck to the shoulders, suppuration in quantity about the right eyelid. The erysipelas now occupied the entire face and head on both sides. breathing was of the same kind as before described. Had again passed his feces and urine under him. On the 18th his breathing was easier but the insensibility had rather increased, for when the surface engaged was pressed upon he gave no sign of feeling it, he was tossing his arms about and picking the bed clothes, the difficulty of swallowing had much increased so that even a tea spoonful of fluid nearly choked him. pulse 144 extremely weak extremities warm, abdomen tender and tympanitic. In the evening

he was much in the same state - on the 14th the abdomen had become more tense, his pulse intermitted when first I saw him but became regular on the exhibition of brandy. 132 and barely perceptible. the oppressed breathing and dysphagia increased, he sank gradually and died at 1/2 past 5 o'clock P.M. 14th October 1848.

Treatment In the Surgical ward he had been treated for the Syphilitic symptoms with Iodide of Potassium and when febrile symptoms appeared Saline mixture tartarized Antimony Warner's powder and aperients were administered and a strong solution of Nitrate of Silver applied several times to the surface - on his admission into the Medical Division, symptoms of debility being very prominent, the Sesquicarbonate of Ammonia with Decoction of Bark were prescribed in a state of effervescence followed afterwards by wine and brandy as the debility became still greater. Serpentine enemata Serpentine fomentations to the Abdomen Sinapisms to the legs. Mixture of Iodine to the erysipelatous surface were also employed.

(Signed) James M. Bews. I.R.C.S.I.

Actio Cadaveris hora quadragesima tertia post mortem

External Appearances Face much disfigured by the consequences of intense erysipelatous inflammation - a few small spots of bloody effusion were remarked between the tendon of the occipito-frontalis muscle and the os Frontis.

Cranium - veins of Pia Mater much congested, structure of brain very firm but otherwise healthy weight 3 lbs 3 oz.

Thorax Pericardium contained about 2 oz of serous fluid. Heart healthy weight 9 oz. The apex of Right Lung adhered to the walls of the chest by adhesions of old standing, its superior lobe studded with crude tubercles - inferior and middle lobes healthy as well as the entire structure of the Left Lung weight of Larynx Trachea and Lungs 3 lbs 10 oz.

Abdomen Liver healthy its weight 3 lbs 15 oz. 2nd Spleen structure soft. its weight 7 oz 5 oz. Kidneys healthy weight of Left 4 oz. weight of Right 4 oz 2 oz. Stomach: large, and small intestines healthy.

Copied by Wm Johnston Esq. M.D.

N^o 57-

Regt	Rank and Name	Disease	Admitted	Died	Duration of Disease	Where Contracted	Where	Age	Reg	Vol
4 th	James Conway	32 Phthisis Pulmonalis	23 rd Sept 1848	27 th Oct 1848	13 Months	England	10	315	79	

An English labourer, had served for 16 1/2 years, of which 5 years were spent in New South Wales, 7 in India, and the rest at home. He enjoyed good health until he had been about 4 years in India.

but during the remainder of his stay in that country he was repeatedly under treatment, for Hepatitis, Dysentery, Cholera and fever. He was consequently invalided and sent home in 1844. On his return he continued tolerably well for about 6 months, but he then caught a severe cold, from the effects of which he thought that he had never completely recovered although he was able to continue at duty on Recruiting Service for two years longer. At the termination of that period he felt himself too weak for his employment, and was sent to Chatham Garrison as clerk to his depot - but even this occupation soon became too laborious, and he then reported himself sick, and entered Detachment Hospital, from which he was transferred to Fort Pitt. On his admission the nature of his disease was sufficiently obvious. His appearance was unhealthy and eminently indicative of the Phthisical diathesis. He suffered from frequent harassing cough, copious purulent expectoration, dyspnoea and pain over the front of the chest, his appetite was indifferent, he slept very little, and had a tendency to Diarrhoea, while his emaciation and debility were very great. There was dullness over the lower part of the left side of the chest, with pectoral-logy and cavernous respiration in its upper portion. The right Lung was not at that time so much affected, but it also soon became similarly involved. For a short time after his entrance into this hospital he appeared to improve, his cough and expectoration became less harassing, the pain of his chest abated, and his diarrhoea was arrested. But this improvement was only temporary. His pectoral symptoms indeed never reappeared with their former severity, but his diarrhoea soon became more violent than ever, and as the irritability of his stomach and his loss of appetite prevented him from eating much, it very rapidly reduced his strength, and he expired on the 28th Sept. The treatment consisted in the administration of Expectorant and anodyne mixture to allay his cough, with blisters to relieve local pain. Croscote and Hydrocyanic Acid were employed to remove the irritability of the stomach, and check occasional fits of vomiting. Opium, Chalk Mixture, acetate of Lead and Calomel were exhibited in order to arrest the Diarrhoea; but the remedy found most beneficial in that respect, was the injection twice a day of an enema containing acetate of Lead and Laudanum. The diet was as far as possible nutritious, accompanied in the latter stages by the free administration of wine, and brandy. During the last two days of his life he could not eat anything and was only kept alive by the unrelenting exhibition of powerful Stimulants

Stimulants

(Signed) James Fraser, M.D.
Asst. Surgeon 25th Regt.Sectio Cadaveris hora quadragesima octava post mortem

External Appearances. Body much emaciated.
Cranium. Brain healthy. Weight 3 lbs. 8 ozs.
Thorax. Heart healthy but small. Weight 5 ozs. 2 Dms. Both Lungs adhering firmly to the walls of the chest by old adhesions. Right Lung. upper lobe and superior half of middle lobe completely disorganised by tubercles in various stages of advancement, remaining half of middle lobe and the entire of inferior lobe healthy. Left Lung. Superior lobe presenting one large cavity in the apex, and the remaining portion disorganised by tubercles. Inferior lobe healthy. Weight of Larynx, Trachea and Lungs 1 lb. 3 ozs.
Abdomen. Liver healthy. Weight 4 lbs. 12 ozs. Kidneys healthy. Weight of right 4 ozs. of left 6 ozs. 6 Dms. Small Intestines. presented numerous ragged ulcers throughout their whole extent, varying in extent from that of a half crown to the section of a pea. Large Intestines presented throughout their whole ^{length} a continued series of ulcers with ragged, hard, irregular edges.
Mesentery completely studded with seropthalous deposits.
 (Copied by G. H. H. (L. H. H. S.))

No. 58.

Regt.	Rank and Name.	age	Disease	Admitted	Died	Duration of Disease	Where contracted	and Regt. File
87 th	P ^{te} James D'Brien	22	Phtisis Pulmonalis	Oct. 4 1848	Oct. 28 1848	10 months	England	10. 315 93

An Irish labourer. Total service 3½ years all spent at home. Enjoyed good health until October 1847 when he was attacked with pleurisy of the Right side for which he was for some time in Hospital but for which he so far recovered, as to be able to return to his duty. Exposure to cold soon afterwards induced acute Catarrh and whilst he was under treatment for that affection, the symptoms of Phtisis manifested themselves. After having been detained for some months in his Regimental Hospital, he was sent to Fort Pitt on a mission. He suffered from cough and copious purulent expectoration, pain of the chest, dyspnoea and nocturnal perspirations. His debility and emaciation were great. There was dulness on Percussion over the

lower part of the left Lung with Pectorilogny and cavernous respiration in the upper part of the Right Lung Pulse 100 Tongue clean. Bowels regular Appetite indifferent and he occasionally suffered from nausea and sickness after eating. During his stay in Hospital no improvement whatever took place for although some of his symptoms were temporarily relieved yet the progress of his disease was unchecked the degeneration of his lungs continually advancing.

His debility and emaciation rapidly increased and he suffered repeatedly from inability to expectorate to such an extent to threaten suffocation. On the 19th Inst. he had an attack of this sort during which he was speechless and apparently moribund and from which he was with difficulty recovered. Free expectoration was at length induced and when it had been re-established he was immediately relieved and continued tolerably well for a few days, but on the 26th he had another attack though not of equal severity. He was now however much exhausted and being again similarly affected the day after the remedies formerly employed were found unavailing and he expired at 12 1/2 A.M. on the 28 Inst.

The treatment consisted in the administration of Tonics to improve the condition of the Digestive organs with mineral Acids to check fermentation. Blisters and Anapisms were employed to relieve pain accompanied in one instance by the cautious local abstraction of blood which had a good effect. Anodynes and expectorants were administered to relieve the cough and promote expectoration with turpentine embrocation and fomentations with warm water over the chest. Stimulant Medicines along with wine were freely exhibited in order to support the strength.

(Signed) James Fraser M.D.
 Appt Surgeon 25 Regiment
 Sectio Cadaveris hora trigesima quinta post Mortem

External Appearances - Body emaciated
 Cranium - Dura Mater much injected. Section of the Brain presented numerous bloody points structure healthy. Weight 3 lbs 5 ozs 3 drs
 Thorax - Pericardium contained half an ounce of serum slightly tinged with blood. Heart healthy weight 11 ozs 4 drs

Lungs The Right Lung presented a cavity in the upper lobe and the remaining part of this lung was studded with cellular and crude tubercles. Left lung adhered firmly and universally to the walls of the chest by adhesions of old standing, the superior lobe completely disorganised by tubercles in various stages of advancement lower lobe comparatively free from disease.

Abdomen Liver healthy. Weight 5 lbs 3 ozs. Spleen healthy weight 14 ozs. Left Kidney healthy weight 7 ozs 3 dms. The Right Kidney congested. Weight 8 ozs 1 dm. Stomach and Small Intestines healthy. Cecum and ascending Colon presented several patches of ulceration, with irregular ragged edges the remaining portion of the ~~Large~~ Large Intestine free from disease.

Ad Adams, A.M. M.B.

No. 59

Regt	Rank and Name	Age	Disease	Admitted	Died	Duration of Disease	Where Contracted	Ward Regt. & Co.
28 th	Pt John Sanford	30	Paralysis	30 Oct. / 42	3 Nov. / 42	125 Days	Bhatnagar	512 91. Post Mort.

An English labourer, total service 5½ years, of which 4½ was spent in India, was under treatment in Jan'y / 45 at Poonah for a syphilitic ulcer from which he seemingly quite recovered. Again at Deesa in February / 46 for Catarrh of the Uterus for Chronic Rheumatism - was sent next month to Mount Abu for change of air, where he was attacked with acute Pneumonia, for which he remained under treatment for a month - In June he returned to Deesa & in August following, had again to enter Hospital for Fever. In September of same year he was in Hospital twice 1st for Colic 2nd for Scurvy - In October for Scurvy again - In November for a relapse of same - he had a scorbutic eruption with oedema of the ankles - In January 1847 he was twice admitted 1st for scorbutic ulcer on the lymphatic Pubis & in the second place for Chronic Rheumatism - In March again for Rheumatism, at the close of which he was sent for the second time to Mount Abu for change of air & there suffered from Febrile Rheumatism - At the end of June he returned to Deesa & in the beginning of July was once more the victim of Fever & Rheumatism - & after 12 days convalescent leave of Rheumatism, complicated with Scurvy. Thence from February 1846 he was almost constantly in Hospital up to the date of his embarkation 1st Oct 47 - when he still laboured under Scurvy together with oedema of the legs & great languor after the slightest attempt at exertion - On his admission into

Fort Pitt General Hospital on the 12 June 148 he was very much debilitated & had a certain amount of oedema of the legs & swelling of the abdomen - no ulcer existed in any part of his body and all his functions were normally performed - While he continued in Hospital he had occasional attacks of rheumatism with swelling of the joints - also attacks of cold & cough, abdominal swellings &c. he once or twice became free from all symptoms, but again relapsed, up to the 1st October on which day he was perfectly well - He continued so up to the 16th when being desirous of resuming his duty, he was discharged to Fort Ham Banacks for two months probationary duty - All this time he seemed perfectly well with the exception of a certain peculiarity of gait. He was readmitted on the 30 October under the head of Hemiplegia dextra, he complained of having been attacked the day before with severe cold & of having excruciating pain in the abdomen increased on pressure being made - He had lost the use of his right side, & his countenance was much distorted - he was unable to answer questions with any thing like perspicuity & his mind appeared much affected. He was likewise very feverish - Pulse 120 - Tongue furred - Temperature of skin increased - Symptoms of extreme prostration of strength rapidly set in. He raved much each night & the accompanying fever assumed the Typhoid type - In spite of Stimulants the debility increased and a good deal of Bronchitis supervened on the morning of the second November - This symptom became more remarkable during the day - on the morning of the 3rd he died at 1/2 past 4 O'clock A.M.

The treatment employed during his first stay in this Hospital consisted in the administration of Iodide of Potassium with Sarsaparilla, Colchicum, Quina &c. - Internally - & cupping - warm fomentations & anodyne liniments locally applied - In the second admission - the warm bath - Calomel, James's Powder - Febrifuge drinks and afterwards the sesquicarbonate of Ammonia - Wine & Brandy together with Mustard liniments to the calves of the legs, & Abbrute to the chest constituted the principal treatment -

Signed James H. Blair - L.R.C.S.

Sectio Cadaveris Horâ vigesima Septima post mortem -

External appearances Body muscular & cellular tissue loaded with fat -

Cranium Considerable venous congestion of the Pia Mater and slight subarachnoid effusion - about 1 1/2 ounces of serum at the base of the brain - Brain - This presented in its substance numerous bloody points - structure healthy - Weight lbs 2. oz 13 - Ans 2 -

Thorax Pericardium contained about one ounce of yellow serum - Heart The ventricles of the heart contained gelatinous

Clots extremely firm, and of a yellow colour - Structure of heart healthy weight 11 oz. 2 dis - Mucous membrane of the Larynx and Trachea congested - Lungs Right Lung - Superior & middle lobes solidified appearing to be the result of pneumonia at some former date - Superior lobe congested - Left Lung - much congested, but free from any organic disease - Weight of Larynx, Trachea and Lungs lbs 4 1/2 oz 12.

Abdomen Liver healthy. weight lbs 4 - 3/8 - Spleen very soft. weight 13 oz - Kidneys Left - imbedded in fat and large masses of fat - penetrating its substance - weight 9 3/4 oz. Right Kidney - healthy weight 6 oz. Stomach healthy - Large Intestines healthy and surrounding them, large quantities of fat, especially towards the rectum - Presenting loaded with fat.

Copied by. A. H. Stewart M.D.
1-2-80

Regiment - Rank & name	Age	Disease	Admitted	Died	Duration	Where	Hard Reg. Fol.
					Disease contracted		
9 th Foot Private James M. Calk	22	Phthisis Pulmonalis	25 th Oct 1868	4 th Nov 1868	5 Months	Winchester	15 314 126

Fishman, Tailor, 19 1/2 years in Service, all at home. - In May 1867 when stationed at Winchester he laboured under Chancre and Bubo for which he was salivated and in Hospital there for six weeks; had eruptions all over his body shortly afterwards, for which he was again admitted into Hospital where he took Erysipelas of the Head & Neck but soon recovered, not long afterwards sores broke out on his right temple which began to suppurate and continued till the day of his Death. - In July last a sore broke out on the upper part of the Sternum of a ragged and unhealthy appearance continuing to enlarge, about that time he began to cough and expectorate mucous-purulent matter, tinged with blood on one or two occasions. When admitted here on 25th Oct 1868, he appeared much emaciated, cough very troublesome and expectoration very copious & mucous-purulent. The sores on the Temple three in number had discharged for some time previously much pus, from one opening small spicula of bone came away till at length the Pura Mater & Nucleation of the Brain became apparent. The sores on the Sternum were of a livid unhealthy appearance, the glands of the Neck were much enlarged & appeared suppurating, the eruptions of a scaly eruption were likewise visible on his legs and ankles, extensive Tubercular disease of both lungs was

discovered by percussion and the Stethoscope, the left lung especially which appeared completely disorganized - From the 24th until the 31st October he continued to expectorate blood; the cough became more troublesome, pulse never under 120, bowels regular, - On the morning of the 3rd Instant he was suddenly seized with a fit of coughing, & immediately afterwards he commenced to expectorate blood in great quantities until he brought up about 24 oz of florid blood; he now appeared very weak and for the following three days his strength appeared to give way rapidly, pulse 140. On the morning of the 4th inst. great quantities of broken down Tubercular Matter were found intermixed with his sputa which now appeared less bloody: his strength so much reduced he was unable to speak, at 5 P.M. another attack of Hemoptysis came on which left him moribund, he died that night at 1/2 past 12 P.M.

The Treatment consisted of Tonics, Expectorants, Astringents, a light & nourishing diet with a daily allowance of wine until the Hemoptysis commenced, all without any apparent relief -

(Signed) A. L. Adams M.D. & P.

Pector Cadaveris hœm. trigesima sexta post mortem

External Appearance - Body much emaciated - Syphilitic eruptions on trunk and lower extremities - A large syphilitic ulcer on upper part of Thorax -

Cranium - At posterior inferior angle of Right Parietal bone two small ulcers, one superficial, engaging integuments only, the other deep and exposing an ulcerated surface of Dura Mater, the Internal Table and Diploe much more extensively destroyed than the External Table. - Brain - About half an ounce of straw-colored serum contained in each lateral Ventricle: each Choroid plexus studied with ^{Serpens vesiculae} ~~vesiculae~~ - structure healthy, weight 5^{lbs} 11 oz -

Thorax - Heart small, firm, healthy, weight 4 oz 3 drachms, Pericardium contained about 12 oz of yellowish serum - Lungs, Right upper 3/4 of its surface adhered firmly to Thoracic parietes - 16 oz of serum in lower part of Pleural cavity - Superior lobe contained a large cavity filled with coagulated blood and traversed by vessels - Inferior lobe interspersed with tubercles. Left Lung - Superior lobe completely disorganized and solidified by Tubercular deposit, and adhered to parietes of Thorax - Inferior lobe interspersed with Tubercles - Weight of Larynx, Trachea and Lungs - 4^{lbs} 13 oz -

Abdomen - Liver much enlarged and of a pale nutmeg appearance - Vesical cavity sufficient to contain a cherry, and filled with a deep yellowish-colored and fluid matter, situated in upper convex margin of right lobe. Weight 6 $\frac{1}{4}$ 100g - Spleen - enlarged and contained numerous distinct masses of tubercular deposit, weight 12 g 2 lbs. Kidneys Right healthy - weight 6 g 4 lbs. Left healthy, weight 5 g 4 lbs. - Stomach healthy. Intestines small and contained along their whole extent ulcers of the extent of a six penny piece, each at intervals of eight or ten inches

(Copied by James R. Hors-)
L.H.C.S.D.

G. Williamson,
Staff Surgeon 2nd Regt

N^o: 61

Regt	Name and name	Age	Disease	Admitted	Died	Duration of disease	Place of residence	Ward	Reg	Folio
22 nd	Pt William Herlihy	25	Rheumatism Chronic	Sept 23 rd 1848	Nov 23 rd 1848	62 days	Chatham	15	3/4	92

An Irish labourer, one years service at Chatham. Was admitted into the Detachment Hospital on the 19th Nov^r 1847 under the head of Syphilis primitiva, which was treated successfully with calomel; he was discharged duty on the 3rd Jan^y 1848. On the 10th of same month he was readmitted affected with Pleuritis of right side accompanied by Rheumatic pains of the upper and lower extremities. The Pleuritic attack yielded to local applications Calomel combined with Potrate of Antimony and a blister; the Rheumatic pains were also considerably relieved & he was discharged to duty on the 3rd of Feb^y and on the 13th he was again admitted under Pleuritis Chronic of right side accompanied as before with Rheumatism. The former yielded to the usual remedies, the latter however continued with unabated severity, attacking the lower as well as the upper extremities. He was now in nearly a helpless state. The heart appeared to be healthy. He was transferred to General Hospital Fort Pitt where he was admitted on the 23rd Sept^r 1848. — When admitted he appeared a good deal emaciated and complained of pains in his shoulders, knees and ankles, invariably increased during the night, His knees were swollen, the right presented the mark of a blister he was very weak being scarcely able to turn in bed. The chest appeared well formed the heart and lungs healthy, bowels pretty regular Tongue clean pulse 98 & feeble. On the 20th fluctuation was detected in the knee joint. The ankles were swollen but contained no fluid. On the 29th he complained of flatulence and frequent desire to go to stool, pains in the abdomen. No changes in knees or ankles. On the morning of the 30th he had voided

no urine for 24 hours. The catheter was then introduced but no water came off, abdomen somewhat swollen. He afterwards voided the contents of his bladder more freely, which however gradually decreased in quantity till the 15th October, when it became very scanty (about 6oz in 24 hours) depositing a thick sediment on standing. Abdomen gradually increasing in size and occasionally very painful. Appetite indifferent bowels loose, evacuations healthy but liquid pulse 70 labouring. The belly was now greatly distended and fluctuation was distinct and easily felt. The urine was tested on the 18th by heat & lit Acid no albumen could be detected. This secretion a few days after this increased in quantity but towards the end of the month became very scanty. He was now much emaciated and very feeble, the gums were slightly touched by mercury, he occasionally expectorated a yellow tenacious matter without cough. Abdomen increased in size bowels free pulse 75 full. He continued in this state till the 21st Nov^r becoming more emaciated & weaker. His general symptoms continued the same. On the 21st he was very weak pulse ~~the same~~ 72 tongue dry and brown, he had voided 20 $\frac{3}{4}$ of urine that morning he was very feeble in the evening, had slept a good deal during the day & had some cough without expectoration, he sank gradually during the night and died on the 22nd Nov^r 1848 at $\frac{1}{2}$ past 9 A.M. The Treatment consisted of Colchicum combined with Morphia in Camphor mixture Calomel with Dovers powder; the external applications of the tinct^r of Iodine. Various Acuratives were employed - Digitalis squill Taraxium Spir Ether nil. Tr Symplic Acetate & Bitartrate of Potash a blister - Urine -

Copied by Lth Wadsworth M.R.C.S.E. signed A. H. Hart M.D.

Sectio Cadaveris hork trigesima sexta post mortem

External appearances. Body much emaciated abdomen much enlarged and distended with serum. Lower extremities and scrotum edematous.

Cranium - About 2oz of serum at the base of the brain -

Structure of brain healthy Weight lb 3.

Thorax. 3oz of serum in the pericardium. Heart small structure healthy. weigh 7oz 2dr - Apices of both lungs connected to the walls of the chest by old bands of adhesion. Each pleural sac contained 12oz of serum. Structure of lungs healthy. Weight of Lungs Trachea & lungs lb 2oz

Abdomen. contained 18 pints of straw coloured serum. Liver small structure healthy weight lb 5oz. Spleen Capsule thickened and opaque weight 6oz 3drs

Kidneys healthy; weight of right 5 oz. weight of left 5 oz 4 drs
Surface of the intestines pale and blanched. Stomach and
Small intestines healthy. Mucous membrane of the Large
Intestines soft and pulpy. Several small ulcers and abrasions
 in the caecum coli.

(Copied by C. B. Bassano.)
 W. R. C. S. E.

1862

L. Williamson
 Staff Surgeon 2nd Class

Regiment Rank and Name	Age	Disease	Admitted	Discharged	When	Where	Regt	For
R. Batt 1 st James Mulligan	19	Dysentery	1848	1848	one year	Maunabo	1675	314 73
5 th Foot		Phthisis Pul.	1848	1848				

The Irish Labourer 2nd years service, became affected in the Maunabo in Dec. 1847 with Dysentery shortly after with Symptoms of Phthisis but which greatly left him on the voyage home when he had purpura hæmorrhagica and Dysentery the former of which he recovered from, the latter he was affected with when admitted into this Hospital on the 6 of Sept. 1848 when he was found much emaciated he was affected with slight cough and expectoration, Bowels kept open, stools dark coloured with tenesmus; the chest was small but well formed; dulness on percussion under both clavicles, best marked under the right the remainder of the chest was clear on percussion when there was dulness on percussion the respiratory murmur was indistinct - Sound of the heart natural - appetite good Tongue pretty clean - pulse small and quick he continued to improve after coming into Hospital - gaining strength - the Bowel affection becoming less severe - the stools more natural and unaccompanied by tenesmus; on the 7 of October the Bowels were quite regular, his appetite improved, he however had cough at bed time with scanty expectoration & occasionally night sweats there was much dulness on percussion under both clavicles especially the right; no expectoration but a roughness of the respiratory murmur and a pretty strong vibration of voice on the right side extending downwards to the pectoral region of that side. He soon became worse coughing occasionally - cough increased - Sputa mucous-purulent and abundant - copious night sweats Abatement of the Bowel complaint with improved appetite and loss of flesh - tongue red - pulse 95 and throbbing; these symptoms continued & on the 11th of Nov he felt better although his symptoms were but little relieved, he coughed a great deal; the Sputa purulent, mucous, mingled mingled with small white mucus resembling broken down natural the whole floating in a thinner watery coloured fluid; the Bowel complaint

continued; the appetite was good and the pulse so fair; this was his state on the 17th from which date he gradually sunk on the evening of the 30th he appeared sinking he died on the 1st of Dec at 5 o'clock. The treatment consisted of vegetable bitters - pills of Spicacanth chalk & Mercury with opium & Gentian: Linna; various Expectorants; cod Liver oil; Acetate of Lead and opium Calabar and Chalk Instructors anodyne draughts; wine with a light and nutritious diet.

Copied by
Andrew A. Stoney
L.R.C.S.F.

Legend Neil H. Stewart M.D.

Lectio Cadaveris: hora trigesima tertio post Mortem

External appearance Body Emaciated

Cranium about an ounce of fluid at the base of the Brain considerable Arachnoid Effusion: weight 3 lb 7 oz

Throat trachea healthy weight 7 oz trachea and bronchial tubes filled with frothy purulent matter; a large superficial ulcer at the base of the Epiglottis; also external superficial ulcerations along the whole of trachea; Apices of both lungs adhered firmly to wall of chest: Right-Lung several large clusters of coarse tubercles in superior and middle Lobes inferior lobe free from disease. Left Lung the whole of Superior lobe and upper half of inferior completely disorganized with tubercles in various stages of advancement and cavities of different sizes particularly in the apex; inferior half of Lower Lobe comparatively free from disease. weight of Larynx trachea and Lungs 3 lbs

Abdomen Liver healthy weight 2 lb 9 oz 2 drs Spleen healthy weight 6 oz Kidneys healthy weight of Right 4 oz of Left 4 oz Stomach healthy Numerous large oval ulcers with thick and everted edges situated along the whole course of Esophagus and particularly towards its lower third several of the ulcers embrace the whole gut - and some of them were on the point - of causing perforation; several large ulcers were also situated along the the course of the large Intestine and the Viscous Membrane was soft & pulpy

Copied by
Andrew A. Stoney
L.R.C.S.F.

J. Williamson
Staff Surgⁿ Wth Class

Examiner	Rank and Service	Age	Residence	Admitted	Discharged	Duration of Service	Where Contracted	Days	Rank	Pay	Notes
27 Feb.	Private Philip Collins	21	Blair's Barracks	March 13 th 1848	Dec 2 nd 1848	12 1/2 Days	Glasgow	14	302	227	

Mr. John Labrous 1 1/2 years before he went at home. Remained healthy until August 1848 when he was admitted into Hospital in Glasgow suffering under acute catarrh which did not yield to the treatment adopted. The lungs then became very much diseased. When admitted into this Hospital on the 13th of November 1848 he appeared very much debilitated and walked with difficulty on account of weakness. complained of soreness in the superior portion of thorax - and of cough which was worse in the morning. Expectoration copious and of a purulent character but no night sweats. Breasts equal. Appetite, bad. His chest was narrow and contracted and his scapulae projected very much. There was dullness on percussion under the left clavicle extending as far as the Mamma; also bronchial respiration; under the right clavicle there was much clearness and cavernous respiration and pectoriloquy was distinct. In the lower portion of each lung there was fine rale breathing. The heart's sounds normal - its action rapid. Pulse 100. For a few days after admission into Hospital he appeared to gain a little strength but his pulse increased in frequency and from the 20th of November he appeared to be getting weaker every day. His appetite was voracious. His breathing very quick and difficult. His pulse 120. He gradually sunk, and died on the 2nd of December at 8 o'clock P.M. His treatment consisted of soothing expectorants. Bleeding with Leeches - Tartar Emetic Treatment - Stimulants - Wine and Nutrients. &c.

Copied by

James Edmund Clutterbuck M.D.
F.R.C.S. Edin - L.S.M.S.

Section Cadaveris huius quinquagesimae aetatis Prothom

General Appearance - Body very much emaciated

Trunk - Brain healthy. 3 lbs of serum at base of brain. Weight 3 lb. 3 oz.

Thorax - Heart healthy Weight 8 oz. 1 lb. Right Lung contained several small tubercles in the superior portion; the central portion was filled with pneumonia, and the inferior with tubercles. Left Lung slightly adherent; a tubercular cavity in its upper portion and the whole of the remainder was occupied by tubercles. Weight of Trachea and Lungs 1 lb 6 oz. A small abscess in one of the bronchial glands.

Abdomen - Liver healthy. Gall bladder empty. Weight 1 lb 4 oz. 2 lbs. Spleen healthy weight 8 oz. 8 lbs. Kidneys healthy. Weight of Right 8 oz. Left 8 oz. 2 lbs.

Stomach healthy. Intestines - Slight swelling of the mucous membrane of the Ileum and cecum in several parts of the remaining portion. Superficial elevations of the lower

part of the ascending Colon and Rectum.

Copied by
James Edmund Clabshaw M.D.
M.A. & L.D.S.

L. Williamson
Staff Surgeon 2nd Class

Regiment	Rank and name	age	Disease	Admitted	Died	Duration of Disease	Where contracted	Ward	Regt	Folio
87 th Regt.	Sgt John Carty	45	Rheumatism Chronic	10 th Decemr 1848	11 th Dec 1848	4 years	England	10	125	

An Irishman - A Clerk, Total service 21 $\frac{1}{2}$ years, 12 of which were spent in the Mauritius, the rest at home - suffered frequently from Rheumatism and in 1833 when in the Mauritius, was admitted into hospital for that complaint, he remained in hospital six weeks, and was discharged well - since this period he has been in hospital seven or eight times but always for Rheumatism - In 1843 he came home with his regiment and did duty in Scotland, South Wales and at Warden in Lancashire where he was again admitted into hospital on account of his infirm state of health, and remained an inmate till sent here -

When admitted he was in a very infirm and weak state, and his memory and hearing appeared to be failing him, and he could give only a very imperfect account of himself, he was very feeble and very much emaciated, and he seems a man quite broken up from age and length of service, he complained of pains in his lower extremities

From his own statement it appeared that he had been in just the same state for some time excepting that his bowels were costive, for which was prescribed a tonic purgative mixture - his appetite was bad - pulse small and weak, and tongue somewhat red, and on the morning of the 11th about 3 o'clock he died of exhaustion.

Signed J. E. Clabshaw M.D.

Lectio Cadaveris hora trigesima - sexta post Mortem

External Appearances - Body extremely emaciated
Cranium - Brain healthy weight - 2^{lb} 13^{oz} - Thorax - Organs in this cavity were healthy - weight of Heart - 11^{oz} - weight of Larynx trachea and lungs 3^{lb} 9^{oz} - Abdomen - the organs in this cavity were also healthy weight of liver 3^{lb} 7^{oz} 3 Spleen 4^{oz} - Right Kidney 5^{oz} 1^{oz} - Left 6^{oz}

L. Williamson
Staff Surgeon 2nd Class

Copied by
Alex^r M. Arthur M.D.

No. 65.

Regiment	Rank and name	Age	Disease	Admitted	Died	Duration of Disease	Where contracted	Days	Folio
33 rd Foot	Sergeant John Hewin	39	Hypertrophy of heart	November 3 rd 1848	December 17 th 1848	Six months	England	W th 11 3/10	207

An Irish Labourer, service 20 years and six months, arrived in England 17th May 1848 in very delicate health, with cough and pain in chest accompanied with palpitation of heart. Had enjoyed good health during the whole of his service until April last. Was twice in Hospital in the West-Indies with fever, after leaving America, and having been about a week at sea, he was seized with difficulty of breathing, cough accompanied with expectoration, violent beating of heart, with pain in chest, which increased on passage home, was on sick Furlough, and about the end of August joined his Regt at Manchester, was immediately taken into hospital, the disease having increased, was in hospital 20 days when he was discharged, was sent same day into Camp on Kellall Moor and remained under canvas for about a week, was again taken into Hospital, where he remained 12 days - Stethoscopic signs: on percussion there was dulness on left side of chest between nipple and axilla, the rest of chest sounded healthy and natural, Respiratory murmur natural with the exception of left side, where there was dulness, Trachea was tolerably stout, lower extremities more muscular than upper, complained of great difficulty of breathing which was worse at night; also of palpitation of heart which increased on lying down, of oppression at scrobiculus Cordis, cough with expectoration of viscid mucus - was of a very nervous constitution - Fancied that he had made some improvement, but continued to be very nervous, Pulse was counted with difficulty - Anasarca of the feet and legs came on the 13th November and continued more or less up to the 5th Dec when he was discharged, to Saint Mary's - but was returned on the 9th Dec disease having much increased - He continued in the same state up to the morning of the 17th Dec, when he was seized with asphyxia, and died at a quarter past ten A.M. -

The treatment consisted in Pectoral and Tonic Mixtures, Saline Draughts, Purgatives, Diuretics, Hydrogog Cathartics
Signed

Sectio Cadaveris hora quadraginta octava post mortem

External appearances - Body stout
Cranium - Considerable subarachnoid effusion -
Membranes of the brain congested - Structure of the brain

healthy; extensive atheromatous deposit in the vertebral and carotid arteries as also in their different ramifications into the substance of the brain - Weight of brain $3\frac{1}{2}$ $4\frac{1}{2}$ $5\frac{1}{2}$

Thorax 12^{oz} of serum in the pericardium, Heart enormously hypertrophied - more particularly the left ventricle, and the cavities very much dilated - Valves healthy. Atheromatous deposit in the coats of the aorta. Weight of heart $2\frac{1}{2}$ $1\frac{1}{2}$ $2\frac{1}{2}$

Bronchial tubes filled with frothy mucus, and the mucous membrane congested - Both lungs adhered firmly and universally to the walls of the chest - structure healthy weight of Larynx Trachea and lungs $3\frac{1}{2}$ $1\frac{1}{2}$ $3\frac{1}{2}$

Abdomen Veins of the liver congested - structure healthy weight - $5\frac{1}{2}$ $3\frac{1}{2}$ $4\frac{1}{2}$ Spleen enlarged - structure firmer than usual and a large firm scrofulous deposit near its convex surface - weight - 15^{oz} Kidney, right, about the usual size - pelvis and infundibula very much dilated, forming large cysts in its centre, some of them were also filled with soft scrofulous deposit weight - $8\frac{1}{2}$ $2\frac{1}{2}$

Left very much enlarged being about twice the size of the right, but healthy in structure - weight - 15^{oz} $2\frac{1}{2}$

Stomach and Intestines healthy

G. Williamson,

Staff Surgeon D. H. H.

Copied by

Alexander McArthur M.D.

Regiment	Rank and name	age	Disease	Admitted	Died	Duration of Disease	where contracted	ward	Regt.	Rel.
17 th Foot	Private Edward Insley	29	Dysentery	20 th Sept. 1848	17 th Dec. 1848	light	India	15	314	90

An English Cabinet maker of spare and delicate appearance. 7 years service 7th of which were spent in India, where he had several attacks of Fever and Dysentery; he had Primary Syphilis 9 years ago and never since was affected with Chronic Rheumatism from 8th March to 28th June of the present year, and was admitted on the 1st of September into the Spur Hospital Chatham for an attack of Dysentery which was soon checked. On admission into this Hospital on the 20th September he complained of continued pain in his head - extending from the occiput to the jaws - want of appetite and sleep, together with daily increasing weakness. His body was much emaciated; the chest pretty well formed, and the lungs apparently healthy. Heart sounds heard all over the chest. Extremities much determined to coldness. Tongue of a shining red appearance. Pulse 90 small. Bowels opened about twice in the course of the day. His breath had the mercurial fetor and his gums were tender.

At the end of the month he had somewhat improved, - had more desire for food, - his bowels were now quite regular, - the evacuations which on admission were clay coloured, and of natural consistence were now quite solid and healthy, - his head symptoms remained unaltered, - tongue glassy, - pulse 90 small. He continued in this state, (with occasional flatulences especially after meals), till the 7th October, when he complained of pains in the abdomen which rapidly increased, also a frequent desire to go to stool, being then 20 times in the course of that day, - evacuations of a natural colour but very watery, - much tormina and tenesmus, - pulse 84 small and weak, - occasional vomiting, appetite gone, extremities still very cold. These symptoms gradually became mitigated under the treatment employed, for his bowels were generally opened three times in the course of each day, stools foecal but watery unaccompanied by tenesmus or tormina. - pulse 85 weak, - tongue continued glassy, - his appetite was pretty good but he looked pale and emaciated. His gums at this time began to be affected by mercury which had been administered 9 days before and which was continued to be exhibited for a few days afterwards. This was his state on the 30th of October.

His general health now improved as also his appetite, the bowels at this time were more regular, and the tongue had lost its glassy look, - the gums were free from tenderness, - pulse 80 fuller. This favourable change in his symptoms did not long continue the bowel affection returned though not with its former severity as he had on the 13th. . . . November 7th thin light coloured evacuations accompanied by tenesmus, tormina, and slight tenderness of the abdomen great weakness, tongue red but moist, pulse 96 small - felt very weak and had a bad appetite. He continued in much the same way till the end of the month - the bowel complaint being at one time abated at another aggravated. . . . On the 1st December he felt stronger, had more relief for food and the purging had considerably abated. His gums at this time were very tender and occasionally bled. Tongue clean and red. Pulse 88 of fair strength.

This patient however gradually gave way, and sunk under the disease; to the symptoms of which that have been already mentioned were added on the 5th slight cough accompanied by mucous expectoration, which afterwards became tenacious andropy. On the 13th he perspired a good deal. On the 15th the skin was cold and clammy and he was very much emaciated. He died on the 18th December 1848. At 5 o'clock P.M.

The treatment consisted of Pories, as Quina - Bismuth with aromatic

Powder, - Rhubarb with Carbonate of Magnesia, - Infusion of Gentian
 Combined with the Tinctures of Calumba and Rhubarb and Solution
 of Morphia, - Infusion of Calumba with Bicarbonate of Potash.
 Various Astringents, - as chalk mixture with the Tinctures of
 Catechu and Opium, - Acetate of Lead with Opium - Gallie Acid with
 Dover's powder, - Opiate enemata, - The Blue Pill, - An Astringent
 Gargle, - Castor Oil with Tincture of Opium - Wine and Catty Brand.
 Copied by (Signed).

Nicolson C. Mackenzie, M.D.
 Staff Ass't Surgeon.

Section Cadaveris hora quadragesima post mortem.

External Appearance. Body extremely emaciated.

Cranium. Brain healthy, weight 3 lbs 5 oz.

Thorax. Viscera in the cavity free from disease, weight of
 heart 7 oz. 5 drs. - weight of Larynx, Trachea & Lungs 3 lbs 10 oz. 1 dr.

Abdomen. Liver healthy, weight 2 lbs 15 oz. - Spleen healthy,
 weight 5 oz 2 drs. - Kidneys healthy, weight of right 5 oz 3 drs,
 of left 6 oz. - Stomach healthy. A few small oval ulcers with
 thickened edges situated in the lower third of the ilium -
 very extensive ^{irregular} ulceration in the Caput Caecum and ascending
 Colon, - a few large ulcers in the transverse & descending
 Colon, and the mucous membrane soft and pulpy.

Copied by (Signed).

Nicolson C. Mackenzie M.D.
 Staff Ass't Surgeon.

E. Williamson,
 Staff Surg. 2^d C.

No. 64

Regiment	Rank and Name	Age	Disease	Admitted	Died	Duration of Disease	Where contracted	Ward	Ref	Folio
50 th	Private John Simpson	28	Hepatitis (chronic)	10 th Sept ^r 1885	25 th Dec ^r 1885	4 months	England	11	310	190

Mr. Dupliskman, a gunsmith 9 ³/₄ years in service, 8 ¹/₂ in India from
 which he landed in June last, and where he suffered much from
 frequent attacks of Dysentery & Rheumatism, for which he
 was sent home: on the 18th of August last, he was admitted into Fort
 Pitt Hospital, labouring under gonorrhoea, he continued under treat-
 ment for that disease, until the 24th of the month he was cured,
 he however complained of shooting pains, and tenderness
 on pressure in the right side, over the liver, and slight cough.
 He was accordingly transferred to the Medical Division
 on the 15th of September, two days after his admission, into
 Ward, No. 11, the conjunctiva took on a yellowish appearance

It he remained much the same, complaining of pain in the right side and shoulder. Pulse seldom under 100 had occasional rigor, & his strength appeared to decline, on the 22nd of October last he was, seized with purging, cramps, tormina & tenesmus, tongue red and dry - on the 11th of November, he passed several pieces of worms, his strength going away daily, the Purging decreasing however, but the Hepatic Taint continued as bad as ever, on the 28th of November, an abscess in the region of the liver became apparent and seemed to point, the following day it was opened by a small incision, and a great quantity of purulent Matter mixed with Blood, came away. The abscess continued to discharge, his strength at the same time rapidly sinking, Pulse 110, tongue red, Bowels now fastid, he gradually became more and more debilitated, and died on the morning of the 25th of December at 6 o'clock a.m.

The treatment consisted in supping, Blisters, Mercury. The Dysentery was much benefitted by the use of Opium & Astringents, but his quickly declining strength, indicating Ponic, Wine, Brandy, & a light nutritious diet was substituted, all apparently without any good effect -

(Copied by)
Wm. Hammond. Brown. M.B.

(Signed by)

Sectio Cadaveris, hora trigesima sexta post mortem.

External appearances, Body extremely emaciated,

Two ulcerated openings on the right side of the Chest, situated over the false ribs, the integuments were undermined, and formed a sac containing purulent matter, this sac communicated with an abscess in the right lobe of the liver, the three lower ribs were denuded of Periosteum.

Cranium, Brain healthy, weight 3^{lbs}, 7.05.

Thorax. 4.05 of serum in the Pericardium, Heart healthy

Weight 7.05. Base of right lung adhered to the diaphragm by adhesions of recent formation - Structures of both

Lungs healthy weight 2lb 5.03.

95

Abdomen 4.03 of Serum in this cavity -

Concave surface of the liver adhered to the diaphragm a large abscess in the Concave surface of the right lobe of the liver, capable of containing a pint of matter, a few ounces of thick purulent matter remained in the sac. This abscess communicated (situated in the ribs) with the collection of matter which had opened externally - A second abscess which contained 6.03 of the same thick purulent matter was situated in the Concave surface of the left lobe of the liver. The rest of the structure of the liver was healthy. Weight of liver 4lb 8.03. 5.03.

Spleen healthy, weight, 8.03. 6.03. Kidneys healthy, weight of right, 6.03. 5.03. left 7.03. Stomach and small intestines healthy, mucous membrane of the large intestines soft & healthy, with a few superficial abrasions in the caecum, & ascending colon. (Signed by)

Wm. Agmondisham Brown. M.D.

L. Williamson
Staff Surgeon 2nd Class

No. 68

Regiment	Rank and Name	Age	Disease	Admitted	Died	Duration of Disease	Where Contracted	Regt	Co	File
11th Afghan	Private John Russell	40	Morbus Cordis	15 th Decr 1848	6 th Jan. 1849	6 Months	Hameln Barracks	14	3/6	23

An Englishman, laborer, 21 years service, 10 of which were in India, the rest at home; was in Hospital, at Hameln Barracks, for five months, suffering from disease of the heart and general anasarca; the treatment for which consisted in small bleedings, cupping over the region of the heart, and the administration of Digitalis. He derived very little benefit from these remedies, and was sent to General Hospital, Fort Pitt: where he was admitted on the 15th Decr. 1848.

His state on admission was as follows: Complained of great dyspnoea with pain in the precordial region; increased action of the heart and large vessels of the neck; accompanied with a loud bruit heard for a great extent over the chest. Pulse 100; the abdomen, and lower extremities were greatly swollen, also the penis and scrotum; he alternated daily, until the 28th Decr, when he got a decided change for the worse; his respiration became very difficult, and he suffered extremely from palpitation, and cough; on examination with the stethoscope, bronchitis & rales, were discovered, all over the chest; the heart's action was very

quick, attended with a loud bruit, Pulse 120; gradually he got worse; dyspnoea became more oppressive; Pulse full and scarcely to be counted; urine scanty and high coloured; he was also slightly jaundiced; and on the 6th Jan'y, at evening visit, he was found dead; having expired without a struggle, and unknown to the patients in the beds adjoining.

The treatment employed, consisted, in the administration of purgatives, digitalis, squills, and Calomel; and a blister to the precordial region.

(Copied by)
John C. Gray L.R.C.S.I.

(Signed) Alexander McArthur Esq. D.

Sectio Cadaveris huiusmodi quadragesima septima post mortem

External Appearance Body stout and muscular. Lower extremities swollen and penis much swollen, and edematous. Abdomen also swollen, and contained a quantity of fluid.

Cranium. 2oz of serum at the base of the brain; Membranes and substance of the brain very much congested, but otherwise healthy. Weight 2 lbs. 15 oz.

Thorax. A large opaque white spot, on the anterior surface of the right ventricle. Heart very much hypertrophied, and the cavities dilated; Valves healthy. Arch of the Aorta much dilated, and its surface very rough and irregular, from an extensive deposition of atheromatous matter, with a few bony scales between the coats; this disease extended to the termination of the aorta. Weight of Heart 1 lb. 5 oz. Mucous membrane of the air tubes of a deep purple colour, and much congested; and were filled with frothy mucus. Lungs free from adhesions, and were also very much congested. Weight of Larynx Trachea and Lungs 5 lbs. 10 oz.

Abdomen, contained 9 pints of serum. All the viscera of this cavity were healthy. Weight of Liver 5 lbs. 4 oz. of Spleen 12 oz. Kidneys large weight of each 10 oz. Stomach and intestines healthy.

(Copied by)
John C. Gray L.R.C.S.I.

(Signed)
G. Williamson
Staff Surgeon 2nd C.

No. 69

Regt	Rank and name	age	Disease	Admitted	Died	Duration of Disease	Where Contracted	Ward	Height	Weight
5	Facilities Corporal William Brown	42	Pericarditis	Jan'y. 8 1843	Jan'y. 9 1849	6 Days	General Hospital	15	314	205

A Scotchman, who previous to enlistment had been a labourer and Collier, Total Service 21 1/2 years, 11 1/2 of which were spent in the Mediterranean, never had any other foreign service, Had small pox when a young man, has a very indistinct cicatrix of paccination on right Arm, never suffered from Rheumatism, Was first attacked by a complaint similar to the present

at Malta in 1839, has had a frequent recurrence of these attacks particularly within the last six years and for these he has been in Hospital 4 times. In the month of Nov^r last he went into Hospital at Albany Barracks Isle of Wight from which he was discharged on the 19th December, since that period he has been doing duty at St Mary's Barracks, Chatham, and was quite well until the 6th Inst, when he was seized with a pain in the chest particularly at the lower part. When brought to this Hospital, the symptoms as described by the orderly Officer who saw him first were those of Pleuritis probably complicated with some Pneumonia, he was consequently put under the requisite treatment at once, and the next day his symptoms were apparently relieved, but towards night he began to rave and present a very haggard and anxious appearance, complaining of pain and tenderness of the Abdomen with a quick hard pulse, the Officer, who saw him, suspecting peritonitis, treated him for such an affection and when I saw him at the hour of visit he was not at all improved, his pulse was scarcely perceptible at the wrist, his countenance very anxious and distressed his eyes suffused, incoherency of speech with dreadfully hurried respiration, bowels much confined in spite of the purgatives which had been administered, Abdomen tympanitic, The Stethoscopic signs were very obscure, there were symptoms of effusion into the pleural cavity there were also pibilant and sonorous rales to be heard all over the Chest, with in the Cardiac region, a slight vesicular crepitus, at the same time the man had no cough or expectoration, On the morning of the 9th Jan. he was so weak that it was found necessary to administer Stimulants at the same time continuing the general treatment, but all efforts were unavailing and he gradually sunk, his breathing becoming more difficult, and his countenance more anxious until at 4 o'clock in the afternoon he died, The treatment in this case consisted of purgatives, bleeding with leeches; depressing doses of Antimony Calomel and Opium with Stimulating Elixirs to the Abdomen —

(copied by)

J. H. Estlin Cross. L. R. C. S. S.

(Signed) John C Gray

Geetio Cadaveris hora vigesima post mortem

External Appearance Slight swelling of the abdomen with marks of leech bites on the anterior surface of the chest.

Cranium considerable congestion of the vessels of the Pia Mater; in making a section of the hemisphere the bloody points were much more numerous than usual, and a small quantity of fluid in the lateral ventricles, weight of Brain 2 lbs. 12 oz. 6 grs.

Thorax pericardium firmly adherent to the diaphragm and lungs, much thickened and firmly attached to the Heart by bands of

furned, eyes suffused. Pupils sensible to the stimulus of light. and bowels regular. in a few days after this he recovered a partial power of articulation, but lost all power of lower extremities, and passed his feces and urine involuntarily. About the 21st of the month, the act of deglutition became impaired, in this helpless condition he remained until the 17th of October. When he so far rallied as to be able to sit up for a day or two, but he soon relapsed into his old state, during this time his appetite was very good and he was gaining flesh. He continued without any alteration in disease until March 1848. when it was noticed that he was so far improved, that he could open and shut his left hand and also lift the leg of that side, but otherwise there was no change in his condition. About the beginning of June (the 8th) he became able to leave his bed and afterwards to walk about and go down stairs, but he still remained speechless. No further alteration occurred until the 10th of August, when he was found unable to stand up, and his left arm was rigid and contracted. These unfavourable symptoms disappeared the next day, he continued much in the same state until the commencement of December 1848 when the disease became worse, he entirely lost all power of motion of left side and lower part of body, his appetite failed him, and he was obliged to keep his bed, in the latter part of the month bed sores on right hips appeared, these were healed but others formed, and he became every day more debilitated, unable to take solid food and living almost entirely on the wine allowed. he gradually continued to sink and reduced to a most deplorable state expired on the morning of the 25th of January at 1/2 past 2 o'clock. The treatment consisted in the earlier stage of the disease, of Strychnia, in the latter part of strict attention to cleanliness, generous diet, Tonics and occasional Purgatives and topical applications to sores

Copied by (Signed) R.R. Dowse
George Smyth Esq M.D. Staff Asst. Surgeon

Sectio Cadaveris hora trigesima sexta post mortem

External Appearance. Body much emaciated

Cranium. About 2 oz of serum at the base of the brain: Membranes much congested: section of brain presented a number of bloody points: ventricles enlarged and distended with serum. A cavity about the size of a walnut filled with yellow serum was found situated in the substance of the brain, beneath and to the outer side of the right corpus striatum. Also a second serous cyst of smaller size was found in the same situation in the left hemisphere: The cerebral substance around these cysts was not perceptibly altered. Weight of brain 2 lbs 9 oz
Thorax. The viscera in this cavity were healthy. Weight of heart 9 oz. Weight of Larynx Trachea & Lungs 3 lbs 12 oz
Abdomen. Viscera also healthy. Weight of Liver 3 lbs 4 oz
Spleen 6 oz 4 dr. Right kidney 4 oz 2 dr. Left 5 oz

L. Williamson
 Staff Surgeon 2^d Class

Regiment	Name and home	Age	Disease	admitted	died	Duration of disease	where contracted	Ward No.	Regt.	Folio
1 st Foot	Private Kenneth McHenry	34	Phthisis Pulm.	Oct. 11. 1848	Jan. 25. 1849	2 1/2 yrs	Gibraltar	11	310	184
			& Pneum Abscess						317	196
										30

A Scotch Labourer, service 12 1/2 years, of which 6 years in Gibraltar, and 2 years in West Indies. While at Gibraltar he was in Hospital and under treatment for 20 days in consequence of severe cold - again in December 1844 for Phlegmon - a third time in the West Indies for weakness and pain in the loins, and remained in Hospital for two months - 4th time for the same complaint & remained in Hospital two months - 1848 in Halifax for pains in Hip-joints & remained in Hospital until 16th Sept. 1848, when he embarked for England, had the Venereal once (Syphilis), and was treated by Mercury - marks of Vaccination on both Arms - marks of Blister & Tarter emetic ointment over left Hypochondriac region, of cupping on loins, and back under left Scapula - of bleeding in right arm, of Bubo in left groin, & of abscess over the superior part of Sternum -

He was admitted into Ward 11, labouring under chronic Rheumatismus & suffering much from pains in the loins & the right Hip, when a Tumor with fluctuation was discernible behind the great Trochanter - Notwithstanding various remedies, he continued much the same state of health for considerable time, when he began to complain of cough & pain in the chest, chiefly on the right side, with loss of flesh and appetite - a few subcutaneous vesicles were only discernible on the right side under the clavicle - the respiration was normal under the left clavicle, slightly bronchial under the right - the action of his heart was at times loud & heard all over the anterior part of the chest, of this however he did not complain very much - His expectoration was very variable, sometimes being copious, at others the reverse,

it was always fetid & mucous - he never had any Hemoptysis, with the exception of a mucous-bloody discharge from the nose, which for some time annoyed him very much, but subsided under the use of leech action - He continued much in the same state until within the last week, he visibly began to lose ground; he lost his appetite completely - suffered from repeated night sweats, and complained of a stitch in his right side under the mamma, when a dry crepitus was discoverable. On the 25th in the evening an aggravation of the chest symptoms took place, he was suddenly seized with great difficulty of breathing, referring to the right side as the seat of his distress - his pulse also was very quick, & his countenance though pale, had all the aspect of one suffering from inflammation of a serous membrane. The application of Mustard plaster to the side, procured him some temporary relief - about 10 P.M. excessive tympanitis, with great tenderness on pressure, came on the abdomen, which put an end to his sufferings at 11 P.M. notwithstanding the administration of all the appropriate remedies.

The Treatment for the Rheumatism consisted in the administration for a considerable length of time of the Hydriodate of Potash in Sarsaparilla - the application of Blisters - the Tincture of Iodine - & the treatment of the Hydriodate of Potash & Iodine to the Hip, which were of some service - For the chest symptoms, he was blistered & put on stimulating expectorants viz. Potassa Nitras - Squills - Tarter emetic - Ipecacuanha - combined occasionally with sedatives such as Conium, Hyoscyamus, Morphia - Tr. Camph. Comp &c - For the last symptoms of his illness, the application of turpentine stupes to the Abdomen & the administration of Castor oil - with Mustard poultices to the chest.

Sectio cadaveris hora quadragesima post mortem.

External Appearances. Body not emaciated - slight ecchymosis visible in neck & upper part of the chest -

Cranium. slight subarachnoid effusion, & an unusual amount of Serum, at the base of the Brain; membranes & substance of brain healthy, with the exception of a slight congestion of the latter - weight 3 lbs 9oz.

Thorax. Heart healthy - weight 11oz 4 dms - Slight adhesions of both lungs at their apices - Right pleural cavity contained a pint of serum, a few tubercles were found in the upper lobe, rest of this lung congested - The two upper lobes of the left lung were completely disorganized by tubercles - numerous cavities of various sizes, majority containing purulent matter; lower lobe containing tubercles in the second stage - Weight of Larynx, Trachea & Lungs 5 lbs 14oz -

Abdomen. Liver much enlarged, its texture unusually friable & of a mottled or nutmeg appearance - weight 5 lbs 13oz - Spleen healthy; weight 9oz 4 dms.

Kidneys - weight of each 6oz - healthy - Stomach healthy - Several albicant patches in the lower part of Stomach - the large intestines healthy - A large abscess in the left iliac Fossa - purulent matter extending downwards beneath Psoas muscle & ligament

Copied by Jennings M. D.

L. Williamson,
Staff Surgeon D. H. Mass.

Regiment Rank and Name	Age	Disease	Admitted	Died	Duration of Disease	Where Contracted	Word	Regt Folio
11 th Hussars P ^{te} William Groves	24	Phtisis Pulmonalis	Dec: 12 th 1848	Jan 26 th 1849	6 months	Hounslow	10	315/65

An English labourer of 5 years home service. He enjoyed good health until about 4 months previous to his admission into this Hospital, when he was attacked with symptoms of acute Catarrh when stationed at Hounslow. He was admitted into Regimental Hospital at that time, and was there under treatment, but without deriving any benefit, until he was sent here. On admission he had a sallow and unhealthy aspect was suffering from severe cough and night sweats and had lost flesh considerably.

The chest was dull on percussion anteriorly especially on right side beneath the clavicle where gurgling rales and pectoriloquy were present on the left side expiration was prolonged with moist rales and bronchophony. Pulse rapid - slight tendency to disorganize, tongue pectoriloquy clean - appetite good. On the 21st of December he had a slight attack of Diarrhoea which was speedily checked by the remedial administration. He continued without any marked change in his symptoms until a week before his death when Diarrhoea again supervened. He also complained much of tenderness of the soles of his feet without any apparent cause. He sunk of late very gradually and died on the 26th January at 1/2 past 2 of -

Treatment was entirely palliative, consisting of expectorants with Squib and Opium, astringents to allay the Diarrhoea, and an occasional Sinapism applied to the chest. Wine and nourishing food were given in considerable quantities.

(Signed) John Robertson M.D

Staff Assistant Surgeon

Testis Cadaveris hora trigesima post mortem

External appearances Body much emaciated
Cranium Substance of Brain unusually firm, weight 2 lbs 1 1/2 oz -
Thorax - Heart healthy weight 13 oz 2 dr - Right lung adherent to the thoracic parietes and Diaphragm by bands of lymph of old standing. The whole of this lung completely disorganized by tubercles, containing large irregular Cavities. Left lung - upper lobe also infiltrated with tubercles, one or two small nodules in the apex - lower lobe of this lung healthy - weight of Larynx, Trachea & Lungs 4 lbs 6 oz -
Abdomen - Liver much enlarged its structure pale and friable weight 5 lbs 6 oz - Spleen, weight 4 oz - Kidneys weight right 14 oz, left 6 oz 2 dr - Stomach and Small Intestines healthy some congested patches in large Intestines

G. Williamson
 Staff Surgeon 2nd Class

Regt.	Rank & Name	Age	Disease	Admitted	Died	Duration of when Disease Contracted	Ward	Regt. Folio
7 th	P ^t William Bell.	31	Phthis Pulmonalis	Oct 31 st 1848.	5 th Feb 1849.	5 months	Vol 10m 15	34 217

An Irishman, total service 11 $\frac{1}{2}$ years, of which period, 11 months were passed in the Mediterranean, 2 $\frac{10}{12}$ years in Jamaica and 2 $\frac{6}{12}$ in North America, he enjoyed good health previous to the commencement of his fatal disease, Phthis Pulmonalis, which first became apparent at Valparaiso, in September, 1848, complained on admission of cough, difficulty of breathing and in left side, on examination of the Chest, appeared well formed, but did not expand on Inhalation, the left side appearing to be fixed, the sounds elicited by percussion, were over the right lung clear, but ~~not~~ over the left, they were dull, beneath the Clavicle, on Retroward Examination, nothing abnormal was detected on right side, with the exception of a roughness of respiratory murmur, on left side the respiratory murmur, was indistinct, crepitation was audible, seen in the lower lobe. A slight resonance of Voice, existed in the upper regions, the action of the heart was normal, his general health was bad, & his body much emaciated, expectoration copious & purulent. For some time after his admission he remained in a stationary condition, but in the month of November, the disease became more aggravated, he suffered from hectic night sweats, loss of sleep & occasional Diarrhoea, towards the end of January, all his symptoms became worse, & he was reduced, as to be obliged to keep to his bed, his dyspnoea increased & it was with great difficulty that he expectorated, the Diarrhoea became more frequent & contributed to hasten the fatal termination, he continued gradually to sink, & expired on the evening of the 5th instant.

Treatment, Expectorants, Tonics, Nitics, and astringents for Diarrhoea Diet nutritious with Wine -
(Copied by) Signed. R.B. Dove.
Staff Asst Surgeon -

Very A. Brown. M.B. -
Sectio cadaveris, hora trigesima
tertia, post mortem.

External appearance, Body extremely emaciated,
Cranium Brain healthy, w 3rd 2nd 12th ch. Thorax, heart healthy, weight 9. oz.
Trachea & bronchial tubes, filled with purulent matter, Right lung, superior, middle, & upper third of inferior lobe, very thickly studded with crude tubercles, substance condensed, and numerous foci of various sizes, through out them, lower half of inferior lobe, comparatively free from disease. Left lung, adhered firmly & universally to the walls of the chest, the entire structure of this lung was completely disorganized, from tubercles of various sizes & cavities of various sizes, weight of Larynx, trachea & lung, 6 lbs. 8. oz. Abdomen Liver healthy weight 3 $\frac{1}{2}$ lbs. Spleen healthy, weight of ~~right~~ 4 oz. Kidneys, healthy, weight of right 6 oz. of left 5 oz. 1 ch. Stomach & small intestines healthy, large intestines numerous large irregular ulcers along their

G. Williamson
Staff Surgeon 2nd Class

Regt	Rank and Name	Age	Disease	Admitted	Died	Duration of Disease	Where Contracted	Hand Reg. Folio
39 th	P ^t Michel O'Meara	22	Shoebur Lodge Disease of the Pericardium & Mitral Valve	Oct 24 th 1848	Feb 16 th 1849	11 months	Gosport	2214302216217230 316-25-55

Mr. Wickham, a labourer, service 2 years and 6 months, all at home. About 11 months ago he was under treatment for Cataract at Gosport, and remained in Hospital about one month. About two months afterwards, while in Hospital at Leeds, with some pulmonary disease, he became affected with violent palpitation of the heart, which continued ever since. On admission he complained of debility, difficulty of breathing, liability to severe attacks of crushing palpitation of the heart and disturbed sleep. The cardiac dullness extended over a space of four inches, long and broad, the impulse of the heart was very strong, the first sound was accompanied by a very distinct harsh & buffled, which could be traced up the course of the aorta. The symptoms of heart disease continued much the same during the whole period that he was in Hospital. On the 3rd December, the chest being examined elicited a dull sound below the right clavicle, in which region there was considerable resonance of the voice, the pulse respiration, in opposite lung. The cough and expectoration became gradually worse. The treatment consisted in the administration of Digitalis and Hydrocyanic Acid, he also had expectorants and occasional opiates. Little or no change occurred in the stethoscopic or general symptoms from the 3rd December up to the period of its fatal termination. On some days the dyspnoea and cough were rather worse, and on other days they were decidedly better. The day before his death he stated that he felt rather better, and that his breathing had been relieved by the exercise he had been taking. About 5 O'clock A.M. on the 16th he became suddenly worse, his expression was fixed, and he expired at 9 O'clock A.M.

(Signed) Robt Marshall Allen
apt Staff Surgeon

Lectio cadaveris hora dua Post Mortem

External appearances, Body slight, but not much emaciated -

Cranium, Brain healthy, weight 3 lbs 5 oz -

Thorax, Saw none of fluid in the Pericardium -

Heart, Generally enlarged, especially the left ventricle, the points of which were thickened. The Mitral Valve much thickened and rigid, with ulceration along its margin, the Mitral orifice contracted so as only to admit one finger. Vegetations on the Semilunar Valves of the Aorta, one in the center half an inch in length, projecting into the ventricle, which acted as a valve, and must have been the immediate cause of death. The Aortic valve also ulcerated

and perforate in the center, Left auricle much distended, and its lining membrane thickened and very opaque, Weight of heart 11 oz. Lungs. Slightly congested, otherwise healthy, Weight of Larynx Throat and Lungs 3 lbs 14 oz. -
Muscles, Liver some what congested, Structure healthy, Weight 3 lbs 14 oz. -
Spleen, Rather large, Weight 13 oz. Kidneys, Both slightly granular, Weight of right 4 oz. of left 4 oz 1/2 - Stomach, Small and Large Intestines healthy -

G. Williamson D^o Staff Surgeon.

Regt	Rank and name	Age	Disease	Admitted	Died	Duration of Disease	Where contracted	John Regt.
76	Sergeant W. Hullen	36	Phtisis Pulmonalis	Dec 20 th 1848	17 th Feb 9 1849	9 years	Bermuda	15 317 7

An English Laborer, 14 years service of which 7 years have been served in the West Indies, remainder at home - was first attacked with chest complaint in Dec 1840 when stationed at Bermuda. has been several times in hospital for the same disease, at Manchester Portsmouth, and in Nov 1848 at Isle of Wight for one month.

On admission into General hospital, the following stethoscopic signs are detailed. Mucous and sibilant rales heard generally over the chest. Respiratory murmur indistinct, and dulness on percussion over inferior half of left lung, he had cough great difficulty of breathing, and profuse expectoration, was greatly emaciated and had night sweats. on the 15th Jan. his sputa are stated to have been tinged with blood: 26th Jan. he suffered from pain in right side, which was removed by the application of a blister. however the Phtisical symptoms continued, he gradually got worse dyspnoea and cough became more distressing, and he died on the 17th 1849. at 2 o'c. P.M. - The treatment consisted in expectorants sedatives, and counter-irritation over the chest

(Signed) R.R. House

Copied by M^{rs} Jⁿ Arthur W.D.

Staff Asst Surgeon

Section Cadaveris hora quadragesima sexta post mortem

External appearances. Body emaciated, marks of cupping blistering and counter-irritation on anterior surface of chest

Cranium. Brain healthy. weight 2 lbs 9 oz.

Thorax. Slight thickening of the semilunar valves of the aorta. weight of heart 6 oz. Right Lung. Superior and middle lobes studded with tubercles, several small abscesses in the former. Lower lobe of this lung healthy. Left Lung adherent firmly and universally to the chest. its pleura thickened, texture

universally with tubercles: several small bronchi in the lower lobe, one large cavity at the apex of the upper lobe: weight of Larynx Trachea and Lungs 5^{lbs} 8 oz.

Abdomen: one pint of fluid in peritoneal cavity. Liver congested. weight 1^{lb} 5 oz. Spleen rather pale. weight 5 oz. Kidneys presented the first stage of granular degeneration weight of right 6 oz of Left 5 1/2 oz. Stomach small and large Intestines healthy. Pancreas healthy -

Wm. M. M. M.

No. 46

Regt	Rank and Name	Age	Disease	Admitted	Died	Duration Disease	Where contracted	Years Reg	pts
93 rd	Pt Alexander Christie	30	Catarrhus Acutus	12 Feb 1849	17 Feb 1849	18 days	Chatham	14	316 53 69

A Scotchman, a shoemaker previous to enlisting - tall and rather attenuated. Service 11 years and 4 months, of which 9 years and 9 months were spent in Canada, the rest at home. - Was in Hospital a few months after he joined at Belfast for inflammation of the knee-joint, and remained under treatment for 6 months. Was in Hospital in Canada, five different times for colds and chest affections. Had venereal: was not treated for it by mercury, but was palivated in the treatment of the disease of the knee-joint. - He was in this Hospital 58 days, from the 23rd Nov 1848, to the 19th Jan. 1849, for Observation pro Dyspnoea. It is stated that on admission the whole of the right side of the chest was dull on percussion, with resonance of the heart's action: the respiratory murmur was indistinct on the right side and feeble on the left, and there was prolongation of the first sound of the heart. He was treated with expectorants & counter-irritants and was discharged to duty on the 19th Jan. 1849. - For 10 days previous to his discharge he had been according to the reports in the Register apparently free from all pulmonary disease. On admission he stated that about a fortnight previously, when doing duty at St. Mary's, he had been attacked with cough and difficulty of breathing. On the 12th Feb. he was readmitted into Hospital, complaining of cough and extreme difficulty of breathing. On percussion there was marked dullness in the right infra-clavicular and mammary regions. There were bronchitic râles audible over the greater part of both lungs. On the 13th it was observed that there was a total absence of the respiratory murmur on the right side of the chest. The dyspnoea did not increase much in urgency, till after the 17th Inst. when it became much worse. After the morning visit he gradually sank: he was in articulo mortis at the time of the evening visit, and he died at 1/4 past 7 P.M. - The treatment consisted in the application of blisters to the chest, and the repeated administration of Calomel combined with James's powder, with a view to induce mercurial action. He also had an expectorant Mixture.

(signed) Robt Marshall Allen
Asst Staff Surgeon.

Copied by G. W. Spencer.

External Appearances. Body stout and muscular. Marks of blistering on the chest.

Cranium. Brain slightly congested: weight 5^{lb} 13^{oz}.

Thorax. Heart. Aortic valves thickened and rigid from atheromatous deposit chiefly at their attached borders. Mitral valve much thickened by similar deposits, of semicartilaginous consistence in this situation. The Mitral orifice much contracted. The cavities of the heart of usual size: weight of heart 9^{oz}. Eight pints of fluid in the right Pleura: pleura pulmonalis much thickened: texture of this Lung much condensed, so as to sink in water. Left Lung healthy. Weight of larynx, Trachea and Lungs 3^{lb} 8^{oz} 6^{gr}.

Abdomen. On opening the abdomen, the Liver was found pushed down as far as the umbilicus, but its texture quite healthy. Spleen healthy, weight 5^{oz}.

Kidneys, healthy, weight of each 6^{oz}. Stomach, Small and Large Intestines healthy. Copied by G. W. Spencer M.D.

M. W. Spencer M.D.

Regiment	Rank and Name	Age	Disease	Admitted	Died	Duration	Where	Reg	Folio
							contracted		
							Disease		
11 th Foot.	Pte William Hensley	22	Pneumonia Pulmonalis	Dec. 22. 48	Feb. 19. 49	245 days	Chatham	14	33 34 35 36

An Englishman, a labourer, fair complexion - service 8 months -
 Was attacked with spitting of blood when on parade on the 20th of June 1848, when he expectorated about a pint. He was admitted into the Hospital of the Provisional Battalion at Chatham on the 21st of June, on which day he had no hæmoptysis, but his symptom again showed itself on the 22nd. About a week after this he was attacked with pain in the supra-mammary region, increased on inspiration, he was also troubled with a short dry cough, the upper part of left side of chest was dull on percussion. On the 3rd of July he expectorated mucous-purulent matter, and he suffered from chills followed by feverishness and sweating. The hæmoptysis was treated antiphlogistically, without general bloodletting, the cough was treated with expectorants, anodynes, and counter irritation of the chest.
 On admission into this Hospital there was complete Aphonia, cough with purulent expectoration, no night sweats. Bowels regular. Pulse 90 and weak. Percussion gave a dull sound under both clavicles, the dullness was greatest on the left side, and extended to the nipple & into the middle of scapula. There was flattening of the anterior surface of the chest, which expanded imperfectly. The respiratory murmur was absent in the upper portion of the left lung; there were crepitating rales in the left pectoral & axillary regions & also over the upper lobe of the right lung. On the 27th December he became affected with Diarrhoea, which continued to the time of his death. On the 30th December cavernous respiration & pectoriloquy were heard under the left clavicle & the pulse was 140. All these symptoms continuing the debility increased steadily. On the 18th of February 1849, it is stated the Diarrhoea, cough & expectoration continued as before, that the debility was very

much increased, which prevented any very careful Stethoscopic examination; that under the left clavicle there was cavernous respiration and pectoriloquy, which were also heard to a less extent on the right side. It was evident during the forenoon of the 19th Feb, owing to his not having strength to expectorate, the air tubes were becoming blocked up by the sputa & he died at 3/4 past 12 o'clock, noon. The treatment consisted in the palliation of the different symptoms by Expectorants, Anodynes, and Astringents, and in attempting to keep up the strength by Tonics.

(Signed by) H. M. Allen
 Morrings M.D. Ap. Staff Surgeon.

Secio cadaveris hora vigesima tertia post mortem.

External Appearances - Body emaciated - marks of Cupping on the anterior portion of the Chest.

Cranium Brain healthy - weight 1lb 2. oz 15.

Thorax Heart healthy - weight 1lb 3 oz. Chronic deposit of lymph in the internal surface of Larynx, with superficial ulceration. Firm and universal adhesions of both lungs to the walls of the Chest & Diaphragm. The Left lung was completely disorganized by tubercular deposit - one enormous cavity at the apex posteriorly. The two superior lobes of the Right lung were thickly studded with Tubercles & some small cavities in the upper lobe - the lower lobe was comparatively free from disease. Weight of Larynx, Trachea & Lungs 5 lbs 12 oz.

Abdomen Liver much enlarged, its texture pale & friable - weight 1lb 5. oz 1. Spleen healthy - weight 1lb 3 oz. Kidneys congested - weight of left 5 oz - of right 5 oz 3 drs. Stomach & small Intestines healthy - chronic thickening and superficial ulceration at the lower end of the Colon and commencement of the Rectum.

(Signed by)
 Morrings M.D.)

W. H. M. M. M.

W. H. M. M. M.

Regt	Rank and Name	Age	Disease	Admitted	Died	Duration of Disease	Where Discharged	Ward Reg	Dis.
17 th	Pte James Cornell	24	Acute Rheumatism	27 th Feb ^r 1849	18 March 1849	15 days		14	316 21/2

An Irishman. A Bucklayer join to his enlistment. Served 2 years. All at home. Was admitted on account of pain in the right hip joint which he first felt 4 days before he was admitted. He attributed the disease to his having had gonorrhoea and been exposed to cold. The neighbourhood of the hip joint was red, swollen and extremely painful, his skin was hot, bowels open. The pain continued much the same till the 2nd of March when it had spread down the leg. On March the 8th he was severely purged during the day. On the 9th the purging

continued and he had considerable pain in the abdomen and during the day he vomited a small quantity of fluid of a dark brown colour with a sediment of the same colour, he felt some pain in the Epigastrium but not so severe as before, he complained of great thirst, his tongue was dry, brown and cracked and his pulse 130. On the 10th was purged several times in the night and expired suddenly at 7 A.M. 10th March 1844.

The Treatment consisted in the administration of Colchicum till the 8th of March when it was discontinued on account of the purging it was supposed to have occasioned he was then ordered Chalk Mixture with opium and a Liniment to Epigastrium

Copied by

Signed R. M. Allen

R. J. Edge. M.D. & S.E.

Ap. Staff Surgeon

Section cadaveris septem decima hora post mortem.

External Appearances. Body stout and muscular.

Cranium. Brain membranes unusually congested, weight of Brain lbs. 4.08.

Thorax On opening the Pericardium a small quantity (about 3j) of coloured serum was found.

Heart was about the usual size, its superficial veins filled with dark blood the walls of the left ventricle thickened. Valves healthy. Incipient atheroma deposit at the commencement of the Aorta, immediately above the semilunar valves.

Weight of Heart 10.08. 10.08. of fluid in right pleura.

Right Lung intensely congested throughout especially at its lower lobe which was nonciculant but floated in water. Superior lobe of the left lung presented similar appearances, the upper lobe of this lung was healthy.

No unusual vascularity in the Larynx or Trachea. Weight of Lungs, Larynx and Trachea lbs. 7.08.

Abdomen Liver of large size and much congested. Weight lbs. 3.08.

Gall Bladder. filled with inspissated bile.

Spleen. congested Weight 3j.

Kidneys Incipient fatty degeneration in both kidneys especially the left but its capsule easily stripped. Weight of each 3j.

The right Pleural Fossa contained a quantity of unhealthy looking pus the matter extending down behind the Rectum and burrowing beneath the Psoas and Gluteus muscles. The right Pleura was quite bare. Nothing abnormal in the opposite fossa.

Stomach of large size and engorged and over its inner surface a deep black stain, similar to what is noticed after the black vomit in yellow fever.

Small and Large Intestines healthy.

An Examination was made of the right hip joint and it was found perfectly healthy the matter was evidently from a Psoas abscess & it had burrowed beneath the muscles & destroyed the Periosteum over a space of the os ilium equal to the size of a crown piece but the bone was not carious.

W. Whiston M.D.

Copied by
R. J. Edge M.D. & S.E.

No. 79

Ref. Rank & Name	Age	Disease	Admitted	Discharged	Duration Where Discharged	Ward	Ref.	Notes
77 th P. Samuel Leghlin	30	Phthisis Pulmonalis	Oct 3 rd 1848	March 8 1849	13 Months, Portman	89/4	302 316	218- 43.

An Irish Labourer. Service 1 year and 7 months, all at home

He has been six times in Hospital for the same disease for which he was admitted into the General Hospital Fort Pitt.

When admitted he had swelling of the right knee joint, without any pain - appetite good - Tongue clean. Pulse frequent. had no cough or expectoration -

On Personal Examination of the chest, the sounds are dull under percussion, slight Bronchophony (not very distinct) under right clavicle.

The synovial membranes of the knee joint distended with fluid - not painful on pressure or producing lameness.

On the 18th of February he became affected with a Cough, and a mucopurulent expectoration. There was dulness in the right mammary region, with bronchial aspiration & bronchophony.

On the night of the 22nd had great pain in the abdomen, it was considerably distended, and the complaint of pain on pressure his bowels continued in a very torpid state. till the evening of the 25th when he had ten watery stools - On the 27th the diarrhoea had left him, felt much weaker. Pulse was very quick (120) and weak. There was no distension of the Abdomen -

On the 5th of March the following Stethoscopic signs were present - In the right mammary region very distinct resonance of the heart's action, bronchial aspiration - in the left infra-clavicular region there is pleurisy - Owing to his weak state a complete examination of the Chest could not be made -

Towards the evening of the 7th he became insensible and raised a good deal, he could be roused but did not understand what was said to him - his pulse was very rapid (130), his breathing stertorous, his conjunctivae very much injected, and the eyes turned upwards in which state he remained till the 8th when he expired at 3/4 past 11 A.M. -

The treatment consisted in the application of Counter-irritants over the Chest, & the use of expectorant Anodynes & Tonics -

The knee joint was treated by counter-irritation and the internal use of Iodine

Copied by
Staff M. D.

Signed Port Branshall Alder
Asst. & P. P. S. W. P. M.

Sectio cadaveris huius quadrupesimae aetatis per M. J. M. J.

External appearances - Body emaciated - Complexion sallow - Conjunctivae tinged yellow -

Cranium - Brain healthy, structure firm. Weight 3 lb. 03 -

Thorax - Half an ounce of fluid in the Pericardium - Heart healthy - Weight 803 - Lungs. Right lung firmly connected to the walls of the Chest & Diaphragm by adhesions of old standing - Superior & middle lobes infiltrated with tubercles. Several large irregular cavities in the former portion. Lower lobe healthy. Left lung, free from adhesions - a few tubercles in the upper lobe - Lower lobe healthy - Larynx & Trachea presented no unusual appearances - Weight of Lungs, Trachea & Larynx 3 lb. 803 -

Abdomen - Presented one mass of disease, the whole of the viscera adhering together, and to the superimposed muscles - Liver enormously enlarged, projecting both into the cavity of the chest & abdomen - Gall bladder filled with dark fluid bile - Peritoneal covering of the Liver thickened & studded with numerous tubercles of soft consistence - Surface of the Liver unusually firm, & of a bright yellow colour - Weight of liver 5 lb. 1203 - Spleen of small size, healthy - Weight of spleen 803 - Pancreas ^{capsule} Peritoneal covering thickened & studded with tubercles as in the liver - Weight 1003 -

Stomach healthy - the whole of the small & large intestines matted together - Peritoneum thickened & full of tubercles - Contents of the intestines effused into the Peritoneal cavity, from innumerable perforations of their coats - On cutting into the right knee joint its component textures were found to be healthy -

Copied by
John Buff M. D.

W. B. B. B. B. B.

Age	Place of birth	Age	Disease	Admitted	Died	Duration of disease	Where contracted	Time spent in hospital	Notes
30 th	Private Charles H. H. H.	24	Pelvic Abscess	Admitted 1844	Died 1844	3 months 15 days	India	12	134 232

A English Calcutta. Total service 5 1/2 years 2 1/2 of which in India. Remained at home - While in India he suffered from intermittent fever and dysentery, for the latter of which he was sent home. In May 1846, he was admitted into General Hospital Fort Pitt for Hepatitis Chronica. He was discharged the

following June and continued in good health until the 17th of January 1849 when he was admitted into General Hospital labouring under Bronchitis Acute, &c. On the 35th of June he was discharged to duty, and enjoyed good health, until the 3rd of June 1848, when he was admitted into Regimental Hospital complaining of severe pain in the left hip thigh & leg, which were also much swollen, he remained under treatment till 3rd of November same year, when he was transferred to this Hospital. On admission he complained of pain in the lumbar regions & spine. Pressure on the Spinous Processes caused the pain & except some that of the middle lumbar vertebra. On the 14th of December a tumour was observed in front of the great Trochanter of the left thigh in which fluctuation was discovered by Dr. Williams; a similar tumour was observed behind the Trochanter. On the 4th of Jan'y 1849. An opening was made into the anterior one and exit given to about 12 oz of pus. The subsequent subsidence of the posterior tumour, indicated a Communication with the anterior one; on the 17th of Jan'y Hemorrhage took place from the out let of the Abscess by which 30 oz of arterial blood were lost. The subsequent Hemorrhage occurred from this period till his decease. He was discharged daily from the Abscess, varying in quantity from 10 to 24 oz. The treatment consisted in administration of tonics, such as bark, Sulphate of Quinine, Stimulants as Carb. Ammoniac & Rhin. Anesthetics at night and Mechanical Pressure on the Abscess by bandages & Pads -

Signed J. N. King M.D. -

Sectio Cadaveris hunc Regium Quatuor Post Mortem

External Appearances: Body extremely emaciated - an opening in upper part of left thigh, about 2 inches below the great Trochanter.

Cranium: Brain healthy, Weight 3 lbs 2 oz.

Thorax: Heart healthy, Weight 8 oz 10 1/2. Density of fluid in Pericardium.

Lungs: both intimately connected to the parietes of the Chest and Diaphragm by old adhesions, especially the left: Right Lung infiltrated with tubercles throughout and its texture condensed so as to sink in water, apparently from Chronic Inflammation; the three lobes of this lung were intimately connected to each other so that to distinguish between them was impossible - Left Lung healthy, Larynx & Trachea healthy. Weight of Lungs, Larynx, & Trachea 3 lbs 10 oz 2 drachms.

Abdomen: Liver, of an unusually pale color and Acini very indistinct. Weight 3 lbs 10 oz. Spleen small. Weight 7 oz. Stomach healthy. Kidneys, congested but healthy. Weight of each 6 oz.

The bodies of the first second and third Lumbar Vertebrae were affected with Caries, The first & third were but slightly decreased but the second was completely separated, so as to expose the Trans. Vertebrae, which at this point was considerably injured. A large Collection of purulent Matter, was present in each Thoracic fossa extending from the diseased Vertebrae, along the Thoracic Spinal Arteries beneath Poupart's Ligament into the upper part of the Thigh, The Gluteus & Psoas Muscles were infiltrated with pus, and the Matter which soaked, between the Muscles of the Thigh on both sides had spread on the left side, below the great Trochanter & Femur, Small & large Vitellinae, Healthy

copied by Dr. Malin &c —

W. H. H. S.

Regt.	Name & Name	Age	Disease	Birth	Died	Duration	Where	Ward	Regt	Vol
1st	Francis Kelly	18	Cysticercus hominis	1849	1869	15 Days	Chatham	N. 10	315	221
										216
										235
										238

An Irish labourer - height 5 feet 7 inches, of fair complexion, blue eyes & brown hair, slight conformation. Total Service 1 year in Chatham. Was perfectly well previous to enlistment & no hereditary predisposition to Phthisis, or any other disease traceable. About 6 Months ago he caught a severe cold from being out in the rain, soon after had pain in the left side, & about the region of the Heart, accompanied with Cough & expectoration. The latter being at first frothy & then yellow & thick - a short time after this he spat blood, and on three consecutive nights as much as a teacupful at a time. From this time he continued to lose flesh. He was in Hospital from the commencement, & remained there until the 16th of February, when he became a patient here. The symptoms on admittance were - Bow Bough abundant expectoration of yellow frothy mucus, streaked with blood, pain in the cardiac region, also in the left axillary & lateral regions, which points bore the marks of repeated blistering - shortness of breath - restless nights - night sweats & a rapid weak pulse; these were the general symptoms complained of, & together with an emaciated appearance of the whole body.

The Physical Examination of the Chest at this time gave dulness on percussion over the whole of the left side of the Chest, particularly over the cardiac region, & from beneath the arm downwards, where also a fine crepitant rhonchus could be heard, & still more posteriorly in the same region a about the inferior angle of the left scapula very distinct Crackling was heard - the whole nearly of the left posterior Chest was dull on percussion & the Respiration bronchial; at different parts of the same lung, particularly at the apex, unusual Whispering was heard.

The right Chest did not appear so much affected at this time - there

was no pain complained of - not so dull on percussion - but the respiratory murmur was rough & expiration prolonged, together with unusual resonance of the voice at the apex - posteriorly on this side was found dulness & a more crepitant rhoncus. The sounds of the Heart were normal. The Treatment at this stage consisted in the administration of the mineral acids with the Hydrocyanic, in a light bitter infusion. Very little alteration occurred in the symptoms until the 24th of February (little more than a week after his admittance) when we found the Abdomen much swollen & tympanitic, but without any pain, even on pressure. His urine also was very scanty, river, & from this fact, together with the swollen Abdomen, it was submitted to an examination, the result of this note in the report of the 25th was urine scanty, high colored, but clear, reddens blue litmus paper - Sp. gr. 1.026, not rendered turbid by Nitric acid or heat. The next change in the case occurred on the 3rd of March, when he had an attack of Hemoptysis - about 6 oz. his medicine was now changed, & small doses of the Sulphate of Zinc & dilute Sulphuric & Prussic acid, combined with a Narcotic, were substituted - this had the effect of lessening the cough & preventing the recurrence of hemoptysis - but on the 7th of March the symptoms were augmented by a severe attack of Diarrhoea & pain all over the Abdomen, rather relieved by pressure - he was ordered to discontinue his last medicine & take chalk mixture with an Opote after every loose stool. On the 13th of March, all these symptoms had disappeared & he suffered only from the Chest affection. Seeing from this time that the man's case was hopeless, a second Examination of the Chest was instituted & the Physical Signs were as follows. March 10th neither lung expanded sufficiently, particularly the right - the sound is very dull at every part of the Chest, both anteriorly & posteriorly but particularly over the cardiac region, & the impulse of the Heart appears muffled - the right side of the Chest is also very dull, but not so much as the left. Breath sound in the left side is replaced nearly everywhere by a fine moist Murmur - no Aphony can now be heard under the left scapula, as could when he was first admitted. On the right side no respiratory murmur can be heard, a breath sound of any description, but the voice is extremely resonant all over this lung, and it is difficult, in some places, to say whether the voice sound amounts to Aphony or Pectoriloquy. But the dulness in this lung has all come on since his admittance. The dulness of the left side continues very marked. On the 12th of March symptoms of approaching dissolution came on, & after with the aromatic spirit of Ammonia & Phosphor were prescribed, and administered every 10 minutes. Wine was also given ad libitum. He rallied considerably & daily expressed himself as getting better, under this treatment, & again said, until the evening of the 15th when he could only answer questions via whisper, & at 7 P.M. he breathed his last.

Copied by G. W. Scullion M.D.C.C.LXXX. (Signed) J. Savage, M.D.

Section Cadaveris horæ quadragesimæ post mortem.

External Appearances. Body emaciated. Abdomen tumid and tympanitic.

Cranium. Brain healthy. Weight 3 lbs. 4 oz.

Thorax. Larynx and Tracheæ. Considerable corpotion of the lining membrane of the tracheæ & larynx.

Heart. Pericardium very firmly connected to the surface of the heart both anteriorly & posteriorly. This membrane was nearly half an inch thick from depositions of lymph, & when removed, a thin layer also covered the heart's surface which had a rough pumilion appearance. The Heart generally was enlarged; the left Ventricle dilated & its pericardium thickened. The lining membrane of the left auricle was unusually thick, & that cavity also dilated. The Valves of the heart were healthy, with the exception of a slightly arborescent condition of the semilunar valves of the Aorta. Weight of Heart with Pericardium attached, 1 lb. 8 oz.

Lungs. 4 pints of fluid in right pleura. Right lung compressed against the spine, its pleura thickened & having a wrinkled appearance; the texture of this lung of a grey colour & condensed, but not so much so as to sink in water. Left lung congested especially its lower lobe, & studded throughout with milium tubercles which were most numerous in the upper lobe. Weight of Lungs tracheæ, & Larynx 2 lbs. 15 oz.

Abdomen. 3 pints of fluid in peritoneal cavity. Peritoneal investment of the Liver contained numerous minute tubercles. Externally the liver was of a pale colour, internally it was much congested so as to assume a nutmeg appearance, the intervening texture being pale & of a firmer consistence than usual. Weight of Liver 3 lbs. 7 oz.

Small and Large Intestines presented one mass of tubercular disease, being matted together & their peritoneal coat studded with innumerable tubercles of various sizes. Mesenteric glands much enlarged from serofulous deposits.

Spleen. small, its peritoneal surface contained several tubercles. Weight 4 oz.

Kidneys. much congested. Weight of the left 6 oz. of right, 6 oz.

Mucous Membrane of small & large intestines congested throughout but free from ulceration.

Copied by

C. M. Poulton M.D. C. S. D.

J. W. M. S. S.

Regt	Rank & Name	Age	Disease	Ad- mitted	Dis- charged	Duration of disease	Where contracted	Reg	fol
30 th	John Hudson	21	Phthisis Pulmonalis	28 th Feb 1849	23 rd March 1849	2 months	Salford Bencks	14	316 84.107

An Englishman, labourer previous to enlisting - service 8 months. - Had suffered from repeated slight attacks of cough since the beginning of Nov 1848. The present attack commenced on the 3rd Feb. 1849 - On admission it was observed that his chest was ill-formed, there being a prominence of the left side about the junction of the 3rd, 3rd & 4th ribs to the sternum. There was slight comparative dulness under the right clavicle in which region there was slight resonance of the voice. The percussion sound all over the chest was slightly duller than natural. All over the chest there were coarse, mucous rales audible. There was a copious expectoration of frothy mucus, slightly streaked with blood, and containing an admixture of pus. - For some days after admission the cough and expectoration diminished, and the blood disappeared from the sputa. On the 5th Inst he admitted that he had night sweats the existence of which symptom he had previously denied. On the 9th he caught a fresh cold and the expectoration became more copious. - On the 12th he complained of dyspnoea increased on exertion; his lips were blue; the heart's action was rapid and irregular: no valvular disease could be detected, but there were so many bronchial rales audible that they would have completely masked any bruit that might have existed. - On the 13th he complained of loss of appetite & of weakness, the pulse was 120 & weak, and the nocturnal perspirations were becoming more severe. On the evening of the 20th he complained of pain across the upper part of the chest, which was constant & not much affected by taking a full inspiration. - On the 21st the pain had been greatly relieved by the action of a blister, the cough & dyspnoea were no worse; the pulse was almost imperceptible at the wrist, the lips were blue, and the hands and feet were livid and cold. - On the 22nd he was much weaker, the hands & feet cold and livid, the lips & face rather blue, and he was rather drowsy and partially unconscious. He continued to sink & died on the 23rd at 10 o'clock A.M. - The treatment consisted in the application of Blisters and Counterirritants to the Chest, in the administration of Anodynes & Expectorants, and latterly in the liberal exhibition of Stimulants.

Edw. Jenner M.D.
Actg. Surgeon

Sectio Cadaveris hora trigesima post Mortem.

External Appearance. Body not emaciated. Marks of counterirritation by Blisters over the Sternum

Cranium. Head not examined.

Thorax. On dividing the Larynx at its upper part for the purpose of removing it with the Lungs a quantity of purulent matter escaped. Heart very large - weight 15oz - superficial veins engorged - valves healthy - deposit of fibrinous substance on the muscular substance of the left ventricle, much enlarged: towards the apex particularly the deposit of lymph was seen firmly attached to the walls

of the Heart ventricle between the musclic pectinate, no distinct separation could be effected between them. Lungs. Right Lung firmly adherent to the wall of the chest & diaphragm, whole of the lung completely disorganized by tubercle & containing innumerable small cavities - the largest the size of a walnut & all filled with pus. Left Lung also adherent, upper lobe full of tubercle in the second stage: but no cavity could be detected. Lower lobe much congested but tolerably free from tubercles. Weight of Larynx, Trachea & Lungs 5 lb 15 oz. Abdomen Liver a good deal congested, tissue otherwise healthy, Weight 4 lb 4 oz. Kidneys Both healthy. Weight of each 6 oz. Spleen small, weight 6 oz. Stomach, Small & Large Intestines healthy.

Copied by
G. Spencer M.D.

Whitman S.D.

N^o 83.

Regt Rank and Name	Age	Disease	Admitted	Discharged	Duration of Disease	Ward	Pay	Folio
82 ^d Capt. Thos Shaw	33	Catarrhus Chronicus	4 th March 1849	15 th March 1849	11 months	15	3 1/4	231

An Irishman, labourer, service 13 years & months, 3 years of which were spent in Gibraltar 2 years & months in Jamaica and 3 years in St. America, when in America in 1847 had Ague and since that time had been more or less troubled with Catarrh. On admission into hospital his principal ailments were severe fits of coughing coming on in paroxysms unattended with expectoration, dyspnoea, pain at the Epigastrium increased on pressure. His chest was well formed, gave out no dull sound on percussion, and nothing abnormal could be detected in the respiratory murmur. On the 6th a blister was applied to the lower part of his chest, which for a time completely removed the pain complained of, and to a considerable degree relieved the cough, but on the 10th a recurrence of the pain took place with aggravated cough which continued to increase up to the 15th and now for the first time, loud crepitation over the left lung could be detected, but none was in the right side, a second blister was immediately applied over the left side of his chest, but with little benefit and on the 21st there was a great aggravation of all the symptoms, the crepitation detected on the 15th was gradually changing its character becoming soft and large, at the same time attended with sibilant rales, at this date crepitation was audible in the apex of left lung, the cough was now attended with a copious mucopurulent expectoration, free from any rusty appearance, no trace of dulness could be elicited over any part of the chest. The oppression of breathing becoming extreme, the sibilant rales becoming more general, the pain in the Epigastrium being more acute than ever, and his pulse having been very quick and soft, on the 23^d another large blister was applied, which for a short time gave him a little relief, but on the 24th he became much exhausted, the sibilant rales became louder than before, expectoration very copious

tenacious and contained a quantity of apparently pure pus. orthopnea quick but very feeble pulse. livid countenance, and profuse cold sweats now appeared over his body, unable to cough at this time owing to his extreme weakness, Died on the 24th March 1849 at Six P.M.

The Treatment in this case in addition to blistering consisted in the administration of expectorants, antispasmodic sedatives. Calomel and Opium and latterly diffusible stimulents

[J.] John Duff M.D.

Copied by Alexander E. Bottom M.D.

Lectia Cadaveris hanc trigesima post mortem

External appearances. Body not much emaciated, marks of blisters over the chest Cranium. Membranes of the Brain much congested - puerile vasculara very evident, and increased in number. more fluid in the ventricles than natural. and general congestion of the whole substance of the Brain weight 3 lbs 6 oz.

Thorax adhesions on both sides of th. Pleura Pulmonalis to Pleura costalis, masses on the left, particularly posteriorly. no serous effusion in either cavity of the Pleura. Heart healthy. weight 11 oz. Left Lung. a large cavity in the apex as large as a walnut. the lung studded throughout with tubercles and the whole of the upper lobe saddled with cavities - left bronchus much inflamed Right Lung was much congested, particularly the upper lobe, but not so much as to sink in water, ^{and} studded with tubercles throughout. Right bronchus much inflamed. The lining membrane of the Larynx and Trachea healthy. weight of Lungs Larynx and Trachea 4 lbs

Abdomen: no fluid in the cavity of the Peritoneum. Liver large but its structure healthy - weight 4 lbs Kidneys peritoneal coat easily separated both healthy. weight of each 6 oz. Spleen congested and very soft - weight 9 oz Stomach and Intestines, large and small healthy.

Robertson R.S.

No. 84 -

Regt.	Rank & name	Age	Disease	Adm?	Died	Where	When	Ward	Regt.	for
30 th	Pt. Duncan Cameron	18	Phthisis Pulmo.	Adm 28	28	1849	1849	14	316	117

A Sitchman - an Iron Moulder previous to enlistment - service 8 months all at home. Stated that he always enjoyed good health and was not subject to coughs or colds until 3 months ago when he was attacked with a spitting of blood. On examination after admission, the chest was much well formed; the right sides did not expand fully, there was comparative dulness in the right infra clavicula regions and upper

part of mammary region. The respiratory murmur faint in upper and
 similar in lower part of right lung, as also in left lung. A few mucous
 rales were audible on both sides of chest. Expectoration copious and
 mucous-purulent - sputa very thick & light froths had existed for some
 time. Continued much the same until March 2^d when the cough
 became worse from his having caught fresh cold. On the 4th the
 cough was a little easier, the sputa in a great measure consisting of
 frothy mucus mixed with blood - On the 8th the night sweats became
 worse & continued to increase till his ^{death} On the 10th had severe pain
 in left side. On 19th his bowels were constipated & he complained of
 lightness of the head, cough worse & expectoration more copious; some
 evening the pain of left side became worse for which he had a blister
 On the 20th the blister had risen well & the pain was quite removed
 and the cough not so severe, but he complained of great weakness -

On the night of the 23^d he was attacked with a severe fit of
 dyspnoea & spat up nearly a pint of blood. In the morning
 no more blood had come up; he had no pain or febrile excitement.

On the 24th there was very little expectoration, but dropped & coming
 from dyspnoea as to acquire stopping up in bed; action of the
 heart very violent, its impulse extending over greater part of chest
 On the 27th he became worse & his breathing more difficult; in the
 evening he became much weaker & was delirious & died at 10 p.m.

On the morning of the 28th
 The treatment consisted of counterirritants, expectorants & tonics
 Acted on head & spine for the dyspnoea & antispasmodic
 stimulants for the dyspnoea.

Section Callous for a Living specimen post mortem

External Appearances - Body emaciated, marks of distress on chest.
Respiratory - Vessels of Pleura unusually congested; quantity of fluid
 in lateral ventricles normal; Central substance healthy, bright & shiny.
 3 ft. 13 - Thorax - Heart, quantity of Pericardial fluid natural; Both
 ventricles of heart filled with firm - coagulum, valves healthy, bright & shiny.
 Heart 1/3 - Aorta filled with purulent matter; its lining membrane
 as also that of larynx unusually vascular. Both lungs adherent espe-
 cially towards their apices, the right showing numerous Cavities in its apex
 posteriorly, the largest being the size of a walnut & in the middle lobe, was
 found one small clot of dark colored blood; the whole of this lung being
 intensely congested. Left lung crude tubercles in upper lobe & numerous
 congested points with much condensation of pulmonary tissue; lower lobe
 comparatively free from disease. Weight of lungs trachea & larynx 4 lb. 3 oz.
Abdomen - Liver healthy, bright 3 lb. 2 oz. Spleen, pale, soft &

Small size & very frail. height 63. Stomach, small & large Intestines healthy —

copied by

J. H. Monty

W. H. Weston M.D.

1849. — 50

Regt.	Name & Rank.	Age	Disease	Adm. Miller	Dis Miller	Regiment Miller	When Taken	How Taken	Reg	Vol.
Sy. 2.	Johniffette	42.	Phthisis Pul.	Clear 24. 1849.	April 8 th	5 12	County	14	316	132

An Irish man, a labourer. Total service 31 years & 12 - of which twelve years & six months were passed in the Mauritius. He met at home = He had had Dysentery when in the Mauritius & was admitted into the Peterborough Hospital on the 12th of Dec^r 1848. on his arrival from Brussels, where it would appear he had been sick for several months = He was affected with Chronic Bronchitis, Dyspnea & occasional pains in the left side = In January 1849, he was attacked with Erysipelas of the Face and during his Convalescence from that disease a tendency to Leucæmia was first observed =

On admission into General Hospital, Fort Pitt, his face was puffy, he complained of severe Cough & profuse expectoration, his legs were edematous, he had pain in the Precordial region & profuse Diarrhea, his tongue was whitish & his pulse 110 & weak = It is stated that there was slight dulness on percussion of both Clavicles; Mucous râles were audible in various parts of the Chest. The Impulse of the Heart communicated a thrill to the hand, the space over which the Cardiac dulness extended was a little larger than natural, The first sound of the heart was accompanied with a bruit more distinct towards the apex, the second was slightly enlarged, extending about $\frac{3}{4}$ of an inch below the ribs - The skin of a pale color of 1008 S.p.s. & rendered slightly turbid by Diet & Oxidic Acid =

On April 5th the Diarrhea had ceased there was a swelling of the legs, which rendered his extreme state of emaciation evident

The expectoration was present & mucous present. The predominant
 the dominating. On the 6th he complained of palpitation of
 the heart. The heart's action was rapid and violent and
 the bruit de soufflet more distinct; in the evening of the same
 day he had a slight attack of vomiting. On the 7th the action of the heart was very violent & the
 = guttural: he had a slight attack of vomiting: and the
 Quinsy had returned to a slight degree. Towards the
 morning of the 8th of April he became comatose. His
 breathing was stertorous, the arterial affair was cold
 and found the pulse seemed acceptable. The expectoration
 cold and the face pale, he continued in this state
 and died at 12 of Noon -

In a case presenting so many complications, of course
 a regular plan of treatment could not be adopted, and it
 was merely attempted to palliate the most pressing
 symptoms = The Cough was treated by Expectorants
 and Anodynes, The Quinsy was at first considered
 salutary, but in the Quinsy diminishing I was
 checked with Clalk and opium = On the 7th the
 increasing, purgatives were administered, he had a
 burst of tumultuous Throat. Signed

J. W. Brown M.D.

Ad. R. N. C. Company's

Secio (Circumstances) XVIII hora post Mortem =

External Appearances - Body - Slightly emaciated

Cranium Brain - paler than usual. The quantity of fluid in
 the Ventricles increased: Weight 3 pounds 4 ounces =

Thorax Heart = Considerably hypertrophied of the left Ventricle
 Mitral Valve, thick & corrugated with Vegetations Weight
 11 oz & 1/2. Right Lung = Upper lobe infiltrated with tubercles,
 two small cavities towards the apex posteriorly = Left Lung
 infiltrated with tubercles to a greater extent: Weight of
 Lungs, Trachea & Larynx 5 pounds 2 ounces -
 Larynx & Trachea healthy.

Abdomen Liver healthy Weight 3 lbs 6 oz = Gallen healthy Weight
 5 oz = Kidneys - Pale Weight of each 7 oz & 1/2.
 Stomach healthy = Mucous Membrane of the
 Small & Large Intestines considerably more vas-
 = cular than natural, but free from ulceration =

Copy by
 E. B. Threlkeld M.D.

W. H. M. M. M. M.

Reg ^t	Name & Rank	Age	Disease	Admitted	Discharged	Duration of Disease	Where Contracted	Ward	Reg ^t	Det.
18 th	John James Ford	21	Phtisis pulmonalis	Feb 16 th 1849	April 10 th 1849	11 weeks	Chatham	14	316	128

An Irishman, by Trade, a Turner, Service, 2 years. Was admitted into the Detachment Hospital, Chatham, with Catarrhus chronicus in July 1847, & was discharged to duty the 1st of Oct 1847. He was again admitted on the 23rd Aug^r 1848, with Phtisis pulmonalis.

On admission into this Hospital on the 16th Feb 1849, he had cough & mucous, foetid expectoration. There was dulness on percussion in the right infra-clavicular & mammary regions, on applying the stethoscope there was resonance of voice & large mucous rales in the right infra-clavicular region. Pectoriloquy & cavernous respiration in the right axillary region & below the pericardial end of the right clavicle; & in the left infra-clavicular region the respiration was harsher than natural. On the evening of the 17th Feb it was observed that his feet & ankles were considerably swollen; on the 20th Feb he was attacked with diarrhoea & on the 24th he began to lose his voice; the cough & expectoration increased steadily; on the 7th March the expectoration was observed to be chiefly foetid, & on the 7th April, the quantity of pus formed was so copious that it is stated, that when he lay on the left side the foetid matter might almost be said to run out of his mouth. He at this period expectorated 8 or 9 ounces daily.

The physical signs steadily increased, the amount of dulness on percussion became greater, as also the extent over which the pectoriloquy was heard laterally, & the resonance of the voice continued. On the 21st March he began to complain of dyspnoea, but no physical signs of disease of the heart or of hydrothorax were detected; the oedema did not increase much till the 1st March, when it extended up the thighs; on the 21st of March, the scrotum was very much distended & was cracked & excoriated. On the 3rd of April it had extended over the whole body including the face & there was some degree of ascites. The urine was scanty throughout; on the 4th of March its sp. gr. was 1.013; on the 8th March, 1.017; on the 16th of March, 1.018; it was all along copiously by heat & nitric acid. The diarrhoea varied very much in its degree but continued throughout the case. On the 7th of April the stools were described as having been of a bloody mucous nature & not containing blood. On the 2nd April he had an attack of vomiting; on the 5th April he complained of difficulty & pain in deglutition & of pain in the stomach with flatulent distension after meals; on the evening of the 8th April he complained of pain, tenderness & distension of the abdomen which increased the dyspnoea under which he previously laboured; this went on increasing & he died at 7^{1/2} to 8 o'clock A.M. on the 10th.

For some time after admission cod liver oil was tried without apparent advantage - counterirritation of the chest was employed. He had hiccups, expectorants and anodynes. The pneumonia was treated by dietaries occasionally, with slight apparent benefit; when the diarrhoea was very excessive it was mitigated by means of chalk & opium. A few days before his death, at his own request, numerous cupping-tins were made in the adematous lower extremities, a large quantity of fluid escaped & he experienced considerable temporary relief.

Signed

G. W. Sparrow M.D.

Ans. W. Newfoundland Company

Section Cadaveris XXIV. hora post Mortem.

External appearances. Body very much emaciated with lower extremities anasarcaous.

Cranium
Thorax

Brain healthy weight 3 lb. 9 oz.

Bronchial glands enlarged, strong adhesions between the pleura particularly on the right side; mucous membrane of the larynx inflamed & thickened towards vocal ligaments. Both lungs containing tubercles in various stages of development.

Weight of lungs, larynx & trachea 4 lb. 6 oz.

Heart healthy and weighing 9 oz.

Abdomen. Contained 3 pints of fluid.

Liver healthy & much engorged with blood.

Weight 4 lb. 10 oz.

Spleen healthy Weight 8 oz.

Kidneys. weight of each 9 oz. of a pale colour vessels congested

Stomach & Small & Large intestine healthy.

Copied by
C. M. Poulton M. D. C. S. E.

Michael W. Sparrow M.D.

Ref.	Rank & Name, Age	Disease	Adm?	Dis.	Inst. of Dis.	Where Contd?	Was	Reg?	Sp.
28	P ^{te} Ed ^d Wright	18	Phthisis Pulmon	March 5 1849	April 1849	4 months Plymouth	14	316	142

The Englishman - a laborer previous to enlistment - of delicate appearance. Served 15 months all at home. Was attacked with Hemoptysis 3 months before admission at Plymouth, since that time has had seven coughs and eight bleedings preceded by chills. The cough was most troublesome at night immediately before going to bed. Had copious purulent & muc. expectoration and always very thirsty at night; bowels regular, appetite indifferent, pulse rapid small & weak. The right side of chest did not expand so much as the left, and there was much dulness on percussion in the right supra- and infra-clavicular, ~~scapular~~, and axillary regions; almost entire absence of respiratory murmur in upper part of right lung, the respiration being audible on the left side. Murmurs audible over all the dull regions above enumerated: much vocal vibration in right infra-clavicular regions. On March 10th he was attacked with Bronchitis which continued with varying degrees of intensity till his death. On the 11th the expectoration was chiefly purulent & contained a small clot resembling pulmonary tissue. On the morning of the 14th he vomited some green bilious fluids - 19th expectoration copious, consisting of purulent mucus, purulent matter with small clots of blood and little lumps of tubercular matter. On the 23rd the expecta were very thick viscid and tenacious, with great difficulty of expectorating. 26th slight attack of bleeding from the nose. On April 1st there was great redness around the ^{left} stoma- chum with some pain but rising to the diaphragm he could not lie on right side. On the 7th this pain & redness were decidedly diminished - Stomach however more profuse having had 3 stools during the night, large as usual but little or no expectorations. Extreme emaciation observable since for the last eight days. On the 11th dyspnea & some pain of chest, which were somewhat relieved on the 12th but very weak with a scarcely perceptible pulse, hands & feet cold, eyes staring & glassy. Retention of voices heard anteriorly & posteriorly at apex of right lung with various rales & gurgling. He continued to sink, became insensible at noon & died at 4 past 4 P.M. The lungs were sent with expectorations to the Dr. with the uterine and the stomach bed were with the application of Sp. V. Camphor.

Pectus Clavariae Jores & L. III post Mortem

Sept. 1849. Both lungs had emaciated. Alveoli & Alveoli healthy - weight 2 lb 14 oz. Thorax Heart large left ventricle especially hypertrophied - weight 13 oz. Lungs Both lungs firmly adherent especially the right. Right lung completely disorganised by tubercular depositions & containing numerous cavities especially towards its apex & in addition a small black colored clot

Which was found in a small cavity lined by a distinct membrane.

Left lung. A few tuberculous masses in upper lobe; lower lobe pretty healthy
Larynx & trachea much congested: Weight of lungs, larynx & trachea 5 lb. 13/3

Abdomen. Liver congested; the right lobe & vena porta & vena cava
to form additional lobes. Weight 4 lb 8/3. Spleen. Left considerably
larger than right & its texture pale bright 7/325. Right very small
bright 3/3 its texture of similar appearance to that of the left: Spleen unusually
friable - weight 8/3. Intestines. Lower 2/3 of ileum & whole of the
large intestine studded with innumerable patches of ulceration in all
stages short of perforation with very great vascularity of the mucous membrane.

Copied by *M. H. Wright*
W. H. Webster

N^o. 4.

Regt.	Rank & Name	Age	Disease	Adm. Recd. Date	When Regd.	When
84 th	Pte John O'Rourke	34	Phthisis Pulmo.	Adm. April 22 nd 1849 Regd. May 11 th 1849	14	316 12-4-90

An Irishman a labourer prior to his enlistment. Service nine years & five months
of which two years and three months were passed in the Madras and the rest at
home. He has been in Hospital once before with Cramps in the Stomach but never
with any other disease until the commencement of the present attack. Appea-
rances on admission. Great emaciation of the whole body with a hectic flush
in the cheeks. has cough and copious expectoration of a mucopurulent nature
has occasional sweats at night never had any spitting of blood very little dyspnoea
- a Bowel regular appetite very bad Pulse very rapid and weak - Physical
Signs. Great tenderness on percussion over both Clavicles more especially over the left
also in both interclavicular spaces in the same regions there was resonance of
the voice. Mucous râles in the upper part of both lungs. Action of heart natural
Progress - There was no increase of the cough or expectoration. He was quite free
from pain. Slept well - had no diarrhoea and daily stated that he was getting
better but the night sweats became more profuse. His appetite failed - his pulse
increased in strength and increased in rapidity especially in the evenings &
it was evident that he was rapidly becoming weaker. On the 11th of April it was
stated that he was very much weaker. had been slightly delirious during the night
no pain or increase of the cough. In the evening he was very much weaker - his pulse was
scarcely perceptible he was almost insensible - he continued to sink and died at
10 o'clock A.M. 12th April. The treatment consisted in the administration of
Expectorants & stimulants.

Signed G. W. Spencer M.D.

A. S. St. Newland & Co.

Copied by
H. M. Fraser M.D.

Sectio Cadaveris LVII. hora post mortem.

External Appearances - Body macerated.

Cranium. Substance of brain unusually firm. Quantity of fluid in ventricle natural. weight of brain 3 lb 7 oz.Thorax. Heart. Two white patches on the outer surface of the right ventricle. Structure of heart and valves otherwise healthy. weight 11 oz.

One pint of fluid in the right pleura. Right Lung did not adhere intimately to the walls of the chest but its pleura was considerably thickened. A cavity the size of a walnut was situated at its apex posteriorly. The Superior and Middle lobes of this lung were filled with tubercles in the second stage. Lower lobe highly congested. Left Lung. Several cavities in the upper lobe. Lower lobe infiltrated with tubercles the greater portion in the second stage. Larynx & Trachea thickening of the lining membrane of the Larynx but no apparent ulceration. Trachea and Bronchial tubes filled with purulent matter and the lining membrane congested.

Weight of lungs Larynx and trachea 5 lb 1 oz.

Abdomen. Liver of large size and much congested weight 4 lb 13 oz.Spleen weight 5 oz. - Natural.Kidneys. Left. in the incipient stage of granular degeneration. weight 6 oz. - right a good deal congested, of smaller size than the left weighing 4 lb 3 oz 3Stomach Duodenum and Jejunum healthy, but nearly the whole extent of the Small and large intestine contained numerous oval shaped ulcers with elevated margins, with increased vascularity of the mucous membrane around the ulcerated portions. Several patches of the glandular aggregates also were much enlarged apparently from *Cercophalus Repent*.

Copied by

G. M. Fraser M.D.

W. Johnston M.D.

No. 5.

Regt	Month & Name	Age	Disease	Admitted	Discharged	Duration of Service	Medical Rank	Regt	Notes
81 st	1 st Regt. Broadbent	39.	Fracture	April 1865	April 9 th 1865	2 days	Chatham	137	235

An English Soldier; Total Service 18 years, of which 3 1/2 years were spent at Gibraltar, 3 1/2 in the West Indies, 2 years & three months in America, the rest at Home. Of sallow complexion & spare habit. He states that he was captured 6 years ago during "heavy marching" since which he has been obliged to wear a truss. Whilst in the West Indies he had several attacks of Fever. On the Evening of 9th April 1865, he was standing on a balcony about 15 ft high at St. Mary's Barracks, after having been drinking rather freely, and leaning his body over the railings, overbalanced himself & fell to the ground. As soon as the nature of his accident was ascertained he was brought to this

Hospital. On Examination, the tibia of the left leg was found to be broken in two places, one being a little below the centre, the other about 2 inches above the malleolus, at each of these points there were two external wounds through which the fractured ends of the bone protruded; a piece of stocking had been forced into the lower wound & encircled the bone so that it was necessary to enlarge the orifice in order to extract it; the fibula was likewise broken apparently near its middle. The projecting portions of bone having been reduced & their ends approximated, the limb was first bandaged from foot to thigh & then put up in a "Maucligres splint", an opiate was administered & cold lotion ordered to be kept constantly applied. The following morning considerable swelling & inflammation being present & the leg appearing to be curved somewhat inward, Staff Surgeon Dartnall removed the bandages & splint & endeavoured to bring the limb into a straight position, but this could not be done effectually by reason of the great degree of swelling that had taken place; he then placed the limb on a fixation apparatus, consisting of an inclined plane, foot board & two side flaps, with a sheet folded up so as to form a kind of cushion for it to rest upon, the whole being securely fixed by means of padding & a few rolls of bandage. On 11th April a dusky red looking bluish was observed in the neighbourhood of the wound & along the outside of the leg, the patient complained of great pain on the slightest pressure & had a good deal of fever; on the 12th the suppurative inflammation had extended itself nearly to the crest of the ilium, but was prevented from spreading beyond this point by the application of a strong solution of Nitrate of silver (3j ad 3ij) applied over its surface & round the margins so as completely to encircle the inflamed parts, there was great depression & constitutional disturbances, Tongue brown, pulse tremulous, weak & rapid, with occasional muttering delirium. A sharp attack of diarrhoea supervened on the 13th but was quickly subdued by means of chalk mixture & opium. The inflammation now began to assume a gangrenous appearance, patches of the skin had become purple & covered with livid vesications, the tension was much increased & all the symptoms aggravated. On the 15th April Staff Surgeon Dartnall made two free incisions on the front of the leg to afford exit for discharges a good deal of hemorrhage ensued & the patient experienced some relief but on the evening of the next day he was seized with severe vomiting which continued for several hours & led one to imagine that dissolution was not far distant; a few hours subsequently he appeared to be dying, his pulse being scarcely perceptible, extremities chilled & clammy with hiccup & constantly low muttering delirium, he rallied however for a time under the free use of brandy & ammonia; on 18th he seemed better than at the day, but relapsed again early the following morning & gradually became weaker & more exhausted, apparently being kept alive by the administration of stimulants; his consciousness remained

unimpaired up to the period of his death which took place on the 15th of April at 1/4 to 1/2 o'clock.

The Treatment consisted of diffusible stimuli internally, Viz. Ammonia & decoction of bark, Wine, Brandy & Ether, with the local application of poultices, colicetions & stimulating ointments, together with free incisions, Anodynes and light nutritious diet.

C. M. Moulton M.D. N. C. S. S.

Sectio Cadaveris XXXIII homo post mortem.

External Appearances. Two wounds on the lower third of the left leg & two incisions at its upper & outer part, the whole limb swollen & discoloured by the application of nitrate of silver. Body stout & muscular. Carcass BRAIN healthy. Weight 3 lbs. 15 oz.

Thorax. Heart considerable thickening of the mitral valve at its tendinous margin. Aortic valves & heart otherwise healthy.

Weight 9 1/2 oz. Lungs & Trachea or good deal congested.

Right lung congested throughout but are potent. Lower lobe of left lung in a similar condition. superior lobe healthy. Weight of Lungs, Trachea & Larynx 4 lbs 8 oz.

Abdomen. Liver healthy. Weight 4 lbs 9 oz.

Spleen natural Weight 9 oz.

Kidneys. both united together so as to form a horse shoe kidney, the greater portion being situated on the left side of the spine. There were however two poles present. Texture of kidneys pale. Weight of the two 11 oz.

Stomach & small & large intestines healthy.

On examining the leg the tibia was found fractured at its lower third, the upper fragment riding over the under, the lower fragment was most extensively comminuted, the splintering extending as far down as the malleolus. several loose portions of bone were interposed between the two fragments. The fibula was also fractured obliquely about an inch & a half below the tibia, but not comminuted. This bone was likewise found to be fractured at its upper third. The muscles at the lower part of the limb were found infiltrated with pus & their texture soft & lacerable, being almost in a gangrenous condition. Extravasation of blood to a considerable extent had also taken place, not the slightest attempt at union between the fragments of bone was apparent.

Copied by

C. M. Moulton M.D. N. C. S. S.

M. Hedden S. S.

Regt	Rank & Name.	Age	Disease	Admitted	Discharged	Station	Where	Ward	Regt	Notes
							Quarantine			
67 th	Albion	24	Dysentery chronic	March 10 1849	April 20 1849	Quarantine	Subaltern	15	311	160.

An English labourer 4 years service. It is stated in his document that he had continued fever when stationed in Gibraltar for which he was under treatment for 21 days, but extreme debility & muscular tenacity were noticed to supervene. In the middle of Sept^r he was for the 1st time attacked with simple shingles the yielded to antiseptics, at that time his chest was examined but nothing was detected beyond slight roughness of the respiratory mucus under left clavicle. In Oct^r he began to suffer from cough & mucous expectoration & the debility was much increased by night sweats, on examination with the stethoscope at the time mucous rales were heard at the apex of left lung with dulness on percussion over the upper lobe. On the 25th his respiration became difficult & he complained of pain in the left side attended with muco-purulent expectoration. 2^d Dec^r was again attacked with shingles which subsided under treatment in 3 days, at the end of the month it returned & he now profuse a considerable quantity of blood & since he had tenosmus & complained of fluctuation in the course of the spine. These symptoms continued with very little variation until his admission into Fort Pitt at that period he was extremely emaciated & had 8 or 10 throbs daily, unattended with pain. The evacuations were of a healthy appearance & contained no blood he had some pain over the abdomen. on propping he was troubled with frequent cough & had purulent expectoration. on an examination of the chest there was dulness under both clavicles. cavernous respiration was heard under left clavicle & large respiration generally over the entire of left side under the right clavicle there was distinct vesicular & cavernous respiration. from 2^d to the 9th of April he had profuse night sweats on 10th the shingles became much worse & resisted every treatment although the stools became black & extremely fetid, he gradually got weaker & was unable to speak from extreme debility he died at 2nd 2 P.M. 20th April 1849. The treatment consisted in blisters & resolutions. counterirritation.

Signed Alex^r McArthur M.D. April 1st 1849. Regt.

Section cadaveris XXXIV. hunc post mortem.

External Appearances. Body emaciated. Cranium. considerable effusion at the base of the brain, substance of Brain unusually pale and soft. Weight 2 lbs. 15 oz. Thorax. Heart slight thickening of mitral valve, otherwise healthy. Weight 8 oz. Right of thick fluid mixed with flakes of lymph in left pleura. the pleura pulmonalis of the left lung. a good deal thickened & having a small oval opening in its upper part, the white texture of the lung, disorganised by tubercles & containing numerous cavities in the upper lobe. Right lung upper lobe contained a few tubercles with small cavities the middle & lower lobes. Larynx & Trachea slight abrasion at the root of left vocal chord. Weight of lungs Trachea & larynx 2 lbs. 11 oz. Abdomen. Liver healthy weight 2 lbs. 11 oz. Rectum left a good deal congested Weight 5 oz. Right of similar appearance Weight 12 oz 6 dms.

Spleen small & pale - Weight 4 oz - Stomach & Small Intestines healthy but the whole of the large intestines contained numerous irregular shaped ulcers some of which had almost perforated the coats -

No. 7 -

W. H. M. S.

Regt	Rank and Name	Age	Disease	Admitted	Died	Duration of Disease	Where Contracted	Weeks	Height	Feet
70 th	Private William Ansell	36	Catarrhus Vesicae	15 th April 1869	29 th April 1869	14 months	Cork	14	516	153

An Englishman a labourer prior to enlistment Period of service 18 years of which 4 were passed in the Mediterranean 3 in the West Indies and 3 in Canada - the rest at home He enjoyed pretty good health until lately The present disease commenced in December 1868 he being at that time stationed at Cork On admission he complained of Cough and Dyspnoea he had not much expectoration when the cough was severe he had pain in the right Wilkian region The sounds elicited by percussion were normal The Stethoscope detected a few minute mucous râles in different parts of the chest The sounds of the heart were natural His tongue was furred and his bowels were constipated On the 18th he complained of a disagreeable sensation in the top of his larynx and of debility There was no increase of the cough or expectoration but his appetite failed and it became evident that he was becoming rapidly weaker On the 19th it was stated that he made very little water and that what he did pass was thick and turbid He had no pain in micturating and no pain in the bladder On the 24th he complained of difficulty in passing his water & Catheter was introduced into his bladder but only a small quantity of urine was found in it He became gradually weaker On the night of the 28th he perspired profusely On the morning of the 29th he was almost pulseless and complained much of distention of the bladder The Catheter was introduced and about an ounce of urine withdrawn He continued to sink and expired at a quarter past twelve o'clock noon 29th April The treatment consisted in the administration of demulcents expectorants and stimulant Lungs The laryngeal affection was treated by the application of blisters -

H. M. Fraser M. D.

Sectio Cadaveris XLVIII h. a. post Mortem.

External Appearances Slight emaciation. marks of recent torturing on the neck -

Examination Brain healthy - weight 3 lb 4 oz -

Throat Great thickening of the epiglottis with extensive deposit of lymph on its inner surface and that of the larynx with considerable ulceration Heart healthy with the exception of slight thickening of the mitral valve weight 10 lb 2 oz. Lungs - upper lobe of right lung contained numerous tubercles in the second stage Lower lobe intensely congested but not so condensed as to sink in water. Left lung firmly adherent to the walls of the chest and diaphragm and its pleura much thickened The whole structure of this lung disorganized from tubercular deposit with the very large and several smaller cavities situated in the upper lobe - weight of lungs, larynx and trachea 4 lb 8 oz -

Abdomen Liver healthy weight 4 lb 1 oz. Spleen a good deal congested weight 4 oz.
Kidneys left healthy weight 6 oz 23. Right healthy weight 6 oz. On opening the abdomen
the peritoneal coat of the small and large intestines was found intensely injected,
with about a pint of fluid effused in the peritoneal cavity containing flakes of
lymph and some pus. The mucous membrane of stomach and duodenum healthy,
but the lower part of the duenum contained three irregular shaped ulcers, but no
point of perforation could be detected to account for the inflammation. The Serosa
coat of the bladder was highly inflamed with lymph to a considerable extent deposited
upon it. It was found to be nearly empty.

Copied by

A. M. Leese M.D.

W. W. M. M.D.

8-8

Regt	Rank and Name	Age	Disease	admitted	Disd	duration	where	ward	Regt	Folio
17 th	Pt. J. H. McKenna	27	Phthisis Pulmonalis	4p 10 1849	May 8 1849	5 weeks	Portsmouth	10	310	33

An Englishman, a Weaver previous to emigration, total service 8 years, of which 6
had been spent in the East Indies, the remainder at home; while in India he
suffered from Fever and Dysentery & was 3 times in Hospital for the former and once
for the latter affection. On his return to this country he appears to have
enjoyed tolerable health, although of a delicate habit of body, until the end
of March 1849, at which time he was admitted into his Regimental Hospital suf-
fering from troublesome cough, pain of chest, dyspnoea, and loss of appetite.
His chest on examination was found to be dull over the whole of the upper
part anteriorly, with sterility of the respiratory murmur. In consequence of his
Regiment leaving the Garrison, he was transferred to this Hospital on the 10th
of April 1849, at which time his general symptoms were much the same as
those already noticed. There was marked dulness on percussion, beneath
both clavicles, especially the left, where pectoriloquy was present. His
pulse was rapid and feeble, skin hot and dry, with considerable frontal
headache, but these last symptoms were considerably relieved on the following
morning. On the 14th he had a return of febrile symptoms, and continued
worse until the next day, when these also disappeared. His Urine was
scanty and high coloured, having a Sp. gr. of 1.030, but no mention is made of the
effect of reagents upon it. On the 26th he began to suffer from night sweats,
which were slightly relieved by the administration of mineral acids. Two
days afterwards he complained of pain in the right hypochondrium for which
a stupor was administered with relief. His expectoration at this time
was purulent & daily becoming more abundant, & at the same time the
debility of the patient was rapidly increasing. With the reception of
a slight return of the pain in his side on the 3rd of May, a marked change
in his symptoms took place & he gradually sank and died on the 8th
of May, at 11 1/4 A. M. Treatment in addition to the above is mentioned

consisted of occasional mild reactions, sapientia and spirits, whilst his strength was supported by wine and nourishing food.

Copied by

(Signed)

John Robertson M.D.

A. Goringe M.D.

Staff Capt. Sargson

Act: Staff Capt. Sargson

Section cadaveris hori quadragesimae octavarum post mortem

External Appearance - Body extremely emaciated.

Cranium - Considerable injection of the substance of the Brain, which was unusually firm. Pituitary gland of large size - increased vascularity of the arachnoid membrane and choroid plexus. Weight of brain 2 lb 14 oz.

Thorax - Two ounces of fluid in the Pericardium. Heart healthy. weight 12 oz. Lungs & Trachea slightly congested in their lining membrane, the latter filled with pus.

Lungs - Right lung completely disorganized by tubercular deposit, numerous small cavities filled with granular matter in the superior and middle lobes - the inferior margin of the lower lobe highly congested. Left lung - the superior lobe also infiltrated with tubercles, the intervening pulmonary tissue highly condensed, was to sink in water, one large irregular shaped cavity & several smaller situated towards the apex posteriorly - a small portion of the lower lobe of this lung comparatively healthy. Both Pleurae slightly adherent, especially on the left side towards the apex of the lung. Weight of Lungs, Larynx and Trachea 4 5/8 lb.

Abdomen Liver healthy, weight 1 lb 3 oz 13 - Gallen healthy, weight 11 oz.

Kidneys, incipient fatty degeneration in both, especially the right, in which a portion of the tubuli uriniferi was detached. Weight of both 12 oz. Stomach & Intestines healthy.

Copied by

A. Goringe M.D.

Act: Staff Capt. Sargson

John Robertson M.D.

No 9 -

Regt Name & Rank	Age	Disease	Admitted	Died	Duration of Disease	Place of Death	Weight	Height	Temp
84 th Cornet's Hallenian	32	Phthisis Pulmonalis	April 1849	May 11 1849	6 weeks	14	316	162	

(Cornet's Hallenian - An Irishman, total service 3 years & 3/4 - was admitted into Hospital with Cough & mucopurulent expectoration. The cough being worse at night, he has also night sweats, and slept very little. - There was dulness on percussion over the right clavicle & supra clavicular region, respiration purulent in the lower lobe of right lung - sounds of the heart natural -

After Admission he was given an opiate on account of his restless nights. On the 13th of April he complained

of sickness in addition to the cough & night sweats: he had also much dyspnoea = Expectoration still going on, he was ordered on the 13th a mixture of Quinine & Sulphuric acid with infusion of Gentian, from which he appears to have obtained relief = On the 24th he complained of pain in the chest, which was relieved by a Sinapism = for some time after this he was free from pain, but had a relapse again = This state of affairs appears to have been going on, with very little change, up to the 6 of May when he became much worse: the night sweats increased & he appeared as tho' sinking = he died on the 9th of May, after great suffering from the dyspnoea, which before death was very considerable = The treatment throughout, has been chiefly = by palliative. The disease being so far advanced when admitted

Signed Geo^y. Peake M.D.
Candidate

Copied by

W. McLain M.D.

Acting Asst. Surgeon

Section Cadaveris hor. post mortem LXXX

External Appearances - Body emaciated, with lower extremities oedematous

Cranium - Brain healthy: Weight 3lbs: 5oz: 2dls

Thorax - Heart's superficial vessels much enlarged, Cavities distended with coagula: Valves healthy Larynx & Trachea lining membranes a good deal congested: Lungs - right firmly connected to the parietes of the Thorax, and also to the diaphragm by adhesions of old standing. The whole of the texture of this lung, completely degenerated with tuberculous depositions & innumerable cavities (many pointing) of various sizes lined with distinct membranes & filled with pus - the texture of this lung condensed so as to sink in water = Left - free from adhesions except towards the apex. The superior lobe & upper part of the lower infiltrated with tubercles, several small cavities in the apex of the former posteriorly = Weight of Lungs, Larynx, & Trachea 4lbs: 4oz

Abdomen - Liver, highly congested, so that in making a section it had almost the appearance of "nutmeg" Weight 4lbs: 9oz = Spleen soft paler than natural; Weight 7oz = Kidneys, both affected with incipient fatty degeneration, Weight of left 6 1/2 oz, = of right 5 oz: Testicles, patches of alteration in the Stomach's mucous membrane of Stomach & Duodenum, healthy -

Copied by

W. McLain M.D.

Acting Asst. Surgeon

W. McLain M.D.

Regt	Name & Rank	Age	Disease	Admitted	Died	Duration of Disease	Where contracted	Ward	Register	Folio
17 th	Pt Martin Hanagan	20	Catarrhus Acutus	April 18 th 1849	May 19 th 1849	6 weeks	Chatham	10	318	35

Abstract of the fatal case of Pt Martin Hanagan 17 Regt. Admitted April 18th 1849. Duration of Disease 6 weeks. Died in Ward 10 Medical division at 4 past 3 A.M. on the 19th of May 1849. Fatal disease Catarrhus Acutus Register 318. Folio 35.

An Irish Labourer of 1^{1/2} years ^{home} service. Previous to his admission he had been several times in the Regimental Hospital for slight Catarrhal attacks. On the morning of his admission he was seized with slight febrile symptoms, for which he was chiefly treated, but at the same time he complained of cough & dyspnoea, especially at night. The cough was attended with but little expectoration. His chest was dull on percussion beneath the left Clavicle with increased vocal resonance. On the 18th of April he complained of night sweats with rapidly increasing debility, the cough at the same time becoming more troublesome. On the 21st he had an attack of pain in the left side which was however relieved on the following day by the application of a blister.

With the exception of great weakness & occasional wandering pains in various parts of his chest, but little change took place in his symptoms until the 11th of May when it became more obvious that he was sinking. His chest was examined & found to be dull on percussion under both clavicles especially the left, with large moist râles & Pectoral rattle. His pulse was rapid, then hot. Although in the early part of the morning usually bathed in ^{profuse} perspiration, appetite impaired & Pulse rapid & weak. On the 14th his cough was rather better, but he had a return of pain in the right side which was relieved by the application of a Sinapism. He continued to sink gradually & died on the 19th at past 3 A.M.

Treatment consisted of mild Laxatives. Expectorants & occasional Opriates. Wine & light & nutritious diet was also given.

Copied by
Geo W. Park M.D.

(Signed) J. Robertson M.D.
Suff Asst. Surgeon

Section Cadaveris horâs post mortem 69.

Body. Slightly emaciated with marks of recent Blister on the chest
Cranium. Membranes of Brain healthy. The substance of Brain unusually firm. Weight 3 lbs 10 oz.
Thorax. Heart generally enlarged & its cavities dilated & filled with coagula. Valves healthy. Weight of Heart 15 oz.
Lungs. - Both lungs were quite free from adhesions but

but externally, they presented a darker appearance than is natural. On cutting into their substance they were found to be universally studded with innumerable milky tubercles of a yellowish colour & some what soft consistence. Every part of each lung was equally affected in this way, the amount of deposition being as great at the lower lobes as towards the apices. Surrounding the tubercles the pulmonary tissue was generally condensed & gorged with dark blood, this condition was however most marked towards the summits of the lungs. The costal pleura on the right side was also interspersed with tubercular deposit, but more as prepared wth of a whitish colour than that in the lungs. Larynx & Trachea healthy. Weight of Lungs Larynx & Trachea healthy. Wt. 5.23.

Abdomen

Liver - Gall bladder distended with thick Bile. Texture of Liver of pale & firm consistence than natural. Weight 3 lbs. 12 oz.

Spleen

Of the natural size but its texture was unusually condensed & of the consistence of the Liver. Several tubercles were found in its substance. Weight 7 oz.

Kidneys

Texture of left pale, several tubercles were deposited beneath its fibrous capsule & in cortical substance of Kidney. Weight 64 oz. The right presented much the same appearance as left. tubercular deposit not so well marked.

Intestines

A few ulcerated patches in the jejunum. The mucous membrane of Stomach, Duodenum & Large Intestines healthy.

Opened by Geo. W. Baker M.D.

M. Weston M.D.

No. 11.

Regt	Name & Rank	age	Disease	admitted	Died	Duration of Disease	Where contracted	Ward	Regis.	Folio
58	Pvt. George Metcalfe	19	1 st Catarrhus acutus 2 nd abscessus.	May 20 1849	May 28 1849	13 days	Chatham	15 12	129	206

Abstract of the fatal case of Pte. George Metcalfe Aet. 19. of the 58 Regt. admitted into the General Hospital May 20. 1849. in the Medical Division, Ward 15, and transferred into the Surgical Division Ward 12 on the 25th of the same month - Disease 1st Catarrhus Acutus 2nd Abscessus - Duration of disease 13 days - Died in Ward 12 on the 28th of May 1849. at 12 o'clock, noon - Register 129. Folio 206 -

An English servant, born in Suffolk, of pale delicate look and somewhat melancholic temperament - has served about 20 months - enjoyed good health till the 16th instant when he caught cold, and gradually became worse - was admitted into Ward 15, Medical Division

for Catarrhus Acutus and complained of the following symptoms - pain over the false ribs of the right side - increased on inspiration, slight cough, and a thick and scanty expectoration - His pulse was quick, skin of nearly a natural temperature, - Auscultation betrayed nothing abnormal - He was given a Calomel purge, and a blister applied to the right side - and the next day tartar emetic administered - All the symptoms appeared to abate under this treatment until the 4th day after admission and the 8th from the commencement of his illness when the Report says "Complains of being much worse this morning, Cough & thick expectoration, slightly streaked with blood, Abdomen hard & tumid, with effusion apparently of fluid under the skin, extending over the hepatic region, and backwards across the loins, - Dullness on percussion over the cardiac region with distinct friction sound - Countenance flushed and anxious - tongue very foul - Leeches were now applied over the heart and Calomel and Opium given every 3 hours, until slight ptysis was produced - The next morning the swelling of the right side having increased he was transferred to No 12 ward in the surgical Division and for the first time came under my observation - I found the following symptoms on examination - great Debility, unable to walk without assistance - the face & body covered with a profuse cold perspiration, pulse quick, weak, and intermitting occasionally - Slight Cough without any expectoration, great pain complained of, referred to the right side of chest & abdomen. Viz. from the Right Scutula, to the anterior superior spinous process of the ilium on the same side, and on examination of this part it was found to be much swollen, with a boggy, Adematous state of the integuments particularly over the hepatic region, the parts included in the above named space are also much discoloured - No pain over the abdomen in the median line on pressure - over the cardiac region are marks of leeches, but no complaint now made of pain there - the expression of the face is anxious - eyes sunken - tongue deeply coated with a greenish-brown fur, & teeth covered with sores - gums slightly tender - St. open - & urine passed naturally in quantity & quality - No edema of the upper & lower extremities - On applying the stethoscope over the chest I can detect nothing beyond weakened respiratory murmur, in the upper lobe of Right lung & lower lobe of the same posteriorly - The heart's action is loud, but not extended - no friction sound audible now, nor more dullness than natural over the heart - The Treatment adopted now was flannels wrung out of hot water very frequently applied to the side, wine arrowroot & Beef tea ad libitum & the internal administration of the disquicarb^d of Ammonia in a tonic Infusion.

The next day the man expressed himself as much better, the hot flannels have very materially relieved the pain, - general edema somewhat lessened - but the parts continue discoloured - On the 27th instant being the 9th day after admission, & the 11th from the commencement of his illness he was much changed for the worse - a deathlike coldness of the whole surface of the body, with perspiration in large drops about the face - pulse small & intermitting - no pain anywhere, - a lancet was introduced into the softest part of the swelling, where gaseous matter having a very offensive odour escaped - the opening was immediately closed - soon after this low muttering delirium came on & he refused all nourishment - On the 28th (the 12th day of his illness) the

Vital powers were fast failing — respirations 55 in a minute & pulse 130, but scarcely to be felt at the wrist — he gradually became worse & at 12 o'clock at noon Died —
 Copied by Dr. Roberts

(Signed) J. Goringe M.D.
 A. A. S.

Sectio Cadaveris hora XXIV post mortem

External Appearances. an incision about one & a half inches in length, the margins of which presented a gangrenous unhealthy aspect was situated on the outer part of the chest nearly on a level with the last rib — the right side was much swollen and the integument discoloured of a greenish hue as far up as the axilla, & posteriorly extending to the spine, as also the upper third of the right thigh, marks of lach bites over the precordial region, & left Hypochondrium — Abdomen much swollen & tympanitic. —
Cranium Slight sub-arachnoid effusion — substance of brain unusually firm & dry, weight 3 lb 11 oz. —

Thorax One ounce & a half of fluid in pericardium — Pericardium healthy & free from adhesions —

Heart — Walls of left ventricle thickened, & its cavity dilated — slight atheroma —
 — tans deposits in centre of each semilunar valve of aorta, weight of heart 13½ ounces —

Larynx & Trachea filled with dark coloured mucus, the lining membrane of former highly congested —

Lungs Effusion of recent lymph on lower lobe of right lung which was easily separated — on cutting into this lobe it was found intensely congested — superior & middle lobes healthy — Left lung adherent to the walls of the chest by lymph of old standing — the lower lobe contained one or two tubercles and was a good deal congested — superior lobe healthy, weight of lungs, Larynx, & trachea 2 lb. 15 oz. —

Abdomen. Liver pale & of very firm texture, and intimately connected to diaphragm weight 4 lb. — Spleen of small size & firm texture weight 8 oz. —

Kidneys — left affected with the early stage of fatty degeneration, of large size & firm consistence, weight 7 ounces — Capsule of right kidney — moushy thickened, on cutting into its texture it was found in a more advanced stage of the disorder than the left — Most of the tubuli being obliterated, Capsule easily stripped off — and the surface of the kidney presented a mottled aspect, weight without capsule 6 oz 3 Dr —

The Peritoneal Coat of the whole of the intestines was found inflamed with deposition of dark coloured matter in small patches on the surface —

The Bladder was distended and its serous investment likewise contained deposit of a similar nature, apparently Carbonaceous or Melanotic —

The Mesenteric Glands were considerably enlarged and also infiltrated with the dark coloured matter — in several parts of the small intestines the glands were enlarged, but although highly congested at some points no

ulceration could be detected—

The Quadratus Lumborum, Psoas & Iliacus internus Muscles on the right side were found to be completely disorganized and in an almost gangrenous condition—portions of the Cellular tissue surrounding these muscles had already sloughed, exhaling a most offensive odour—the condition of the muscles alluded to had likewise extended backwards towards the surface, involving the lower & outer border of the Latissimus Dorsi, the integuments being sound, but these only—The Lumbar vertebrae were removed & carefully examined but not the slightest trace of disease could be detected in any of them. —

Copied by

Dr. Doherthy.

Wm. M. S. R.

No. 12—

Regt	Name & Rank	Age	Disease	Admitted	Died	Duration of Disease	Where Contracted	How Noted	Notes
2836	Sgt. M. Keegan	30	Phthisis Pulmonalis	May 27 th 1849.	May 29 th 1849.	2 days	London	18	31/112.

An English Tailor, of lymphatic temperament. Married, of excellent character & temperate habits. Period of service 11 years & 3 months, of which in American 3 years, in Mediterranean 2 years & 2 months. The disease first manifested him at Sunderland 1845 till which period he enjoyed good health. He attributes the attack to climate & service. His constitution predisposes him to it, and at the time alluded to was much fatigued by his duty, that of a drill sergeant. He was attacked by cough & thoracic pains—was 25 days under treatment in Hospital, since which has performed light duties & been occasionally under treatment, but only twice in Hospital. In Sep^r 1846, had an attack of fever (not severe) & from this date the disease (Phthisis) exhibited greater activity. In the following month (October) admitted into Hospital & found to be labouring under an advanced stage of the disease, viz, a large cavity in the superior lobe of right lung substantiated by the evidences of cavernous respiration & pectoriloquy. In the left infra-clavicular region, Bronchophony & Pectorial respiration. The general symptoms were emaciation, night sweats, cough, mucopurulent scanty expectoration, afterwards this last became profuse, occasional diarrhoea, Pulse small, feeble, intermittent. Aphonia, was afterwards heard under left clavicle, extending round towards axilla and back (scapular region). Treatment was at first palliative. Since his admission into this Hospital he continued in a sinking state and died May 29th scarcely two days after his admission. Treatment was cordial and combative of the more distressing symptoms.

(Signed)

Edw. J. Franklyn, Candidate.

Section Cadaveris hominis XXIV post mortem.

External Appearances. Body much emaciated.

Cranium. Head not examined.

Thorax. Two ounces of fluid in pericardium mixed with flakes of lymph, a small patch of lymph on apex of left ventricle. Heart otherwise healthy. Weight 10 oz.

Lungs. Right very firmly connected to walls of chest & diaphragm by adhesions of old standing. The whole of this lung was changed by tubercular deposit in various stages and the pulmonary texture much condensed. Several irregular shaped cavities lined by a distinct membrane were present in the upper lobe. Left lung also firmly adherent but less intimately than right. Superior lobe contained several small cavities similar to those in opposite lung. Lower lobe intensely congested & containing some milium tubercles. Larynx & Trachea healthy. Weight of Lungs, Larynx & Trachea 4 lbs. 6 oz.

Abdomen. Liver of the normal size much congested. Section presenting a nutmeg appearance. Weight 3 lbs. 9 1/2 oz.

Spleen. slightly enlarged, pale & firm in texture. Weight 2 oz.

Kidneys. slight scrophulous degeneration in left. Weight 5 oz. Right healthy. Weight 4 1/2 oz.

Intestines. Mucous membrane of Stomach & Duodenum healthy. That of the small intestine contained a good deal of viscus. mucous with occasional congested portions but no ulceration.

Copied by

C. W. Boulton, M.D. C. S. S.

W. Weston M.D.

No 13—

Regt	Name & Rank	Age	Disease	Admitted	Duration of Disease	Location	Died	Age	Regt	Totals
50 th	Pte Thomas Hynes	30	Phthisis Pulmonalis	March 2 nd 1845	11 months	India	June 14 th 1846	316	86	

Private Thomas Hynes. Aged 30. Regiment 50th. Admitted March 2nd 1845. Duration of disease 11 months. Died in the General Hospital Fort Pitt March 14. Medical Division on the 2nd of June 1846 at Half past 12 noon. Disease Phthisis Pulmonalis. Registe 316. Totals 86.

An Englishman. A Cabman. 10 years service of which 3 years were in China & in the East Indies, the rest at home. Had a severe attack of Colic in April 1848 at Losdianah. Symptoms of Phthisis Pulmonalis appeared in June 1848 & was in hospital from this period until October & again from December to the end of February 1849 under this head. Was admitted into the General Hospital Fort Pitt on the 2nd of March 1845 with dyspnoea cough & mucous-purulent expectoration. Chest ill formed. Pleura depressed.

and lower ribs very prominent. A very slight flattening of the left infra-mammary region. Second degree emphysema in the lower part of the left side of the chest both anteriorly & posteriorly, in this region there was absence of the respiratory murmur with feeble respiration in the upper part of the left lung, & in the whole of the right. Complaints of debility & loss of appetite, evacuation soon appeared with night sweats & the previous symptoms in an aggravated form. During the progress of the disease the stomach became very irritable & by spasms urgent thirst constant & debility rapidly increasing. The symptoms from time to time were relieved in some measure, but the disease progressed uninterruptedly and the Patient some time before his death was reduced to a state of extreme exhaustion, although up to the time of his death he continued to take the nourishment prescribed.

The treatment consisted in the administration of Solutives, Counter-irritants & locally of narcotics, the Acid Hydrocyanic & the H. Jaconi were both employed in the course of the disease but with no marked benefit.

Copied by J. W. K. M. D. In Macdonald's mod. M. D. Staff Surgeon 2d Class

Lectio cadaveris huius post mortem XLVIII

External appearances

Body much emaciated

Cranium

Membranes of brain healthy. Substance of brain slightly congested. Quantity of fluid in lateral ventricles increased.

Thorax

Pericardium thickened & adherent to heart towards its base. Two ounces of fluid in its cavity.

Heart

The usual size. Patches of lymph of very old standing on outer surface of both ventricles, especially towards its base. Valves healthy. Weight 9 oz.

Larynx & Trachea healthy.

Lungs

Pleura on right side very firmly adherent. Pleura Pulmonalis much thickened intimately attached to lung. Superior & middle lobe of right lung completely disorganised with tubercular deposit several small cavities towards apex & one or two portions about the size of a pea of calcareous deposit. The lower lobe likewise contained some tubercles in the second stage & much congested, but crepitant & floating in water.

Left Lung

Very fine adhesion likewise on this side so that the lung was with difficulty removed from the walls of chest & diaphragm. The whole texture of this lung is infiltrated with tubercle. Numerous cavities of various sizes in upper lobe, the greater number filled with pus. The glands surrounding the bronchial ramifications of the Bronchi in the substance of lung were much enlarged & of a very dark colour. A Portion of this lung sank in water. Weight of Lungs, Larynx & Trachea 6 1/2 lbs.

Abdomen

Liver the usual size but much congested. The Gall bladder distended with fluid bile.

Spleen rather large, part of fibrous capsule towards inner extremity much thickened.

Kidneys

Both pale & slightly affected with scrophulous degeneration especially the left. Weight of each 6 1/2 oz.

Intestines

Mucous membrane of Stomach & Duodenum healthy. Several patches of ulceration in the small intestines commencing from the jejunum downwards. In the large intestines the ulcerated portions were unusually large & in one or two places perforation had taken place & occurred. Whole intestines unusually pale.

Copied by Geo W. Baker M.D.

No 14 -

Wm. Thomson M.D.

Regt	Name & Rank	Age	Disease	Admitted	Died	Duration of Disease	Where Contracted	Ward Regist	Folio
58	Pt Wm Brewster	20	Chronic Pulmonary	Feb 16/49	June 11/49	Nine Months	Scotland	14	316 68

A Scotchman, by trade a Hatter, service 6 Months on Admission, all at home - Apparently enjoyed good health till within four weeks of the date of his admission into Detachment Hospital first, 15th Sept 1848. The Report states that he had suffered from a bad cold which appeared about 4 weeks previous to his admission, Cough very troublesome especially at night with pain in left side of the chest & a copious mucopurulent expectoration - On the 9th October chest examined by the Officer in charge of the ward - Percussion distinctly heard in the infra clavicular region of right side, and also in the infra scapular region - On the 20th Nov^r chest again examined & the 'Pneum de Soufflet' perceptible in the infra clavicular Region Right side, & Bronchial Rhonchus general over the chest - 2^d of Feb^r chest again examined, and there was observed in the Right infra clavicular Region a peculiar Abnormal Resonance on percussion, and also Amphoric Respiration and

Pectorilology — On the 16th of Feb^r the date of his last admission into Hospital Report states that on examination there is a little flattening of the Right infra clavicular Region, & near the external extremity of this region there is a "Cracked-pot" resonance on percussion and through the stethoscope Amphoric Respiration, Pectorilology & Otophony, patient very much emaciated & eyes glassy — On the 19th no Otophony, diarrhoea set in & a change in the voice which is very husky — expectoration mucopurulent & rather copious — In the early part of April appeared improved and the treatment in a measure suspended, took his nourishment with some appetite — on the 11th April was discharged to see his friends & returned on 21st of same month, when he stated that he had caught fresh cold, and the stethoscopic sounds, & symptoms generally were found as previously reported — From this period the symptoms became gradually more & more urgent, & the case altogether so hopeless that little was done for him beyond palliating as far as possible the symptoms which were still under control & procuring quiet nights — to the day of his death hope was not extinguished although the nature of his case was not concealed from him, and he continued to take the nourishment prescribed to the last — During the course of the treatment Cod Liver Oil, Ferrous Acid, and the vapour of Iodine were employed without real benefit — the case being evidently beyond the reach of medicine from the period of his first admission.

(Signed) J. Macdonald M.D.
Staff Surgeon 2^d Class

Lectio Cadaveris hora XXXII post Mortem.

External Appearances. Body extremely emaciated.

Cranium. considerably increased effusion at base of Brain and in the lateral ventricles — Membranes & substance of Brain healthy — weight 2 lb. 13 oz.

Thorax. 2½ ounces of fluid in the pericardium — Muscular tissue of Heart pale & flabby, both ventricles filled with coagula — a slightly cribriform condition of Aortic valve, Mitral valve healthy, weight of heart 11 oz.

Larynx. considerable congestion & ulceration over the whole lining membrane of Larynx & Epiglottis & to a less extent in the latter —

Lungs. Pleura very firmly adherent on the Right side — the whole texture of the Right Lung completely disorganized by tubercular deposit — containing numerous Cavities of various sizes, One especially of very large size towards the apex posteriorly — a small portion of the lower Lobe of this lung free from tubercular deposit but much condensed — Left Lung free from adhesions, superior lobe also quite disintegrated, containing innumerable Cavities filled with pus — Lower Lobe intensely congested — weight of Lungs, Larynx & Trachea 6 lb 7 oz.

Abdomen. Liver of large size & pushed far down in Abdomen, externally it presented a mottled appearance, Gall Bladder distended with fluid Bile — a section of the Liver

145

over the apex of the left lung and that the expectoration was streaked with blood. He continued in this condition until the 26th when the right sweat became very profuse. During this day he had an attack of diarrhoea which however was soon arrested. He still continued growing weaker, the sweating continued and the diarrhoea was occasional. was served Beef Steak, Bread Pudding, Ketchup & Sausages, wine or anything he could fancy. On the 8th of June the state of the chest was much the same, but there was dulness below both clavicles as low as the nipples, with large mucous rales and putrilageous on both sides. His appetite now failed him and became more capricious. From this time he gradually began to sink. On the night of the 12th was delirious, and on that of the 13th expired at 4 1/2 A.M. having been moribund since the previous evening. His treatment consisted chiefly of Expectant, Palliatives and latterly of anodynes. His diet varied as he gradually became weaker and consisted of Diet, light articles as Arrow Root, Sausages with when milky and tibibum.

(Signed) R. J. Deakin
Surgeon

Copied by
W. T. Truett

Actio Cadaveris hora XXXII post mortem.

External Appearances. Body much emaciated. marks of blistering on the anterior part of the Chest.

Cranium. Brain and its membranes healthy. weight of former 2 lbs 15 oz.

Thorax. Three ounces of fluid contained in the cavity of the pericardium.

Heart. of small size and its muscular texture pale & flabby.

Valves healthy. weight of 9 oz.

The whole lining membrane of Larynx (and under surface of the Esophagus) was much injected with blood. One deep circular ulcer situated at the posterior angle of left vocal chord.

Trachea. for some distance downwards showed increased vascularity.

Lungs. Right. free from adhesions. superior and middle lobes quite disintegrated from tubercular deposit and containing numerous cavities, varying in size from a pea to that of a walnut. the largest being present in the middle lobe. Inferior lobe pretty free from tubercular deposit. but much congested. Left. Pleura very firmly adherent. every portion of the lung infiltrated throughout with tubercle in the advanced stages of softening. One very large irregularly-shaped cavity towards the apex posteriorly, divided into two by

a thin septum. Innumerable cavities of small size were present throughout the lung in both lobes. Weight of Lungs, Larynx & Trachea - 7 lbs.
Abdomen. Liver - of the usual size, but texture much condensed. & the veins less distinct than usual. Weight 3 lbs 10 oz.

Spleen - natural. weight 5 oz.

Kidneys. Left - much congested and of large size. a considerable part of tubular portion obliterated. capsule stripped with facility. Outer surface of Kidney presenting a mottled appearance. at some parts insidiously pale. at others highly vascular. Weight 8 1/2 oz. Right - of usual size. presenting nearly the same appearance as Left in a less marked degree. Weight 20 oz.

The Mesenteric Glands were very much enlarged from tubercular deposit. several being the size of a pigeon's egg. On cutting into them softening was in the great majority found to have already commenced in the centre of the deposit.

Stomach - Slight ecchymosis of the mucous membranes. mucous glands of small & large intestines generally. especially the latter - ^{were} enlarged from tubercular deposit - which had commenced to soften towards the centre. Numerous ulcerated patches throughout the Stomach and Colon. with greatly increased vascularity.

Copied by Dr. Stokes - M.D.

W. H. W. L. L.

N^o 17

Regt.	Name & Rank	Age	Disease	Admitted	Discharged	Where	Ward	Regt.	Folio
15	Pet. James A. Donald	33	Phtisis Pulmonalis	March 17 th 49	June 18 th 49	Stokeport	15	311	126

An Irish Labourer. Eight years service, all at home. Disease commenced at Stokeport.

147

Regt	Name & Rank	Age	Disease	Admitted	Died	Location where Disease Contracted	Ward	Regt	Folio
15	Pt. James O'Donnell	33	Phtisis Pulmonalis	March 17 1849	June 18 49	15 months Stockport	15	3/1	126

An Irish labourer, eight years service, all at home, Disease commenced at Stockport in March 1848, on admission (March 17) Left side of Chest flattened, fills badly on inspiration. Percussion over inf. clav: & in Ax. regions of this side dull. Resp: bronchial, without crepitus in former, not free in latter region. Right Lung apparently healthy. Dyspnoea & exaggerated action of Heart follow exercise. Severe Cough & scanty expectoration. Haemoptysis occurred once, he also complains of pain in left side. This last was relieved by a blister. He has night sweats also on the 2nd Haemoptysis returned, but disappeared the following day, the Sputa also increased in quantity. The respiration took on a cavernous gurgling character & the sputa became more purulent during the few following days, during the progress of the disease the night sweats became more profuse & exhausting, the sputa became more purulent & greater in quantity, the Dyspnoea greater. The respiration more cavernous & gurgling, Thoracic more extensive & abundant (surrounded) by crepitation & occasional cardiac palpitation. on the 6th June & following days the Cough became periodic attacking him in the evening & lasting till midnight, with much expectoration & followed by nocturnal sweats, on this day I examined him for the first time, I found the ratio between pulse & respiration destroyed, he lies in a state of hectic & rapidly sinking. Sputa was yellowish green, frothy, aerated about 6oz nightly, the supra & infra Clavicular regions of left side perfectly dull with ^{the} crackled pot sound peculiar to a cavity, right also dull, but the latter sound not so indistinct. The signs of Rectoriloquy & tubular cavernous gurgling, fluid. Rhonchus were also present in fact so extensive & full of fluid appears the cavity. That the Heart's action threw it into motion indicated by spashing sound, & this was proved, by the same thing occurring on the man's holding his breath. Along back large fluid loose cavernous crepitant Rhonchus heard along left side with exaggerated Rectoriloquy, Rectoriloquy & gurgling also over the region corresponding to the cavity. In the same region on the right side, tubular breathing & exaggerated rhonchus to some amount. Unimpaired right side of back free breathing, on 8th a prickling pain in right side was complained of commencing at lower part of lung & running side to back. This prevents his taking a deep inspiration, he breathes short & quickly & with evident pain, there are no alteration in the colour of sputa, & the thoroscope gave some amount of dry rubbing sound, on the 9th in the evening, the expectoration failed & a low mucous rattle accompanied the respiration. The disturbance in the chest occasioned great difficulty in diagnosing the exact state of the lungs, there was a cold clammy sweat on the body & the man was sinking fast. He rallied under the influence of ammonia & towards midnight the expectoration returned. The next morning the chest was perfectly dull from light ripple, extending outwards & downwards to sides of chest - the expirations & inspirations were almost equal in length & of a rattling character, the base of the lungs being very free. Large cavernous & crepitant rales

extended almost down to the base accompanied by dry & rattling, at the end of each expiration giving the idea of blowing through a quill into water — 14 respirations per minute, the above symptoms became on the following days more offensive becoming also firmer & more pneumonic as they approached the base, also the Rhonchi were finer in nature over the dull region on right side, the breathing was more sibilant on right side. Sputa about 3/4 W. nightly, on 12th respirations were longer easier & 28 per minute. Breathing was tracheal quality on both sides & rattling, indicating the rapid march of the disease & enlargement of the Cavities. Heet's was more & more evident, Pulse could not be counted. Blocks of mucus now began to stop up the Bronchial tubes, rendering the stethoscopic signs variable. Sputa again began to diminish, & gradually the man sank. —

Treatment, In the earlier period of the disease, was Counter irritants and antimonial preparations, internally, subsequently Mineral acids were administered to check night sweats, together with Expectorants. In the last stage when the sputa began to fail Carb. ammonia was given with great success in fact the man may be said to have been kept alive on it for several days.

Copied by
Horatio G. Mastelli.

(Signed) E. P. Pratt M.D.
(Candidate)

Section cadaveris hora XXII Post Mortem

Cranium, Membranes of Brain healthy, Substance Brain unusually firm, weight 3 lbs. 8 oz.

Thorax, Heart, three patches of lymph of old standing, so that they could not be separated on the outer surface of right Ventricle, Heart & Valves otherwise healthy, weight 11 oz. Larynx & Trachea healthy.

Lungs, Pleura on right side, slightly adherent, but easily separated. Several patches of recent lymph effused in the Pleura, Pulmonalis, over the middle lobe; whole texture of right lung with exception of a small portion of lower lobe studded with Tubercles, in the 3rd stage, but no cavity could be detected in any part, Pulmonary tissue condensed, so as to sink in water and of a gray colour.

Left Lung, Very firmly adherent to walls of chest & diaphragm, texture completely disorganized, by tubercular deposit, one large cavity at apex of Superior lobe posteriorly & an other of enormous size commencing at the junction of Superior & lower lobe & extending nearly to the base of the latter. Weight of Lungs, Trachea, & Larynx, 5 lbs. 12 oz.

Abdomen, Texture of Liver unusually friable; a section presenting a mottled appearance, weight 3 lbs. 3 oz. Spleen, almost dissolved weight 4 oz. Kidneys, left pale otherwise healthy weight 4 oz. a few tubuli obliterated in right, weight 6 oz. Mucous Membrane of Stomach Small & Large intestines healthy.

(Copied)
Horatio G. Mastelli

J. M. M. S.

Regt.	Name and Rank.	Age	Disease	Admitted	Died	Duration of Disease	Where Contracted	Ward	Regt.	Totals
15 th	Serjt. John Ward	30	Phthisis Pulmonalis	March 18 th /99	June 18 th /99	7 months	Brecon	10	318	10

An Irish labourer of 8 years service, all at home with the exception of a few months in the Island of Ceylon. He had enjoyed good health previous to enlistment, and there was no hereditary tendency to Phthisis Pulmonalis present. Before his admission into Fort Pitt he had been in Regimental Hospital on 4 different occasions, 3 times for the venereal disease, for which in one instance his mouth had been made sore, and once for chronic cough in January 1849. But 4 months before, however, when stationed at Brecon, the first appearance of his disease seems to have shown itself; for he was at that time subject to cough & dyspnoea although not so severe as to oblige him to enter Hospital.

On his admission here he complained of troublesome cough with profuse mucous expectoration, containing no blood, although a month before he stated that he frequently had attacks of hæmoptysis. He had no pain in his chest except during paroxysms of cough which were always most frequent at night. He was subject to night sweats, and had lost flesh very rapidly of late. On examination of his chest there was dulness on percussion beneath the right clavicle, marked transmission of the heart's sounds, tubular respiration and pectoriloquy. On the left side percussion was clear and with the exception of a few Bronchitic râles nothing abnormal could be detected in the respiration. He continued to get gradually weaker without any very marked change in his symptoms until the beginning of June when he began more rapidly to sink. A superficial examination of his chest was made shortly before his death, when dulness on percussion on the right side of the chest in front was found more marked than at the time of his admission, with gurgling râles and pectoriloquy under the clavicle and for some distance beneath towards the nipple. On the left side percussion was slightly impaired with a few ^{moist} minute râles and bronchophony. Two days before his decease he became very weak and could hardly articulate, and he died on the 18th of June at a $\frac{1}{4}$ after 2 O'clock P.M.

Treatment was palliative consisting of expectorants, mineral acids to check the night sweats, opiates & wine and nourishing food according to his taste.

Copied by
J. Irvine M.D.

(Signed) Robertson M.D. L.R.S.

Sectionis Cadaveris horæ XXII post mortem.

Externæ appearances. Body much emaciated. Marks of counter-irritants in front of the chest. Left lower extremity very œdematous.

Cranium. Considerably increased sub-arachnoid effusion. Fluid in the
ventricles

ventricles also greater than usual. Substance of the Brain presented nothing unusual. Weight lb 3. oz 2.

Thorax. Heart a white patch on the outer surface of the right ventricle. Muscular tissue of both ventricles unusually soft and flabby. Very trifling atheromatous deposit in the commencement of the aorta. Valves healthy. Weight 10½ oz. Larynx & Trachea healthy.

Lungs. Pleura on right sides very firmly adherent. Whole texture of right lung disorganized by tubercular deposit, and condensed so as to sink in water. Numerous cavities of various sizes throughout the lung, chiefly limited to the two upper lobes. Left lung free from adhesions. Superior lobe infiltrated throughout with tubercles in the second stage, and containing one small cavity towards the apex. Lower lobe, much congested containing a few milinary tubercles. Weight of lungs, Larynx, & Trachea lb 7.

Abdomen. Liver ^{the} of usual size, much congested. Gall bladder distended with fluid bile. Weight lb 3. oz 8.

Spleen rather pale & friable. Weight 6 oz.

Kidneys. Both pale, apparently affected with fatty degeneration. Several of the tubuli partially obliterated. Cortical substance unusually pale. Capsule stripped off without any difficulty and the external surface presenting a mottled aspect. Left the larger of the two, weighing 7½ oz. Right 6 oz. 3 dr.

Mucous Membrane of the Stomach & Intestines with the exception of a few congested patches in the latter, was healthy.

McKewen S.A.S.

Copied by John Brown M.D.

N^o 19-

Reg ^d	Name & Rank	Age	Disease	Admitted	Died	Duration of disease	Where Contracted	Mortality	Regis. Folio
83.	P ^{te} Michael Mcker	18	PL ^l Virus Pulmonalis Bronchitis Chronica	9 th April 1849.	27 th June 1849.	Five Months	Fin Hook, Ireland	15	311 146.

An Irish labourer served one year at home, enjoyed good health previous to his present fatal illness, which commenced at Cork last February. — His first symptoms were that of acute bronchitis: treated by Venesection and Tarter Emetic. The disease assumed a Chronic form, and he was accordingly admitted into this hospital. He was then emaciated, somewhat affected with dyspnoea, Cough and slight mucous expectoration. The chest sounded clear on percussion, respiration natural over left lung. Respiratory murmur indistinct over the right lateral region. Night expectoration under corresponding sputa, increased Cardiac action. Slight haem over right subclavian. On 15th May. Expectoration became more profuse and more profuse, and the disease from this period progressed rapidly. — On the 2nd June the following physical & stethoscopic signs were observed by Mr. Franklin. On looking over the chest, there was a deficiency of Muscular covering — The spaces between the ribs were well seen — forming depressions. The lungs did not

felt well by inspection. on percussion, the left Superior Clavicular Region was perfectly dull. The right slightly so - right inferior Clavicular a little resonant, otherwise normal - left gave an "Exaggerated" cracked pot sound on percussion extending obliquely downwards and upwards - The breathing was disturbed by the strong blowing sound existing in the subclavian, and synchronous with the heart sounds. The breathing below right Clavicle was exaggerated and running in towards the axilla. a low crep-
itating somewhat accompanied expiration: under left clavicle pectoriloquy, and extensive gurgling somewhat common in Clavicular region spreading obliquely upwards towards the axilla. - on the back exaggerated breathing on left upper scapular region, mixed up with a ringing metallic sound, coming after the vocal sound. - on the 8th disease was noted as advancing on right lung, very rapidly, a considerable portion appearing to be softening and ulceration. - on the 10th Cough in right lung spreading fast - pectoriloquy almost equal on both sides. - abundant loose mucous expectant and common rales existed all over the chest - 13th all the signs yielded by auscultation were present, and becoming more extensive. pulse could not be counted. - During the last six weeks he was troubled with diarrhoea at intervals. the last attack was about 2 weeks before death, and slight, the night sweats commenced about the same time and continued to the fatal termination with undiminished severity. The expectoration was profuse for the last ten days, and remained so till within a few hours of death, and it was entirely purulent. - The treatment pursued throughout was principally palliative. Pepsin acid, Sulphuric acid, Opium, and generous diet. The Cod Liver Oil would not remain in his stomach, and after a short time was discontinued -

Copied by Robt. G. Heath

Section Cadaverica hora xxii post Mortem

External appearances. Body a good deal emaciated. - Cranium. Considerably increased effusion at base of brain and in the lateral Ventricles - The Motor unusually vascular the number of bloody points on making a section of the brain greater than usual. Weight of brain. 2 lbs 4 3/4. Thorax. 20z of fluid contained in Pericardium - Muscular tissue of Heart pale and flabby, and its Cavities generally dilated slight thickening of Mitral Valves. Aortic Valves healthy. Weight of Heart 11oz. Larynx and Trachea. lining Membrane presented nothing unusual. Lungs. Lobe slightly adherent towards their apices. especially the left. Superior and middle lobes of right infiltrated with tubercles in the second stage, and containing one or two small Cavities towards their junction. Inferior lobe much congested and studded with milium tubercles. Left lung. Nearly its whole substance completely disorganised, containing several irregularly shaped Cavities of considerable size, towards the apex, and its texture so condensed so as to sink in water, Glands surrounding the ramification of the bronchi in both Lungs much enlarged from tubercular deposit. Weight of Lungs 4 lbs 8 3/4. - Abdomen. Liver 3 lbs 9oz. Gall bladder of small size and nearly empty. Right lobe especially much congested, texture exceeding by friable.

Section presenting a mottled appearance. Left lobe paler & firmer
 Consistent and presenting the same mottling on section.
Spleen. a good deal congested but firm containing one or two tubercles. Weight 9oz.
Kidneys. Left affected with fatty degeneration of larger size than Right
 Capsule easily stripped off, presenting irregularly an irregularly vascular
 appearance. Weight 6oz 12 drachms — Right intensely injected, several of
 the tubuli obliterated and its outer surface bearing the same aspect as left
 Weight 5oz 1 drachm. — Stomach, large and small intestines, Mucosa Membrane
 of them healthy. —

Copied by Robt. G. M. Smith,

J. M. M. M. S. S.

Ref.	Name & Rank	Age	Disease	Admitted	Died	Duration of Disease	Where Contracted	Local Ref.	File
P. Ref. 11th	James King Private	18	Phthisis Pulmonalis	Feb. 20/69	June 20/69	184 days	England	14	316 / 69.

An Englishman, a railway porter, of 2 months service, is described as a tall well
 made lad but delicate looking, was admitted into Hospital only ten days after
 entering the service; under the head of Colours. Acute. Such which time the symptoms
 of Phthisis have become evident; on the day of his admission his chest was examined
 was well formed & expanded equally. On percussion there was a slight dulness in
 both infra clavicular regions, especially the left; respiratory murmur feeble over the left
 side, & fainter on the right. Respiration is harsh and rough at the apex of the left lung;
 there were some crepitant-mucous râles audible over the upper part of both lungs.
 He has never spit blood or had night sweats. On the 29th his cough became worse the
 sputa became streaked with florid blood, but no pain in the chest & pulse very weak,
 he grew better alternately until the 3rd of March, when a decided change for the better
 took place; he then became very much weaker, lost his appetite, & began to look
 pale & haggard. He took some Opium to allay his cough & slight prostration. On March
 16th night sweats first commenced accompanied with expectoration of purulent matter,
 his appetite continued the same, he was ordered a bl. to his chest which gave him no
 relief. April 1st symptoms continued the same, & is looking flesh rapidly. On 5th Doctor's
 was heard in the infra & supra scapular regions of the right side with dulness on percussion
 & resonance of voice. On 28th his cough & expectoration were so frequent as to prevent his
 sleeping. On May 6th had an attack of bronchitis. 28. Cough has increased expectoration more copious
 & getting much weaker. From this time the patient continued to sink & he lingered until 30 June.
 The treatment he has been under was chiefly purgatives together with generous diet & wine.

Section Cadaveris. hora XXIII Post Mortem.

External Appearances Body much emaciated, few scars upon left trochanter & crest
 of ilium. Cranium. Considerably increased subarachnoid effusion quantity of fluid at base of brain
 greater than usual substance of brain softer than natural weight 5^{1/2} lbs. Thorax 2^{3/4} of fluid
 contained in pericardium, heart healthy weight 8^{1/2}. Trachea and bronchial tubes filled with

with purulent matter. On opening the thorax right lung was found collapsed, compressed against the spine and firmly adherent towards its apex by lymph of old standing; & 3/4 of clear fluid contained in right pleural sac. Pleura pulmonalis considerably thickened & firmly adherent to the lung. On cutting into the texture of the lung three cavities of large size were found in superior & middle lobes filled with purulent matter, & lined by a discoloured membrane. Lower lobe much congested containing tubercles in second stage, & others of more recent deposit. Left lung very firmly adherent to chest & diaphragm, one cavity of large size in the apex of superior lobe and several smaller ones in centre, lower lobe free from tubercular deposit, but intensely congested. On making a section of this lobe purulent matter exuded from several points, but the texture of the lung was crepitant throughout, & did not sink in water. Trachea. Arteries of large size projecting nearly as far down as the umbilicus. Gall bladder enormously distended with dark coloured bile. On making a section of the liver its texture was found unusually firm & pale, presenting the characteristics of fatty or rather waxy liver. On pressure a considerable quantity of blood could be expressed wgt of same 1/2. Spleen rather large wgt 10 1/2. Others were natural. Stomach (left) w 1/2 large size affected with fatty degeneration several of tubuli obliterated. Esophagus empty, shagreened, its outer surface much mottled. Kidney (right) w 1/2 presented almost the same appearance in a more marked degree. Mucous membrane of stomach & duodenum healthy. Numerous ulcerated patches through whole course of small intestine & in the Caecum coli.

Copied by Saml S. Miller.

Webster M.D.

No 21-

Regt	Name & Rank	Age	Disease	Admitted	Died	Duration of Disease	Where Contracted	Ward	Regist	Folio
11th	Samuel Frenchard Corp	31	Phthisis Pulmonalis	June 19 th 1849	July 1 st 1849	Since 1845	At Sea	15	317	147

An English blacksmith - total service 10 years and 6 months - served nearly four years in Australia & the remainder at home - a healthy man previous to enlistment - had occasional attacks of catarrh slight hoarseness between 1841 & 1845. During the latter year when on a voyage out to Australia had a severe cold after exposure to wet. Cough with occasional homoptysis supervened and he has been almost constantly in hospital ever since. He was under treatment in this hospital for Phthisis Pulmonalis on 6th June 1849. He then complained of cough, slight expectoration and considerable dyspnoea - - - Some of the stethoscopic signs noted by Mr. Frankham were as follows "Left supra clavicula region dull - below the peculiar cracked resonant note indication of a cavity, Pectoriloquy also present in the same locality, but auscultation is much obscured by the noise occasioned by the emphysematous state of the lungs" "loud splashing mucous crepitation bronchi heard all over the back. The surface of the body is - he makes a long inspiration and a short expiration. Sound of heart cannot be heard owing to the disturbance of breathing.

He was discharged to appear before the Chelsea Board on June 15th 1849 and was re-admitted on the 19th of the same month. All the symptoms above detailed were present but in an aggravated degree. His pulse was very full and irregular, there was much thoracic pain incurred on each respiration. The respiration being principally abdominal,

On the 20th each inspiration resembled a gasp, the expiration and inspiration and inspiration accompanied by emphysematous crackling. The symptoms continued to increase, the countenance assumed a most anxious expression and was of a lead hue, he was unable to sleep and in fact to rest in any position, On the 28th his strength was evidently failing, during the following days he got gradually weaker and expired on the 1st July.

No treatment seemed of much service except a full dose of Morphia which sometimes procured him a temporary relief. Other Anemonia & blistering were also tried.

Copied by
John Yates M.D.

(Signed)

J. Ross Samelson M.D.
Jefferson 2nd Clap.

Sectio Cadaveris Horæ XXI post Mortem

External Appearances. Body not much wasted, sternum unusually depressed and the cartilages of the false ribs prominently marked of blistering on anterior surface of chest.

Cranium. Head not examined.

Thorax. An ounce and a half of fluid in the pericardium. Heart of large size, superficial vessels greatly engorged, Muscular tissue of left ventricle unusually firm, walls thickened and cavity much dilated, right ventricle in same condition, incipient atheromatous deposit in the commencement of Aorta, causing a roughening of its lining membrane, Aortic and Mitral valves both healthy, Weight of heart 14 oz and a half, after carefully removing all coagula. Larynx and Trachea healthy. On opening the thorax left lung did not collapse and was found overlapping the heart more than usual, this pleural cavity contained a small quantity of air. Right lung was intimately adherent to the walls of chest so that a separation was effected with great difficulty, on cutting into its texture one cavity of the size of a walnut lined with a distinct membrane was found in the apex of superior lobe, a few tubercles in the 2nd stage were found in its vicinity, middle and inferior lobes unusually cupulant though much congested, pleura pulmonalis thickened and firmly adherent to the lung. Left lung also firmly adherent containing one large cavity in the apex posteriorly, quite superficial and most probably communicating with a bronchial tube, though this could not be found out. There was another cavity of smaller dimensions towards the upper border of inferior lobe, but I can only say tubercles were found in the vicinity of either this lung especially towards the lower border of inferior lobe was evidently emphysematous and likewise a good deal congested. Weight of Lungs Larynx and Trachea 16 oz and a half.

Abdomen. Liver of small size, intensely congested giving a nutmeg appearance. Weight 16 2 oz 7. Spleen natural, Weight 13 7. Kidneys Left healthy, Right slightly affected with serophulous deposit.

Capsule easily stripped off. Weight of each oz 6, -

Mucous Membrane of Stomach presented one uniform brick red colour throughout, the amount of vascularity not being greater at any one portion than at another and no abrasion present. The whole of the intestinal canal including the Colon was likewise very highly congested, but no traces of ulceration could be detected in any part -

Robertson M.D.

Copied by
John Gates M.D.

No. 22. -

Regt.	Name & Rank	Age	Disease	Admitted	Died	Duration of Disease	Where contracted	Height	Weight	Temp.	Pulse
39 ^R	John Hartnett. pte	25	Phthisis Pulmonalis	June 20 th /49	7 th July/49	5 1/2 weeks	Preston	10	318	120	

An English Labourer of 3 years service at home; states that about 4 months ago when stationed at Preston he was exposed to cold and since then has been subject to severe cough. He never spat any blood has had night sweats, but none for the last 10 days, and has been losing flesh very rapidly of late; - At present (June 20th) complains of cough, dyspnoea, thirst and loss of appetite, has also slight diarrhoea. He is much emaciated & broken down - Chest is narrow and ill formed - On examination there is marked dulness in front beneath the left Clavicle as far down as the nipple, tubular respiration and pectoriloquy - On right side percussion is much clearer in front with pleuritic respiration; behind on this side percussion is dull with moist rale and marked resonance over the inferior angle of the Scapula; Bears the mark of the letter D in the usual place. Has pretty copious purulent expectoration, but no night sweats, Pulse 86. For 3 or 4 days subsequent to this report his symptoms remained without much change. The diarrhoea varying as well as his strength each day;

" June 24th Diarrhoea not so frequent this morning, but feels terribly distressed by the Cough. Expectoration very copious, purulent and globular in form. Sleeps scarcely any at night, no night sweats, pulse weak and compressible. 120,

" 29th Feels rather better this morning, having slept better last night inasmuch as he was not so much disturbed by the cough, complains however greatly of the weakness and purging, appetite very poor, pulse still very weak and compressible but not so rapid as at last report (100), loud mucous rales, gurglement and tubular breathing to be heard beneath the left Clavicle and beneath the right bronchophony, becoming louder as you travel nearer the Sternum accompanied by an occasional mucous rale. July 1st Feels exceedingly weak and spent, appetite very poor, expectoration somewhat easier, purging is still very bad with him, has been annoyed to day with fainting fits and perspirations, also yesterday,

" 4th Appears much exhausted this morning, chills very much during, expectoration is easy, has got some relief to day from the purging, but was very much annoyed by it during the night, vomited yesterday evening a quantity of green slimy matter;

July 6th Still becoming weaker, mians very heavily in his sleep, drinks much the same, Countenance cadaverous, Cough and Expectoration still severe,

" 7th Died this morning at a ¼ to ½ A.M.

Treatment for the original disease has been palliation, consisting of Sedatives and Expectorants with wine and generous diet, and for the Diarrhoea Astringents in the form of Mixture and Pill.

Examined by
Robt. McGregor

Section Cadaveris Hora XVI post Mortem

External Appearances. Body extremely emaciated.

Cranium. An unusual amount of serous effusion at Base of Brain, and the posterior cornu of each lateral Ventricle distended with reddish colored serum. Substance of Brain beyond inward fornixes presented nothing abnormal, weight 3 lb. 6 ½ Oz.

Thorax. Pericardium contained 2 Oz of yellowish fluid.

Heart of small size and muscular firm, Valves healthy, weight 11 ½ Oz.

Lungs, Right pleural cavity contained 2 Pints of fluid.

Pleurae adherent on this side very firmly by lymph of old standing.

Pleura pulmonalis much thickened and firmly attached to lung.

externally it presents a remarkably irregular and pockered appearance, the 3 lobes of this lung all united together so that the distinction between them cannot be made out. On cutting into the texture of this lung it was found to be considerably congested and much condensed, and contained one or two tubercular maps at the junction of Superior and Middle lobes. but no cavities.

Left Lung completely disorganized by tubercular deposit the whole texture infiltrated with cheesy maps containing one or two irregular cavities in Apex of Superior lobe.

Trachea and Bronchial Tubes filled with purulent matter and slight congestion in posterior part of former.

Abdomen. Liver rather small, texture much congested, soft and lacervable, weight 2 lb 11 ½ Oz.

Kidneys left contained a tubercular map the size of a bean in the cortical substance on being cut into this was found softened in the centre. Kidney of small size, weight 4 ½ Oz.

Right Kidney same size as left slightly affected with scrofulous deposit, Capsule easily stripped, external appearance of Kidney mottled.

Mucous Membrane of Stomach and Duodenum healthy.

Solitary glands in the Ileum enlarged from tubercular deposit, a few having advanced to ulceration, -

The whole of the large Intestine presented one mass of ulceration, at one or two points presenting a sloughing appearance, at others of a leucal hue.

Copied by
Robt. MacGuzer

N^o 23-

W. W. W. W. W.

Past.	Name & Rank	Age	Disease	Admitted	Died	Duration of disease	Where contracted	Length of stay	Height	Weight
61	James Packer	21	Intermittent febrile	27 th April 1849	July 15 th 1849	2 mo. 19 days	Chatham	10	318	53

James Packer an Irish recruit of one month's standing admitted in consequence of diarrhoea which he has had four days. Soon to stool four or five times during the day tenderness of abdomen on pressure. Tongue white. Pulse frequent. Thirst urgent. The diarrhoea lasted for merely a few days when his stools became restored to their natural color and consistence but he now has a slight sore throat and excoriation of the anus. In a day or so more he became feverish in the morning and an excoriation was perceived on the flans penis and prepuce, and on the 7th May he began to complain of shivering at night and slight cough. He had also at this time troublesome perspirations at night. On the 9th the sore on the penis had healed, but his looks were very delicate and he did not take his food with much relish. On the 15th he had cough, expectoration to a considerable extent and on examination his chest was found badly formed and narrow his body much emaciated. Percussion dull on left side especially with prolonged and harsh respiration. Skin hot. Pulse 120. He had also a good deal of dyspnoea at night and on further examination on 20th dullness on percussion beneath the left clavicle appeared more marked. Respiration still harsh and there was marked bronchophony on far down as the nipple on the right side. Spleen's dimensions were normal. He now stated that about a week before admission he had an attack of rheumatism; from this time the pulmonary symptoms became more marked and his strength daily reduced, at one time by the severity of the cough, and mucopurulent expectoration, at another by the night sweats and on occasion of attack of diarrhoea. He had also now a then an attack of pain in the left side and was sometimes annoyed by flatulent distention of his bowels. His urine stopped on one occasion (June 8th) for 14 hours, when on the introduction of the catheter a large quantity was withdrawn. June 26th he complained greatly of the severity of the cough which prevented him from getting any rest during the night. He was much harassed by fainting fits and by the hectic perspiration. Loud mucous rales, pectoral, were here distinctly heard under left clavicle. Skin was hot. Appetite very bad. Pulse weak, thready and compressible and sometimes dichotomous in character (88 & 90).

From this date he began to sink rapidly. He cough became very severe. Spitting returned occasionally alternating with the right breast. He then began to sleep off over the prothorax of the thorax. Sputa were profuse and consisted almost entirely of yellow pus sometimes purulent. 13th July, two days before he died he followed. Stethoscopic report was made. Chest on percussion sounds clear on both sides in front under the left clavicle and over most of the chest anteriorly on the same side here can be heard loud cavernous respiration with mucous rales and gurgling both the inspiration and expiration on the left side are loud and prolonged and bronchophony is audible over the same side. All the sounds audible on the left side anteriorly are also heard posteriorly. Towards the base of the right lung posteriorly there is some dulness, but it is very slight. Towards the last 48 hours of his life were confined. Pulse 120 and wretchedly weak. July 15th Died this morning at 3¹⁵ past 3 o'clock A.M. Treatment for the Diarrhoea, consisted of small doses of Castor Oil with Spirit. Opium followed by Dover's Powder at night and for the Phthisis, tinct. Sedatives, Expectorants, Pines, both vegetable and mineral, Rhubarb together with a plentiful supply of pure air diet. Wine. Pains he.

(Signed) John Coats, M.D.

Opus by E. J. Blackburn, Candidate.

Scelio Cadaveris. hirci 9^a. Post Mortem.

Weather rainy and damp.

Body emaciated. Small superficial circular ulceration on upper and inner border of left thigh. Cellular tissue destroyed with destruction of the psoas in addition.

Cranium. Brain healthy: wgt. 3 lbs 5 oz.

Thorax. Heart. 7 oz. Heart & pericardium. Atriole of right ventricle and auricle - also one more recent on apex of left ventricle. Small rigid organ. Muscular tissue firm. Valves healthy. Commencement of Atheromatous deposit on Aorta. Wgt of organ 7 1/2 oz. Lungs. Slight thickening. Superficial ulceration lining membrane. Larynx same state.

Lungs. Both permanent adhesions to walls of chest and Diaphragm. Right. Most so. On cutting into texture deep and middle lobes were found completely disorganized by tubercular deposits, in part & some places the pulmonary tissue was nearly gangrenous giving off an excessively disagreeable odor. Many cavities existed and one of large size and irregular shape towards apex. Lower lobe was much congested, crepitant, ~~abundant~~ contains no tubercle.

Left. An enormous cavity at the apex. Rest of superior lobe entirely disorganized containing innumerable small cavities, lined by membrane, contains purulent matter. Lower lobe infiltrated with tubercle in 2nd stage except a small portion of inflamed margin. Wgt of whole 5 1/2 lbs.

Abdomen.

Liver normal size much congested, texture friable wgt 2 lbs 5 oz.

Spleen Natural - wgt 5 oz

Kidneys. (Left) large size. Slightly affected with scarificious deposit. Capsule thickened. Separable with difficulty wgt 7 oz.

(Right) An hyperostosis of stroma of organ. Conical in form situated in wgt 1 lb below kidney. Texture must same as right. wgt same.

Mesenteric glands much enlarged with tubercular deposit not softened.

Stomach mucous mem. healthy.

Intestines Mucous memb. of whole tract covered with innumerable ulcers in all stages short of perforation. Mucous Membrane. Whole mucous membrane greatly increased in vascularity.

Copied by C. J. Francis Candidate.

Robertson F.R.S.

No. 24.

Reg.	Name & Rank	Age	Disease	Admitted	Died	Duration of Disease	Where Contracted	Grade	Regiment	Notes
44 th	Pte George Gilbert	24	Pthisis Pulmonalis	May 27 th 1840	July 15 th 1840	111 days.	England	11.	312.	115.

Pte George Gilbert at 24. 44th Reg^t was admitted into Grade 11. General Hospital Fort Pitt. May 27th 1840. labouring under Pthisis Pulmonalis and died July 15th 1840 at 1/4 2 P.M. having been in Hospital 111 days. Register 312. Folio 115. An Englishman - a Labourer of six years & four months' service, of which eleven months in Malta, the rest at home. He first complained of cough and difficulty of breathing, two years since, when on march in Jan^y 1838; has been in hospital frequently for Chronic Bronchitis, Fever & Phlegmons. On perussing his chest distinct dulness was audible over both subclavicular regions - also in: creased resonance of voice; Breath very much relaxed, coming almost every hour, sometimes watery and full of threads of Gymph. His cough is exceedingly troublesome and he expectorates considerable quantities of muco-purulent matter. It appears from the Register that continuously from the time of his admission the cough expectoration and relaxed state of bowels continued the same until June 20th when he slept for six hours without intermissions; the following night however ushered in the former symptoms with profuse sweats; these continued until the 4th of July when his appetite, which soon was good, failed him altogether, the diarrhoea becoming more troublesome than ever notwithstanding all the remedies used. On the 11th of the same month the Medical Officer was sent for to see him at 8 P.M. when he appeared to be very low & sinking & quite exhausted, his

notions continually passing in his, appetite entirely gone, his tongue coated with a brown fur. Pulse very quick, & feeble & evidently in a sinking state. On the 15th he died at 9 A.M. never having rallied since the 11th the symptoms continuing to increase, if possible, in severity.

The Treatment he had been under is as follows. Powerful astringent medicines in combination with Opium to allay, if possible, the irritability of bowels. Saccharum of Marsh and Opium were frequently employed and also anodyne draughts at night and during the day.

Copied by Wm. Stokes M.D.

Actio Cadaveris hora 27^{ra} post mortem

External Appearance. Body emaciated. Marks of cupping on right side of chest, & of blistering over right iliac region.

Cranium. Membranes and substance of the Brain healthy. Weight 2 lbs. 12 oz.

Thorax. Quantity of fluid in the pericardium natural. Right ventricle filled with yellowish coagula. Muscular fibres of heart rather pale & flabby. valves healthy. weight 8 oz.

Lungs. Right very firmly adherent to Chest and Diaphragm by lymph of its standing. Superior lobe disorganized by tubercular deposit containing one cavity of considerable size in the apex, and several smaller ones throughout. Lower lobe contained one or two tubercular masses and was much congested.

Left. also very firmly adherent. Superior and middle lobes quite disorganized. several cavities of large size in the former. Lower lobe contained a few tubercles in the 2^d stage, and its inferior border was slightly emphysematous.

Weight of Lungs Larynx and Trachea 3 lbs 13 oz.

Abdomen. Liver of large size, especially the right lobe. gall bladder distended with dark viscid bile. Texture of Liver unusually firm - towards its outer surface presenting a marked nutmeg appearance and more deeply having a uniform waxy aspect. Weight 5 lbs. 2 oz.

Spleen. large. texture firm. capsule slightly thickened. Weight 11 1/2 oz.

Kidneys. Left of small size. pale and bloodless. a few of the tubuli obliterated. Capsule thickened and opaque and removed with difficulty. Weight 5 1/2 oz.

Right presented the same appearances in a much more marked degree.

Stomach healthy. mucous coat slightly tinged with bile.

Whole of the Stomach from its commencement downwards intensely injected of a venous hue. containing at intervals circular ulcers in

Sectio Cadaveris hora viii^{ta} post mortem

External Appearance - Body emaciated. Marks of blistering and counter irritation on anterior surface of Chest.

Cranium Membranes of Brain, much congested with increased serous effusion at the base. Pachionian glands: enlarged apparently from tubercular deposit. Towards the anterior extremity of right hemisphere tubercular matter was found immediately beneath the Arachnoid. On cutting into this portion of the Brain it was found in a state of bottom softening, with a coagulum of dark colored blood in the center, situated about two lines in depth from the surface of the hemisphere. The softening was found to extend deeply into the substance of the Brain involving a considerable portion of the left lobe. Lateral ventricles unusually dry and Choroid Plates pale. Left Hemisphere healthy.

Thorax Pericardium contained 4 or 5 of fluid. Heart left ventricle slightly hypertrophied, muscular tissue unusually firm, valves healthy height 10 1/2. Larynx & Trachea two small ulcers (cancers) at the posterior angle of each vocal chord. Trachea itself congested and filled with a dirty colored thick mucus. Lungs, Left adherent to Chest & Diaphragm by bands of lymph. It did not cling though separated without much difficulty - a pint & a half of fluid found in this Plural cavity; texture of Lung much congested, with numerous tubercular masses in the second stage - confined principally to the superior lobe. Bronchial glands much enlarged from tubercular deposit. Right Lung free from adhesions studded throughout with milium tubercles a few in the superior lobe being advanced to the second stage, lower lobe this Lung slightly emphysematous, weight of Lungs Larynx and Trachea 3 lb 12 oz.

Abdomen Liver, Left lobe much enlarged. Externally the liver was of a pale but still appeared on the Peritoneal investment containing a few milium tubercles. Section presented a marked mottled appearance, with several small tubercular masses and coat of some of the vessels thickened by the same texture unusually friable weight 3 lb 12 oz. - Spleen capsule contained considerable amount of tubercular matter in flattened masses, at one or two points studded, texture firm weight 8 oz. - Kidneys, Left contained several points of tubercular deposit, some of the tubuli were obliterated weight 6 1/2 oz. Right contained a small cyst lined by distinct membrane weight 6 1/2 oz. - Mesenteric glands much enlarged and infiltrated with tubercles of firm consistency in which no traces of softening could be observed. Stomach and Duodenum healthy; numerous patches of ulceration throughout the small intestines but little increase of vascularity in any parts of the Intestinal membrane - Colon & Rectum appeared healthy.

R.T. Jackson
candidate

W. W. Johnson M.D.

Regt	Rank & Name	Age	Disease	Admitted	Died	Duration of Disease	Where Contracted	Ward	Regt	Folio
1st Bn 1st Regt	Pt. Angus Robertson	43	Cholera Morsus	August 1st	August 1st	1 day	St. Mary's	11	320	7

As this man was buried 3 hours after death, no post mortem examination was made.

M. Robertson S. A. S.

No. 27.

Regt	Name & Rank	Age	Disease	Admitted	Died	Duration of Disease	Where Contracted	Ward	Regt	Folio
24	Pt. James Robinson	18	Phthisis Pulmonalis	July 5th 49	August 6th 49	6 months	Glasgow	10	318	143

Pt. James Robinson aged 18 years & 11 months, 24th Regt admitted July 5th 1849 at Duration of disease 6 months, Died August 6th 1849 at 1/2 past 10 P.M. Disease Phthisis Pulmonalis, Ward 10 Medical Division, Regt 318 Folio 143

An Irishman, labourer of 11 months service enjoyed good health before enlistment. First symptoms of his illness appeared in July last when stationed at Glasgow when he complained of severe Cough, Shortness of breath, palpitation, Soreness of and to the Sternum, & pain under the left breast, for these symptoms he was admitted into the Regt Hospital on the 5th of the same month, where he remained until sent here, & with these had at times a copious expectoration of tough yellowish & sometimes frothy white character occasionally tinged with blood, but had no regular Haemoptysis, had night sweats but no diarrhoea, on admission he had a sthenic emaciated look, & stated that he had continued to lose flesh rapidly since he became ill. He complained of all the symptoms he had at the commencement of his illness. In addition he has a very distressing sickness of stomach & bad taste on his mouth.

The Physical Signs noticed on his admission into Hospital here were as follows. Formation of Chest is bad, being very flat anteriorly under the clavicles the cartilages of the false ribs are very prominent, Chest sounds rather clear than natural on the right side, & on placing the Stethoscope under the right clavicle very loud metallic tubular breathing is heard for the extent of near 3 inches, it is then lost in a loud mucous crepitus, but is again found about the 6th rib. I distinctly heard over nearly all the right chest anteriorly. Posteriorly the same sound is heard over the R. side with scarcely any interruption, & both anteriorly & posteriorly when the patient coughs a gurgling sound is audible, on the left the respiration is somewhat louder than natural, but with the exception of an occasional mucous crack not much else is to be noticed. The vocal resonance however is louder on this side than on the right, so also the thrill of the voice to the hand. He acts with sharp & rapid, Pulse fuller than one would expect (120) From the time he was admitted he began rapidly to sink his pulse every day became fuller more rapid & more compressible. Heavy perspirations set in around his head & shoulders alternating with diarrhoea. The cough harassed him, extending 3 or 4 or 5 or 6 or 7 or 8 or 9 or 10 or 11 or 12 or 13 or 14 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 or 23 or 24 or 25 or 26 or 27 or 28 or 29 or 30 or 31 or 32 or 33 or 34 or 35 or 36 or 37 or 38 or 39 or 40 or 41 or 42 or 43 or 44 or 45 or 46 or 47 or 48 or 49 or 50 or 51 or 52 or 53 or 54 or 55 or 56 or 57 or 58 or 59 or 60 or 61 or 62 or 63 or 64 or 65 or 66 or 67 or 68 or 69 or 70 or 71 or 72 or 73 or 74 or 75 or 76 or 77 or 78 or 79 or 80 or 81 or 82 or 83 or 84 or 85 or 86 or 87 or 88 or 89 or 90 or 91 or 92 or 93 or 94 or 95 or 96 or 97 or 98 or 99 or 100 or 101 or 102 or 103 or 104 or 105 or 106 or 107 or 108 or 109 or 110 or 111 or 112 or 113 or 114 or 115 or 116 or 117 or 118 or 119 or 120 or 121 or 122 or 123 or 124 or 125 or 126 or 127 or 128 or 129 or 130 or 131 or 132 or 133 or 134 or 135 or 136 or 137 or 138 or 139 or 140 or 141 or 142 or 143 or 144 or 145 or 146 or 147 or 148 or 149 or 150 or 151 or 152 or 153 or 154 or 155 or 156 or 157 or 158 or 159 or 160 or 161 or 162 or 163 or 164 or 165 or 166 or 167 or 168 or 169 or 170 or 171 or 172 or 173 or 174 or 175 or 176 or 177 or 178 or 179 or 180 or 181 or 182 or 183 or 184 or 185 or 186 or 187 or 188 or 189 or 190 or 191 or 192 or 193 or 194 or 195 or 196 or 197 or 198 or 199 or 200 or 201 or 202 or 203 or 204 or 205 or 206 or 207 or 208 or 209 or 210 or 211 or 212 or 213 or 214 or 215 or 216 or 217 or 218 or 219 or 220 or 221 or 222 or 223 or 224 or 225 or 226 or 227 or 228 or 229 or 230 or 231 or 232 or 233 or 234 or 235 or 236 or 237 or 238 or 239 or 240 or 241 or 242 or 243 or 244 or 245 or 246 or 247 or 248 or 249 or 250 or 251 or 252 or 253 or 254 or 255 or 256 or 257 or 258 or 259 or 260 or 261 or 262 or 263 or 264 or 265 or 266 or 267 or 268 or 269 or 270 or 271 or 272 or 273 or 274 or 275 or 276 or 277 or 278 or 279 or 280 or 281 or 282 or 283 or 284 or 285 or 286 or 287 or 288 or 289 or 290 or 291 or 292 or 293 or 294 or 295 or 296 or 297 or 298 or 299 or 300 or 301 or 302 or 303 or 304 or 305 or 306 or 307 or 308 or 309 or 310 or 311 or 312 or 313 or 314 or 315 or 316 or 317 or 318 or 319 or 320 or 321 or 322 or 323 or 324 or 325 or 326 or 327 or 328 or 329 or 330 or 331 or 332 or 333 or 334 or 335 or 336 or 337 or 338 or 339 or 340 or 341 or 342 or 343 or 344 or 345 or 346 or 347 or 348 or 349 or 350 or 351 or 352 or 353 or 354 or 355 or 356 or 357 or 358 or 359 or 360 or 361 or 362 or 363 or 364 or 365 or 366 or 367 or 368 or 369 or 370 or 371 or 372 or 373 or 374 or 375 or 376 or 377 or 378 or 379 or 380 or 381 or 382 or 383 or 384 or 385 or 386 or 387 or 388 or 389 or 390 or 391 or 392 or 393 or 394 or 395 or 396 or 397 or 398 or 399 or 400 or 401 or 402 or 403 or 404 or 405 or 406 or 407 or 408 or 409 or 410 or 411 or 412 or 413 or 414 or 415 or 416 or 417 or 418 or 419 or 420 or 421 or 422 or 423 or 424 or 425 or 426 or 427 or 428 or 429 or 430 or 431 or 432 or 433 or 434 or 435 or 436 or 437 or 438 or 439 or 440 or 441 or 442 or 443 or 444 or 445 or 446 or 447 or 448 or 449 or 450 or 451 or 452 or 453 or 454 or 455 or 456 or 457 or 458 or 459 or 460 or 461 or 462 or 463 or 464 or 465 or 466 or 467 or 468 or 469 or 470 or 471 or 472 or 473 or 474 or 475 or 476 or 477 or 478 or 479 or 480 or 481 or 482 or 483 or 484 or 485 or 486 or 487 or 488 or 489 or 490 or 491 or 492 or 493 or 494 or 495 or 496 or 497 or 498 or 499 or 500 or 501 or 502 or 503 or 504 or 505 or 506 or 507 or 508 or 509 or 510 or 511 or 512 or 513 or 514 or 515 or 516 or 517 or 518 or 519 or 520 or 521 or 522 or 523 or 524 or 525 or 526 or 527 or 528 or 529 or 530 or 531 or 532 or 533 or 534 or 535 or 536 or 537 or 538 or 539 or 540 or 541 or 542 or 543 or 544 or 545 or 546 or 547 or 548 or 549 or 550 or 551 or 552 or 553 or 554 or 555 or 556 or 557 or 558 or 559 or 560 or 561 or 562 or 563 or 564 or 565 or 566 or 567 or 568 or 569 or 570 or 571 or 572 or 573 or 574 or 575 or 576 or 577 or 578 or 579 or 580 or 581 or 582 or 583 or 584 or 585 or 586 or 587 or 588 or 589 or 590 or 591 or 592 or 593 or 594 or 595 or 596 or 597 or 598 or 599 or 600 or 601 or 602 or 603 or 604 or 605 or 606 or 607 or 608 or 609 or 610 or 611 or 612 or 613 or 614 or 615 or 616 or 617 or 618 or 619 or 620 or 621 or 622 or 623 or 624 or 625 or 626 or 627 or 628 or 629 or 630 or 631 or 632 or 633 or 634 or 635 or 636 or 637 or 638 or 639 or 640 or 641 or 642 or 643 or 644 or 645 or 646 or 647 or 648 or 649 or 650 or 651 or 652 or 653 or 654 or 655 or 656 or 657 or 658 or 659 or 660 or 661 or 662 or 663 or 664 or 665 or 666 or 667 or 668 or 669 or 670 or 671 or 672 or 673 or 674 or 675 or 676 or 677 or 678 or 679 or 680 or 681 or 682 or 683 or 684 or 685 or 686 or 687 or 688 or 689 or 690 or 691 or 692 or 693 or 694 or 695 or 696 or 697 or 698 or 699 or 700 or 701 or 702 or 703 or 704 or 705 or 706 or 707 or 708 or 709 or 710 or 711 or 712 or 713 or 714 or 715 or 716 or 717 or 718 or 719 or 720 or 721 or 722 or 723 or 724 or 725 or 726 or 727 or 728 or 729 or 730 or 731 or 732 or 733 or 734 or 735 or 736 or 737 or 738 or 739 or 740 or 741 or 742 or 743 or 744 or 745 or 746 or 747 or 748 or 749 or 750 or 751 or 752 or 753 or 754 or 755 or 756 or 757 or 758 or 759 or 760 or 761 or 762 or 763 or 764 or 765 or 766 or 767 or 768 or 769 or 770 or 771 or 772 or 773 or 774 or 775 or 776 or 777 or 778 or 779 or 780 or 781 or 782 or 783 or 784 or 785 or 786 or 787 or 788 or 789 or 790 or 791 or 792 or 793 or 794 or 795 or 796 or 797 or 798 or 799 or 800 or 801 or 802 or 803 or 804 or 805 or 806 or 807 or 808 or 809 or 810 or 811 or 812 or 813 or 814 or 815 or 816 or 817 or 818 or 819 or 820 or 821 or 822 or 823 or 824 or 825 or 826 or 827 or 828 or 829 or 830 or 831 or 832 or 833 or 834 or 835 or 836 or 837 or 838 or 839 or 840 or 841 or 842 or 843 or 844 or 845 or 846 or 847 or 848 or 849 or 850 or 851 or 852 or 853 or 854 or 855 or 856 or 857 or 858 or 859 or 860 or 861 or 862 or 863 or 864 or 865 or 866 or 867 or 868 or 869 or 870 or 871 or 872 or 873 or 874 or 875 or 876 or 877 or 878 or 879 or 880 or 881 or 882 or 883 or 884 or 885 or 886 or 887 or 888 or 889 or 890 or 891 or 892 or 893 or 894 or 895 or 896 or 897 or 898 or 899 or 900 or 901 or 902 or 903 or 904 or 905 or 906 or 907 or 908 or 909 or 910 or 911 or 912 or 913 or 914 or 915 or 916 or 917 or 918 or 919 or 920 or 921 or 922 or 923 or 924 or 925 or 926 or 927 or 928 or 929 or 930 or 931 or 932 or 933 or 934 or 935 or 936 or 937 or 938 or 939 or 940 or 941 or 942 or 943 or 944 or 945 or 946 or 947 or 948 or 949 or 950 or 951 or 952 or 953 or 954 or 955 or 956 or 957 or 958 or 959 or 960 or 961 or 962 or 963 or 964 or 965 or 966 or 967 or 968 or 969 or 970 or 971 or 972 or 973 or 974 or 975 or 976 or 977 or 978 or 979 or 980 or 981 or 982 or 983 or 984 or 985 or 986 or 987 or 988 or 989 or 990 or 991 or 992 or 993 or 994 or 995 or 996 or 997 or 998 or 999 or 1000

brought up what appeared to be lumps of broken down tubercle. He also suffered much from a feeling of rawness in his throat & chest, on the 31st of July the following report was made of his case, he is greatly spent & exhausted, has a tendency to sleep over the long promanance, over the whole of the right side anteriorly nothing can be heard but loud tubular respiration, it even traverses the mesial line over the same side posteriorly it is also distinctly found, but seems more distant & accompanied by an occasional metallic tinkling & gurgilllement, on the left side especially under the clavicle the respiration is entirely purrles, & behind on same side in the infra scapular space a loud mucous ruppitus exists. He now became so feeble & exhausted that he could hardly articulate & worn out by the cough & perspiration he died on the 6th August at 11 past 10 P.M. His treatment has consisted almost entirely of Sedatives with Chalk mixture for the diarrhoea & Mor. Sine for the perspirations with occasional Counter irritation over the chest, & plentiful supply of good diet, wine Porter &c &c.

(Copied) H. G. Martell

J. Cooper, M. D.

Section, Cadaveris. Hæc XIV Post Mortem

External appearances, Body extremely emaciated, marks of blisters on anterior aspect of chest.

Cranium, Considerably increased effusion at base of Brain, substance of Brain unusually firm, a small tubercular mass, about the size of a pea was situated in left hemisphere, towards its inner base on a level with the Corpus Collosum, weight of Brain 3 lbs 3 ounces.

Thorax, Quantity of fluid in Pericardium natural, Heart of small size. Muscular tissue pale & flabby, Valves healthy, weight 6 ounces 2 drs.

Larynx & Trachea, presented nothing unusual.

Right Pleural, Cavity contained 3 Pints of thick creamy pus, chiefly situated in an artificial sac, between the lung & Diaphragm, formed internally by a band of lymph passing from the lower margin of the former to the upper border of the latter, Lung itself compressed to one 3rd its natural dimensions what remained of its texture was disintegrated by tubercular deposit & much condensed, containing several cavities throughout. Pleura Pulmonalis thickened & covered by irregular masses of lymph, as was also the whole of the ^{of the} Placota Costalis of this side. Left Lung, Partly firmly connected to the chest by adhesions of old standing. Superior lobe quite disorganised by tubercular infiltration, containing numerous small cavities of irregular form, the lower lobe much exposed & its inferior margin, slightly emphysematous, weight of Lung Larynx & Trachea 3 lbs 1 oz.

Abdomen, Liver adhered firmly to the Diaphragm, by its convex surface its serous investment was thickened by chronic inflammation & contained several tubercles of various size, Gall Bladder distended by dark coloured viscid bile, Liver generally enlarged texture dense, but lacerable. weight 4 lbs 5 ounces.

Spleen, Pale, Capsule studded with Military tubercles texture firm weight 8 oz

Kidneys; Left-tubular structure was entire, but on stripping, the capsule presented a mottled appearance, slight obliteration of tubulin ² right & Cortical portion especially congested, Kidneys weight of each 60g.
Mesenteric Glands much enlarged & containing tubercular deposit.
Stomach & Duodenum healthy.

The whole of the small intestines were studded throughout with numerous ulcerated patches of large size in all stages short of perforation. The transverse & descending Colon contained ulcerated patches chiefly of a circular form, with well defined elevated edges, towards the Rectum, these assumed a more irregular form & even of large size & the surface of the gut, was irregular from effusion beneath the mucous membrane

Whitson I.A.S.

H.G. Martelli.

N^o 28-

Ref	Name and rank	Disease	Admitted died.	Duration of illness	Ref
					(Disease Cause)
42	Wm J. Small 60	Dysentery	May 12/94 August 14 1894	14 months	Bermuda 14 316 166

Total admitted Case of P^t Wm Macdonald 42 Ref
 States 60 Admitted May the 12 1894. Duration of disease
 14 months Disease Dysentery died in the general West
 Hospital for Pitt on 8th of August at 2 a m 1894
 Medical Division Hospital 316. Total 166.

A Scotoman a seaman has been 14 years in the
 Service Mediterranean one in Bermuda the rest
 at home. Total Disease Contracted. About 14 months
 since, had been in Hospital ~~that~~ ~~been in Hospital~~
 previously for chest disease. When admitted
 he was suffering from ~~that~~ ~~dysentery~~ with great
 tenderness he had also severe pains ~~in~~ ~~the~~
 abdomen his skin was slightly yellow; he occa-
 sionally passed large quantities of blood with
 his motions, he was also suffering from severe
 cough with a mucous purulent expectoration.
 There was dulness on percussion over the
 upper lobe of the left lung also over the left
 lateral region of the thorax where there was increased
 resonance of voice almost amounting to pectus
 excavatus. About the 19th of May the dysentery
 symptoms became more worse. The purging
 was very much increased as also was the
 tenderness. The purging was very severe

Large quantities of blood were passed by stool, the motions were of an unhealthy colour, and being felt the chest symptoms at this time were not so urgent. He sometimes complained of severe pain over the region of the liver. In the beginning of the month of June he began to suffer more from his chest. The cough became more severe, expectoration increased, expectorations very bad a little after this time there was a small quantity of purulent matter noticed in the stools, cough and expectoration much the same so becoming much emaciated and losing strength fast. These same symptoms were present for sometime at one time the chest symptoms prevailing at another the act another the dyspnoea becoming more severe shortly before his death he suffered greatly from dysentery which becoming urgent he died on the 8 of Sept. 1849 2 a.m. Ward 14 Medical Division. His treatment consisted of opiates for the dysentery, rubrication for the abdomen, opiate enemata and Supportives &c for the chest expectorants with counterirritants to the chest and sedatives at night, Copy (signed) J. W. R. M.D. and

Section of a diseased brain post mortem.

External appearance. Body much emaciated
Brain Dura Mater unusually large and filled with coagulated blood. Substance of the brain healthy weight 2 lb 4 oz.
Thorax Heart generally enlarged especially the left ventricle, but muscular tissue not unusually firm. Considerable amt of atheroma about deposit immediately above the semi-lunar valve of the aorta. Slight thickening of the tunica of the coronary of the heart. Weight of the heart 10 oz 3. Lungs and trachea normal color. Flexion of the 1st and 2nd costal ribs; a large irregular ulcer on the under surface of the Epiglottis. Pus, found adherent on the right side. Superior and middle lobes of the right lung infarcted with tubes

Colon deposit: texture much condensed from chronic inflammation. two Cavities about the size of walnuts ^{one} situated in the middle of

Left lung. Also plura pulmonalis ^{also} adherent and more thickened than on the right side. Superior lobe of that lung in precisely the same condition as on the right ^{side} containing several Cavities of small size. Lower lobe of that lung much congested and emphysematous. Weight of lungs enlarged and trachea Abdomen 5 1/2 pounds. Liver a good deal enlarged section presenting a nutmeg ^{nutmeg} appearance. Texture of unusual firmness. Weight 3 lb 4 oz. Spleen rotten pale, size rotten. Kidneys the left enlarged and congested a slight band of fibrous surrounding the pelvis. Weight 4 1/2 oz. The right containing greater calor map about the size of a pea in the colloid substance.

The greater part of the tubular substance solid. ated. Weight 4 lb 2 oz. Stomach and duodenum healthy. Several circular patches of ulceration at the lower end of ileum. The ascending colon and caecum were filled throughout with ulcerated potatoes. The mucous membrane denuded from submucous effusion.

Cop^d by J. M. Ash

Robertson Secy

No 29.-

Regt	Name and Rank	Age	Disease	Admitted	Died	Duration of Disease	Where Contracted	Years	Height	Weight
38 th	Sergeant James Scott	23	Dysentery	July 28 th 1847	August 13 th 1847	14 days 16 hours	Jamaica	10	318	185

An Englishman enlisted at 14 years of age, had been in the service 9 years but could only reckon 5. Served 5 years in the Mediterranean, 2 years and 4 months in Jamaica and about 15 months in Halifax. Was healthy previous to enlistment. Had been 4 or 5 times in Hospital after joining the Army but on each of these occasions with a trifling affection. His fatal illness first came on him in November 1847, when returned in Jamaica at which time he was employed as Orderly room (but could assign no cause for it except confinement consequent on his situation or the bad water he was obliged to drink. From the commencement of his illness his motions were thin & watery but he never at any time noticed any blood in them. He stated that he had lost a great deal of flesh. His stomach ever since he had taken

ill had been very weak and within the last 3 months had become very irritable, the ejected from his stomach at first was of a greenish colour but latterly was yellowish, his countenance bore an icteroid expression but he asserted that he knew to his knowledge had any any annoyance from his liver. On admission he looked very weak & emaciated & complained of general debility, irritability of his stomach & the purging, his bowels being disturbed about 5 or 6 times in the 24 hours & mostly at night. He stated that he had no weight unless after walking slowly nor expectation, his chest on examination however was found to be deformed, the left side under the clavicle being very flat, whilst the cartilage of the ribs on the right were joined into a prominent ridge, there was some dulness on the right side under the clavicle & the respiration over both sides was purulent. His pulse was very small & feeble & 100 in no. Heart sound normal. —

For the first few days after admission he rallied very much, his motions were reduced to one or two during the 24 hours, he had only very slight vomiting and did not complain of any pain when pressure was made under the ribs on the right side or over the Epigastrium; his tongue which at 1st was gastric-looking & its across the edges as if it were thickened began to wear a better appearance & his pulse became fuller but the vomiting shortly became more severe, what was ejected was of a dark green colour & slimy like inspissated bile & he now began to be tormented by a short dry cough of a spasmodic character, apparently caused by some irritation of the Pneumogastric Nerve, as examination of the chest gave no clue to it; his strength rapidly gave way & his face began to wear the peculiar worn look of a person labouring under some malignant disease.

During the last 2 days of his life his voice was scarcely audible, the vomiting if anything was not so severe but his evacuations per Anus came away involuntarily & almost constantly & were of a dark brown colour & watery in character; his pulse could scarcely be counted & he was constantly crying out for cold drink, he also found great difficulty in drinking water & had some pain in the region of the Head & in this condition he sank & expired on the morning of the 13th August at 6 past 7 o'clock A.M.

Treatment. On admission he was put upon pills containing Sulphate of Copper, Hypos. Opium & Ferroc. upon which he was continued up to his death & in addition during the last day or so he got draughts containing Hydracetic Acid & Opium & occasionally a pill with a grain of Muric. of Morphine in it for the purpose of checking the vomiting & giving him some rest. He had also plenty of Nutrients, diet well used. Brandy & Soda Water. —

John Coates M.D. —

V Securis Cadaveris Horæ Quintâ Post Mortem

External Appearance. Body extremely emaciated, complexion pallid, and conjunctiva tinged yellow. Marks of recent flaccidity over Epigastrium, slight ecchymosis of Anterior Surface of Chest & Abdomen.

Cranium Membranes of Brain healthy, Substance of Brain unusually pale, tissue firm Weight 3 lbs 1/2.
Thorax Heart of small size, a triangular white patch on outer surface of right ventricle & towards the apex of left a small portion of old lymph had been effused, slight Botheromatous deposits on the commencement of Aorta, Valves of heart perfectly healthy. Weight of heart 5 oz & a half. Lining membrane of Larynx & Trachea was coated with dirty greenish-coloured mucous. Lungs. Both lungs slightly adherent by lymph of red staining, texture throughout.

Much in the same state up to the 31st of May when he passed a stool involuntarily, and a few days subsequent was unable to retain his urine which constantly dribbled away from him. Since these symptoms of Paralysis have manifested themselves his health has become much impaired and during the last week debility has much increased and he is now in a very weak & helpless state. On the 9th June there had been two eruptions one on either side of testes and one on the scrotum, in a few days afterwards sloughing commenced sloughing commenced on the sacrum & coxae. Complete retention of urine & perineum, the constant passing of catheter. On the 19th had slight attack of Dysentery in the left groin which yielded to a solution of Nitrate of Silver. July 5th Complained of a severe cough accompanied with expectoration of mucus. The sloughing over the sacrum & testes continuing owing to his lying on his back not being able to bear any other position. About this time there was some obstruction near the neck of his bladder & in a few days afterwards about an ounce of pus escaped along the canal of the urethra & from that time could not remove the catheter to be passed. On 30th the sloughs having separated they left an immense raw surface exposing the sacrum & coxae together with the testis. Aug¹ 15th was suddenly taken worse. The day previous he was unable to retain his food.

Treatment consisted in doses of Ipecacuanha, Bark, Castor Oil, & since the paralytic symptoms of Galvanism, Bleeding, Liniments, Strophium, & various tonic medicines together with wine, gruel, & generous diet. Stimulating poultices, water dressing bottom of chloride of Soda, Application of Tincture of Turpentine were applied to the sore on the back.

Saml Williams.

Lectio Cadaveri. Nov. 11th. Post Mortem.

External Appearances. Body emaciated an enormous bed sore exposing the sacrum which is quite bare and also involving the testes on both sides. The left Testis & epididymis was also exposed. Evidences of an amputation at the lower third of left thigh.

Cranium. Brain & its membranes healthy weight 2^{lb} 15^{oz}.

Thorax. Two ounces of fluid in the pericardium. Heart, right auricle and ventricle of heart were coated with a considerable amount of green yellow fat. Which however was not found dispersed among the muscular fibres; surface of heart healthy weight 9^{oz}. Larynx & trachea healthy. Lungs. Pleura on both sides were adherent. Right lung. Superior & middle lobes a good deal condensed of a grey colour & infiltrated with frothy fluid but crepitant. Left lung presented much the same appearance. Weight of lungs larynx & trachea 2^{lb} 8^{oz} 1/2.

Abdomen. Liver of large size, external surface unusually pale; tow roots the

margins elevated into the small mucous projection characteristic of Bile; on cutting into its texture it was found to be of a uniform pale fawn colour the distinction of the lobules being almost obliterated; texture of uniform density throughout, firm but lacerable; In the transverse fissure immediately above the gall bladder there was found a deposit of white soft cheesy matter resembling softened tubercle or encysted matter of Liver 5-12.

Spleen rather small texture firm & pretty large mass of the same consistency & appearance as that found in the liver and also one or two masses of deposit of the size of peas which presented the appearance of tubercle were found in the texture of this organ Wth of spleen 5-3.

Kidneys Left slight pale infiltration of cortical substance, tubular portion was however quite entire. Right Kidney contained a small cyst which was filled with purulent matter. This kidney was a good deal more diseased than the left texture pale & infiltrated with fat, the lobules being much more destroyed at 5th. Position of Bladder Considerably thickened from chronic inflammation which appears also to have effected the cellular tissue in the vicinity of the rectum.

Stomach Duodenum & Jejunum healthy. lower end of Stomach & Caecum were distended with numerous ulcers the rest of the Colon was healthy. On subsequent microscopic examination the adhesion products found in the liver & spleen were ascertained to consist of softened tubercle.

Saml Wilson

W. M. M. S. S.

N^o. 31.-

Regt	Name & Rank	Age	Disease	Admitted	Died	Duration of Disease	When contracted	Ward	Regt.	Vol.
36 th	Stephen Ramscroft	42	Cholera Morbus	August 11 th 1849	Aug ^r 15 th	five Days	Chatham	16	319	70

An Englishman - A Shoemaker. Has been 22 years in the service, 8 of which were in the West Indies & 3 in America, has been in Hospital on previous occasions for Rheumatism & Dyspepsia, health generally good - Was taken ill with symptoms of Cholera at 2 o'clock p.m. on the 10th of the month at St. Marks, was admitted into this Hospital on the 11th about 12 o'clock mid day. was then in a state of collapse, had a peculiar expression of countenance which had a blue & congested appearance pupils very small & at times imperceptible, had passed no water since 2 o'clock that morning, nor had he been purged since seven, his fingers were much shrunk & had also a blue appearance - Was ordered Brandy which for some time seemed to revive him a little - shortly after this he was to get Gin Punch in place of the Brandy - after this he appeared to revive again was to have the Gin in conjunction with the Brandy. Towards evening the purging returned the stools presenting the Rice water appearance but also contained feculent matter - vomiting also returned, the matter ejected being tinged with Bile, had at the same time change in his legs & thighs, to get an effluviating saline, but it had little or no effect

upon the vomiting. Was after this ordered to get 30 grs of Calomel, from which for some time he had great relief - On the next morning he appeared a little revived, bowels quieter during the night, but had passed no urine, pulse small & fluttering, vomiting also coming on at intervals, as also did the cramps, Was again ordered the 30 grs of Calomel which had the same result as before - in the afternoon of this day was to get a Mixture consisting of a Drachm of turpentine with sal volatile & Camphor Mixture, but there was no marked relief from it though it was retained on the stomach - in the evening was not so well, pulse much smaller, purging & vomiting also returned again - To get a grain of Calomel & 8 M of Tinct. of Opium every hour - on the following morning there appeared a very little change, his bowels had acted only twice during the night, motions appeared more healthy, a catheter was introduced into the Bladder as he had passed no urine but it was found almost empty, only a few drops coming away - Complained of great thirst which was much relieved by some soda water - On the morning of the 14th there was an evident improvement, pulse stronger, voice more powerful & clear, no purging during the night, vomiting relieved but was much troubled with hiccup, has passed a motion this morning which was principally Bile, he took some arrow Root with wine, once or twice during the day and expressed himself greatly relieved by the Soda water, he continued much in the same state up to about 6 o'clock P. M. when he again became much collapsed pulse was nearly imperceptible, countenance much altered from the lower jaw having fallen, & from this time he never rallied, & died at half past 4 A. M. on the 15th of August 1869.

Copied J. H. Wherry

(Signed) Geo. W. Thacker M.D.
Acting asst Surgeon

Lectio Cadaveris horâ quintâ post Mortem

- External Appearances. Body remarkably well formed & Muscular, slight Ecchymosis at upper part of Chest & Neck, some Lividity of hands & feet, Muscles of extremities permanently contracted & rigid -
- Cranium. Vessels of Dura Mater unusually congested, with thickening & opacity of the Arachnoid coat at the inner margin of the left Hemisphere of the Brain from Chronic inflammation, Substance of Brain studded with an unusual number of bloody points weight 3 lb. 10 oz -
- Thorax. Heart of large size, Muscular tissue firm, Right Ventricle contained a firm fibrinous Coagulum, Great vessels much engorged with dark fluid blood, Valves of heart healthy, weight 10½ oz.
- Larynx & Trachea. Slight congestion of lining Membrane of

Trachea at its posterior border -

Lungs both quite free from adhesions & perfectly healthy throughout -

weight of Lungs, Larynx & Trachea 1 lb. 15 oz.

Abdomen.

Liver of the usual size, peritoneal Coat lustrous & glistening - Gall Bladder much distended with green fluid Bile vessels of Liver a good deal congested but its proper glandular structure paler than natural, weight 3 lb. 10 oz.

Spleen of small size presenting externally a peculiar pink mottled appearance, weight 4 oz.

Kidneys. partial obliteration of Tubuli in Left, - Right healthy, weight of Left 6½ oz. of Right 6 oz.

Stomach. Mucous membrane much congested especially towards the cardiac extremity, but no ulceration present the rest of the Intestines healthy with the exception of about two feet of the lower end of the Ilium which showed considerably increased vascularity -

Coats of Bladder thickened & much contracted, this viscus however contained about an ounce & half of Urine -

The Abdominal Aorta & common Iliacs were opened & found to be empty, but on examination of both Femoral & Humeral Arteries they were ascertained to contain dark coloured fluid blood. -

N^o. 32 -

- Mober Monday -

Pgt. Name & Rank	Age	Disease	Admitted	Disch.	Duration of illness	Where contracted	Ward	Reg.	Fol.
50 th Pte Thomas Hawkinney	26	Phthisis Pulmonalis	17 th June 49.	August 10/49	Two years	Chatham	14	316	228

An Irishman a laborer. Service 8 years, 6½ of which were in the East Indies the rest at home. General health good till 1847 when he received a severe injury to the Chest, having fallen from off the Bonack wall & for which he was three months under treatment. It appears that the symptoms of Phthisis set in from this period. Since when he has done little or no duty. When he was admitted he had Cough with a profuse mucous-purulent expectoration and dyspnoea. Was in a state of great debility. Scurvy much emaciated. Had also a Scotic Flush upon his cheek. -

There was dulness on percussion over left Subclavicular region, respiratory murmur inchoate over same region. The remaining portions anteriorly had purile respiration with a Mucous rale. He also suffered from night sweats. He appears to have had very little change in his symptoms since he came to Hospital - The Cough & expectoration still continuing. The expectoration at all times being very fetid. There was another examination of the Chest made on the 26th of July when dulness was also found under the Right Axilla and extending downwards for

for some distance. Moist Rales and Bronchophony were likewise distinctly heard with juvenile respiration and increased resonance of Voice. From this time he appears to have been gradually getting worse under the same symptoms. — Two days before his death he had a severe Diarrhoea, with considerable griping, which was relieved by Chalk mixture with an astringent. He was to have left the Hospital this morning, having passed the Chelsea Board as unfit for further service, At the Visit last night he did not appear worse than usual but died this morning at 5 A.M.

Opined by
R. MacLugor

Section Cadaveris Hora VII post Mortem

External Appearances. Body well formed especially the Chest, but a good deal emaciated, general surface remarkably pale and blanched. —

Cranium. Brain and its Membranes healthy weight 3 lb. $\frac{1}{2}$ oz. —

Thorax. The outer surface of the Pericardium was coated by a thick layer of lymph continued from the left pleura but was although slightly opaque, not in any degree thickened. It contained $4\frac{1}{2}$ oz. of clear yellowish fluid. Heart one or two patches of old lymph on outer surface of Right Ventricle and trifling atheromatous deposit at commencement of Aorta. Heart otherwise healthy weight 7 oz. —

Lungs. Two pints and a half of clear fluid was contained in left pleural cavity. Left Lung pretty free from adhesions except toward its middle where it was intimately connected to the plasma pulmonalis by a thick layer of lymph of chronic formation. This Lung was considerably displaced by the effused fluid and its texture slightly condensed but crisp throughout and perfectly healthy with the exception of slight enlargement of the glands accompanying the larger ramifications of the Bronchi in its substance. Right Lung very intimately adherent to the walls of the Chest its pleura enormously thickened and of almost cartilaginous density. Over the lower lobe infiltration of fluid had taken place between the Lung and its pleura giving the latter an appearance of great thickness. Superior & middle lobes of this lung completely disorganized by tubercular deposit containing several irregular shaped cavities of considerable size in the Apex and middle lobe. pulmonary texture condensed so as to sink in water. lower lobe infiltrated with Miliary tubercles which had begun to coalesce, and its texture less condensed than the other lobes. weight of Lungs, Larynx and Trachea 5 lbs 9 oz.

Abdomen. Liver a good deal congested and also slightly infiltrated with fat. texture of natural firmness weight 4 lbs — Spleen of large size with an appendage resembling a smaller spleen at its outer margin. texture of natural appearance and

Abdomen and density weight 9 Oz. —

Kidneys. Left entirely composed of a purple color throughout. Capsule easily stripped, weight 5 1/2 Oz. Right presented the same, weight 5 Oz.

Stomach, several enlarged glands attached towards the Cardiac extremity and filled with Chazy tubercular deposit and matter of a dark colour, —

Mucous Membrane of Stomach and (Duodenum) presented nothing unusual. Commencing at Nausea and extending throughout the whole of the Small Intestines were numerous elevated patches. In the Colon were three rounded portions of elevation about the size of half a Crown with irregular distinctly elevated margins. Within these the Mucous Membrane was elevated into rounded nodules of a dark blue (liver) color. Mesenteric Glands generally much enlarged, some of them near by the size of a Pigeon's Egg —

Copied by
R. M. G. G. G.

W. H. H. H.

No. 33 —

Regt	Name & Rank	Age	Disease	Admitted	Died	Duration of Disease	Other Contents	Post. Mort.
5 th	Pt. Peter Miller	18	Cholera Morbus	Aug ¹ 19 th 1849	Aug ¹ 19 th 1849	10 Hours	Cholera	D. 322 29.

Private Peter Miller 33. Regt. — This man had been in hospital from the 21st of June 1849. for Dyspepsia continua & was believed owing the progress of his case to have some affection of the Nihilal tubercles of Stomach. He was discharged on the 10th & he re-admitted on the 19th under the head of Cholera Morbus.

At 11 o'clock A.M. on the 19th this man sent for the Officer in charge of the Ward who found him complaining of severe gripping pain in the abdomen, but no sickness, and labouring under an attack very much resembling the 1st stage of dysentery. Pulse very quick — small & weak. Tongue white & moist. Skin hot and dry. Had also great thirst. At 2 P.M. he complained of considerable abdominal pain & tenderness chiefly in the region of the Colon, much aggravated on pressure. Had passed two scanty stools, very dark, feculent and tinged with blood with slight griping and much tenderness. Also had passed urine freely, but said it sometimes hurt him. Skin was dry, parched & hot. Countenance flushed & anxious. Complaint of slight headache. Pulse quick and hard about 110. At half-past seven he had some gastric irritability, abdominal tenderness remained. Had had three stools very feculent & bloody with a bloody tinge. Urine passed freely. At 10 o'clock however he appeared to labour under debility. his pulse was very feeble & compressible. Skin was cool. Countenance no longer flushed.

had a stool owing the visit much thinner than before. The Drury of the War was shortly expired & said for the Drury Officer if the man seemed at all worse. About half an hour after he was last seen by the Officer in charge of the Division & the Drury Officer he presented a new series of pathological phenomena - he became somewhat colder - he also vomited & was purged almost incessantly - the evacuations being colourless. This lasted till near morning when he had for the first time cramps in the lower extremities. The vomiting and purging remained as violent as ever - the Drury Officer was sent for & found him moribund - and at half past seven A.M. on the 19th he died.

Treatments. On first being seen on the 18th he got a draught containing Sulphuric Ether - Tinct. Opii. & Tinct. Camph. - at 2 P.M. a draught of oil with Tinct. Opii. At half past seven he got Calomel gr.ij - Pulv. Sacchar. gr.ij & a blister was applied to the Epigastrium. At 10 P.M. he was given a mixture containing Camphor & Ammonia & the Drury was directed to administer an ounce of acetate of Lead & Opium every three hours.

Copied by W. M. M. M. D.

Strep. Cadaveris horis secundis post mortem

External Appearance. Body well formed & muscular. General surface livid - especially the upper part of chest & arms. Marks of Capping on left side of chest & of counter-irritation on Epigastrium. Muscles of extremities not minimally contracted or rigid.

Cranium. Membranes of Brain of natural appearance. Substance of Brain firm and healthy. Weight 3 lbs 7 oz. 0 ss.

Thorax. Quantity of fluid in the Pericardium natural.

Heart. Left Ventricle firmly contracted. its hollow firm - valves of Heart healthy. Weight 10 oz.

Larynx & Trachea healthy.

Lungs. About 6 oz of fluid in Left Pleural cavity. Left Lung very firmly adherent to walls of Chest. Pleura Pulmonalis much thickened and of almost cartilaginous consistence. Pleura Costalis in a similar condition - but not quite so thick. Portions of this Lung slightly condensed in other respects healthy. Right. Entirely free from adhesions & perfectly healthy throughout.

Weight of Lungs Larynx and Trachea 2 lbs. 1 oz.

Abdomen. Liver congested - otherwise quite healthy. Gall-Bladder distended with dark rather viscid bile. Weight of Liver 3 lbs 9 oz.

Spleen. very slightly enlarged - otherwise healthy. Weight 9 oz.

Kidneys. Left. rather pale internally, its outer surface presents a beautiful arborescent appearance. Weight 5 1/2 oz.

Right was in a similar condition - Weight 5 oz.

Stomach. mucous membrane healthy - greater portion of Stomach & whole of large intestines intensely congested - especially the latter.

Urinary Bladder - firmly contracted against the Pubes, its coats much thickened so as to diminish its cavity which was found perfectly empty.

The Common Carotid & both Femoral & Humeral Arteries were found to contain dark fluid blood. The Abdominal Aorta & Iliac were nearly empty - the blood throughout the body generally was in a very fluid state an incision made in any part of the surface bleeding with nearly as much freedom as in the living subject.

Copied by W. Thos. M.D.

W. Thos. M.D.

No 34 -

Regt	Name & Rank	Age	Disease	Admitted	Died	Duration of Disease	Where Contracted	Time	Height	Weight
1st Regt	Pvt. Samuel Robinson	29	Ascites	August 3 rd 1849	19 th August 1849	3 years	At sea	14	319	47

An Englishman, a Carpenter 99 years Service, 14 months of which were in the East Indies, the rest at home, while in India, was in Hospital for Dyspepsia, Rheumatism & Hepatitis. Suffered from Purpura Haemorrhagica on the voyage home, when admitted was much emaciated, abdomen enlarged from a collection in the Peritoneal Cavity when there was a distinct evidence of fluctuation, Tortum, Legs & Feet cedematous, He suffered much occasionally from Dyspnoea. Chest resonant on percussion, respiratory murmur heard distinctly throughout. Heart's sounds natural. For the first few days after admission, he appeared to improve a little, but on the seventh of this month was attacked by a severe purging, he was much griped & complained of pain at the lower part of abdomen. The oedema of the legs & feet began to increase about this time. For a short time they gave way under the treatment but it came on again, was than ever, about the 13th the oedema began to appear about the face, the Dyspnoea at this time becoming more urgent. The purging still very severe, on the 16th he became much worse, was

loosing flesh & strength fast. Treatment not having the least effect. the Dyspnoea
 Diarrhoea much worse. The quantity of fluid in the abdomen appeared to have
 decreased, but still much oedema about the Feet & Legs. From this time he
 appeared to have gradually sank, being quite worn away from the Diarrhoea
 & Died on the 18th at 1/4 past 8 a. M. His treatment, Consisted of Purgatives until
 the Commencement of the Diarrhoea. Astringents, such as Chalk Mixture Cataplasms
 & Opium. Sulphate of Copper with opium & Crocus. &c. &c. &c.

Hautey Geo. M.D.

Geo. 16th Peak M.D.
 Acting Asst Surgeon

Section Cadaveris Arabi. Post Mortem.

External appearances. Body, somewhat emaciated, lower extremities
 oedematous, especially the left, abdomen tumid, & fluctuating.
Cranium, Quantity of fluid in lateral ventricle, slightly increased, substance
 of Brain healthy, weight 3 lbs 10 oz 2 drs. —

Thorax, Three oz of fluid in Pericardium, Heart, Connected at one point
 to the Pericardium, by a band of Lymph of recent formation, Serous membrane
 of outer surface of Heart elevated from effusion of fluid, underneath.

The valves & structure of Heart healthy, weight 10 oz. Larynx & Trachea healthy.
Lungs, Both, slightly adherent to walls of Chest & Diaphragm, structure
 perfectly normal, weight of Lungs, Larynx & Trachea 2 lb 6 oz 8/2.

Abdomen, Liver, adherent to the transverse Colon, by bands of Lymph of old
 standing, Gall bladder, enormously enlarged, in shape & size resembling a
 kidney, filled with very liquid bile of a dark yellow colour, Peritoneal
 covering of left lobe, much thickened & the lobe itself greatly condensed, —
 right lobe a good deal congested & its fibrous tissue, hypertrophied, —
 weight of Liver 3 lb 13 oz. —

Spleen, Slightly enlarged texture natural, weight 9 oz.

Kidneys, Right a good deal congested, otherwise healthy weight 6 oz 8/2.

Left, also congested, slightly enlarged & roughened, on the outside,
 when the Capsule was removed a few of the Tubs. exhibited, weight 7 oz 8/2 —
 Six Pints of reddish coloured fluid were contained in Peritoneal Cavity
 Peritoneum lining the abdominal parietis much thickened, on its
 under surface were numerous points, where extravasation of blood had
 taken place, varying in size from a pin's head to that of a Pigeon's egg.

on cutting into the larger of these they were found to consist partly
 of fluid & partly of coagulated blood, the latter predominating. The
 whole of the intestines, both large & small, were congested together by their
 serous coats, the outer surface of the large intestine presented a uniform leaden
 appearance whilst the Peritoneal Coat of the Small intestine was of a red colour, as if newly
 recently affected with inflammation. Mucous Membrane of Stomach & Small intestine
 throughout healthy, the whole of the mucous membrane of the Colon was coated
 with a layer of recent Lymph, which was easily separated. Superficial

ulceration, had taken place, at various points, surrounding which the mucous membrane, was of a dull leaden colour.

Copied by Hattie Geo. Mostelli

Robertson Esq

N^o 35-

Pg ^t	Name & Rank	Age	Disease	Admitted	disch	Duration of Disease	Where Contracted	And Ref to
25	P ^{te} Pat ^t Pyrene	28	Pneumonia Chron	July 4 th /49	Aug 30/49	58 days	Ferlongh	11 31 211

An Irish labourer, 11 years service of which 6 years & 6 months in India the remainder at home. While in India he suffered severely from Syphilis and Scrophulous.

On the 20th of March last he was admitted into Detachment Hospital Brompton with Pneumonia Chron for which the usual remedies were employed and the man discharged cured on the 12th April following. May 6th he returned with symptoms of same disease & on 20 June was discharged only having to return on the 3 July with symptoms of increased severity, the sputa being mucopurulent & tinged with blood. On his admission here his chest was examined & percussion produced a dull heavy sound over the left mammae & submammary regions slight dulness was also found in the right side but not so marked as the left, subsequently on further examination dulness was perceptible in both supra & infra Clavicular regions especially the left, on applying the stethoscope gurgling mucous rales were distinctly audible all over the chest. He continued to cough & expectorate a great quantity of mucopurulent matter from the time he was admitted occasionally the sputa being tinged with blood. His appetite was always good & never had diarrhoea until a few nights before his death.

Yesterday he did not appear worse than usual, ate his diet making no extraordinary complaint, but about 3 o'clock am. a decided Cheyne took place profuse perspiration came on accompanied by great debility & compelled to sit up in bed to ease respiration. He was salivated & was ordered some Brand's but unable to swallow. Treatment - Opium 5℥ss. of ferrous sulfate, expectorants & sedatives, occasionally a mild laxative. Generous diet - wine &c.

Thos. C. Millar.

Section Cadaveris. XXVI Horse Thornton.

External Appearances. Body, rather emaciated right lower extremity edematous. Marks of Cuffing & lurch bites at lower part of right.

Cranium. Skull posteriorly. Brain audibly membranous healthy not of former S. S.

Thorax

Quantities of fluid in the pericardium Natural.

Heart - one or two patches of old lymph on the outer surface of right ventricle. Valves and structure of heart otherwise healthy weight $\frac{1}{10}$

Larynx & Trachea, a very trifling abrasion hardly amounting to ulceration in lining membrane of larynx; that of the trachea a good deal congested posteriorly.

Lungs - pleura very firmly adherent on right side pleura pulmonalis much thickened and firmly attached to surface of right lung in which the usual distinction into lobes was nearly obliterated. Superior lobe torn and the apex quite disorganized by tubercular deposit. Containing numerous irregular shaped cavities of small size, surrounding pulmonary texture much condensed so as to sink in water. Middle lobe studded with tubercles in second stage, and a good deal congested as well as condensed. Lower lobe containing a few millary tubercles & was full of reddish frothy fluid. Left lung. pleura likewise much thickened, as in the right side. An enormous cavity lined by a distinct membrane, was situated in the apex of superior lobe, the whole of this lobe full of tubercular deposit with several small cavities; texture condensed so as to sink in water. The lower lobe of this lung also very dense in structure. Weight of Lungs Larynx & trachea $\frac{1}{6}$ 70

Abdomen

Liver. Outer surface of slightly mottled texture a good deal congested, a portion presenting a nutmeg appearance wt $3\frac{1}{4}$ 7.

Spleen pale soft small size wt $3\frac{1}{2}$ 9.

Kidney left rather pale tubular structure entire wt $4\frac{1}{4}$.

Kidney Right presenting much the same appearance wt $6\frac{1}{2}$ 9.

Stomach healthy. Small intestine healthy except slight enlargement of glands at lower end of Plicon. Numerous irregular shaped ulcers were present throughout the colon some of these had almost perforated the intestine the peritoneal coat alone remaining entire.

W. M. M. S. S.

Reg ^t	Name & Rank	Age	Disease	Admitted	Died	Duration of Disease	Where Contracted	Weeks	Reg ^t	File
23 ^d	Private John Coan	46	Catarrhus Chronicus	15 th July, 1869	23 rd Aug 1869	6 months	Worcester	15	311	185

History of Soldier. A Welshman, a labourer 21 years service during which he was 3 years & 5 months in the West Indies - 5 years & 9 months in the Mediterranean - 6 years & 7 months in North America & the remainder at home.

Medical History. During the whole of his service he enjoyed good health, until the commencement of the present year when he was attacked (while in North America) with Cough, Dyspnoea & mucous-purulent expectoration. After remaining in his Regimental Hospital for 3 months he was invalided to England being at the time somewhat improved in general health. On admission into Fort Pitt he complained of night sweats, Dyspnoea on exertion, with cough & mucous-purulent expectoration. His strength improved during the first week he was in Hospital. After being under treatment a month profuse night sweats set in - the pulse rose from 100 to 128 - the sputa became abundant, frothy, and fetid - general debility succeeded which daily increased, until the 23rd of the month, when he coughed up about an ounce of blood & in a few hours after he was a Corpse.

Examination of Chest. On admission there was dullness on percussion under left clavicle with faint respiratory murmur and feeble respiration under the opposite. On the 16th of this month vesicular murmur could not be heard under the left clavicle - respiration and voice bronchial under the right - no rales to be heard in either sub-clavicular region - amphoric breathing towards humeral end of the left clavicle. The day before his death humid crepitations were heard here and then over the posterior surface of left lung. On the morning of his demise large humid rhonchi were audible over the whole of left lung.

Treatment. For a short period he took Stearns' Jecous Adellii but was obliged to discontinue its use on account of it making him sick. Expectorants, Anodynes, diffusive Stimulants were afterwards administered together with generous diet & Port Wine.

(Signed)

Copied by John Foster M.D.

Robert Cooper A. S. S.

Section Cadaveris XXVI horæ post Mortem

External Appearance. Body much emaciated. Bed sore over right trochanter.

Cranium. Vessels of Arachnoid a good deal congested & their membrane slightly opaque. Section of Brain presented an increased number of bloody points. Quantity of fluid in lateral ventricles normal. Weight of Brain 3 lbs 103, 3 drams.

Thorax. Heart. One or two patches of white lymph on outer surface of right & entire & one at apex of left. Cavity of left ventricle considerably dilated but its walls not thickened. Slight thickening of semilunar valves of aorta with a considerable amount of fibromatous deposit in the commencement of Aorta and surrounding the origin of the coronary arteries. Endocardial margin of Mitral valves slightly thickened. Wt of Heart 11 oz 3 dr. General form of heart narrow & elongated & apex unusually pointed.

Larynx & Trachea, Very slight abrasion of lower surface of Epiglottis, no other abnormal appearance in these organs.

Lungs. Left side, pleura & very firmly adherent. Superior lobe of left lung completely dis-integrated, containing an immense number of irregular shaped cavities, filled with dirty reddish coloured semi-purulent matter. Lower lobe full of tubercles on the 2nd stage & containing one cavity, size of a walnut. Right lung free from adhesions, a few tubercles deposited towards the apex of Superior lobe. Middle lobe perfectly healthy. Lower lobe emphysematous but at the same time a good deal congested. Weight of Lungs, Larynx & Trachea 5 lbs 11 oz.

Abdomen. Liver. External surface pale, lobules indistinct, texture pale & friable & infiltrated with fat. Wgt 3 lbs 12 oz.

Spleen. Rather pale, texture of natural consistence. Weight 9 oz.

Kidneys. Left pale, tubular portion partially obliterated, capsule stripped with difficulty & External surface slightly mottled. Weight 6 oz.

Right presented same appearance but in a more advanced stage. Wgt. same as left.

Stomach & Duodenum healthy, whole of small intestines chiefly the jejunum deeply tinged with bile, glands towards the lower end of Ileum both aggregated & solitary, a good deal enlarged but not ulcerated. Throughout the Colon several minute points of superficial ulceration were present.

Copied by John Coates M.D.

Robertson S.S.

No 37-

Regt.	Name & Rank	Age	Disease	Admitted	Died	Duration of Disease	Where contracted	Regt.	File
67	P ^{te} Edward McEugene	21	Abscess	12 th March/49	24 th Aug/49	20 months	Exeter	7	137 217

It appears from this man's Document that previous to his enlistment, he was a stout healthy looking Irish Labourer. On the 16th February 1848, he was admitted into the Regimental Hospital at Exeter, complaining of pain over the lower border of Gluteus Maximus muscle with inability to walk. In November of the same year purulent fluid presented itself by a small opening which was enlarged & free exit given to the matter. The discharge having continued, attended with hectic fever he was sent home and was admitted into this Hospital on 12th March/49, with the following symptoms viz. The buttock of right side appeared enlarged and encroached on left side. Hip externally round and full. On both heels being placed on the ground the right leg appeared the knee being swelled, with pain felt on motion which was referred to the hip joint of right side. On pressing the Trochanter major inwards towards acetabulum it likewise gave pain. Large blue veins were seen ramifying over the Crest of Right Ilium and a sinus presented itself under the inferior margin of Gluteus maximus muscle which sinus took a direction upwards outwards and slightly forwards. The muscle was however little wasted.

Though the Sinus appears to have given exit to a quantity of thin Serpulous pus —
 Tongue clean. Pulse regular, no Diarrhoea or night sweats, There are Serpulous ex-
 -cisions on the side of his neck; From the 15th to the 21st March his general
 health improved somewhat, but while at stool on the latter date a large
 quantity of blood escaped from the Sinus at the lower border of Gluteus Max-
 -imus Muscle, again on the 26th 2^{lb} of blood came away, from this date
 up to the 10th of April no material change took place when on the evening
 of that day 4 oz of florid blood gushed out from the same Sinus —
 During the Months of May June and July the usual symptoms of the advanced
 stage of Morbus Copae presented themselves, Two more abscesses now
 formed one posterior to Great Trochanter & the other at upper and outer side
 of thigh, which opened spontaneously and discharged a quantity of purulent
 fluid; Diarrhoea also set in the stool containing blood and mucus — His
 appetite became very capricious night sweats increased & he slept badly —
 From the first of the present month the symptoms became more urgent
 he gradually became weaker and more emaciated & died on the 24th of
 August 1849 at a quarter to 5 o'clock P.M. —

- Treatments consisted of the internal administration of Cod Liver oil.
- Tonics of various kinds & locally, Astringents with Anodynes, Poultices
- Gomentations & stimulating lotions were applied externally

Copied by
 R. H. Croghan

Section Cadaveris Nova XIX. Post Mortem

- External Appearances — Body much emaciated. a large irregular shaped ulcer
 situated over the Right Trochanter which was quite bare and exposed —
 About 3 inches below this was an elliptical opening communicating with
 the former. Several small Pustules on Left thigh extensive marks of
 Serpulous ulceration on left side of neck. Marks of deep cupping on Right Hip
- Cranium. Brain and its Membranes healthy. weight of former 3 lbs. 6 1/2 oz —
- Thorax. Heart. Muscular Substance of Heart pale and flabby. Right Ventricle almost
 entirely filled with a decolorized fibrinous clot. Valves healthy, weight 9 1/2 oz
 Larynx and Trachea slight congestion of their lining membrane —
 Lungs. Right very slightly adherent to parietes of Chest by lymph of old
 standing. Left quite free from adhesions. Both with the exception of some
 hypostatic? congestion, chiefly of the lower lobes, were quite healthy. weight
 of Larynx Trachea and Lungs 2 lb. 12 oz —
- Abdomen. Liver of large size. Gall Bladder distended with dark colored bile
 peritoneal coat of the Liver thickened and opaque. section presented
 a nutmeg appearance & the texture was largely infiltrated with fat & under
 surface of Liver irregularly lobulated. weight 5 lb. 13 1/2 oz —

Abdomen Spleen slightly enlarged. texture natural weight $9\frac{1}{4}$ oz —

Kidneys. Left extensively infiltrated with fatty deposits texture very pale many of the tubuli obliterated weight $5\frac{1}{4}$ oz — Right presented the same appearance but had more fat in its substance, weight 5 oz —

Stomach and Duodenum healthy, and no abnormal appearances were detected in either the small or large Intestines. Mesenteric Gland of the usual size and consistence. —

Joint

The Muscles surrounding the articulation of Right Hip Joint were extensively infiltrated with unhealthy looking purulent matter and their structure much disintegrated, the matter extended to a short distance down the outer part of the thigh, but not beyond the second opening in the integuments described and likewise upwards beneath Poupart's Ligament into a small portion of the Psoas Muscles. On examining the articulation, the Cartilages of which it is composed were found without any abrasion and of the natural thickness —

The Round Ligament was entire and firmly attached to the head of the bone. The Ischiofemoral Major especially was much enlarged as was also the whole of the femur and on making a section through the head and neck of bone it is found to be unusually soft and spongy, the cancellated texture infiltrated with seropurulent deposit and encroaching on the external condyle of Os pubis which was much attenuated especially in the head. There was a small portion of the Os ischii in a carious state but the disease was quite superficial and the surrounding bone in a healthy condition. The Sacrum and Lumbar Vertebrae were carefully examined but were found to be perfectly healthy —

Copied by
R. H. S. J. J. J.

W. H. S. J. J. J.

No. 38 —

Pt's Name & Rank	Age	Disease	Admitted	Died	Duration of Disease	Where contracted	Ref. Fol.
23 Pte John Palmer	21	Phthisis Pulmonalis	July 15 th 49	Aug 21/49	1 Month	Windsor	15 311 188

History of the Soldier — Englishman — Bosnia — Single — 2 years, 2 months service all at home — Medical history of the patient — By the Document it appears he was invalided for disease of Heart & general debility — During his two years of service he was frequently in Hospital with severe pain in side & Cough, together with mucopurulent expectoration & great acceleration of pulse on the least exertion, tumultuous action of heart & loss of flesh — History of Fatal Disease — Whilst under treatment in Fort Pitt he presented the following symptoms — anxious expression of countenance — hectic flush — drowsiness — occasional restlessness — profuse perspiration day & night — diarrhoea very slow & thin — Anasarca of left leg — urgent cough — abundant expectoration of mucopurulent matter, once tinged with

blood, for a short time very frothy, towards the close of the Disease brownish Coloured & slightly foetid. — After being under treatment 10 days the symptoms made rapid progress — Death was anticipated long before it occurred —

Examination of Chest, On admission there was dullness on percussion towards the lower part of left side of chest, respiratory murmur feeble in same region, Cooing at inferior division of Right lung — Ten days subsequent to admission he was examined by A. L. S. Robertson, dullness was then detected beneath both clavicles, on left side tubular respiration & Pectoriloquy were heard under clavicle, with much crepitant rales as far down as the nipples. On right side the respiration was harsh, with prolonged expiration & Pectoriloquy, but no moist rales could be heard, Heart sounds rapid & feeble — 28 days after admission there was well marked Pectoriloquy under left clavicle, with gurgling Roushi in each subclavicular Region, particularly on Right side —

42 days after admission cavernous breathing was perceptible under left clavicle, no rales loud gurgling under right. —

Treatment, while with his regiment particular regard was paid to his diet, He was made to avoid cold & exertion, took Digitalis & Antimonials, & was cupped & Blistered Since he has been under treatment in Fort Pitt he has taken cods liver Oil — Sedatives — anodynes — expectorants — generous diet — wine — & diffusible Stimulants. —

Copied by J. H. Roberts

(Signed) Robt. Cooper

Asst. Staff Surgeon

Lectio Cadaveris hora VIII post Mortem.

External appearances. Body extremely emaciated, left lower leg highly Oedematous especially over the dorsum of the foot. —

Cranium. Had not examined. —

Thorax. Four ounces of fluid in the Pericardium. Heart of unusually small size muscular tissue pale but firm, Valves healthy, weight six oz. 6 Drachms.

Larynx & Trachea. Under surface of Epiglottis & lining Membrane of Larynx & Trachea extensively affected with superficial ulcerations, The latter as far down as the division of the Bronchi studded with patches of Chronic Lymph.

Lungs. Pleurae very firmly adherent on right side. Pleura Pulmonalis much thickened, firmly attached to the surface of the Lung and of almost cartilaginous consistence — Superior & middle Lobes of this Lung quite disorganized by Tubercular Deposit, and broken up with numerous Cavities of various sizes, and irregular shapes — intervening texture condensed and of a grey colour — Bronchial Glands enlarged — The Lower Lobe of this Lung contained a few Military tubercles & was slightly congested — Left Lung slightly adherent, but much less intimately than on the right, Superior lobe in nearly the same state as upper & middle lobes of Right but tubercular matter generally deposited in larger masses, Lower Lobe tolerably healthy, but containing a few Military tubercles.

Weight of Lungs Larynx and Trachea five lb. four oz.

Abdomen. Liver slightly congested, but otherwise healthy, weight 3 lb. 7½ oz.
Spleen rather small, texture healthy, weight 5 oz.
Kidneys Left a good deal congested throughout, the tubular structure entire, Capsule stripped with facility — Right likewise congested external surface mottled, partial obliteration of tubuli, weight of left 5½ oz. Right 5½ oz.
Stomach and Duodenum healthy — Ileum from its commencement downwards contained several ulcers, most numerous towards its termination — Cæcum and Ascending Colon contained one or two patches of ulceration which involved the whole circumference of the gut, their margins were irregular & elevated — several slight abrasions of the mucous membrane were present in Descending Colon & commencement of Rectum.
 Copied by J. H. Hurst.

Robertson, L. J.

No. 39.

Regt Name & Rank	Age	Disease	Admitted	Died	Duration of Disease	Where Contracted	Length of Service	Height	Weight
22 1st Regt Pa. Inf.	46	Amnesia	Sep ^r 5 th 69	Sep ^r 2 nd 70	1 year	Penn.	15	32½	147

was admitted into Hospital, between 10 & 11 o'clock on the morning of the 5th Sep^r.
 I when visited shortly afterwards, he stated, he was suffering from severe pain, in the left hip, and pointed to the left Sacro Iliac Sympyphysis, as being its more especial seat, it extended also down the course of the Sciatic & produced a numbness of that leg, the pulse was then quiet & full but not very strong, the surface warm and perspiring. Tongue furred & of a brownish colour, with elevated papilla, the bowels had been costive for two or three days, he stated that he had been subject to Rheumatism for the last 2 years and had also suffered from incontinence of urine but made no present complaint of the latter disease, he had been attending the medical officer in St. Mary's barracks, who had prescribed an embrocation for the pain in the hip, was ordered by Dr. John P. Smith of St. Mary's barracks to be put into a hot bath at 2 P.M. and subsequently to take Pulvis, Specuani & Composita &c the pain was much eased by the bath & he passed urine when in the bath, at the evening visit he stated that he was better, the surface was warm, & the pulse about the natural standard the bowels had not acted, between 2 & 3 this morning he passed his evacuations in bed, but made no complaints to the orderly, who attended him at that time, he expired shortly afterwards, before I could be summoned, the first intimation that I had of his decease being at my morning visit to the ward.

Hastie, M. M. M.

(Signed) Thos. B. M. M.

Staff Assistant Surgeon
 & orderly officer

External appearances, Body remarkably well formed & muscular; marks of fleas & cupping on the anterior surface of chest.

Cranium, Considerably increased. Subarachnoid effusion. Membranes & Substance of Brain otherwise healthy, weight 3 lb. 15 oz & 2 dr.

Thorax, Heart, Left ventricle firmly contracted and walls thickened extensive atheromatous deposit at commencement aorta, with one or two ulcerated patches immediately above the Semi Lunar Valve, Aortic & Mitral Valves both healthy, weight of Heart 12 oz.

Larynx & Trachea Healthy

Lungs, Right adherent to the walls of chest & Diaphragm. by a thin layer of Lymph along Standing, texture throughout perfectly healthy and supple. Left on opening the chest was found unusually collapsed, although slightly emphysematous, at the lower border of inferior lobe, otherwise healthy weight of Larynx Trachea & Lung 1 lb. 11 oz.

Abdomen, Liver, Slightly enlarged & flattened, texture firm, on section giving a nutmeg appearance, weight 3 lb. 5 oz.

Spleen, Small size texture natural, weight 4 oz.

Kidney, Slight affected with fatty deposit, to a considerable extent outer surface much mottled, weight 5 1/2 oz.

Left whole of Tubular portion entirely obliterated; Capsule stripped without difficulty, Dorsal surface having the same appearance as right, a small cyst situated in this kidney filled with clear fluid weight 5 oz.

Stomach, Small & Large intestine healthy.

In addition to the morbid state of the aorta noticed at its commencement, the whole of this vessel nearly to its division into the Common Iliaes was found extensively affected chiefly with atheromatous deposit, but several calcareous plates were likewise present causing much roughening of its inner surface. Commencing immediately above the Celiac axis & extending upwards for about 3 inches was found an aneurism of an elliptical or almost fusiform shape. This by its pressure had caused considerable absorption of the bodies of the 2 lower dorsal and a small part of the upper margin of the first lumbar vertebrae, the last dorsal being chiefly affected, the aneurism had burst towards its lower extremity to the left of the spine & an immense quantity of coagulated blood was found effused in the abdominal cavity, & a considerable portion had likewise insinuated itself between the layers of the mesocolon. The coats of the aorta posteriorly for the extent of an inch & a half had entirely given way, the aneurism was consequently affected although limited to a certain form & size by the surrounding textures, it contained a considerable number of laminated fibrinous Coagula.

H. Brastell

W. H. W. H. W.

Regt	Name & Rank	Age	Disease	Admitted	Died	Duration Disease	Where Contracted	Mar. Reg.	Vol.
15 th	Pt. Hugh Tallon	22	Plethoric Pulmonary	June 23 rd 1849	Sept 10 th 1849	2 1/2 yrs	Ceylon	D 322	42

Pt. Hugh Tallon - a servant - three years service - two of which were in Ceylon the rest at home. While abroad he suffered from dyspnoea & after recovering from that the chest disease appears to have set in. When he was suffering from cough with a mucous-purulent expectoration. He suffered also from dyspnoea - much increased and in a state of great debility. There was dulness on percussion over right infra-scapular space also over the corresponding part posteriorly. There was also cavernous respiration & P. Trillory. Thoracic action increased. From the time of his admission he appears to have suffered from the cough and dyspnoea the latter of the two becoming more urgent at night. He became much emaciated & the disease appeared to be running a rapid course. About a month after his admission there appears to have been some low inflammatory action going on. The dulness on the right side increased there was also dulness over apex of left lung with dry expectoration. There appears to have been little or no change in his symptoms from this period until about the middle of August when his legs & feet became anasarctous. There was also effusion going on into the cavity of the Peritoneum his breathing became much more difficult - complained that he could not lie on his left side & it was noticed that there was effusion going on in the Thorax. For the last few days of his life he suffered greatly from the dyspnoea at times being almost choked. Cough also very troublesome - bedded sleepless nights - was kept alive only by stimulants. Urine was scanty & high coloured. he had also a very troublesome Diarrhoea. The day before his death he vomited a large quantity of a dark coloured fluid. Before his death the dyspnoea was extremely urgent & he died in a state of Asphyxia at 10th Sept 1849.

Copied by Wm. Thos. M.D.

(Signed)

Geo. W. Prater M.D.
A. A. S.

Subo Cadaveris Lora XXIInd Post mortem.

External Appearance. Considerable lividity of upper part of body - anasarca of both lower limbs especially the right. Scrofula distinct

and 6 1/2 in North America and the rest of him
 had enjoyed good health both before and during
 the time that he was on foreign service and had
 not the smallest ailment on his return to England
 In March 1848 he suffered from dyspepsia and
 subsequently on three occasions from jaundice
 and hepatitis subsequently partial paralysis
 and when in hospital for these complaints had
 been salivated & well prior to admission and
 when at St Marys Barnet he felt and received
 a contused and partially lacerated wound on the
 forehead three days after this he began to feel
 severely with pain in the head and had admission
 four days after these symptoms commenced
 stating that they had increased in severity this
 was at home on the 12th in the afternoon symptoms
 of erysipelas came on rapidly the face greatly
 became red and swollen with a strong burning
 pain and the ordinary inflammatory symp-
 toms when visited in the evening the face and
 forehead were found of a dusky red colour
 but the swelling was great and spreading to
 the nose further did the colour disappear on pressure
 tongue pale and moist pulse and strong hard
 pulse there was much stupor the articulation seemed
 inclined to utter on the next morning the first
 time that he remarked his symptoms under-
 went no particular change the swelling was
 especially on the right side of the
 face and on the 13th a thick humor was
 noticed around the wound on the forehead
 vesicular action and stupor were increased in
 the evening but the latter was at no time profound
 on the evening of the 13 and on the 14 the pulse
 had lost its hardness and on the evening
 of the 14th was frequent in power diminished
 was given freely but with no avail the
 vesicles observed no change till 6 in the
 morning when his face suddenly became brown
 and he expired before the vesicles began to
 reach the head

Dr. Blatterbach

copied by Dr. Hall

Section Cadaveris (Crab?) Test. Morsum

General Appearance. Body stout and muscular, feet
smelling and the coloration of face, upper part
of shell also much swollen. If a lived colour
mixed with yellow.

Cranium. A small skull situated in the scalp more
heavily over the frontal bones.

Considerably increased vascularity of the cranium
fluid, substance of brain firm, a lumen
presenting more blood points than usual,
fluid in lateral ventricles normal in quantity

There Out of a reddish colour. weight of Brain 2^{lb} 11^{oz} 13^{gr}.
Quantity of fluid in the pericardium external
Heart much enlarged and its cavities filled with
yellow coagula, valves healthy. A white spot of
lymph of old standing on outer surface of
right ventricle. Muscular tissue of heart from
length 13¹/₂ to Larynx and Trachea cartilagi-
nification of cartilages of Larynx as other muscu-
lar appearance in Larynx or Trachea Lungs light
adherent of the right pleura pulmonary. Left lung
cartilages Left lung quite free from adhesion
texture of both healthy with the exception of an
admirable completion of the posterior borders

Abdomen A small quantity of fluid escaped
from the peritoneal cavity on opening the
body so that its cavity could not be measured
Liver of the usual size, full blooded dis-
tinct with dark redish like Liver of Liver
both Carina and Concreta presented a well
marked specimen of Cornuosis in the ad-
vanced stage being covered ^{with} numerous
branishing projections varying in size from
a millet seed to that of a pea. on cutting
into its texture the distinction into these abnormal
lobules was also apparent. Liver texture of
liver considerably increased. weight of Liver 3^{lb} 3^{oz} 3^{gr}.
Spleen enormously enlarged and very irri-
table in shape, protruded the venter of the
free liver blackish, obliterated, and its lower
border was irregularly lobulated. Stomach
surface slightly mottled, texture generally coarser.

faster than lateral and almost different.
 towards the ^{outer} surface towards the inner
 surface, two or three patches of dark colour
 and from ^{interior} ~~construction~~ length to 1-4 1/2
kidney left enlarged anterior surface
 mottled cap. could be capable of being stripped
 without removing a portion of the purpurine
 whole texture of kidney unusually soft and
 lacunae. Cortical substance a. foliated with
 fat partially obliterating the tubule 8 1/2.
 Right kidney enlarged tubular portion espe-
 cially compressed, general characteristics much
 the same as the left but tubular portion
 more the same as the left. Gross entire
 weight 6 1/2 oz. Intestines strong membrane
 of stomach irregularly contracted and
 coated with mucus. Slight compression
 towards the cardiac extremity both the small
 and large intestines throughout presenting
 nothing unusual

H. P. C. -
 M. H. H. H. H.

No. 42.

Pat. Name & Rank	Age	Disease	Admitted	Discharged	Duration of Disease Contracted	How Discharged
4th Lt. Wm. Wilkinson	47	Diarrhoea	Augt 28/69	Sept 31/69	33 days	St. Mary's. 11. 300/78.

An Englishman has been a seaman prior to enlistment that served 19 1/2
 years of which 9 1/2 has been in India and remainder at home, during his stay
 in India he enjoyed good health nevertheless from his long service he was
 unable to proceed with his more active duties from which he was excused and
 finally invalided, he was remaining at St. Mary's & enjoyed good health
 till the 19th of August when at 10 AM he was attacked with diarrhoea
 and during that day had 8 or 9 stools which were of a dark colour &
 thin consistency, on the preceding day he had 6 stools of the same character
 and the disease continuing on the 21st he was sent to Fort Pitt where a surgeon
 his symptoms appeared to be those of ordinary diarrhoea and was accordingly
 treated with some doses of castor oil followed by other purgatives & opiate powder
 which he appeared to improve until the end of the month, and on the
 1st of September was reported convalescent. On the 4th Sept. he was attacked
 with severe pain in the right lumbar region which was aggravated by inspiration
 and then was tenderness on pressure along the margin of the ribs, which
 removed these symptoms and he improved slightly up to 10 on the same

evening of which day he was attacked with severe pains in the stomach and right shoulder which affected both respiration and circulation but was relieved by an Anodyne. He was subsequently much prostrated and complained of pain and tenderness of the abdomen which was slightly tympanitic and the hands inactive, the pain and tenderness soon subsided but he never recovered from the prostrated state, action in the hands returned constant & Colicquation, & the evacuations by drops became little better than dark brown blood under this he gradually sank & expired at 1/2 past 5 PM.

Opus by Samuel Milner.

Signed W. H. C. H. C.

Sectis Cadaveri Nova VII post mortem.

General Appearances.

Cranium.

Body much emaciated, marks of recent bleeding over the parietes, Brain and its membranes healthy with the exception of slight increase of fluid in the lateral ventricles W of Brain l^o 2 & 1/4.

Thorax.

Heart healthy with the exception of slight atheromatous deposit at the commencement of Aorta W of 9 of.

Lungs. Both slightly adherent towards their apices. Right infiltrated throughout with reddish coloured frothy fluid, both some condensation of texture of lower lobe. Left generally healthy, at its lower border slightly emphysematous to 1/2 lungs, trachea 3 1/2.

Abdomen.

Liver. Gall-bladder enormously distended, its contents consisting chiefly of fluid bile mixed with sedimentary matter, of a brownish yellow colour. The convex surface of right lobe of the liver was hollowed out of a circular form about four inches in diameter deepening in depth from an inch and a half to half an inch forming the cavity of a large abscess which was bounded above by the diaphragm and laterally by the walls of the chest, this contained about a pint and a half of thick unhealthy looking pus. Texture of liver pale & rather more friable than usual but apparently not much diseased, W 3 1/2 1/3 1/4.

Spleen unusually small slightly lobulated texture natural W 3 1/2. Kidneys. Left much congested both in cortical & tubular portion but the latter quite solid, outer surface mottled with patches of yellow vascularity W 5 1/2 of. Right presented much the same appearance externally but less congested internally and slight enlargement of tubuli W 5 1/2.

Intestines presented one mass of viscous feces, matted together and adherent by their outer coats.

Stomach healthy. Plicae Membranae of small intestine

healthy, but the peritoneal coat unusually vascular throughout. In some parts more marked than others where adhesion had taken place between the coils, at which points a few patches of lymph were also present. The whole of the large intestine from the commencement to the rectum was extremely diseased its mucous membrane thickened of a dull leaden colour covered with numerous plaques, portions and irregularly shaped patches. Peritoneal coat of bladder and the portion of that membrane in its immediate vicinity were coated with a thick layer of lymph. which was easily stripped and appeared like of recent formation.

(Copied by)

Samuel S. Miller Surgeon
Wilmington, N.C.

No. 43-

Regt.	Name and Rank	Age	Disease	Admitted	Died	Duration of Disease	Where Contracted	Paid	Regt.	File
78 th	St. Alexander Ring	24	Gonorrhea (chronic)	August 2 nd	Sept 25 th	3 months	Bombay	11	320	4

A Scotch labourer, Serv. a 9 years of which 6 $\frac{1}{2}$ in the East Indies, he went at home, suffered in April 1844 from Gonorrhoea, in Sept. of same year he first suffered from Remittent fever and had recurrence of the disease during the next twelve months. In July 1846 he had an attack of Hepatitis and in September 1847 he had a second and more severe attack of the same disease. Was admitted twice in 1848 in August & September for Intestinal Remittent and was invalided for it. When admitted on the 2nd August he was reported "much emaciated, has frequent calls to stool which prevented him resting at night, tongue clean, appetite good, motions dark brown, tinged with blood, had considerable tenderness. He was ordered at this time an Aperient and began to take pills of the Sulphate of Copper & Opium, under which he is reported to have improved slightly, yet at the end of the month he was extremely emaciated & full with a tumid abdomen & frequent dependent action, in the beginning of September his strength began to fail more rapidly, the abdomen was more enlarged & fluctuating & dependent action more constant, there was little change in his symptoms, the evacuations became mucous & latterly consisted of little else than blood, he also suffered slightly from Encuresis, he sunk by degrees, during the last two or three days he was perfectly helpless, he expired this morning at 2 A.M. Treatment. Pills of Sulphate of Copper & Opium, Gentian & Nuxvom, Ipecacuanha, Rhubarb, Hyoscyamus & Gentian combined with small doses of Blue pill, Anodyne & latterly Gallic Acid & diffusible Stimuli, with Brandy, wine & nutritious diet throughout.

Copied by
S. M. Foster M.D.

(Signed)

Thos. McKenrich
Staff Assist Surgeon

Section Cadaveris Moræ post Mortem

195

External Appearances

Body extremely emaciated. Abdomen tumid & tympanitic. Chest narrow at its upper part & unusually bulging at its lower. Superficial bed sores over the right trochanter Major

Cranium Brain & its membranes healthy. Weight of former 2 lbs 8 oz 6 dr.

Thorax An ounce of fluid in pericardium. Heart of unusually small size. Muscular tissue pale & flabby. Valves healthy. Weight 5 oz 3 dr.

Larynx & Trachea presented nothing unusual. Lungs both quite free from adhesion & texture throughout perfectly. Weight of lungs Larynx & Trachea 1 lb 14 oz.

Abdomen 13 pints of clear fluid mixed with a few flakes of lymph were found in the peritoneal cavity. Gall bladder distended with fluid bile. Liver much enlarged extending upwards towards the chest & downwards into the abdomen. Texture of a pale fawn colour unusually firm. Containing a considerable portion of fibrous tissue mixed with fat, the latter predominating. Weight of Liver 6 lbs

Spleen slightly enlarged, inferior border partially lobulated, a fibrous cicatrix about the center of its convex surface, causing a puckering of its capsule at this part. Weight 10 1/2 oz.

Kidneys. Left of small size. Capsule stripped with considerable difficulty. Cortical substance unusually pale, partial obliteration of the tubuli, outer surface rough & irregular, a small cyst containing clear fluid was situated on this kidney. Weight of this kidney 4 oz.

Right presented much the same general appearance both externally & internally. Weight 3 3/4 oz.

Intestines generally distended with gas. Mucous membrane of stomach & small intestines healthy. That of colon much thickened, studded with numerous irregular shaped ulcers throughout especially in the caecum coli.

Left testicle enlarged & contained in its substance a portion of caseous tubercular matter about the size of a bean

Copied by Wm. C. M.D.

No 44 -

W. M. M. S. S.

Regt. Name & Rank	Age	Disease	Admitted	Died	Duration of Disease	Where contracted	Ward	Regt.	Notes
96. Surgt. Joseph Daniels	43	Apoplexia	Sep 27	Sep 27	19 hours	In ward	15	15	324 43

Abstract of the Fatal Case of Surgt. Joseph Daniels. Aged 43. 96th Regiment History of Soldier. Englishman - Carpenter. Service 18 years. 8 months. In England and Ireland for 10 years. The remainder in Van Diemen's Land; History of Disease. No Document sent with this man.

It appears that six years ago he was attacked with Dyspepsia when in Van Diemen Land, and occasionally suffered from Piles - 3 weeks before admission piles came down and blood was passed in going to stool - on admission he suffered a great deal from External Haemorrhoids and passed at every stool a quantity of blood. He gradually improved under treatment - the Piles were cured two days before the fatal attack commenced.

Was fitted with a double truss the day following his admission for relaxation of both inguinal rings.

When he had been in Hospital 25 days he was visited by the Orderly Officer at Midnight for a slight Epileptic seizure. In an hour afterwards the pupils acted, he was apparently conscious of being spoken to - Apnea had abated and shortly afterwards disappeared. At half past 7 O'clock the next morning, the Orderly Officer was called to him - the face was swollen - pupils fixed and dilated - respiration stertorous - pulse full strong & quick - surface hot - perfect immobility, breathing entirely nasal. About 5 drops of Croton oil were immediately placed upon his tongue by feather, - was bled to 18 oz - a strong Turpentine Enema given and Mustard plaster applied to the back of both Legs - A short time after his breathing was relieved - he regained in some degree his power of deglutition and the pulse improved - At 9 1/2 A.M. the breathing was still stertorous, Inspirations 36 - Pulse 128 - pupils slightly dilated - left more active than right, teeth clinched - decubitus on the right side - alae of nose much moved - He was then cupped at the back of the neck & bled in the jugular vein - 2 oz of blood altogether abstracted - the blood contained but a small quantity of fibrin. During the day 8 drops of Croton oil were administered with purgative Enema together with about half a drachm of Calomel without producing the slightest effect upon the bowels. - blistering fluid was applied to the Scalp and turpentine fomentations to the Legs - He remained in the same state until he died. Was under treatment in the first instance after Dyspepsia.

Copied by }
R. MacEwen

Sector Cadaveris Hara XXI Post Mortem

External appearance. Body well formed and muscular, marks of Cupping on left side of Chest, and of recent incision on right arm.

Cranium. Nothing abnormal could be detected in the Membranes of Brain, its substance however was softer than usual and the quantity of fluid in lateral ventricles slightly increased.

Thorax. Quantity of fluid in Pericardium natural. Heart of large size its external form more rounded than usual towards the Apex walls of both ventricles thickened and their cavities dilated, with increased amount of fat on the outer surface. Arteries & Valvular disease with the exception of slight thickening of the mitral valve bright 1 & 2. Larynx & Trachea presented nothing unusual.

Thorax Lungs both free from adhesions, texture healthy throughout. weight of Lungs Larynx & Trachea 2 lb. 2 oz.

Abdomen Gall Bladder contained a large number of Gallstones (46), which weighed half an ounce and were of a polygonal form, about the size of large peas. Texture of the Liver of a uniform pale color throughout, firmer than usual and the distinction into Acini scarcely perceptible, weight 4 lb. Spleen texture unusually soft almost diffused, paler colored than natural weight 7 oz.

Kidneys Slightly increased vascularity of the Cortical Substance of Left capsule stripped without difficulty; tubuli entire, weight of Left 6 oz.

Right presented much the same appearance, its outer surface slightly roughened weight 5 1/2 oz.

Mucous Membrane of Stomach & Small Intestines healthy, as also that of Large Intestines.

Urinary Bladder enormously distended and projected high up into Abdomen.

Copied by R. MacGregor
M.D. 1849

No. 45-

Regt.	Name & Rank	Age	Disease	Admitted	Dis.	Duration	Where	Ward	Regt.	Notes
10th Regt.	Pte. James Dunn	40	Dysentery Chron.	Aug. 2 ^d 1849	Oct. 3 ^d 1849	2 1/2 yrs	E. India	11	320	5 lb

Abstract of fatal case of Pte. James Dunn. 10th Hussars. Age 40. Admitted Aug. 2^d 1849. Duration of Disease 2 1/2 yrs. Died Oct. 3^d 1849. at 12 past 11 P.M. in Ward 11 Gen. Division. Disease. Dysentery Chronica. Regt. 821. Folio 1. 2.

English Farmer. Service 18 years, of which 9 years in East India. Healthy prior to going on foreign service. Long suffering from Dysentery on the voyage out, and during the whole of the time he was in India he suffered more or less from Dysentery. Was Hospitalized in Aug. 1847 his liver subsequently becoming enlarged. When admitted he was emaciated & pale. Stools only moved once or twice a day. Appetite poor. Stools dark. The external appearance of the abdomen was not reported. He had a considerable sized swelling on the left ankle. He improved in health after admission & until 27 of Aug. when he appeared to be deranged in his mind. Was noisy and talked incoherently. There was no premonitory symptoms to account for this. On the 28th it was not noticed, but the bowels were much more affected. On the 9th Sept. he passed part of a tape worm about 3 feet in length and at this time there was slight cerebral derangement. The abdomen now became much enlarged and fluctuating. Dysentery continued to increase and cerebral function continually deranged. This continued until the 17th when he was again delirious & the bowels staid - the pulse became no longer. The abdomen increased in size

and from the late his hosty powers gave way without any prominent symptoms. he expired in Ward 11 at 6 past 11 last night October 3rd 1849.

(Signed) Thos. Blatherwick

Staff Assistant Surge.

Copied by G. A. Lusk.

Section Caboveris A. & D. T. Post Mortem.

External Appearance. Body much emaciated. Marks of abrasion on left leg. ^{Almond sized} ~~Almond sized~~ ^{infection} ~~infection~~

Cranium. Considerably increased subarachnoid effusion, & unusual vascularity of that Membrane. Substance of Brain presented on section more bloody points than usual - texture firm quantity of fluid in lateral ventricles. Normal. Weight of Brain 3 lb 5 oz.

Thorax. One and a half ounces of fluid in pericardium.

Heart. Considerable amount of atheromatous deposit with superficial ulceration immediately above the tricuspid valves of the aorta - with one or two plates of calcareous deposit interspersed - but no thickening, or change in the valves. Mitral valve also healthy. Weight of Heart 9 1/2 lb.

Lungs and Trachea presented nothing unusual.

Lungs. Right pretty firmly adherent to the walls of the chest & diaphragm by lymph of old standing - texture of this lung much congested and full of frothy fluid.

Left Lung quite free from adhesions - Superior lobe in the same state as that of the right - lower lobe much condensed, so as to sink in water. of a uniform dark red colour throughout and much impregnated with blood. Weight of Lungs, Larynx & Trachea 4 1/2 lbs.

Abdomen. Liver - lower surface very firmly adherent to the diaphragm.

Gall Bladder. Contained a little fluid - yellowish bile.

The whole of the outer surface of the liver was covered with the mammillary projections characteristic of the advanced stage of cirrhosis. of variable size - the largest being about the size of a pea. texture of the liver unusually firm containing large amount of adhesionous fibrous tissue. Weight of Liver 4 lb 7 oz.

Kidney. Left somewhat enlarged, both cortical and tubular congested the latter tissue. Weight 7 oz. 3/4.

Right Kidney. presented much the same appearance. Pelvis and infundibula a good deal dilated - this kidney externally had a lobulated appearance.

Spleen. of large size - capsule thickened and opaque. Section presented several portions of unusually dark colour - extending inward from the circumference to middle of organ - texture surrounding these dark portions was firmer than usual. Weight 1 lb 9 1/2 oz.

Stomach was filled with mucus of a very dark colour - towards the cardiac extremity a large patch of the mucous membrane was

was found - of a uniform pale red colour - and much engorged.

Small and Large Intestines - The greater portion of a large tape worm was found in the small intestines -

Large Intestine - presented nothing unusual and the mucous membrane of both was healthy.

Garnet Smith.

No. 46 -

Wm. W. Allen

Regt.	Name and Rank	Age	Disease	admitted	Died	Duration of Disease	Where Discharged	Was Registered
30th	Private Matthew Adair	41	Rheumatismus Chron.	Oct. 12th	Oct. 18th	1st 6 days	Manchester	330 12th

Irish Shoemaker, has enjoyed good health since his present ailment - Was first admitted to Regimental Hospital on 18th July last, suffering from acute pain in the left side with cough and dyspnoea - for this he was actively treated, and shortly recovered, and when about to be discharged Hospital, he contracted Quotidian Intermittent fever, from which he continued to suffer until a fortnight prior to being admitted into this Hospital, when he suffered severely from pain of a rheumatic character in the loins & in the Tibia.

His symptoms on admission were acute pain in the Tibia, dyspnoea, aching pain in the loins - the feet were oedematous - pulse 120 & small, tongue clear, appetite very good - Chest resonant - respiration tubular with slight bronchophony at right apex - Heart's action hurried, and a "bruit de sein" heard with the first stroke. He was ordered ten grains of Opium powder at bedtime, and Chloroform Tincture of Iodine applied to the skin. The next day he was much better & nearly free from pain - On the 14th he was again worse, the "bruit" was more strongly marked - pulse 130 & very small - On alternate days until the 17th the pain & dyspnoea were aggravated; on the 17th the pulse was irregular & occasionally intermittent - On the 18th on entering the Ward I found him pale & cyanic with cold and numb extremities, much dyspnoea & anxiety - pulse scarcely discernible, at left wrist & he had coughed up a small quantity of mucopurulent sputum, all pain had disappeared - On examining the Heart with the Stethoscope, I could scarcely distinguish its rhythm - there was no increased dulness of lung. Reges - respiration was quick & frequent - Diffusible Stimuli were at once given and hot bottles applied to the feet - these shortly gave relief and he fell asleep - At 1/2 past 3 P.M. the Medical Officer was called to him & found him nearly moribund - the symptoms of the morning having returned with more intensity - dyspnoea excessive - there was expiring sound attending expiration - he sunk until 1/4 to 5 P.M.

Thos. Blatherwick J. A. Surgeon

(Copied by A. C. Chapman)

(Wes)

Section Cadaveris Hora XVII Post-Mortem.

External Appearances - Body well formed, rather slight.

Cranium - Considerably increased Arachnoid effusion - Substance of the Brain congested - Quantity of fluid in the lateral Ventricles normal. Weight of the Brain 3 lbs. 5 1/2 oz.

Thorax - 2 oz. of fluid in the Pericardium. Heart of large size - a patch of lymph of old standing extended nearly over the whole outer surface of the right Ventricle - There were small vegetations in the center of one of the Semilunar Valves of the Aorta whilst the others were slightly cribriform. The Aorta at its commencement appeared perfectly healthy its coats being neither thickened nor dilated - The tendinous margin of the Mitral Valve was slightly thickened - The chief seat of disease appears to have been the Tricuspid Valve, the whole of which was much thickened, with superficial ulceration along its base - A large irregular sloped fibrous growth about 1 1/2 inch in length was attached to the wall of the right ventricle close to the Auriculo-ventricular opening - The Cavities of the Heart generally were dilated, and the muscular fibres, especially in the right ventricle hypertrophied. Weight 11 1/2 oz.

Larynx & Trachea, presented no abnormal appearances -

Lungs - Pleura on both sides firmly adherent - P. pulmonalis thickened and firmly attached to the surface of the lungs - Tissue of both lungs throughout much congested & slightly condensed, but not so much so as to sink in water. Weight of Larynx & Trachea & Lungs - 3 lbs. 7 1/2 oz.

Abdomen - Liver of the usual size, texture much gorged with blood and rather friable. Weight 4 lbs. 3 oz. - Spleen rather pale than usual - texture rather soft. Weight 10 oz. - Kidneys - The cortical substance of the Left K. unusually pale - Capsule dense & glistening, stripped with some difficulty - Tubular portion almost entire. Weight of left K. 7 oz. - The right K. presented much the same appearance - A few of the tubules were obliterated. Weight 7 oz. - Considerable injection of the Mucous Membrane of the Stomach was evident towards its Cardiac extremity. Small & Large Intestines healthy.

Arthur Charles Roman M.D.

J. M. M. S. J.

Regt	Name and Rank	Age	Disease	Admitted	Died	Duration of disease	Where contracted	Wt. Height &c.
52	Paul James Brown	22	Chronic Pulmonary	Sept 7	Oct 19	13 weeks	Reading	11 320 17

On English-Irish fair complexion and middle stature lymphatic temperament. Health prior to present pulmonary disease had been good. Was subject to slight catarrh when exposed to cold or wet. Had contracted cold when on recruiting service at Reading, this was soon followed by dyspnea and insidious phthisical symptoms on account of which he was sent to Bhatnam. When admitted he had all the usual symptoms of the disease fully established, cough without expectoration, sweating, hectic flushing of evening, rapid pulse, emaciation, loss of rest, and dyspnea on the slightest exertion. The stethoscope indicated the presence of a cavity at the right apex. His symptoms improved slightly until the end of the month, when he began to get weaker, having a profuse purulent expectoration, and during this month he has sunk rapidly. Dyspnea and hemorrhages since the 15 have been excessive and the stethoscope has proved the disease to have extended to the rest of the pulmonary tissue more especially on the right side.

(Signed)

Witnessed by Joseph Pearson

Thomas Blathernich

Staff Appt Surgeon

Actio Cadaveris Nov 11 Post Mortem.

External Appearance - Body much emaciated - mark of recent blistering on the chest of bed sore over the left scapula and under the left shoulder.

Cranium - Brain and its membranes healthy weight 2 lbs 15 oz

Thorax 3 1/2 oz of fluid in pericardium

Heart of small size valves healthy weight 7 1/2 oz

Larynx and Trachea - Superficial ulceration of under surface of epiglottis and of the lining membrane of trachea which was a good deal congested. Lungs Right firmly adherent to walls of chest and diaphragm by lymph of old standing. The whole texture of the lung completely disintegrated by tubercular deposit, and broken up into numerous cavities, one of those of enormous size, situated toward apex of superior lobe, and several of the bronchi communicated with it.

Left Lung quite free from adhesions, superior lobe contained tubercles in the second stage, and one small cavity, lower lobe of this lung free from tubercular disease but highly emphysematous weight of Larynx Trachea & Lungs 6 lbs 1 oz.

Abdomen - Liver projected further than usual into the abdomen right lobe flattened out and thinner than usual texture of liver healthy.

(over)

weight 3 lb 12 oz

Spleen margin slightly lobulated texture natural weight 7 oz

Kidneys Left slightly congested capsule easily stripped outer surface slightly mottled weight 6 oz - Right presented much the same appearance weight 6 oz 2 dr

Stomach and Duodenum healthy throughout. Throughout the whole of the small intestine the glands both solitary and aggregated were much enlarged from tubercular deposit, and at one or two points ulceration had taken place.

Large Intestine presented nothing unusual.

Vol 48 - Joseph Landon

Whitson S. S.

Regt	Name and Rank.	age	Disease	Admitted	Died	Duration of Disease	Where Contracted	Wound Register	Folio
50 th	Private John Hazan	30	Phthisis Pulmonalis	Oct 12 th 1849	Oct 24 th 1849	3 years	East India	11	320 126

An Irish Tailor, serving 10 years of which 5 in East India, with the 20th Regiment, the remainder at home. Suffered in East India from Hepatitis, cured in 1846. When in that station he first contracted pulmonary disease, and was invalided for it. Since then his health has been bad. While with his present regiment, he never came into Hospital until the 15th of August, since which time disease has advanced rapidly.

When admitted to this Hospital, he was much emaciated & weak, suffering much from Dyspnoea, easily aggravated; loss of voice - rapid and weak pulse, regular accession of hectic, sweating, constant cough and copious purulent expectoration. Stethoscope - Dulness on percussion over left side, with common respiration and strong gurgling rales heard generally throughout the Chest. Auscultation on the back, with the lips parted and loud rattling respiration from fluid escaped into the air tubes. The advanced stage of disease on his admission has presented much change in his symptoms, during the time he has been in this Hospital, he has vomited progressively the quantity of purulent and tubercular matter expectorated has been very great, and the respiration has been always attended by the rattling especially when he was dozing. On the morning of the 23rd he was suffering from pain in the lower part of the Chest, and more urgent dyspnoea, for this a blister was applied. Since then he has sunk more rapidly, yesterday morning his features were cadaverous, pulse very thready, and he had hardly power to expectorate, he died at 1/2 past 7 P.M.

(Signed) Thos. Bluthvink

Copied by John Langney M.D.

Staff Assistant Surgeon

Lectus Cadaveris hora XVII post Mortem.

External appearance. Body emaciated, marks of recent blistering on the Chest.

Cranium. Considerable congestion of Arachnoid and Substantia of Brain generally. quantity of fluid in the lateral ventricles normal. weight of brain 3^{lb} 5^{oz}.

Thorax. Heart 4 oz. fluid in pericardium. Slight thickening of Pericardium as valves. valves of the Aorta - Aorta at its commencement healthy, as also the Mitral valve, heart generally enlarged and its cavities distended with Coagula. weight 12 oz.

Larynx & Trachea - Extensive ulceration of the inner surface of epiglottis and Larynx, apparently of Tubercular character. no increased vascularity of their lining membrane was present.
Lungs. Both slightly adherent towards their apices. Right extensively infiltrated with tubercular matter, the majority of the tubercles being in the 2nd stage with considerable condensation of the surrounding pulmonary texture & in the apex of superior lobe one or two small cavities were present. Left Lung affected much in the same way, but the cavities in the upper lobe of this lung were more numerous and of larger size than those of the right - one of these was traversed by a small artery the coats of which were quite entire. - Lower lobe of this lung infiltrated generally with Miliary Tubercles and much congested. weight of L. 7.2 L. 5th 5^{oz}.

Abdomen Liver of the normal size texture much engorged with blood & rather more lacinate than usual weight 3^{lb} 14^{oz}.
Spleen rather pale of normal size & consistence weight 7^{oz}.

Kidneys. Left contained small cysts in its cortical substance. Texture throughout a good deal congested capsule slightly thickened and opaque and more adherent than usual. weight 7^½ oz.

Right likewise contained a few small cysts. Texture much congested and tubular structure partially obliterated weight 6^½ oz.

There were several congested portions of the mucous membrane of the Stomach, one or two ulcerated patches were present throughout the Ilium. Cæcum and ascending Colon were extensively ulcerated. but the rest of the large intestine healthy.

John Langrey M.D.

W. H. H. S. S.

Ref.	Name and Rank.	Age	Disease	Admitted	Died	Duration of Disease	Where Contracted	Med. Reg.	Rel.
429.	Pt John Delap	30	Phthisis pulm.	1849 Sept 28	1849 Oct 27	33 days		10	226 3.

History of Soldier. Irishman. Labourer, Sturmons Report.

Height 5 ft. 11 1/4 inches. 5 1/2 years service - all at home.

History of Fatal Disease. Enjoyed good health previous to enlistment.

First began to complain in Sept. 1848, when he was admitted into his regimental hospital for Acute Catarrh. In three months after, came under treatment again for Chronic Catarrh; in the month of Feb. 1849 Phthisical Symptoms became evident, he did not leave hospital until sent to Chatham. Whilst under the charge of Surgeon Rice, he was scarcely ever free from Diarrhoea - had severe night sweats - abundant mucopurulent expectoration - alteration of voice, which gradually assumed a hoarse & husky tone - No haemoptysis. Sputa never tinged with blood - Before he became a soldier he led rather an intemperate life.

On admission into Port Pitt he was a good deal emaciated - had a troublesome cough, accompanied with copious mucopurulent expectoration -

severe night sweats - general debility - difficult breathing, aggravated on exertion. For a few days after admission the symptoms were a good deal relieved; at length diarrhoea set in, the tongue became foul; and loaded with a brown fur -

Slight vomiting followed - Thirst succeeded - heat was soon manifested. the cough became troublesome, the sputum, thick, frothy, tenacious, tinged with blood.

On 23^d Oct: an evident change took place. the pulse became almost imperceptible. Skin cold expectoration difficult. Sputum pure pus & difficult to get up.

Pulse throughout his illness ranged from 87 to 114.

Physical Signs upon Admission. Chest much wasted - depression beneath both clavicles - angles & bodies of ribs prominent - arms emaciated. Muscles soft & flabby.

Percussion. Dulness in both infraclavicular regions; but principally in the right; also over the whole of this side of the chest. Increased vocal resonance & fremitus on right side of the chest.

Stethoscopic Signs. a loud gurgling from inferior border of right

inferior border of right clavicle to lower margin of 3^d rib. It can also be heard over the whole scapular region. Respiration elsewhere ~~practically~~ behind, with the exception of feebleness at the margin of the lower lobe, which exists likewise along the border of the lung anteriorly. Respiratory murmur weak over the left lung. Both sides imperfectly dilated on full inspiration. Heart's action feeble, and sounds unattended by a murmur.

Stethoscopic Signs 10 days after admission Coarse crepitus under right clavicle and down to the 3^d rib, heard, also, in supra spinous fossa of the scapula. Right Side Posteriorly, sonorous rales heard all over communicating a peculiar thrill to the hand when laid upon the chest. Anteriorly, the cardiac sounds are everywhere heard. Action of the heart felt under right clavicle. Left Side Sonorous rales heard anteriorly and posteriorly. Respiratory murmur feeble towards the base of the lung. Heart's sounds normal.

When I took charge of the Ward, the patient was too feeble to admit of Stethoscopic Examination, beyond ascertaining that there were no liquid ~~choughs~~ in left subclavian region, the respiration in that ^{situation} ~~region~~ being very harsh & tubular. A slight bubbling was detected on Oct. 25. in right subclavicular region on deep inspiration. Evidence of a good deal of diffused liquid in both subclavian spaces on coughing.

Treatment Whilst with his regiments he was put under the full action of Antimony. Blisters, with other counter irritants were employed also. Since admission into the Fort, he has taken astingents, anodynes, diffusible Stimulants. Expectorants & demulcents.
Diet. Spoon - Extras. Arrowroot - Milk - Wine - Brandy - Soda water - Oatmeal.

(Signed) Robert Cooper
Capt. Staff Surgeon

Sectio Cadaveris Horâ XX^o post mortem.

Ext. Appearances Body extremely emaciated -
Cranium Meninges & substance of Brain healthy
Height 5 lbs. 103. 3 dr.

Thorax.

Slight amount of atheromatous deposit at the commencement of Aorta. Both Aortic & Pultral valves perfectly healthy. Wt of Heart 90g. & Dr. Larynx & Trachea presented nothing unusual.

Lungs.

Right firmly adherent to the walls of the chest & diaphragm by lymph of old standing. Pleura pulmonalis much thickened and firmly attached to the lung. One cavity of enormous size was situated in apex of superior lobe of this lung, and several of smaller size in its immediate vicinity. Middle & inferior lobes much congested & infiltrated with milary tubercles. Pulmonary texture condensed. Pleura on left side likewise very firmly adherent. Pleura pulmonalis more thickened than on the right side. Superior lobe of this lung contained several large cavities. Lower lobe congested & texture slightly condensed, but free from tubercular infiltration. Weight of Larynx, Trachea, & Lungs 3 lbs. 10 oz.

Abdomen.

Liver Gallbladder distended with dark tarry bile. Texture of liver pale, soft, & lacerable, containing but little blood. Wt 4 lbs. 10 oz.

Spleen Small. texture natural. A small round appendage the size of a marble was attached to its under surface, its texture apparently the same as that of the spleen. Wt of spleen 9 oz.

Kidneys. Left a good deal congested. Capsule firmly adherent. and a considerable portion of tubular structure obliterated. Wt 5 1/2 oz. Right presented much the same appearance. Wt 4 oz & dr.

Intestines. Slight ecchymosis of mucous membrane of stomach towards the Cardiac extremity. The small intestines were congested throughout. Glands of Ileum enlarged, the mucous membrane surrounding them being of a dull leaden colour with occasional patches of ulceration. Towards its termination the coats of this intestine showed greater vascularity with superficial abrasion of the mucous membrane. On first opening the Abdomen a perforation of large size was discovered at the lower end of the Ileum immediately at its entrance to the colon, but no trace of effusion of the intestinal contents could be observed. The large intestine was healthy.

(Copied) J. Irvine M.D.

Robertson J. A. S.

Regt. Name & Rank	Age	Disease	Admitted	Died	Duration of Illness	Cost of Medical Reg.	Fee
38 th (The London Scottish)	29	Catarrhus Chronicus	28 th July/49	30 th Oct/49	Nine months in Canada	10	318 184

History of Soldier, Tradesman, Saddler - 10 years 4 months service of which 4 years and 7 months was in the West Indies and North America, remainder at home.

Medical History of Patient. Been 3 times in Hospital, twice for Venereal, and once for a sore consequent upon a blow.

History of Fatal Disease. Became affected in Jan'y last with hoarseness of voice, dry cough, was at the time in North America, had never complained of dyspnoea, nor had ever spat up any blood. For a month after admission the man improved so rapidly that he was anxious to be discharged. In September a slight diarrhoea came on and lasted for a fortnight, during the first week in Oct the pulse increased from 96-123. On the 8th of the month his voice became very husky, night sweats commenced - Arctic superannated rustling night followed - the cough increased, he gradually fell away, for the last few days complained greatly of weakness.

Physical Signs on Admission. Chest well formed, some distump under left Clavicle.

Stethoscopic Report. In July a soft moist crepitus was heard on left sub-clavicular region, an occasional sonorous rale towards the base of the same lung. First sound of the heart softer than natural.

About the middle of September the crepitus had increased in the apex of the lung and a similar one was detected about 2 inches below and external to the left nipple. On the 21st Oct. liquid soft rhonchi were heard all over the front of left lung, fine at the base, coarse under the clavicle, increasing in loudness from below upwards.

Cardiac sounds were heard all over the front of the organ, slow and then could be distinguished a soft rhonchus in left supra-sternal space in a few days time they became loud and coarse (He was not examined with the stethoscope for 6 days previous to death on account of debility).

Expectoration. On admission was frothy, & Stethic glands of face were intermixed with the description of mucus.

Treatment. Chalk and Potash, Myrtles, Colchicum, Ammoniacum, Salute (Puric acid, Anodynes - Stimulants, and the Plaster Iaconi acelli. Diet Half. Potas Poter, Wine, Brandy.

(P.B.) The Document sent with this man was so unsatisfactory that it was ordered not to be entered into the Register.

Copied by

Re MacGregor

(Signed) Robert Couper
Apt. Staff Surgeon.

Sectio Codoncis Hora XII post Mortem

External Apparatus. Body a good deal emaciated.

Cranium. Brain and its membranes healthy. weight 3 lb 103.

Thorax. Heart healthy. Cavities distended with coagula weight 9 1/2 lb.
Larynx & Trachea. no appearance of alteration in lining membrane.
Bronchial Tubes distended with purulent matter.
Lungs. Right free from adhesions. Superior lobe infiltrated with tubercles in 2nd stage, and containing one or two cavities of large size towards the apex posteriorly. in the center of the middle a small excavation was discernible which was not surrounded by any tubercles, and from which the whole of this lobe was entirely free. but was traversed by a small vessel the coats of which were quite bare. the upper portion of the same lobe contained one or two small tubercles in the 2nd stage. The inferior border of this lobe much engorged with blood and contained a considerable number of small masses of tubercles.
Left lung. adhered pretty firmly to walls of Chest. and was completely disintegrated. containing numerous cavities of large size extending from the apex to the lower border of inferior lobe. there are most numerous in Superior lobe weight of lungs 4 lb 103.

Abdomen. Liver of large size. the right lobe being much increased in its transverse diameter. external surface mottled. texture infiltrated with fat and calculi. section giving a slightly nutmeg appearance. weight 5 lb 83.

Kidneys. Right slightly enlarged. outer surface mottled with patches of stellar vascularity. Cortical substance unusually pale. but only trifling obliteration of the tubuli capillares stripped without stopping weight 7 1/2 ounces. Left presented the same external appearances. was likewise enlarged and similar internally. weight 73.

Stomach healthy. Mucous Membrane of small intestine healthy with the exception of slight vascularity and one or two small patches of ulceration towards the termination of Ileum. The whole of the large intestine was dissected from its commencement to its termination. Mucous Membrane enormously thickened and elevated into irregular rounded projections. Its general color of a dull leaden hue. becoming darker towards the Pectus where the thickening of Membrane was not so well marked. In the Cecum and ascending Colon superficial abrasion had taken place at several points.

Copied by {
 R. H. A. G. G. G.

M. B. M. S. of

209

Regt.	Name and Rank.	Age	Disease	Admitted	Died	Duration of Disease.	When entered	How Reg.	Notes
8 th Regt.	Private James McLaren	31	Scrophulous	¹⁸⁴⁹ Aug. 2 ^d	¹⁸⁴⁹ Nov. 1 st	17 months	Pornah	¹² 2	140 3

History of Soldier - Irishman, labourer, total service 12 years - 5 years abroad, remainder at home.

Medical History - Was in Hospital for 2 years previous to his admission into Fort Pitt had fever on his voyage home from India, and when admitted into this Hospital was in very bad health, much exhausted, and little able to move about. Neck on both sides a mass of scrophulous sores, discharging unhealthy matter.

Examination of chest gave signs of extensive tubercular disease in both lungs, at the apex of the left especially. Oedema and emphysema of both lungs, but more so in left; at the apex of which, there were marked symptoms of cavities. Ever since his admission he has had a severe cough, mucopurulent expectoration, much dyspnoea, and a feeling of constriction in the chest. Has had no tendency to diarrhoea. At intervals he has enjoyed good health, but fits of coughing and dyspnoea often recurred, and he has for some time past been gradually sinking.

Treatment - As the disease was far advanced on admission, no room was left for active treatment. A moderate discharge from the sores on the neck was maintained - generous diet - Cod liver oil - Expectorants, and antispasmodics, with counterirritants in the form of liniments, were employed with partial relief to the more urgent symptoms.

{ Copied by
Phil McFavish }

(Signed) Gavin A. Turnbull.

Section Cadaveris, hora xix post mortem.

External appearance - Marks of extensive ulceration on both sides of the neck - considerable oedema of the right lower extremity.

Cranium - Brain and its membranes healthy, substance of former unusually firm - weight of brain 3 lbs 8 oz.

Thorax - Heart of large size, left ventricle especially being hypertrophied, the centre of each of the semilunar valves of the aorta was thickened by a small rounded growth of sinucartilaginous consistence; mitral valve likewise slightly thickened. Weight of heart 15 oz.

Larynx and Trachea - Living membrane of larynx and trachea roughened from tubercular deposit, with extensive ulceration of epiglottis, larynx and trachea, extending as far down as the division into the bronchial tubes.

Lungs - Left most intimately adherent to walls of chest and diaphragm, so that its separation was effected with considerable difficulty - Pleura pulmonalis much

much thickened, especially toward the apex. The whole texture of this lung infiltrated with tubercle, and containing an immense number of cavities, most numerous in superior lobe, but also extending to the lower border of the inferior.

Right was quite free from adhesions, superior and middle lobes healthy, with the exception of the former containing a very few military tubercles. Towards the centre of the inferior lobe, effusion of blood into the parenchyma appeared to have taken place; texture of this lobe a good deal congested, inferior margin slightly emphysematous.

Weight of Larynx, Trachea, and Lungs, 4 lbs 2 oz.

Abdomen - Liver somewhat enlarged, texture congested; slight fatty infiltration of left lobe; and section of liver presented a mottled appearance.

Weight of liver 4 lbs 6 oz.

Spleen rather pale, texture firm; weight 8 oz.

Kidneys - Weight of large size, outer surface pale and slightly mottled, capsule easily stripped - Considerable obliteration of tubular structure - Weight 89 grs. Left presented very much the same characteristics, both externally and internally - Weight 7½ oz. Slight congestion of mucous membrane of stomach. A few ulcerated patches were found in the small intestine; large intestine healthy.

Copied by Phil McTavish M.D.

W. H. M. S. G.

No. 52 -

Regt.	Name & Rank	Age	Disease	Admitted	Disch.	duration of disease	where contracted	Ward	Height	Teeth
88.	P ^{re} Patrick Crane	35	Phthisis Pulmonalis	Aug. 17th	Nov. 3rd	18 months	Barbados	G.	525	22

History of Soldier - An Irish Catholic of 16 years service. 8 months in Corsica, 8½ years in Malta. 2 yrs. South in West Indies - Remainder at home -

Medical History - Had always good health till Jan^y 1848, when he had yellow Fever in Barbados. In April of same year he began to complain of sharp Cough & expectoration, which superseded without any obvious cause - Ever since he has been in Hospital, but without deriving any benefit.

History of } On admission here, was affected with Cough & Dyspnoea - Slight
Fatal Disease } well, but his symptoms usually underwent exacerbation in the mornings & evenings - no night sweats or diarrhoea -

Examⁿ of Chest - Chest flattened under both Clavicles, which regions were also dull on percussion. On left side were heard mucous rales, and on the inner extremity of its Clavicle, circumscribed pectoriloquy - On the right side respiration was loud with marked bronchophony - over the rest of Chest respiration was feeble. Heart sounds normal. Appetite good. There was at no time any improvement in the above symptoms.

The only modification being occasional relief from the cough & expectoration never complained of pain - On the 5th October (after a gradual increase) Pectoral region became distinct over the greater part of subclavicular & axillary regions of left side - Spontaneous & Stridulous - Cavernous character of voice & great prostration of strength - Appetite now became very delicate - Pulse 90 - Very weak - On Oct. 20. Cavernous respiration & pectoral region were heard over right as well as left side in infraclavicular region - dulness on percussion over the lower part of both lungs, diminished respiratory murmur in the right lung - almost total absence in left - He had now for the first time slight sweats & diarrhoea which became Colliquation - Pulse 110-120. Weak. After continuing in this state for some days, his pulse fell gradually to 88 - his urine became high coloured & of the spec. grav. of blood - All his physical symptoms increasing, he gradually sunk & died, without having suffered any pain, at 4 1/2 A.M. on Nov. 3rd. 1849 -

Treatment - consisted of Cod Liver oil - Expectorants - Tonics & Stimulants with varied generous diet & wine -

Copied by
Arthur Ches. Spooner

R. MacGregor

Section Cadaveris - hora xxxi post mortem -

External Appearances - Body extremely emaciated. Slight oedema of both ankles -

Cranium - Membranes & substance of the Brain unusually pale - Weight 3 1/2 lbs

Thorax - Cavity of the right Ventricle of the Heart unusually small - left Ventricle firmly contracted - Commencement of the Aorta externally, was affected with Atheromatous deposit mixed with a few calcareous plates, and considerably dilated - Aortic Valve healthy - Mitral Valve slightly thickened - Weight of Heart 9 oz -

There was considerable ulceration of the lining membrane of the Larynx & Trachea extending some distance down the latter -

Lungs - Right pretty free from adhesion - the Superior Lobe near its apex contained many cavities of small size, several of which communicated with each other - the rest of this lobe was extensively infiltrated with tubercular deposit, gradually decreasing towards the lower margin - The Middle Lobe contained a few Miliary Tubercles - the upper border of the Inferior Lobe contained one or two tubercular masses in the 2nd stage in its substance which was throughout much congested & full of frothy fluid - Left Pleura contained 2 spots of thick & was much thickened - In the Superior Lobe of the Left Lung was a cavity of enormous size full of thick yellow purulent matter mixed with tubercular masses - The whole texture of this & of the

inferior lobe was infiltrated with tubercles & much condensed - Weight of Lungs, Larynx & Trachea - 4 lb. 12 oz.

Abdomen - Outer surface of the Liver rough & mottled, being elevated & numerous minute projections (the largest the size of a millet seed) especially toward the outer border of the right lobe - Section of the liver gave a nutmeg appearance - Weight 2 lb. 14 oz.

Spleen - rather small - presenting on its outer surface one or two masses of tubercles softened in the center - Weight 6 1/2 oz.

Kidney - Left - Capsule thickened & firmly adherent - Cortical substance generally pale with occasional patches of vascularity -

Slight obliteration of the tubular substance was observed - Weight - 8 oz.

Right - Considerably less in size - Externally presented much the same appearance, but the tubular substance was much more extensively obliterated - Weight 5 1/2 oz.

The Mucous Membrane of the Stomach & Duodenum was healthy - Throughout the whole of the Small Intestines, extensive patches of ulceration in all stages short of perforation were found. They were most numerous in the Ileum - The Large Intestines were also extensively ulcerated throughout, especially the Cecum & descending Colon.

Arthur H. Spencer, M.D.

W. H. M. M. M.

No. 53.

Regt.	Name & Rank	Age	Disease	Admitted	died	Duration of disease	Where contracted	Ward	Regiment	Altitude
91 st	Pt. John Rennie	21	Phthisis Pulmonalis	Oct. 20 th	Nov. 19 th	8 months	Portsmouth	11	320	210

History of Soldier A Scotch groom 2 years and 1/2 service, all of which was performed at home, principally at Portsmouth.

Medical History - Had not suffered from former disease, at all times had good health, until he was attacked with present Pulmonary disease (there is a Phthisical tendency in his family, two of whom have died of Consumption) seven months since he found himself unable to perform his duties as Bandman in his Regiment as he could not blow the basson this time he suffered from severe night sweats, and cough he was excused from duty for about 2 months, at the expiration of which time his symptoms being aggravated he was admitted to Hospital where he has since remained.

State on Admission Had a continual pain in the chest, with cough and expectoration of a yellowish mucus, occasionally mixed with blood, profuse sweating & hectic fever in the evening.

218

loss of rest, with dyspnoea on the slightest exertion, tongue slightly furrowed, pulse 140 small, frame exceedingly emaciated, parities of chest very prominent, marks of blistering on the left side.

Stethoscopic examination, would indicate that the whole tissue of both lungs was nearly destroyed by tubercular disease, pinging pectoriloquy at the right apex, bronchophony all over the chest, with gurgling rales, the lower margin of the left lung posteriorly was the least affected by the disease. The advanced stage of disease on his admission, presented much change in his symptoms, on the 6th the stethoscope was applied and there were indications of the presence of cavities at the apices of both lungs that of the right being the larger. Nothing particular occurred in his symptoms till the 14th of Nov^r when he was found to be much weaker, become giddy when he ^{swallowed} or underwent the slightest exertion - he had a violent accession of coughing, with a profuse purulent expectoration so that he filled one of the spit boxes, in doubt depending on a cavity bursting into the bronchi, from this time he appeared to sink progressively, the quantity of purulent matter expectorated from time to time has been very great and the respiration attended with gurgling and rattling sounds, more especially when dozing on the morning of the 18th there appeared a decided change for the worse he appeared to be gasping for breath and was moaning loud, his face was flushed and a copious clammy perspiration was over the surface of the body the pulse was imperceptible, stimulants were given with very little effect. he appeared to sink rapidly all that day at 5 a.m. his extremities got cold, warmth was applied and stimulants given without the slightest benefit and he expired at 14 to 4 a.m.

Treatment. the remedies employed were tonics such as Quinine and Gentian Pectoral Mixture and opium draughts composed of morphia.

Copied by
John Gibbons.

Sectio Cadaveris horâ XXXI Post mortem

External Appearances. Body emaciated small bed sore over the left trochanter

Cranium, considerable congestion of the membranes. Substance of the Brain, healthy - weight 3^{lbs} 3^{oz}.

Thorax, the pericardium contained two ounces of fluid, the right ventricle of heart filled with coagulum, much dilated and walls attenuated, Margin of Mitral valve roughened, weight 9^{oz} 3^{ans} extensive adhesions around the apices of each lung, Right lung filled with tubercles, a very large cavity occupied the apex, Left lung crowded with tubercles except the inferior portion which was in a state of congestion. Weight 5^{lbs} 14^{oz}.

Abdomen - Liver slightly congested substance firm, Gall bladder filled with dark-colored bile weight 4th.

Spleen, natural size, soft in texture weight 7^{oz} 3^{ans}.

Kidneys - the external surface of right, mottled. Cortical substance pale, tubular portion nearly obliterated. weight 6^{oz} 1^{lb}. Left similar to Right. weight the same.

Mucous membrane of the Stomach thickened. two small ulcers in the small intestine. a great number in the large intestine -

John Gibbons

Whiston Hall

50.54

Regt.	Name & Rank	Age	Disease	Admitted	Died	duration where of disease contracted	Ward	Regt.	File
54 th	Po John Thompson	24	Catarrhus Chronicus	17 August	20 Nov.	14 Months Antigua	G	325	143

History of Soldier An Englishman. Labourer of 84 years service: of which 1^{1/2} in India 1^{1/2} in the West Indies, and the rest at home. Enjoyed good health till he proceeded to the West Indies when he was attacked with cough and pain in the chest on his voyage thither. On landing, however, he got quite well after having been 23 days under treatment in hospital. In Sept 1848 in the Island of Antigua his chest symptoms returned, and have continued to harass him ever since.

State on Admission. On admission he complained of cough and slight dyspnoea - slight expectoration, and general debility. His chest was tolerably well formed, percussion impaired under both clavicles, the left especially. Fine mucous rales were heard on the left side as far down as the nipple. Very marked resonance in this space, amounting under the clavicle to pectoriloquy. On the right side the respiration was found harsh, almost tubular, with marked bronchophony. Heart sounds natural, P. St. Tongue Clean. Appetite good - During Sept the cough seemed to improve, but he remained emaciated & in a very weak state, the sputa were purulent, and diarrhoea occurred at intervals. In the beginning of October he is reported as improving in strength, but the sputa continued purulent, and tubercular dulness, with pectoriloquy under the left clavicle. The diarrhoea continued more or less, and the stools

Consisted of slimy mucus. Lately it became very severe, but there was considerable improvement in his cough & quantity of the sputum. At the evening visit on the 19th inst. he was still purged, though not to as great extent as formerly. He was visited at 8 A.M. on the 21st by the orderly officer, and found moribund in which state he continued till he Died at 1 O'clock P.M.

The Treatment for the cough consisted of Expectorants, Sedatives &c. For the diarrhoea Mist Cretac. and Doan's powder - latterly Sulph. of Copper & acetate of Lead with Opium - Diet. Half Spoon & Milk with Mutton, Biscuits, Rice pudding - Wine port & brandy to support his strength.

Copied by R. Kitto M.D.

Sectio Cadaveris Hospa XXIII Post Mortem

External Appearances, Body extremely emaciated - one or two excoriations of old ulcers over the right hip which was extremely affected with nodes -

Cranium External membranes and substance of brain slightly congested. Weight 2 lb 14 oz.
Thorax 14 oz of fluid in pericardium - Heart of unusually small size, and its muscular tissue pale and flabby - immediately above semilunar valves of the aorta a very slight amount of Atheromatous deposit had taken place - Valves of Heart healthy, Weight of Heart 6 oz. 2 dr.

Lungs - Right very firmly adherent to the thoracic parietes by lymph of old standing - Superior, Middle, and upper portion of inferior lobe of this lung infiltrated with tubercles, and the pulmonary texture much condensed - One small cavity filled with purulent matter was found in the apex of superior lobe - Inferior lobe a good deal congested, containing Miliary tubercles - Left Lung likewise adherent but less intimately than the right - Superior lobe of this lung quite disintegrated - Containing several cavities of large size - which communicated with each other - Lower lobe contained a few masses of tubercles in the second stage, its texture likewise condensed and unusually aserous - Weight of Lungs, Larynx, & Trachea, 3 lb 11 oz.

Abdomen Liver healthy, with the exception of being a good deal congested. 1 lb 2 lb 14 oz.
Spleen small, texture rather pale, weight 34 oz.

Kidneys - Right slight obliteration of the tubule - Capsule easily stripped, Wt. 34 oz.
Left a good deal congested, otherwise healthy. Weight 40 oz.

Stomach and duodenum healthy - the whole of the small intestines affected with ulceration from their commencement to their termination - the ulcers were most numerous in the ileum, and in all stages short of perforation - Large intestine presented one mass of disease, the mucous membrane thickened and elevated into irregular projections. Numerous ulcers present throughout the whole course, and several elongated portions in the Cecum - Peyer's glands much enlarged from tubercular deposit, varying in size from a pea to a marble -

R. Kitto M.D.

W. H. W. M. S. J.

Regt	Name & Rank	Age	Disease	Admitted	Died	Duration of Disease	Where contracted	and Registered
28 th	P. Rock Brown	31	Phtisis Pulmonalis	Oct 13 th 1849	Nov 24 th 1849	14 months	Kansas	325112

History. An Irishman, a Laborer, Service 10 1/2 years. The greater part of which had been in the West Indies & North America. He enjoyed good health till Sept 1848 when he became affected with Catarrhus Vesicae, and also suffered from haemical abscess. How long the Abscess which was opened artificially, continued to discharge sufficiently profusely to undermine his health does not appear. And although it was patent in a minor degree upon his admission into this Hospital the discharge appears to have been insignificant.

State on Admission. On admission he was in an advanced stage of Phtisis extremely emaciated thin dry and scaly.

Thorax. The upper part of the Thorax upon both sides was clear on Percussion, and the Stethoscope disclosed cavities in the anterior part of both Lungs. On application of the Stethoscope to the Left Subclavicular region metallic tinkling was heard with considerable clearness and the day before the admission it was exceedingly distinct and clear. He had much cough but not painful and the expectoration was scanty, tenacious, and in large quantity. His appetite was delicate and variable. Pulse 94. was also augmented by nocturnal respirations. He continued much the same until the 1st of Nov^r when slight Anorexia was added to his other complaints. On the 8th the Anorexia was nearly arrested. We found him on this day in a very weak state. The Phtisical symptoms being all aggravated, and physical signs much more distinct especially the Percussionary and metallic tinkling in the Left subclavicular region. He now sunk daily, and died on the 24th at 14 to 5 o'clock P.M.

Treatment. The treatment consisted of Tonics, Astringents, Expectorants with first Milk and subsequently Spoon Diet along with Nutritious Extras Wine and latterly Brandy. Fisk. Mutton. Potatoes &c. The case however was too far gone to admit of treatment.

Copied by

P. R. Smyth, M.B.

(Signed) E. C. Ringbone, M.D.
Staff Ap^t Sur

Section Cadaveris hora XXXVII Post mortem

External Appearances. Body much emaciated.

Cranium. Substance of Brain a good sized quantity of fluid in the

Lateral Ventricles increased, weight of Brain lb 3. oz 7.

Thorax. by $1\frac{1}{2}$ of fluid in the Pericardium. Heart of small size but muscular tissue tolerably firm. At the commencement of the Aorta immediately above the semilunar valves a slight amount of atheromatous deposit had taken place but the coats of the vessel were neither thickened nor dilated. Slight thickening of the tendinous margin of the mitral valve. weight of Heart oz 6 $\frac{1}{2}$.

Larynx & Trachea. Several small circular ulcers were found on the under surface of the Epiglottis and Larynx the lining membrane of the Trachea was extensively absceded and highly vascular the disease extending to the commencement of the bronchi.

Lungs. Left lung firmly adherent especially towards the apex, and Pleura Pulmonalis much thickened. Nearly the whole of the superior lobe of this Lung was converted into an enormous cavity which was tabernacled by one or two bands having formed originally by the coaction of small of considerable size. Lower lobe much disorganized by tubercular deposit containing one cavity of considerable size towards its inferior angle and numerous others throughout of smaller size what remained of the Pulmonary texture was much condensed so as to sink in water.

Right Lung quite free from adhesions. Superior and middle lobes contained a considerable amount of tubercle chiefly in the second stage. Lower lobe much congested but free from tubercles.

weight of Lungs. Trachea. Larynx lb 5.

Abdomen. Liver much enlarged extending far into the abdomen Gall bladder distended with fluid bile. Liver much congested and infiltrated with fat. Section presenting a uniform appearance. Distinction into lobules being obliterated. weight of Liver lb 6. oz 4.

Spleen. texture rather friable. weight of 9.

Kidneys. Cortical substance of Right pale and infiltrated with fat. partial obliteration of the tubuli. Capsule stripped with difficulty. weight of 5 $\frac{1}{2}$.

Left Kidney presented nearly the same general appearance and contained a small mass of tubercular matter in its cortical substance. weight of 5. D 5.

Stomach. and Duodenum presented nothing unusual. Throughout the Small Intestine the glands both solitary and aggregate were much enlarged from tubercular

Report. Several of these ulcers especially in the ileum
towards its termination.

The whole of the Large Intestine was extensively ulcerated
from its commencement to near its termination in the Rectum.

Copied by

R. W. May Jr. M. D.

W. W. Munsey

No. 56

Regt.	Name & Rank	Age	Disease	Admitted	Died	Duration Disease	Where Contracted	Ward No.	File
58	Private. John Lander	38	Acute.	July 1 st 44	28 th 1844	1 month	India	16	34 1/4

History. An Englishman - formerly a Cadet: Served 17 years & 11 months
almost entirely spent in India.

Medical History. When very young he had some affection of the kidneys
according to his own statement. In 1835 he suffered from Gonorrhea - and
remained in Hospital 4 months - being treated with Mercury & calomel
and the introduction of a seton into 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."

History of Fatal Disease. When admitted into Fort Pitt. General Hospital
he suffered from dyspnea and dry cough. The abdomen was tumid and fluctuating
the lower limbs slightly edematous. 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 gene-
rally indicated excessive debility. The skin was excruciating dry and harsh.
No physical sign of Thoracic disease was observed, with the exception of a little
dulness on percussion below each clavicle. The Urine was of the sp. gr. of
1015 and contained a quantity of albumen. The cough ceased almost entirely a
short time after his admission - but at the same time the swelling and integ-
uments of the limbs became anasarcomatous, and the swelling of the legs more
considerable. The quantity of Urine passed in 24 hours - ranged during the
month of Aug. from 19 to 30 oz. The hot air bath (125° Fahr) 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 Aug 28th) was 37 1/2 inches. On the 28th Aug. the urine was still
found to contain a large quantity of Albumen - sp. gr. 1031. A considerable
amount of crepitation was at this time heard over the lower lobe of both
lungs. On the 5th Sept the abdomen, being much distended, was pierced with
a Trocar - and on that and the following 8 days about 18 pints of
fluid escaped from the wound affording considerable relief to the
Patient. The circumference of the Abdomen on the 10th Sept was

36½ inches. Throughout the month the quantity of urine in 24 hours - average 16½. Towards the latter end, the Circumf. of Abdomen - increased considerably - and the dyspnoea became at times very urgent. The next Examen - taken on the 15th Sept. showed an increase of 1½ inch since the 10th - the pulse was 108. and very full - Respiration very difficult. In the minute - and Respiration was heard much more extensively over both lungs. On the 20th the Circumf. of the Abdomen reached its maximum - 37½ inches - the anasarca of the lower extremities progressed in the same ratio - and was accompanied with coldness and loss of sensation - Paracentesis Abdom. was performed at this time - and 15 pints of straw-coloured fluid evacuated - no faintness followed - and the dyspnoea was much relieved - a great quantity of fluid afterwards escaped from an ulcerative opening in the right thigh - as also from the prepuce and scrotum after acupuncture of these parts. The prepuce sloughed - but after discharging much fluid the ulcer healed rapidly - Early in October the countenance was observed to have assumed a dusky hue, and the features to appear pinched and death-like - The expectoration was at this time considerable - of a rust colour, and apparently composed of altered blood. Pulse 120. The urine discharged daily 15½. - He was now purged for several days with Purg. Salap. Co. A large quantity of fluid was evacuated by the bowel - and the dyspnoea was for a time greatly relieved - but symptoms of rapid sinking coming on the treatment was discontinued. The tongue was brown and dry. The pulse hardly to be felt and the dyspnoea returned with increased severity. From this time Stimulants were alone administered - but he gradually sunk - and died on the 28th Nov. On the 15th the Circumference of the Abdomen 35½ in. At this time a small slough appeared over the sacrum and spread rapidly until his death. The only other occurrence worthy of remark was the sudden rise in the quantity of the urine - which took place on the 10th Nov. 53½ lb. having been discharged in 24 hours.

Treatment. Warm bath. Taraxacum - Digitalis - Squill. Ether. Pot. Nit. and Bitarb. Mercury - P. Salap. Co. sp. Sempri. Sweet Nys. &c. and latterly - Sp. Amonia - & other Stimulents.

Diet. Spoon - with various extras - as Wine - Gin. Sops - Arrow Root - Beef - Mutton - &c. &c.

Signe C. Arthur Chas. Copeman
Copied by John Turnbull

Scelus Cadaveris - Nov. 28th post mortem.

External Appearances. Body much emaciated - abdomen enormously distended and fluctuating - great oedema of scrotum - penis and lower extremities.

Cranium. Head not examined.

Thorax. About 2 lb of fluid were contained in the pericardium.

Thorax - Heart. A few traces of atheromatous deposit at the commencement of aorta. Walls of right ventricle unusually attenuated - Considerable thickening of margin of mitral valve with slight ulceration.

Larynx & Trachea } Arteries & Veins healthy. Weight of Heart 9 1/2 oz.
 } Considerably increased, vascularity of the Trachea but no ulceration.

Lungs - Right Free from adhesion - much congested. Structure otherwise healthy.

Left - Pleural cavity contained 1 pint of fluid - and the Pleura on this side were connected by one or two points of old adhesions. Texture of this lung congested as on the right side, but healthy.

Weight L. L. & R. L. 4 1/2 oz.

Abdomen Twenty seven pints of fluid were contained in the abdomen.
Liver of small size. Gall bladder distended with thick but not viscid bile of a pale yellow colour. The outer surface of the Liver towards its inferior border, especially the left lobe was irregular and puckered and slightly elevated with minute projections - resembling those of cirrhosis. There were not found however in any other portion of the Liver. Texture of Liver soft and friable - of a paler colour than natural. Weight 2 lb 5 1/2 oz.

Kidneys - Right of rather small size - Pelvis and Infundibula much dilated, on stripping the capsule which was done without much difficulty. The outer surface of the kidney was found to be granulated - The granulations as in the Liver were of unusually small size - being partial obliteration of tubules. Cortical substance pale and irregularly mottled - especially on the outer side - Weight 4 1/2 oz.

Left of unusually small size and of irregular shape - being of a triangular form. Its texture was much disintegrated by cysts of various dimensions - No trace of tubular structure was found except one set towards the apex of the triangle. Weight 3 1/2 oz.

Spleen - Capsule of spleen was at one part much thickened by adhesions & of a fibrous nature - Texture healthy - Weight 3 1/2 oz.

Intestines - Stomach and Intestines both Large and Small healthy.

Specie by George Thompson

W. H. W. W.

Regt Name & Rank	Age	Disease	Admitted	Died	Duration Disease	Where Contracted	Ward	Regist	Folio
30 P ^t John Bickly	38	Phthisis Pulmonalis (No tubercles in lungs)	Oct 10 th 1849	Dec 14 th 1849	2 1/2 yrs	W. Indies	11	320	237

English Labourer 18 1/2 years service, of which West Indies 7 1/2 yrs North America 2 years, suffered when in Bermuda from Pulmonary inflammation this was 10 years before admission, for two years prior to admission his respiration had always been short and asthmatical and was aggravated by damp or foggy weather, in July last he suffered from Pneumonia since which time his health had continued to deteriorate, when admitted he suffered from dyspnea cough and yellow expectoration, pyrexia of a hectic character in the evening and profuse night-sweats. could breath freely in the recumbent posture -

Stethoscopic Examination, Chest resonant excepting at the base where respiratory murmur was extinct, tubular respiration and occasional wheezing sound at the left upper lobe, with Bronchophony in the lower lobe, bronchial respiration and resonant voice sound in the right lung, Heart sounds irregular action tumultuous with a pitting sound. Shortly after admission he suffered from Diarrhoea and subsequently his symptoms became those of obstructed circulation from Heart Disease, orthopnea, cough with expectoration which latterly was little else than mucus rising from the bronchi, anæmia of lower extremities, loss of rest, starting from sleep, these symptoms were aggravated in damp weather and progressively increased until his decease at 6 P.M. Yesterday evening

Signed J^{do} Blatherwick L.S.S.
Copied by John Gibbons

Section Cadaveris hora XVIII Post Mortem

External Appearances, body stout and muscular, great

œdema of both lower extremities especially the right.

Marks of cross-capsing over the chest and right knee-joint

CRANIUM, considerably increased effusion at the base of the brain, meninges and surface of that organ especially the former a good deal congested, the quantity of fluid in the lateral ventricles not increased, Weight of Brain 3 lbs 2 ozs

THORAX, Pericardium universally adherent to the surface of the heart by a thin layer of lymph, which was easily separated, Heart enormously enlarged, all its cavities being dilated, the parietis of the left ventricle but little increased

in thickness while those of the right were considerably so
Aortic valves slightly thickened chiefly towards their margins
 and covered with a thin fringe of fibrous structure, Com. membrane
 of aorta extensively diseased, its inner surface much roughened
 and elevated into irregular projections, from atheromatous deposit
 mixed with calcareous, the latter chiefly being found immediately
 above the semilunar valves, the Mitral valve a good deal
 thickened, but the left auriculo-ventricular orifice of the natural
 size, the whole of the outer surface of the heart appearing
 the right ventricle was much loaded with fat. Wt. 1lb. 7 oz. 2 drs.
Larynx and Trachea, considerable congestion of their lining
 membranes extending so far down as the bronchi but no
 trace of ulceration -

Lungs, right pleural cavity contained about 2 Ounces of
 fluid, Right lung, free from adhesions, superior and middle
 lobes healthy, lower lobe much condensed so as to sink
 in water, and towards its inferior border, extravasation of
 blood to a considerable extent had taken place, Left lung Pleura
 slightly adherent especially towards the apex of the lung
 superior lobe contained a great quantity of frothy fluid.
 lower lobe much congested but not condensed, weight of
lungs larynx and trachea 4 lbs

Abdomen, Liver, Gall bladder distended with dark
 coloured fluid bile, section of the liver presented a well
 marked specimen of the nutmeg appearance and the organ
 was much congested, weight 4 lbs 10 oz and a quarter

Kidneys, right healthy with exception of its texture which
 was unusually firm, Left presented the same appearance
 both slightly congested, weight right 7 oz 1 dr. Left 5 oz 7 drs.

Spleen natural, weight 7 oz 5 drs.

Stomach and Intestines, throughout their whole extent
 presented an unusually vascular appearance, but no other
 lesion was found -

Copied by
 John Gibbons
 M.D. 1858

N^o 58 -

Reg ^t	Name & Rank	Age	Disease	Admitted	Died	Duration of disease	Where contracted	How long in service
99	P ^t Michael Kipath	22	Dysentery chronic	November 20	December 11 th	4 months	Ind. Coll.	15 324 177

History This man an Irish Recruit was admitted into the Surgical Division
 on the 30th of April 1849 for Mucous Pains with Bubo - He improved under

treatment until July 28th when he was attacked with purging of a most obstinate character, and he was therefore received into Ward 13th Medical Division on the 20th Jan under the head of Dysentery chronic. At this time he was much reduced in strength and greatly emaciated - The bowels were moved about 6 times in 24 hours there was constant griping pain in the bowels, and some tenderness over the caecum - The tongue was dry and red the pulse 90 and hardly to be felt and the countenance very pale with frequent hectic flushing - The appetite was bad, and the stools slimy and fetid - In a time he appeared to improve the purging became less frequent the appetite better the stools more healthy the improvement however was not lasting the pain about the body increased and although the purging did not return to very great extent he lost strength rapidly and died on the 11th December at 11 o'clock in the morning - The stools had been very light coloured for the last fortnight except after the administration of Calomel when they were dark slimy and very offensive - In the last two days of his life he complained of severe pain about the groin and hips especially on the right side and the abdomen was slightly tympanitic -

Treatment chalk mixture Chamberlain's Colic, Cholera and Diarrhoea Remedy. Calomel. Argent Nit. Oil Ricini. Nuxvomica. Sassafras. Bark. Asafoetida. R. Oxydum. Eucalypti. Turpentine. Styracis. & Balsam of the Abdomen. Diet Spoon with various Extras as Mutton - Chicken - Arrow Root - Fish Eggs &c

(Signed) J. S. Chapman M.D. (Copied by J. S. Chapman)

Section Cardiacis Nov. 23 Post Mortem

External Appearances Body emaciated. Integuments over both thighs and inguinal regions of a dull red colour with ecchymosed spots; this appearance extending up the back and right side. Abdomen tumid and great oedema of scrotum, penis and right lower extremity. -

Cranium Brain and its membranes healthy. Weight 3. 3. 1 -

Thorax 2 oz of redish coloured fluid in the pericardium; superficial vessels of the heart much engorged giving that organ a peculiar dark mottled appearance on its outer surface. Communication of the Aorta was unusually vascular being throughout the greater part of its extent of a dark red colour as were also the semilunar valves. On the right side of the heart this engorgement appeared to have taken place to much greater extent the Pulmonary Artery and its valves being of a darker tint throughout and more uniformly vascular. Heart of the usual size and no lesion of the valves sought. -

Lungs & Trachea present nothing unusual.

Lungs Right pleural cavity contained 2 lb of fluid. This being adherent posteriorly to the walls of the chest by a few bands of lymph. Superior & Middle lobes healthy, lower much condensed so as to sink in water and of a uniform dull red colour throughout. Left free from adhesions superior lobe healthy lower lobe a

Abdomen

good deal congested and full of bloody fluid but no condensation of the pulmonary texture. Weight of Right Lung 2.75
6 Pts of fluid were found in the pleural cavity

Liver of the usual size, texture pale than natural though much engorged with blood & of normal consistency weight 2.75

Spleen slightly enlarged, texture very soft all most difficult weight 1.0 Kidneys Right generally of a pale color especially the cortical substance, capsule stripped without difficulty showing the outer surface marked with irregular patches of stellar vascularity the greater portion of the tubule were obliterated weight 6.3 Left presented much the same general appearance but the tubular structure was much more intact. Towards the lower border of this kidney in the cortical structure was found a small cyst which contained thick purulent matter - Weight 5.5

Stomach & Duodenum natural - Jejunum in upper portion of the Ileum natural. Ileus membrane of the lower portion of the Ileum much thickened and also that of the Colon but no trace of ulceration

Copies by Joseph Jackson
J. Jackson

N^o 59.

Regt	Name & Rank	Age	Disease	Admitted	Died	Duration where Disease Contracted	Case Regt	Vol
27	Pt James Kelly	23	Phthis Pulmonalis	Nov 7 1849	Decr 15 1849	7 months Glasgow	11	320 176

History. An Irish laborer. 4 3/4 years served at home. His general health prior to his last illness appears to have been good. Disease appeared seven months since with dyspnea, cough & palpitation of the heart, soon followed by expectoration & generally impaired health, loss of flesh &c.

Complained on admission of dyspnea cough and expectoration which was purulent, palpitation of the heart on exertion, loss of rest and appetite rigors and profuse night sweating he was very much emaciated and had a bright hectic flush on either cheek. Stethoscopic indications. Right lung: bronchial respiration and bronchophony throughout the lung more marked towards the apex. Left lung: gurgling rales and pectoral fremitus in the upper lobe but more distinctly heard about the 3rd & 4th ribs. Pectoral tinkling was also heard bronchophony & mucous rales were general throughout the lung

There was great fatigues of the breath, pulse 90, though his symptoms gradually increased in severity it was not before the beginning of this month that they became rapidly worse, about this time he was attacked with Diarrhoea and fixed sore pain under the umbilicus and coincident with this was pain

in the lungs and bronchial tubes of the voice, his pulse generally was not very rapid seldom above 100. expectoration remarkably copious. During the last week the pulse was scarcely perceptible at the wrist. he was sensitive, and sanguine of improvement to the last. At about 1/2 past 7 yesterday morning the family noticed a change. the hectic patches had left the cheeks. he lay down on to 1/2 past 9. A.M.

(Signed) .

Thos. B. Catharine

Chief Assistant Surgeon.

Suctor, cadaveris hora. xlviii post mortem.

External appearance. Body extremely emaciated

Conclusion: considerable increase of opium at the base of the brain, and in the lateral ventricles, substantia of the brain manually soft, weight 3.63 oz. 2 dr.

Thomas. 3, fluid in pericardium. Heart healthy weight 900.

Larynx and Trachea. slight thickening of lining membrane of Larynx especially of the surface under the epiglottis, but not any elevation.

Lungs right textured of this lung much engorged with blood and somewhat condensed. but no trace of tubercle found in the pulmonary texture. pleura firmly adherent ~~to~~ ^{the} Pleura costalis enormously thickened and impregnated with tubercular matter. Left lung. also adherent. superior lobe quite disintegrated containing towards its apex a cavity of large size. through which the rest of the lobe numerous other cavities of smaller dimension lower lobe slightly congested but free from tubercles both of

Lr 7. a. L. 8. 3 4 9 2.

Phosomen Liver firmly adherent to the diaphragm. peritoneal covering of liver much thickened and studded with tubercles. in the substance of the liver several small tubercles. In lungs, were also found chiefly towards the surface of right lobe. Section of the liver presented traces of extensive degeneration. wt 4 lbs

Spleen slightly enlarged outer surface covered with numerous small elevated masses of tubercular deposit texture of spleen softer than natural likewise containing one or two small points of tubercles, Oct 11/93.

Kidneys. Right: capsule pretty firmly adherent. The whole kidney much congested especially the cortical portion and partial distention of the tubuli. Wt. 59.6 gm. Left more engorged than the right and presented similar appearances in other respects. Wt. 69.3 gm.

On opening the abdomen the whole of the intestines were found firmly matted together. peritonaeum thickened and inflamed.

adherent to the plica transversalis it likewise contained
Abdomen numerous tubercular masses grains & portions of mucous membranes of intestines examined presented patches of ulceration. The mesenteric glands were much enlarged, from tubercular deposit in some of them has softening commenced in the centre.

No. 60 -

Jones Langrey M.B.

M. B. M. B.

Regt	Name & Rank	age	Disease	Admitted	Died	Duration of Disease	Where Contracted	Ward	Regt	File
4	Pt John Watson	36	Mania	Oct 20	15 Dec 1849	6 Months	Portsmouth	#	324	142

History An English labourer of 16 years service - 14 of which were spent in India - Nothing is known with regard to his previous Medical History - but in his Document he is stated to have been of a bad character - He was suddenly attacked with Mania on the 26th July 1849 - On admission he was morose & silent, refused to answer any questions, and resisted violently when the orderly required to move him - he also several times tried to escape from the Ward - And was obliged to be confined with the strait jacket - His body was at this time covered with scorbutic Ulcers - Leaving a livid margin and discharging a thick tarry fluid - The humors were obstinately cast - Piles go soft - About the commencement of November there was much apparent improvement - He answered questions freely and rationally and the ulcers showed a disposition to heal rapidly - Strong purgatives and occasionally emetics of Turpentine & Castor oil were then necessary to procure proper evacuation from the bowels - The improvement was of short duration & the symptoms quickly returned with increased severity - He was at times exceedingly violent & made use of coarse brutal language - at other times he would not speak at all for several days - In this state he continued without much change until the night of the 14th December when he was suddenly attacked with what appeared to be Epilepsy - The fits were frequently repeated & terminated in profound Coma - He remained in this condition with contracted pupils, feeble pulse and cold surface, until 12 1/2 o'clock at night (December 15th) when he died -

Treatment Blesters, Acid Cit. M. Castor, Blau's bitter purgatives - Potass. Potass. Ammon. & Water. Nitric Acid Lotion - Emetics Diet. Holy

(Signed) Arthur Copeman M.B.

(Entered) by Robert Skilab M.D.

Sectio Cadaveris Hora XII Post Mortem

External Appearances - Body well formed but rather slight - Marks of Cornelia Infection over the inner surface of both legs -

Cranium Quantity of fluid at the base of the brain considerably increased - Arachnoid Membranes of a dull white opaque appearance and elevated from effusion

beneath it - on making a section of ^{the} brain, its substance towards the ^{surface} superior of each hemisphere presented an unusual number of vascular points. The lateral ventricles were distended with turbid serous fluid - substance of brain a good deal firmer than natural. Weight 2 lb. 12 oz. 2 dr.

Thorax

Heart slight adhesion at the commencement of aorta, and partial thickening of the mitral valves - but no other morbid appearance. Weight 9 oz.

Lungs Larynx & trachea presented nothing unusual - Lungs both free from adhesions - and texture throughout perfectly healthy - with the exception of some congestion of posterior border. Weight of Lungs Larynx & trachea 5 lb. 10 oz.

Abdomen

Liver of the usual size - the gall bladder distended with dark, viscid bile - texture of liver slightly engorged with blood, otherwise healthy. Weight 2 lb. 12 oz.

Spleen of small size but its texture natural. Weight 5 oz.

Kidneys. Right a good deal congested - tubuli very indistinct - but nearly quite entire. Weight 5 oz.

Left. presented exactly the same appearance. Weight 5 oz. 7 dr.

Stomach & Intestines, both large & small healthy.

Robert McNeil No. 2.

McKenzie & Co.

No. 61.

Regt Name & Rank	Age	Disease	Admitted	Discharged	Vaccinated	Ward Regt	Folio
24th Pt William Borden	21	Phthisis Pulmonum	Dec 17 47	Dec 16 66	6 months Glasgow	14	325/30

History, An Irish Labourer of 3 1/2 years service & all at home, enjoyed good health till last June when he was admitted into the Regimental Hospital at Glasgow with Chest affection the result of exposure to cold. Since then he has never been free from cough, dyspnoea, and other symptoms of disease of the Lungs.

State on Admission He complained of great soreness over the point of the chest aggravated by the cough which was very troublesome especially at night. Very abundant mucous purulent expectoration tinged with blood. Much difficulty of breathing when in the horizontal position and also aggravated by the slightest exertion. Diarrhoea had also prevailed for a few days.

Physical and Stethoscopic Signs. Walls of chest very thin and the chest itself very contracted. Soreness on Percussion over the upper portion of both Lungs. The breathing was loud and harsh all over the whole chest. And in the inferior lobes of both Lungs especially the left Canorous grunting was evident & continued still more distinct by coughing. Bronchophony under both Clavicles. Heart's sounds normal. Pulse 116 weak. Bowels loose. Appetite fair.

He gradually became more emaciated. Hiccups and night sweats came on alternating with diarrhoea, which at times was very severe. The cough continued to harass him and was accompanied by profuse perspiration and foetid expectoration tinged with blood. Latterly he was much troubled with cramps in the abdomen and extremities. Spitting and haemoptoe became very violent in the superior lobe of both lungs. Debility was so great that he was quite unable to expectorate. And he died at 5 o'clock a.m. Decemr 16th 1849.

Treatment consisted of antacids, starch, linacata, counter irritation to the abdomen for the diarrhoea and blisters for the cough and dyspnoea. Anodynes carbonate of Ammonia, Spirit of Sulphuric Ether etc with half an spoon diet, and Extras boiled badly Chicken Eggs baked potatoes etc.
(Signed) John Smead M.D.

Act. apud Lang

Post Mortem Examined Nov. 18th 1849.

External Appearances, Body extremely emaciated.

Cranium, Membranes and substance of Brain healthy, weight lb 3 8th 2.

Thorax, Few ounces of fluid in Pleural Cavity which pleurae was considerably thickened.

Heart rather large, muscular tissue firm, valves healthy, bright.

Larynx and Trachea healthy.

Lungs, Right, firmly adherent especially at apex: superior and middle lobes infiltrated with Tubercle throughout and containing numerous cavities especially towards the apex, one of these of considerable size was enclosed by a vessel the coats of which were quite entire, pulmonary texture much condensed so as to sink in water, lower lobe a good deal congested containing a considerable amount of Tubercle and one small cavity.

Left Lung also adherent to the thoracic pleurae; about one half of the superior lobe was converted into an enormous cavity which was traversed by several bands of fibrous substance, the rest of this lobe was broken up into numerous small cavities, lower lobe also infiltrated with Tubercle but containing no cavity.

Weight of Larynx Trachea and Lungs lb 4. of 14.

Abdomen, Liver protruded far into the abdomen, right lobe much flattened and thinner than natural.

Gall Bladder distended with dark bile.

Substance of Liver much engorged with blood and slightly infiltrated with fat. Weight of Liver 16 3/4 oz 1/4. Spleen small and rather pale. Weight of 3..

Kidneys, Weight of small size. Cortical substance rather pale and partial obliteration of the tubuli. Weight of 4. Left, slightly congested in other respects healthy. Weight of 3. Stomach and Duodenum healthy.

The glands of the Spleen were much enlarged especially towards its termination, but only one small circular abscess was found in the latter situation.

Caput Coli and ascending Colon were extensively affected the rest of the Large Intestines healthy.

Rt. W. May 11th. M. D.

Robertson S. A. S.

N^o 62-

Reg.	Name & Rank	Age	Disease	Admitted	Died	Duration of Disease	Where Contracted	Ward	Reg.	Notes
27th	P ^{te} James Gillan	21	Phthisis Pulm.	Nov 7/49	Dec 19/49	10 months	Glasgow	116	325	133-

History - An Irish labourer of 16 years service, during which time he was stationed in Glasgow - was attacked with Haemoptysis in Feb 3 last, previous to which time he had always enjoyed good health - Since then he had never been free from Cough, dyspnoea and other symptoms of pulmonary disease -

On admission he complained of general debility, a fever and constant Cough, accompanied by an abundant purulent and foetid expectoration, dyspnoea, diarrhoea, profuse night sweats, much thirst, and a weak & rapid pulse.

Phys. & Microscopic Signs - Walls of Chest thin & symmetrical. Percussion dull over the right lung - unusually clear in the infraclavicular region of left side - In the supraclavicular space of the right side, there was distinct cavernous gurgling and pectoriloquy and the same behind in the infra-spinous fossa of the scapula - Respiration loud and bronchial over other parts of right lung - In the left side, in the supra-umbilical region in front, and over the Scapular region behind, there was cavernous gurgling - with marked pectoriloquy - and in the lower parts of this lung moist crepitation was also heard - The heart sounds were loud and heard over the whole chest -

The diarrhoea was soon checked, and did not return, but the night sweats and purulent expectoration continued and he became very much emaciated - He gradually sunk and died at 7 P. M. Dec 19th 1849 -

Treatment - Expectorants and Sedatives for the Cough - Antiseptics for Diarrhoea - Mineral Acids for the sweating - with Merc. Carb., Sp. Aeth. L. & S.

Post-Mortem - Extra. Wm. Hunter. Chicken, Eggs &c. &c. (P) J. Irvine M. D.

Sectio Cadaveris horæ x. et Post Mortem.

External Appearance - Body emaciated -

Cranium - Fluid at the base of the Brain considerably increased - Substance firm, presenting more vascular points on section than usual -

Fluid in the Lateral Ventricles, normal - Weight 3 lbs. 10 oz -

Thorax - Drg of fluid in the Pericardium - Heart healthy - Weight 9 oz -

Larynx and Trachea - Whole of the lining membrane thickened from deposit of lymph, very vascular & extensively ulcerated especially about 1/2 inch down the Trachea - Bronchial tubes filled with Pus and similarly affected with ulceration -

Lungs - Right slightly adherent near the apex - Superior lobe disorganized from tubercular deposit & containing innumerable cavities, the majority of small size -

Pulmonary texture condensed so as to sink in water -

Middle lobe infiltrated with tubercles in the 2nd stage, but containing no cavities - Lower lobe much congested, having a few tubercles, chiefly solitary interspersed throughout its substance -

On opening the Thorax a quantity of air escaped from the left Pleura - Left Lung also adherent, & Pleura Pulmonalis much thickened - The whole lung presented one mass of tubercular disease -

Numerous cavities in the Superior lobe, filled with purulent matter - A small opening through the Pleura was observed of a circular form with well defined edges, which communicated with a superficial cavity of small size in the substance of the lung -

Weight of Lungs Larynx & Trachea 5 lbs. 10 oz -

Abdomen - Liver - Peritoneal investment thickened - Left lobe, of unusually small size, its borders & outer surface presenting several puckering; its texture firmer than natural and appearing to contain some fat. W. 4 lbs. 4 oz -

Spleen natural - Weight 8 1/2 oz -

Kidneys - Right much gorged with blood, especially the cortical substance - slight obliteration of tubuli. Capsule easily stripped - Weight 4 1/2 oz - Left presented much the same appearance, but was more congested. W. 5 1/2 oz -

Stomach & Intestines healthy - extensive ulceration in the Caecum and descending Colon - rest of large Intestines healthy -

Arthur Stans. Freeman M.D.
Wm. Whistler

Regt	Name and Rank	Age	Disease	Admitted	Dis.	Duration of Disease	Where contracted	Part Reg. etc.
63 rd	P. Cornelius Callaghan	23	Pneumonia Pulmonalis	Sept 25/49	Sept 28/49	1 month		11 261

History of the Patient. - Irishman - Carpenter's Service 1 year & 7 months. all at home.

Medical History of Patient. - In the 17th April 1849 he was admitted into his Regimental Hospital with Pneumonia. At that time he complained of Chills all over his body in the morning and evening with profuse perspirations at night. Also pain in his ^{right} shoulder. He remained in Hospital at that time for 2 months when he was allowed furlough. Upon returning to his duty he felt slightly improved. He had not been with his Regt. long a few days when he had to go to Hospital for excessive weakness, pain in the back and shoulders. Shortness of breath and night sweats. These symptoms continued on him more or less until he came to Fort Pitt. Whilst under treatment in Ward 10 he improved for a time. The following are the principal symptoms observed during his treatment. - Pains on right side of chest. Emaciation - hoarse cough. Difficult expectoration at times - full, rapid pulse - plethoric - Pain around the margin of the anus, which ultimately terminated in an abscess. it was healed for a month previous to death - had profuse cold sweats - hectic flush. Whilst in his Regimental Hospital in the month of April last, there was submucoid crepitation under the 2nd & 3rd right ribs. In the 5th May, gurgling and sibilant rales were heard in the same region which disappeared by the 10th June. On admission into Fort Pitt the respiration was full over the whole of the right side of the chest, especially in the infra clavicular region, where a "chick" could be detected on making him cough accompanied with distant gurgling. The same sound could be heard in the infra spinous fossa but not so distinctly. The respiration in the left lung was louder and rougher in character than natural, accompanied by a few mucous rales at the base of the Scapula. - In the 14th Feb. There could be heard over the whole of the right lung soft crepitant rales, as well as, the under the left Clavicle. The cardiac sound, could be distinguished far beyond their normal limits. Feb. 21st & 22nd some liquid rales in right right infra spinous fossa with bronchophony at the apex of the organ. Feb. 25th a few mucous rales corresponding to the left bronchial tubes - posteriorly, gurgling in right infra spinous fossa - also beneath the Clavicle. Nov 18th The gurgling under the Scapula almost ceased; a few "chicks" in right mammary region - imperfect bronchophony all over the lung. In the left side there was fine moist crepitations in the infra breast region. With increased clearness of voice in same position. (He was not examined after the last date - from disinclination to disturb him the weather being cold and the patient feeble.)

Sputa. - Mucous purulent, at times, bright yellow, foetid, tenacious - mixed with blood - frothy - occasionally scanty at other times - abundant

Treatment. Counterirritations. Issues of Iodine. Iodine. Sulph. acid. Iodine
Expectorants. Narcotics. Emetics. Cathartics. Astringents. Castor oil
for a few days. Leeches and Punctures to the arms. Spoon - Low
Stalk. Fish.

Expos. Arrowroot. Bread pudding. Apple. Potatoes. Wine. Brandy. Sugar
Milk.

Prescribed by George Thompson.

Scots Cadaverie. Hra. Post Mortem.

External Appearance. Body much emaciated.

Cranium.

Quantity of Serum at base of Brain. Considerably
increased; arachnoid Membrane opaque, and distant
from effusion. between it and the convolution of the
brain. Several dendritic tubercles with white
substance of Brain firm. Weight 2 lb. 5 oz.

Thorax.

One pint & a half of clear fluid of a straw colour
contained in Pericardium, which Membrane was consider-
ably thickened.

Heart. healthy. Weight 8 oz.

Larynx and Trachea. Under surface of epiglottis brown-
lar. thickened and extensively ulcerated.

Larynx and Trachea free from ulceration the latter
and the bronchial tubes full of mucus.

Lungs. Right. nearly the whole of the superior lobe
converted into a cavity. traversed by numerous fibrous
bands. Middle and inferior lobe infiltrated with tuber-
cles chiefly in 2^d stage. but also containing one or
two small cavities. Left. Superior lobe and apex
of the inferior lobe. contained tubercles in 2^d stage
with numerous small cavities. in the former situation
lower lobe much enlarged with blood and infiltrated
with milium tubercles. Weight of L. R. 5 lb 11 oz.

Abdomen.

Liver of the usual size. texture slightly congested -
section presented a pink grey appearance.

Gall. Bladder distended with dark viscid bile.
Weight of Liver 3 lb 2 oz.

Spleen natural. Weight 7 oz.

Kidney. Left of large size and having a partially
tubercled appearance. Capsule easily stripped. highly
obscuration of tubuli Weight 6 oz.

Right much the same appearance. Weight 6 1/2 oz.

Abdomen. Stomach & Duodenum - healthy throughout the greater portion of the illness, numerous circular ulcers, with well defined edges were found, increasing in frequency towards its termination -

Large Intestine - healthy

James Turnbull

No. 64 -

McMahon SAS

Regt	Name & Rank	Age	Disease	Admitted	Discharged	Duration of Disease	Where Contracted	No. Reg.	Vol.
33 rd	McGibrick Larry	27	Pneumonia	March 3 rd 1849	December 27 th 1849	2 days	No. 10 Ward Med Division	10	326 58

History of Soldier - Irishman - Labrador. Height. 5 feet 10 inches - Service 3 years 4 1/2 months

Medical History of Patient - He enjoyed good health until Aug^r 1848, when he was attacked with Rheumatism whilst encamped near Manchester - attributable to exposure - was three under treatment for the complaint in his Regimental Hospital - on one occasion when in Hospital for Rheumatism, he was attacked with severe cough attended by symptoms of Phthisis - Invalided for Chronic Rheumatism and Debility.

Rheumatism Upon admission into Fort Pitt, he complained only of weakness and stiffness of the joints, without any trace of disease in them. Four months previous to entering the General Hospital he was submitted to a course of Mercury from that time he never experienced the Rheumatic pains he never had the venereal complaint. on the day of admission into Ward 10 his pulse was 115 - small and weak - the general functions normal for 35 days he never complained of any thing beyond weakness of the knees

History of Fatal Disease - on the 9th of Nov he had soreness of the throat which was prevalent in the Ward - on the following day, the velum pendulum palati, the fauces and the left tonsil were inflamed - on the three succeeding days - an aphthous state of the posterior surface of the Pharynx - dysphagia - loaded tongue - constipated bowels - accelerated pulse and temporary ischuria appeared -

Cyanosis On the 14th the skin was hot and dry - the tongue much coated - the thirst urgent - vomiting commenced -

Pleur. pneumonia 15th he complained of sharp darting pain in the Right infra-mammary region, accompanied by intercostal tenderness on the slightest pressure the pulse was 120 small and weak - Inspirations 40 in the minute and evidently performed under great pain -

16th the inspirations increased to 44

17th Inspirations fallen to 30 - pulse 116, intercostal tenderness and vomiting

persistent. The orderly officer was called to him in the evening on account of a sharp pain which suddenly appeared in the right shoulder.

During the following 6 days the inspirations fell to 14 - the pulse 92 - the intestinal tenderness in a great measure subsided - the tongue became moist - the cough slight - he slept occasionally for an hour - the vomiting and hiccups remained but were not so frequent.

Slough On the morning of the 23^d I noticed a "slough" in the spectrum and flaps from the stomach which were intermixed in the "tea box" presenting a darkish brown colour - the breath for 3 days previously was very foetid and distinct from a mercurial odour.

On the 24th the pulse was 88 and very compressible - the tongue coated with a dark brown dry fur - the intestines in the epigastric and superior division of the umbilical region were rolled together and constricted here and there, upon manipulations were produced soon after the unnatural state of the intestines disappeared.

Indurability 25th Tongue more deeply loaded - teeth covered with debris. he passed Constipation few lumps of faecal matter after a turpentine injection, the bowels had not been moved for 4 days notwithstanding the quantity of Castor oil. Calomel and Salap taken - in the epigastric region loud after each hiccup.

Obstacle 26th shortly after taking the emetic he discharged a quantity of bile. the overcome bowels, after were relieved of hardened faeces. in the course of the day he passed at four stools a large quantity of soft faecal matter, at first darkish coloured, afterwards of natural appearance, but soft. the tongue became nearly clean - he perspired freely.

27th 8 a.m. pulseless, tongue parched - 10 a.m. Pulse 88 very small, weak, tongue moist. 11 15 m. he became restless. tracheal rattles followed - the pulse became imperceptible - at 4 p.m. past 12 he died.

Decubitas constantly on the left side.

Stethoscopic Signs - Right Side.

1st As soon as he complained of the sharp pain in the right infra-mammary region I applied the instrument, and detected in the part sounds intermediate in character between friction and small bubblings.

1st No friction audible. Inspirations attended by 1, 2, 3 minute bubbles in the lower 1/3 of the organ, best heard in the lateral and infra-dorsal regions.

2nd An indistinct rubbing over about a square inch of surface in the lateral region, breath sound altogether absent in the lower part of the lung.

3rd Bronchophony and apparently amphoric speaking at the upper part of the organ posteriorly - deep-bass-toned sonorous rales over the whole front of the right side of the chest. an occasional one in the lateral and scapular regions.

- 19th very minute crepitations below the spine of the scapula.
 20th No sound whatever to be heard
 22nd The air is entering the lower third of the lung behind and at the side
 23rd Scarcely any breath sound distinguishable a few sonorous rales everywhere over the organ, with the exception of supra scapular fossa
 24th Tubular respiration over the lung, some bubbling in the infra-axillary region over a small surface
 25th Sonorous rales over the greatest portion of the lung, loudest at its inferior half.

The left lung seemed to be permeated throughout.

Sputum 18th At first was thin and watery, containing brownish flakes, its surface being frothy - 24th viscid, and light iron coloured.

25th Mucopurulent and brownish. Between the 18th and 24th inst. the character of the expectoration could not be recorded on account of the patient persisting to vomit into the "tin pot".

Treatment, From the date of admission until the day he complained of sore throat he continued to take the Hydriodate of Potassium, He used gargles of Nitrate of Silver and Chloride of Sodium, with Iodine powder and a blister for the Cynanche.

The vomitings and hiccups were somewhat checked by ammonia, Tinct. Lupuli and Croton, the former commenced on the 18th of the month and continued until the 25th the latter appeared on the 20th and continued until death. In the first instance the bowels were relieved upon taking a dose of Castor oil - afterwards, he had to take a few powders containing Calomel and Salap before a stool could be procured, next it was necessary to administer 7 drops of Castor oil before a passage could be effected, and lastly 9 minims of the oil 12 Grs of Calomel and 3ij of the Compound Salap powder, with a Turpentine injection were insufficient, the enema was administered by pushing the pipe of Rees's syringe 18 inches up the bowels, after which 3 quarts of warm water with an ounce of turpentine were gently introduced, a free evacuation followed shortly after an emetic was given, consisting of natural juice.

The emetic and stimulating glysters were ordered, to succeed, by a combined action in opposite directions, any intussusception that might be present.

As soon as the chest became affected it was attempted to bring the system under the influence of Antimony, by repeated doses the treatment was discontinued after one or two had been taken on account of augmenting the vomiting which at times was very distressing.

In the first few days after the inflammation (Thoracic) set in, it was useless to attempt to treat the complaint by the mouth the stomach would not retain even water, Mercurobismutose was secured by cutaneous absorption after rubbing in 3grs of the strong ointment. He was twice cupped on the right side of the chest and blisters on two occasions.

It is necessary to state that he never once complained of pain in the abdomen, from the onset of the disease I used daily pressure over the parietes, with a view to disperse the seat of the obstruction he never flinched under the manipulations.

Diet. Half Spoon

Extras. Arrowroot - Sugar - Milk - Wine - Brandy

Signed Robert Cooper

Staff Asst Surg.

Copied by John Gibbons "Candidate"

Sectio Cadaveris Horæ XLVIII Post Mortem

External Appearances. Body well formed and Muscular; marks of recent Contusion irritation on the anterior surface of the chest, and right Hypochondrium.

CRANIUM. Considerable congestion both of membranes and ^{substance} ~~surface~~ of the

Brain, but no increase of fluid either at the base, or lateral ventricles.

Weight of Brain 3lbs 2oz and one half.

Thorax Pericardium firmly adherent to the surface of the Heart, considerably thickened and rough from the deposition of recent lymph; the whole of the outer surface of the Heart was coated with a layer of granular lymph of a florid colour and honey combed appearance which was easily removed. Slight traces of atheromatous deposit at the commencement of the aorta - aortic and mitral valves healthy - Muscular tissue of Heart firm, and left ventricle strongly contracted. Weight of Heart 11 ounces and one half.

Larynx and Trachea unusual vascularity of their lining membranes but no ulceration, the latter and the bronchial tubes were filled with mucopurulent matter.

Lungs, Right pleural cavity contained about 2 pints of thick creamony purulent matter, situated between the pleura costalis and pulmonalis, Right Lung displaced and compressed against the spine, and very firmly adherent to the Diaphragm; the whole of its texture was much condensed and congested, especially the superior and middle lobes, lower lobe less condensed but more gorged with blood; - pleura pulmonalis thickened, and firmly attached

to the lung. Left Lung also adherent; superior lobe a good deal engorged with blood, quite free from tubercles; in the upper portion of the inferior lobe towards its posterior border, tubercles were found chiefly miliary, but also a few in the second stage, extending over a space about the extent of a crown piece, rest of the lobe much congested. Weight of Lungs. Larynx & Trachea 3 lbs 11 ounces.

Abdomen, Liver slightly enlarged. Gall bladder distended with dark viscid bile, texture of Liver of a uniformly pale color with the lobules indistinct, and of firmer consistence than natural. Weight of Liver 4 pounds 13 ounces and one half.

Spleen very small and texture pale. Weight 5 ounces and one half.

Kidneys Right enlarged, texture flabby, cortical substance pale tubular tolerably entire capsule striated without any difficulty leaving the outer surface of a mottled appearance Weight boy 5 ozs

Left presented the same general appearance Weight 4 oz 6 drs.

Stomach & Small Intestines, healthy; descending Colon & Rectum extensively affected with superficial ulcerations.

John Gibbas

"Candidate"

Wetherhead.

N^o 65-

Regt	Name & Rank	Age	Disease	Admitted	Died	Duration of Disease	When Contracted	Height	Weight	Temp
12 th	St John Elam	46	Bronchitis Acute	Dec 22/69	Jan 8/70	12 Days		11	327	102

History of Soldier

Medical History of Patient

History of Fatal Disease

Stethoscopic Signs

An English cloth dress. Temperament phlegmatic complexion dark and sallow. Served 23^{1/2} years of which at Mauritius 11^{1/2} years. 5^{1/2} years at Gibraltar the rest at home. Health prior to landing at Mauritius was good when then suffered on two occasions from severe attacks of Bronchitis and was once salivated. Was invalided a short time before admission having completed his service. Two days before admission was attacked with a recurrence of his old disease through exposure to cold. Shivering, oppression at chest dyspnoea with urgent cough and debility. When admitted these symptoms were strongly marked the surface cold and the circulation very feeble and indistinct at the wrist respiration loud laboured and laboured from obstruction of the bronchi tongue foul throat considerable bowels relaxed there was no expectoration Stimulants internally and warm bottles to the feet restored the circulation in some measure and the surface during the night became warm & copious frothy expectoration was established in the morning. Resonance on percussion modified. No bronchophony sounds of various character were heard throughout the chest (more liquid on the right) on inspiration.

inspiration and on expiration there was a general, drawing or sucking sound which was louder near the large bronchi. The dyspnoea and cough were incessant and not at all relieved and the improvement in the circulation was but temporary. On the 27th he was much exhausted the circulation began to fail and continued to sink till his death. On the night of the 30th he suffered much from the cold and was attacked with slight dysentery. In the morning the circulation was nearly imperceptible at the wrist the surface cold in the evening about 9 p.m. of oedipnoea came on the pupils firmly contracted the hearing gradually insensible and died at 10 p.m. 8 P.M.

Treatment

Stimulants and expectorants with counter irritation by sinapism. Blister and Iodine ointment continued. Nivine also given.

(Signed) The Blatterwick Staff Assist Surgeon
Signed by Joseph Jackson

Section Cadaveric Hora 33 Post Mortem

External Appearances

Body stout and muscular; marks of recent counter irritation on the anterior surface of the chest.

Cranium

Membranes of brain presented nothing unusual. Towards the anterior extremity of the left hemisphere on its upper border, a cyst was found, of a circular form, in size capable of containing a walnut, lined by arachnoid membrane and full of serous fluid. The dura mater indicated over this cyst was of natural appearance, and the cerebral substance in its immediate vicinity was not softened and bore no traces of inflammation. Both hemispheres were adherent anteriorly, and the corpus callosum ^{was} on an unusually high level. Lateral ventricles were much distended with turbid serum especially the anterior cornu. Substance of brain generally was unusually firm, and presented an increased number of bloody points on section. Weight of brain 3 lb 4 ounces.

Thorax

2 oz of fluid mixed with flakes of lymph were contained in the pericardium. Heart of large size, muscular tissue firm, right ventricle much loaded with fat. Slight appearance of fibrous vegetation on one of the semilunar valves of the aorta. Mitral valve healthy. Weight of heart 14 oz 25th. Trachea and Larynx thin lining membrane throughout was unusually vascular. The latter and the bronchial tubes were filled with mucopurulent matter. On opening the thorax neither of the lungs collapsed, and the left enveloped the heart to a considerable extent. Right Lung slightly adherent to the walls of the chest by a few bands of old lymph, and the pleural cavity contained about 1 pint of fluid. On cutting into the lobes of the right lung it was found to be much congested throughout, and full of reddish coloured ^{pus} fluid of which large quantities could be

expressed from the different cut patients. The margins of this lung were highly emphysematous. Left lung free from adhesions, but presented the same general appearances as the right, though much less marked, with the exception of the emphysematous condition which was more extensively developed. Weight of Lungs Prothon & Thoms 4 lb.

Abdomen

Liver of the usual size; texture much congested and rather friable. Gall bladder full of dark viscid bile. Weight of liver 3 lb 10 oz. Spleen of unusually small size, capsule thickened and studded with small white bodies, which appeared to be tubercles, texture natural. Weight 3 oz. Kidneys Right, capsule thickened, stripped without difficulty leaving the outer surface irregular and granular. Slight obliteration of the tubuli but not to any great extent. Weight 4 oz 5 Dr. Left presented much the same appearance, ^{was} more congested. Weight 5 oz. Stomach & Small Intestines healthy, the caecum & Caecal coli contained several ulcers of a circular form and small size, ^{and several} around elevations in the centre of which softening had commenced. There were also several thickened portions of mucous membrane which presented the appearance of cicatrices of former ulcers.

Joseph Lawson.

McKerrow M.D.

No. 66.

Rgt.	Name & Rank	Age	Disease	Admitted	Died	Duration of Disease	Where Contracted	Ward, Rgt. & Folio
27	Pt. Edward Kerr	41	Catarrhus Chron.	Nov. 7 1849	Jan. 3 ^d 1850	7 months	Glasgow.	11 320 177

History of Soldier

Medical history of Patient.

History of Fetal Disease

An Irishman, of dark complexion and sanguine temperament, medium stature. Total service 19 years, of which 12 3/4 at the Cape, the rest at home. His health prior to his last illness appears to have been good. He had only been once in Hospital, at the Cape, for 12 days, from pain in the side. Became affected by cough in June last, the exciting cause appears to have been the inhalation of dust in brushing a cap. He never became free from it, and his health gradually deteriorated. Was soon after admitted into Regimental Hospital and was sent to Fort in November. When admitted complained of cough, some purulent expectoration and dyspnea. Health generally impaired. He was much emaciated. Bronchophony and roughness of respiration in the right upper lobe. In the left upper lobe respiration was some times cavernous & pectoriloquy marked. There was no expectoration, hectic, sweating or rigors. Neither were these symptoms present at any time when under treatment, excepting the last which latterly occurred two or three times. The pulse ranged at about 90. After admission the cough became more constant & spasmodic, causing great dyspnea and exhaustion, and was generally worse after meals. The expectoration became

Stethoscopic
Signs.

more prevalent, he slept but little and the appetite which at first was good, fell off at the end of November and beginning of next month, the pulse averaged 100. Stethoscopic symptoms those of admission, but more marked from about the 20 of December his symptoms became more rapidly worse and from the 30th he was in a sinking state, he died at 3 P.M. yesterday.

Treatment

Treatment was regulated according to the urgency of the various symptoms and was chiefly of a palliative nature. Porter, Wine, and good diet were given throughout.

(Signed) Thos. Blatherwick. Staph. App. Surgeon.

Scitus Cadaveris hora XXI post mortem

External appearances.

Body small formed, slightly emaciated.

Cranium.

Arachnoid and Pia mater unusually vascular, the former elevated from between it and the convolutions of the brain substance of Brain firm, presenting on section an increased number of bloody spots. Internal ventricles unusually dry, and no increase of serum at base of brain. Weight of brain 5 lb. 3 oz.

Thorax.

Heart. considerable amount of atheromatous deposit at the commencement of the aorta. Aortic valves slightly rigid - the central valve presented the appearance of being divided into two, with a perforation in the center, all the aortic valves a little rough from atheromatous deposit. Slight thickening of the attached border of the mitral valve; heart of natural size. Wt. 10½ oz.

Larynx & Trachea. lining membrane of the larynx and bronchial tubes, unusually vascular, but no appearance of ulceration.

Lungs. Right pretty firmly adherent especially towards its apex; the whole of this lung infiltrated throughout with tubercles chiefly in the 2nd stage in the superior lobe; lower lobe a good deal congested, and full of milky tubercles.

Left lung most intimately adherent especially towards its lower border. Pleura costalis much thickened and having extensive asipic deposit on its surface, pulmonary texture condensed containing numerous tubercles throughout its whole extent. Most numerous in superior lobe, but as cavities. Wt. L. 7. - R. 4 lb. 2 oz.

Abdomen.

Liver. healthy Wt. 3 lb. 4 oz.

Kidneys. Right slightly congested otherwise healthy Wt. 5½ oz. Left presented much the same appearances and contained a small cyst in the cortical substance Wt. 6 oz. 3 drs.

Spleen unusually small size, texture pale and firm Wt. 3 oz.

Stomach & intestines. large & small healthy.

McKerrow & Co. L. Hampton M.D.

Regt	Name & Rank	Age	Disease	Admitted	Died	Duration of Disease	Where Contracted	Transferred to
15	Patton Edwin	21	Scrophula	Nov. 26 1849	Aug 3 1850	7 1/2 Months	Prison	7 139 57

History - An Englishman - Labourer - 13 Months service - all at home - About six months ago - while at Light Infantry drill - received an injury of the right knee which caused great inflammation and swelling of the joint and obliged him to go to hospital, where he remained under treatment one month, at the expiration of which time the knee was better, but the swelling had not entirely disappeared. However he was discharged to resume duty which he continued to do for 2 months, and was again obliged to go into hospital where he remained until transferred to Fort Pitt - On admission the right knee was of a round and globular form - without any sense of fluctuation, limb was partly flexed and he was unable to extend it. Complained of constant pain extending from the hip down to the knee which was aggravated at night - His rest and appetite decreased daily, Heat & became well marked, and on the 18 December motion could be detected in joint. His appetite now became more impaired, and the Heat better marked, on the 25 Inst. his stomach became irritable and fluctuation in the joint more apparent. 27 he had a rigor, and became slightly delirious pulse increased, tongue brown but moist - 28 Inst. complained of pain in the Hepatic region, together with some fullness. 29 passed a very restless night bowels confined. Raving increased, 30 had several copious dark coloured and offensive evacuations, there was less tenderness in the hepatic region - 31 passed another restless night, Pulse 124, tongue brown, dry and hard, teeth covered with scales, and there was some tenderness along the base of the colon. He continued in this state until he sunk on the night of the 3 Inst.

(Signed)

H. Franklin

Asst Surgeon 3^d Regiment

Sectus Cadaveris hora 8th Post Mortem

External Appearance - Body stout, not emaciated - Marks of recent leech bites on right Hypochondrium. Right knee joint swollen with marks of clapping.

Cranium The whole of the Membrane of the brain presented increased vascularity, and the quantity of serum at the base was much increased. Extending over a small portion of the base of the Cerebellum, the whole of the Medulla oblongata and Pons Varolii, as far forward as the optic commissure, a thin layer of lymph was found, of a yellowish colour, and having a considerable quantity of fluid in its interstices. The anterior and middle lobes of both hemispheres were adherent at the base, especially the left, while towards its anterior border a small part of lymph was found, and also another between the olfactory nerves, both similar in appearance to that already described. The nerves

in the vicinity of the Medulla oblongata were pressed upon, and connected together by the effused lymph. Substance of brain appeared to be firm, but no further examination was made. Weights of brain 3 lbs 10 oz.

Thorax

Heart - Healthy, weights 10 lbs. 5 oz.

Lungs and Trachea - Lungs membranes presented nothing unusual. Lungs - Quite free from adhesions, healthy throughout, with the exception of considerable congestion and condensation of the lower lobe of right lung. Weights of Lungs - Lungs & Trachea 3 lbs 13 oz.

Abdomen

Liver of the usual size, testaceous, lobules rather indistinct, and showing the appearance of slight fatty degeneration. Weight 5 lbs. 2 oz.

Spleen rather pale, testaceous natural, Weight 5 oz.

Kidneys, right - Capsule easily stripped. Cortical substance unusually hard and broad presented numerous number of congested vessels of a steeple form, on cutting into its texture it was found to contain a considerable amount of fat with some alterations of the tubule. Weight 6 oz 2 oz. - Left presented the same appearance. Weight 6 oz 3 oz.

Stomach and Intestines healthy.

On cutting into the right knee joint, the synovial membrane was found to be affected with gelatinous degeneration. It was much thickened and had increased to a considerable extent over the surface of the ^{articular} cartilages especially the inner condyle, on its removal from which the cartilage was found to have been partially absorbed. A small quantity of purulent matter (about 10 or 12 grains) was seen when on cutting into the joint, but it seems to have been contained in the cysts external to it. The bodies of the last dorsal and first lumbar vertebrae were slightly abraded on their anterior surfaces and some pus was found mixed with the fibres of the anterior common ligament.

R. M. M. D.

N^o 68.

Whiston S.A.S.

Regt Name & Rank	Age	Disease	Admitted	Died	Duration	Where	When	Regt	For
						Disease	Contracted		
4 th Foot	P ^t P.	Quinn	22	Phthisis	Oct 28 th Jan 5 th	Shantol	Manchester	8.326	47.
					1849	1850.			

History, Irishman. Laborer. 18 months service all at home, to the 5th of May 49. he was admitted into Regt Hospital at Manchester for the early symptoms of consumption. The disease continued to progress until he was sent to Chatham. on admission into Foot Pitt he was diagnosed. complained of cough which was worse at night had a dull pain all over his chest.

Accutatus on the right side, slight aphonia, occasional hectic sweats, small weak rapid pulse, on the 9th of Nov diarrhoea set in and continued for a few days, on the 18th Hæmorrhæoides appeared on the 22nd he began to evacuate rapidly Decemb 3rd bowels very much relaxed, from this date diarrhoea continued off and on until his death, 22nd An abscess appeared on the left of the anus, on being opened it dis- charged a large quantity of very fetid matter, the day before his death about a pint of bloody purulent matter was discharged from the opening, For some days prior to death his voice was very feeble, for a few days previously he fell away amazingly.

Thoroscopic Report. The May moist vesicular râles were heard in upper part of left lung, on admission into Font Pich Bubbling was well heard in the same region, and the vesicular murmur was altogether absent in the same lung inferiorly, with evidence of a cavity in the supra-clavicular space on coughing Nov 9th Respiration tubular in the right & anæmic region, no râles in either lung 19th & slight degree of bubbling in left inferior anæmic and lateral regions Respiration harsh beneath the right clavicle where the cardiac sounds were clearly heard Decemb 16th Bronchophony at the apex of right lung, bronchial speaking was afterwards heard over the back of the right side of the chest, For the last six weeks I did not wish to disturb the patient, I might examine his chest, he was too weak to permit of frequent examinations

Sputa. At first purulent on Nov 22 watery, and globu- larated, 25th mucro purulent, 24th bright yellow Decemb 10th streaks with blood 23rd tawny, frothy on the surface brownish coloured in parts, purulent here and there, somewhat abundant.

Treatment. Vinum, Olæ Jecoris Aselli, Mist Pectoralis, Diffusible Stimulants, Carminatives, Purgatives, Half Spoon, Elixer Sacad and Pædani, Sago Milk, Sugar, wine.

(Signed) Robert Cooper
Staff Assistant Surgeon.

Gasterocephalus kora XXVII post mortem

External Appearance. Body extremely emaciated, considerable
Oedema of the right lower extremity, and cicatrices of
old ulcers over the left thigh.

Cranium. Considerable congestion of Anachnoid and subdural
lateral structures mistaken with serum. Substance
of Brain firm and slightly congested weight 16 3/4 oz.

Thorax. oz 3 of fluid in Pericardium. Heart of shagreened
muscular tissue pale and flabby. Valves healthy
weight oz 1 1/2.

Larynx & Trachea. Slight congestion of their lining membrane
especially of the latter, but no ulceration.

Lungs. Right, pale from adhesions. Superior lobe
much congested, texture slightly condensed and
containing a few milium tubercles. Middle and
inferior lobes a good deal engorged, especially the
latter and also condensed, a quantity of red-
dish coloured frothy fluid could be expressed from
the cut portions of this lobe.

Left. Pleura on this side very firmly adherent
superior lobe contained three cavities of considerable
size, and several of smaller dimensions. The whole
of this lobe was infiltrated with tubercle, pulmo-
nary texture condensed but not so as to sink
in water; the glands surrounding the principal
 ramifications of bronchi were enlarged from tuber-
cular deposit which had commenced to soften.
Upper two thirds of lower lobe infiltrated with
tubercle in ^{second} stages, and contained one or
two small cavities, rest of the lobe congested
and slightly condensed.

weight of Larynx, Trachea, and Lungs 16 1/4.

Abdomen. Liver Gall Bladder full of unusually viscid
bile of a dark colour; Anterior posterior diameter
of Liver much increased, especially in the right
lobe which had an unusually thick rounded ap-
pearance; texture of Liver of a yellowish colour
rather friable, and much infiltrated with fat.
weight 16 1/4.

Spleen slightly enlarged. texture unusually laxable
weight oz 11 1/2.

Kidneys. Right, of small size a good deal con-
gested

especially the central substance, weight of 4.

Left, much the same appearance, weight of 4.852.

Stomach & Duodenum, healthy.

Jejunum free within a short distance of its connection with the stomach, contained numerous ulcers of a quadrangular shape, with edges indented and of a dark red colour; these were found at intervals throughout the whole course of the small intestines, increasing in frequency towards the termination of ileum - Colon presented nothing unusual.

Situated deeply in the pelvis between the bladder and Rectum on the left side, the cavity of a large abscess was found, the parietes of which were lined with lymph, it contained little or no pus, the wall of the abscess coat of the bladder was thickened from deposition of lymph on the left side where it formed part of the boundary of the abscess; its mucous membrane was found to be quite healthy or cutting into the interior of the bladder

R. B. May the M. P.

No. 69

M. M. S. S.

Regt	Name & Rank	Age	Disease	Admitted	Died	Duration of Disease	Where contracted	Height	Weight	Temp
63	Rt David Kup	31	Catarrhus Chron.	Nov 7 th 1849	Jan 8 th 1850	12 Months	Acquired on Tyne	10	326	66

History of Soldier. Englishman. Labourer. Height 5 ft. 6 in. Service 3 years in the East Indies. Now at home.

History of Fatal Disease. When stationed in Newcastle on Tyne in Dec^r 1848

he was admitted into his Regt^l Hosp^l for Catarrhus - attributable to exposure.

On admission into this Hospital his chest was hollow under both Clavicles -

He had cold profluents - no trace of hectic. Decubities on the right side. Inspirations

36 in the minute. Pulse 136 very small & weak. Tongue somewhat red at its edges

no diarrhoea for a fortnight previous - indifferent appetite

Nov^r 23rd He complained of soreness all over the chest. Pulse 88 & soft.

Jan^r 6th 1850. At the evening visit the pulse was accelerated. There was intercostal

tenderness in the mammary region on the left side, with distressing cough.

Physical Signs. On admission the chest sounded very dull beneath the left Clavicle

where a noise was produced on percussion similar to that occasioned by striking the

closed hands upon the knee, it was not well marked.

Auscultation. On admission there was cavernous breathing under right Clavicle with bronchophony and a succession of bubbles after coughing. Breath sound elsewhere present

in the organ. The aforementioned Auscultatory signs increased in intensity for a week or two after his admission -

Nov. 24th On the left side of chest, fine & coarse crepitations were heard all over the part with harsh respiration posteriorly -

27th Bubbling altogether absent in right subscapular region.

28th Distinct common breathing and pectoriloquy were detected beneath the spine of the right Scapula -

Jan. 6th The breath sound absent at the lower half of left side of chest -

At the evening visit moist crepitations were heard beneath the left Scapula and in the Mammary region - in the latter position friction sounds accompanied both inspiration and expiration -

7th Friction sounds in the infradorsal and lateral regions, with soft crumbling and crackling at the lower part of the chest, at the side and back. Humid rales in the axillary and Mammary regions, loudest in the latter position.

11 P.M. Moist (fine and coarse) crepitations over the whole lower $\frac{3}{4}$ of the right lung with mucous rales deeply seated in the organ. -

Sputa. On admission it was mucopurulent, glabrous and somewhat abundant. Afterwards, it became frothy and presented on one occasion a slight inclination to be rusty - A month prior to death it was thick and purulent. Two days previous to his disease it presented in addition an intermixture of blood -

Treatment. Pl. Secorischelli. Sol. Morph. Mint. Pectorals. Acid. Sulph. dilute. Blisters & cupping - Diet. Half Spoon. Extract. Milk. Sago. Wine.

(Signed) Robert Cooper. Staff. As. Surg.

Lectio Cadaveris hora XII Post Mortem.

External Appearance. Body slightly emaciated - marks of recent blisters on the exterior surface of the chest.

Cranium. Quantity of serum at the base of the Brain increased. Substance of Brain healthy. Weight of Brain 2 lbs 13½ oz.

Thorax. 3 oz of fluid in Pericardium -

Heart of rather small size. Structure healthy. weight 7½ oz.

Larynx and Trachea healthy.

Lungs. Right firmly adherent, especially towards the apex.

Superior and middle lobes quite disintegrated from tubercular infiltration. Towards the upper border of the latter a cavity of considerable size was found, and several others of minute size in its immediate vicinity.

Pulmonary texture much condensed so as to sink in water. Upper portion of the lower lobe likewise contained tubercle, its lower border was infarcted, sinking in water, and much engorged with blood.

On opening the chest, a considerable quantity of air escaped from the left Pleural cavity - Left Lung was compressed against the spine and shrunk up of smaller dimensions than natural. Pleura on this side also

adherent and the surface of the Lung covered with shreds of lymph. Towards the lower border of the upper lobe a very small rounded opening was observed through the Pleura which communicated with a superficial cavity on the substance of the Lung. Whole of the superior lobe quite destroyed with tubercle. texture much condensed and containing innumerable minute cavities. Lower lobe contained a few tubercles in the second stage and was a good deal congested.

Weight of Larynx Trachea & Lungs 4 lbs 9 oz.

Abdomen

Under surface of Liver presented several irregular puckerings especially in the left lobe. texture unusually firm apparently from the presence of adreutichous fibrous tissue. weight 2 lbs 14 oz.

Spleen rather pale. texture firm weight 7 1/2 oz.

Kidneys. Right much congested. texture firm. especially cortical substance weight 5 oz.

Left presented a partially lobulated appearance. structure similar to the right otherwise. weight 5 oz.

Stomach and Intestines healthy.

No 70-

Alex Macroe M.D.
W. H. M. S. A. S.

Regt	Name and Rank	Age	Service	Admitted	Died	Duration of Illness	When Entered Work	Left	Folio
9th	Regt Henry Blum	39	Major Cordis	Nov 22 nd 1847	July 3 rd 1850	1 yr 8 mths	Jamaica	10	326 101.

History of Soldier. Irishman - Sabotage 3 ft 8 in. 22 years service 77. Nachtermann, 19. 2 m. Jamaica - sent at home.

History of Fatal Disease. The valvular disease of the heart, according to the document appeared in March 1848. when in Jamaica - Was in Hospital on 2 occasions when in the Indian Islands for Fever, also in Hospital for some time when in Ireland twice, respectively 36 and 28 days. The disease which troubled him in 1848 was accompanied by gasping, Hiccups, Stools and Tenesmus. The palpitation of the heart he attributed to "plenty of work" when at Malta in 1847 and 48 - it appeared after a fall on the left side of his chest - in a week after the accident, his breathing became short, soon after the palpitation appeared - it increased after he went to the West Indies. On admission he complained of heaviness across the front of chest - palpitation on the heart action, diarrhoea which had been on him a month, bowels then moved about 15 times in the day - he then passed urine with a little blood - The evacuation always preceded by a pain across the lower part of his abdomen, and in the left iliac region - occasionally he would feel a sensation of "lumps" with the bowels - The lips were exsanguine - he complained of great debility - the tongue was clean - Pulse 120 very small

and weak - micturition frequent, urine came away in drops and scalded -
 slight thirst - appetite good - He was seized with retention of urine in 1846
 he suffered more or less from it on his passage to England, continued on
 him only a few hours after admission into Fort Pitt. - it returned and ana-
 tomed on him, for 3 days prior to death. The disease was overcome in 5 days after
 he entered the hospital, he suffered occasionally from it during his continuance
 in Ward 10, with symptoms of flatulency, griping, weight and lathargy, distention
 and contraction of the bowels. On the day before he died, the abdomen
 appeared to be swollen - it was tender to the touch, the bowels being
 constipated and the urine retained. After an enema of the urine was
 voided, and upon taking some Castor oil, the bowels were relieved, - the
 pulse at the time being 128 small and weak - the tongue slightly coated -
 the features contracted - the knees slightly drawn up -

Auscultation. On admission the cardiac point was loudest over the left 5th costal
 cartilage - I could not tell with which sound of the heart it was produced,
 from the frequency of the contractions - it however appeared to follow upon
 the 1st sound and to accompany the pulse. On admission humid
 crepitations were heard over the anterior surfaces of both sides of chest,
 as well as, at the posterior part of left lung, they were loudest in the
 left infra-clavicular region. When the pulse had fallen to 84 the
 cardiac point, was found to accompany the pulse - it was heard both
 over the semilunar and mitral valves, but loudest in the latter
 position. There were moist crepitations large in character over both
 sides of his chest on the evening preceding his death.

Treatment. Astringent. Sedatives. Tonics. An occasional dose of Castor oil - Stimulants
 Cupping - Phlebotomy. Half and Spoon. Porter. Brandy.

Robert Cooper L.R.S.

Sectio Cadaveris hora VII Post Mortem

External Appearance. Body emaciated.

Cranium. Head not examined.

Thorax. Heart slightly enlarged, tendinous margin of the mitral valves thickened,
 the bases of Chordae tendinae appearing as if hypertrophied, being
 thick and rounded. In the centre of the valves was found an elevated
 conical projection with a sharp point, about a line in length,
 having quite a smooth surface, as had also the whole of the valve
 there being no appearance of bony excrescences. The left auriculo-ventricular
 orifice was of the natural size, but the valve did not appear capable of
 closing it entirely. Aortic valves healthy. Weight of Heart 10 gr.

Larynx and Trachea healthy.

Lungs. Right slightly adherent, borders of this lung were highly emphysematous, giving it the appearance of being divided into a number of small lobes. Superior and middle lobes contained several tubercles, chiefly milky, also a few in the 2nd stage. Pulmonary texture towards apex of the superior lobe, consolidated so as to sink in water. A small cavity was found in this situation which contained some calcareous deposit. Lower lobe free from tubercles, slightly congested. Left Lung presented the same general emphysematous appearance. Superior lobe full of tubercles which had commenced to soften, and the surrounding pulmonary texture condensed, containing one or two small cavities. Lower lobe comparatively free from disease, and as on the right side, slightly congested. Weight of Larynx, Trachea and Lungs 143. oz 11.

Abdomen. Liver. Situated on the convex surface of the liver, towards the inner margin of right lobe, a cyst was found, of an elongated, pyriform shape and firm structure, its walls presenting a distinct reticulated appearance, dense and glistening. The cyst contained clear glairy fluid, but no appearance of Hydatids was found. On cutting into the liver, it presented a well marked specimen of Nutmeg degeneration, containing an unusual proportion of fat; texture firm but lacerable. Weight 144 oz 12.

Spleen. natural. Weight 17 oz 9.

Kidneys. Right affected with fatty degeneration, outward surface irregular and puckered, altho not presenting a marked specimen of granulations. Cortical substance externally infiltrated with fat, encroaching on tubuli, a greater number of which, were obliterated. Weight 6 oz 6. Left. much the same appearance, the irregular appearance on surface, appearing more marked. Weight 6 oz 6 1/2.

Stomach and Small Intestines healthy.

In the caput caecum and ascending colon, the cicatrices of one or two old ulcers were found, but no traces of recent abrasion.

Michaelson L.S. Arthur Ingham M.D.

No 71-

Reg.	Name & Rank	Age	Disease	Admitted	Disch.	Duration of Disease	Where contracted	Med. Reg. 76
77	Pte Stephen Hart	30	Catarrhus Pilon	27 Oct 1849	Jan 10/1850	1 Month	Portsmouth	10 326 44

History of Soldier. An English Labourer 30 years of age. Service 7 years, two of which were in Canada, the rest at home.

Med. History. - Was first admitted into Regimental Hospital at Portsmouth in May 1849, with his present complaint, from which he in some measure recovered.

History. { Was first admitted into the General Hospital here in Oct 27th 1849. when he was observed to be much emaciated. Chest flattened with marks of Contusion, complexion sallow with features much sharpened. Complained of general weakness. Cough and Dyspnoea.

Symptoms The Stethoscope detected a vesicular murmur over upper half of right side of Chest. Subclavicular region was dull, respiration was harsh and inclined to be Bronchial. Left Side. Respiratory murmur low over the greater part. Breathing difficult. Constant Thirst. appetite indifferent. Pulse 102. The Remedies employed were Antimonial Mixture and Cod Liver Oil up to the end of November; he is reported as being much in same state. Sputa now became more abundant and mucopurulent and sometimes contained tuberculous matter. In the beginning of December he had a sharp pain on Coughing. Cavernous respiration was now distinct. Diarrhoea occasional but never severe. He continued to get worse, and on the 8th January 1850 became very low, Percussion heard in both subclavicular regions most extensive in right. 9th Continuing low. had more wine. At 8 o'clock on the morning of the 10th the Medical Officer was called to alleviate his sufferings, and he died at 4 past 9 AM. Diet - Half - tinned Spoon with Wine & Eggs.

W. H. MacGregor

Death

Section Cadaveris Hora XXVII Post Mortem

External appearance. Body extremely emaciated. Slight oedema of right lower extremity.

Cranium. Membranes and substance of Brain healthy. Sural Ventricles distended with Serum - Weight of Brain 3 lb. 4 oz. 1st -

Thorax. A circular patch of old lymph on the outer surface of the right Ventricle of the Heart, which was otherwise healthy. Weight 8 oz. 5 dr. Larynx. One deep circular ulcer was situated at base of left Vocal Cord, Trachea and Bronchial Tubes filled with mucopurulent matter. Lungs. Right free from adhesions. Situated in the apex of Superior Lobe a large cavity of an elongated shape, lined by a distinct Membrane and filled with purulent matter was found. This was traversed by a vessel dividing it into two parts; surrounding this cavity were a few clusters of tubercles in 2nd stage, and likewise in Middle and upper portion of right Lobe. The whole of the Lung was much congested, especially the lower lobe.

Left Lung. Pleura on this side very firmly adherent. Pleura-pulmonalis thickened. Last lobe of this lung completely disorganized by tubercular infiltration - about the middle of Superior Lobe one enormous cavity was found, and numerous others of smaller size.

History of Fatal Disease Contd.

abated; cavernous gurgling also became distinct over the upper part of the left lung; and for a few days before his death, both feet and ankles were oedematous. He became fearfully emaciated, and died at 9 o'clock P.M. January 24th 1850. Treatment consisted of stimulents to support his strength, and of astringents for the diarrhoea. Diet Milk and Groom, with chicken, eggs, wine, and brandy.

(Signed) John Irvine M.D.

Aet. Asst. Surgeon

Sectio Cadaveris Morâ III. post mortem

External Appearances - Body much wasted, marks of cicatrices of old ulcers over the lower part of the neck; both feet oedematous, and several ecchymotic spots over the lower extremities.

Cranium - Quantity of serum at base of Brain much increased, membranes and substance of brain healthy - Weight 2 lbs 10 oz.

Thorax - 4 oz of fluid in the pericardium; the outer surface of the heart, especially over the right ventricle, was coated with a thick layer of old lymph of a pale colour, and intimately adherent to the organ; heart otherwise healthy, with the exception of slight atheromatous deposit in the commencement of the aorta. - Weight 8 oz 2 drachms. On opening the chest, 2 1/2 pints of thick purulent matter were found in the right pleural cavity, situated between the pleura costalis and wall of the chest, and compressing the right lung firmly against the spine. On cutting into the texture of this lung, it was found to be much condensed, the lobes all adhering together, and infiltrated throughout with tubercles, containing small cavities, equally numerous in the inferior as in the upper lobe. Left lung free from adhesions, except at the apex, the superior lobe contained one or two masses of softened tubercle, which were disseminated throughout the upper portion of the inferior lobe; the rest of this lobe was healthy. Trachea and bronchial tubes full of purulent matter, but no appearance of increased vascularity or ulceration in larynx or trachea. Weight of larynx, trachea, and lungs 2 lbs 14 oz.

Abdomen - Gall bladder much distended with thin bile - Liver generally enlarged, the outer surface, especially of the right lobe, exhibiting numerous pustulated depressions; texture of liver of firmer consistence than natural. Weight 4 lbs 11 oz. Spleen natural - Weight 7 1/2 oz.

Kidneys - Right cortical substance pale and mottled, with considerable obliteration of the tubular structure, capsule stripped without difficulty. Weight 4 oz 5 dr. - Left slightly congested, in other respects resembling the right. Weight 4 oz 7 dr. Stomach and duodenum healthy; shortly after the commencement of the jejunum, ulcers began to appear, which increased in frequency to near its end. In the commencing

ment of the ileum they became less frequent, although numerous towards its termination. The whole of the colon from the caecum to the rectum was most extensively ulcerated, especially in the former situation, where several elongated portions of mucous membrane were found.

Wheverton L. J.

No. 73.

Lieut. McTavish M. D.

Regt.	Name & Rank.	Age	Disease	Admitted	Died	Duration of Disease	Where contracted	How long	Ref. No.
14 th	The 11 th Morris	33.	Amnesia	23 rd Oct 1849	Feb 20 1850	27 3 months	America	15	329 24

History of Soldier. An Irishman of 10 years Service, in the West Indies and America. Had a vacant, fatious, expression of countenance, contracted forehead and small eyes, marks of recent injury of right Cheek, complexion sallow, speech low and whining.

Medical History. In Nov^r 1847 Epilepsia and weakness of intellect became first apparent, attributable to Constitutional infirmity and effect of climate, not aggravated by one, had been since several times in Hospital for Epilepsia, Paralysis and Amentia.

History of Fatal Disease. Was admitted here on 23rd October 1849, when he was observed to have a tottering gait, Speech slow and hesitating, considerable deafness, but complained of no pain. Pupils much contracted.

Symptoms. Pulse 60. Tongue furrow, appetite good. No evidence of any Thoracic affection. During the time he was in this Hospital, he disturbed the other patients by getting out of bed in the night, and wandering about the Ward, for which on one occasion he suffered rather severely. Was generally quiet and pensable, but was occasionally destructive to the bedclothes — requiring the straight jackets. In the middle of Nov^r he had gained considerable strength, and walked much better. Soon after, he became so melancholy, as to hide himself in the bedclothes and so weak that he could not stand on his feet. In the beginning of Dec^r he complained a good deal of his belly, and walked about in a semi-flexed position. Pressure on the abdomen seemed to increase the pain. He had at this time also, buboes on both hips, in a short time he lost nearly all the governing power of hands, feet and voice. He has continued in this state more or less ever since.

Progress. He had much vomiting, on the 20th of December, for which he had antacid mixtures. January 3rd 1850. More vomiting, buboes increasing, emaciation extreme. Slept a great deal and moaned constantly, refused almost all kind of food, and if he took anything it was immediately ejected. He continued lingering, nearly in this state till the 19th Feb^r 1850, when he was found nearly pulseless. Bowels much confined, had 2 drops Castor oil and passed very dark colored faculent stools. 20th day low, was seen by the orderly Officer in the evening, when he was moribund. He died

Died. at 7 1/2 to 8 P.M. Treat ment: Stimulants, injections purgatives Diet Low Lactary Food, with Lysins. Signed M. McTavish M.D.

Lectio Cadaveris horii XIV post Mortem.External Appearance. Body much emaciated.Cranium. On removing the Calvarium, the vessels of the dura Mater were found a good deal congested. The Arachnoid covering both Hemispheres of the Brain, on the Superior Surface was much thickened and opaque, being elevated ^{in places} between it and the convolutions. About 143. of fluid were found at the Base of Brain and the Lateral ventricle, were distended with Lymph. Substance of Brain was unusually firm, and rather more vascular than natural. The Cerebellum was also very firm, but beyond this no morbid appearances could be detected in the Brain. Brain was of small size.

Weighing 2 lbs. 6 oz. 23.

Thorax.

The Pericardium was intimately connected to the heart by bands of Lymph of old standing, and that membrane was slightly thickened.

Heart rather small. Structure healthy. Weight 8 oz. Larynx & Trachea healthy. Both Lungs slightly adherent, but perfectly healthy throughout, with the exception of slight congestion of the posterior and inferior borders of both. Larynx, Trachea, and Lungs weighed 2 lbs.Abdomen.Liver. Gall Bladder distended with dark and rather viscid bile. Texture of Liver rather friable, containing a small proportion of fatty deposit. Weight 3 lbs 13. Spleen at one or two parts much engorged with blood. Weight 6 oz. Kidneys. Left Healthy. Weight 3 1/2 oz. Right. Healthy. Weight 5 oz. Stomach and Duodenum Healthy. The lower end of the Stomach was highly vascular, and one large solitary ulcer was found, which had almost perforated the intestine. Throughout the greater part of the large Intestines a thin layer of granular Lymph, tinged with a deep yellow colour, apparently from the Biliary Secretion, was deposited on the mucous membrane, chiefly in the Cecum, and ascending colon.

Hubert Taylor Reade.

Wm. J. W. J.

No 74-

Right Hand & Name	Age	Disease	Admitted	Died	Duration	Where	How	Supplies
							Contracted	
Of St. William's Hospital	21	Phthisis Pulmonalis	1834	March 1835	2 years	Holland	11	37 33

An Irish labourer of double frame and stature, and on admission much attenuated by disease. Suffered 3 1/2 years. of which 2 1/2 at Gibraltar.

His first serious illness was subsequent to his return, and occurred at Cork in May 1847 from the disease in Ireland, and shortly after this the first symptoms of pulmonary disease appeared. He frequently in Hospital at Salisbury for it. At latter end of 1849 was admitted for diarrhoea, and when under treatment for it, pulmonary disease became fully developed.

On admission to this Hospital, his symptoms were those of a far advanced stage of disease; cough, purulent expectoration, hectic, and sweating, small & rapid pulse, gasping rales and hecticology at apex of right lung, vocal resonance much increased throughout, large consolidation & bronchopneumony in upper half of right lung.

Shortly after admission he had slight alteration on left tonsil & follicles of fauces. On the 22nd he became worse, was attacked by severe rheumatic pain, and his pulmonary symptoms were worse; the urine was highly loaded: on the 28th became very scanty, and on the 1st entirely retained, and the catheter was required after this day. On the afternoon of the 2nd he became insensible, bodily powers failed more rapidly, he lingered on until 4 p.m. on the evening of the 3rd.

Treatment. For pulmonary disease, palliative, Aconite, Alkalies, and Camphor, with small doses of Dover's powder, and wine & brandy were given latterly.

Ed. Matthews Staff Assist. Surgeon

Section Cadaver. Horæ XVII^{ij} post mortem--

External appearances. Body emaciated, marks of coughing over left hypochondrium, and counter irritation on anterior surface of chest.

Cranium. Skull both of dura mater & arachnoid much engorged with blood, especially of the latter, which was thickened & opaque over the cerebellum and base of brain generally; a thin layer of lymph was found on the internal oblongate foramina and optic commissures; lateral ventricles much distended with serum. Substance of brain of natural appearance & consistence; Weight 2¹/₂ lb, 3¹/₂ oz.

Thorax. Heart healthy; weight 10¹/₂ oz. Larynx & Trachea; Considerable congestion of under surface of Epiglottis and Larynx, and ulceration of trachea and bronchial tube filled with matter. Pleura on left side firmly adherent; one cavity of considerable size situated in apex of superior lobe of left lung; rest of this lung infiltrated with tubercles, and contained one or two minute cavities. Right lung free from adhesions; Superior lobe contained numerous milky tubercles. Middle lobe presented an appearance of being divided into two; the upper portion being in the same condition as the Superior lobe; inferior border of the lower lobe was emphysematous. Weight of Larynx & Trachea and lungs 2¹/₂ lb 8¹/₂ oz.

Abdomen. Gall bladder distended by viscid bile; texture of liver & spleen very congested, especially the right-lobe. Weight 3¹/₂ lb 11 oz. Spleen natural Wt. 8 oz. Right kidney considerably congested; Weight 6 oz 1 dr. Left presented the same appearance but was of smaller size; Weight 5 oz.

Stomach and small intestines healthy; In the descending colon there were one or two acicular concretions pale, and an appearance on the mucous membrane, as of the cicatrization of former ulcers. A large abscess was found beneath the sheath of the pyloric muscle on the left side, which contained about a pint of pus, but did not appear in any way to press on the bladder which was much distended with urine, but its coats were healthy.

W. H. Matthews

W. H. Matthews

Staff Officer Surgeon

No. 75.

Regt	Rank & Name	Age	Disease	Admitted	Died	Duration of Disease	Where	How	By	Notes
53 ^d	W. Daniel Foley	21	Phthisis Pulmonalis	23 ^d Feb	11 th March 1860	25 th Jan 60	Chatham	15	329	52

History of Soldier in Irish Labourer. Enlist Service 13 months. all at home
Medical History of Patient. Had suffering much from Cough ever since he entered the Army. Never admitted in Hospital - consequent on Syphilis (both Primary and Secondary.)

History of Present Disease When admitted into General Hospital Fort Pitt. he was much emaciated. had a hard cough - with incessant expectoration and considerable dyspnoea. profuse night sweats. Orange sputum. Bowels constipated. Appetite pretty good.

Aethoscope On Examination of his chest. Puerile rales were heard in the lower margin of the left lung with anomalous breathing. There was dulness on percussion over both lungs. but more especially over the left. Percussion distinctly audible under the costal edge of the 3^d rib of the left side. His cough improved under the use of Pepp. Prunivitis. but he continued to get weaker. but showed no symptoms of immediate resolution till the morning of the 11th when he got delirious and died.

Treatment. Consisting chiefly in Pepp. Prunivitis. Combination to the chest. Sincere diet. Quinine. and Sarsaparilla calculated to soothe the more urgent symptoms.

Post Mortem Performed 14th March 1860.

Ext. Appearances. Body much emaciated - with scabrous marks on the chest and inferior extremities.

Thorax. Dura Mater. Some what thickened and opaque in the region of the longitudinal sinus. Small quantity of fluid found at base of Brain. and in the ventricles. Brain healthy. Weight. 3 lbs. 11 oz. (somewhat emaciated.)

Extensive adhesions on both sides of the chest - 4th

Thorax.

4 oz. of fluid in the right side of the chest.

Heart. quite healthy. Weight 8 1/2 oz.

Pneum. Membrane of trachea and bronchial tubes, much congested.

Lungs. Right much congested, and containing tubercles in different stages of maturation. Several small cavities at the lower-lobe.

Left - upper portion of left, one mass of disorganization - being all converted into cavities - lower-lobe congested. Weight of L. 2, 1/2 lbs 1 1/2 oz.

Abdomen.

Considerable effusion into the abdomen of a sherry colour.

Liver - Surface of liver adherent to the diaphragm. hep lymph of recent date. Substance of liver congested - with dark colonies blood.

Gall. Bladder. distended with very pale coloured bile -

Weight of liver 3 lbs. 5 oz.

Spleen - smaller than natural. but healthy. Weight 5 1/2 oz.

Kidneys - Right - healthy. Weight 5 1/2 oz. Left also healthy, Weight 5 1/2 oz.

Intestines - Colonosch. Large & small intestines all quite healthy.

Uterus & Ovaries

Robertson M.D.

876

Age	Rank & Name	Age	Disease	Admitted	Died	Duration of Disease	Where contracted	Where last seen
15	Pte John Richardson	240	Cholera	March 17/80	March 21/80	unknown	unknown	11 323 224

The document accompanying this case, arrived here, and admitted on the 17th of March from his Depot, apparently in an extreme stage of organic cerebral disease, muttering and drivelling, hardly conscious of external objects, features shrunken, eyes staring, frame attenuated, an offensive secretion from mouth, covering the teeth with scabs, pulse very feeble, unable to pass urine or faeces the first two days, on the 20th he was very low, water taken off, and his bowels freely opened, pulse continued very feeble and rapid, accompanied by all the signs of acute mania, towards evening he passed urine, seemingly voluntarily, about 1 o'clock A.M. of the 21st his respiration became very hurried, the Orderly Officer was called but did not see him. he continued to sink and died at 2 A.M. of the 21st.
 Gut floor - Extras Milk Signed R. MacGoyar A.C.S.

Scotia cadaveris hosa xxxiv post mortem

External appearance

Body emaciated.

Cranium On removing the dura mater a small quantity of fluid escaped - Arteries, Cerebrum much congested, with opacity beneath the arachnoid membrane - A small quantity of fluid in the lateral ventricles and some red points in medullary substance of brain which was of brown tinge. Weight $2^{\frac{1}{2}}$ $9\frac{1}{2}$ lb .

Thorax. Heart considerably covered with fat on its external surface. Considerable atheromatous deposit on the internal lining of the aorta. Valves and structure healthy. Weight $10\frac{1}{2}$ lb . Pleural membrane of Lungs and Trachea slightly congested. Right lung. Lower lobe considerably congested, without any signs of tubercular deposit - Weight of Lungs, Trachea and Lungs. $3^{\frac{1}{2}}$ $4\frac{1}{2}$ lb .

Abdomen. Gall bladder distended with dark bile - Liver congested - Weight $3^{\frac{1}{2}}$ $7\frac{1}{2}$ lb . Vessels of Peritoneum considerable injected - The peritoneal covering of the intestines, and the mesenteric, very dry, and altered in structure, being of a pale colour - Kidneys. Left dark coloured and congested - Weight $4\frac{3}{4}$ lb . Right. Considerable deposit of tubercular matter in the pelvis, was smaller than the left kidney - Weight $3\frac{1}{2}$ lb . Stomach and intestines apparently healthy - Spleen healthy weight. $6\frac{1}{2}$ lb .

Thos Mathewson,
Staff Appt Surgeon.

No

Regt	Name & Name	Age	Disease	Admitted	Died	Duration of Disease	to which Country	Ward	Regimen	Price
93	pc David McKay	23	Morbus Cordis	Nov 15 th 1849	Sept 8 th 5 th April 1850	1162 days	Scotland	10	326	81

History A Scotchman, Laborer, seven years, Height 5 ft 7 inches: Marks of Soldier's cuffing were observed in the precordial region of the ribs, and on the right forearm down to the wrist, also in the lumbar region: He has been in hospital three times, the first time he remained under treatment for 4 months, the 2nd time for 31 days, and the 3rd time for 37 days: at this time he was in Scotland.

Medical History The 1st time he was admitted was on account of a cough with a heavy pain across the front of the chest, the pain continued for 2 months. Patient more or less felt, it was worse at times when it commenced in the precordial region and it extended to the right axilla: The 2nd time he went to hospital was for shortness of breath occasioned by a sensation beneath the sternum of a large ball which appeared to rise from below to the upper part of that bone, it was always worse at night; when the feeling used to come on he was obliged to get out of bed to avoid suffocative tendency, in the day time he was obliged to walk about to rid himself of the sensation which would only once attack him; when at every night for a fortnight it would

in our 3 or 4 times. It is stated also that if he remained quiet for a long time in our place, it seemed to bring on the feeling in the day time; he was also at the same time troubled with palpitations.

The 3rd time he went to Hospital was on account of palpitation and shortness of breath.

History of Fatal Disease. On Admission 15 Nov 1849, he complained of palpitation & shortness of breath increased on exercise, the heart action was also increased of any thing startled him. He was also subject to hiccups for a fortnight since he went last to Hospital, which was wont to come on regularly at midday & continue until the evening; his legs were reported to be kind, and his face subject to flushing since his present complaint came on.

Configuration of Chest. The cage was moderately well proportioned, symmetrical, but somewhat hollow below the clavicles, and flat in front.

Auscultation. The vesicular murmur was present at the upper part of the chest in front, but obscure below on the right side, as well as behind and laterally, now and then the sonorous rale might be heard.

The respiratory murmur was absent in the scapular region, or nearly so, also in the inferior dorsal, lateral & infra-mammary - Sonorous rales were heard on this being kept in front; - Laryngeal Stridor, Chophony & Pectoriloquy with cavernous respiration presented themselves in both lungs. - During his stay in Hospital he showed no symptoms of recovery, Pleuronic Disease became more fully developed, he had copious purulent expectoration, hectic flush, and a smooth previous to his death, the disease of feet came on - One characteristic mark with reference to the pulse that it was intermittent.

Treatment. He was once bled 3oz on 23 Nov 1849, by Staff Apt Cooper (who attended the case) on account of increased action of the heart; - But Sedation, & astringents - Alteratives - Tonics - Scrophularia & Loganiac were employed. The Diet varied from time to time - Half at one time, at another Moon with opium - In fact whatever he fancied was provided for him.

James W. Greaves M.D. & J. Simpson

Section Cadaveris horæ IX post Mortem.

Brain, weight 43.23 with meninges healthy.

Thorax - Extensive adhesions between the pleurae on both sides, the upper lobes of both lungs were extensively disorganized by tubercular degeneration, with the exception of the extreme parts of the lower lobes; - The structure destroyed by tubercles in different stages - The mucous membrane of large & small somewhat thickened and irregular - Weight of Lungs 12 3/4 pounds. In the Pericardium 7 ounces of fluid were observed.

Heart was a little enlarged, with hypertrophy of left ventricle, - all the valves of the heart were healthy. Weight of Heart 12 3/4 + 3ii

Liver healthy weighed three pounds and twelve ounces

Spleen healthy weighed 8oz.

Kidney, Right weighed 9oz the left four ounces & two drams.

Stomach & Intestines healthy with the exception of a few ulcerations about the caecum and colon widely spread.

James Nugent 1840 Staff apt. Surgeon

N^o 2

Regt	Name & Rank	Age	Disease	Admitted	Died	Duration of Disease	Where Contracted	Ward	Regt	Page
70 th	James Nugent Pte	37	Abscessus	29 May 1849	7 Apr 1850	2 yrs 5 mos		12	141	54

An Englishman no trade, 18 years service, 4 in the Mediterranean, 3 in the West Indies, & 1 in America. The remainder at home. Had been under treatment for Dysentery & Fever, and had suffered generally from effects of climate.

The disease was admitted into the Hospital, & for a considerable period previous had been treated, for hernia. In Regt 136 p. 196. he is described as suffering from a large tumor "about the size of a child's head at birth" occupying the right iliac region, much pained by a tramp, which since the month of October 1848 he had almost constantly worn. On the 2^d June the disease is changed to "Abscessus", an opening having been previously made into the tumor, & pus evacuated. The disease is said to have supervened, & resulted from a sprain whilst lifting or carrying a heavy weight about the month of Oct 1848. Since 1st June 1849 there has been in greater or less quantity, a constant discharge from the abscess, at intervals severe pain, attended by much constitutional irritation. On the 1st Nov following the general health is described as being much impaired, Anketosis of the hip joint is reported. In Feb last adematous swelling of the thigh is first reported, and since then it has frequently returned, at first completely, latterly only partially subsiding. The urine is reported as very high in color, & deficient in quantity, & was found to contain a large proportion of Albumen. To these symptoms supervened anasarca, urgent dyspnoea, and a fatal result speedily followed.

Treatment. Tonics, various local applications, Purgatives, Diaphoretics and alteratives, latterly the treatment has been merely palliative.

Section Cadaveris Lora XXIX post mortem -

External Appearances - General Anasarca, especially of lower extremities. Wounds with deep sinuses, right groin and hip-head. Not examined by request of his relatives.

Thorax Old adhesions anteriorly of left pleura, also of right posteriorly, as well as to the Diaphragm on both sides. 3lbs of serum fluid in the cavity. Lungs and Bronchial tubes healthy. Lungs

Healthy, but slightly congested, weight including Trachea 4 lbs 2½ oz. Heart Healthy. weight 140z. Abdomen. A large quantity of serous fluid in this cavity, that in the Pelvis turbid with admixture of purulent matter. Omentum & intestines loaded with fat. Liver Normal, weight 4 lbs. Gall-bladder largely distended with viscid bile. Spleen Natural weight 100z. Intestines in a healthy state. Kidneys both exhibit well-marked examples of Bright's disease, weight of Right 90z ditto of left 100z 2ds. Right hip joint. Complete Ankylosis. head of Femur being firmly united to the Acetabulum. Muscles and cellular around connected into a semi-cartilaginous & gelatinous mass. An abscess exterior to the joint

W. Franklin

Apt Surgeon 3rd Dragoons.

No. 3-

No.	Name Rank	Age	Disease	Admitted	Died	Duration of Disease	Where Contracted	Ward	Regt.	File
167	P. Hubert O'Nall	27	Morbus Cordis	March 21 st 1850	April 22 nd	6 Years	Gorpat	15	329	63

An Irish labourer of 9¹⁰/₁₂ years service of which 2 at Gibraltar, and the remainder at home - 6 years ago when stationed at Gorpat. he was admitted into hospital complaining of pain over the left side of the chest and severe palpitation, which latter never appears to have entirely left him, as he has since on several occasions been under treatment for cardiac symptoms.

On his admission into this Hospital on the 21st of last March, he complained much of palpitation, dyspnoea, and general debility, also of slight cough with pretty profuse mucous expectoration, his countenance was expressive of great anxiety, his complexion sallow, and tongue white. The heart's impulse was strong, its action hurried and tumultuous, and pulsation in the vessels at the root of the neck well marked. The chest was resonant throughout, but bronchial respiration was heard in some parts. His dyspnoea and palpitation continued very oppressive, at times more urgent than others, and generally relieved temporarily by the remedies administered. On the 6th of April his urine was examined, it was turbid and high coloured. Sp. G. 1010 and giving no precipitate either with heat or nitric acid. On the 17th he had several severe paroxysms of dyspnoea, which were relieved after the application of a blister, but returned at intervals until the 22nd. On this day he was very weak and exhausted, and totally unable to remain in the recumbent position. On casual examination of his chest, a bellows murmur was heard accompanying the heart's sounds, most marked with the first, and extending from the base of the organ upwards along the course of the

aorta becoming less audible towards the apex. The pulse was irregular and jerking. He had considerable cough attended by rather viscid expectoration partially tinged with blood, but on account of his very exhausted condition the lungs were not examined. His skin was sallow, and conjunctive tinged yellow, both lower extremities much swollen and edematous. He gradually sank, and died in the afternoon at 5 1/2 P.M.

Treatment consisted of counterirritants, antispasmodics, expectorants and Stimulants
 Wm. Moberham M.D. S.S.

Sectio cadaveris hora XVIII post mortem

External appearances. Skin and conjunctive tinged yellow, considerable edema of both lower extremities, marks of counterirritation over the Cardiac region.

Cranium. Brain and its membranes healthy, with the exception of slightly increased subarachnoid effusion at the base. Weight 2 1/4 lb.

Thorax. The pericardium was firmly, and universally adherent to the heart by lymph of old standing, and much thickened. Heart itself was much enlarged, especially the left ventricle, which was both considerably dilated, and its parietes thickened, the muscular structure being firm, and vascular. The aorta at its commencement was most extensively diseased, being exceedingly rough and irregular from atheromatous deposit, as also much dilated, as well as the arteria innominata, immediately above the origin of which was one very prominent elevation about an inch in length, attached by a broad base. The semilunar valves of the aorta were slightly thickened along their free margins, but were not perforated or incompetent. The mitral valve was quite healthy. The right side was also enlarged although in a less degree than the left.

Weight of heart
 1 lb. 15 oz.

Lungs. Right slightly adherent towards the apex, congest throughout and containing a considerable quantity of frothy fluid.

Left, presented the same general appearances. A considerable quantity of clear fluid was contained in both pleural cavities. Weight of Lungs, Trachea, and Lungs 3 lb. 11 oz.

Abdomen. Liver. The upper convex surface of the liver was puckered and irregular presenting the appearances of the early stage of cirrhosis, its peritoneal coat, was thickened and opaque. The texture of the liver was unusually firm, and on being cut into was found to be affected with nutmeg degeneration, the hepatic venous system was much congested, and the intervening texture unusually pale. Weight 3 lb. 10 oz.

Spleen Small, texture unusually firm, and capsule thickened weight 6 oz.

Kidneys. Texture of right firm, capsule easily stripped, con.

considerable irregularity in the distribution of the tubules, but no trace of granular degeneration. Weight 5 1/2 g. Left. Also firm, cortical substance pale, encroaching to a slight extent on the tubules. Weight 8 7/8 g. Mucous coat of stomach was highly vascular, as also that of the whole course of the intestines, but no other morbid appearance was found.

N^o. 4 -

M. M. M. M. M.

Reg.	Name and Rank	Age	Disease	Admitted	Died	Duration of Disease	Where Contracted	Weight	Height	Temp.
99	Capt. Thomas Bailey	20	Gynae. Post	April 21 st	April 22 nd	1 Day	Chatham	10	33 1/2	95

An English man, prior to enlistment a labourer. Total service the year at home was in hospital time before, once for Syphilis and again for Erysipelas.

On admission here he suffered from enlargement of both tonsils together with inflammation of the fauces and back of the pharynx, accompanied with great pain, and difficulty in deglutition. Externally, the enlargement of the tonsils was quite perceptible, and painful to the touch, several leeches well-named Colonel Antimony and an Alum gargle were prescribed. Leeches Leeches were also applied externally these abstracted a great quantity of blood. On the morning of the 21st the tonsils had increased in size and the inflammation was more severe, and extended. He complained of increased difficulty in deglutition, and slightly impeded respiration. Altho was applied to the throat and tartar emetic administered. At 7 P.M. he had urgent dyspnoea, stridulous breathing and the other symptoms attendant on obstructed respiration. These urgent symptoms came on quite suddenly and the man himself attributed them to a piece of bread having stuck in his throat. A quantity of tartar emetic was given but without causing vomiting. Much was then administered and slight vomiting ensued, with some relief to the patient, as the paroxysm passed off, but only to occur again. The following is the Medical Officer's report (J. Robertson) "I was called to see Capt. Thos Bailey at 10 P.M. last evening the orderly of the Ward stating that he was suffering from urgent dyspnoea, but on arriving in the Ward I found that the paroxysm had passed off, and that he was much in the same state as at 7 P.M. - I was again summoned in a quarter of an hour and on arriving in the Ward found he had just expired."

Joseph Dawson. M.D.

Acta Cadaveris hinc & inde post mortem

External Appearances. Body well formed and muscular, marks of recent counter-irritation over the front of the neck, which was much swollen. Cranium. Considerable congestion of membranes and substance of the brain especially the former. Weight of brain 3.5 lb.

Thorax Heart healthy weight 12 1/2. Lungs and Trachea

of pyelitis

Epiglottis was much thickened and inflamed; slight congestion of the mucous membrane of Larynx & Trachea but on careful examination of the few first divisions of the bronchi no foreign body of any kind could be found. Weight of L & Tr. Lungs $3\frac{1}{2}$ lbs

Lungs Left free from adhesions much engorged throughout especially lower lobe. Right firmly adherent and in the same condition throughout.

Abdomen Liver slightly enlarged and congested. Weight 5 lbs
Spleen also of large size, texture pale and friable. Weight 14 oz
Kidneys both congested otherwise healthy. Weight 6 oz
Stomach & Intestines healthy.

N^o 5-

W. M. M. S. & L.

Regt.	Name & Rank	Age	Disease	Admitted	Died	Duration of Disease	Where Contracted	Ward	Reg ⁿ	Notes
90 th	Saml ^l Botting Sergt	25	Phthisis Pulmon.	10 th Apr: 1850	23 rd Apr: 1850	9 Months	Ashton under Lyne	14	328	105

An Englishman, prior to enlistment a servant. Total Service 7 years all at Home. In July 1849 while with his Regiment at Ashton under Lyne. Profuse disease of the bones of the face appeared which was quickly followed by symptoms of Phthisis. On admission into the General Hospital he was much emaciated and complained of pain in the chest constant cough, night sweats and Diarrhoea.

On examination with the Pethoscope. Numerous rales were perceived over the apex of the Right Lung, there was also dulness on Percussion over the whole of this Lung. The expectoration was copious and purulent and extremely tenacious to the vessel. He continued much in the same state up to the 23rd when he appeared to be much worse and evidently sinking. Cough frequent and troublesome, expectoration brought up with difficulty and slightly streaked with blood.

Sound gurgling was heard over the left infra clavicular region and coarse rales over the same part on the right side. Pulse very quick and full.

Tongue covered with foides, and the Tongue with a dark brown fur. He gradually sank and died on the 23rd at 3 $\frac{1}{2}$ P. M. Postmortem consisted of Contaminations, Issues and Expectoration. — Alex^r Macrae M.D.

Section Cadaveris hora XX Post Mortem

External appearances. Body much emaciated

Cranium Brain and its membranes healthy. Weight of Brain 3 lbs 6 oz

Thorax Pericardium contained 3 oz. of turbid fluid mixed with flakes of lymph

Heart small valves healthy slight trace of Atherosclerotic deposit at the commencement of the Aorta. Weight 7 oz

Larynx and Trachea. Superficial ulceration on the under surface of the Epiglottis and one deep ulcer at the posterior angle of the Left Vocal Ligament

Lungs. Pleura on both sides very firmly adherent.

Right. Superior and middle lobes completely disorganised containing numerous large cavities and masses of tubercle. The Lower lobe also contained tubercle and was slightly congested.

Left. Superior lobe quite disorganised and been congested as on the right side weight of Larynx, Trachea and Lungs. $4\frac{1}{2}$ lbs.

Abdomen. Liver of large size and much flattened out. texture slightly congested and infiltrated with fat. weight $4\frac{1}{2}$ lbs 14 oz

Spleen Rather pale. texture firm. weight 12 oz

Kidneys. Right contains a considerable amount of fatty deposit outer surface mottled and vascular. weight 5 oz -

Left presented much the same appearance. cortical portion much injected and contained one or two points of tubercular deposit. weight 6 oz.

Stomach and Duodenum. healthy. Lower end of Stomach contained numerous ulcers, and the glands were much enlarged from tubercular deposit.

The whole of the mucous membrane of the large Intestine was tinged of a deep black colour and contained several small ulcers of a circular form.

The Mesenteric glands were enlarged in clusters varying from the size of a pea to that of a Pigeon's egg.

No. 6 -

(Signed) J. Robertson M.D. F.R.S.

Regt.	Name and Rank	Age	Disease	Admitted	Died	Duration of Disease	Where contracted.	Ward	Regt.	Folio
25 th	Pte John W. Paul	25	Erysipelas	April 26 th 1850	May 3 rd 1850	7 days	Chatham	14	328	124

By particular request, no post mortem examination of this patient was made -

M. M. M. M. M. M.

Staff Asst. Surgeon

No. 7 -

Regt.	Name & Rank	Age	Disease	Admitted	Died	Duration of Disease	Where contracted	Ward	Regt.	Folio
22 nd	Pte J. J. J. J. J.	28	Phthisis Pulmonalis	Feb ^r 23 rd 1850	April 18 th 50	1 year & 4 months	India	15	329	49

An Irishman. total Service 11th years of which 9 years were spent in India, the rest at home. While in India he was several times in Hospital with inflammation of the chest and subsequently with intermittent fever & palpitation of the heart. Was invalided and sent home 8 months ago - On admission into the General Hospital he had severe cough with copious frothy expectoration. No pain in chest or Dyspnoea on examination with the stethoscope mucous & purulent rales were heard at the apex of the left lung & also of the right. Dullness on Percussion at the infraclavicular region of the right side attended with bronchial respiration -

He continued much in the state up to the 13th of March, when the cough became very troublesome and on the night of the 24 he had an urgent attack of Dyspnoea

and his voice became very feeble. From this date he continued to get weaker & more emaciated every day. On the 24th of April his chest was examined and marked dulness was detected under the right Clavicle & for some distance downwards with cavernous respiration. Percussion was clear on the left side & the Respiratory Murmur harsh and exaggerated. Expectoration copious & purulent. - April 27th he complained of much tension over the Abdomen, in the centre of which a hard irregular prominent mass was felt. He gradually sank and died on the 30 April at 11^{1/2} A.M.

The treatment consisted of Expectorants. Tonics and Generous Diet.

Alex Macrae M.D.

Actio Cadaveris hora XII Post Mortem

External Appearance. Body much emaciated -

Cranium Meningeal Membranes and substance of the Brain much injected
Weight 3 lbs 1/2 oz.

Thorax Pleura firmly adherent on right side. Two pints of purulent fluid mixed with serum between the Pleura of the right side

Lungs Right completely honey combed in the upper lobe. Lower lobe full of Tubercle & Cavity -

Left, Presented a very congested appearance, in the upper lobe several small cavities containing purulent fluid. Lower lobe full of Tubercle

Weight of Larynx Trachea & Lungs, 5 1/2 lbs.

Heart small but healthy, weight 8 oz. 33 -

Abdomen Liver much enlarged. Substance of right lobe containing numerous patches of fatty degeneration. Weight 7 lbs

Spleen soft & much enlarged. Weight 1 lb. 4 oz

Kidneys Right. Texture healthy. weight 7 oz.

Left, rather elongated. Texture healthy. weight 7 oz -

Stomach A large round patch 1 inch in diameter of a whitish colour resembling the chlamydeous membrane on the anterior wall.

Small Intestines presented several patches of vascularity throughout their whole course. Mesenteric Glands much enlarged. Large Intestine healthy -

Entered, Alex Macrae M.D.

W. H. M. S. J.

408 -

Reg ^t	Name and Rank	Age	Disease	Admitted	Died	Duration of Disease	Where contracted	Ward	Reg ^t	Folio
42	Robt A. Lean	26	Phthisis Pulmonalis	28 th Feb ^r 1850	10 May 1850	Ten Months	Bermuda	14	328	55

A Scotchman & carpenter. Total service 6 1/2 years of which 2 3/4 years in Bermuda 1 1/2 years in the Mediterranean & the remainder at home. While at Bermuda was in Hospital with secondary Syphilis & shortly afterwards Phthisis made its appearance.

On admission into the General Hospital he presented an emaciated appearance and complained of cough with mucopurulent expectoration -

On examination with the Laryngoscope, loud continuous Rhonchi were heard over the greater part of the Right Lung particularly in the suprascapular region there was also dulness on percussion over the whole of this Lung - The left Lung was clear on Percussion, breathing purile in the upper lobe - was occasionally troubled with night sweats & Diarrhoea -

From the time of his admission he continued to get worse, the hectic symptoms became well marked, and Diarrhoea was sometimes very severe -

May 6th his chest was examined and loud gurgling with Pectoriloquy heard in the right infraclavicular region. Loud rales were also perceived at the upper part of the Left Lung - expectoration copious purulent and streaked with blood - he became very weak and emaciated & Died 10 May at 6 A.M. The treatment consisted of Expectorants, Astringents, Cod's Liver oil and occasional anodyne draughts. Diet. Spoon. with Wine Arrowroot & Milk.

Misc Macrae M.D.

Section Cadaveris XXX hora Post Mortem

External Appearances. Body extremely emaciated. Cicatrices of old ulcers over both Thighs

Cranium Membranes and substance of Brain healthy. weight 3 lbs $\frac{1}{2}$ oz.

Thorax Two ounces of fluid mixed with flakes of Lymph were found in the Pericardium. Heart of small size, its muscular tissue pale and flabby. Valves healthy with the exception of a few traces of atheromatous deposit at the commencement of the Aorta, & on the attached margin of the Mitral valve height of Heart 70g. 3 lines

Larynx and Trachea. Slight amount of Tubercles deposit on the under surface of the Epiglottis and inner margin of each Vocal Chord with superficial abrasion at these points. Trachea and Bronchiae tubes presented nothing unusual. -

Lungs Right very firmly adherent especially toward the apex, by Lymph of old standing, and was also connected to the Diaphragm by adhesions which appeared of more recent formation. The various lobes of this Lung were intimately connected together, its whole texture infiltrated with Tubercles in all stages: in the upper lobe numerous large cavities were found, in the lower lobe they were less numerous and of smaller size: the intervening Pulmonary tissue was condensed so as to sink in water and of a grey colour, the result of chronic Pneumonia -

Left Lung also adherent but less extensively than the right: the superior lobe of this Lung contained one large cavity in the apex, and several of smaller size towards its middle but the lower portion of this Lung chiefly contained Tubercles in the second stage: the superior and lower lobes adherent together: the upper portion of the latter also contained a few small cavities the rest of this lobe was much congested and contained a few Miliary Tubercles. Its lower border was slightly Emphysematous -

Abdomen. Liver of small size. Texture healthy. Weight 2 $\frac{1}{2}$ lbs

Spleen natural Weight 8 $\frac{1}{2}$ oz

Abdomen. Kidneys Right contained one or two points of tubercular deposit.

Tubular structure healthy. Weight $5\frac{1}{2}$ oz.

Left much congested also contained one or two points of Tubercle & traces of fatty infiltration. Weight 6 oz. -

Stomach and Duodenum healthy. A few ulcers in the Jejunum, more numerous in the Ileum especially towards its termination. -

The Colon contained numerous ulcers throughout its whole extent and was much congested.

No. 9 - Copied by Alex Macrae, M.D.

Johnson J. A. S.

Regt.	Name and Rank	Age	Disease	Admitted	Died	Duration Disease	Where Contracted	Ward	Regt.	304
5 th	W. John Stratford	26	Phthisis Pulmonalis	April 6 th /50	May 11 th /50	9 Months	Maunabo	14	328	100

An English Soldier. Total Service 7 $\frac{1}{2}$ years, of which two years at the Mauritius and the remainder at home. Haemoptysis first made its appearance in this patient about 5 years ago when he was stationed at Belfast in Ireland. Attributed to constitutional predisposition and not aggravated by vice or misconduct. -

Was several times in Hospital while at the Mauritius for Haemoptysis.

On admission into the General Hospital he complained of cough with scanty purulent expectoration, no Day or Night sweats -

He then reported, Cavernous rales distinctly audible in the upper lobe of the right Lung. Percussion dull over the same part. No mention is made of the state of the left Lung. April 24 his chest was examined, and cavernous rales detected at the upper part of the Right Lung. Moist crepitation at the upper part of the Left Lung and dullness on Percussion in both infraclavicular regions. expectoration copious, purulent and tinged with blood. From this date he continued to get worse, the cough became very troublesome and he had occasional severe attacks of Dyspnoea with violent pain and griping. The symptoms continued with very slight abatement until the 11th May when he died at 6 o'clock A. M.

The treatment consisted of, Expectorants, Astringents, crumbly and sedative draughts at night. - Half Diet and Wine.

Alex Macrae M.D.

Lectio Cadaveris. XXX Post Mortem

External. Considerable edema of both lower extremities, especially the left.

Appearance. Abdomen tumid and tympanitic -

Cranium Right congestion of substance of Brain. Weight 3lb $\frac{1}{2}$ oz.

Thorax Heart healthy weight 10 $\frac{1}{2}$ oz.

Larynx and Trachea. Slight inflammation of the lining membrane of the Larynx & Trachea.

Lungs. Right. Pleura firmly adherent on right side. The three lobes of this Lung were intimately adherent together. Pulmonary texture infiltrated with

with Tubercle in various stages. Much condensed and congested especially towards the lower part. Several cavities of small size were found in all the lobes. — Left Lung also adherent, apex of this Lung infiltrated with Tubercular masses, in some of which however softening had commenced. Upper portion of the lower lobe of this Lung presented the same characteristics as the superior lobe, both were much congested and condensed. —

Weight of Larynx, Trachea and Lungs. $4\frac{1}{2}$ lb.

Abdomen. Liver generally enlarged, its under surface very abnormally lobulated.

Peritoneal coat of the Liver was covered with a thick layer of lymph easily removed, and which appeared to be of recent formation. On cutting into the texture of the Liver, it was found much infiltrated with fat, and fine but labarable. Weight 4 lb. 10 oz.

Spleen healthy. Weight 13 oz.

Kidneys Right of large size, texture pale and friable extensively infiltrated with fat which encroached on the Tubuli, but not to any great extent. Weight 8½ oz. —

Left presented much the same appearances. Capsules in both stripped without any difficulty, cortical substance smooth & glistening. Weight 7½ oz. 2 dr.

On opening the abdomen 7 Pints of fluid mixed with flakes of lymph and purulent matter were found in the Peritoneal cavity: Most of the purulent matter was contained in the hollow of the Pelvis between the Bladder and Rectum. The whole of the Intestines were adherent together by flakes of lymph, and their Peritoneal coat seemed increased in vascularity. Mucous Membrane of the Stomach and Duodenum healthy, in the Stomach the glands both aggregated and solitary were enlarged from tubercular deposit but only one superficial ulcer was found in the large Intestine there were several ulcerated patches, & appearances as if from the cicatrization of former ulcers.

Copied by Alex Macrae M.D.

Robertson Esq

No. 10.

Ref	Name & Rank	Age	Disease	Admitted	Died	Duration of Illness	Duration of Disease	When admitted	When died	Age	Sex
81	P ^r John. Moore	34	Catarrh Bladder	April 12/50	May 11 th /50	13 Months	Leeds	11	32	7	M

Ante-birth labourer. Total service 18½ years of which 3½ in Gibraltar 3½ in India 1½ years in Canada and the remainder at home. Enjoyed good health until about 12 months prior to his admission here when he first suffered from chest affection. On admission he had severe cough which was aggravated at night accompanied with a copious mucous-purulent expectoration, portions of which were of an ashy colour, had no pain in the chest, at night sweats, his appetite however was greatly impaired and his pulse 120 & weak. On examination he was found greatly emaciated, in the axillary regions of both sides depressed, especially that of the right. Resonance on percussion marked throughout, but in the upper portion of right lung dulness was well marked.

marked as far as the 4th & 5th ribs. In the same region pulmonary cavernous respiration and various gurgling were distinctly audible. Left in the superior portion vocal resonance was increased and bronchophony was to be heard; in the remaining portion the respiratory murmur was increased. Heart. Action quickened and its sounds could be distinctly heard in the supraclavicular region of right side. While under treatment his symptoms progressed, his cough became more harassing expectoration more profuse, he suffered from diarrhoea and night sweats the former not severe his pulse became quickened & more weak and he gradually declined until he expired. Treatment Chloroform Sulfur Anodyne & Astringents Diet Nutritious & Warm some given.

Joseph Lawson M.D. St. Mary's

Septic Bacteraemia. Post Mortem Nov 22 -

External Appearance. Body much emaciated. -

Cranium Slight thickening of Arachnoid and enlargement of the glandula Pinealis substance of brain firm. Weight 3 lbs 6 oz. -

Thorax Heart healthy Weight 8 1/2 oz. -

Lungs and Trachea presented nothing abnormal. -

Right Lung most intimately adherent throughout, so that its separation could not be entirely effected; whole of this lung completely disorganised containing numerous large cavities in the upper lobe, & others of smaller dimensions throughout the rest of the lung. Left Lung also adherent; superior lobe full of cavities, lower much congested, and containing numerous tubercles. Weight of Lungs, Trachea and Lungs 6 lbs 14 oz. -

Abdomen

Liver. Gall bladder ^{distended} with dark viscid bile; lobe of large size its peritoneal coat tense and glistening. Right lobe of liver firm and most extensively infiltrated with fat. Weight 5 lbs 10 oz. -

Kidneys Right of large size, texture firm, capsule easily stripped, tubular structure quite entire, but the kidney appeared to contain some fat weight 9 oz. Left presented much the same appearance but contained more fat Weight 9 1/2 oz. -

Spleen small but healthy Weight 5 oz. -

Stomach and Intestines small & large healthy. Mesenteric glands much enlarged from tubercular deposit. signed by Joseph Lawson M.D.

Robert W. S. Esq

No 31 -

Regt Name & Rank	Age	Disease	Admitted	died.	Duration of Disease	Where Contracted	to and	Regt	Vol
15. R. James McCarthy	10	Catarh: Ch:	May 6 th 1850	May 11 1850	4 months	Brecon	D	321	123

Sketch of the fatal case of R. James McCarthy at 10 years invalided and sent to Chatham. Disease Catarh: Ch: An sick labourer. height 5 ft 7 inch. hair & irides dark. head...

Conformation, has had variola has been vaccinated, he not had Syphilis, health in general good, had one year's total service all at home, had been to Hospital when at sea and at home in December last on account of an attack of Haemoptoe remained in H^{osp} 8 days, was next admitted in February 1858. When returned at B^{ureau} on account of another attack of Haemoptoe, has been constantly troubled with cough since then.

On admission into Genl H^{osp} Fort Pitt on 4th May 1858 he complained of great debility, shortness of breath, cough and considerable expectoration in which there was no tinge of blood observable had no vomiting, appetite poor pulse quick tongue clean B^{reast} regular body was much attenuated, On examining his chest the respiratory motions of the lungs appeared very unequally performed particularly on the right side where they were less extensive, considerable "falling in" was observable underneath. Both clavicles much more marked on the right side. Percussion of the right side of chest showed considerable dullness anteriorly posteriorly & laterally. Whilst on the opposite side much resonance was audible. Auscultation the respiratory sounds of left lung were found to be purile whilst loud crepitations diminished expiration, loud bronchophony the latter chiefly under the clavicle was heard on the right side.

On the 8th inst. he was reported to have passed a very bad night on account of distressing Dyspnoea which came on in the early part of the evening expectoration very copious and tinged with blood. complained of thirst. Skin was hot pulse full quick B^{reast} open tongue red but not parched appetite not much diminished percussion gave rise to a peculiar kind of resonance almost "metallic" on the right side towards base, loud blowing sounds were audible throughout the same lung accompanied with bronchophony. The respiratory efforts were attended with protrusion of the intercostal spaces right sides was larger than the left by 1 inch.

On the 9th inst. he was reported to have suffered much from Dyspnoea dullness on percussion was much more marked on right side, expiration entirely bronchial and towards apex same lung. Cough was attended with metallic resonance. In the left lung abundance of mucous rales were audible throughout. Countenance anxious, patient in a violent position, advertisement of chest showed an increase of 1 1/4 inch over that of the opposite side. Dyspnoea becoming more & more urgent attended with constant distressing cough and increased expectoration, which latter assumed a frothy character. he gradually became weaker and on the 11th the breathing becoming more embarrassed he died at 4 1/2 to 5 P.M. of same day. P.M.

His treatment up to consisted of sedatives, combined with antispasmodics & counterirritants, of 7th Iodine. Large expectorants and stimulants & Sinapisms.

Hampton. M.B.

Section Cadaveris hœu XLV post mortem

External appearances. Body well formed. not much emaciated. Markings of great condensation nor right Hy. prothidium.

Cranium
Thorax

Brain and its membranes healthy. Wt. 3 $\frac{1}{2}$ 5 $\frac{1}{2}$ 1 $\frac{1}{2}$ of reddish colored fluid was contained in pure cordons lining membrane of scota was stained with a dull red color. heart otherwise healthy. Wt. 9 $\frac{1}{2}$ 2 $\frac{1}{2}$ -

On opening the Thorax 3 pint of sero purulent fluid was found in right pleural cavity - towards the apex of the right lung, the pleura were firmly adherent by lymph of old standing and lower down were separated by the effusion before mentioned both pleura costalis and pulmonalis in the latter situation was much thickened by the deposition of green lymph. One cavity of considerable size was found in the apex of superior lobe of right lung, the rest of this lung was infiltrated with tubercle throughout its whole extent. & contained 1 or 2 small cavities, that of the pulmonary artery was condensed, sinking in water. Left lung nearly free from adhesions one or two small masses of tubercle were found in superior lobe superior lobe much congested but free from tubercle. Wt. of L. & R. L. 1 $\frac{1}{2}$ 1 $\frac{1}{2}$ 1 $\frac{1}{2}$ 1 $\frac{1}{2}$.

Abdomen

Peritoneal coat of liver was thickened from the deposition of green lymph, on cutting into the liver it was found pale yellow color throughout & extensively infiltrated with fat Wt. 4 $\frac{1}{2}$ 1 $\frac{1}{2}$.

Spleen

There were one or two points of tubercular deposit in the tissue of spleen which was soft & lacunable Wt. 7 $\frac{1}{2}$.

Kidneys

Right pale & flatly, capsule firmly adherent Wt. 6 $\frac{1}{2}$.
Left more congested in other respects resembling the right Wt. 6 $\frac{1}{2}$.

On opening the abdomen the intestines were found adhering together by recent lymph, thin peritoneal coat injected, and a small quantity of purulent fluid was found in the general cavity.

Mucous membrane of stomach & intestines healthy.

Robertson. Lab

Extra cases.

Age	Rank and Name	Age	Disease	Admitted	Died	Duration of Disease	Where em- treated	How	Page	File
1 $\frac{1}{2}$ 67 $\frac{1}{2}$	Pt. Samuel Macklin	30	Morbus Cordis	March 21 1850	May 12 1850	2 Years			10	326 223

An English man Total service 17 1/2 years of which 2 years in the M. G. 2 1/2 in America 2 years in Gibraltar and the remainder at home. Was in Hospital several times both at home and abroad once for fever & three times for cough and pain in the chest.

On admission here he complained of a dry cough most troublesome most troublesome in the mornings and evenings palpitation and dyspnoea not troublesome except on making exertion. No pathological report was made on this case when admitted, he was reported to be going on well, improving rapidly & on the 16th Feb. to be guided

The following is Staff Surgeon Spence's report of P^r Samuel Machlin's case, furnished to the P. M. O. at the time he was invalided.

"Aged 30 years - Has served 12 years - This man has been ill for his
 "two years, with cough, dyspnoea, and pain in the chest accompanied
 "by violent palpitation of the heart induced by the least
 "exertion. There is a strong bruit de soufflet which is generally
 "perceptible, and there is reason to believe in the existence of
 "valvular disease of the heart. He has extensive marks
 "of treatment, and is recommended to be discharged."

The foregoing is an exact copy of the report of

Joseph Lawson M.D. Staff Surgeon

— Actio Cordis huius XXX^{III} Post Mortem —

External Appearance. Body well formed and muscular, face swollen and livid, as also the neck and upper part of the body. — Marks of cupping over the chest and abdomen, and the cicatrix of an extensive burn on the inner side of right arm.

Cranium Considerable congestion of the membranes of the brain and increased amount of effusion at the base. The Vertebral, Basilar, and lateral Sinus contained coagulated blood; the lateral Ventricles were unusually dry and the substance of brain firmer than natural. Weight 3 lbs 3 1/2 oz.

Thorax Heart 3 oz of fluid serum contained in the pericardium. Heart generally enlarged especially on the right side. The Aortic valves on being tested in the usual way, were found competent, but on opening the heart vegetations were found on two of the semilunar valves of the aorta; of these one was prominent of a triangular shape, attached by a broad base, ending in a minute point and about 3 lines in length; then was superficial ulceration at its attached base, which was firm and of fibrous consistence. The other consisted of considerable thickening and elevation of one of the lips of the aorta. The commencement of the aorta was not dilated and showed no trace of atheromatous deposit. The mitral valve was extensively diseased, the left auriculo-ventricular orifice

Section Cadaveris hora XLV post mortem

External appearances. Body well formed, not much emaciated. Markings of recent convulsions not right Hy. proclivum.

Cranium
Thorax

Brain and its membranes healthy. Wt. 3 $\frac{1}{2}$ 5 $\frac{1}{2}$ 1/2.

1 $\frac{1}{2}$ of reddish colored fluid was contained in pericardium. lining membrane of aorta was stained with a dull red color, heart otherwise healthy. Wt. 9 $\frac{1}{2}$ 2 $\frac{1}{2}$.

On opening the Thorax 3 pints of serous purulent fluid were found in right pleural cavity, towards the apex of the right lung, the pleura was firmly adherent by lymph of old standing and lower down more separated by the effusion before mentioned both pleura costalis and pulmonalis in the latter situation was much thickened by the deposition of recent lymph. One cavity of considerable size was found in the apex of superior lobe of right lung, thereby this lung was infiltrated with tubercles throughout its whole extent & contained 1 or 2 small cavities, that of the pulmonary but that was condensed, sinking in water. Left lung nearly free from adhesions one or two small masses of tubercle were found in superior lobe superior to the much congested but free from tubercle. Wt. of L. & R. L. 4 $\frac{1}{2}$ 1 $\frac{1}{2}$.

Abdomen

Peritoneal coat of liver was thickened from the deposition of recent lymph, on cutting into the liver it was found pale yellow color throughout & extensively infiltrated with fat. Wt. 6 $\frac{1}{2}$ 1 $\frac{1}{2}$.

Spleen

There were one or two points of tubercular deposit in the texture of spleen which was soft & lacerable. Wt. 7 $\frac{1}{2}$.

Kidneys

Right pale & flabby, capsule firmly adherent. Wt. 6 $\frac{1}{2}$.
Left more congested in other respects resembling the right. Wt. 6 $\frac{1}{2}$ 1/2.

On opening the abdomen the intestines were found adhering together by recent lymph, thin peritoneal coat injected, and a small quantity of purulent fluid was found in the general cavity.

Mucous membrane of stomach & intestines healthy.

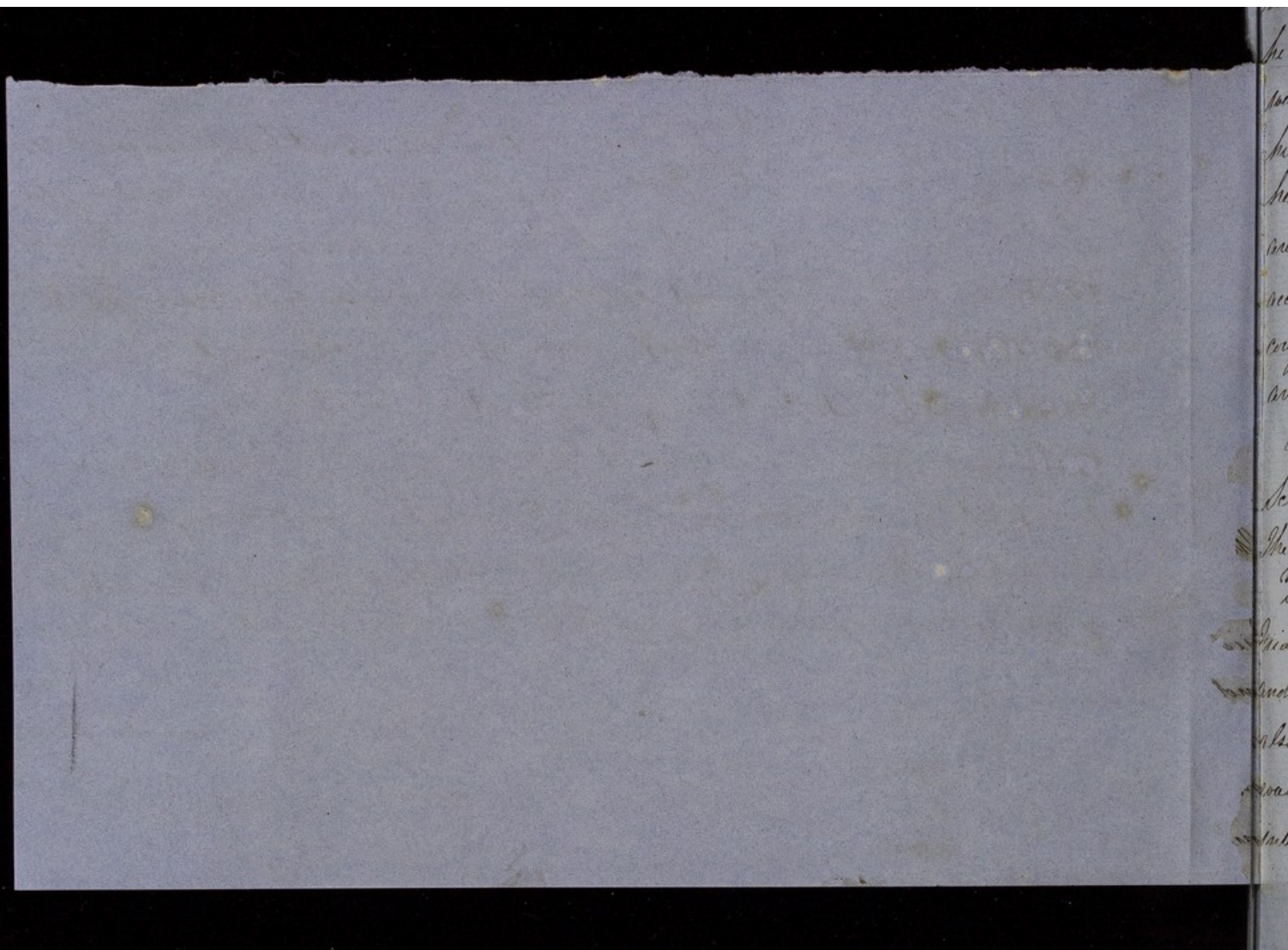
Robertson L.S.

Extra case.

Regt.	Rank and Name	Age	Disease	Admitted	Died	Duration of Disease	Where and How treated	Page	File
1 st 67 th	Pt. Samuel Macklin	30	Morbus Cordis	March 21 st 1850	May 12 th 1850	2 Years		10	326 223

The following is Staff Surgeon Spence's report of P^{te} Samuel Macklin's case, furnished to the P. M. O., at the time he was invalided

" Aged 30 years - Has served 12 years - This man has been ill for
" two years, with cough, dyspnea, and pain in the chest, accompanied
" by violent palpitation of the heart induced by the least
" exertion. There is a strong bruit de soufflet which is generally
" perceptible, and there is reason to believe in the existence of
" valvular disease of the heart. He has extensive marks
" of treatment, and is recommended to be discharged. "



An English man Total service 17 1/2 years of which 2 years in the W. Indies & 2 1/2 in America 2 years in Gibraltar and the remainder at home. Was in Hospital several times both at home and abroad, once for fever & then twice for cough and pain in the chest.

On admission here he complained of a dry cough most troublesome most troublesome in the mornings and evenings palpitation and dyspnoea not troublesome except on making exertion. No stethoscopic report was made on this case when admitted, he was reported to be going on well, improving rapidly & on the 10th April 6 he goes well. On the 12th April I find the first stethoscopic report made on this case since his admission by Staff Asst Surgeon Mr. Geyer. My "Sounds of Heart normal, impulses heard over the anterior part of the chest. On percussion the mammary regions of the chest are rather dull but more especially the right one where the respiration is somewhat accompanied with resonance of voice states that he has no expectation with his cough which I am inclined to doubt pulse 64 and small. Palpitations frequently arise when he comes up stairs or exerts himself in a hurry."

Pulse on another occasion is reported to have been 76. Treatment Tinct of Digitalis Scilla Sp. Elix. Pituit. Tinct of Hyoscyamus Diet half.

The following is the report sent from St. Mary's by Staff Asst Surgeon Mr. Geyer.

Since he came down here he complained occasionally of dyspnoea and cough on Friday he had slight difficulty in passing his urine. I ordered him Sp. Elix. Pituit. and warm applications to his pubic region, he stated that he was relieved. I ordered also a common perineal injection. On Saturday I again saw him when he said he was much better. About 3 o'clock on Sunday morning I was roused with the sudden intelligence that he was dead."

The foregoing is all that I could glean from the report on this man's case.

Joseph Lawson M.D. Asst Surgeon

— Scotio Bradavici hœc XXXIII Post Mortem —

External Appearance. Body well formed and muscular, face swollen and livid, as also the neck and upper part of the body. — Marks of cupping over the chest and abdomen, and the cicatrix of an extensive burn on the inner side of right arm.

Brain. Considerable congestion of the membranes of the brain and increased amount of effusion at the base. The Vertebral, Basilar, and anterior basilar arteries contained coagulated blood, the lateral ventricles were unusually dry and the substance of brain firmer than natural. Weight 3 lb 3 1/2 oz. —

Heart. 3 oz of fluid were contained in the pericardium. Heart generally enlarged especially on the right side. The aortic valves on being tested in the usual way were found competent, but on opening the heart regurgitation was found on two of the semilunar valves of the aorta; of these one was prominent of a triangular shape, attached by a broad base, ending in a minute point and about 3 lines in length; there was superficial ulceration at its attached base, which was firm and of fibrous consistence. The other consisted of considerable thickening and elevation of one of the lips of the aorta. The commencement of the aorta was not dilated and showed no trace of atheromatous deposit. The mitral valve was extensively diseased, the left auriculo ventricular orifice

Section Cadaveris hora XLV post mortem

External appearance. Body well formed. not much emaciated. Mouth of fresh constitution nor right Hy. prothidium.

CraniumThorax

Brain and its membranes healthy - wt. 3 $\frac{1}{2}$ 5 $\frac{1}{2}$ 1/2.

1 $\frac{1}{2}$ 3/4 of reddish colored fluid was contained in pericardium lining membrane of heart was stained with a dull red color. heart otherwise healthy. wt. 4 1/2 2 1/2.

Abdomen

yellow color throughout & extensively infiltrated with fat wt. 4 1/2 1 1/2.

Spleen

There were one or two points of tubercular deposit in the texture of spleen which was soft & lacunated wt. 7 1/2.

Kidneys

Right pale & flabby, capsule firmly adherent wt. 6 1/2. Left more congested in other respects resembling the right wt. 6 1/2 3/4.

On opening the abdomen the intestines were found adhering together by recent lymph, thin peritoneal coat injected, and a small quantity of purulent fluid was found in the peritoneal cavity.

Mucous membrane of stomach & intestines healthy.

Robertson. Esq.

Extra case.

Regt.	Rank and Name	Age	Disease	Admitted	Died	Duration of Disease	Where contracted	How long	Regt.	File
1 st 67 th	P ^{te} Samuel Macklin	30	Morbus Cordis	March 21 st 1850	May 12 th 1850	2 years		10	326	223

orifice being contracted so as scarcely to admit the point of the little finger. The valve was much thickened, rigid, and of leucostaphyginous consistency. Many large woody excrescences were found on its annular aspect, along the margin of which there was superficial ulceration. The left auricle was much dilated and completely filled with a conglomeration of dark blood. The free margin of the bicuspid valve was much thickened, portions being irregular and in some parts ulcerated. The right auricle was in precisely the same condition as the left. Left ventricle dilated and its parietes thickened. Weight ^{of heart} 16½ oz.

Larynx and Trachea considerable congestion of inner surface of the epiglottis and a few spots of white deposit were found in the mucous membrane.

Lungs Right quite free from adhesions, congested throughout, and on cutting into the lower lobe it was found to contain a considerable quantity of mucopurulent fluid mixed with foetid serum.

Left lung also quite free from adhesions, upper portion of superior lobe healthy, whole of lower lobe, and inferior portion of superior lobe slightly condensed and containing a considerable quantity of serum. Weight 3½ 7 oz.

Abdomen Liver of the usual size, much congested giving it on section a slightly nutmeg appearance weight 3½ 12 oz.

Spleen natural weight 8½ oz.

Kidneys right a good deal congested otherwise healthy weight 6 oz.

Left slight tubular obliteration ⁱⁿ this kidney ^{which} was much smaller than the right. Weight 5½ oz.

Stomach large & small Intestines healthy, with the exception of the latter containing a considerable portion of a tape worm.

Copied by Joseph Causton M.D.

No. 12 -

Wheeler S. A. S.

Regt.	Name & Rank	Age	Disease	Admitted	Died	Duration Disease	Where contracted	Ward	Regt.	Folio
94 th	Thomas Brown Pte	29	Dysent. Acute	4 th May 1850	12 th May 1850	16 Days	on voyage home	14	328	131

An English Seaman. Total service 5½ years of which 5 years in India - Was sent home from India with Chilopsis to which he had been subject for 4 years attributed to intemperance. In June 1849 after recovering from one Chilopsis attack he became Moniacal spending the whole of his term in shouting and prancing. This lasted for nearly 6 months when he got quite well.

On admission into the General Hospital he had severe Dysentery which commenced 8 days before, while on board ship. He complained of severe griping and pain in the Rectum - passed about 30 evacuations daily, composed of dark serum mixed with mucus - Phys. and Stethoscopy signs. Chest large and well proportioned. Respiratory murmur normal over the whole chest, but rather indistinct at the upper part of the right Lung. Heart sounds normal. Percussion clear. Pulse 80. Tongue furred.

From the date of his admission there was no diminution in the frequency of the stools. the griping & tenesmus were however slightly relieved - On the night of the 10th he was seized with violent vomiting, his countenance became small and anxious. The pulse rose to 140. and was very full. Tongue furred - From this time he gradually sank and Died 12th May at 2½ o'clock A. M.

The treatment consisted of Elixirs of Extract of Lead and Opium administered morning and evening. Pills composed of Blue pill & Opium, and Extract of Lead and Opium - Spoon Diet with Wine and Beef Tea, and latterly Brandy

Alex^r Macrae M.D.

Sectio Cadaveris XXXIV. Nora Post Mortem

External Appearances Body not much emaciated

Cranium. Substance of Brain rather firmer than natural. Weight 2 lbs 14 oz 5 drms

Thorax Heart healthy weight 10 oz.

Larynx and Trachea healthy

Lungs Right firmly adherent, texture much congested throughout, containing a large quantity of frothy serum -

Left free from adhesions a good deal congested but otherwise healthy Weight of Larynx Trachea and Lungs. 2 lbs 12 oz.

Abdomen Liver, texture on section presented a uniform pale fawn colour the lobules being indistinct, and appeared to contain a quantity of fat weight 4 lbs 4 oz -

Spleen small, texture natural, weight 3 ozs.

Kidneys Right a good deal congested, otherwise healthy weight 5 oz -

Left also congested, but to a less extent. weight 5 oz.

The whole of the Intestines were found matted together, a portion of the Large Intestine which was opened was extensively ulcerated and a deposition of lymph found on its mucous membrane the rest appeared to be in the same condition, but from their intimate adhesion the whole of the Intestines could not be examined Copied by Alex^r Macrae M.D.

N^o. 13 -

William S. J.

Reg	Name & Rank	Age	Disease	Admitted	Died	Duration of Disease	Where Contracted	Height	Weight
81	P ^t William S. J.	28	catarrhus blenn.	April 12 th /50	May 13 th /50	10 Months	Scarborough	11	307 85

Atlabanus Total service 18½ years of which in Gibraltar 3½ years in Madras 3½ years in Canada 4½ years and the remainder at home. Was attacked while stationed at Scarborough with chronic inflammation of the left bronchial mucous membrane attended with much purulent expectoration, tendency to haemorrhage, and quick pulse.

On admission here he laboured under the following symptoms cough, which

was most severe in the morning, attended with a copious mucous purulent expectoration, diarrhoea with tenesmus, and tenderness across the abdomen. Had no night sweats, appetite greatly impaired, pale sweat 104, great emaciation.

Microscope Left lung, dulness on percussion over infracardiac region, where bronchial respiration, bronchophony and mucous gurgling were to be heard, throughout the remaining portion of this lung various kinds of rales of different degrees of intensity could be heard. Right lung respiratory murmur increased. Heart sounds healthy.

The tenesmus and tenderness of this main abdomen were soon relieved after his admission but the diarrhoea continued very severe until the day before his death.

On the 26th April a microscopic examination was made and the physical signs were found to be same as on admission with this addition that the rales had extended to the right lung. After this I made no further microscopic examination as he soon so weak I did not like to trouble him. His pulse became 140 and he died gradually until he expired. — Treatment: Astringents, Sarsaparilla, Castor Oil and Scammony. Diet nutritious & some wine given in large quantities.

Section performed here x^{vii} post mortem

Joseph Thomson M.D.

External Appearances Body emaciated

Cranium Membranes and substance of brain healthy weight 12.15.3

Thorax Heart healthy with the exception of slight thickening of the thin part of the right ventricle. Lungs & Pleura healthy.

Lungs, pleura very intimately adherent on the right side, pleura pulmonalis much thickened, superior lobe of the right lung contained one or two small cavities & tubercular masses; inferior lobe congested containing a few minute tubercles. Left lung pleura also very intimately adherent, a few of superior lobe infiltrated with tubercles in the second stage, but no cavities were found. Lower lobe congested throughout, and a great deal condensed weight 4.14.

Abdomen Liver of the usual size, gall bladder full of dark bile. On cutting into the liver it was found of a pale fawn colour, containing a large quantity of fat and also affected with cirrhosis; the lobules were unusually distorted and elevated into minute projections some as large as a millet seed, and containing a large proportion of fibrous tissue weight 3.7.

Spleen healthy weight 7.4 oz.

Kidney Left contained two cysts in the cortical substance which were filled with a clear fluid, kidney slightly enlarged otherwise healthy weight 7.4 oz. Right of much smaller size, weight 5.0 oz. structure healthy.

Stomach & small Intestines healthy with the exception of a small patch of ulceration at the lower end of the Ileum. The coils of the large Intestine was affected with chronic dysentery, the mucous membrane much thickened and elevated into numerous nodules of a dull leaden hue, and containing several minute points of abrasion.

Copied by Joseph Thomson

W. Thomson M.D.

Regt	Name and Rank	Age	Disease	Admitted	Died	Duration of Disease	Where contracted	Ward	Regt	Folio
5 th	Pt. Richard Palmer	34	Anasarca	6 th April 1858	19 th May 1858	Ten Months	Mauritius	14	328	102

An Irish & American of early appearance. Total Service 9 $\frac{1}{2}$ years of 2 $\frac{1}{2}$ years at the Mauritius. In the early part of 1849 the tendency to anasarca was first apparent. He was at that time stationed at Port Louis Mauritius and was under treatment for acute Catarrh. Was several times in Hospital for pectoral affections, but was admitted under treatment for anasarca until the 11th July last, when he remained in Hospital for ten days. He then performed nominal duties about the Barracks until his readmission in Oct^r for the same disease - The anasarca was then general and attended with great debility. Urine copious and albuminous but without sediment Sp. gr. 1014. and precipitating albumen on the addition of Nitric acid. On admission into the General Hospital (Cathart), he complained of cough, no expectoration. Urine clear and of a straw colour, no pain in Lumbal region appetite good - April 27th his Urine was examined, the quantity passed in 24 hours was 3 $\frac{1}{2}$ pints colour pale. Sp. gr. 1015. and giving a slight precipitate with Nitric acid - At this time he had considerable effusion into the Abdomen the lower extremities were swollen, but his general health was good.

On the 3rd May he was discharged to be Invalided, and readmitted from the Invalid Depot on the 16th May. Complaining of urgent Dyspnoea and oppression in his chest, with cough and thick purulent expectoration -

On examination with the Stethoscope loud Bronchitic and Sonorous rales were perceived over the front aspect of the chest on both sides. The body generally was anasaricous and pitted on pressure in every part - Urine of a dark brown colour slightly acid. Sp. gr. 1032, and affording a copious deposit of Albumen on the addition of Nitric acid and on application of heat - Pulse 160 & weak Tongue furrowed - From the date of his admission he gradually got worse the Dyspnoea became very urgent, the breathing performed in gasping manner - Latterly he began to talk incoherently and did not understand any thing that was said to him - was constantly bathed in a cold sweat. He gradually sank and Died May 19th at 7 $\frac{1}{2}$ o'clock A.M.

The treatment consisted of dry trochiscs Cathartics, saline drinks and anodyne draughts - Wolf Diet on first admission - the second admission. Spoon Diet with Milk and Wine -

Alex Macrae M.D.

Lectio Cadaveris XXVIII. Hora Post Mortem

External Appearances. Body Stout & Muscular. considerable oedema of the lower extremities particularly the lower. cicatrices of old ulcers over the Tibia

Cranium Membranes of Brain healthy. Substantia slightly congested lateral ventricles unusually dry. Weight of Brain 3 lbs

Thorax One ounce of clear Serum was found in the Pleural cavity.
Heart generally enlarged. Mucous healthy. slight Albinomatus deposit at the commencement of the Aorta. Weight of Heart 15½ Oz

Larynx and Trachea Considerable congestion of their Mucous Membrane, the latter and the Bronchial tubes filled with purulent matter.

Lungs Right. Pleura on this side very intimately adherent by lymph of old standing. Pulmonary texture a good deal condensed and infiltrated throughout with Miliary tubercle.

Left Lung nearly free from adhesions. Superior lobe of this Lung was irregularly lobulated presenting the appearance of partial division into two lobes. One circular cavity about the size of a walnut was found in the apex of the superior lobe and communicated directly with one of the largest divisions of the Bronchi. Other two cavities of smaller size were found in this lobe. These were filled with purulent matter. This lobe generally was infiltrated with Miliary tubercle and also one or two masses containing calcareous deposit. Its borders were highly emphysematous, which occasioned in part the irregular appearance noticed already.

Lower lobe contained a few Miliary tubercles in its upper part, was a good deal congested & its lower border emphysematous.

Weight of Larynx Trachea and Lungs 3 lb 13 OZ.

Abdomen. Liver much congested, texture very friable. Weight 4 lb 5 OZ.

Spleen small, texture natural. Weight 4½ OZ.

Kidneys. Right of large size, capsule stuffed without any difficulty, external surface mottled and of a pale colour, full of fat. The greater portion of the tubular structure was entirely obliterated, but this was limited to the upper half. The tubular structure of the lower half was tolerably entire and a good deal congested. Weight 10 OZ.

Left. Outer surface irregular and resembling the right. On cutting into its texture a number of the tubuli were found effaced, although in a different manner from that in the right, the lesion extending equally throughout the whole of the Kidney. The fatty deposit in this Kidney was very distinct, being deposited in the form of minute hard granules. Weight 10 OZ. 1 lb.

Stomach and Intestines healthy.

Copied by Alex Macrae M.D.

Robertson Esq.

No. 15.

Age	Name and Rank	Age	Disease	Admitted	Died	Duration of Disease	Where contracted	Ward	Regt	Folio
5 th	1 st Lieut. Macdonald	20	Phthisis Pulmonalis	6 th April 1850	27 th May 1850	11 Months	Mauritius	14	328	99

An Irishman, prior to enlistment a tobacco spinner. Total Service 4 years of which 2½ years in the Mauritius. Phthisis Pulmonalis first manifested itself in May 1849 when he was stationed at Port Louis (Mauritius). Was in hospital several times at Port Louis, and latterly had one or two attacks of Haemoptysis followed by purulent

Spitta: On admission into the General Hospital Fort Pitt, he complained of cough, general debility and Diarrhoea - Stethoscopic Report. Coarse respiration in the upper part of the right Lung and dulness on percussion at the same part. Respiratory murmur purile in the left Lung. Percussion clear. expectoration copious & of a ^{purulent} character. Shortly after admission Diarrhoea closed and he began to have copious night sweats - The above symptoms continued to increase in severity - the cough became very troublesome, the expectoration purulent, faded and occasionally streaked with blood. May 4th his chest was examined and lung ganglions perceived at the upper part of the right Lung, on the left side the vesicular murmur was loud and harsh. Pulse 120 very full. May 11th ganglions were heard at the upper part of both lungs, he was much emaciated and complained of great weakness - From this date he continued to get worse, the Pulse became small and fluttering and he experienced much difficulty in bringing up the expectoration. He gradually sank and died May 17th at 1 1/2 P.M. The treatment consisted of expectorants, Astringents, Cod Liver oil, and opium draughts. Spoon Diet with Wine orrowoot. Milk and latterly Brandy.

Alex Macrae M.D.

Lectio Cadaveris XXV. hora Post Mortem

External Appearances. Body much emaciated, considerable oedema of left foot & ankle. a fistulous opening on left side of the anus -

Cranium Membranes and substance of Brain healthy. Weight of Brain 2 lbs 12 1/2 oz.

Thorax Two and a half ounces of fluid mixed with flakes of lymph were found in the Pericardium - Heart healthy. Weight 7 1/2 oz.

Trachea and Bronchial tubes filled with purulent matter, otherwise healthy

Lungs Right slightly adherent towards the apex and base. Superior lobe contained one large cavity filled with purulent matter, the rest of this lobe, as also the whole of the middle and inferior, was infiltrated with Tubercles in the second stage, and contained innumerable cavities of small size.

Left Pleural cavity contained about one Pint of Serum.

In the superior lobe of left Lung there was found a cavity about the size of a walnut, the rest of the lobe resembled the right Lung - Superior lobe congested and contained Miliary Tubercles -

Weight of Larynx Trachea and Lungs. 3 lbs 12 oz.

Abdomen Liver. Gall bladder contained a small quantity of Bile of a reddish brown colour - Texture of Liver extensively infiltrated with fat weight 3 lbs 10 oz. - Spleen small, texture natural, weight 5 oz.

Kidneys Left rather small, texture firm slightly congested. weight 5 oz. Right similar. weight 4 1/2 oz.

Renal glands much enlarged from tubercular deposit.

Stomach and small Intestines healthy with the exception of the Duodenum where the aggregated and solitary glands were enlarged but there was no trace of ulceration -

Through out the whole of the large Intestines numerous old ulcers were found -

Entered Alex Macrae M.D.

W. B. M. S. J.

Ref	Name & Rank	Age	Disease	Admitted	Died	Discharging	Where contracted	Ref.	File
02	Pt. Geo. Graham	21	Consumption	May 14 1858	June 5 1858	Disch. today	Ector. C	321	178

An English labourer, height 5 ft 8 in, of Sallow complexion, erect conformation, health in general good, has been in Hospital at Ector for the last 8 months, labouring under an attack of Consumption. On Admission not General St. Fort Pitt on the 14th May 1858 he appeared much emaciated and complained of short breathing, severe cough and considerable expectoration, pains and weakness in his legs, night sweats, loss of appetite and had a very quick pulse. On examination of his Lungs there was no evidence of solidity in any particular region of his chest, the respiratory efforts were very hurried and laborious, the Diaphragm and abdominal muscles being principally active in carrying on respiration, the respiratory sounds of lungs were completely disguised by extensive mucous crepitation, numerous rales, causing universal gurgling, sputa was copious and consisted of whitish lobulated mucopurulent matter floating in a quantity of thin mucous and not tinged with blood, the breathing became more laborious every day. The gurgling continued as far as the trachea, respiration in both Lungs assumed a cavernous character accompanied with pectorology and loud tubular rales, latterly a caving sound was distinctly audible at the base of left lung these symptoms of emphysema gradually increasing as his strength becoming more ^{rapidly} exhausted by profuse perspiration he sank on the 5th at a 1/4 to 8 o'clock A. M.

His treatment consisted of expectorants and sedatives, counter irritation with Iodine, supporting diet and wine.

Section cadaverica hæmorrhagica post mortem.

External appearance. Body emaciated.

Cranium. Effusion at the base of the Brain arachnoid & subdural of Brain congested weight 2 lb 6 oz.

Thorax Heart. a small quantity of fluid contained in pericardium structure of Heart healthy. Wt 13 oz. 33.

Larynx & Trachea exhibited much vascularity of mucous membrane.

Left Lung. The apex of this Lung was adherent and contained a large cavity. Both Lungs were highly emphysematous and extensively infiltrated with Tubercles in various stages of their development Wt of L. & R. Lgs 6 lb 12 oz.

Abdomen Liver of usual size, structure presented the appearance of nutmeg degeneration. Gall bladder was distended with dark bile Wt 3 lb 1 oz. Spleen of the usual size structure friable Wt 3 lb 6 oz.

Abdomen Kidneys right structures healthy capsule easily separated weight 7 oz. Left also healthy weight 7 oz. 53.
Stomach and intestines healthy.

June 7th 1850

Johns Langensy M. D.

No. 17.

Age	Name & Rank	Age	Disease	Admitted	Died	Duration of Disease	Where Contracted	How	Prof	Folio
12	Paul David Galt	30	Dyspnoea	Sept 1 st 1850	June 15 th 1850	1 1/2 months	At home	D	322	114

An Englishman - Bricklayer 5 ft 10 1/2 Total service 10 years of which 7 in the Mauritius. The remainder at home - Since the return of the Regt from abroad in March 1848 has suffered from cough with dyspnoea - About 12 months ago had an attack of Haemoptysis. On admission he was stated to labour under shortness of breathing accompanied with hardly any cough - a purpuraceous state of the skin & saccharine urine. Tubercular crepitation was detected over a great part of the left side - Percussion was stated to be resonant - Heart sounds normal. On the 13th the symptoms became aggravated he complained of pain in the left side - friction sounds could be heard at the base of the left lung - The sputa became tinged with blood - Pulse was quick and wiry. As the symptoms progressed cavernous respiration was detected on the left side and at the apex of the right lung. Bowels became very loose, and he had profuse night sweats. Within the last few days the symptoms became less urgent, but he became very weak which gradually increased till his death.

The treatment employed consisted of Expectorants - Blasters - Nutrients Diet & Wine -

Daniel Macquar M. D.

Section Cadaveris hora XXV post mortem

Externas appearances Nothing remarkable, except marks of recent violent irritation on anterior aspect of chest.

Cranium Membranes, especially the arachnoid, and substance of brain generally congested. Weight of brain 3 lbs 9 oz -

Thorax Four ozs of fluid in pericardium Heart normal - weight 9 1/2 ozs. Membranes of larynx and trachea normal.

Lungs Right Pleura adherent towards the apex - Middle & upper portion of inferior lobes infiltrated with tubercle - the former contained several small cavities towards the apex, and in the upper portion of lower lobe one cavity the size of a walnut was found, the rest of this lobe congested and containing milium tubercle - Left lung also adherent and both lobes connected together by lymph of old stonoring, whole of its superior lobe disintegrated by tubercular infiltration, and containing numerous cavities of

variable size the largest being towards the apex. The superior third of the lower lobe was in a nearly similar condition. The rest of the lobe contained tubercle in the first and second stages and was a good deal congested. Weight of the lungs, trachea lungs & heart 5 lbs

Abdomen Gall bladder entirely empty. Texture of liver rather pale & tubercular friable and containing a few points of yellow deposit, apparently tubercle. weight 3 lbs 10 ozs.

Spleen Slightly congested weight 7 ozs

Kidneys Right contained several points of tubercular deposit & 5 grs
Left presented the same appearance & 25 grs

Stomach & Intestines healthy

June 14th 1850

Daniel Macgaree M.D.

Whiston Sq.

Ref. Name & Rank	Age	Disease	Admitted	Died	Duration of Disease	Where Contracted	Working 3rd
15th Lt James Jones	32	Dyspepsia	June 16 th	June 16 th	14 years	India	15 399 176

This man was in Hospital before from 27 April to 1 June when he was discharged to be invalided. An English comb maker of 13 years service of which 8 in India and the remainder at home. Enjoyed good health before he proceeded to India but while on the passage he was attacked with pain in the chest which lasted for three weeks. On landing in India he enjoyed pretty good health for some time when he was attacked with pain in the right side attended by vomiting and purging ever since which time his health has been broken and he has suffered at intervals from similar symptoms. On admission in April he was described to be in the following state. Looked pale unhealthy and emaciated he complained of pain in the epigastrium uneasiness frequent sickness and vomiting after meals. The state of his bowels varied at times subject to diarrhoea more frequently to constipation. He was unable to eat animal food. His chest was narrow and contracted. he had no cough the respiratory and heart sounds were normal. The tongue was clean but unusually red & dry pulse 74. During this man's tenure in Hospital he was reported to have had attacks of vomiting almost daily at irregular & uncertain intervals after food. He complained of pain towards the pylorus generally about an hour and a half after each meal. On one occasion he vomited a large quantity of of dark coloured fluid. Having passed the P.M. Office he was discharged to St Mary's at his own urgent request on recommendation from St Mary's on 16 June. He was extremely weak and emaciated. Appetite greatly impaired he was unable to use animal food. Suffered from night sweats and pain across the back. Stated that he had no cough or purging and that the pain in the stomach was quite gone pulse 68. He was in such a weakly state that I could not examine his chest. Treatment Bismuth Hydrargyris & Dil Spoon

Joseph Lawson

Actin. ladaeius No. XVIII post mortem

External Appearance Extremes emaciated. Marks of cupping on epigastrium.

Cervium Brain and its membranes healthy.

Thorax Two ounces of reddish serum in the pericardium.

Heart Small, muscular tissue firm, otherwise normal. Weight 7oz.

Trachea and bronchial tubes full of frothy fluid.

Both Lungs slightly adherent towards their lower borders, pulmonary tissue slightly congested especially of the left lung; lungs otherwise healthy.

Weight of Lungs, trachea and lungs 3 lb. 2 oz.

Abdomen Liver of small size, texture firm, peritoneal coat irregularly thickened, having a white rebeccant appearance on its convex surface. Section of liver much engorged with blood, and containing several masses of yellowish deposit of soft consistency about the size of a filbert. Weight of liver 2 lb. 7oz.

Spleen normal weight 7oz.

Right Kidney Intensely congested, being of a uniform purple red color. texture firm structure apparently normal. weight 3oz 5 Dr.

Left Kidney also much engorged though to a less extent than the right to which it is similar in other respects. Weight 4oz 1 Dr.

On opening the abdomen the stomach and duodenum were found in the usual position, the latter irregularly contracted and hard to the touch. On opening the stomach which was full of reddish brown pulpy matter its pyloric extremity was found extensively diseased, the mucous membrane irregularly elevated, much thickened and at many points superficially ulcerated. The separation between the diseased and healthy portions of the mucous coat of the stomach was abrupt, and well defined. The pyloric orifice was almost closed, being scarcely capable of admitting a small probe. From thickening of the coat of the stomach at this point. The commencement of the duodenum was contracted but its mucous membrane perfectly healthy, the affection being entirely limited to the coat of the stomach. The remainder of the intestinal canal was healthy.

On microscopic examination of a portion of the thickened pylorus it was found to consist of fibrous tissue interspersed with numerous elongated, fusiform, nucleated corpuscles characteristic of cancer. The secondary deposit found in the liver also showed well marked evidence of malignant structure, and contained numerous large circular nucleated cells grouped in clusters.

Copied by Joseph Lawson M.D.

W. B. W. M. S.

Regt	Name and Rank	Age	Disease	Admitted	Died	Duration of Disease	Where Contracted	Ward	Days	Total
18 th	2nd Lt. Regt. Alex. Collett	38	Catarrh Chron.	28 th May 1850	20 th June 1850	12 Months	India	14	328	190

An Irishman prior to Enlistment a weaver. Total service 18 $\frac{1}{2}$ years of which 7 $\frac{1}{2}$ years in China. 3 years in Ceylon. 1 $\frac{1}{2}$ years in India & the remainder at home. In May 1849 was admitted into Hospital at Umballa for Febr. Cont. Com. complicated with Catarrh and Splenic affections. in the month of July following had an attack of Dysentery from which he recovered in August. On admission into this Hospital he complained of cough accompanied with copious mucopurulent expectoration. pain in the chest and occasional Dyspnoea had also slight Dysentery.

Physical & Stethoscopic signs - Chest narrow and contracted. considerable depression below both clavicles. particularly the left - Percussion dull at the upper part of the left Lung. clear over the other parts of the chest - On examination with the stethoscope, loud crepitant rales were perceived at the upper part of the left Lung. Vesicular murmur loud and rough at the upper part of the right Lung. Pulse rapid & weak. Tongue red and glossy appetite indifferent. He continued without much change up to the 4th June when he began to have night sweats, the pulse rose to 112 and he complained of much weakness. on the 16th his chest was examined and loud crepitant rales were perceived in the both infroclavicular regions. the cough was very severe and the expectoration of a dark colour and very foetid - on the night of the 19th he suddenly got worse - and the orderly officer found him in an almost moribund state. he was quite insensible and had a loud rattle in his throat. the following morning he was found in the same state. the pulse was hardly perceptible, and the surface of the body cold & moist. he continued in this state up to the morning of the 20th when he died at 11 $\frac{1}{4}$ o'clock.

The Treatment consisted of astringents. expectorants. Cod's Liver oil. Madryne draughts and latterly stimulants. Spoon Diet with Wine Mutton Chops Milk and Bread

Alex Macrae M.D.

Sectio Cadaveris. XXV hora Post Mortem

External Appearance. Body well formed - considerably emaciated -

Cranium Head not examined -

Thorax. Four ounces of fluid were found in the Pericardium.

Heart slightly enlarged. muscular tissue pale & flabby. Valves healthy. slight traces of atheromatous deposit at the commencement of the Aorta

Weight of Heart 12 Ozs.

Mucous membrane of Larynx and Trachea Healthy

Lungs Right quite free from adhesions. the Superior lobe contained a few Milary tubercles towards the apex - The middle lobe & upper portion of the inferior contained a considerable amount of tubercular deposit in the 2nd stage, the whole of the latter was affected with chronic Pneumonia, texture hepatic & on sinking in water, a section on being pressed exuded a large quantity of reddish coloured frothy fluid. Left Lung very firmly adherent especially towards its lower border one cavity of considerable size was found in the apex of the superior lobe the texture of which was generally condensed. Superior lobe slightly congested and its lower border emphysematous -
Weight of Larynx Trachea and Lungs, 3 lbs 8 oz.

Abdomen Liver enlarged, chiefly projecting downwards into the Abdomen the anteroposterior diameter not being at all enlarged increased. Texture presented a pale fawn colour & was soft and lacerable.

Gall Bladder full of dark, tarry bile. Weight of Liver 5 lbs
Spleen slightly enlarged. Towards its upper border a large white patch was found covering a mass of tubercular deposit about $\frac{1}{2}$ of an inch in thickness. Capsule of unusually thickened, containing minute points of tubercular deposit, texture of Spleen pale & lacerable. Weight 12 oz.

Kidneys Right affected to a slight extent with fatty degeneration. Capsule pretty firmly adherent under surface irregularly mottled. Weight 5 oz.
 Left affected in a similar manner Capsule also adherent. Weight 6 oz.

Stomach Mucous coat towards the Pyloric extremity was considerably congested and partially abraded. Small and Large Intestines healthy
 Entered Alex Macrae M.D.

W. H. M. S. L.

No. 20 -

Patient Name	Rank	Age	Disease	Admitted	Quitted	Duration of Disease	Where Contracted	How long in India
22 P. Jas. Meagle	38	Cyprian	Cinn 27 May/90	22 June/90	the year 160 days	India	No 10	350. 51

An Irishman - a Laborer prior to enlistment. Total Service eighteen years of which in the West Indies 2 years in the East Indies 5 years the remainder at home. Had been frequently under treatment in Hospital during the previous 18 months when serving in India on account of severe attacks of Chronic Dysentery. And some years ago had suffered much from Intermittent Fever.

On admission into Hospital here he complained of occasional attacks of glossitis in his throat - not attended however by either griping or tenderness and pressure over abdomen did not appear to cause any particular uneasiness. The patient had a very weak & appendicular nose considerably emaciated: and of dark sallow complexion: Marks of insect bites and of cupping observed over both

Hypochondria. General health very much impaired; appetite indifferent. Pulse small. Superb Churn; Under the use of mild Astringents the local complaint ceased and patient began to improve somewhat in general appearance. On the 18th of June however he was suddenly attacked by acute pain at lower and lateral portion of left side of Chest attended by short harping Cough & greatly impeded respiration. Expectoration of frothy mucous expectant appearance mixed with brownish tenacious Matter Pulse small and quick. Countenance anxious. Face flushed. Thirst dry.

Evident dulness on percussion was found at inferior & lateral portions of left side of Chest - absence of respiration there distinct. Moist expectant rhonchus and loud pattering du Cuir.

Patient was cupped over the painful part. Calomel, Ipecacuanha and Tincture of Aconitum in small doses were given and other means resorted to which only afforded slight temporary relief.

The pain gradually extended over all the left side of Chest and the right lung was also attacked in a similar manner. Breathing became much hurried and greatly oppressed. Cough most frequent and harping. Expectoration copious frothy and mixed with brown - but the usual tenacity not very apparent. Loud expectant and bronchitic over both sides of Chest. Latterly Muffled all other sounds - Died at 12 Noon June 22. 1850

Section Cadaveris hora 11^{1/2} Post Mortem

External Body well formed. Emphysematous marks present. Cupping over lower part of left side of Chest.

Cranium Head not examined.

Throat Larynx and Trachea Mucous Membrane healthy throughout. Heart. About four ounces of turbid fluid mixed with flocculent lymph was found in pericardium which Membrane was considerably thickened and lined by thin layer of granular lymph. The outer surface of the right ventricle of the heart was coated by a layer of fat about two lines in thickness. The left ventricle was covered by a thinner layer of the same Muscular tissue of heart and the colors healthy. Weight 10 oz.

Lungs Pleura on the right side adherent throughout. Both pleura Costalis and pulmonalis coated with a thin layer of recently effused lymph which was easily removed. Superior lobe right lung affected with the first stage of pneumonia and contained towards the apex a few Military tubercles. Middle lobe healthy. Inferior lobe in the same condition as the superior especially towards its lower border; About two pints of semipurulent fluid mixed with lymph was found in the pleural cavity. Left lung Pleura likewise coated

with lymph and about the same quantity of fluid in pleural cavity of that side. The superior lobe contained a small tubercular mass about the size of a horse bean & a considerable amount of milium tubercle in the vicinity. Upper lobe of this lung much congested and condensed. The lower lobe affected in a similar manner and at its lower border the texture so dense as to sink in water. Weight of Trachea and Lungs three pounds fourteen ounces.

Abdomen. Liver adhered to Diaphragm by lymph of old standing. Lymphatic pale it contained a considerable amount of fat. Spleen of natural size its texture unusually pale & friable. Right Kidney considerably congested and containing a quantity of fat - infiltrated throughout the cortical portion. Weight seven ounces. Left Kidney affected in a similar manner but in a less marked degree. Weight six ounces. The portion of large Intestine which was examined was found quite healthy.

Morton July.

No. 21

Ref. Name & Rank	Age	Disease	Admitted	Died	Duration of Disease	Where Contracted	Time of Death	Ref. No.
90 th Lt. Thomas Sargent	20	Scrophula	10 th April/50	25 th June/50	a year	Woburn	July 14/21	11

An Irish labourer, total service 2 years, 11 months, all at home, was admitted into the Regimental Hospital in June 1846, with an oval fluctuating tumour in the left groin, over the pectus Ligament. This was eventually opened and gave passage to about two pints of grumous matter, followed by suppuration 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 again admitted complaining of severe pain in the right hip, with weakness and deformity of the limb. Fluctuation became apparent and some sinuses formed near the great trochanter which continued to discharge until his death. This was accelerated by the formation of another large purulent collection in the left side of his neck in the beginning of May. The great discharge from these large abscesses rapidly exhausted the little strength remaining. Symptoms of consumptive hectic set in, and he sank in its last stage. The treatment consisted originally in the employment of counter irritants, followed by Potasses, Acid Ferric particularly by the mineral acids with nourishing Diet and Wine. William Bruce M.D.

Section Cadaveris XXXVII hora Post Mortem

External appearance -

Body much emaciated, two sinuses in each groin, those on the left side extending from the anterior Superior Spine of ilium to about an inch below it, the openings on right side were

about an inch above and below the Tracheal Major.

Great adams of both Lungs and Trut

Cranium

Membranes and substance of brain healthy, weight $3\frac{1}{2}$ ^{lb}

Thorax

Heart healthy, weight $7\frac{1}{2}$ ^{oz}

Larynx and Trachea healthy

Right Lung adherent especially towards its lower border, Pulmones by tissue spread deal gorged with blood, otherwise healthy
Left Lung free from adhesions and healthy, weight 2.10 ^{lb}
with Trachea

Abdomen

Right lobe of liver much enlarged its antero-post. diameter especially being increased, texture extremely infiltrated with fat, weight of liver $4\frac{1}{2}$ ^{lb}

Gall Bladder contained bile of healthy appearance

Spleen spread deal congested, texture very dense and firm, weight $2\frac{1}{2}$ ^{lb}

Kidneys: Left enlarged, capsule easily stripped, outer surface smooth, glistening and irregularly vascular, nearly the whole of the cortical substance infiltrated with granular fatty matter all the tubuli obliterated with the exception of one set towards the upper border of the organ. the parenchyma of kidney unusually lacinated and appear to consist almost entirely of fat interspersed with bloody points. Weight $8\frac{1}{2}$ ^{oz}

Right Kidney also enlarged considerably, externally resembling the left but on cutting into its structure the tubuli were found to be more entire. a less amount of fatty deposit having taken place. Weight $9\frac{1}{2}$ ^{oz}

Stomach and Intestines both healthy

Pelvis

The space between the bladder and Rectum was occupied by purulent matter which extended upwards beneath the sheath of the Psoas muscle on both sides, especially on the right and had also partially disintegrated the muscular tissue. the whole of the anterior surface of the Sacrum was extensively affected with caries and from this the matter appears entirely to have come. The ilia and articulations of both hip joints as well as the lumbar vertebrae were found on careful examination to be quite free from disease, as was also the posterior surface of the Sacrum itself.

J. M. R. M. S. J.

Regt Name & Rank	Age	Cause	Admitted	Died	Duration where Entered	Where Entered	Mar. Reg. No.	Other
28 th Ft. Geo. Wealey	29	Wentworth's Inhumanities	1850 May 14 th	1850 June 25 th	one year	Portsmouth	10	350 1/1

An Irish labourer - Seven years since - whilst in the East Indies 8 years & 6 months - The remainder at home - Had suffered much from Remittent & Intermittent Fevers - and from Cystic attacks when serving in India - On June 24th 1849 - was attacked by acute Catarrh when at Portsmouth - and had remained under treatment almost ever since - on account of Cough and pain over Chest he had rallied slightly from time to time but the improvement was only temporary - On his admission into this Hospital - on May 14th 1850 - he was found very considerably emaciated & feeble looking - There was enlargement of the abdominal rings on each side - with incipient Spinal Hernia - for which a Admission here - he was provided with a double rug - He complained of frequent Cough - most troublesome during the nights - & attended by Cystic paroxysms looking expectoration - had much dyspnoea at all times but particularly on lying down - disturbed sleep & night sweats - Pulse 130 - Small and compressible Superficial Veins -

On examination of the Chest - The infra Clavicular regions were found much depressed - There was dulness on percussion over a large portion of left side of Chest anteriorly - Loud Murmurs & rales there and greatly increased vocal resonance - On May the 21st Report is - Cough very frequent Cystic paroxysms expectoration much dyspnoea and sense of tightness over Chest - Sleeps ill - propires profusely - Much thirst and impaired appetite - Loud Murmurs purple and cavernous respiration under left Clavicle distinct pectoriloquy at that point and also in the Mammary region for Cystic very unequal over all the left side - Increased vocal resonance and bronchial respiration over a great portion right lung

Emaciation and debility gradually increased - and patient became much exhausted by disturbed nights and incessant Cough Pectoriloquy was latterly heard under the right Clavicle also - and over the whole Mammary region of that side - Died at 1 P.M. on June 25th - The treatment consisted of Antimonials in the early stage - Phosphorus, Expectorants, Blisters &c

Latterly of Tonics and Anodynes with generous diet -

Active Cadaverous hoarse & post mortem
Exhausted & emaciated Body emaciated

Cranium Brain and its Membranes healthy Bright 5 lbs 3/2 os

Thorax Three ounces of fluid were contained in the pleural cavity Heart healthy Bright 8 1/2 ounces

Larynx & Trachea healthy: Lungs Right pre-purulent adhesion Superior and middle lobes infiltrated with tubercles, the former contained numerous cavities, especially towards the apex. pulmonary texture of superior lobe affected with Chronic pneumonia and much condensed: nothing in water: upper portion of inferior lobe contained tubercles in the second stage and one small cavity at its inferior border: texture of this lobe also condensed but not to such an extent as the superior. Left lung firm & adherent by lymph of old standing: about the parts of fluid contained in this pleural cavity - whole of superior lobe full of large cavities communicating with each other lined by distinct membranes traversed by minute ramifications of the bronchiae and small vessels. lower lobe also infiltrated with tubercles: chiefly in masses - a few solitary towards the lower border. Bright of larynx trachea and lungs suppurated -

Abdomen Liver full bladder full of thin yellowish bile: texture of liver unusually friable and appeared to contain some fat Bright 4 lbs 10 os - Spleen slightly congested and enlarged Bright 11 os - Kidneys Right much enlarged with blood - entire substance congested and containing small quantity of fatty matter Bright 6 os - 2 drms Left slightly congested otherwise healthy Bright 5 os - 2 drms Stomach and duodenum healthy - Large Intestines contained numerous chronic ulcers which prevented us from observing its structure. Small Intestines healthy

Robert Adams

N^o 23 -

Regt	Name	Age	Disease	Admitted	Died	Duration of Disease	Where contracted	Had Regt. Folio
93	P th Fargher's Dragoon	21	Varicella	June 26/53	June 29 th	5 days	Fort Pitt	14 328 215

No post mortem examination of this case made -

Robert Adams

Regt Name	Age	Disease	Admitted	Died	Duration of illness or kind of the Disease	Regt No
29 th James Kirkcaldy	19	Pericarditis	June 18 th 50	June 29 th - 8 months	Scotland C	321 224

As Lieut. prior to admission a tubercle. Stated service 1 year and 1 month, on admission into the General Hospital West Hill in November last, his Abdomen was painful much enlarged and fluctuating but not tender on pressure there was also general anasarca mostly marked on the lower extremities.

Percussion and Auscultation. Chest tolerably resonant on percussion excepting the Cordiac region where there was abnormal dulness, respiratory murmur was greatly reduced, a strong Brach was heard to supply the place of the second sound of the heart — on his readmission on the 11th June he was much reduced skin white and delicate looking, hectic black well marked on the cheeks the lower extremities were edematous from dropsical effusion, there was also urticaria present. He had a slight cough and very little sputa, pulse small weak and accelerated, tongue clean. There was an indolent sanapthous ulcer on the dorsum of the right foot, and the glands on the left side of the Neck were discharging purulent matter, the skin was covered with a pustular eruption of some size standing. Physical signs. Much lateral and subapical enlargement at the base of the Thorax, respiratory motion not very extensive but symmetrical. There was a gradual diminution of sonority commencing from above downwards amounting to a well marked diplopnea towards the bases of both Lungs found on percussion. The vesicular murmur was present at the upper part of both Lungs and towards their bases indistinct crepitations were detected. There was some dulness on percussion over the Cordiac region but its limits could not be well defined owing to a tympanitic distension of the stomach. The sounds of the heart could not be well distinguished owing to the rapid action of the organ a Brach was heard immediately over the aortic valves where a strong impulse was perceptible. The Brach accompanied the systole of the ventricle and extended along the course of the aorta and its large branches. The beat of the pulse and first sound of the heart were not synchronous, there being much irregularity in their relation. Pulse small, weak and thready and very accelerated. On the 25th June he was seized with hæmoptysis he was very low and weak and complained of pain at the back of the right shoulder. Had a constant tickling cough. Pulse a more thread. On the 26th the report is that the sputa were mixed with blood of a florid color, complained of pain in the right side of the Chest increased on taking a full inspiration, pulse small and thready lower extremities edematous, the Brach continued with strong impulse — on the 29th the Dyspnea became urgent, the skin was bathed in perspiration, pulse hardly perceptible, extremities cold, hæmorrhage from the Lungs had ceased. He gradually sank and died on the afternoon

of the 29th. The treatment consisted of Diuretics, Astringents and Dyes and Abstinence to the Chest. Sponged with Rhus Tea Wine and Sage.
Alex. Macon M.D.

Sectio Cadaveris XVIII hora Post Mortem.

External ap.
pericardium

Cranium

Thorax

Mark of counter-irritation ^{over} the right side of Chest. Skin discolored of a yellow hue, an opening on the dorsum of the foot between the 1st & 2nd. Metatarsal bones. Abdomen tumid and fluctuating. Membranes and substance of Brain healthy. Weight of Brain 2 lbs 9 oz 2 drs.

Six ounces of fluid were found in the Pericardium. Search enlarged its apex externally wounded, all the cavities were dilated especially the right ventricle and both auricles. no thickening of right ventricle, parietal of left slightly hyper-trophied. on opening the left ^{ventricle} auricle the greater portion of its inner surface was found coated with a layer of lymph about the line in thickness which was also interspersed amongst the muscoli pectinati. Aortic & mitral valves were healthy and mitral orifice of the usual size. aorta at its commencement was unusually narrow and showed no trace of atheromatous disease. Weight of heart 18 oz 2 drs.

Larynx and Trachea healthy.

Lungs. Right. Four pints of fluid were contained in the right pleural cavity. the pleura costalis and pulmonalis were coated with a thin layer of recently effused lymph which also extended to the outer surface of pericardium. lung was pushed against the spine, its anterior surface corrugated - on cutting into its texture it was found much condensed and in the lower lobe extensive extravasation ^{had taken place showing} what is commonly termed pneumonia of apoplexy.

Left Lung firmly adherent by lymph of its standing, also condensed and against the spine and compressed. texture much condensed but no extravasation of blood had taken place. Weight 3 lbs with the Trachea -

Abdomen.

Liver enlarged especially the right lobe, the anterior posterior diameter of which was much increased - outer surface slightly puckered and irregular on cutting into its texture it was found to be much congested and contained a large amount of fatty deposit. it was deeply tinged with the bilious secretion. Weight 4 lbs 12 oz.

Spleen enlarged, texture unusually firm and much congested it contained two masses of deposit of considerable size which appeared to be of melanophan formation. Weight 1 lb 3 oz.

Kidneys. Left. Texture firm, capsule easily stripped tubular structure slightly congested. Weight 7 oz.
Right presented the same characteristics
Weight 7^{1/2} oz.

Stomach and Intestines healthy

On examining the foot the metatarsal and first intertarsal bones were found to be diseased. The base of metatarsal bone of first toe was absorbed. On microscopic examination of the deposit contained in the spleen, no cancer cells could be detected but it was found to consist chiefly of large compound granular exudation corpuscles of a low type. The lymph on the inner surface of the heart presented the usual structure.
Copied by William Brinsme

No. 25-

W. H. H. M. M.

No.	Name	Age	Disease	Admitted	Died	Duration of Disease	Where Contracted	W. H. H. M. M.	Rel.
12	P ^r Edward Corbett	32	Phthisis Pulmonalis	April 4 '70	June 30 '70	6 Months	Madison	11	37/71

An Irish labourer of a strenuous habit of body. Total service 16^{1/2} years of which 11 years in the Mauritius and the remainder at home. Suffered from Dysentery while at the Mauritius. Was first attacked with Hemiplegia in November last. On admission he suffered from pain in the infraclavicular region of the right side, after coughing which latter was soon attended with profuse expectoration also dyspnoea and occasional night sweats. He was much emaciated and in a weakly state. His appetite was impaired and his pulse 108. Microscopic examination. Dulness on percussion over the superior lobe of right lung together with bronchial respiration and bronchophony. Mucous crepitation was also heard in the infraclavicular region of the same side. Left lung respiration increased. Heart, sounds normal. While under treatment he gradually got weaker. Night sweats increased and his pulse became more quick and weak. On 16 May he complained of great pain in the left side which impeded his respiration. His expectoration was profuse and mucous. His left lung became affected and on examination by the Microscope. Bronchology, bronchophony and mucous gurgling were heard over the infraclavicular region of the left side. After this there was no further Microscopical examination made as the Patient was so weak that he could not bear it. Bed soon made. There appeared over the thoracic and sacrum which caused him great uneasiness a purulent discharge under which he gradually sank. Treatment: Expectorants, Cod Liver Oil, Counter irritants. Tonics. Diet. Nutrients. Wine. Suffered from Dysentery. Died. Intestines. Mucous. Profuse. Given. Joseph Emerson M.D.

Actio Cadaveris hinc & est post mortem

External Appearance Body much emaciated great oedema of the feet and ankles
A large bed sore over the right trochanter

Cranium Serum fluid at base of brain considerably increased as also that in the ventricles
Substance of brain healthy Weight $2\frac{1}{2}$ lbs.

Thorax A small quantity of fluid was contained in the pericardium Heart healthy Weight $3\frac{1}{2}$ lbs.
Trachea and Larynx healthy - Lungs Weight free from adhesions
about one pint of fluid was contained in the right pleural cavity
Superior and Middle lobes of this lung were full of tubercles in the
second stage and the surrounding pulmonary texture much condensed
sinking in water lower lobe much congested and containing a few
milium tubercles Left Pleura on this side very firmly adherent a
small oval opening was observed towards the lower border of the upper
lobe which had perforated both pleura but no escape of fluid had
taken place in consequence of the intimate adhesion of the pleura.

On cutting into the texture of this lung it presented one mass of tubercular
disease its texture solid from infiltration of tubercular masses which
were equally present throughout its whole extent of both lobes Weight of Right $3\frac{1}{2}$ lbs.

Abdomen Liver healthy weight $3\frac{1}{2}$ lbs.
Spleen small and slightly lobulated structure healthy Weight $3\frac{1}{2}$ lbs.
Kidneys Both healthy weight of each $3\frac{1}{2}$ lbs.
Stomach and Intestines healthy
Copied by Joseph Dawson -

No 26 -

M. W. A. M. S.

No	Name	Age	Disease	Admitted	Died	Duration of Disease	Where Contracted	Ward	Height	Weight
62	P. M. W. W. W.	28	Phthisis Pulmonalis	June 14 th 1856	July 3 rd 1856	3 Months	Boston	11	52	157

An English tailor had been in his regimental Hospital for two months prior to his admission here for phthisis. On admission complained of pain in the left side shooting downwards to the ensiform cartilage his cough was very troublesome at night attended with abundant expectoration he was much emaciated. On examination the left side of the chest anteriorly was dull on percussion and rales were audible all over that side on which he could rest his for the last two years. He continued without much attention until the 15th when both his lungs were reported to be implicated on the 20th he had purging his pulse 136 and his expectoration profuse and mucous purulent. Respiration on percussion was modified throughout especially over the left lung superiorly where dulness was well marked - numerous gurgling bronchophony and bronchial respiration were audible in the same region and numerous rales were to be heard throughout the remaining portion of this lung. Right lung in some portions numerous rales were to be heard in other respiration was increased. Heart action was rapid but regular. Sounds normal. The purging continued for a few days on the 3rd he complained of great

pain in the right side of the chest his respiration was hurried and his pulse small. 132
Mucous gurgling was heard all over the anterior portion of both lungs on the 1st the pain in
the chest was gone but the respiration was still hurried and the pulse so quick and weak
that it could not be counted his cough continued troublesome and his expectoration
profuse the mucous gurgling increased and he gradually sank

Treatment Expectorants Counter irritants Astringent and Stimulants Diet Nutritious

Phlegm was administered

Joseph Jackson M.D.

Scitis Cadaveris Nov 28 post Mortem

External Appearance Body emaciated, Marks of counter irritation over the chest

Cranium Membranes and substance of brain healthy Weight 2 lbs 9 oz

Thorax Four oz of fluid in the pericardium Heart healthy Weight 9 oz

Larynx and Trachea Slight abrasion of mucous membrane of larynx and
commencement of trachea with increased vascularity the latter and the
bronchial tubes full of purulent matter

Lungs both slightly adherent towards their apices Right superior and
middle lobes quite diseased containing numerous cavities of various sizes
and one of large dimensions in the apex of superior lobe which was quite superficial
and lined by a distinct membrane, lower lobe much congested containing
tubercles in the first and second stages - Left lung superior lobe hollowed
out by numerous large cavities all communicating with each other and the
bronchial tubes superior portion of the lower lobe was in much the same
condition its lower margin congested and full of solitary tubercles weight 5 lbs

Abdomen Liver of small size texture healthy weight 2 lbs 12 oz

Spleen slightly lobulated texture healthy weight 8 oz

Kidneys Right healthy weight 3 oz Left healthy weight 5 1/2 oz

Two pints of fluid were contained in the peritoneal cavity

Stomach and small Intestines healthy with the exception of enlargement
of the glands at the lower end of the ileum Several chronic ulcers were
found in the large intestine

Copied by Joseph Jackson

M. B. A. M. S. J.

No 27

Ref	Name	Age	Disease	Admitted	Disch	Duration of Disease	Where Contracted	Ward	Reg	Tel
10	C. Bro Lygatt	40	Abscess	12 Sept 1849	July 16 1850	22 months	Woolham	12	149	247

The Highsmith a servant. Service when received the wound 15 7/16 at home 9 3/4 in 2 and 6 1/2
From division. Eyelid good health up to date of receiving the wound with the exception of an attack
of Ophthalmia commencing May 1848 & lasting 3 months - Wounded by a mallet ball which
struck the left upper lip near the angle at side of face carried away with it some of the canine tooth
& his first molar severely lacerated the tongue & fractured the coronoid of the lower jaw - From this
period up to the 15 Dec 1848 several pieces of bone had come away the sufferer about a month
after admission from dysentery which lasted for about 3 months - State of health on admission

in different, but pulse firm & appetite good, wound of jaw healed but over the lower part of the right scapula, there was a circular unhealthy sore spot about 3 inches in diameter of 11 months standing in which abscesses & sinuses have from time to time formed. Two incisions were made in it on admission for which there was considerable unhealthy discharge, the parts around were dried and scabbed looking but regular no pain of chest. From that time the sore increased, collections of matter formed, were evacuated by incisions the edges of which then took on an unhealthy action, caustics & poultices were then applied with temporary & only temporary benefit, matter formed again in some adjoining part and the same course was gone through, water dressing & a strong solution of nitrate of silver were also tried without benefit. On 27th Oct 1899 it is remarked the disease now presents an extensive jagged round mass of considerable size, painful, purplish, & soft to the touch, with here & there eruptions though which put out. With this extension of the disease, the general health suffered, his appetite became bad, his bowels irregular & his pulse weak. On 7 Nov while under the influence of chloroform from 40 to 50 incisions were made it being supposed that the disease was kept up by the presence of some foreign body but none was discovered. From these openings there was great discharge of fluid pus, and his health suffered greatly, symptoms of hectic coming on, the chest was also greatly complained of as well as the head and face. The process of cure & his position were reapplied, Sir W^m Barrett's solution, and finally simple dressing, after some time he began to improve until about March last when the sore again became unhealthy. On 24 March an irregular piece of dead was extracted from the lower part of the sore as low down as the 10th dorsal vertebra. High colored urine is also noticed on the 28 March & found to be albuminous, his body became cedematous & his stomach distended & flatulent, during all this time also he has been subject to fits & rheumatic pains, he had had some more since. In May the sore began to extend downwards, collections of matter forming as before which were opened & poultices applied, & finally they were dressed with various ointments, and for the last 9 days painted with iodine & a warm lotion of Marsale & had applied for an hour or two, both of which latter applications together with such gentle pressure as could be applied which the great passing of the fluids & indeed more healthy action. About 10 or 12 days ago he complained again of cold, spitting up a good deal of suns fluid, which was generally checked by the morphine which he had taken ever since admission. On the 11th he had an attack of sharp pain of the side, accompanied by some hæmoptoe, but owing to his state the chest could not be properly examined nor the remedies tried. From that time he gradually sank. It is worthy of notice that for two days before his death, he spit up a good deal of his blood had a most offensive purulent odor.

Sectio cadaveris hinc vij^{ma} post mortem.

External appearance. Extreme maciation, considerable protrusion of right side of skull anteriorly, large sore on the back of an unhealthy character extending from the upper angle of scapula as far as lumbar region.

Cranium

Not examined

Thorax

Heart healthy weight 8½ g. Lungs about 2 pounds of fluid in right pleural cavity, pleura on this side adherent by lymph partly of old partly of recent formation, the latter chiefly towards the lower border, pulmonary texture healthy throughout, no condensation. Left lung also adherent by lymph of old standing which extended across the outer surface of the pericardium. Pleura pulmonalis considerably thickened & externally congested, slight

Condensation of pulmonary texture of lower lobe, superior healthy. wt of lungs 2.11 g

Stomach. Liver of large size, right lobe especially so, outer surface of a nearly uniform pale yellow colour & ultimately a section showed the same appearance, texture containing a large amount of fat, soft & lacunae wt 5.11 g. - Spleen texture firm pale wt 9.2 g. - Kidney right - pale mottled on its outer surface, capsule easily stripped tubuli entire wt 5.5 1/2 g. Left slightly lobulated texture generally even. - Uterus right wt 4 1/2 g - Stomach & intestines healthy

External. On viewing the integuments of the back it was found that the muscles were all superficial, none passing below the sheath of the muscles the texture of which was healthy. They extended upwards as far as the superior angle of the right scapula & downwards to near the crest of the left ilium, neither of which bones showed any trace of disease. After the lungs were removed from the chest one part of the thickened pleura ext. on the right side appeared to have melted between it and the ribs, on drawing it up the 10th rib was found diseased being denuded of its periosteum & slightly curved between its head & angle. No trace of a foreign body could be detected.

Wm. Nicholson M.D. 11 Westbury

Wm. Nicholson M.D.

No. 28 -

Regt Name	Age	Discharge	Admitted	Discharge	Where	How	By	Time
					Discharge	Entered		
1st Lt. H. H. Harrison	34	Cachexia	June 30 1850	July 17 1850	3 years	India	10	330 132

An Irishman a Thurnthorpe. Fifteen years and five months service of which 13 years were served in the East Indies the remainder at home. Admitted into this Hospital in an extremely emaciated & debilitated Condition the effects of repeated attacks of Remittent Fevers & Rheumatism when serving at Umballah S. I. - and since that time he had done little or no duty of any kind. Was first attacked with Fever in May 1847. Was first sent to Landour a hill station in May 1848. Where he remained sixteen months without deriving any particular benefit from the Change. On admission into this Hospital he Chiefly complained of great general debility and of pains in his limbs more especially in the knee joints the left one was sudden and painful on motion. His weakness was so great that he was unable to move even in bed without great assistance. Appetite very indifferent. Thirst. Pulse 90 small and weak. Breathing natural. Skin dry. Impure white. W. Caprine. Sound elicited on percussion was quite equal all over chest but the natural resonance was increased from the extreme thinness of parietes. Respiratory murmur clear. action of the heart natural both sounds distinct. After being a few days in Hospital he rallied a good deal from the state of extreme exhaustion in which he was on admission. his appetite had improved; he slept well

and felt complete; and about the ¹⁴ of this month he was carried into the back grounds at his own request. Enjoying a little fresh air: No particular Change was observable after this date until the 16th inst: when he began to complain of loss of appetite - sickness at stomach and sense of heat over the Epigastrium: Towards evening of that day much irritability of Stomach commenced - he had urgent thirst and Epigastric pain. Pulse 100: Small and weak - Tongue dry - Warm. Irritability of Stomach continued with frequent retching & vomiting during the greater part of the night and in the morning he was found in an extreme state of exhaustion: Stimulents & Effervescent draughts, Milk Anodynes &c. were had recourse to without benefit.

Patient died at 10 o'clock P.M., July 17th - 1880 -

Section Cadaveris - homo - 30 post Mortem

External appearances - Body much emaciated;

serous fluid in lateral cavities considerably increased;

Cranium } Substance of Brain softer than natural; Weight 3lbs. 2 1/2 oz.
A quantity of fluid in Pericardium;

Thorax } Heart healthy; Weight eight and a half ounces;

Larynx and Trachea healthy - Both Lungs free from adhesions perfectly healthy throughout - Weight of Larynx, Trachea and Lungs: 2lbs. 9 oz.

Abdomen } Liver enormously enlarged: left lobe extending completely over the stomach which was compressed by it. both lobes extended as far down as the umbilicus. Laterally touched each side of the abdominal walls - Gall bladder full of dark colored bile: outer convex surface of liver presented one or two cicatrices: capsule of liver on being cut into was found extensively infiltrated with fat. Weight 10 1/2 lbs.

Spleen Enlarged, structure pale soft and lacerable; and containing one or two points of yellowish tubercular deposits. Weight 1lb. 6 oz. - Kidneys outer surface of right irregularly nodulated and mottled; capsule largely infiltrated with fat: most of the tubuli obliterated: a cyst was situated towards its upper border which contained three small renal calculi. Weight of Kidney 5 ounces, Left Kidney disorganized in a similar manner. The granulations in cortical substance of this kidney were more prominent. Weight 5 1/2 ounces;

Stomach and Intestines healthy -

M. M. M. M. M.

Reg	Name & Rank	Age	Admitted	Died	Duration of Disease	Where Contracted	Disease	Was Reg	Total
98	Porter, W. D. M. D.	28	June 30 th 48	July 17 th 49	Ten Months	India	Acute	D	322 204

An Englishman engineer Total service Five years and a half of which 4 $\frac{1}{2}$ years in India the remainder at home. Was moved in Hospital previous to going to India. In India he suffered from Phlegmon. From 20 June 47 to 2nd July 47. Febris Cont. Com. from 8th Dec 48 to 28 Dec 48. Rheumat. Ch. from 28 Dec 48 to ... Rheumat. Ch. from 26 May 49 to 26 July 49. Rheumat. Ch. 27th July to 19th Aug 49. Rheumat. Ch. 22 Aug. On admission the abdomen was very much swollen, and evidently contained a great amount of fluid, the limbs were anasarcaous, as also were the scrotum and penis. The Respiratory action was hurried, and the Heart's action was increased, a bruit accompanied the second sound. During his stay in Hospital the swelling increased, and after a few days there were symptoms that water had collected in the cavity of the chest, and in the pericardium, as there was considerable dullness on Percussion. The abdomen became very much distended. This seemed in a great measure to depend upon accumulation of air in the stomach. He had considerable difficulty in taking water. The bowels were very torpid, and required large dose of medicine to have any effect on them. The symptoms enumerated became more distressing and two days previous to his death erysipelas attacked the scrotum, penis & skin of the abdomen. He could not pass any water, the catheter was introduced but no urine flowed. This was repeated in the evening but with the same result, and he died this evening July 17th at 4th at 5 P.M.

The treatment consisted of purgatives, Diuretics Nutrients & Tonics

Daniel McQueen

Section Casarius Nova 17 Port Morton

Ext. Appearances Abdomen swollen and fluctuating. Great oedema of both lower extremities and scrotum. Integuments of the penis in a sloughing state.

Cranium Membranes of brain congested, quantity of serous fluid at base, and in the lateral ventricle increased. Substance of brain healthy weight 2 lb 15 oz.

Thorax About 4 oz of fluid were contained in the pericardium. Heart of small size structure healthy weight 7 oz. The mucous membrane of larynx and epiglottis considerably congested. Lungs both pleural cavities distended with fluid. Lungs free from adhesion. Section of both much congested especially the lower lobe of right weight of lungs trachea & larynx 2 lb 6 oz.

Abdomen Liver of small size, externally irregularly lobulated, both on its concave and convex surfaces; its peritoneal coat much thickened and containing towards the inferior border

of right lobe several points of whitish deposit of the consistency of cheese. Texture of liver unusually firm, containing a large amount of fibrous tissue, being affected with carbon in the advanced stage. Weight 3 lb 10z. Gall bladder full of dark bile. Splen of large size, texture unusually lacerable, almost effluent weight 1 lb 5oz.

Kidneys Right considerably enlarged, capsule easily stripped cortical substance infiltrated with granular fatty matter, which had not encroached on the tubuli Weight 8z 10r. Left also enlarged and generally resembling the right weight 6z 50r. Stomach & Intestines healthy—

About 20 points of fluid were contained in the cavity of the abdomen; all the intestinal canal was distended with gas, especially the stomach. The parietes of which were unusually tense from this cause. On microscopic examination of the deposit found on the convex surface of the liver it was ascertained to be tubercle.

Daniel Macqueen

No. 30—

Wm. Wm. Wm.

Regt Name & Rank	Age	Admitted	Died	Duration of Disease	Where Contracted	Disease	Had Sy	Notes
804. Lt. Charles Gray	25	15th July 1860	2nd Aug 1860	14 days	St. Henry's (Ant. Hain)	Fetor Intermitt.	14	33/ 24

An English Ratcatcher, Service, seven years & two months, of which he served seven years in New South Wales & India. Was admitted into the Genl Hospital Fort Pitt on the 15th of July in consequence of having been attacked with Intermittent Fever at St. Henry's about a week previously, but never suffered from the disease before. From the man's own account it appears the rigors came on every morning about 5 A.M. he had been invalided & was waiting for the next Board, having been sent home from India on account of M. Malaria, from which affection he had suffered upwards of two years. On his admission he did not complain of anything in particular, the pulse was small & weak, Tongue whitish, & appetite indifferent, Bowels confined, a Cathartic Purgative was prescribed & after its operation a full dose of Quinine, the latter medicine was also ordered in smaller doses in the course of the day, he continued free from rigors, or any particular symptom, till the evening of the 18th when he complained of pain in the left Hypochondrium, slightly augmented on taking a full inspiration, the pulse was unaffected, the skin cool. Hot Turpentine Fomentation & a Sinapism were ordered to the part in pain, & a dose of Doan's Powder & Colomel, which entirely removed it in the course of a few hours, on the morning of the 20th most alarming symptoms presented themselves.

he was in a state of extreme depression & exhaustion, respiration short & hurried, pulse small & feeble, hands & feet cold. Tongue moist, & coated with a brown fur, the debility & exhaustion rapidly increased from this time, the pulse gradually ceased to beat, the surface of the body became cold & covered with clammy perspiration, the breathing becoming more & more oppressed. He sank & expired at 4 1/2 past one o'clock A.M. 25th July. His chest was examined on admission, but no morbid phenomena could be detected within of the lungs or Heart. The treatment consisted in occasional purgatives, & Quinine & Tincture of Sassafras, & in morphia, Camphor, Brandy, Beef Tea, in fact every thing that could support the failing powers was exhibited.

W. H. G. M.D. Surgeon. D. C. C. C.

Actio Cadaveris hora XI. Post Mortem.

External Appearances. Body well formed, not emaciated, Skin & conjunctivae slightly tinged yellow.

Cranium. Brain not covering of the anterior part of left Hemisphere of the brain much congested, with a dull red colour, and elevated by effusion between it, and the Pia Mater. Substance of Brain healthy. Weight 3 1/2 lbs.

Thorax. An unhealthy looking Abscess was found in the substance of the left Pectoral Muscle, which latter was softened & disorganized.

Heart. Inner surface of Pericardium stained with a few reddish spots. Heart healthy, weight 9 ounces.

Larynx & Trachea. Considerable congestion of lining membrane of Larynx & Trachea particularly the latter.

Lungs. The Right lung firmly adherent by Symples of old standing. Superior lobe contained a few tubercular tubercles, which towards the apex had begun to coalesce. The whole of this lung was much congested & slightly condensed, its texture throughout unusually soft & lacerable. Left Pleural cavity contained about two pints of an healthy effusion of a reddish brown colour, which apparently consisted of humoral matter mixed with blood. Pleura Pulmonalis thickened, and over the upper portion of inferior lobe, one large circular patch of Symples was found, which appeared of tolerably recent formation. The Superior lobe of left lung towards the apex contained a considerable amount of tubercular deposit in the second stage. Texture of both lungs much congested & slightly condensed. Weight of Larynx, Trachea & Lungs 3 Pounds 10.

Abdomen. Gall bladder full of viscid bile of a dark green colour. Liver enlarged, much flattened out, the antero-posterior diameter not much increased. Texture of Liver on section presented

a nearly uniform pale fawn colour & appeared to contain a large amount of fat. Weight of liver 4 pounds, 13 1/4 ounces.

Spleen. Texture unusually soft & lacerable, & appeared un-
-gested. Weight 13 ounces.

Kidneys. Right enormously enlarged, texture containing an
immense quantity of fat: tubular structure much congested
and partially absorbed, cortical substance externally beau-
-tifully mottled in an arborescent form. Weight 5 ounces.

Left Kidney, also enlarged, and nearly in every respect
resembling the right. Weight 14 1/2 ounces.

Stomach & Intestines healthy.

The urine contained in the bladder after death, on being tested
in the usual way, was found loaded with albumen.

W. McManus

No. 31.

Regt.	Name & Rank	Age	Admitted	Died	Duration of Disease	When entered Disease	Place	Regt.	Folio
444	Plt Robt Murray	28	15 th July 1880	25 th July	2 Years	Malta	Catania Ch.	14	331 30.

An Irishman, labourer, Total Service 7 years & six months of
which two years were spent in Malta, the remainder at home.
His Document stated that he had suffered more or less from
Asthma since 1868 and since that time has been af-
-fected with difficulty of Breathing, mucous-purulent
Expectoration & cough. Upon admission into Hospital which
took place on 15th July, he complained of severe cough,
attended with copious mucous-purulent expectoration, dyspnoea &
night sweats, was greatly emaciated. Pulse 120 Tongue furred
complained of great thirst & want of appetite, in fact present-
-ing all the symptoms of Hectic Fever. Upon examination of
his chest crepitating rales were distinguished, generally over left
lung. Respiration free, & almost puerile over right side. Bowels con-
-stipated. Nothing morbid could be detected in sound of heart.

The pulmonary symptoms continued much the same until the 19th ult.
when evidence of Tubercular softening below the left clavicle, could
be detected. Hectic Fever, mucous-purulent expectoration much increased
in quantity. On the evening of same day, complained much of pain
in left side, increased on coughing, which was, however, removed by
a blister. He continued free from further pain till the 21st when
he again complained of great pain under right breast, increased on
coughing or in taking a full inspiration. From this date, 21st ult.
the Pulmonary symptoms were gradually proceeding, with increasing

Emaciation and debility, Expectoration continuing copious and slightly tinged with blood. On the night of the 28th he was seized with severe fits of Dyspnoea, and also had an attack of Haemoptysis, Sputa, copious, puriform, pale and mucous, mixed with blood, respiration still very profuse during night. Debility and emaciation rapidly on the increase. Mucous Rales became daily more distinct over upper lobe of left lung. Crepitation was detected at inferior part, and generally over the Right lung. He continued slowly sinking fast, until the morning of the 29th July, when he died at 2 P.M. Treatment from the date of his admission his treatment consisted in the Administration. List of Cathartics, - Expectorants, Stimulants, Blisters, Wine, Lomies &c. & The following draught was administered nightly. R. Sol. Suis. Morp. $\frac{ss}{xxx}$ Li. Aeth. Sulp. $\frac{ss}{xxx}$ li. Suis. $\frac{ss}{xxx}$ M. et Camphor. $\frac{ss}{xxx}$

Robert Taylor Reade.

Lectio Cadaveris hora x post mortem.

External Appearances. Body not much emaciated, marks of recent counter-irritation on right side of chest

Cranium.
Thorax.

Brain & its membranes Healthy. Weight $1\frac{1}{3}$ —
Heart Healthy. Weight $9\frac{1}{2}$ oz.

Upon opening the chest, the lungs did not collapse. Right lung slightly adherent, particularly towards lower lobe. Superior lobe containing a few mil-
iary tubercles, was slightly congested and condensed. Middle and lower lobes, intimately adherent, so that the distinction between the two, was hardly perceptible. Both were in a state of grey hepatization sinking in water, and honey combed throughout with numerous cavities containing pus & surrounded with tubercular deposit. Left lung also slightly adherent. Towards apex of sup. lobe one large cavity was found, lined by a distinct membrane, apparently of fold formation, & communicating with one of the principal ramifications of the Bronchi. The rest of this lobe contained a considerable quantity of tubercular deposit, and its lower border was emphysematous. Superior lobe infiltrated throughout with milary tubercles & slightly congested. Weight of lungs, Trachea & Lungs 5 lbs.

Abdomen.

Liver slightly enlarged, texture of an uniform pale colour texture firm, but lacerable. Gall Bladder, nearly

empty, containing a small quantity of glaucous bile. Weight of Liver 5 $\frac{1}{2}$ lbs. Spleen rather small, texture pale and firm. Weight 5 $\frac{1}{2}$ oz. Kidneys. Right a good deal congested Weight 5 $\frac{1}{2}$ oz. Left, also much engorged with blood. Others healthy. Weight 6 $\frac{1}{2}$ oz. A few irregular ulcers to be observed in Cecum & ascending colon, rest of large intestine healthy. Stomach and small intestines, healthy.

32

Morton's Case.

No.	Name & Rank	Age	Disease	Died	Duration of Disease	Where contracted	Admitted	No. of Folios
45 th	J. W. Bentley	35	Morbus Cordis	Aug. 4/50	8 months	Cape	July 27/50	15 329 206

An English Cabinet maker of 12 years service of which 7 at the Cape, the remainder at home - Stated that he enjoyed excellent health until the year 1846, when whilst employed in lifting a heavy weight he hurt himself severely in the lumbar region, in which situation he had pain for a period of 8 weeks, and at the same time swelling of both lower extremities. These symptoms however entirely disappeared, and his health again became good until the month of November 1849, at which time whilst on the line of march, he became suddenly affected with severe palpitation, pain of left side, and dyspnoea, from which he has suffered almost constantly ever since, and has been able to perform no military duty. He never had acute rheumatism, nor the venereal disease in any form according to his own statement - Four days before his admission, both lower extremities began to swell, but he stated that his habits had been regular, and temperate during his stay at the invalid deposit.

On admission he complained of the symptoms above detailed, dyspnoea being especially urgent when he assumed the recumbent position; slight cough was likewise present. On examination of his chest percussion was pretty good on both sides anteriorly, with the exception that cardiac dulness was increased. Both lateral and posterior regions were duller than natural, especially towards the lower part of the chest, in this situation mucous-crepitant rales, were heard pretty generally, respiratory murmur indistinct over the inferior margin of the lower lobes of both lungs - The heart's sounds were accompanied by a loud bellows murmur, most marked with the first, but also involving the second; this was most audible towards the apex, became gradually fainter towards the base of the organ, and was almost entirely lost over the sternum. The pulse at the wrist was 84 small, feeble, and slightly delayed. Both legs were highly cedematous. The urine was scanty and loaded with deposits Sp. Gr. 1016 - On the application of heat it was rendered clearer as was also the case on the addition of HNO_3 . The deposits in the urine were on subsequent microscopic examination found to consist of urate of ammonia - On the 29th of July, he had some mucous expectoration mixed with blood but not viscid, and his general

Symptoms were easier - On the 30th the expectoration was much diminished
On the 3^d of August he expectorated about 3oz of nearly pure dark coloured
blood although without expressing any additional uneasiness, on the contrary
he asserted that he felt better than usual - At 4 O'Clock on the morning of
the 4th of August while sitting up in bed, he suddenly fell backwards and
expired -

Treatment - Sedatives, antispasmodics - expectorants &c

Milbertown MD
Steff Aunt. Surpore

Lectis Cadaveris hora XI post mortem

External Appearances - Body stout, and well formed, great cedema of both
lower extremities - considerable lividity of the face and upper part of the neck.

Cranium - Membranes and substance of Brain, both slightly congested, structure
of the latter healthy - weight 2lb 15oz.

Thorax - The heart was much enlarged, and all its cavities dilated especially the auricles.
The mitral valve was found to be extensively diseased, its ventricular aspect much
thickened and of semicartilaginous consistence, the chordae tendineae were much
hypertrophied and rigid, - on the auricular aspect of the valve, a large prominent
bony excrescence with a rough irregular surface was present, - the mitral orifice
was reduced to a mere chink, about 3 lines in length, and hardly capable of
admitting the edge of a half crown piece - The aortic valves were quite healthy
as also the commencement of the aorta with the exception of one or two faint
traces of incipient atheromatous deposit - Tricuspid valve healthy - Parietes of the left
ventricle were increased in thickness - Weight of heart 1lb 2 1/2 oz. -

The Larynx & Trachea were healthy with the exception that there was incipient
opacification of the cartilages of the former, this was also found when the cure with the ribs
on opening the thorax -

Lungs - A large quantity of fluid was found in right pleural cavity - Right lung was
adherent by lymph of old standing, slightly carnified and compressed against the spine
On cutting into its texture it was found to contain numerous large patches of extra-
vascular blood, affording very good specimens of pulmonary apoplexy, this was found
in all the lobes - Left lung free from adhesions, texture congested throughout and
one or two points of extravasation present but not nearly so well marked as in the
opposite lung. About 1 pt. of fluid was contained in this pleural cavity - Weight of
Larynx, Trachea & Lungs 3lb 12oz.

Abdomen - Liver not enlarged, texture much congested throughout, and a section showed traces
of nutmeg degeneration. Weight 3 1/2 lb.

Kidneys - Both congested, structure otherwise healthy - weight of right 6 1/2 oz of left 7oz.

Spleen of small size, structure firm, weight 2oz

Stomach and intestines were healthy with the exception of general congestion of
their mucous membrane -

Milbertown MD

Regt.	Rank & Name	Age	Disease	Admitted	Died	Duration of Disease	Where Contracted	Head Reg. No.
8 th	P. Peter, Carigan	20	Plithiv. Pulmon.	24 May 1850	5 August	74 days	Chatham	11 327128

On Sail. Labrador, of 6 months service. fair complexion and sanguine temperament. In Hospital once before with jaundice. Admitted on 24 May with symptoms of common continued fever. Headache, pain in the back and loins, hot skin, nausea, quick pulse, urine scanty, bowels constipated. He was purged and had some diaphoretic medicine, and on the following day was better. On the 28th he is stated to have again, and a heavy dry brown tongue, scanty secretion of urine, great thirst and weakness. The same medicine was continued, but on the following day, as his symptoms were ameliorated, it was omitted. From this date until the 3rd June he appeared to be improving, but on the latter day he had a severe rigor, followed by an exacerbation of febrile symptoms, which continued with more or less severity until the 12th, and for which he was treated with calomel, purgatives, diaphoretics and Sparg diet. On the 18th he is described as Coma laevis, left off all medicine, and was placed on Half diet and Porter. Up to the 7th July he appears to have been going on well, but he is then described, as feeling weak, sweating profusely, impaired appetite, pulse 120. He was ordered Quinine Sarsaparilla and Milk diet, subsequently the bowels became relaxed, but ceased on the exhibition of Rhin. Aethiops. On the 19th (the day I took charge of the Ward) he was complaining of severe cough, and acute pain in the left side, increased on attempting a deep breath, respiration hurried, skin warm, pulse 120, expectoration copious & mucous, foetid; he was ordered a saline expectorant mixture, & a blister, which relieved the pain, and as the lungs were appeared to be involved, he was discharged on the 22nd, and re-admitted on the following day under the head of Plithiv. Pulmonari. He lost flesh rapidly, and sank somewhat suddenly at 4 to 5 P.M. this morning.

The treatment hitherto has been entirely palliative. expectorants, anodynes, and a light nutritious diet with wine & ~~Alcoholic~~ ^{Staff Assistant Surgeon}

Section Cadaveris hora septima post mortem.

External Appearance. Body emaciated.

Cranium. On removing the dura mater a large extravasated patch of blood was found between the arachnoid and pia mater, situated over the anterior border of right hemisphere, extending over a space about the size of a crown piece, and two others of similar character and dimensions over the posterior extremities of each hemisphere. Substance of brain healthy. weight 3 1/2 lbs.

Thorax. About 4 oz fluid mixed with flakes of lymph were found in the pericardium. Heart healthy. weight 9 1/2 oz.

Larynx and trachea full of frothy fluid. their lining membrane showing no trace of increased vascularity. Lungs - right free from adhesions. On cutting into its texture it was found to be partially affected with pneumonia, which had involved the centre of each lobe in small patches, which were surrounded by healthy pulmonary texture, the whole lung full of reddish frothy fluid, pulmonary texture considerably condensed but not sinking in water. A large quantity of thick purulent fluid escaped from the left pleural cavity. Texture of left lung condensed, and compressed against the spine. Pleura pulmonalis much thickened and one or two portions of it in a sloughy state. Portions of this lung sank in water. Weight of larynx, trachea and lungs 2 lb 15 g.

Abdomen. Liver slightly enlarged. texture much congested, soft and lacinate. Weight 4 lb 4 g. Gall. Texture unusually soft & lacinate. Weight 12 g. Kidneys. right slightly congested. texture healthy. weight 5 g. Left. the same. weight 6 g. Stomach and intestines healthy.

Altogether Stiff Up Leaf 3
M. H. H. H.

No. 34.

Regt Rank and Name	Age	Height	Weight	Complexion	Build	Direction of View	When treated	How	Regt	File
53	John Hill	42	5 ft 6 in	26 lb	6 ft 6 in	6 ft 6 in	6 ft 6 in	6 ft 6 in	14	331 39

Upon admission to this ward, this man presented the following symptoms. Was in a state of prostrated collapse, body cold, pulse slow, soft & weak. Vision and speech passed involuntarily, eyelids closed pupils dilated, and the peculiar twitching about mouth and hands, which is always to be observed in Chlorine form, he remained in this state of insensibility for a few days, when he became more sensible. On the 29th the whole of the right side became completely paralyzed. The pupil of right eye was stationary, and the upper eyelid affected with ptosis, which remained during the whole course of the disease. On the 30th however a slight improvement in the symptoms was observed to have taken place, and the use of light side seemed to be gradually returning. The bowels were relaxed, evacuations of a black, fæcal character. Tongue coated with a brownish fur. Pulse weak & irregular. No decided alteration occurred up to the 4th Augth when he became much worse during the night. Although food formed no the vacuum, in consequence of his continual lying in the same position. On the 5th symptoms became aggravated, and there was every reason to believe that effusion was taking place. Pupils were fixed & at the least degree affected by light. Pulse 80 - weak and irregular. When last seen which was at 7 PM: on the day of the 5th he was in a state of

profound coma. Pulse was very small and irregular. Skin
 warm and bathed in perspiration. Teeth firmly set-
 and the power of deglutition completely lost. Pupils in the
 same fixed position. He continued sinking rapidly up
 to half past three o'clock on the morning of the 8th Sept.
 When he expired - his treatment consisted in the ad-
 ministration of stimulants, Anodynes & Tonic. Mercury
 was exhibited. Stimulant & purgative enemata. Tonic
 in imitation to head & upper part of spine. The stimulants
 consisted of ammonia & stramonium -

Autopsical Report -

Lectio Cadaveris hominis post mortem.

External Appearances. Body stout and muscular.

Cranium. On removing the calvarium the dura mater
 presented a uniform dark red colour. and be-
 neath the anterior border of Right Hemisphere.
 distinct fluctuation could be felt. On raising
 the dura mater about 4 oz of dark blood, chiefly
 fluid, but partially coagulated, was found between
 the membrane & the arachnoid, stretching over the Ant.
 two thirds of the Right Hemisphere which was slightly con-
 vaped and indented. A small quantity of blood was
 found in the corresponding situation of left hemisphere.
 On cutting into the texture of the brain, it was found to
 present an increased number of bloody points, but as the
 lesion was detected. Weight 3 lbs 12.

Thorax.

Heart healthy. Weight eleven ounces. Lungs
 & Trachea healthy. Lungs. Right slightly adherent,
 particularly towards its base. Superior & middle
 lobes much congested. Inferior lobe in 2nd stage of
 Pneumonia, being in a state of red hepatization.
 In its centre was found a cloudy portion of about the
 size of a walnut, surrounded by a distinct layer of old hyaline.
 Right lung free from adhesions. Lower lobe congested. But
 otherwise healthy. Weight of lungs Trachea & Lungs - 3 lbs
 two ounces.

Abdomen.

Liver slightly enlarged, texture on section presented an
 peculiar grey colour, being interspersed with numerous small
 nodules of fibrous tissue, and the texture besides showing trace
 of nutmeg degeneration. Gall bladder full of dark viscid bile
 Weight four ounces. Spleen somewhat enlarged
 and much congested. Weight eleven ounces. Kidneys,

Larynx and Trachea considerable congestion of lining membrane of Trachea under surface of epiglottis swept from effusion of Lymph

Lungs. Right lung slightly adherent towards its lower border throughout its whole extent much congested and containing a considerable amount of reddish frothy fluid. Left lung pleura of this side internally adherent; a part of fluid found in its cavity, the lung greatly resembling the right with the exception that the lower border of inferior lobe was slightly concave, but not so as to sink in water.

Abdomen. Liver of the usual size, texture of an uniform light brown colour, containing a considerable amount of fat. Weight 2 lbs 2 ozs

Spleen. Small size texture pale. Weight 7 ozs

Kidneys. Right. Cortical substance congested both externally and internally and texture unusually soft. Weight 6 ozs

Left. The same general characteristics. Weight 6 ozs

Stomach and Intestines. Healthy

In cutting into cellular tissue of left side it was found to be in a slightly congested and a small quantity of purulent matter had begun to form. The diseased part had extended from the axilla nearly as far down as the cost of ilium, and on opening the Chest the left pleural surface presented an unhealthy appearance being soft, with the cellular tissue in a much slightly congested condition.

William Laidlaw

Wm. Laidlaw

No. 36-

Regt	Rank & Name	Age	Disease	Admitted	Died	Duration of the disease	When Contracted	How long	How long
Regt	P. George Taylor	38	Bronchitis Chronic	12 August	18 August	6 Days	W. Laidlaw	C	332 81

History of Soldier - An Englishman, prior to enlistment a labourer - total service 14½ years - of which 2 years in the London Islands 7½ years in the Adelaide and the remainder at home. From the detailed report of this man, case it appears that he enjoyed good health until the month of February last, when he was taken into hospital for bronchitis & asthma attributed to cold he caught two years previously when working in a quarry at Wageningen - which was not so severe as to cause his admission into hospital - he has been suffering less or more from these complaints ever since.

On admission into this hospital he complained of urgent dyspnoea from across the chest - severe cough with copious purulent

expectoration and much general debility. The dyspnoea was so urgent that he was obliged to be in the sitting posture. Pulse 96 and the tongue furred. Skin hot and dry.

Physical signs. Chest small and contracted. Considerable puckering under the right clavicle. The upper part of the right lung did not rise well during respiration. There was marked dulness on percussion in the right infraclavicular region and for some distance downwards. Left side of the chest pretty clear. On examination with the stethoscope loud mucous rales were perceived over the upper lobe of the right lung and gurgling in the right infraclavicular region. Cough & expiratory sounds were heard over the greater portion of the left lung. From the date of his admission the dyspnoea continued urgent. He was much harassed with cough and expectoration large quantities of purulent matter. The Pulse was rapid and feeble and the tongue foul. He died on the morning of the 18 at one o'clock. The treatment consisted of expectorants, counter irritation to the chest and anodyne draught at night. Compound of Lich. of Opium with the Elix. Selters. Sulph. - Uppan Diet and Rice pudding.

Alb. Macrae M.D.

Section Cadaveris From XI Post Mortem

External
Cranium
Thorax

Appearance. Body well formed not much emaciated.

Brain and its membranes healthy. Weight of Brain 3 lb 3 oz.

In opening the thorax a rounded swelling of the size and shape of an orange was found situated under the membranum of the Sternum - this on examination was found to be an aneurism which arose from the arch of the Aorta about 2 1/2 inches from its commencement immediately between the origin of the Innominata and left Carotid Arteries. The tumour was filled with solid coagulum of a pale buffy colour and pressed on the trachea about 1 inch above its bifurcation and also on the oesophagus - but had no direct communication with either. The sac of the aneurism was completely filled with the exception of a small portion capable of admitting two fingers when pressed up the aorta.

It did not seem to be enlarged but its valves were healthy. The commencement of the aorta was slightly dilated and showed traces of atheromatous deposit.

Lungs Larynx & Trachea. Considerable congestion of the lining membrane of the lungs & larynx throughout its whole extent. Pleura pulmonalis coated with a thin layer of reticular lymph which appeared to be of recent formation and was easily stripped from off the lung. On cutting into the substance of the lung it was found to be affected with pneumonia progressing in intensity gradually

from above downwards. The lower lobe having passed on into the stage of suppuration while the superior was in the first stage of the disease. Left Lung also adherent. its outer surface presented the same appearance as the right it was found congested throughout and infiltrated with a reddish serum. but crepitant. Weight of Lungs 4 1/2 lbs.

Abdomen Liver much congested and slightly enlarged shrunken form Weight 4 lbs 6 oz.

Spleen rather small and pale but containing one or two small congested spots. Weight 6 oz.

Kidneys right healthy. Weight 5 oz. Left healthy. Weight 6 1/2 oz.

Stomach and Intestines healthy.

extended by

Robert M. Ward M.D.

No. 37.

done by this

W. H. A. M. J.

Regt. Name	Rank	Age	Disease	admitted	Died	Duration of the Disease	Place treated	Kind of Case	File
73	1 st	Michael Dillon	50	Hepatitis Chron.	July 4, 50.	21 Aug	7 months (251 days)	Cape	F. 325 262

Mr. Michael Dillon 73rd Regt. having been invalided from the Cape of good Hope was admitted into the General Hospital Fort Pitt, Medical Division, Ward 4 on the 4th July 1850. On admission he suffered from chronic enlargement of Liver and Spleen, which was complained of on the slightest pressure being applied over those organs. he was also subject to occasional cough of a distressing nature unaccompanied by expectoration. The skin presented a yellow colour. The urine also contained a quantity of bile denoted by the addition of Muratic Acid. Rashes to a limited extent was present and likewise edema of the legs and feet. The bowels although remained obstinately constipated. The Abdomen was tympanitic. Treatment. Tonics. Diuretics, occasionally Purgatives, cough mixture, when required, Stimulant, Gin Wine, Porter, Brandy and latterly suena.

Section Cadaveris box A + VI Fort Worcester

External appearance General yellowness of skin and conjunctiva. body emaciated. abdomen tumid and fluctuating and considerable edema of left inferior extremity.

Cranium Brain and its membranes healthy. Weight 3 lbs 4 oz.

Throat

Throat healthy. Weight 10 1/2 oz.

Larynx and Trachea, slight congestion of their lining membrane.

Lungs both free from adhesions, structure healthy throughout with the exception of considerable congestion of their

lenders which appeared like the scall of pus. —

Abdomen. Gall-bladder contained some very viscid bile of a green color. Liver not much enlarged, outer surface elevated with several small nodules, structure unusually firm and contained a large amount of fibrous tissue. Weight 4 lb 10 oz. Spleen enlarged considerably, of a deep colour. Structure soft and lamellar. Weight 1 lb 7 oz. Kidneys. Highly healthy. Weight 6 oz. Left also healthy. Weight 5 1/2 oz. Stomach healthy.

Intestines. Several portions of the mucous membrane of the colon show traces of increased vascularity and towards the rectum some superficial elevations had taken place.

William Biscoe.

No. 38 —

Medicine of —

Age	Name & Rank	Age	Disease	Admitted	Died	Duration of Disease	Where Contracted	Kind	By	Force
43	P. Charles Anderson	26	Haemoptysis	13 June 1850	22 August 1850	1 year 2 months	Station Castle 11	327	158	

History. A Scotsman, by Trade a Baker. 7 years 10 months service of which 3 years 2 months in Canada the rest at home. Was invalided from his Regiment in Edinburgh on account of deafness and Chronic Catarrh which he had suffered from since October 1848. On the day of his admission here he was seized whilst going up stairs with a fit of coughing which was immediately followed by expectoration of blood to a great extent, the blood being of a dark color and frothy, and in quantity more than 2 pounds. The pulse being intermittent and full but compressible. On the 3 day this ceased. Cough continued urgent and on the 17 June the haemoptyses returned but not to such an amount as before. In a few days more it ceased altogether. The cough however has continued very troublesome with copious profuse expectoration occasionally streaked with blood. He lost flesh considerably. And he became much more irritable. Subsequently there has been general anæmia particularly of the head feet & extremities. The urine has been frequently examined and found to have a spec. grav. from 1018 to 1024. It has generally been very turbid of a deep fawn color becoming clear on the first application of heat but as the temperature increased throwing down a copious albuminous deposit — as it also did on the application of Nitric Acid. Physical signs. Punctate dulness on percussion on both sides of the chest and with loud bronchial gurgling and Bronchophony. During the last few days he has been frequently purged and he gradually sank & died & was on the morning of the 22 August. The treatment was

Sedatives and Anesthetics - 18.50 per ounce & 1/2
 Night Anesthetics - 1/2
 All on hand
 Staff Assistant Surgeon

Lectus Cadaveris Born 18. Post Mortem

External Appearance - Body extremely emaciated -
Cranium Head not examined -
Thorax Heart healthy Weight 18.5
Larynx & Trachea healthy -
Lungs - Right firmly adherent towards the apex and slightly throughout the rest of its extent - superior middle and upper portion of inferior lobe full of tuberculous masses & several cavities of various dimensions in the former - Pulmonary texture condensed & of a grey colour & parting in lobes - Lower portion of inferior lobe congested containing chiefly milky tubercle also a few in the second stage - Left Lung also firmly adherent at the apex which contained one large cavity & one or two small cavities - Lower lobe contained tubercles in the second stage and its inferior border was emphysematous - Weight of Lungs Larynx & Trachea 10.5
Abdomen - Liver Gall bladder full of acrid but of a dark green colour - Structure of Liver slightly congested otherwise healthy - Weight 5.5
Spleen Small structure firm Weight 5.5
Kidneys right Cortical substance infiltrated with fat - Capsule easily stripped - outer surface pale & irregularly indented tubercles laterally entire Weight 7.5
 Left affected nearly in a similar manner - but the cortical substance was more vascular - and a considerable portion of the tubercles absorbed - Weight 8.0
Stomach healthy - Mucous Membrane of jejunum tinged throughout its whole extent of a dark red colour Spleen healthy - in the caecum two small ulcers were found which appeared of recent formation and in the descending colon a flanging portion of the mucous Membrane about the size of a shilling was present -

(6692)

Robt. A. M. D.

W. H. M. D.

No. 39 -

Ref Name & Rank Age Admitted	Rel	Duration When Taken as Prisoner	Discharge	When Released	Ref No.
66 1 st Mass. Cavalry 27	Aug 6, 50	Aug 22	9 months	West India	2 1161 242

This man was admitted under head of Typhoid - Consecution. He suffered in March.

infected from inflammation of the right eye which was treated with blue stone and for which he was in Hospital 20 days. In September he was in Hospital 19 days with bowel complaint and fever. About Xmas 1888 was 12 days in Hospital at the W. Indies with yellow fever. In March 49 had for the 1st time a sore on his penis to which cantharides and other applications were used and at the same time he was salivated for about a week. After being discharged he suffered from and was in Hospital with swollen feet and pains of the knees. He was again admitted with a red scaly eruption which lasted 14 days. Shortly in Decr 89 he was admitted with swollen ^{testicle} and with this and dysentery he was in Hospital for about 3 months. Shortly before leaving the station his right eye became sore and two weeks after the left became affected. On the 7th Augst he complained of frequent watery purging which was checked by rect. Clombi and Opium, it occurred however on the evening of the 8th and during the 9th he was purged every half hour. On the 11th something came on accompanied with pain of epigastrium & some dyspnoea ~~distress~~ ^{and} but without any febrile disturbance. On the 13th blood appeared in the stool and he was becoming very weak and unable to take nourishment by the mouth. Some lax injections were administered containing Opium and Spermocan and at the same time he took frequent small doses of blue pill without any effect. During the latter part of his illness he complained of soreness and swelling about the throat and down the pharynx and of pain and stiffness in the chest with some cough and expectoration. These symptoms were relieved by turpentine friction and expectorants but he was dying from disease of the abdomen the chest was not examined except so far as to draw some dulciss in the right infraclavicular space.

Section Cadaveris Aera XXIV Post Mortem.

<u>External</u>	Body much emaciated; a few tubercles opening in the Perineum
<u>Appearance</u>	Recent marks of granular irritation over the abdomen.
<u>Cranium</u>	Membranes and substance of Brain healthy. - Weight 2 lbs 8 oz 3 drs -
<u>Thorax</u>	<p>Throat healthy. Weight 8 oz 2 drs</p> <p>Larynx and Trachea healthy.</p> <p>Lungs both free from adhesions. Right healthy with the exception of slight congestion of its posterior borders. Superior lobe of left lung affected with pneumonia about its middle had passed on to the stage of grey hepatization a portion of the pulmonary texture sinking in water. Lower lobe congested and its inferior margin slightly emphysematous. Weight of Larynx, Trachea and Lungs 2 lbs 15 ozs.</p>
<u>Abdomen</u>	<p>Liver healthy. Weight 2 lbs 9 ozs</p> <p>Spleen rather small, texture pale Weight 5 ozs</p> <p>Kidneys Right, of small size, capsule thickened and firmly adherent, texture contained a considerable amount of fat, its outer surface studded with numerous</p>

projection of considerable size in the center of the costal
- and substance a small spot was found which presented
the appearance of a cicatrix. Weight of right kidney $2\frac{1}{2}$ oz
Left also of small size presenting the same characteristics
- present as the right. The tubular structure however was
more atrophied. Weight 2 oz 5 drs

Stomach and small intestines healthy. Nearly the whole
of the mucous membrane of the large intestines was in a
slightly eroded and extensively ulcerated.

William Bruce

No. 40 -

Wm. H. Thomas

Regt	Rank and Name	Age	Disease	Admitted	Died	Duration of disease	Where con- tracted	Ward	Regt	Folio
72 nd	Prothonotary McKenney	29	Phthisis Pulm	August 5 th 1880	August 25	9 months	West Point, 10	330	103	

A Scotchman of 10 years service spent in St. Helena and West Point. From what could be
gathered from his own previous history, he was in the enjoyment of good health until
he proceeded to the latter place which was in December 49. When shortly after his
arrival there, he became affected with cough and pain in the side. The physical
signs presented were dulness in right inferior claviculae region, also resonance of voice
Inflammation had also set in in left lung. A month subsequent to this he was seized
with a violent attack of hæmoptysis, since which occurrence he lost ground daily.
To these attacks of hæmoptysis he had been subject at intervals ever since. Upon
his admission into this hospital which took place on 5th of August 1880 his symptoms
were the following. Cough, dyspnoea, general emaciation, and debility. Suffered also
from right hæmoptysis. Upon examination chest was narrow and badly formed. Percussion
was dull under 15th clavicle, but much more marked on right side where a dull sound
was elicited under the whole anterior aspect of chest. Spectroscopy between 3rd & 4th
 ribs on right side showed sternal echinities. Much crepitant rales with scattered
bronchophony over the rest of this side. On left side asthenic. Respiratory murmur
very harsh, with prolonged expiration and bronchophony. Heart's action was
rapid, somewhat normal. Pulse 90 small and weak. Involuntary symptoms
continued rapidly to progress. Emaciation and debility also rapidly increasing up to
the 13th inst. When chest was again examined. Percussion was dull over right side.
Large crepitant crackle with bronchophony were present on same side. Respiration
harsh over left side. Heart's movements accelerated. Much hæmoptysis throughout with
a severe cough and profuse expectoration of a mucous purulent quality. Pulse small and
soft. On the 18th cough peculiarly distressing sputa slightly tinged with blood. Complaints
of severe pain under left mamma aggravated upon the slightest exertion. 23rd phthisical
symptoms continued to increase rapidly. Emaciation and debility becoming
daily more apparent. Large mucous rales were heard over the whole of
right and lower portion of left side. Percussion still elicited a dull sound
on

on right side. Respiration harsh over left side. Pulsa small weak and irregular. Tongue whitish. Stools regular. The symptoms became daily aggravated. Cough becoming more frequent and hoarseness. Sputa increasing in quantity and of a purulent quality. Night sweats still present. He continued in this low state up to the 25th inst. on which night at 1/2 p.m. he expired.

The treatment consisted in the administration of Expectorants, Tonics, Sedatives. Application of counter-irritants to chest. Stimulants & nourishing diet.

(Signed) Herbert Taylor Reese

Acting Asst. Surgeon

Section Cadaveris XVI from Fort Mifflin

External appearance Considerable general emaciation.

Cranium Pericranium and its membranes healthy. Wt 5 lbs 5 drs.

Lungs About three ozs of fluid were found in pericardium. Heart healthy. Wt 8-2 ^{35 drs}

Larynx & trachea Superficial ulceration of larynx at the base of each vocal chord but without any increased vascularity.

Lungs Right. adherent throughout its whole extent. Texture completely disorganized being infiltrated throughout with tubercular masses and containing cavities in all its lobes most numerous and of largest size in the superior lobe near the apex. Left lung slightly adherent but not to any great extent, one or two cavities were found in the superior lobe the greater part of which was in a state of grey hepatization - sinking in water; lower lobe contained one or two tubercles in 2nd stage was much congested and full of fatty serum. Weight of lungs trachea & 5 lbs 14 drs -

Liver not enlarged. Gall bladder nearly empty texture of liver friable and containing small amount of fat. Wt. 3 lbs 7 drs.

Spleen Pale structure firm. Weight 7 drs -

Kidneys Right healthy. Wt 5 drs -

Left Rather pale. Wt 4 1/2 drs -

Stomach One two congested patches - One or two old ulcers in the caecum and descending colon the rest of intestinal canal healthy.

(Signed) Daniel Macgibbon Herbert Taylor Reese

No. 41 -

Regt	Name	Age	Disease	Admitted	Died	Duration of illness	Remarks
72	W. H. L. Sanderson	25	Phthisis Pulmonalis	Aug 6 th 50	Aug 20 th 50	13 Months	Barbados 11 32/231

A Scotch labourer of open habit and delicate appearance. Flat and narrow chested, 11 yrs 14 months service of which he spent 3 yrs in Gibraltar. 2 in the West Indies the rest at home. According to his own statement (for no document accompanied him) he had generally enjoyed good health previous to the present attack which came on about 13 months ago when stationed in Barbados. On

admission here he was much emaciated and complained of severe cough dyspnoea, flying pain in the chest, night sweats and great debility. Expectoration was difficult, purulent and slightly tinged with blood. The bowels were much relaxed, pulse too small and weak, there was marked dulness on percussion under both scapulae, extending some distance downward, increased purpling on forced inspiration and bronchophony, these signs were most marked on the left side. In the last day of treatment all the symptoms continued to increase the diarrhoea being sometimes severe and accompanied with tenesmus. He rapidly became weaker and more emaciated had oedematous swelling of the feet and ankles. There had been almost complete aphonia with a feeling of pressure in the throat. The urine was frequently examined shows a few shreds of shew color, slightly turbid and free from albumen. S. G. 1016. On the evening of the 29th he was seized with urgent dyspnoea purring and tenesmus and after much suffering died without a struggle on the morning of the 30th day at 10 o'clock. The treatment embraced the application of warm irritants to the chest, expectorants, anodyne, as hyoscyamus, the slight administration of sedatives, starch enemata, with Lendemann's and a light nutritious diet with wine.

Licthi Cadaveris hora x x vj Post Mortem

External

Body considerably emaciated

Appearance

Cranium

The arachnoid membrane much congested over both hemispheres posteriorly, and a section of brain presented an unusual number of cerebral points. Weight 2 lbs 9 ozs and 5 drs.

Throat &

About 10 ors of clear yellow colored fluid were found in pericardium, heart healthy. Weight 8 ozs 2 drs. Larynx and Trachea, considerable thickening of mucous membrane of epiglottis and Larynx with superficial abrasion.

Both lungs firmly adherent, Right lung nearly the whole of the superior lobe was converted into a large cavity, lined by a distinct membrane, traversed by numerous fibrous bands. The inferior lobe was full of small tubercles and a good deal congested. Left superior lobe contained one pretty large cavity and several of smaller size. Lower lobe contained tubercles in the 2nd stage and was partially affected with pneumonia towards its lower border. Weight of Larynx, Trachea and Lungs 4 lbs. Liver enlarged and slightly fatty Weight 4 1/2 lbs. Spleen natural Weight 12 ozs.

Abdomen

Kidneys, Right healthy weight $5\frac{1}{2}$ oz
Left healthy weight $5\frac{1}{2}$ oz, Stomach healthy
 Several ulcers were found at the lower end of the ileum
 and the whole of the large intestine was diseased, at some
 parts contracted and the coats thickened with very extensive
 elevation of the mucous membrane.

William Wilson M.D. Am Soc

N^o 42

By	Name & Rank	Age	Disease	Admitted	Died	Duration of Disease	When Contracted	Had Reg. Folio
88	Pte John Mallico	31	Dysentery Chronic	6 August 1880	29 August 1880	4 Months	Barbados	7 33339

In Lockman. Under a Carpenter - Total service 11 years 6 months of which
 6 years 1 month in Malta 3 years and 7 months in the West Indies. The remainder
 at home - Up to 6 months previous to his admission he had been in the
 enjoyment of good health - On admission the following symptoms were
 present - Bowels moved on an average 4 times in the 24 hours - debility and
 concentration were present - appetite good - Tongue clean - Pulse small & quick
 and slightly accelerated - Heart's action normal - from the 8 to the 20 September
 change occurred during this time - he suffered from cough which however did
 not become aggravated it was accompanied by a watery mucous expectoration
 Upon the 27th Sept he was seized with a rigor - previous to this attack
 which came on at 1/2 past 12 o'clock P.M. - the evening prior was made his
 complaints of general weakness & pain in right shoulder. Congestion was
 observed to be tender with bile. Pulse quick, Tongue moist. He continued
 much in the same state up to the 28th with when he seemed to be much
 improved - on the 29th his bowels were only active on twice in the 24 hours -
 in the evening slight febrile symptoms set in. Skin hot & dry. Pulse
 small & quick. Tongue clean moist, no pain of head - at 4 1/2 o'clock P.M.
 he expired - the cause of his death being hemorrhage which came
 on suddenly whilst conversing with some of the patients who were
 seated at his bed side.

Treatment - Astringents very tender. Pills of the sulphate of Iron, Pulse Rile
 with the Puls Rile occasionally, and for the last few days Wine -
 began to be the. Most of the
 Staff Surgeon 2^d Class
 (Station 38) Robt McNeil M.D.
Lectio Cadaveris Havn XXXVI Part Mortuaria

Externae Appearances - Body well formed. Slightly emaciated -
Opacities - Lower dorsal congestion of aorta choroid and the posterior boundary
 such hemorrhage - substance of lungs healthy with counting of film

Thorax

in the lateral branches not increased. Height 5 lb 10 oz. 2 lbs.
Heart. Internal valves & common coat of the aorta stained with a
deep dull red colour especially of the former - Heart otherwise
healthy. Weight 7 1/2 lbs.

Lining membrane of Larynx & Trachea much congested. especially
of the latter. The common coat of both bronchia were nearly plugged
up by dark coagulated blood. Lungs right particularly adherent
by lymph of old standing. apex of the superior lobe contained a
considerable number of Salivary in the 2nd stage, and the pulmonary
tissue much condensed, the whole of the lower lobe middle and part
of the superior lobe contained a considerable quantity of blood which
had been effused in irregular masses. Left lung also adherent.
Apex of the superior lobe nearly in the same state as the right side.
but the disease was rather more advanced and one small cavity had
already formed. exhumation had taken place in the lower lobe in
the center of which a small cavity was present. Weight 6 lb 11 oz.

Abdomen - Liver slightly enlarged. texture unaltered with just offering
a good specimen of what may degeneration. Weight 4 lb 15 oz.

Spleen unusually pale. Weight 4 lb 10 oz.

Kidneys right slightly congested. structure healthy. Weight 4 lb 6 oz.
Left. the same. Weight 6 lb 1 oz.

Stomach - Food in the stomach mixed with a considerable quantity
of blood. and the mucous membrane towards its cardiac
extremity stained by the same. Glands of the small intestine
enlarged but no ulceration present. also those of the large
intestine ^{which} showed traces of previous ulceration.

Not in the M. M.

No. 43.

Robertson Esq.

Age	Name & Rank	Age	Disease	Admitted	Died	Duration of disease	Where contracted	Weight at death	Temp.
23	1st Lieut. Denis Carroll	23	Phthisis pulm.	6 th Aug. 1853	3 rd Sept.	One year	Jamaica	14 3/4	63

An Irishman Native of Service 8 years of which 5 1/2 years in
the West Indian and 1 year and 8 months in the West Indies; from the
document accompanying his case, it appears he has been repeatedly
under treatment for chest affections, and was affected with Haemoptoe
typus when stationed at Jamaica in June 1849. On his admission
into this hospital it was very evident the disease had made
considerable progress, he suffered from a constant harassing cough
with profuse expectoration day & night - the
pulse was upwards of 100, there was irregularity of the bowels
and great emaciation and debility. The stethoscope indicated con-

considerable disease in both lungs - In the mucous case, to be detected generally on the left lung and at the superior lobe of right, during the progress of the disease there sounds gradually merged with those of cavernous expiration though with posttology - There is but little to be remarked in the progress of the case; The debility and emaciation daily increased - The night sweats were most profuse, alternating with diarrhoea; latterly the voice was reduced to a whisper, and slight oedema of the feet and legs made its appearance he gradually got weaker and weaker and sank in a state of extreme exhaustion at 4 to 12 P.M. 3rd Sept

Treatment Demulcents, expectorants, Pectorals, Astringents, ferrous diet and a daily allowance of wine

(Signed) J. W. Gregory

Copied Daniel Macneil

J. W. Gregory

Salto Cadaveris Per xii Post Mortem

Ext. App. Body much emaciated slight adhesion of both lower extremities
Trunk Brain and its membranes healthy Weight 2 lb 13 oz
Thorax Chest healthy Weight 5 lb 13 oz. Mucous membranes of larynx and trachea healthy with the exception of slight thickening of the inner surface of the epiglottis - Bronchial tubes full of purulent matter
Lungs Right firmly adherent throughout its whole extent - Superior and middle lobes completely disorganized containing an immense number of cavities, the majority of small dimensions filled with purulent matter. At the apex of superior lobe one of large size lined by a distinct membrane was found - Pulmonary texture condensed sinking in water - lower lobe chiefly contained tubercle in the 2nd stage and also one or two small cavities and was much congested throughout
Left lung also adherent - superior lobe nearly in the same condition as that of the right lung - having numerous cavities in its substance, also full of pus - Lower lobe contained Miliary tubercles, was slightly congested and its superior margin emphysematous - Weight of lungs trachea and larynx 5 lb 4 oz.

Abdomen Liver a good deal congested structure otherwise healthy Wt 4 lb 13 oz
Gall bladder much congested more of a blue color than natural Wt 5 oz.
Kidney Right cortical substance rather pale and containing a considerable quantity of fat Wt 4 1/2 - Left healthy Weight 5 1/2 oz
 Stomach and small intestines healthy. Mucous membrane of descending colon & rectum was much thickened and Corrugated towards its lower end one or two ulcers were present -

Copied Daniel Macneil

W. H. Gregory

Ref. James Mack 22. Disease. Died. Duration of Disease. Post Mortem.

Ref. J. H. Simpson 44. Bronchitis Chron. June 27th/50. Sep. 15th/50. Six months. Ireland. 15. 329. 182.

An English labourer of 21 years service of which 10 in India, the remainder at home. When in India he suffered from fever and dysentery, the latter especially, but recovered completely before his return to this country. Six months before his admission into the hospital when stationed in Ireland, he began to complain of cough, dyspnoea and pain in the chest, these symptoms having been originally preceded by fever, after 4 p.m. to cold. He had been under treatment in his Regimental Hospital without deriving any benefit. On admission chest sounded pretty well, on percussion knotty out, rather duller on left side anteriorly than on the corresponding part of the right. Respiratory murmur was heard with very prolonged mucous expectoration. Expectoration was scanty and brought up with difficulty, mucus purulent in character. The heart sounds were smothered by murmur, pulse 84, rather full. He continued to improve until the 31st of July at which date he was attacked with pain of left side, fulgitation and increased dyspnoea, the heart's action was increased as also the extent of cardiac dulness, and the whole left side sounded knotty. Since then formerly the respiration sounds continued much the same but were mixed with mucous rales. On 2nd of Aug^t dulness over left side had increased and respiratory murmur was almost inaudible. On the 15th he had a considerable amount of blood in the expectoration which was mixed and dulness continued. Besides the administration of calomel and jujube mixture he improved again, dyspnoea however coming on at times in severe paroxysms. On the 31st Aug^t he became worse, dulness over left side was still so marked as formerly and the respiratory murmur although generally obscured could in some parts be heard attended with mucous rales. Over right side anteriorly respiratory murmur was much the same as on his admission. From this date dyspnoea became gradually worse and he was so exhausted that no further stethoscopic examination could be made, and he died on the evening of the 6th Sept. at 9 1/2 P.M. Treatment. Antipyretics, Stimulants, Expectorants. Calomel & opium, Counterstimulants, Vin and Brandy &c.

Scoti Cadaveris hora XV Post Mortem

External Body emaciated, marks of violent irritation on anterior surface of the chest.

Appearance Considerable congestion of the membranes and substance of the Brain and fluid in lateral ventricles increased in quantity. Weight of Brain 2 lbs 15 ozs.

Thorax About four ounces of fluid mixed with blood found in the Pericardium, auricles of the heart considerably dilated, valves healthy. Weight 11 ozs.

The lungs at its commencement showed some traces of atrophy.

deposit, and about 1½ inches from its commencement, an aneurismal tumour the size of a large orange was found, this projected downwards into the chest from the convexity of the arch, and was completely filled by a solid fibrous coagulum. The tumour had passed on the trachea near its bifurcation but had no direct communication either with it or the esophagus.

Lungs and Trachea. Slight opacification of the cartilages of the trachea and the latter filled with purulent matter. Right lung slightly adherent white lower border. Superior and middle lobes emphysematous the lower a good deal congested, full of frothy red fluid but not adherent. Left lung firmly adherent towards its lower border the whole of the lower lobe was affected with pneumonia which had passed on to the 3rd stage, pulmonary texture practically much condensed, sinking in water, and considerable quantity of purulent matter could be pressed out from a section. Superior lobe also emphysematous and the smaller bronchiae dilated. Weight of Lungs, Trachea and Lungs 6½ lbs.

Abdomen. Liver not enlarged, texture much congested, Weight 4 lbs 2 ozs.

Spleen rather pale Weight 5½ ozs.

Kidneys. Right, slightly congested, structure healthy. Weight 4.5

Left also the same Weight 4.5

Stomach and small Intestines healthy.

William Wilson

Robertson Esq

No. 45

By Name & Name	Age	Disease	Admitted	Died	Duration of the Disease	How Contracted	Had By	Sex
of R. M. Lockie	23	Tubercle	6 August	7 September	2 years	Unknown	14	551 61

Re Lockman. Labourer of delicate stamens habit. Period of service 4 years of which 2 years in Jamaica the rest at home. While in Jamaica was in hospital at some different periods for pulmonary affection. Has had syphilis & suffered from variola. His present disease presented itself two years ago when stationed at Maroon Town (Jamaica). The symptoms then were dyspnoea - slight cough & expectoration also at this time had a severe attack of Hæmoptysis. These symptoms gradually became aggravated and in consequence of which he was sent home for change of climate. On admission into this hospital he was in a most weakly & emaciated state, and it was very evident that the disease had made considerable progress. There was a constant harassing cough with copious mucous purulent expectoration. Dyspnoea frequent vertigo, faint, night sweats and occasionally diarrhoea. On examining the chest on percussion elicited a dull sound, generally over the chest. There was bronchophony & bronchial respiration distinguishable over

the inferior lobe of right lung - Minute crepitation still over the upper part of left lung - Minute crepitation also audible at the inferior lobe of right lung - the action of heart slightly accelerated - the pulmonary symptoms gradually proceeded, the cough at times very severe with copious puriform expectoration occasionally tinged with blood - the night sweats were profuse on the 1st of August he was affected with an uncontrollable & distressing diarrhoea which seemed to resist all remedial measures it continued up to the period of his death & which no doubt it accelerated - the hair was coarse on admission and as the disease progressed became reduced to a mere whisper the debility daily proceeded and he sunk more and more exhausted at 8 o'clock P.M. 7th September 1851 -

Treatment. Opium - 40 drops - Sedatives - Counter Irritants - Diarrhoea was treated with Mistura Opii & Spiritus the Pulvises & strongest with Opium Anodyne & enemata the use of a bland nutritive diet with wine -

(Signed) J. M. Gray M.D.
J. J. Chap.

Lectio Cadaveris Ann. XVI Post. Resolutionem

External Appearance Body much emaciated

Abdomen Breast and its Membranes healthy - Weight 2 lbs 11 oz 1 dec

Throat Heart healthy - Weight 6 lb 13 oz

Larynx & Trachea - Aperture of the Glottis much constricted - mucous Membrane of it and epiglottis thickened and most extensively ulcerated - Trachea healthy
Lungs - Right adherent throughout its whole extent - both pleurae thickened and of a semi-cartilaginous consistence - Superior & middle lobe adherent together - the greater portion of the former was occupied by an enormous cavity which was traversed by numerous gelatinous bands, and above containing several others of small size a few of which were present in the middle lobe - Superior lobe contained tubercles in the 1st & 2^d stage - and was slightly condensed - Left lung nearly free from adhesions - Superior lobe contained one or two large cavities and a few tubercular masses were disseminated throughout this lobe - Lower lobe contained tubercles towards its upper border was slightly condensed & emphysematous - Weight of Larynx Trachea & Lungs 4 lbs 2 oz

Abdomen - Left lobe of liver of unusual small size - Right lobe posterior diameter slightly increased - and the bottom of liver contained a considerable amount of fat - Weight 2 lbs 11 oz

Spleen rather small testaceous pale - Weight 5 oz

Adrenals - Right slightly congested Weight 4 1/2 oz - Left same Weight 5 oz

Stomach and upper portion of the small intestine healthy - lower end of the Stomach contained several ulcers and the Glandulae digestivae were much enlarged - the whole of the large intestine was extremely

discovered - the Mucous Membranes covering the throat, at many points
abraded - the whole much congested and bloody patches of the Mucous
Membranes more present at intervals -

Eaten by Bill at St. John's N.S.

McArthur

No. 46 -

Ref	Name & Rank	Age	Disease	Remarks	Place	Kind	Ref	Ref
72	1st Lieutenant	25	Sept. 1849	Aug 18/50	Sept 18/50	12 months	Barbados	2 103 97

A Scotchman of *Scrophulus diathesis*, Coachmaker. Service by sea, etc
of which were in the West Indies, 15 months at Gibraltar, the remainder home
to the year 1849 whilst stationed at home was admitted into Hospital with
an abscess on the penis followed by others in the left groin. At Barbados
he suffered from fever and from abscess in the inner side of left arm
and left groin of a *Scrophulus* character, was recommended and sent home for change
of climate. Was admitted into the General Hospital Port Pitt, much emaciated
on the inner side of left arm there was a large irregular shaped indolent abscess
in some parts covered with yellow slough also a large abscess in left groin
presenting the same appearance which followed a syphilitic-like bubo. The
right ankle joint very much enlarged and thickened did not suffer much from
from him General Health bad. Bowels regular, his treatment consisted of
calomel. Ol. Ricini. Cupiata. Sodioid. Potass. Iodine. Alum. Glycer. &c.
the abscess healed, his health improved. On the 14 Sep. he was seized with a violent
shivering which lasted three hours followed by headache and severe vomiting
the skin hot and dry. Pulse full & hard. Tongue yellowish, great thirst. S.
course. On the following day was attacked with large patches of face & arms
accompanied with drowsiness, difficulty of deglutition, cough & expectoration
the skin hot & dry. Pulse 110 full. Tongue of a dark gray brown & brown
bowels regular. On the 15 the inflammation of the face extending upwards to
the forehead, the fever was somewhat relieved. On the following night became
very restless and sweated a good deal. On the 17 he complained of pain
above the sternum & of shortness of breath which was increased on pressure especially
over the lower part of left side - impeded respiration, cough - expectoration viscid
& frothy. Tongue of brown colour. Pulse very full almost insupportable
On Pericardium there was dulness over the lower portion of right mammary region
also slight dulness over the same region on the left side. The respiratory murmur
was very full in the right mammary region - in the same region and lateral
region of left the respiratory murmur was distinctly heard combined with crep-
itant rales. The chest and head symptoms rapidly increased in severity and he
died the 18th Sep. at 2 p.m. 8 o'clock A.M. His treatment consisted
of large quantities of infusion of Potass. Iodine. Alum. Glycer. &c.
Decomposition. Cause: Mixture with the disease of the lungs of pneumonia. Death from

Extra. Brandy.

Testis Cadaveris hora xxvij Post MortemExternal
Appearance.

Body well formed. marks of erysipelas inflammation over the face and head and of counter irritation on the Chest. cretaceous patches in left groin -

Cranium

considerable congestion of the arachnoid over both the hemispheres. substance of brain unusually firm & generally congested. Weight of Brain 5 lbs 3 oz. The lateral ventricles unusually dry -

Thorax.

An ounce and a half of turbid fluid mixed with lymph was found in the pericardium. Heart healthy. Weight 12 ozs

Larynx and Trachea filled with fatty mucus, lining membrane healthy.Lungs. Right pleural cavity contained a considerable amount of fluid. This lung adherent throughout to its chest & cut by recent lymph. it contained only two lobes both of which much congested. Left Lung. This pleural cavity also contained some fluid. Pleura ^{cutis} ~~monalis~~ with a layer of recent lymph. lower lobe in a state of red hepatization and much impregnated with blood. lower portion of the superior lobe also affected with Pneumonia which had not spread beyond the 1st stage. Weight of Larynx Trachea and Lungs 5 lbs 1/2.AbdomenTexture of liver finable of a pale brown colour lobules generally indistinct. texture throughout a great deal congested Weight 5 lbs 13 ozs - Spleen much congested, texture finable Weight 8 ozs. Kidneys. slight fatty degeneration of ~~right~~ ^{right} which was also enlarged. Weight 6^{oz} 2^{7/8} Left affected in the same way. Weight 7 ozs Stomach and Intestines healthy.

No 47.

William Birnie

Regt	Name & Rank	Age	Disease	Admitted	Died	Duration of Disease	Where Contracted	Ward	Reg	Vol
84 th	Frederick Rogers	22	Cerebral Chorea	Sept 15 th 50	Sept 25 th	10 months	at home	15	329	207

This man was transferred from the Garrison Hospital, to the General Hospital at that time on the 13th September 1850. From what can be gathered from his previous history it appears that he was in the enjoyment of excellent health previous to his entering the service. He was first admitted into the Garrison Hospital on the 2nd of January 50

affected with pain in left side, cough attended with copious expectoration, he also suffered from profuse night sweats. At that period percussion did not elicit anything to indicate disease, but upon examination with the Stethoscope slight crepitation was detected for a short time he recovered sufficiently, so as to be discharged to duty on the 20th of some month, but was again admitted on the 22nd of ~~the~~ ^{the} ~~month~~ ^{month} complaining of severe cough and general debility & emaciation. At that period upon examination of chest percussion elicited a dull sound in each infra clavicular region, more distinctly marked in left. Rales, wheezing & rhonchophony, with an occasional mucous rale were also detected. Upon his admission into this Hospital his appearance was that of general emaciation and debility. He suffered much from cough of a peculiarly distressing nature approximated towards evening. Expectoration of a mucus-purulent quality & scanty in quantity. Dullness upon both sides was elicited by percussion. Mucous rales were very distinctly heard in some situation. Respiration was harsh. Heart's action was accelerated and slightly irregular. According to his own statement, and to all appearances, a slight improvement gradually took place up to the night of the 29th of September, which was rendered very marked by incessant coughing. He was also much troubled with very profuse night sweats. Expectoration was increased in quantity but the character of it was still unchanged. He continued without any change worthy of notice up to the morning of the 25th when he was suddenly seized with a fit of coughing attended with vomiting of blood. The quantity of blood vomited was equal to about 2 pints. He did not survive the attack more than 4 minutes & expired at 4 p.m. 3 A.M. When paying the coming visit, his answer as usual was that he was improving. The quality of the blood was arterial, and became almost immediately coagulated. The pupils were widely dilated, and thin covered with profuse clammy perspiration.

His treatment consisted in the administration of Saccharum, expectorants & occasional purgatives. ~~Statedly~~ ^{Statedly} ~~tonics~~ ^{tonics}
 Sicuti Casaveris libro XII^o post mortem (Vigore) Robert Taylor Reese

External Appearance Body muscular not emaciated

Cranium Brain and its membranes healthy Weight 3 lbs 16 ozs

Lungs Considerable adhesions between the pleurae of right side of chest. Heart healthy Weight 10 3/4
Lungs healthy Trachea & Bronchial tubes matted with pathy blood - Right lung - Upper lobe, a large cavity the size of an orange covered by false membrane, also the same lobe containing a mass of tubercles in different stages - Left lung ~~healthy~~ ^{healthy} with tubercles in different stages, also small excavations Weight of Lungs, trachea & bronchi 16 1/2

Liver Liver considerably congested and approaching the Nutmeg degeneration full-bladder full of pale coloured bile Weight 14 1/2 5 ozs.

Spleen Spleen of pale colour Weight 11 ozs

Kidneys Right slightly congested with blood Weight 5 1/2 2 ozs

Left also congested Weight 5 1/2 2 ozs

Stomach & Intestines Healthy - some ulcerations of the mucous membrane of the colon of old standing

Given Sep. 27th by

Samuel Macqueen M.D. & F.R.C.S.

Regt	Name & Rank	Age	Disease	Duration	Did	Duration	Where	Used	Reg	File
6th	Private John Rotham		Phthisis pulmonalis	Apr 29 th 1862	1st	15 months	Exeter	11	336	33

Private John Rotham was admitted in the last stage of phthisis, he was much emaciated and very weak so much so that he could not turn in his bed. He also laboured under diarrhoea. On applying the stethoscope to the ear the mucous rattle was so loud that no other sound could be detected - this man also suffered from loss of voice -

Treatment Pectoral Mixture, Enemas of starch and Opium Wine & Hyoscyamus
(Signed) John Wm. Morton M.D.
Staff Surgeon 2nd Class

Actis Cadaveris Vera Viti Post mortem

External Appearances Body emaciated.

Brain Brain and its membranes healthy Weight 3 lbs 10 oz

Thorax Strong adhesions on the left side of chest between the pleura. About 2 oz of fluid in the pericardium heart healthy Weight 8 ozs - Mucous membrane of trachea and bronchial tubes slightly congested

Lungs Upper lobe of Left Lung almost entirely destroyed by a large excavation - lower lobe filled with tubercles in every stage and containing numerous cavities - Right lung upper lobe filled with tubercles and also with excavations - this is also the case in the lower lobe Weight of Lungs trachea and larynx 7 lbs

Abdomen Liver tolerably healthy - Gall bladder containing a small quantity of viscid bile Weight 3 lbs 10 oz

Kidneys Right quite healthy, weight 5 oz. Left also healthy 6 ozs

Stomach healthy - The mucous membrane of the colon in a healthy condition - with extensive ulceration throughout its whole extent

Small Intestines perfectly healthy throughout

David Macgregor M.D.

Memorandum

The case of P^r J^r Mallow 67th should have been inserted here - for the same see. pages. 344.

Abstract of Fatal Case:

Sgt. Dan! Gooch. Aged 27 and 10 months. 1st Battalion 97th Regiment. Admitted into this Hospital on the 2nd October 1850 = Duration of Disease eight months and four days = Disease was contracted in Prince Edwards Island North America = Died at 7. p. 12. A. M. 6th October in Ward. D. Medical Division of Phthisis Pulmonalis. Register 338: Folios 1. 21. 22. 29.

A Native of Norfolk in England. a labourer previous to this Total Service nine years and six months of which he served five years and eight months in the Mediterranean and one year and eleven months in North America; the remainder in the United Kingdom: From the professional document appended to this case by the Surgeon of this Regiment it appears that the disease commenced with common Catarrhal symptoms followed by constant cough and expectoration, accompanied by general debility, hectic fever and other symptoms denoting the presence of tubercular disease of the lungs; for which he has been under almost constant treatment = The treatment consisting of the use of Expectorants with counter irritation to chest: while lately the Code Liver oil has been given without material benefit =

On admission into this Hospital he presented all the phenomena of far advanced organic disease of the lungs - there was great atrophy of the muscular tissue and prostration of physical strength: the surface of the body was pale and below the natural standard of temperature features and extremities of a bluish tint: breathing short, hurried and painfully excited by the least motion decubitus on back and right side gave rise to paroxysms of coughing: the pulse 110 small, quick & easily compressed: the cough frequent, expectoration copious consisting of rounded masses of tenacious yellow mucus floating in a thinner, frothy, glairy fluid = The ankle joints were slightly oedematous and painful from the tension it occasioned: his appetite was precarious and he appeared much depressed in spirits: The Physical Signs were as follows: -

Considerable flattening of chest on both sides anteriorly with marked depressions in both Infra Clavicular Regions: very imperfect expansion on him taking a deep inspiration: Complete dulness on percussion over the whole left side of chest unaltered by change of position = on right side a fair amount of resonance was elicited in every part Respiratory murmur much obscured in left lung

excepting in Supra Scapular Region where it was faintly audible: This obscuration may in some degree have been occasioned by the sounds of the Heart being heard beyond the Precordial Region: The impulse of the Heart was augmented: On the right lung a loud, moist, crepitant and gurgling sound was heard below the clavicle extending downwards but becoming fainter as it descended = The case continued without material change up to yesterday morning (5th Oct.) when it presented unequivocal indications of approaching dissolution and he commenced to sink rapidly toward evening and died at 7. p. 12. A. M. 6th October 1850

The treatment was entirely palliative - the common pectoral mixture appeared to assist the expectoration: Opium draughts at bedtime: Demulcent drinks and fomentations to relieve the tension of ankles:

William Sedgwick Saunders. M.D.
Staff Assistant Surgeon

Sectio Cadaveris hora xii post mortem.

External appearance: Body highly emaciated: Feet & ankles somewhat oedematous

Cranium: Brain & its membranes healthy, with a slight quantity of serum found at base of Skull: Weight 2 lbs 15 ounces

Thorax Very strong adhesions between pleura on right side and about 3 quarts of purulent matter in left side of chest: Pericardium very much thickened and adhering in many parts to the membrane covering the Heart: Heart & valves healthy.

Lungs. Weight about 11^{oz}. Left lung very much condensed and containing some tubercles & a large cavity towards apex with smaller ones - Right Lung, upper lobe exceedingly condensed & containing numerous small cavities: Lower lobe also condensed & containing a great number of tubercles Weight of lungs, trachea and lungs 4 lbs 13:

Abdomen Liver - Gall bladder contained a small quantity of dark colored bile of a tarry appearance: Liver exhibiting marked degeneration and much congested & weighing 4 lbs 43: Spleen healthy weighing 7 ounces. Left Kidney exhibited fatty degeneration & weighing 7 1/2^{oz}: Right in a more advanced stage of same disease & more indurated externally 6 3/10^{oz} Stomach healthy: Large & small intestines healthy, except a small ulcer in jejunum.

Regt	Name & Rank	Age	Disease	Remarks	Dead	Duration	Where Discharged	Med. Reg.	File
74	P. Edw. Kingsley	17	Scrophulous	Admitted 11 Oct. / 11	2 years	Portsmouth	2	140	119

An Irishman of a Scrophulous Diathesis. Total service 3 years all at home. He enjoyed good health until September / 11 when he was admitted into the Regiments Hospital with enlargement of the glands of the neck. Has been under treatment ever since. Was admitted into the General Hospital Foot Pitt on the 2nd March / 12 with enlargement of the glands of the neck also an abscess on the upper part of left foot, which was laid open discharging matter of an unhealthy appearance. Cough regular, appetite bad, some days after his admission he had a sharp attack of fever which yielded to the 2nd of Mercurius, after which time his health gradually improved until the 16th April when he was seized with severe vomiting and diarrhoea, also night sweats, Pulse 120, his health becoming rapidly impaired, on joining the Regt & Metropolitan Lines together a grating sensation was felt, the discharge at foot was greatly increased, he remained much in the same state up to the 16th May. The constitutional disturbance was now somewhat abated, the pain & discharge from the foot was a great deal less, appetite improving, he continued to improve until the 23rd July when he complained of cough & expectoration, also severe diarrhoea, on examination of the chest, there was dulness on percussion over the anterior & upper portion of right side of the chest. The respiratory murmur was harsh under both clavicles, the diarrhoea yielded to the usual remedies, the other symptoms recommenced much in the same order. During the month of August he had several attacks of diarrhoea & vomiting which were checked, on the 28th Sept he had a severe cold, followed by vomiting and diarrhoea, the skin hot & dry, Pulse 120, cough & expectoration of a frothy character mixed with blood, the left foot & scrotum redematous. On examination of the chest, percussion was pretty dull above all over the anterior portion of the chest is up to level the right clavicle where it was dull. The respiratory murmur was tubular over the upper & anterior portion of both lungs, with the 2nd degree of the infra claviculæ region, where it was feeble, & accompanied with crepitation rales, the coarse rales disappeared over both lungs, these symptoms gradually increased in severity, accompanied with night sweats, and he died on the 11th October at 8 o'clock A.M.

Treatment. Continued in Calapellucens, Lotions of the sulph. humer. acetate. Phos. then turn of the iodide Potass. & gentian. Local issue Ferris. Iodide Ferris, Potass. Iodide, Cal. hum. oil, & acetate, Gum, Stomachic, Draught, Sweet Half, Brown, Elixir, Potass. Iron, Sialta, brand Polding, Eggs, Collage, Meat, Food, Scum, &c.

Robt. M. Hobbs M.D.

Actg. Asst. Surgeon

Section Cadaveris Horse XVI Post Mortem

External appearance, body smooth & muscular, & symmetry of the right
limbs extremely, an ulcer of a scrophulous character on the dorsum
of left foot.

Internal Brain & its membranes healthy, Weight, 3 lbs. 7 oz. 2 drs.

Thorax Same success of colour in the pericardium. Heart of small size
Structure healthy, Weight 1 lb. 6 oz.

Lungs & Trachea healthy. Lungs, Right lung filled with
Tubercles in the 1st stage - Left lung in the same condition - lower
lobe congested, Weight of Lungs, Lungs & Trachea 4 lbs. 4 oz.

Abdomen Liver - pale & bluish yellow with pale transparent bile - Some of
a pale colour & of large size, exhibiting fatty degeneration throughout
its whole structure. Weight, 5 lbs. 4 oz.

Spleen, Natural. 4 oz. 4 drs.

Kidneys, right presenting the tubercular appearance, with fatty
degeneration - exhibiting bright surface. Capsule very firmly adherent.
Weight 4 oz. 5 drs. - Left exhibiting precisely the same appearance
Weight 5 oz.

Stomach & Small Intestines healthy, extension but superficial
ulceration of the colon & rectum -

In right foot Coris had better place, Disease however occupying
chiefly the 4 bones, namely 2 Sphaculated Metatarsals, 1st & 2nd
& 3rd Metatarsal - The Sphaculated Metatarsals & 1st Metatarsal
being more extensively affected than the others. The disease
surrounding the head of the disease are also engaged -

Robt. A. Macdonald

Sett. Assist. Surgeon

Regt	Name & Rank	Age	Disease	Admitted	Discharged	Remarks	Ref. Vol
15 Regt	1st Army Cavalry	45	Bronchitis	29 Sep 1864	12 Oct 64	10 334 107	

An Englishman, taken by trade, 26 yrs service, 110 lbs weight in India the remainder at home. A robustly made man 5 ft 6 inches in height was admitted on the 29 Sep. said that his general health had been good, but two months previous when at sea he had caught cold & suffered from pain in the chest, cough and morbid expectoration from which symptoms he had never since been free. On admission there was much dyspnea & oppression, severe cough with copious mucopurulent expectoration, epistaxis, acute pain in the left chest. The pulse rapid and full, tongue furred & coated, open, on percussion general dulness of the chest was remarked but attributed in some measure to the development of the breasts. Loud bronchial and capillary wheezes were audible throughout and especially in the right side. In this condition without material alteration he remained till the date of his death. The dyspnea & oppression being very considerable much exacerbated with a tendency to anasarca. The secretion of mucus in the throat was abundant and the effort to discharge it his heaving the respiratory sounds as well as those of the heart were completely masked by the loud wheezing and wheezing of the patient. No satisfactory examination could be made. In the treatment. Blister subcutaneous and opium and expectorants were used during the 1st days. The sulphate of Zinc, Cuprum Sulphuratum and other with anodyne & sedative as Bromide, &c. at the later period. No medical documents were received with this man.

A. Collins, I. S. 2nd Class.

Lesotho Cadaveris No. 4418 post mortem.

External Body stout, and muscular, marks of heartburn
Appearance on the left side of the throat.
Cranium Head not examined
Throat Strong adhesions on right side of throat, particularly posteriorly.
 Heart very much enlarged, the aorta considerably dilated with a great deal of atheromatous deposit, with considerably irregularity in its internal lining, a cribriform state of the semilunar valves of the aorta and an aneurism on the arch between the origin of the primitive aorta, posteriorly pressing on the trachea just before the bifurcation. The bronchial tubes considerable discharge of mucus from the trachea and the lining membrane much congested. Left lung both lobes consolidated and in a state of gray hepatization. Right the pleura much

thickened and the structure set as much diseased as in the left lung. Weight of Lungs, Heart and Lungs 8 lbs 5 oz. Abdomen. Liver congested, both the large and small vessels. Weight 5 lbs 12 oz.

Kidneys. Right congested but the structure healthy. Weight 8 1/2. Left much the same as the right. Weight goes.

Spleen. Structure firm otherwise healthy 11 1/2. Stomach and Intestines healthy.

William Birney

No. 52

Regt Name & Rank	Age	Disease	admitted	Died	Duration of Disease	Where in service	Was Reg	Ind
R. Co. 1st Regt. Cal. 40	40	Lateral Curvature	2 nd Oct. 1850	18 Oct 1850	10 months	Diagon	D	338 12.

Labourer served 19 1/2 years of which 8 years in N America, the remainder at home - His present disease commenced in Dec 1849 he being then stationed at Niagara, attributed its origin to cold which was followed by cough, pain in the left breast, and expectoration - Has been four times in Hospital for the above disease. On admission into this Hospital he complained of frequent troublesome cough, and of difficulty in breathing. Could not lie with ease on the left side - expectoration consisted of rounded masses of thick tenacious yellow mucus, he had no night sweats and never at any time spat blood - Chest flattened anteriorly and not at all elevated by a forced inspiration - There was general dullness on percussion - A moist crepitation was heard over the whole of the right lung anteriorly, assuming the gurgling sound at the summit - A diffused moist crepitation was heard over the whole of the left lung with loud gurgling at the summit - Sounds of heart normal - There was considerable oedema of both lower extremities. Abdomen was swollen and tense and distinct fluctuation could be felt - Appetite was very indifferent, and the bowels were relaxed - Urgent dyspnea was caused by the least exertion - The stomach became very irritable and he was unable to retain the lightest kind of food - Urine of high specific gravity 1027 and abounded largely in phosphate - He complained of pain in the abdomen - All these symptoms became very much aggravated, he entirely lost his appetite, vomiting even the opiate draught he got at night. The treatment employed was entirely palliative supporting the strength with wine and other stimulants. He retained his senses till death which occurred Oct 10 at 11 O'C. P.M.

James MacQueen M.D.

Sectio Cadaveris No. XII Post Mortem

External Appearance Body not emaciated bones continuous & normal
Brain Main congested Wt. 2 lbs 14 ozs 2 ozs

Heart & its valves healthy weight 9 1/2 ozs

Mucous membrane of the upper part of the trachea slightly ulcerated

Lungs Slight adhesions at the apex of both lungs - Superior lobe of Left lung almost destroyed by a large excavation - lower lobe filled with tubercles and several small excavations - Superior lobe of Right lung filled with tubercles in the first and second stages, lower lobe much congested and containing many tubercles Wt. of L. & R. L. 4 lbs 11 ozs.

Abdomen Liver much congested gall bladder filled with thin bile weight 4 lbs 7 1/2 ozs

Kidneys Right a good specimen of the fatty degeneration Wt 15 ozs - Left presenting the same appearance Wt 8 ozs

Spleen healthy weight 5 ozs

Stomach and Intestines healthy

Daniel Macqueen

Age	Name & Rank	Age	Disease	Admitted	Died	Duration of Disease	Where Contracted	Ward	Regt	Grav
1st	Private Henry Haver	21	Phthisis Pulmonalis	June 29 1850	Oct 13 1850	11 months	N. America	10	330	128

An Irishman. Throat sore total hoarseness 3 years 1/2 months of which 1 and 7/12 in N. America. The remainder at home. A man of slender make and weakly appearance invalidised at Freetown on account of "incipient Phthisis Pulmonalis" dyspnoea and general debility in May 1850, these disabilities dating from December 1849. On admission complained of dyspnoea and general debility; said that the cough was not very frequent, slept pretty well; debility in different - was much emaciated and unable to walk any distance without much dyspnoea and palpitation - Appetite was impaired. Bowels regular. Examination of the chest showed preternatural clearness on percussion throughout with great increase of vocal resonance and bronchial respiration - The action of the heart was rapid and its impulse considerable; its sounds heard all over the chest, but of natural character.

A small fistulous opening was found close to the vey of the anus. He said that a small stab was opened in this situation 18 months before.

July 16 - The expectoration is yesterday of a yellowish purulent

Regt.	Name	Age	Disease	Admitted	Died	Duration of Disease	Where contracted	Ward No. & Bed
98 th	McGowan Roberts	20	Dyspepsia	15 th Sep ^r 50	16 th Oct 50	8 months		15 3292 1/2

Upon his admission into the Hospital which took place on 15th September, this man was in a state of great debility, and emaciation & was affected with pain of gnawing character confined to Epigastric region, aggravated after meals but no tenderness upon pressure. He also suffered from slight cough attended with scanty expectoration. Was also occasionally troubled with flushing of the face, dryness and night sweat. Although he was described (in document) as presenting symptoms of Phthisis Pulmonalis, upon examination there did not seem to exist any symptoms, sufficiently forcible or well marked to indicate the existence of tubercular disease. There was no dulness on percussion under either clavicles, but under the right, cavernous respiration was indistinctly heard, & a clear sound was elicited over whole extent of chest. On 2nd day following that of his admission the stomach became irritable, particularly after meals. Abdominal affection continued unchanged until 22nd instant when considerable amendment was observed to have taken place, irritability of the stomach was to a great degree lessened, & uneasiness or inconvenience was present in Epigastric region. He was occasionally troubled with diarrhoea, pain in back & uneasiness about neck of the bladder. The urine upon examination was found to be healthy. On the 23rd instant was attacked with severe pain (aggravated upon inspiration) between 3rd & 4th ribs of left side, but upon adapting the stethoscope to point affected, nothing to indicate disease was detected. In a few days afterwards he complained of pain in same position on right side, where crepitations were being indistinctly heard. There was resonance of voice, but it was almost impossible to adapt the stethoscope to any point in consequence of the emaciated & exhausted condition of the patient. It is evident that there is some organic disease, of old standing, present. From the 6th instant emaciation increased, & dyspepsia & diarrhoea occasionally troublesome. Pulse was almost imperceptible & tongue of a peculiarly yellowish spotted appearance. No decided change took place up to the 11th October, at which period disease became aggravated & at 3rd P.M. on same day, he expired. Treatment consisted in administration of Sedative, Loozies, & Counter-irritation. Nine & numerous others.

Herbert Saylor Reade
A. P. Surgeon.

Sectio Cadaveris hora xx Post Mortem

External Appearances: Body very much emaciated.

Cranium: Brain and its membranes healthy: Weight 2 lbs 15½ oz

Thorax: Upon opening the chest, the lungs were found to collapse - a slight band of adhesion, on upper part of Right lung, and tubercular deposit on Pleura Costalis of Right side, about 2½ off fluid found in Pleurothorax. Heart healthy Weight 5½ lbs. In upper lobe of Right, a small cavity was found, also tubercular deposit on Pleura covering lower lobe of same lung which also contained several tubercles in different stages. Left lung healthy. Weight 3 lbs 6 oz.

Abdomen: Liver: Gall bladder contracted and containing very little bile a cheesy deposit on lower thin edge of liver, near Gall bladder. Weight of liver 2 lbs 10½ oz. Kidneys, Right healthy: Weight 5½ oz. Left also healthy. Weight 6 ounces. Spleen healthy Weight Seven ounces. Stomach pretty healthy. Peritonaeum, covering intestines, exhibiting a state of Chronic inflammation and intimately connecting them together. Mesenteric glands considerably enlarged. An ulcer of small size, observed in colon, & which also perforated the intestine.

Arthur Snyton Beade,
A. A. Snyton Beade

N^o 55.

Regt	Name	Age	Disease	Admitted	Died	Duration of Disease	Where Contracted	Num Regt	Folio
85	Pt. Shukals	19	Phtisin D.	18 th Oct	21 st Oct	3 months	Porton	14	381 151.

An English Labourer, 19 months in the Service, all at home. This lad arrived at Gravesend on the 7th of this month, on his way with other invalids, to Fort Pitt, being too weak to proceed, was detained there until 17th the Regimental document accompanied him, but from the lad's own statement it appears he enjoyed good health up to within the last three months, when he was admitted with cough, pain of chest, dyspnoea & palpitation, never suffered from Haemoptysis, and his family were said to be all healthy. On 18th Oct. the day he was admitted into this Hospital, he appeared in a very weakly debilitated state, and complained of slight pain of Right side, could however take a full inspiration, without uneasiness. Breathing was short & hurried, constant tickling cough, with thick viscid sputa. sweats at night, has lost much flesh since the disease first made its appearance. Pulse 100. Soft & regular. Aortic Area. On Exam^{ing} the chest, the sound was dull, over whole of the middle & inferior portions of Right lung, with absence of respiratory murmur,

unhealthily looking aspect. Respiratory & heart sounds were normal. There was pain upon pressure in epigastric region, but it was not constant or indeed present until after meals. There was dulness on percussion in that region, but was difficult to ascertain, whether it was continuous with that of the liver, which was not extended upwards. Pulse 90 feeble. Tongue loaded with a dark brown fur. Bile constipated. On the 28th in addition to his other symptoms, he complained of diarrhoea, the bowels having been moved 4 or 5 times daily. This however was in a few days checked. He was now attacked with a very severe cough, attended with copious mucous expectoration, also with general soreness over chest. On the 26th September, examination of chest was made, and marked dulness was elicited on percussion in left infra-clavicular region, also in right, being not so well marked. There was also everything to indicate extensive tubercular deposition in both lungs generally. He gradually became worse, cough aggravated & expectoration was excessive & of a purulent character. He was also occasionally attacked with diarrhoea. From the 20th October, emaciation & debility gradually increased. Pulse for some days previous to his death, was almost imperceptible. Skin cold & covered with clammy perspiration. In this state he remained till the evening of the 30th when at 6 PM he expired: Treatment: Purgatives, Lomies, Stimulants, Counter-irritants, and latterly wine & nourishing diet.

Lectio cadaveris hora XVIII Post mortem.

External app: Body very much emaciated.
 Cranium: Brain & its membranes healthy Weight 2 lbs 15 oz
 Thorax: About 8 ounces of bloody serum found in the Pericardium, the latter shewing traces of Chronic inflammation, and strongly adherent to the outer surface of heart. Substance of the heart, spongy, in appearance. Valves healthy: Weight 9 oz 2 3/4
 Living membrane of lungs & trachea healthy. Right lung wholly interspersed with tubercles in different stages. Left lung presenting the same appearance: Weight of lungs, trachea, and lungs: 2 lbs 8 oz
 Abdomen. Liver: Gall bladder much contracted, containing little yellowish viscid bile. Liver much enlarged & smaller than natural Weight 3 pounds 8 1/2 oz: Kidneys Right healthy Weight 8 oz. Left healthy Weight 8 oz 2/3: Spleen substance congested & friable: Weight 5 oz: Stomach Pyloric extremity presented an ulcerated appearance. Intestines pretty healthy.

Robert Douglas Macle
 A. S. M. D.

Ref.	Name & Rank	Age	Disease	Admitted	Died	Duration of Disease	Place of Death	Hand	Reg.	Index
9 th	William Rankin	31	Consumption	25 th Oct	31 st Oct	6 years	Cape of Hope	No. 11	336	85986

Spotted Man of 12 years service, 3 years at St. Helena, 5 years & 6 months at the Cape of Good Hope. He remained at home, & was in the enjoyment of good health up to two years since when his present attack, which he attributed to exposure to cold, made its appearance. Upon admission he was much emaciated & debilitated. There was general dulness on percussion over the left lung anteriorly, Cough was peculiar, distressing & was attended by expectation of a phlegm mucous character. Respiratory murmur was absent anteriorly & posteriorly, in upper posterior portion. Canine respiration & Bronchophony were distinctly audible, examination indicated the same extent of disease in upper portion of right lung, percussion however was clear on this side. Heart's action was very much accelerated & heard over a greater extent of Thorax than natural. Pulse was very small, tongue white at edges, bowels relaxed. He procured no sleep, slight delirium. He continued to sink rapidly & died at 4th post mortem.

Treatment / Stimulating liniment rubbed to the chest & along the spine, Pectoral mixture Ric's of Quinine & Irons Powder & Blue Ric over L. & R. lower

Section Cadaveric & 4th hours post mortem

External Appearance / Body not much emaciated

Head / Slight watery effusion beneath the dura mater, the Reflex of the Pia Mater somewhat congested

Thorax / Low front of dark brown on the left side of chest, the Pleura on this side much thickened & deposit of a false membrane, a small portion of fluid in the Pericardium. Heart & its valves healthy, weight of Heart 9 oz. Lungs, Right Lung much congested but free from tubercles, Left Lung condensed, weight 3 lb 11 oz.

Abdomen / Liver exhibited the fatty degeneration & somewhat congested, Gall bladder filled with pale coloured bile, weight of Liver 4 lb 1 oz.

Stomach / Increased vascularity of mucous coat.

Kidney / Right Congested, weight 6 1/2 oz, Left in the same condition as the right, weight 7 1/2 ounces

Spleen / Contained numerous milium tubercles, weight 7 oz

Intestine / Healthy

John W. Mather M.D. Staff Surgeon 2nd Class

No. 58

Ref.	Name & Rank	Age	Disease	Admitted	Died	Duration of Disease	Place of Death	Hand	Reg.	Index
82 nd	George Wright	32	Phthisis Pulmonum	25 th Oct	31 st Oct	12 Months	England	No. 11	336	75487

An English Man, had a few black friends. Total Service 11 years & 10 Months. In Gibraltar five days, Jamaica three years, Canada five years the remainder at home. Disease first became apparent when stationed at Benfont in H.D. In admission in consequence of the exhausted state of the patient stethoscopic examination was postponed. He was affected with Aphonia. Surface of the Body was cold & clammy, as also were the extremities. He also suffered from Cough of a distressing nature accompanied by expectoration of a mucopurulent character. Sleep & Tranquillity was also present. On the second day after his admission the stethoscope was applied to the infra Clavicular region of either side when Coarse Rales were distinctly audible, owing to the small size & tender state of the Thorax further examination could not be made. Symptoms became aggravated on the night of the 30th under Nitrogen Suppleness & on the following evening he died. Treatment consisted of Puncturing, Stimulants & Nutritive diet.

Section Cadaveris 4444 was post mortem

External appearance of Body very much emaciated.
Cranium / Brain & its Membranes healthy, weight 3 lbs 1 oz.
Thorax / Some adhesions between Pleura of either side, particularly right. A small quantity of fluid in Pericardium, Heart & its base healthy, weight 7 1/2 oz. Upper lobe of left Lung contained several Cavities & the whole of the right Lung was totally disorganised & numerous large excavations & tubercles in different stages extensive ulceration of the mucous Membrane of the Larynx, weight 5 lbs 6 oz & 23.
Abdomen / Gall Bladder contained a quantity of thick bile like fluid, structure of Liver healthy, weight 3 lbs 9 oz.
Spleen / Healthy, weight 7 1/2 oz.
Kidneys / Right approaching the fatty degeneration, weight 5 1/4 oz.
— Left, exhibits the same disease but not in so advanced a stage, weight 5 1/2 oz.
Stomach / Healthy, very extensive ulceration in Colon.

Post mortem by Staff Surgeon Dr. Clegg

Regt	Name	Age	Disease	Admitted	Died	Duration of Disease	Where Contracted	Married	Regt. Fol.
18 th	Rte. L. Mullins	34	Ascites	Oct 23 rd 50	Nov 20 th 50	27 days	Livornath	Chatham	15 537 28: 43.

An Irishman of 12 years service of which 5 1/2 in Mediterranean & 3 in Cape of Hope rest at home. Was in the enjoyment of good health prior to enlistment. Upon admission, he suffered from severe cough and excessive expectoration, abdomen was much enlarged & tense, there was also considerable fluctuation. Urine was scanty in quantity, of a

of a deep red colour and slightly turbid. Sp: 3: 1. 025
 did not become coagulable upon application of heat
 and the addition of nitric or lactic acids did not
 alter its quality. From the date of his admission to the
 period of his death, this man made not the slightest progress,
 he suffered much from oppressive dyspnoea. Symptoms
 became aggravated on 2nd of the present month. There was
 great difficulty of breathing, especially in the recumbent
 posture and evidently dropsical accumulation had oc-
 curred in the cavity of the Pleura. On the 3rd he became delirious.
 Conjunctivae were of a yellowish tinge. Pupils were dilated
 and not affected by light. Apparently effusion of brain had
 taken place. Pulse was irregular and occasionally accelerated.
 Body bathed in profuse perspiration: in this state he con-
 tinued until in past 10 o'clock P.M. on evening of same day
 when he expired:

Section Cadaveris hora Postmortem. 'XXII'

Ext. Appearances } Body muscular

Cranium } The 1st effusion beneath the Dura Mater
 with congestion of the vessels of the "Pachy Mater" and
 many red points in the medullary structure of the
 Brain. Weight 3 lbs: 2 oz:

Thorax } About six quarts of fluid in the chest and a
 little in the Pericardium. Heart and its valves healthy
 Weight nine ounces. Lining membrane of Lungs
 and trachea healthy. 3 lbs: 15 oz:

Abdomen } Liver a very beautiful specimen of emphysema. Weight:
 1 lb: 15 oz: Spleen enormously enlarged. Weight 2 lb: 4 oz:
 Kidneys: Left, structure very much softened, and
 almost in a state of decomposition. Weight 4 ounces.
 Right: not so much decomposed. Weight 5 oz: Stomach
 very much congested, and abrasion of surface near
 Cardiac orifice: Collection of pus beneath Psoas near
 1st c. of Right Side: Large & small intestines healthy.

Robert Gaylor Neale

Assistant Surgeon

Age	Name	Age	Disease	Admitted	Died	Duration of Disease	Where contracted	Work	Height	Weight
27 th	William Sellers	22	Pleurisy Pneumonia	3 rd Oct 1850	9 th Nov 1850	Three Months	Cheltenham	16 11	336	90

An English man of 22 years and seven months service, the disease for which he was admitted first became apparent in August 1850. On admission examination of chest did not indicate

disease, perception eliciting a clear sound and respiration maximum being audible also clear but He suffered from pain in the head and also pain of right side which latter was not aggravated by taking a free inspiration there was also slight cough present but unattended by expectoration. On the third night after admission febrile symptoms set in pain of head intense tongue white and dry Pulse small and quick skin hot and dry Bowels relaxed evacuations being dark and watery, in a short time however the urgent symptoms were relieved gradual amendment continued to take place until the 8th when cerebral symptoms again presented themselves he laboured under stupor eyes closed and pupils contracted and insensible to light. Symptoms became increased in density respiration being hurried teeth covered with sores he lingered until the afternoon of the 9th instant when at 5 o'clock P.M. he died. Treatment Diaphoretics Antiphlogistics purgatives alteratives and latterly Stimulants and counterirritation.

Section Cadaveris hora $\times \times \times$ post mortem.

External appearances) Body not much emaciated. Marks of counter irritation on the right side of chest. ^{Cranium} Considerable subarachnoid effusion. Vessels of the Pia Mater very much congested, about one ounce of fluid at the base of brain, the medullary structure exhibiting many vascular points, the corpus Callosum very much softened lateral ventricles contained about 2 ounces of opaque fluid. Weight 3 lbs 1 ounce and $\frac{1}{2}$. Thorax Very considerable adhesion between the pleurae on both sides of the chest. 3 ounces of bloody serum found in the Pericardium. Mucous Membrane of the Larynx and Trachea inflamed. Lungs very much congested but without tubercles. The right lung very much enlarged weight of lung 4 lbs 6 oz. $\frac{1}{2}$. Gall Bladder containing a small quantity of dark bile. Liver) Very pale and large vessels congested with blood. Weight 2 lbs 15 oz $\frac{3}{4}$ quarts. Spleen) Healthy weight 5 oz and 3 quarts. Right Kidney) Structure healthy Weight 5 $\frac{1}{2}$ oz. Left Kidney weight 5 $\frac{3}{4}$ oz. The Peritoneum) covering the intestines and lining the walls of abdomen studded with tubercles the intestines healthy.

Walter H. Mott
Surgeon

No 61.

Age	Name	Age	Disease	Admitted	Donation Disease	While Contracted	Died	Days Lived	Sex
90 th Infy	Leif-Bingman	37	Syphilis Constituted	April 10 th 1850.	6. Spas 7. March	Inlyon	Nov 8 th 750.	142 F.D.	10 th Left

A Robert Englishman by occupation laborer. 114 years served
 of which 8 years in Ceylon & 4 at the Cape the rest at home. First
 Contracted by syphilis in year 44 in Ceylon, since which he has continually
 been in Hospital with secondary disease. On admission had both halves
 of the penis which remained in a state of ulceration & also half of scrotum
 and a portion of the pubic region at cost of penis, the scrotum, foreskin &
 the discharge thus unhealthy. Stated they had healed & broke out frequently
 shortly after admission. The cicatrix of tube in left groin which had
 healed ulcerated & put on an unhealthy character, the right groin be-
 came in a similar manner a few days subsequently, for three caustics
 lithon & tincture were tried this chief complaint was priapism he was
 exempt from the treatment employed & the ulceration were noted for the
 cicatrizing shortly his health improving. When on the 15th of August the
 lower was attacked with erysipelas inflammation & the priapism from
 his attack for days he commenced to decline but the ulceration put on a
 very unhealthy & malignant character, a secondary attack of Erysipelas
 supervened and extended over the trunk to the epigastric region. He
 was now much reduced and his lower appeared also some diminution.
 These symptoms were combated and he came under the tonic Association
 about the 1st of Sept. the Erysipelas had subsided leaving him
 much attenuated, the ulceration were clearing but of a very indolent
 character, little annoyed by priapism. The indication was to improve
 his general health and allow the cicatrizing of the method, while
 and thus was provided the decision great benefit from Camphor
 and Hyacinth. The applications to penis required repeated changes,
 and none in particular can be said to be decidedly beneficial.
 On the 15th Oct. attention was directed to the back when a large Chronic
 Abscess was found having all the appearance of lumbar abscess.
 But no other characters of that disease were present, a cautious incision
 was made at its most depending position & half its contents evacuated about
 8 oz. the following day the sac was completely emptied about 10 oz.
 Compress & bandage applied with a stimulating lotion every day
 until the walk collapsed & it ceased to discharge, his general health
 improved sensibly in a few days the same also looked healthier,
 and was dressed with a weak solution of Tinct. C. P. applied by repeat
 daily improving with some nocturnal perspiration appearing, pains on
 Lomis with Delphines and this treatment was continued up to the period
 of his death which took place suddenly at 1.06 P.M. the 8th Nov.
 Sento Cadaveris for a day - P.M.
 On 1st App. General emaciation, penis shrivelled nearly as thick
 of its base only remaining, thus & surrounding part, & a
 dissection of an inch & a half in a state of ulceration,
 a superficial ulcer in each groin

Head
 Throat

Head Brain & membranes healthy, a small quantity of serum in the ventricles & spinal canal. Its weight 3 lbs. 4 drms -

Throat - A considerable collection of fluid in the pleural cavities. Quantity not ascertained. A large Coagulum of blood weighing 3 lbs. in left side. Middle lobe of right lung a Thrombus to the thorax and the diaphragm. Heart. healthy. At the back part of the ^{right} Ventricle was found a small aneurismal sac the size of a walnut with a ragged, ulcerated opening large enough to admit a finger through which the hemorrhage - the immediate cause of death, had taken place. Lungs, a suppurating cavity size of an orange in middle of the right side, pleural cavity of middle & lower lobes at base of left lung separated by infiltration of blood. Weight of Lungs and larynx trachea 2 lbs. 4 oz.

Abdomen Liver, healthy weight 3 lbs. 14 3/4 oz. Kidneys healthy. Weight of left 7 1/2 oz. the weight of right less by 2 drachms. Other viscera in a normal state.

N^o 62

W. E. Stettenham M.D.
Asst. Staff Surgeon.

Regt.	Name	Age	Service	Admitted	Disch.	Duration of Illness	Place of Contract	Regt.	Folio
6th	John Milton	20	Indian Police	Sep. 29-50	Sep. 30-50	Four months	Colchester, N. H.	534	104.
					8 1/2 a.m.		Ind. 21st		

One English Smith of a weak and unexcited appearance. Total service 5 1/2 years, of which 3 1/2 years in the Mediterranean, the remainder at home. Stated that he had always enjoyed good health until 1846. When he caught cold, which was followed by cough and expectoration, and for which he was in hospital for about 3 weeks. After this period he was not in hospital until May last, when he was seized with cough and expectoration after exposure to cold and wet at a general inspection. On admission into this hospital, he complained of severe cough, accompanied by copious purulent and very foetid expectoration, frequent dyspnoea, profuse night sweats and much general debility. Physical signs. Body much emaciated, marked sinking under right clavicle. Respirations 38 per minute. Circulation. Salivary in both inferior maxillary spaces, and for some distance downwards. On examination with the Stethoscope, loud gurgling, with well-marked resonance of voice was

perceptible over the upper lobe of right Lung - deep hemorrhagic color here perceptible at the corresponding part of the left side - Pulse 132, very feeble, Tongue red, Bowels regular - The symptoms above related increased during the day, and at the evening whilst he was found sitting up in bed, the dyspnea being so urgent that he could not lie down - He also complained of acute pain at the lower part of the left side aggravated by taking a deep inspiration - the pulse was hardly perceptible at the wrist, and the expectoration emitted a very fetid odor - He gradually sank and died on the 30th, at 8 1/2 o'clock A.M.

The Treatment during the short time he was in this hospital consisted of expectorants and the application of a Blister over the seat of pain in left side of chest - Diet, Spoon, with arrowroot, Eggs and beer.

(Signed) Alex^r. Macrae M.D.

Act^y Assist^t Surgeon -

Actis cadaveris hora vijth Post Mortem -

Ext. Appearance. Body slightly emaciated -

Brain. Brain and its membranes normal - Weight 5 lb. 10 g.

Thorax. Old complete adhesions of the right side - About 13 g. of fluid in the pericardium - Heart healthy; weight 7 g. 2 drs. Right Lung; several cavities the size of a walnut in the upper lobe; the lower lobe condensed throughout, and the greater part of the lung in the second stage of pneumonia - it also contained a gangrenous cavity the size of an orange - Left Lung; the upper lobe in the first stage of pneumonia - lower lobe contained groups of tubercular masses in the second stage, also in the 2^d stage of pneumonia - A portion of the lower lobe about the size of an orange gangrenous - Mucous coat of Trachea and Bronchi slightly congested - Weight of Lungs, Larynx and Trachea 5 lb. 13 g.

Abdomen. Liver large and presenting a nutmeg appearance - Weight 5 lb. 13 g.

Spleen of the natural size and of a pale color - Weight 3 g.

Kidneys - Right slightly congested; weight 3 g. Left showed signs of incipient Bright's disease; weight 6 g.

Stomach healthy - Intestines healthy - contained a tape-worm about 12 inches long.

(Signed) Robt. M. Nash M.D.

R. A. S.

316 No. 63 med

Age	Name	Age	Sex	Admitted	Disch	Duration of Disease	Where Contracted	And No. of Fol
45	John H. Jones	45	Male	Sept 20. 50	Nov 11. 50	8 1/2 Weeks	China	15 332 172

Two months previous to this man's admission he was attacked with
 Rheumatism of a severe form accompanied with febrile & tenacious
 which continued with unabated severity up to the above period.
 When admitted he was in a very debilitated state. He was al-
 ways much emaciated, complained of pain in the abdomen
 not affected by pressure. Stools were acted on from 8 to 10
 times in the 24 hours and the evacuations were of a mucous
 character - fumes were seen from the effect of Mercury. —
 Perspiration and respiration elicited nothing abnormal as
 regarded either the heat or lungs. In a short time subse-
 quent to his admission considerable amendment was observed
 to take place and from that date to the 22nd September he
 continued to improve the stools being moved on an average
 from 4 to 5 times daily and the evacuations becoming more
 consistent and having a more natural appearance. — However
 from this time he gradually became worse. Stools were more
 became very much relaxed and the character of the stools
 being unhealthy. No alteration worthy of notice occurred up to
 the 1st October when he was attacked with a severe pain in the
 left side (aggravated upon inspiration). No Stethoscope could be
 applied in consequence of the extreme tenderness of the part.
 He never had any symptom of affection of the Lungs.
 From this date he became much worse. Stools still
 moved freely. Pulse almost imperceptible, skin pale of the
 body cold and clammy and bedded in perspiration. In this
 state he remained up to the 11th November and at 8 1/2 o'clock
 P.M. of that day he expired. —

Treatment consisted of Pills containing Croton & Sassafras (upon
 which he for some time improved. Acetate of Lead
 and opium were also administered with good effect.
 Stomachants, Counter-irritants, Brandy &c

Wm Herbert Taylor M.D.

Acting Asst Surgeon

Lectur Cadaveri Nov 4 & 5 viz Post Mortem

Ex Appurones " Body not emaciated - Marks of erysipelas striking
 present themselves on the left side of the chest.

Examination Increased vascularity of Pia Mater the Brain is
 more firm than usual. It is weighed 12 1/2 lbs. —

367

Thorax - Three pints of curdy looking fluid of a fatted colour was contained in the left Pleural Sac which compressed the left Lung backwards and inwards - In the right Pleural Sac there was contained about 8 oz of bloody coloured Serum - The costal Membrane of Trachea was coated with Mucus - Pericardial Matter - Left Lung was condensed and solidified in some portions - Right Lung was slightly vascular. The height of the Lungs, Larynx and Trachea was about the 3.5th

Abdomen - The Liver presented a striking appearance its height was about the 3.7th - The Spleen was twice its natural size its height 4.9 - Right Kidney is normal its height 5 - The left Kidney is also normal its height 5 1/4 - The mucous coat of the Stomach is softened into a pulp - The coats of the Colon and Rectum are much thickened and there is general spiculation of the mucous coat

No. 64 - (Signed) Geo. Bridgman Thill, M.D.

Regt.	Name	Age	Disease	Admitted	Died	Duration of Illness	Where Contracted	Ward	Register	Fol.
50 th	Private John Leahy	29	Cataract of the Eye	Nov. 8/90	Nov. 13/90	12 days	In the Railway Station, Portsmouth	10.	39 1/2	179.

No 5. An Irish Labourer, total service 9 1/2 years of which 2 1/2 in India, 3 1/2 at home. A stout well made man now almost as appeared by his document for an inveterate ulcer of the leg. On admission complained of Cough and increased expectoration with slight pain in the left side, Pulse 100. Small. Tongue furred and bowels confined. Respiratory murmur imperfect in the lower part of the left side, still audible in all parts without rales. He attributed his complaint to exposure on the Railway on his journey from Portsmouth. He felt easier first day. Pain only attending forced inspiration. Sputa rusty, scanty and crepitous was audible in the lower part of the left side. Skin and eyes had a yellow tinge. Skin soft and temperature moderate. On the 8th improvement did not show itself. Pain had returned and he moreover complained when pressure was made over the Liver, which distress could be felt below the ribs. Urine suppressed. Pulse 100. Not full. Tongue coated. Considerable dulness on percussion of the left side with crepitous and bronchial respiration. These signs also present with less intensity on the right side.

Face flushed. Sputa Rusty and Dyspnoea considerable with occasional hard cough. Relief was obtained by V.S. The blood drawn highly buffed. These symptoms in a mitigated form were present on the following day. Pulse 100. Respiration 26. Bronchial respiration on the right side almost imperceptible and much diminished on the left side. Crepitus Moist. Suppression of Urine continued. General itching of the surface. At night about 1/2 pint of high coloured urine was drawn off with the catheter.

On the 10th Pulse had fallen to 60. And respiration to 13. Crepitus was Moist. Bronchial respiration gone. Some vocal resonance on left side. Sputa no longer rusty but tenacious. Gums sore from the influence of Mercury. But Mouth was dry. Body and eyes deeply yellowed and some tenderness on pressure in the hypochondrium. He slept little and had delirium. Some urine was drawn off in the day and he subsequently passed it by his own efforts. No bile could be discovered. He continued without general improvement, with delirium. A dry brown tongue loaded on the teeth, and gradually losing strength. Without much pain and moderate dyspnoea. Pulse 70 to 80. Irregular. Respiration 13-15. Sputa more copious and mucopurulent until his death at 4 P.M. on the 12th.

Treatment. Commenced by Purgatives. Tart. Emetic Solution, Calomel & Tart. Emetic at night, upon the aggravation of the symptoms. Venisection was twice performed. Calomel, Tart. Emetic & opium given sparingly. The opium & Tart. Emetic were subsequently omitted, and Calomel given till gums were perceived to be affected. A blister was applied to the chest. The latter part of his treatment was by Stimulants, Wine, and nourishment.

A. Collins
Assist. Surgeon
21st Regt.

Section Cadaveris. Nov. 10. P.M.

External appearance. The body muscular and fatty with marks of counterirritation on the chest lividity of the depending parts of the body and the surface generally of a yellow tinge.

Cranium. Internal surface of the Dura Mater of a yellow colour the vessels of the Pia Mater slightly congested. Structure of the brain healthy.

Cranium

348.
Lateral ventricles dryer than usual choroid
plexus pale, Weight 2 lb 14 oz.

Thorax.

Adhesions between the Pleura on the right side
both posteriorly and inferiorly and also on
the left side covering the inferior lobe, of a
recent character. Heart rather large but
otherwise normal, Weight 13 oz. Left Lung
lobes adhering to each other, the upper lobe in
the first stage and the lower in the second stage
of Pneumonia, Right Lung lower lobe Inflamed
increased vascularity of the mucous coat of
the Larynx and trachea, Weight of Lungs
Larynx and trachea, 3 lb. 6 oz.

Abdomen.

Liver four times the natural size and very
fatty, Weight 11 lb. 8 oz. Gall bladder distended
with dark bile, Spleen four times the natural
size, Weight 1 lb. 2 oz. Hypertrophy of its
white tissue.

Left Kidney large weighing 9 1/2 oz. and
very fatty. Right Kidney about the same
size as the left, weighing 10 oz. and presenting
the same appearance as the left. Stomach
contained a quantity of dark fluid, increased
vasculature of its mucous coat. The large
intestines considerably engorged and of a
dark appearance. The small intestines mucous
coat very much inflamed and corrugated.

James Canall, M.D.

No	Name	Age	Disease	Admitted	Died	Duration of Disease	Where Contracted	Ward	Regista	Folio
57	Mr. Williams	22	Morbus Cordis	Sept 30 1850	Nov 19 th 6.18/51 1850	Twenty months	Eng. I.	14 B.D.	861	127

In English Labourer 4 years service of which 3 yrs in Eng. I. suffered then from fever from Feb 24th to March 6th 1848 was under treatment then also for Haemoptysis from 20th August to 17 Decr 1849 this document states he was sent home for Chronic Pul. Monary disease apparently tubercular with Haemoptysis he had had no return of Haemorrhage for several weeks previous to leaving the Island. The present disease first appeared at Colombe in Aug. 1849 has been liable to cough and dyspnoea ever since but has had no second return of Haemoptysis on his admission to this Hospital he complained of pain in left side Chest increased on taking a long inspiration dyspnoea at the slightest exertion and inability to lay on the left side the appetite was good and there was no febrile disturbance the heart's action was considerably decreased and heard over a great part of the chest but no distinct sounds could be detected there was dulness on percussion and crepitant rales audible generally over the left Lung no particularly urgent symptoms present till the 26th of Oct when he was attacked with Haemoptysis there was pain between the shoulders Pulse 90 soft and compressible on the 30th of Oct the bloody expectoration was considerably increased in quantity the pain between the shoulders was gone but he complained of a sense of tightness and oppression over the Sternum Pulse 90 small & vibrating free from Thrill and there was little or no febrile excitement the cough was very harassing coming on in most severe paroxysms there was dulness and nearly total absence of the respiratory murmur over the upper part of the left Lung and minute crep. rales over the inferior portion the Haemorrhage continued with more or less intensity up to the 4th of Nov the most urgent dyspnoea came on orthopnoea the discharge of blood being occasionally very profuse and expectant in the form of dark columnar coagula the Haemoptysis had been checked the cough still continued most distressing and the sputa even now distinctly mucopurulent the pulse small and rapid at a 1/4 past 8 P.M. on the 6th the Haemorrhage again returned and continued very copious during the night the dyspnoea was extreme inability to breathe except in the sitting position the only position he felt at all easy in was with the body bent forward the chin resting on the knees which were drawn up any attempt to lie down was instantly succeeded by cough and the most distressing sense of suffocation the pulse 120 small and feeble and great general debility the Haemorrhagic symptoms continued recurring at intervals with more or less severity up to the 13th inst from this date to the period of his death there was no recurrence of Haemoptysis the dyspnoea however continued painfully urgent and causing the greatest distress accompanied by cough and expectoration a mucous

pusulent. Thence the debility and prostration progressively increased the pulse gradually ceased at the wrist he expired at 6 P.M. Nov 19th

Treatment. repeated cupping and Leeches Decidedly Sanguiferous and Calomel Decidedly of bad with opium and Salp. dil with Acid. Arg. roseogam. Spt. Melibethum. Specac in small and repeated doses. Common salt. Antispasmodics. Sedatives occasional purgatives. External counter Irritation to chest and between shoulders after the above numerous class of remedies the acid Salp. dil with acid with Arg. roseogam. acids seemed to have the best effect in allaying the hæmorrhage some relief to the dyspnoea was obtained by the inhalation of the steam from hot water to which vinegar and Ether had been added. Diet mild and nourishing latterly wine.

Wm^d Wm Grey M.D.

Staff Surgeon 2nd Class

Actio Caclavensis Force 42 Post mortem

External- Body much imbricated marks of cupping and counter irritation
Appearance In the chest. Lungs not examined

Thorax Very considerable adhesion of the Pleura left side posteriorly and some bands observed on the anterior part. The heart enlarged and its cavities dilated. Aortic Semilunar healthy except the semilunar valves were thinner than usual. Upper part of the right lung in a state of gray hepatisation and much condensed and also containing tubercles in various stages of maturation. The lower lobe of the left lung in a similar state of being the result of inflammation supervening with tubercular deposit. Tubercles also found in the upper lobe of this lung weight of lungs. Larynx and Trachea 4^{lb} 8^{oz}.

Abdomen Liver healthy but congested weight 4^{lb} 8^{oz} 3^j. Kidney weight 3^{oz} 3^j. Structure healthy. Left kidney weight 3^{oz} 3^j. Spleen of a very pale granular color much softened weight 3^{oz} 3^j. Stomach and intestines quite healthy.

Shelley C Woodworth
M.D.C.S.R.

22nd Feb^l Pt James Quinn 39 Anæurisma Dec'd in War not under treatment
Quartermaster in Hospital
17th Nov^r 780

Nov 4th 780

Statement of the Case of P^t James Quinn 22nd Regt
Service 19th years of which 7 years in New
South Wales & 7 years in India, the remainder at home
a Native of Ireland, Muscular frame, bilious temperamental
and apparently strong constitution, was employed as
Orderly in the Dead Room at Fort Pitt since July last
always enjoyed good health prior to enlistment.
In India frequently was under treatment with Cholera
Bran fever, & Rheumatism. About a month or six
weeks ago he was confined in the ^{Quartermaster} guard room
for being drunk and fell off the guard bed & hurt his
back severely since which period his illness commenced
with feeling of pain or rather uneasiness in the loins
and defect of appetite, solid food causing pain
immediately after being taken and for some time he was
mostly fed on bread and tea, at present he complains
of flatulence and pain in the stomach immediately
after meals more particularly of the ingesta are of solid
nature, when a sour fluid comes up into the mouth,
the bowels being irregular & confined, pressure over the stomach
causes pain, the liver apparently unaffected, urine
turbid, neutral, heat rending, & clear, nitric acid causes
effervescence & deepening of colour. Habt. Simplest & light
et. Pot Hydrarg. gr. ss. M. S. M. No. 6. Blisters applied were well
today feels much better, medicine was continued for the next
two days but performed no duty from the date Died suddenly Nov 17th 780

Section Cadaveris. XI. VIII. horar. 9. 11.

Ext. App. Body Muscular, mark, present & distinct on the Epigastrium,
Cranium - Structure of Brain healthy, weight 3 lbs 4 oz. - fluid in the Ventricles,
Thorax, Two Pints of Serum in the chest, a large Coagulum of blood filling
the left side of Thorax weighing 8 lbs 8 oz - the apex of both
lungs adherent by fibrous bands to the parietes, Structure
of Lungs healthy, weight 2 lbs 6 oz. trachea & bronchus tubes, also
healthy - Structure of Heart & Pericardium healthy weight 10 lbs.

Abdomen - Liver healthy, weight 3 lbs 9 oz. Spleen 9 oz healthy, Kidneys healthy,
the stomach, intestines, & other Viscera quite normal.

Aut. Anæurism of the Abdominal Aorta existed, having a tumor
anteriorly above the Celiac Axis & of the size of a hen's egg. The posterior
tumor extended the depth of the thorax & was of the size of a fist & extended
and had burst through the diaphragm into the cavity of right pleura.
Causing immediate Death - W. K. Smith & J. D. Asst. Surgeon

Regt	Name	Disease	Admitted	Died	Duration of Disease	Where Contracted	Ward	Register	Gravels
84	Private George Wilkins	Dysenteria Chronica Malarial	Sept 23 rd 1850	4 1/2 P.M. 22 nd Nov 1850	3 Months	At sea on the voyage from India	10.	330	250

The English Labourer - Total service five years of which four was in India. Was invalided at Secunderabad in November 1849 on account of Chronic Rheumatism which appears to have been originally. It has been connected with syphilitic disease and to have affected most of the large joints of the body - he was admitted on admission into this Hospital - he was suffering under chronic bowel complaint - which he stated commenced about a fortnight previous from exposure to cold and wet on board ship - He was much emaciated and there was dulness on percussion in the right subclavicular region - Bronchophony and vocal resonance - The Phthisical signs rapidly developed themselves - and the diarrhoea seemed chiefly owing to the state of the lungs - on the 24th Sept. considerable dulness on percussion was noted - below the left clavicle with vocal resonance and sonorous rales - There was much cough and copious purulent expectoration - the emaciation and debility rapidly proceeding - The stools pale and loose about 5 or 6 times in 24 hours -

He continued to lose ground daily without much aggravation of the symptoms, and died completely exhausted at 4 1/2 P.M. on the 22nd of November - A slight examination of the chest on the 18th showed great comparative dulness - in the anterior part of the left side with cavernous respiration vocal resonance and gurgling rales - The indications of disease on the right side were of less intensity -

The treatment in this Hospital consisted of Rhetogenic Chalk Mixture &c. for the diarrhoea; and pectoral & expectorant mixtures for the pulmonary disease with Opium as a palliative

A Collins

Staff Asst Surgeon

Section cadaveris hora 20 - Post Mortem

External } Body very much emaciated
 Appearance } Considerable quantity of effusion beneath the Dura
 Head } Matter as soft as some soft crania - The substance
 of the brain much congested otherwise the brain
 healthy - Weight 3^{lb} 5^{oz} -
 Thorax } A very small quantity of fluid in the pericardium -
 } - Very considerable adhesions of the left side throughout

and also some adhesion on the posterior aspect of the right side - Left lung quite disorganized by tubercular deposit in various stages of maturation with a large excavation superiorly - Superior lobe of right lung in a similar condition - Inferior lobes congested without tubercles - Arteries Membrane of Larynx and trachea much thickened and very rough - weight of lungs $4\frac{3}{4}$ 10

Liver remarkably hard firm - Structure almost as if it were boiled - Gall bladder almost absolutely empty - being merely filled with an orange colored fluid weight $6\frac{1}{4}$ 3
 - Right kidney quite healthy weight $4\frac{1}{2}$ 2
 Left also healthy - weight $4\frac{1}{2}$ 3
 Spleen - Structure healthy weight $5\frac{1}{2}$ 1

Stomach healthy
 Large intestines in a state of ulceration and
 Mesenteric glands much enlarged

William Henry McKenna Mackay

W.H.M. & 1

No. 68.

Regt.	Name	Age	Disease	Admitted	Died	Duration of disease	Where contracted	Ward	Register	Folio.
90	Private Jeremiah O'Leary	18	Phthisis Pulmonalis	October 25 1850	11 $\frac{1}{2}$ AM Nov 26 th 1850	2 Months	Contracted in England	10	334	153.

An Irish lad a tailor 3 $\frac{1}{2}$ years service alt at home, On admission stated that up to March 1850 he was strong and healthy, he then began to feel pain in the chest when blowing his instrument in the band /a valve horn. About this time he caught cold having been exposed to wet, this was followed by cough and increased expectoration and occasional Hemoptoe, On admission appeared remarkably emaciated of slight frame and small chest. The resonance of the chest on percussion was impaired though it had a slight tympanitic character below the right clavicle where bronchial respiration gurgling rales & sibilus were audible, below the left clavicle were vocal resonance and mucocrepitant rales, The chest very tender especially over the heart. The cough was not very severe and expectoration moderate, Diarrhoea was present with tenderness of the abdomen and a glazed fopashy tongue divested of papilla, The diarrhoea continued the most urgent symptom till the 12th of November when the pulmonary complaint became more aggravated the cough increasing with copious purulent expectoration, the voice enfeebled and ultimately almost lost -

He continued to lose ground daily and died in a remarkably emaciated state on the 26th November at 11 $\frac{1}{2}$ AM. In the advanced stage of this

Maris Anaso when admitted no room for any treatment beyond that merely palliative visited, Opials, Astringents, Poultices to the belly, Sennapisms &c, were used with nutritious diet and a certain amount of wine. Maris.

November 27th 1850

A Collings
Staff Surgeon V.R.

Section Cadaveris Hore post Mortem

External Appearances Body very much emaciated

Cranium Brain and its Membranes healthy weight 2 lbs 12 ounces.

Thorax

Considerable adhesions between the pleura posteriorly on both sides, Heart and its valves healthy, upper lobes of both lungs entirely destroyed with tuberculous ^{cavities}, Tubercles throughout the entire lungs in various stages, Mucous Membranes of Larynx and Epiglottis thickened and irregular weight of these organs 3 lbs 3 ounces.

A very small quantity of dark coloured bile in gall bladder. The Liver having a firm appearance as if boiled weight.

Abdomen

4 lbs 12 ounces and showing a fatty degeneration throughout. Left Kidney exhibiting the fatty degeneration throughout weight 3 ounces 6 Grs, right same weight, weight of Spleen 3 1/2 ounces structure healthy. Stomach healthy. Large intestine considerably ulcerated Mesenteric glands considerably enlarged.

William Armstrong M.D. (Ireland)

No. 69 -

Regt.	Name	Age	Disease	admitted	Disch.	Duration of Disease	Where contracted	Ward	Register	Folio -
21 st	Hugh Kilvan	21	Scroph.	Oct 31 st 1850	10 1/2 Dec. 1850	12 months	Edinburgh	12	141.	

was 5 ft 7 1/2 inches in height and had turned only 2 1/2 years. Had a scrophulous constitution, and about a year ago having sprained his left great toe an abscess formed around the metatarsal bone and an opening was made there with a bistoury in January and it has remained open discharging matter ever since. On his admission here the metatarsal bone was found to be completely carious and the left cervical glands were enlarged and ulcerated. There was also a fistulous opening yielding scrophulous pus. on the left malar bone, and when a probe was passed into it the malar bone could be felt bare. The integument of the left leg and foot were infiltrated; and the femoral glands of the same side were enlarged and painful, besides his constitution

was much impaired. He was emaciated and had diarrhoea. As it was not desirable to amputate the diseased foot-pulvate treatment was had recourse to, such as Lomis and generous diet, simple dressing and poultices to the sores. with opiate-astringents and anodyne enemata to procure sleep and lessen the discharges from the bowels. The emaciation and debility increased rapidly. The diarrhoea remained unchecked and his stomach became so irritable that notwithstanding the use of Croscote, opferessing draught and sinapisms to the Pit of the Stomach it could nothing beyond a few minutes. On the 3rd day the pulse became imperceptible at the wrists and the exhaustion was extreme. He lingered in this state until 1/2 past ten o'clock on the morning of the 5th Dec^r when he expired.

(signed) Robert Allen
Staff Surgeon Dept

Section Cadaveris, horse. XXVI post Mortem.

External Appearances. Body extremely emaciated. Left Malar bone carious having an opening completely through it and a small quantity of pus lying behind it. Left cervical glands enlarged and surrounded with pus which was oozing out by several fistulous openings. Metacarpal bone and phalanges of great toe of left leg also carious. Cellular membrane of left leg infiltrated with fluid of glutinous consistence.

Cranium. - weight of Brain 3 lbs. 3 oz of serum at its base; substance normal

Thorax. Complete adhesion between Pleura of left side. Heart small and weighing six ounces and a half but free from disease. Numerous small patches of congestion (apoplexy) of lower lobe of right lung. Left lung condensed but free from tubercles. Weight of Larynx trachea and lungs. 2 lbs. 8 oz.

Abdomen. Peritoneum studded with Tubercular Matter in the form of tubercles and its cavity contained about a quart of sero purulent matter. Liver weighs 3 lbs 10 oz. Internally it has a mottled or mottled appearance and its texture is harder than usual. Gall Bladder distended with about four ounces of dark green bile. Spleen very firm weighing 7 ounces. Right Kidney weighs 8 oz and a half. and has undergone complete fatty degeneration. Left Kidney weighs 8 oz 3/4 and presents some appearances as right. Small intestines completely matted together from chronic inflammation. Stomach contained a pint of thin green fluid and the mucous coat presents numerous follicles (about the size of a pin's head) of thickened blood. The coats of the sigmoid flexure of colon were much thicker than usual and its mucous coat completely

disorganised

337

(Copied by)

Ch. H. Hood M.B.

No. 70 -

Regt.	Name	Age	Disease	Admitted	Died	Duration of Disease	Where Contracted	Ward	Register	Folio
16 th	Private William Dolan	22	Phthisis Pulmonalis	October 22 ^d 1850	December 17 th 1850	17 years	Contracted in England.	15	337	27.

An Irish Labourer, of very delicate appearance, aged 22: total service 4 years, all at home. States on Admission that about 12 months previous to that time he received a kick on the upper part of the left side of the Chest. Some time subsequently, he became affected with soreness of the left side of Chest, attended with severe cough & copious expectoration. For these symptoms he was treated in Hospital at Canterbury, where the disease first became apparent, from the 23rd August 1850, until his Admission into the General Hospital, Fort Pitt. He then presented the following symptoms: great emaciation & debility; much cough, with profuse Muco-purulent expectoration; The Stethoscopic indications were stated to be; dullness on percussion over left side: upper lobe of Left lung appeared extensively diseased, having indications of a cavity of some extent. The lower lobe of that Lung appeared slightly affected. The lower lobe of right Lung also was slightly implicated. Heart's action was stronger than natural.

These symptoms continued ~~to~~ until the 26th October, when pain of the Chest, & some Hemoptysis appeared. The latter was slight & transient. Very little change took place until the 6th November, when the Cough became very severe, & was attended by increased Muco-purulent expectoration, & distressing palpitation of the Heart. The feet occasionally swelled, & there was marked dullness over the Cardiac region. After that period, alternations of improvement & relapse are reported, but on the whole he appeared to mend. On the 7th December, he went before the board, & the exertion produced some change for the worse. On the 10th while in the pack-store, he was suddenly seized with a violent fit of Hemoptysis, more than a quart of blood being expelled, & followed by much purulent expectoration, mixed with dark-colored matter, apparently part of the substance of the Lung. On the 13th a similar attack occurred, being succeeded by extreme debility. He continued sinking till the morning of the 17th when a fit of Hemoptysis again occurring, he almost immediately expired at $\frac{1}{4}$ to 1 P.M.

The treatment consisted in the use of Expectorants & sedatives, with Counter-irritation. The Hemoptysis was treated by the Application of Cold to the Chest, by the use of Astringents, including the Mineral Acids, the Acetate

of Lead, & Opium.

(Signed)

E. W. Young M.D.

Staff Assistant Surgeon.

Sectio Cadaveris, hora XXXVI^{ta} post Mortem.External Appearance. Body emaciated.Head. Weight of Brain 2 lbs, 15½ oz. The substance presented no unnatural appearance. No fluid in the Ventricles. A small quantity of Serum at the base of the Brain.Thorax. Upon opening the Thorax, the Lungs did not collapse, being bound down by firm adhesions to the Costal pleura on either side. There were 4 oz. of Clear Serum in the Pericardium. Weight of the Heart, 7oz. 2 dram. The Valves sound. Weight of the Lungs, Trachea & Larynx, 3 lbs, 11 oz. The upper lobe of the Left Lung converted into an extensive multilocular cavity: the lower lobe condensed, & containing many large cavities. The upper lobe of the Right Lung condensed with tuberculous deposit, traversed by large cavities: the middle lobe crepitant, containing two or three small cavities. The lower lobe congested & adenomatous, containing tubercles at its upper part. The Trachea & Bronchi filled with loosely coagulated blood. No ulceration of the Larynx.Abdomen. The Weight of the Liver 3 lbs, 9 oz. Substance firm. The Gall Bladder filled with greenish colored bile. Spleen 8 oz.: Capsule thickened: substance natural. Left Kidney 6 oz. Right Kidney 5½ oz. Venous congestion of both Cortical & tubular portions. The Stomach filled with dark-colored fluid resembling Coffee-ground, mixed with some bloody coagula. The mucous membrane pale. No ulceration in either large or small intestines. Mesentery thickened: glands enlarged. Lacteals distended with a creamy fluid.

Hugh M. Balfour M.D.

No. 71-

Reg ^d	Name	Age	Disease	Admitted	Died	Duration of Disease	Where Contracted	Ward	Register	Folio
82 and 82-	Foreman Offie	23	Oxyentia Acute	January 9 th 1857	12 th Jan ^y 1857	Eight Days	St Mary's Paragon Chatham	10	334	245

An Irish Laborer - 4 years since all at home - Imported from Portsmouth, and received into the Surgical Division in the Hospital on account of enlargement and suppuration of the Lymphatic Glands under the right angle of the lower jaw - Was discharged to St Mary's Paragon to appear before the Chelsea Board on the 4th of January, in the latter part of which day, the disease which has proved fatal commenced with Diarrhoea, griping & tenderness -

On admission was very weak and emaciated. Frequent defections of bloody mucus with griping and tenesmus. Tongue brownish with red edges. dry and felt considerable thirst. pulse small about 98. his abdomen was shrunk, and on pressing about the umbilical region he felt pain. Percussion and Auscultation could detect nothing abnormal in the sounds of heart or respiration except absence of respiratory murmur in lower part of left lung. - had slight cough - and slight pleuritic pain in left side. he lay on that side by preference. In the evening he felt weak. pulse 120. small and intermitting. 4 or 5 defections of bloody serous fluid mixed with mucus. no feculent matter. - On the 10th said he had passed a quiet night and felt a little better. No improvement in the nature or frequency of stools. pulse 112. small. tongue dry - griping is less. tenesmus considerable. In the evening very low with frequent vomiting of dark green matter. - On the 11th had five or six stools during the night without much tenesmus or griping. - no trace of feculent matter. Belly not very painful in any part even on pressure. Tongue dry. teeth covered withordes. - Pulse 120 to 130 very feeble - complaints of thirst & irritability of stomach. - Rheta applied on the 9th scarcely rose. there was no improvement in any way. On the 12th he was moribund and died at 12 noon. The treatment consisted in giving Calomel and Opium. small doses of Hyd. & Creta and Dover's Powder. efferecing. Draughts with mixture of Morphia. opiate lozems. Rheters and Liniments. Brandy. beef tea and Arrow Root.

(Signed) Archibald Henry Fraser.

Sectio cadaveris XXIVth hora post mortem

External Appearance - Body much emaciated -
 Head - Vessels of the Brain somewhat congested with a little serum at the base. Structure healthy. weight three pounds less half an oz.
 Thorax - Very extensive adhesion between the Pleura and left side. Half an oz. of pale colored serum - the Pericardium - Structure of Heart & Valves quite healthy. weight nine oz. - Upper lobe of Right Lung extremely diseased by tubercular degeneration in various stages. several tubercles found deposited on the Pleura covering the lower lobe of the right lung. which was internally considerably congested. - the upper lobe of the left lung exhibited several crude tubercles. the lower lobe exhibited condensation from previous inflammation - weight of lungs & Larynx 3 1/2 lbs.
 Abdomen - Liver large exhibiting a good specimen of fatty degeneration weight five pounds ten ounces. Gall Bladder contained a quantity of dark colored tar like viscid bile. Kidneys - weight of the right 5 1/2 oz. of the left 6 oz. - on the surface & throughout the structure of both kidneys some

tubercular bodies were found, which contained softened cheesy matter. The cortical portion of both kidneys exhibited the fatty degeneration - Glen. structure healthy, weight 7oz. Pancreas rather hard & small in structure. Stomach healthy, several ulcerated patches, commencing at the lower portion of the Glen were found throughout the course of the large intestine.

Confirmed by flaps Ulcer Glands.

No. 72-

Reg.	Name and Age	Disease	Admitted	Died	Duration of Disease	Where Contracted	Ward	Register	Folio
13 th	Private Ambrose Saezel	26	31 st Oct 1850	12 th Jan. 1851	Three years	At home with the regt.	14	337	163

An Englishman, organ builder, unmarried, service three years, all at home.

He appears to have suffered constantly from cough and hæmoptysis since he enlisted, and he has spent his time either in Hospital or on sick furlough. He returned from leave on the 31st August 1850, suffering from all the symptoms of hectic fever, by which he has been gradually exhausted. On arriving here, he was found to be very weak, and much emaciated, he had incessant cough, urgent dyspnoea, copious expectoration, and night sweats. These symptoms increased gradually in intensity, and finally wore him out.

The Stethoscopic report made on the 17th Illness, with as much care as his weak state would allow, (viz. dulness on the whole of the right side, preternaturally clear sound on the left, cavernous inspiration, gurgling, metallic tinkling, and pectoriloquy in the right subclavian and mammary regions. Bronchial respiration over the whole of both lungs, though less marked round the lower margins) would seem to indicate consolidation of both lungs from emiliary tubercles, the lower margins being more healthy, a cavity of considerable size in the upper lobe of right lung, and another in the middle lobe.

Treatment. expectorants, anodynes, quinine, with mineral acids, Hydrocyanic Acid, Cod Liver Oil, nourishing diet, and wine.

(Signed) Francis Lanig, M. D.
Staff Assistant Surgeon.

Section Cadaveris hominis quadragesimi quartæ post mortem.

External appearance. Body extremely emaciated.

Head. Weight of Brain 3 lbs 2 oz. Brain and its membranes quite healthy.

Thorax The heart weighed 11 oz 34r. The valves were healthy, but throughout the walls, and especially at the apex of the right ventricle, were several tuberculous masses, one of them about the size of a cherry stone.

The mucous membrane of the larynx and trachea was healthy, but at the bifurcation of the bronchus, a mass of cheesy matter was found. There was a large excavation at the apex of the right lung, and the whole of the rest of that lung was destroyed by tuberculous degeneration.

Three bronchi communicating with each other were found in the middle lobe.

The left lung was emphysematous on the surface, with softened tubercles over the whole of the upper lobe. Weights of lungs, bronchi, and trachea 6 lbs.

Abdomen The Liver weighed 4 lbs 5 oz. Its structure showed fatty degeneration. The Gall-bladder was filled with dark coloured bile.

The Spleen was healthy, and weighed 5 oz. 5 dr. Pancreas healthy.

The Kidneys were healthy, the right weighed 5 oz 3 dr. the left 6 oz 2 dr.

The Stomach was contracted, otherwise healthy.

The Colon was ulcerated throughout.

M. W. M. M. D.

N^o 73-

Regt	Name	Age	Disease	Admitted	Died	Duration of Disease	Where Contracted	Ward	Register	Folio
90 th Light Infantry	James Mason	31	Phtisis Pulmonalis	25 th Oct. 1850	11 th Jan. A.M.	8 months & 9 days	At Home	15	337	102

An Englishman of 11 years 6 months Service - 5 years & 1 month of which at Ceylon the rest at home. Had Pneumonia before Enlistment but enjoyed good health until 1847 when Chest symptoms appeared. These attacks were not severe & of short duration. On the 5th May 1850 he was first seized with an attack of Hemoptysis. From that date he continued in Hospital until his admission here.

Stethoscopic Examination indicated dulness under both Clavicles, Mucus copious & other signs of extensive disease of both Lungs. He had Cough with bloody expectoration which lasted for some time & then ceased. The Cough and Phtisical symptoms increased in severity. His strength however did not fail him much until the middle of December when he was seized with Diarrhoea which though occasionally checked continued to his Death. On the 11th January he began to sink rapidly & expired on the morning of the 14th at 8 O'clock A.M. Treatment. Calomel. Tartar Emetic. Anodynes, Expectorants, Tonics, Counter-irritants, Astringents & Stimulants with nourishing Diet &c.

(Signed) Thomas Carey, M. R. S. &
L. A. C.

Sectio Cadaveris huius XXVIIIⁱ post Mortem

External Appearance Body much emaciated.

Head. Brain & its Membranes perfectly healthy weighed 3 lbs 1 1/2 oz.

Thorax. Extensive adhesion between the Pleura superiorly on both sides.

The Heart weighed 7 oz. Valvular structure healthy.

Lung. Upper lobe of left lung almost destroyed by extensive excavation & the remaining part entirely infiltrated with tubercles.

Larynx. healthy & weighed with the Lungs 4 lb 8 oz.

Spleen. healthy weighed 7 oz. Liver congestion of minute capillary vessels weighed 3 lbs.

Gall Bladder containing a very small quantity of exceedingly pale thin fluid. Left Kidney weighed 5 oz. Right Kidney weighed 4 1/2 oz both structures healthy.

About 23 of dark coloured serum found in the Pelvis. Mesenteric Glands much enlarged. Stomach healthy. Intestines. Extensive Ulceration of small as also not extensive Ulceration of the Large.

Thomas Carey.

No. 74

Regt. Name	Age	Disease	Admitted	Died	Duration of Illness	Where Contracted	Ward	Register	Foll
18. Private	30	Phtthisis	18 th	31 st					
1st Michael Murphy		Pulmonalis	August 1850	Jan ^y 1851	Six Months	Chatham	11	327 336	245 7

The Irish Labourer 10 years of Months Service 5 1/2 years at the Mauritius the remainder at home - He had suffered from Chronic Phthisis for two years before admission and had been several times in Hospital. He however continued doing duty until the 4th of August 1850 when he was admitted to Regimental Hospital Catarrhus Chronicus. When well marked symptoms of incipient Phtthis Pulmonalis being detected he was sent to this hospital on the above mentioned date. On admission he complained of Cough and Dyspnea. The cough was accompanied with copious frothy mucopurulent expectoration. His pulse were 104 and soft. Appetite impaired bowels regular. His chest was narrow, a stethoscopic examination discovered that the respiratory murmur was rough in the right lung - feeble in the left and mucous râles with increased vocal resonance were audible under left clavicle. Percussion elicited clear sounds on right sides. Dulness over apex of left lung he continued in this state until the 28th August 1850 when he had an attack of Haemoptysis, the quantity of blood was small but the sputa were tinged with blood. He was then very weak and complained of dyspnea. On September 1st 1850 the infraclavicular dulness had increased, in the left lung audible cupitus mucous râles were also heard in different parts of the chest. He remained in this state one day better and another day worse until 12th September when dulness on percussion was discovered (and bronchophony) in the right infraclavicular region. By this time also the expectoration was of a more puriform character. He became much emaciated and the disease appeared steadily progressing. When he complained of shortness of breathing and dyspnea he was affected at first only in a few days. On the 21st October 1850 when it ceased but left him in a very feeble state. He again commenced to improve and continued to do so for two or three weeks. When his cough became worse and he became affected with night sweats, his pulse became weak and rapid and all the symptoms of well marked hectic fever were present. On examination on December 24th he was

found to be suffering from an attack of Acute Bronchitis. From this date his strength continued to fail, and though the Bronchitic attack was subdued, yet to it must be ascribed his death. On December 28th his abdomen became greatly distended with gas and fluid. it was tympanitic and tender to the touch a sound strongly resembling the crepitus of Pneumonia was heard on applying the Stethoscope to the abdomen. The abdomen remained distended and on the 7th January 1851 greatly irritability of the stomach set in - Dyspnea was urgent at this time Moist Crepitus, Gargouling and Cavernous respiration were heard at this time under left clavicle continued thus until January 12th 1851 when he found it impossible to pass urine - it was drawn off twice by means of a Catheter and the bladder recovered its tone. From this time he continued sinking on 25th January the skin over trochanters on sacrum became red and inflamed, but was prevented from sloughing by the use of a strong lotion of Nitrate of Silver and Soap plaster applied afterwards, on the 26th the inflammation of the Conjunctiva set in but abated before his death which took place at 7 o'clock A.M. of the 31st January 1851. He died in perfect possession of his senses. Treatment consisted in the administration of Olij fecoris Aselli Mist Pect. Finet Camph. &c. Counter irritation, Purgatives Anodynes Sinapisms to Abdomen, Pedid injections, and internal exhibition of assafetide, Ginger, Annamom, and Rhubarb. Jctus Papaveris Lot Argenti Nitrate. Extras included Wine Arrow Root Sugar Fish Head & Mutton Towards the close Brandy was administered. The only Stimulant his Stomach would retain.

Copied by

Thos. J. Atkinson M.D.C.L.

Ch' F Flood M.D.

Staff Assist^t Surgeon

Sectio Cadaveris Hna XXIX Post Mortem

External appearance, Body much Emaciated

Cranium, Medulla oblongata smaller than usual

Weight of brain 5 lb. 2 oz.

Thorax

Trachea & Larynx healthy,

adhesions on upper part of right Lung.

Left adherent throughout.

A large cavity occupying upper part of lobe of left Lung

Tubercles in all stages occupying the remainder of Lung

Another Cavity not so large in upper part of right Lung

General appearance same as the other

Weight of Lung 5 lb. 2 oz.

Heart

A Pale spot found on each Ventricle

Larger on the right than the left side

Weight of heart 4 1/2 oz

Abdomen Serous and sanguineous effusion in cavity of abdomen to the amt. of 5 pints

Pleurae thickened and adherent throughout

Liver a good specimen of Fatty degeneration

Gall bladder full of dark green

Weight of liver 3 lbs 6 oz

Spleen Rather small Weight 5 oz

Kidneys Both presented slight fatty appearance

Weight: 3 oz Right 3 oz 1 dram left

Intestines ulcerated throughout

Wm. J. Atkinson M.R.C.S

No. 75-

Age	Name	Age	Disease	Admitted	Discharged	Duration of Disease	When Contracted	Ward	Register	Notes
33 ^{1/2}	Thos	25	Gynanche	Worms	14	Months	Shaltham	11		
	Greenham		Laryngeal	1850	1851					

History, An Englishman a Labourer Height 5 feet 8 inches Living upwards of light years during which period he was eight times in Hospital with Chest affection, It does not appear that there was any hereditary predisposition to Phthisis of which complaint he died, From the reports on his case it seems that on admission the indications of the existence of tubercular deposit in the lungs were very faint as is shown by his disease having been marked Gynanche Laryngea — The serious nature of his Malady became evident on the fifth of December when gurgillment and cavernous respiration were heard under the left clavicle from this period all the symptoms and physical signs of the disease were well marked of the former there existed the characteristic quickness and sharpness of the finger Colligation purpuration and discharge distressing cough frequent dyspnoea and hectic fever of the latter there were present marked dulness on percussion in right supra mammary region and between the scapulae, bronchial respiration over the upper part of right lung and the cavernous respiration and gurgillment, previously mentioned The Sputa at first frothy and mucous with occasional haemoptysis latterly purulent sinking in water and containing masses of tuberculous looking matter, The circumstances immediately preceding his death showed strikingly the rapidity with which any unusual excitement with

hasten the fatal termination of this disease, On the 6th the patient walked to the operating room with apparent ease with the view of obtaining permission to appear before the Chelsea Board on the 7th finding himself unable to do so he sunk rapidly and died at 4 o'clock of that afternoon.

Treatment Locally counter-irritants Constitutionally mild Agents Sedatives Opiates Laxatives Mineral Acids and Astringents also Stimulants in Diet and Medicine in the last stage
Copied by *Signed A. M. Macketh*
Charles W. Brookhoff M.D. Staff Assist. Surgeon.

Section Cadaveris Morgagni sex hora post Mortem
External Appearance, Emaciation not excessive
Cranium, Surface of brain moist Weight 3 lbs 1 oz small quantity of fluid in the ventricles no abnormal appearance
Thorax, On opening the thorax Left Lung found completely collapsed connected by old membranous adhesions to the parietal pleura chiefly in upper part of the lung, The whole surface of the Pleura inflamed with effusion of serum and recent lymph 16 oz of shaw coloured serum with flakes of coagulable lymph was found in the cavity, Right Lung. The opposed pleural surfaces adherent throughout by old Membranes Weight of lungs Trachea and Larynx 4 1/2 lbs. A large tubercular cavity at apex of left lung Tubercles in various stages throughout the whole lung Right Lung comparatively healthy suppurant throughout and containing milium and Arch tubercles in the upper and middle lobe, Heart Weight 5 1/2 oz Valves sound, Larynx. Mucous Membrane reddened considerable ulceration at the base of the Epiglottis rim of glottides and vocal cords general thickening of the mucous Membrane, Abdomen, Liver 3 lbs 6 oz presenting the nutmeg appearance, Spleen Weight 3 1/2 oz, Right Kidney Weight 3 1/2 oz Left Kidney Weight 5 1/2, Both Kidneys exhibit commencement of granular disease in their structure a scrofulous abscess size of a hazel nut found in superior extremity of left kidney its coarse border presents a considerable puckered depression, The section exhibited a condensed condition of the corresponding cyst as if from the cicatrization of an abscess, Intestines, Ulceration of mucous Membrane of Sigmoid Caput Coli and commencement of ascending colon

Charles W. Brookhoff M.D.

Reg. No.	Name	Age	Disease	Admitted	Died	Duration of Disease	Where Contracted	Ward	Reg. No.	Sex
51 st	Mr. John Ryan	27	Paralysis	23 rd Sep 1850	17 th March 1851	17 months	India	14	331	1/2

History

A Irishman, Labourer, single man, height 5 feet 6 1/4 inches - total weight 8 years and 2 months, of which 3 years and 9 months were spent in New South Wales, about 4 years in India, the rest in England was a very healthy man previous to going to India, of stout muscular build, and florid complexion.

Medical History

Was four times in Hospital, in India. Once with Syphilis of which he was cured in 11 days. Once with Syphilis, and twice with Paralysis. In all 126 days - he was on the convalescent list about 4 months. During the interval of the two last admissions, and while under treatment for the deafness & without noticing any symptom of congestion or of blood to the head, he gradually lost the power of the left side. This was not preceded by any fit nor had he any alarming symptoms beyond the paralysis. He was subsequently sent to England for change of climate. Since admission in this Hospital. The only feature of the disease was, inability to move the arm, and subject the fingers to the dictates of his will, when wishing to clasp any thing, such as a stick. He improved nothing during his stay here, but the fatal attack was at least unexpected. The Medical Officer was called to him on the 16th and found him with convulsive twitching, stertorous and convulsive breathing - Pulse 60. Moderate. Eyes suppressed, with rather sluggish pupils. He was then conscious, and remained so till the middle of the day, when his breathing became more stertorous, his circulation very weak, his hands and face blue, unconscious, and showing evident signs of sinking. He lived, very slowly getting worse, till this morning, when the efforts of nature were unable to pass air thro' the quantity of mucus that had accumulated in the air passages, and death was the result.

Treatment consisted in India, of Leeches, Blisters & calomel carried to salivation, which had the happy effect of restoring the use of his leg and enabling him again to walk. Afterwards, Stramonium, Galvanism & wine tried. Since admission here, Cocaine, Iridine & Galvanism. The treatment during the active & later stage of disease, consisted of: Bloodletting, Mustard poultices - Epsom's Salts, Castor Oil &c -
Signed Alfred Jordan M.D.
S. A. S.

Sectus Cadaveris. Aet. XXIV Post Mortem

External Appearance Body healthy and in good condition. No wasting of any of the muscles —

Cranium Nothing remarkable in the Calvarium which separated easily from the Dura Mater. A considerable depression corresponding to the superior aspect of the "Anterior" lobe of the right hemisphere upon dividing the Dura Mater. The surface of the brain was found very moist, and about 1 ounce and $\frac{1}{2}$ of serum fluid was found in its base. Corresponding to the depression observed on the Dura Mater, there appeared a wasting of the convolutions, and a similar appearance presented itself on the superior and external portion of the middle lobe. The white superior and anterior aspect of the right hemisphere was smaller than the left, and considerable serum effusion was found between the Arachnoid and Pia Mater. A small quantity of serum in the lateral ventricle. Upon a section this the depression on the anterior lobe of the right hemisphere the cortical substance was found completely destroyed, for a space $2\frac{1}{2}$ inches in length by 1 in breadth. The interval between the Pia Mater and white substance of the brain was occupied by dirty white colored cellular tissue infiltrated with reddish serum. The white substance presented a brownish tinge. Similar appearances were found corresponding to the depression on the middle lobe. The central portion presenting a cavity large enough to contain a hazel nut. No other morbid appearances. Weight of Brain 3 lbs $\frac{1}{2}$ oz —

Thorax Lungs did not collapse on opening. being prevented by old adhesions, both much much congested, and filled with fatty serum, free from tubercles. Lining membrane of Pleurae of a dark livid colour, weight along with Lungs & Pleurae 3 lbs. 6 $\frac{1}{2}$ oz. — Heart small, some fluid in pericardium. Valvulae diseased. Weight $7\frac{1}{2}$ oz. —

Abdomen Liver healthy. Weight 3 lbs. Spleen. Spleen very firm and pale. Weight 4 oz. Kidneys healthy. Weight of left 4 oz. of the right $3\frac{1}{2}$ oz. — Stomach and Intestines healthy.

(Copied by) P. P. Proffitt. A. S. 2 (2nd) Rogers

Regt	Name	Age	Disease	Admitted	Died	Discharge	Where	What	Regt	Vol
36th	P. E. Caden	38	Mania	29th Dec 50	5th April 51	Discharged	Manila	I	14039	359

History of Soldier

An Irishman. Laborer. 18 yrs service in position of which was assisted by Master of Cooks - Sold on 1st March 1851 to Wm. M. M. about six months before this illness appeared, and much ill feeling had existed between him, his wife. Private Rogers, and his wife. All of same Company and living in the same room. And a dispute arose between them which was referred to the Commanding Officer. Who admonished him, and his insanity has been ascribed to this circumstance - Sold here in the Regiment. Hospital. Laboring under violent Mania for about a month previous to admission here, but was not benefited by treatment - His admission to the hospital was very violent and abusive. Shouting and using obscene language. There were numerous abrasions of the skin, and sores on the Sternum. His right leg was shortened, and Abscesses were detected on both of his heels, and on the left elbow - He could not talk coherently - After about two months the sores on the heels healed, but the ulcer on the Sternum continued to spread, and to discharge a large quantity of unhealthy Matter - The Abscess appeared to have subsided along the entire back as a probe could be introduced for its full length in every direction - From 7th to 15th March he was attacked with Dysentery which yielded to treatment - On the 25th from being violent he became quite stupid, and unconscious, his left pupil being very much dilated, and continued so upon the application of a strong light, while the right contracted naturally - On the 26th the air tubes of the lungs were filled with mucus which he could not expectorate - The ulcer on the Sternum assumed a dry, crispy appearance, and the discharge was much diminished - There was little alteration until the 29th - When he again became conscious a Blister having been applied to his head, and at this period when questioned he answered in

a low Muttering Manner - The Discharge too appeared much reduced. On the 30th he was perfectly Comatose. His Pupils remaining in the state above described, and continued so until 1st April when he again became conscious, and remained so until gradually until the 5th Sept when he expired.

Prof. - Eyre

Sectio Cadaveris Hora XLII Post Mortem.

External
Appearance.

Head

Throat

Abdomen.

Other Viscera.

Body very much emaciated. There is a large bloody area in the soft parts over Sternum.

About 4 oz of Serum effused in base of Brain. Pia Mater highly congested, as well as the Brain itself about 2 Drachms of clear serum in each lateral ventricle. Ventr. very firm but otherwise Normal. Weight 3 lb 3 oz. - Heart Normal. Weight 9 oz. and a half. Lungs Normal. Weight of Trachea Larynx. and Lungs 3 lb 9 oz. Liver small slightly enlarged, but Normal in Structure. Weight 4 lb.

Gall Bladder contains a little healthy Bile. Spleen much smaller than usual, but Normal in Structure Weight one ounce, and a half. Kidneys - Right Weight 5 oz. Normal. Weight ~~5 oz~~ Left Normal Weight 5 oz.

The other viscera Normal

(Copied by) Prof. - Eyre

Regt	Name	Age	Disease	admitted	Died	Duration	Controlled	Ward	Regimen	Folio
4th Dragoon Guards	McWilliam McMullen	32	Phthisis Tubercular	April 1st 1851	April 8th 1851	7 Days	England	10	332	237

History of Soldier

An Irishman of 9½ years service, all at home. Hair light brown eyes blue. from the history of his case sent with him by the surgeon of his Regt. he appears to have enjoyed general good health until Sept 1849 he was then exposed to wet and cold on a march and suffered from some catarrhal affection — in April 1850 Phthisical symptoms began to manifest themselves, and these increased until the time of his admission into this hospital when, as stated in the detailed medical report he was "in the last stage of Phthisis" he complained of much dyspnoea cough troublesome chiefly at night copious night sweating expectoration of large quantities of mucopurulent matter. he was much emaciated. had no diarrhoea on contrary the bowels were generally costive voice hoarse and feeble, there was little expansion of the upper part of the chest. the resonance on both sides was much impaired. The respiratory murmur almost lost in the upper part. vocal resonance not so great as might have been expected. The liver was found to extend below the ribs and into the epigastrium, he remained without change until the evening of the 14th when he suddenly expectorated a large quantity of mucopus streaked with blood. he described it as "two mouthfuls." next day cavernous respiration and gurgling râles were noted beneath the left clavicle, large mucocrepitus below the right one when respiratory murmur was still audible. His condition was otherwise much as when he was admitted, but on the evening of the 17th at 7 o'clock while sitting before the fire he suddenly became faint broke out into a profuse cold sweat and was seized with excessive dyspnoea with lividity of face and lips. When seen shortly after the chest appeared expanded. very resonant on percussion. he was gurgling in ineffectual efforts to obtain a fresh supply of air. he expired at 8 PM

the treatment in this hospital was confined to the proper regulation of his diet and the application of one sinapism on the 9th April to remove pleuritic pain on the right side

(copied)

Examination forty hours after death

External
Appearance

General emaciation. Chest prominent on right side

Head

surface of brain very moist, some serous effusion under arachnoid, and thickening and opacity of this membrane chiefly in the direction of longitudinal sinuses, brain otherwise presents nothing remarkable, weight of brain 3^{lb} 5^{oz} -

Thorax

Upon opening this cavity the right pleura was found distended with air and the right lung collapsed, the diaphragm on this side protruding into the abdomen. The upper part of right lung was connected to the ribs by old membranous adhesions, a large cavity was found at the summit of this lung about the size of a turkey egg, and posteriorly at the lower part of upper lobe a cavity the size of a walnut opened into the pleural sac by a smooth foramen. The left lung a very large cavity at its summit, and in the centre of the lower lobe another cavity. This lung was adherent in every part to the side of the pleural cavity. The whole of both lungs was filled with tubercles - weight of lungs, larynx and trachea 4^{lb} 6^{oz}. Heart about two ounces of straw coloured serum in the pericardium, weight of heart 5^{oz}, no valvular disease

Abdomen

Liver (4^{1/2} ^{lb} weight) enlarged extending into left hypochondrium of liver colour pale bladder empty - Spleen weight 7^{3/4} ^{oz} - kidneys right weighed 5^{1/2} ^{oz} left 5^{1/2} ^{oz} structure healthy - intestines thin, distended with air free from ulceration

(copied by) W W W. Bright M.D.

Regt	Name	Age	Disease	Admitted	Died	Duration	Embarked	Ward	Regt	Folio
83 ^d	Smith James Walker	37	Hepatitis chronic	April 1 1884	April 22 ^d	20 days	1889 Poma East Indies	14	333	215

History
of
Case.

This man's total service amounted to 10 years, of which 15 months in the East Indies, 9 years in America, and the remainder at home. In 1869, so this patient had three attacks when stationed at Poma described in the Swedish documents as "chronic affection of the liver and digestive organs, & chronic dyspepsia." Upon admission here he presented the usual symptoms of chronic Hepatic disease viz. sallow complexion, pain in the right side, so severe as to prevent his bearing pressure over the Hepatic region, he also complained of being unable to lie on the same side. Pulse quiet. Skin very dry. On the 9th of the same month he is reported as having improved considerably and these favorable reports continue up to the 16th ult. On the 18th he complained much of shortness of breath, and expectorated a quantity of blood and viscous, he attributes this change to having caught cold when washing at the Pump.

On the evening of the 18th he presented symptoms of Erysipelas of the face, and these gradually increased until the face became very much swollen. He went on favorably until the morning of the 22^d. About 10 o'clock a.m., when he suddenly became very weak, almost pulseless, & speechless: he rallied slightly under the effect of stimulants, but relapsed and died suddenly at half past nine o'clock.

The treatment for this attack consisted chiefly of unobstructed diet, Wine and a mixture of ammonia and Tincture of Opium for the purpose of controlling Diarrhoea. At the morning of his death he took Peppermint and water. Iodine of silver was also applied round the seat of the disease: to prevent its extending.

Signed Edward J. Barton M.D.

(L. Chap.) Staff surgeon.

Sectio Cadaveris 26^h Hours after death.

"External
Appearance"
"Cranium"
"Thorax"

Body considerably emaciated, cellular tissue of the face infiltrated with serum.

Brain healthy, weight 3 lbs.

Lungs, both of them especially the right extensively attached by old adhesions. A large quantity of serum effused into the cavities of the Pleura and pericardium (3 1/2 oz in the latter).

"Heart" normal, with the exception of a few small septulae in the

Analysis of the initial values. Weight 9 1/2 oz - Lungs, Saryox, and Trachea weighed 5th 93. The pleura over the right Lung was very much thickened - Tubercles in all stages, deposited in the apex one small cavity existed. The lower lobe was lacerated. The left Lung was rather congested: otherwise healthy.

Woman

"Liver" weight of it was 4th 3 oz increased throughout its entire extent, paler than natural. The gall bladder contained a considerable quantity of healthy bile. The spleen of a reddish brown color. Weight 1th 1/2 oz very firm throughout. Right kidney, weight 3 oz 6 drs of a pale and granular appearance. The left kidney weight 3 oz 6 drs, appearance the same as the right but much less marked: the other viscera healthy.

Signed Geo. J. Burton

2d Clap. Staff Surgeon.

Copied by

Surgeon

No. 4

Regt	Name and Rank	Age	Disease	Admitted	Died	Duration of Disease	Where Contracted	and	Regt	Vol
5th	PT Patrick Hagan	23	Catarrhus Chronicus	April 18th 1851	May 5th 1851	2 years	Maine	18th	334	216

An Irishman of 24 years service of which 3 years in the Militia. From the document accompanying his case he appears to have first been admitted into the Regimental Hospital at the Main, for Chronic Catarrh in the month of December 1849. Shortly after his admission it is related that he was attacked with pleurisy extending over some lobe of left lung the pleura became adherent the patient was - prostrated with absence of respiration the symptoms yielded so far to treatment that he was discharged to duty February 16th Re-admitted March 1850 with tightness of breath and pain between his shoulder and elbow on percussion and absence of respiration on the right side. Was again admitted in April with the same symptoms added to shortness of breath and tightness across the chest and from there he continued to suffer more and more severely. On his admission he was much debilitated had a pale and worn aspect and was considerably emaciated did not cough much but expectorated a large quantity of mucous-purulent matter. No stethoscopic examination appears to have been made until the 30th April at which time he was so weak as to render it more imperfect than could be desired. There was dulness on percussion mainly over the right side from behind the nipple most marked posteriorly and inferiorly where respiration was nearly absent under the clavicle on front there some mucous rales and bronchophony. On left side percussion was good and respiration generally present. His urine was rather yellow pale small and

rapid and he exhibited great apathy and showed nothing abnormal was presented by his pupils at this date. The following day he lost the power over his sphincters passing both urine and feces in bed. On the 2nd of May the pupils were slightly dilated and sluggish, he had no abdominal tenderness or pain on pressure. He became worse on the 3rd and large mucous rales were audible over the front of the chest generally as well in the left as the right lung. On the 4th some rather dry mucus was passed in his mouth on this morning becoming slightly affected by mercury. There was friction sound audible immediately under the nipple the moist rales had disappeared from the left side in front. His face was flushed skin hot and pulse rather full. He became gradually worse during the night and died in the morning of the 5th at 8 A.M.

Treatment Expectorants Mercury blisters to the side and nape of neck. Luteal wine brandy and ammonia.

Sectio Cadaveris huius XXVIII post mortem

External appearance. Body slightly emaciated. Marked of recent counter-indication on right side of chest and nape of neck.

Cranium

On raising the Calvarium a prominent ^{fluctuating} tumor was found under the Dura Mater on the anterior border of left Hemisphere of the Brain from which on incision thick pus escaped. The corresponding portion of the Hemisphere was excavated to a considerable depth in a circular form, the parietes of the Abscess being inferiorly and laterally lined by a thick membrane of very dense consistence and apparently of old formation. Above the covering of the abscess was formed by the Dura Mater, the rest of which membrane presented no unusual appearance.

The cerebral substance in the vicinity of the abscess was healthy as also the rest of the Brain and Cerebellum with the exception of some increase of fluid in the lateral ventricles.

Weight of Brain $2\frac{1}{4}$ lb.

Thorax

About 2³/₄ of fluid was found in the pericardium.

Heart healthy weight $\frac{3}{4}$ lb.

Larynx and trachea healthy.

Lungs. Right was found adherent throughout its whole extent. Pleura much thickened. On cutting into its texture it was found to be much condensed especially its lower border. The centre of the Middle lobe posteriorly was occupied by a large cavity the parietes of which were lined by a membrane more distinct at some parts than others, and filled with foul fetid sloughy matter. The upper portion of lower lobe contained a small cavity about the size of a marble filled with softened putrescent matter, the shade of the pulmonary texture was considered from chronic Pneumonia that of the lower lobe sinking in water but no tubercles were found in any part.

of this lung.
Left lung also adherent.
The pleura not so much thickened as the opposite side the base
of the lung was injected with red fatty serum, not much
condensed but considerably congested -

Weight of Larynx trachea and Lungs 6 1/2 lb.

Abdomen

Size of the usual size,

~~Liver~~ slightly congested but healthy weight 3 1/2 lb -

Spleen slightly enlarged weight 3 lb

Stomach right a little more vascular than natural containing
a small proportion of fat weight 4 1/2 lb -

Left presented the same characteristics but in a more
marked degree weight 4 3/4 lb

Stomach a few ecchymotic patches towards the cardiac
extremity

Small and large Intestines healthy

W. Westons

No 5

Ref.	Name	Age	Disease	Admitted	Died	Duration of disease	Where treated	Had leg?	Vol.
77	McCandless	35	Phthisis Pulmonalis	16 th Apr 1850	8 th May 1850	5 months	At Home	No	332 252/2

An Irishman, a servant, of 15 years service of which 4 years
at Malta, 1 at Cork, 3 in Jamaica, 2 1/2 in N. America.
the remainder at home. - Began to suffer from cough with
much debility, emaciation, night sweats, purulent ex-
pectoration &c in December 1850. While stationed at Newport
in Monmouthshire. - On admission into this Hospital
he was found to be in the last stage of Phthisis Pulmonalis.
There was great emaciation. Impaired expansion of the
chest. Hollowness beneath the clavicles, general dullness
on percussion in these situations and comparatively
greater below the right clavicle with purpling rales,
bronchial respiration and pectoriloquy. Vesicular murmur
almost lost. - Could not lie on right side. P. 130.
Tongue red and furred in the centre. No diarrhoea -
copious purulent sputa, Liver extending into Epigastrium.
He continued to grow weaker from day to day, suffered
from pleuritic pains in the right side, which about the 1st May
became very severe. - On the 3rd May, the debility was extreme
and the fatal termination was evidently approaching. He lingered
until the 8th and died at 4 A.M. on this day.

The.

The treatment in this Hospital was merely palliative
generous diet with wine, an occasional Anodyne
and Sinapisms to relieve pain.

(Signed)

A. Collins

Staff Surgeon 2nd Class.

Actio Cadaveris. hora VIII post Mortem.

External Appearance.

Body emaciated,

Cranium.

Considerable congestion of Dura Mater. Slight
Subarachnoid effusion on convex surface of both
hemispheres. Substantia of Brain presented on section
more bloody points than natural, and the quantity
of fluid in the lateral ventricles was increased.
Weight of brain 2 ^{lbs} 15 ^{grs}.

Thorax.

3 ¹/₂ ^{grs} of fluid were found in the pericardium, —

Heart. Slightly enlarged, Muscular texture pale and
flabby. Valves healthy. Weight of heart 11 ^{grs}.

Trachea and bronchial tubes filled with purulent
Matter. Slight thickening of lining membrane of Larynx.
but no increased vascularity.

On opening the chest, the Right Lung did not collapse.
Pleura much thickened, and the different lobes of this
lung connected together by thickened white and dense
Membrane. Superior and Middle lobes entirely disintegrated
by tubercular deposit, both containing cavities, most
numerous and of largest dimensions towards the apex
of the former. Pulmonary texture condensed so as to sink
in water. The lower lobe contained tubercle chiefly in
second stage, and there was a good deal of congestion.
The bronchial tubes much dilated, especially towards
lower border of lung. Bronchial glands enlarged and
of an unusually dark colour. About 4 ^{grs} of fluid con-
tained in the pleural cavity.

Left Lung. free from adhesions except at one portion toward
lower border of inferior lobe. Superior contained tubercles in
1st and 2nd stages. Most extensively disseminated towards
its lower margin. Inferior lobe comparatively free from
disease. Containing a few miliary tubercles in its upper
border. Generally congested throughout. Slightly emphyse-
matous at its posterior and inferior margin. Weight
of Larynx. Trachea and Lungs 4 ^{lbs} 6 ^{grs}.

Hæmorrhage from the Bladder, Bowels, and Nose: from the latter he lost several pounds of blood within a few days.

Enlargement of the Liver is mentioned to exist on the 10th April no disease of the lungs could be detected except slight consolidation of the upper lobes, marked by bronchial respiration in both subclavicular regions, without increased vocal resonance.

The Liver was then said to extend 3 inches below the ensiform cartilage, and half way across the left hypochondrium. No other symptoms of importance have since appeared.

Treatment. Palliative, Issues & alteratives, anodynes, and generous diet.

Sectio Cadaveris hora XIX post Mortem.

"General appearance"

Body extremely emaciated, fistulous opening in the perineum from which pus exuded after death.

"Brain"

Slight congestion of the dura mater and arachnoid, with some effusion between them. Quantity of fluid in the lateral ventricles increased, as also the number of vascular points in the substance of the Brain. The left lobe of the cerebellum was affected with yellow softening to considerable extent, and in the center of the arbor vita, a coagulum of purulent effused blood was found bright to 3. 96.

"Thorax"

Heart healthy, weight of 9 1/2. Larynx and trachea healthy.

"Right lung" firmly adherent throughout its whole extent. The superior lobe contained solitary tubercles, as also some in the second stage, with slight condensation of the surrounding pulmonary tissue. Same general appearances existed in the middle lobe which contained in addition one small cavity. The whole lung was infiltrated with a reddish serum, and its lower border congested.

"Left lung" Left pleural cavity contained a lb of effusion, the left lung comparatively free from adhesions, the superior lobe contained a few tubercular masses situated chiefly near the apex, and part of this was emphysematous. The lower lobe was congested, and condensed throughout its whole extent but did not appear to contain any Tubercles. Weight of Larynx Trachea, and lungs was lb iij. 3x. ij.

"Abdomen"

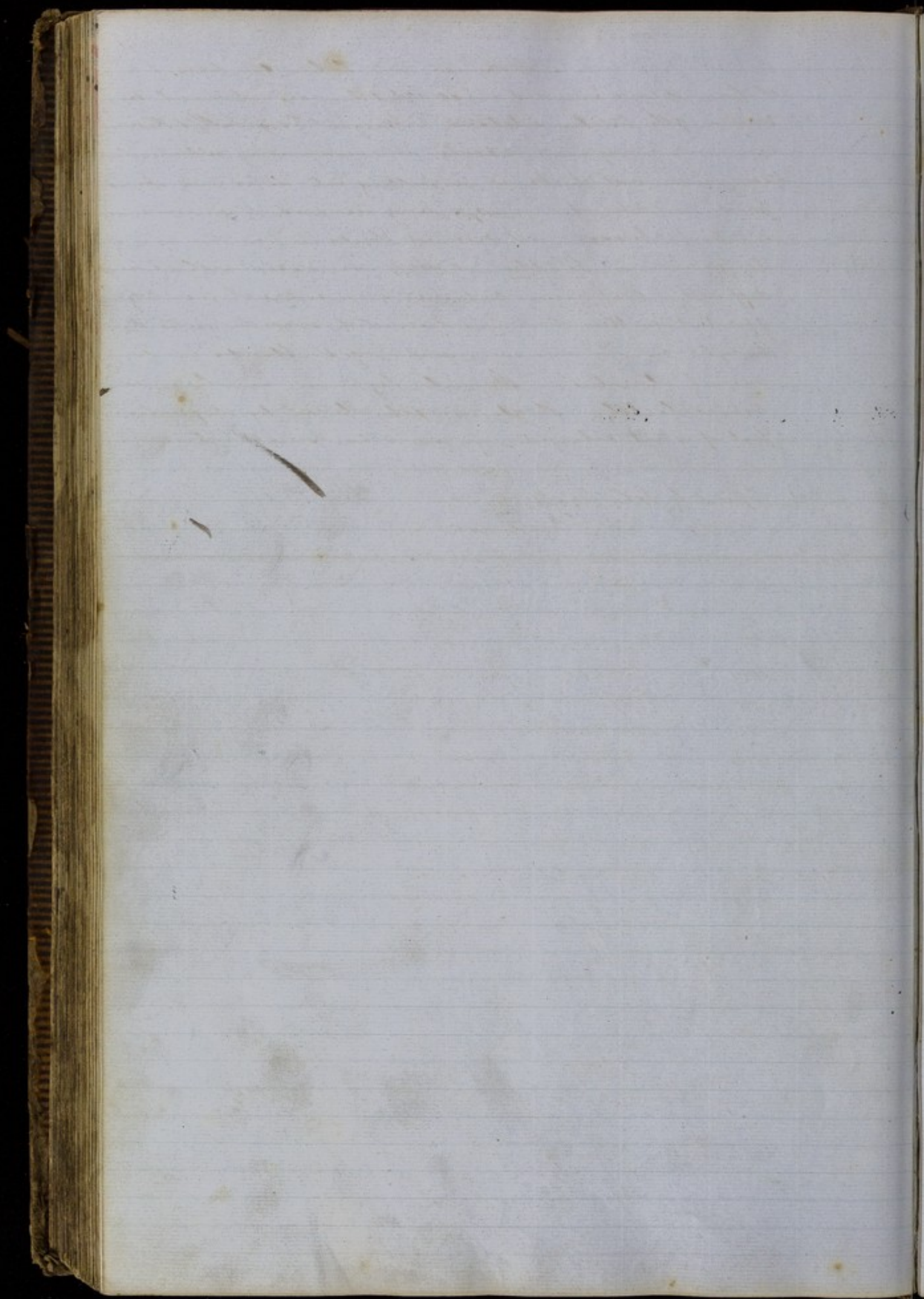
Gall Bladder distended with pale colored thin bile, Liver much enlarged. Weight lb viij. 3v. Substance of an uniform pale fawn color, most extensively infiltrated with fat. Spleen enlarged, its texture soft and vascular: containing a considerable quantity of Tubercle. Weight lb viij.

"Kidney" right enlarged, capsule stripped without difficulty

the cerebral substance contained some tubercular deposit in the form of some rounded masses, but there was not much destruction of the tubular substance. Weight 3 viz. Left Kidney also much enlarged, its capsule and surrounding cellular tissue enormously thickened, on cutting into its texture it was found completely disorganized, being occupied by an immense number of abscesses, with distinct thickened parietes, as if of old formation. "Bladder" a staff was passed without any difficulty. That viscus contained a considerable quantity of purulent matter which had descended along the ureter of the left side. The mucous membrane of the bladder was extensively ulcerated. Stomach, Jejunum, and large intestines healthy. The glands of the Uterus for the greater part of extent enlarged, and one or two small ulcers.

Copied by John W. Galt,
Candidate.

Robert Brown J. G.



INDEX.

Regiment	Rank and Name	Disease	Date of Death	Page	REMARKS
7.	Richard Robinson	Phthisis	April 7/48	1.	
83.	Thomas Moran	Phthisis	Apr. 10/48	2.	
88.	Richard Coleman	Phthisis	Apr. 15/48	23.	
95.	Wm. Maddy	Phthisis	Apr. 18/48	4.	
88.	Patrick O'Brien	Phthisis	Apr. 19/48	5.	
9.	James Wright	Ulceration of Leg.	Apr. 20/48	8.	
21. 53	Joseph Perceval	Phthisis	Apr. 29/48	10.	
3.	James Hawkes	Phthisis	May 4/48	11.	
58.	George Suggan	Phthisis	May 5/48	13.	
90.	James Lyall	Phthisis	May 7/48	14.	
21. 60	Charles Rustenmeyer	abscess	May 8/48	15.	
16.	Ser. Charles Rowan	Cachexia Syphil.	May 8/48	17.	
88.	Lawrence Costello	Phthisis	May 10/48	19.	
7.	Capt. Nicholas Fitzgerald	Phthisis	May 20/48	20.	
62.	John Fishlock	Phthisis	May 21/48	22.	
88.	Thomas Whiffler	Phthisis	May 23/48	23.	
27.	James Mc Garry	Pneumonia Chron.	May 30/48	24.	
6.	Isaac Waddell	Phthisis	June 2/48	25.	
88.	John Connors	Phthisis	June 7/48	27.	
22.	Henry Walton	Dysentery Chron.	June 9/48	28.	
25.	Andrew Ward	Phthisis	June 10/48	29.	
53.	Henry Burkinshaw	Phthisis	June 11/48	30.	
99.	John Harvey	Intus. Intus	June 16/48	31.	
90.	William Carthage	Dysentery Chron.	June 17/48	33.	
58.	Thomas Mosley	Pleuritis & Empyema	June 19/48	34.	
21.	Patrick Mc Namara	Pneumonia Chron.	June 19/48	36.	
58.	Michael Haughey	Phthisis	June 25/48	37.	
14.	Daniel Fitzgerald	Phthisis	July 4/48	38.	
35.	Robert Wilson	Phthisis	July 5/48	40.	
89.	John Aldridge	Phthisis	July 7/48	41.	
53.	Richard Carrick	Pneumonia	July 11/48	42.	
86.	James Lowery	Phthisis	July 15/48	43.	
25.	Frederick Humphries	Phthisis	July 21/48	44.	
35.	Thomas Wainsett	Phthisis	July 24.	45.	
35.	Ser. William Stewart	Phthisis	July 24.	47.	
82.	Thomas O'Brien	Paralysis	July 30	49.	
90.	William Stanton	Syphilis Consec.	Aug. 2/48	50.	
91.	Peter Mc Mullen	Phthisis	Aug. 14/48	51.	
34.	Patrick Mc Keena	Scrophula	Aug. 9/48	53.	

INDEX.

Regiment	Rank and Name	Disease	Date of Death	Page	REMARKS
33	Joseph Fairchild	Phthisis	11 Aug. 48	54	
30. G.	John Harvey	Phthisis	12 Aug. 48	55	
54.	James Robinson	Phthisis	13 Aug. 48	56	
36.	George Falias	Phthisis	14 Aug. 48	57	
30.	David Brooks	Pneumonia Acute	18 Aug. 48	58	
R.B. 56.	Dennis O'Brien	Phthisis	28 Aug. 48	60	
50	David Williams	Phthisis	30 Aug. 48	61	
77	Samuel Mosely	Aneurisma Aort.	31 Aug. 48	62	
25	John Boland	Aneur. Aort. Thor.	3 Sep. 48	63	
98	Francis Towsley	Febris Con. Cere.	9 Sep. 48	65	
15. Hq.	James Moule	Syphilis Cere.	14 Sep. 48	66	
90	Patrick Aubin	Pleuritis Chron.	16 Sep. 48	67	
19	John Gaddes	Phthisis	22 Sep. 48	69	
5 D. G.	Henry Critchley	Rheum. Chron.	25 Sep. 48	70	
4. Fort	Thomas Stannard	Brach. Chron.	1 Oct. 48	72	
4. Fort	Daniel Cox	Phthisis P.	13 Oct. 48	73	
4.	John Finigan	Erysipelas	19 Oct. 48	75	
4.	James Conway	Phthisis	21 Oct. 48	76	
87.	James O'Brien	Phthisis	28 Oct. 48	78	
20.	John Sandford	Paralysis	3 Nov. 48	80	
9.	James McCallie	Phthisis	7 Nov. 48	82	
22.	William Herlihy	Rheum. Chron.	23 Nov. 48	84	
R.B. 5.	James Mulligan	Dysent. Chron.	1 Dec. 48	86	
27.	Phillip Collins	Phthisis	2 Dec. 48	88	
37.	John Earty	Rheum. Chron.	11 Dec. 48	89	
33.	John Hannon	Hypert. Heart.	17 Dec. 48	90	
17.	Edwards Husley	Diarrhea Chron.	18 Dec. 48	91	
50.	John Simpson	Hepatitis Chron.	25 Dec. 48	93	
11. Hq.	John Ruffelle	Mobus Cordis	6 Jan. 49	95	
V. 5. J.	Capt. William Brown	Pericarditis	9 Jan. 49	96	
45	William Platt	Paralysis	25 Jan. 49	98	
1. 5.	Kenneth McHugh	Phthisis	25 Jan. 49	100	
11. Hq.	William Groves	Phthisis	26 Jan. 49	102	
77.	William Bell	Phthisis	5 Feb. 49	103	
39.	Michael O'Neera	Mobus Cordis	15 Feb.	104	
76.	Sgt. William McMillin	Phthisis	17 Feb.	105	
93.	Alexander Horlick	Cataract. Acute	17 Feb.	106	
11. Fort	William Hurdie	Phthisis	19 Feb.	107	
17.	James Correll	Rheum. Acute	10 March 49	108	

INDEX.

Regiment	Rank and Name	Disease	Date of Death	Page	REMARKS
77.	Pte Jeremiah Loghlin	Phtisis Pul.	3 Mar. 1849	110.	
50.	" Charles Wakefield	Pneas Abscep.	10 Mar. 1849	111.	
14.	" Francis Kelly	Catarrhus Chron.	21 Mar. 1849	113.	
30.	" John Hudson	Phtisis Pul.	23 Mar. 1849	116.	
82.	Capt. Thomas Shaw	Catarrhus Chron.	24 Mar. 1849	117.	
30.	Pte Duncan Cameron	Phtisis Pul.	28 Mar. 1849	118.	
87.	" John Griffiths	Phtisis Pul.	8 Apr. 49	120.	
18.	" James Wood	Phtisis P.	10 Apr. 49	122.	
28.	" Edward Wright	Phtisis P.	12 Apr. 49	124.	
87.	" John O'Rourke	Phtisis P.	12 Apr. 49	125.	
81.	" William Brookman	Fractura	19 Apr. 49	126.	
67.	" Christopher Ash	Dysenteria Chron.	20 Apr. 49	129.	
70.	" William Russell	Catarrh: Chron.	29 Apr. 49	130.	
14.	" Thomas Wickham	Phtisis P.	3 May 49	131.	
84.	" Cornelius Hallinan	Phtisis P.	11 May 49	132.	
17.	" Martin Flanagan	Catarrh: Acut.	19 May 49	134.	
50.	" George Micalfe	Catarrh: Acut.	28 May 49	135.	
A.B. 36	Serj. Thomas Kegan	Phtisis P.	29 May 49	138.	
50.	Pte Thomas Hayes	Phtisis P.	2 June 49	139.	
58.	" John Biswick	Phtisis P.	11 June 49	141.	
11.	" Thomas Gamble	Scaptoptysis	12 June 49	143.	
64.	" Moses Breunau	Phtisis Pul.	13 June 49	144.	
15.	" James O'Donnell	Phtisis Pul.	18 June 49	147.	
15.	Serj. John Ward	Phtisis Pul.	18 June 49	149.	
83.	Pte Michael Maher	Bronchitis Chr.	27 June 49	150.	
10. R. A.	" James King	Phtisis Pul.	30 June 49	152.	
11.	Capt. Samuel Trenchard	Phtisis Pul.	1 July 49	153.	
39.	Pte John Hartnett	Phtisis Pul.	4 July 49	154.	
61.	" James Parks	Phtisis Pul.	15 July 49	157.	
44.	" George Gilbert	Phtisis Pul.	15 July 49	159.	
50.	" William Haunigan	Phtisis Pul.	23 July 49	161.	
10. 1.	" Angus Robertson	Cholera	24 Aug. 49	163.	
27.	" James Robinson	Phtisis P.	6 Aug. 49	163.	
42.	" William McDonald	Dysenteria	8 Aug. 49	165.	
38.	Serj. James Scott	Diarrhea	13 Aug. 49	167.	
8.	Pte Will. Lynn	Paralysis	13 Aug. 49	169.	
36.	" Stephen Rowecroft	Cholera	16 Aug. 49	171.	
50.	" Thomas MacQuiney	Phtisis	18 Aug. 49	173.	

INDEX.

Regiment	Rank and Name	Disease	Date of Death	Page	REMARKS
93 rd	1 st Lieut. Miles	Cholera Morbus	1849 19 Aug ^t	175	
10 th Mass ^t	" Sam ^l Robinson	Ascites	" "	177	
25 th Mass ^t	" Patrick Burns	Brucelulid Ch ^r	20 th "	179	
23 rd "	" John Evans	Catarhus Ch ^r	25 th "	181	
17 th "	" E ^d McQuinn	Obstructed	24 th "	182	
23 rd "	" John Palmer	Phthisis Pulmonalis	27 th "	184	
22 nd "	" Thos Bailey	Anasarca	6 Sept ^r	186	
15 th "	" Hugh Fallon	Phthisis Pul ^r	10 th "	188	
12 th "	" John Dunn	Erysipelas	16 th "	189	
94 th "	" John Withers	Dysentery	21 st "	192	
78 th "	" Abel Mier	Dysentery Ch ^r	25 th "	194	
96 th "	S Joseph Dunn	Opoplexias	27 th "	195	
10 th Mass ^t	P ^r Joseph Dunn	Dysentery Ch ^r	3 rd Oct ^r	197	
38 th Mass ^t	" Matthew Odum	Rheumatic Ch ^r	12 th "	199	
52 nd "	" James Burns	Phthisis Pul ^r	19 th "	201	
51 st "	" John McGowan	" "	24 th "	202	
1 st Mass ^t	" Jos ^h Lelap	" "	27 th "	204	
38 th Mass ^t	" John Nesbitt	Catarhus Ch ^r	30 th "	207	
8 th "	" J ^r M ^r Loring	Scrophulap	1 st Nov ^r	209	
88 th "	" Jos ^h Evans	Phthisis Pul ^r	3 rd "	210	
91 st "	" John Hennery	" "	10 th "	212	
54 th "	" John Thompson	Catarhus Ch ^r	20 th "	214	
20 th "	" Archer Burns	Phthisis Pul ^r	24 th "	216	
53 rd "	" John Sanders	Ascites	26 th "	218	
36 th "	" John Buckley	Phthisis Pul ^r	4 th Dec ^r	221	
99 th "	" M ^r M ^r Quaker	Dysentery Ch ^r	11 th "	222	
27 th "	" Jos ^h Kelly	Phthisis Pul ^r	15 th "	224	
1 st "	" John Watson	Murder	15 th "	226	
27 th "	" Wm Bowles	Phthisis Pul ^r	16 th "	228	
27 th "	" Geo ^r Latham	" "	19 th "	229	
1 st Mass ^t	" Conn ^l Gallagher	" "	23 rd "	231	
33 rd Mass ^t	" As ^t Lowry	Pneumonia	27 th "	233	
12 th "	" John Latham	Brucelulid Ch ^r	31 st "	234	
27 th "	" Edw ^d Neary	Catarhus Ch ^r	1850 3 rd Jan ^y	239	
15 th "	" Walter Schies	Scrophulap	3 rd "	241	
14 th "	" As ^t Quinn	Phthisis	5 th "	242	
163 rd "	" David Wolf	Catarhus Ch ^r	8 th "	245	
94 th "	S. May Burns	Murder Cordis	8 th "	247	
177 th "	P ^r Stephen Mack	Catarhus Ch ^r	10 th "	249	

INDEX.

Regiment	Rank and Name	Disease	Date of Death	Page	REMARKS
			1856		
23rd B.	1st Lieut Lightfoot	Pellitis Pul	24th Jan'y	251	
1st B.	" Wm Morris	Amputation	28th Feb'y	251	
1st B.	" W. Lonsdale	Pellitis Pul	31st March	251	
33rd	" Capt Fels	" "	11th "	255	
15th	" John Richardson	Memoria	21st "	256	
93rd	" James M. Way	Marbus Cordis	3rd April	257	
7th	" Capt Knight	Obsepses	17th "	259	
17th	" Capt. White	Marbus Cordis	23rd "	260	
99th	C. Thos Bailey	Cyananche Torp	22nd "	262	
23rd	1st Lieut W. Sauls	Empysemas	3rd May	264	
22nd	" Edw. Forsgusson	Pellitis Pul	30th April	264	
42nd	" R. M. Harris	" "	10th May	265	
3rd	" John Shattford	" "	14th "	267	
81st	" John Marks	Catarrah Ch.	14th "	268	
13th	" John M. Gwethy	" "	14th "	269	
17th	" Saml. Machin	Marbus Cordis	12th "	271	
74th	" Thos. Brown	Dysentery Gen	12th "	273	
81st	" Wm. Isles	Catarrah Ch.	13th "	274	
3rd	" Richd. Nelson	Onasurrae	19th "	276	
3rd	" Michl. Macdonald	Pellitis Pul	24th "	277	
82nd	" Sp. Graham	Catarrah Ch.	5th June	279	
12th	" Edw. Spitt	Dyspnoea	15th "	280	
15th H.	" J. Jones	Dyspnoea	16th "	281	
18th H.	2nd Lt. S. O'Connell	Catarrah Ch.	20th "	283	
22nd	1st Lieut M. M. M.	Dysentery Ch.	22nd "	284	
91st	" Thos. Stewart	Scrophulous	22nd "	286	
28th	" Thos. M. M.	Pellitis Pul	25th "	288	
93rd	" James M. Way	Varicella	20th "	289	
27th	" Capt. M. M.	Marbus Cordis	29th "	290	
12th	" E. G. G.	Pellitis Pul	30th "	292	
62nd	" Wm. W.	" "	3rd July	293	
11th	" L. L.	Obsepses	16th "	294	
32nd	S. H. H.	Rachexia	17th "	296	
96th	1st Lt. R. R.	Obsepses	17th "	298	
80th	" Chas. B.	Pellitis Intermittens	21st "	299	
44th	" W. M.	Catarrah Ch.	25th "	301	
45th	" Wm. B.	Marbus Cordis	26th Aug	303	
87th	" Peter C.	Pellitis Pul	5th "	305	
33rd	" John G.	Latunioe Tumor	6th "	306	

INDEX.

Regiment	Rank and Name	Disease	Date of Death	Page	REMARKS
2 nd Lt	J ^r W ^m Gorton	Chronic Catarrh	1850 12 th Aug ^t	308	
5 th Lt	" George Taylor	Bronch: Ch ^t	18 th "	309	
1 st Lt	" Michel Lallou	Stomach: Ch ^t	21 st "	311	
9 th "	" Chas ^t Henderson	Stomach: Ch ^t	22 nd "	312	
16 th "	" Moses Merritt	Chronic Dysentery	22 nd "	313	
1 st Lt	" Kenneth McWorrie	Pulchitis Pul ^t	25 th "	315	
1 st Lt	" Rob ^t Sanders	"	30 th "	316	
88 th "	" John Wallace	Dysentery Ch ^t	39 th "	318	
94 th "	" Dennis Daniels	Pulchitis Pul ^t	3 rd Sept ^r	319	
13 th Lt	" Thos ^t Syme	Bronch: Ch ^t	8 th Sept ^r	321	
94 th "	" Thos ^t Jordan	Pulchitis	7 th "	322	
1 st Lt	" Valentin Clark	Syphilis Gen ^t	18 th "	324	
84 th "	" John Rogers	Catarrh Ch ^t	25 th "	325	
167 th "	" John Bethune	Pulchitis Pul ^t	1 Oct ^r	326	
147 th "	" Edw ^d Mansley	Strophulus	11 th "	329	
154 th "	" Henry Ambler	Bronchitis	12 th "	331	
R. Co	" John Connell	Catarrh Ch ^t	15 th "	332	
1 st Lt	" Henry Francis	Pulchitis Pul ^t	13 th "	333	
98 th "	" George Roberts	Dyspepsia	16 th "	335	
85 th "	" John Nicks	Pulchitis Pul ^t	24 th "	336	
164 th "	" Jas ^t Linnear	Dyspepsia	30 th "	337	
91 st "	" W ^m Rankin	Catarrh Ch ^t	31 st "	339	
82 nd "	" Geo ^t Knight	Pulchitis Pul ^t	31 st "	339	
118 th Lt	" L. Mullins	Ostitis	3 rd Nov ^r	340	
2 nd Lt	" W. Matthew	Pulchitis Pul ^t	9 th "	341	
90 th "	" S. Buss Langley	Syphilis Gen ^t	30 th "	342	
147 th "	" John Milton	Pulchitis Pul ^t	30 th Sept ^r	344	
95 th "	" P ^r McQuinn	Dysent: Ch ^t	11 th Nov ^r	346	
50 th "	" John Locley	Catarrh Ch ^t	13 th "	347	
34 th "	" R. Williamson	Morbus Cordis	10 th "	350	
22 nd "	" Jas ^t Quinn	Amuricosis	18 th "	352	
84 th "	" Geo ^t Willens	Pulchitis Pul ^t	26 th "	353	
96 th "	" Jas ^t O'Leary	"	26 th "	354	
24 th "	" Mauch William	Strophulus	5 th Dec ^r	355	
16 th "	" W ^m Loham	Pulchitis Pul ^t	17 th 1851	357	
86 th "	" Jeremiah Coffin	Dysent: Acute	12 th Jan ^y	358	
13 th Lt	" Ambrose Mangel	Pulchitis Pul ^t	12 th "	360	
96 th Lt	" Jas ^t Mercer	"	14 th "	361	
13 th "	" Mich ^l Murphy	" Tuberculis	31 st "	362	
33 rd "	" Thos ^t Greening	Cyanosis	7 th March	364	

INDEX.

Regiment	Rank and Name	Disease	Date of Death	Page	REMARKS
5 th Regt	P ^{te} John Ryan	Paralysis	1851 17 th March	367	
20 th "	" Edw ^d Carden	Mania	5 th April	368	
1 st D ^{co}	" Wm M ^o Mullins	Pellusis Int ^a	17 th "	370	
83 rd F ^o	" Jas ^s Walker	Hepatic Ch ^l	22 nd "	372	
5 th "	" Jas ^s Rogers	Catarrhus Ch ^l	5 th May	373	
17 th "	" Andrew Hennessy	Pellusis Int ^a	8 th "	375	
90 th	" Sam ^l Sherry	Fistula in Ano	19 th "	377	

INDEX.

Regiment	Rank and Name	Disease	Date of Death	Page	REMARKS
----------	---------------	---------	---------------	------	---------

A Number of Blank Pages Follow, which have
not been Photographed.

Neurological Register.
1848 to 1851.

