

Volume of post mortem reports from the Army Medical School Hospital at Netley

Publication/Creation

1863-1865

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P. M.
RECORDS
VOL. 4.





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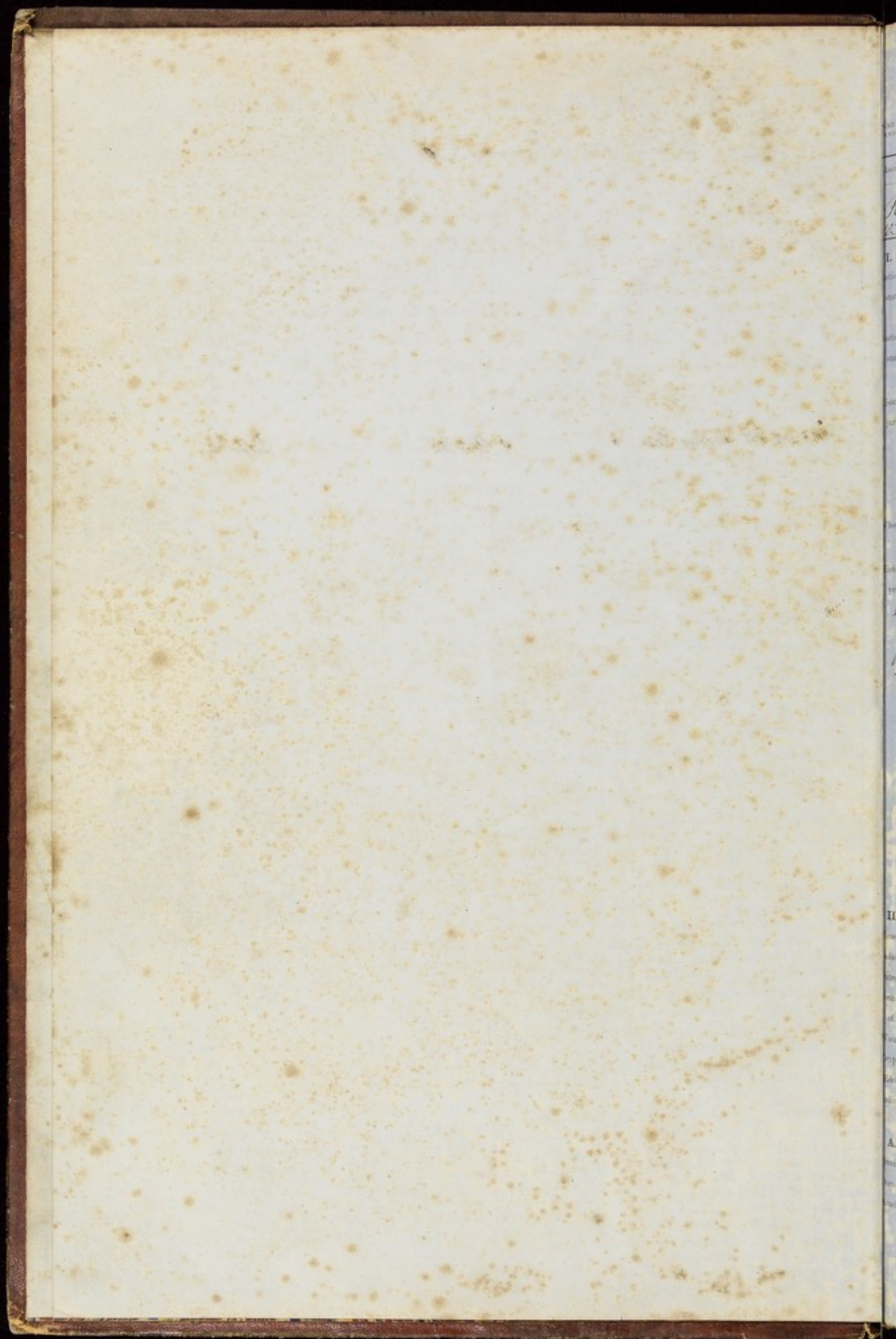
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Pathological Reports. Vol. IV.

October 1863. ———— September 1864.

No.	Corp.	Age.	Rank.	Name.	Age.	Disease.	Mod.	Date.	Post-mortem examined.	Abstract.	Remarks.
								Death performed.	examined.	performed.	Recorded by.
1	1110	21	Private	Wang, Mch.	25	Oct 20	Atkins	Barthol.	LD	Ligues	vide 39, 40
2	1116	26	"	Bennet, Geo.	25	" 27	Barnes	Beattie	"	Lyce	Vol. III
3	1117	26	"	Councilman, Geo.	26	Nov 20	"	"	"	"	"
4	1100	112	Private	McMahon, Geo.	23	Ph. Palm.	27	Dec 21	"	"	"
5	277	621	"	Grinstein, At.	24	Dec 25	"	"	"	"	"
6	277	621	"	Grinstein, At.	28	Oct 31	Ap 5	W. H. Anderson	"	Barthol.	"
7	277	621	"	Grinstein, At.	29	Ph. Palm.	29	Dec 20	"	"	"
8	110	35	"	Sader, Geo.	25	Ph. Palm.	25	Dec 20	"	"	"
9	52	445	"	Dugan, Pat.	33	Ph. Palm.	14	Apr 6	"	"	"
10	65	321	"	Quir, Leis.	28	Hematuria	17	" 18	"	"	"
11	48	313	"	Sachse, Geo.	28	Ph. Palm.	27	" 19	"	"	"
12	277	621	"	Grinstein, At.	29	Ph. Palm.	21	May 3	"	"	"
13	77	130	"	Stans, Geo.	34	Ph. Palm.	14	" 3	"	"	"
14	97	916	"	Reichstadt, At.	21	Ph. Ch.	14	" 4	"	"	"
15	360	144	"	Muller, Geo.	29	Hepatitis	24	" 11	"	"	"
16	277	139	"	Bill, Joseph	29	Ph. Ch.	13	" 19	"	"	"
17	277	621	"	Grinstein, At.	24	Ph. Palm.	22	" 20	"	"	"
18	91	393	"	Hunter, Geo.	28	Ph. Palm.	28	" 20	"	"	"
19	110	336	"	Sullivan, Geo.	25	Ph. Palm.	25	" 8	"	"	"
20	110	336	"	Sullivan, Geo.	25	Ph. Palm.	25	" 8	"	"	"
21	277	280	"	Combs, Geo.	24	"	13	" 20	"	"	"
22	"	531	"	Brooks, Geo.	22	Hepatitis	21	" 27	"	"	"
23	18	404	"	Brasidas, Geo.	24	Hepatitis	31	" 29	"	"	"
24	277	734	"	Holland, Geo.	32	Ph. Palm.	23	" 12	"	"	"
25	110	336	"	Sullivan, Geo.	25	Ph. Palm.	25	" 8	"	"	"
26	277	653	"	Blakey, Geo.	41	Ph. Palm.	14	" 1	"	"	"
27	104	203	"	McCormac, Geo.	28	Ph. Palm.	19	" 5	"	"	"
28	110	321	"	Sydney, Geo.	26	Ph. Palm.	16	" 27	"	"	"
29	"	1274	"	Seymour, Geo.	29	Ph. Ch.	27	" 21	"	"	"
30	115	901	"	Shelton, Geo.	39	Ph. Palm.	18	" 29	"	"	"
31	28	242	"	Danvers, Geo.	36	Ph. Palm.	29	" 16	"	"	"
32	47	240	"	Sancti, Geo.	31	Ph. Palm.	19	" 27	"	"	"
33	115	3007	"	Robinson, Geo.	36	Ph. Palm.	16	" 12	"	"	"
34	97	1048	"	Murphy, Geo.	23	Ph. Palm.	18	" 22	"	"	"
35	118	207	"	Reid, Geo.	20	Ph. Palm.	16	" 22	"	"	"
36	119	1018	"	Bayne, Geo.	29	Ph. Palm.	19	" 14	"	"	"
37	111	1139	"	Chambers, Geo.	33	Ph. Palm.	13	" 3	"	"	"
38	24	3205	"	Wheeler, Geo.	24	"	14	" 11	"	"	"
39	115	901	"	Seymour, Geo.	29	Ph. Ch.	27	" 21	"	"	"
40	111	1139	"	Chambers, Geo.	33	Ph. Palm.	13	" 3	"	"	"
41	88	310	"	Wheeler, Geo.	24	Ph. Palm.	14	" 12	"	"	"
42	88	310	"	Wheeler, Geo.	24	Ph. Palm.	14	" 12	"	"	"
43	107	2199	"	Wheeler, Geo.	24	Ph. Palm.	14	" 12	"	"	"
44	74	65	"	Wheeler, Geo.	24	Ph. Palm.	14	" 12	"	"	"
45	91	30	"	Wheeler, Geo.	24	Ph. Palm.	14	" 12	"	"	"
46	35	1224	"	Wheeler, Geo.	24	Ph. Palm.	14	" 12	"	"	"
47	406	48	"	Wheeler, Geo.	24	Ph. Palm.	14	" 12	"	"	"
48	111	1139	"	Chambers, Geo.	33	Ph. Palm.	13	" 3	"	"	"
49	57	182	"	Wheeler, Geo.	24	Ph. Palm.	14	" 12	"	"	"
50	16	238	"	Wheeler, Geo.	24	Ph. Palm.	14	" 12	"	"	"



PATHOLOGICAL REPORT, No. 3.

NAME OF STATION AND OF HOSPITAL *Petty Hospital* DATE OF INSPECTION _____ NUMBER OF HOURS POST-MORTEM ... *1863* ATMOSPHERIC CONDITIONS AS TO—(1) TEMPERATURE (2) MOISTURE, ...

REGIMENT.	RANK AND NAME.	AGE.	DISEASE.	WHERE CONTRACTED.	TOTAL DURATION OF ILLNESS.	DATE OF LAST ADMISSION.	DATE OF DEATH.	WARD.	REGISTERED.	EXAMINED.
<i>1035th</i>	<i>John Cannelaw</i>	<i>26</i>	<i>Worst Ballant. Ac. Ascites</i>	<i>Payageta India</i>		<i>April 18th 1863</i>	<i>30th Nov^r 1863</i>	<i>23</i>	<i>45</i>	<i>135</i>

I. HISTORICAL SUMMARY. COUNTRY, COUNTY, OR BIRTHPLACE: *Ireland* COMPLETED YEARS OF SERVICE: *4 1/2*
 Stations and Periods of Foreign Service stated in chronological order *East Indies - Geyby - Sept 1862*

Stations and Periods of Home Service stated in chronological order *Home. Sept 1862 Nov 2 1863*

History as to previous Diseases or Injuries at these Stations or elsewhere: *Med. Hist. Int. - Dep. Ch. - Hep. Ch. - Diarrhoea - Hep. Ch. - Rheum. Ac. - Mod. Ballant. Suffered from Acute rheumatism on passage to India in 54. Had several subsequent attacks, in the intervals suffered from pain & uneasiness in the cardiac region. Hadague and in India - Dr. Rheum. & Hemorrhoids on passage home.*

Whence admitted to Hospital here. ... How long Resident at last Station ... (If from Shipboard state the duration of the Voyage.)

History of disease or injury which has proved fatal, and state on admission: *Was invalided from India in Sept 1862 (Acute). Was admitted to Petty Hospital in April 1863 - when he emaciated. Subject to Dropsy and Hemoptysis. Had physician begin of Valvular disease - And granular - Mastop. tubercle between this admission & the month of October - In October became jaundiced. From this time till death the gradually increasing weakness & Oedema of lower extremities were the chief symptoms - Before death he vomited a large quantity of disintegrated blood. No Syphilitic History - No hereditary History*

II. POST-MORTEM INSPECTION. Temperature of body in Mouth. Rectum. Axilla. Measurements of the body *Length 36 in - Height 5' 4"* Weight. *74* Calaveric Rigidity Nutrition - Emaciation *Intense* State of Cuticle General Colour of Surface *Yellowish tinted especially on the hands* Putrefaction Contusions, Marks of Punishment, or of Medical Treatment Wounds, Cicatrices, Punctures *Open ulcerating surface inner aspect left calf - 3 in long. Another ulcerating surface left instep - 1 1/2 in long. Edema of limbs especially below the knee -* Eruptions *Opened spontaneously. Euphysema* Individual Peculiarities *Cedema of limbs especially below the knee -*

A. INSPECTION OF HEAD: - SCALP. Cranial Bones and Sutures Dura Mater *Yellow discoloration of Dura Mater, also at base of Brain. Subarachnoid effusion* Arachnoid

Pia Mater and Arteries *General congestion of Pia Mater.*
 Sinuses of Dura Mater *Devascularized Coagulum in deep longitudinal Sinus*
BRAIN:—Weight (entire) *316.608* Specific gravity

Cerebrum	" .. .	Pons Varolii:—weight	Specific gravity
Cerebellum	" .. .	Medulla oblongata ..	" .. .
Specific gravity of Grey matter	Specific gravity of White	Corp. striata ..	" .. .
		Optic Thalami ..	" .. .

Roots of the Nerves:—Cnura, Pitu- *About an ounce of fluid at the base.*
 itary Body and Parts, generally at
 the base of the Brain

CEREBRUM, Convolution:—Colour and *Softening of the Corpus Callosum. Softening generally*
 Consistence, Ulcers, Sloughs, Cavities, *of the Caudate nucleus at posterior of the Brain—also of the*
 Cisterns, Deposits *ventricular portion of the Cereb. Cerebelli—ependyma*
of ventricles softened.

Minute Vessels of the Brain

Ventricles

Optic Thalami

and

Corp. Striata

PONS VAROLII

MEDULLA OBLONGATA

CEREBELLUM

B. INSPECTION OF SPINAL CANAL:—(1) The Meninges:—

Spinal Marrow, Consistence, &c.	Weight	Specific gravity	Size
		Amount of Cereb. Sp. fluid.	

C. INSPECTION OF THE ORGANS OF THE SENSES:—(1) NASAL CAVITIES.

(2) ORBITS:—Eyelids

Eyeballs, &c.

(3) EARS:—External

Internal

(4) TONGUE

D. INSPECTION OF THE MOUTH AND THROAT:—TEETH. Number.

Condition.

Gums and Lips

Mucous Membrane and Glands

Palate

Tonsils and Uvula

Pharynx

E. INSPECTION OF NECK AND CHEST:—RIBS AND PARIETES.

Cervical Glands

Thyroid

Thoracic Glands

Larynx

Trachea

Enlarged lymphatics in anterior mediastinum.

Pleura Serous fluid in right Pleural Cavity - also in the right ~~xxx~~
 Adhesions at the base of both lungs to the Diaphragm -
 Bronchi Adhesions firm - in bands but breakable - adherens at
 the right base more firm than on the left side -
 LUNGS Curvature of right lung especially posteriorly and
 towards the base - Softening of tissue left lung also the right -
 Weights Lungs & Trachea L.S. -

Thoracic Duct and Vena Azygos.....

PERICARDIUM Some increased vascularity, inner surface, but no lymph-
 Myoz - 1"3. Diam^r in situ
 HEART: - Form, &c. Apex at the lower edge, 6" rib. Base to Apex 6"3.
 After Collapse of lungs - about 1" in from junction of Aur. Ven. Groove to Apex 4"9.
 of Costal Cartilage - The right Auricular edge Transv^r at Aur. Ven. Groove... 1"4.
 Cavities: - Auricular Circumference 12"3.
 1/2 inch of junction of Costal Cartilage 4" rib -
 Ventricular to the right of the apex in the substance of right ventricle - No.
 Lining Membrane Decalcified Coagulum in its Auricle. 11.
 Contents the Columnar Cardiac & passing into 10.
 Valves Pulmonary Artery 6.
 Aorta Aorta descendens Normal Aorta - 4.
 Coronary Vessels Dark coagulum partly decalcified by b ventricle - left aur.
 Cavity cold filled with dark coloured blood - Stenosis of the
 Muscular Substance Mitral Orifice - Thick detritus of the Carus Art. Bicus.
 The mitral Orifice of an oval shape passes with difficulty not as
 Chas. Aorta pushed rods but not No. 5. - There is a deposit of yellow
 tuberculous looking substance at the base of the septal side of the mitral
 Valve - the surface of the deposit is soft, tuberculous in appearance the deeper por-
 tion is a dense firm white substance - A similar deposit on the aorta just to the right of -

F. INSPECTION OF THE ABDOMEN - PORTOSEX Cavity filled with a yellow serum containing
 Hernia A large amount of purulent material chiefly in flaps.
 Tumours The Cavity contained 112oz of this fluid.

Calibre, Dilatation, Invagination, Con-
 striction, Adhesions or change of
 position of Viscera

STOMACH: - Contents
 Mucous surface
 Glands

MUCOUS MEMBRANE OF SMALL INTES-
 TINES: - Sections or Examinations on
 its surface
 Colour and Consistence of Mucous
 Membrane

Vill. of Intestines:—

Substance of Intestines

Glands of Duodenum

„ Duena and Jejunum

„ Peyer

Solitary Glands

Crypts of Lieberkühn

CÆCUM

COLON:—Secretions or Excretions

on its Surface

Ulcers, connected or not with Solitary

Glands

RECTUM

Hæmorrhoids

LIVER:—Form

Completely encaps. Weight 3lb 14oz. Dimensions
Sited in fibrous capsule with 2 ducts - Sp. gr. Great pigmentary
degeneration local congestion & extravasation giving an
irregular shape & a rough surface.
Gumata, Abscesses, Pus, Adven-
titious Deposits

Vena Porte

Gall-bladder and Ducts

SPLEEN:—Form

Triangular Weight 12oz.
Intensely dark

Dimensions

Position

Covering

Substance

Sp. gr.

PANCREAS:—Form

Weight

Dimensions

Substance

SUPRA-RENAL CAPSULES

Aorta

Vena Cava

Sympathetic Nerve

KIDNEYS:—Form

Large & firm Weight 4 3/4 lb 8 1/4 lb Dimensions

Capsule

Substance

Left Capsule easily separable but slight tendency to tear.
Cortical substance pale - very much increased relative to the
pyramidal substance - pyramidal substance displaced -
Cortical substance slightly indurated & contrasted with the
pyramidal which is intensely congested - No visible reaction
with Iodine.

Uterus

Bladder, Prostate, &c.

Testicles, &c.

G. INSPECTION OF JOINTS.

Microscopic Examⁿ of Organs.

Heart - Muscular substance exhibits a large amount of fatty
granular globules - also increase of connective tissue -
Liver - Great abundance of pigmented matter in all directions
cellular parenchyma stained with granular fatty granules
& globules -

Kidneys - Tubules blocked up with the same granular material.
H. INSPECTION OF BONES. Hypertrophy of cells along with the nuclei are loaded
with the same granular material.

Deposits The semi-solid deposits in the heart consist of large
quantities of amorphous granules & globules with blackness of
probably Carb^olime.
I. INSPECTION OF MUSCLES.

Medical Officer Examining

Medical Officer Assisting

PATHOLOGICAL REPORT, No. 4

NAME OF STATION AND OF HOSPITAL *Netley* DATE OF INSPECTION *December 3rd 1868* NUMBER OF HOURS POST-MORTEM ... ATMOSPHERIC CONDITIONS AS TO—(1) TEMPERATURE (2) MOISTURE

REGIMENT.	RANK AND NAME.	AGE.	DISEASE.	WHERE CONTRACTED.	TOTAL DURATION OF ILLNESS.	DATE OF LAST ADMISSION.	DATE OF DEATH.	WARD.	REGISTER.	FOLIO.
<i>100th No 112</i>	<i>McMahan</i>	<i>23</i>	<i>Pt. Pulm. Gibralt.</i>	<i>310</i>	<i>May 11</i>	<i>Dec 24</i>	<i>55</i>	<i>36</i>		

I. HISTORICAL SUMMARY. COUNTRY, COUNTY, OR BIRTHPLACE:—*Canadian*. COMPLETED YEARS OF SERVICE:—*5 1/2*. Stations and Periods of Foreign Service:—*British America March—June 1858* stated in chronological order *Mediterranean June 59 till admission to Netley*. Stations and Periods of Home Service:—*Home June 58—June 59* stated in chronological order History as to previous Diseases or Injuries at these Stations or elsewhere:—*Typhoid Fever 1851—Pneumonia—Haemoptysis—Pt. Pulm.*

Whence admitted to Hospital here.... How long Resident at last Station ... (If from Shipboard state the duration of the Voyage.) History of disease or injury which has proved fatal, and state on admission:—*At Gibraltar in January 1853. Had Haemoptysis. Had several subsequent repetitions of this at intervals of about ten days. From this time began to fall off in flesh and strength. The lungs were anemic condition when at Netley. Arteries clubbed. Breathing short—frequent low lying cough—mucopurulent expectoration—Tachypnoea—flap chest with little expansion—upper intercostal spaces wide the lower close together—depression of left infraclavicular space. Physical signs of cavities in both lungs, diarrhoea & tenacious of Haemoptysis—*

II. POST-MORTEM INSPECTION. Temperature of body in Mouth. Rectum. Axilla. Measurements of the body *Height 5'6"* Weight *6 1/4* Cadaveric Rigidity Nutrition or Emaciation } State of Cuticle } General Colour of Surface } Putrefaction Contusions, Marks of Punishment, or of Medical Treatment Wounds, Cicatrices, Punctures Eruptions Edema Emphysema Individual Peculiarities

A. INSPECTION OF HEAD—SKULL. Cranial Bones and Sutures *Foram. Caustium of interior of Calvarium & external surface of all* Dura Mater *Subdural adhesions on the inner aspect* Arachnoid

Vin Mater and Arteries *Fluid blood in superior longitudinal sinus*
 Sinuses of Dura Mater

BRAIN:—Weight (entire) *3 - 12 1/4* Specific gravity Pons Varolii:—weight Specific gravity

Cerebrum " " " " Medulla oblongata " " "

Cerebellum " " " " Corpora striata " " "

Specific gravity of Grey matter Specific gravity of White Optic Thalami " " "

Roots of the Nerves:—Cran. Pituitary

Body and Parts, generally at

the base of the Brain

Cerebrum, Convulsions:—Colour and

Consistence, Ulcers, Sloughs, Cavities,

Cicatrices, Deposits

Flattening of the Convulsions

Minute Vessels of the Brain

Ventricles

Optic Thalami

and

Corpora Striata

Pons Varolii

Medulla Oblongata

Cerebellum

B. INSPECTION OF SPINAL CANAL:—(1) The Membranes:—

Spinal Marrow, Consistence, &c. Weight Specific gravity Size

Amount of Cereb. Sp. fluid.

C. INSPECTION OF THE ORGANS OF THE SENSES:—(1) NASAL CAVITIES.

(2) ORBITS:—Eyelids

Eyeballs, &c.

(3) EARS:—External

Internal

(4) TONGUE

D. INSPECTION OF THE MOUTH AND THROAT:—TEETH. Number.

Condition.

Gums and Lips

Mucous Membrane and Glands

Palate

Tonsils and Uvula

Pharynx

Pharynx

E. INSPECTION OF NECK AND CHEST:—RIBS AND PARIETES.

Cervical Glands

Thyroid

Thoracic Glands

Larynx

Trachea

Trachea

Enlargement of Lymphatic Glands back of lungs. Same fact as of the pleural cavity. The Cavities are posterior as peak of the vertebral column. Same fact as of the pleural cavity. Subcutaneous in the Glottis

Pleura Adhesions adhere & apex left lung - Intense adhesions also on right side -

BROUCHI

LUNGS On removing the sternum & costal cartilages an opening into a space is exposed situated close to the anterior margin left lung, the anterior wall of the thoracic cavity adhering to the sternum - a large cavity the size of an orange in the apex of the right lung - & smaller cavity at the anterior margin & the rest of the substance is perforated with tubercles - Smaller cavities & deposits in the substance left lung, especially, developed towards the centre & base -

Thoracic Duct and Vena Azygos.....

PERICARDIUM

HEART:-Form, &c..... Large white spots on the ant. & post. aspect of the heart covering the right auricle & prominence of the vessels - Heart small. Base to Apex..... 4.5.
Aur. Ven. Groove to Apex..... 3.4.
Transv. at Aur. Ven. Groove... 3.5.
Circumference at D. 5.
Cavities:-Auricular Decolorized Coagulum in right auricles. Pulm. & Vent. 8. No 12.
Ventricular passing into the Pulmonary Artery. - Pulmonary Art. " 8.
Aorta rounded formed by the left vent. Aorta " 10.
Lining Membrane Decolorized Coagulum in the left ventricle. Aorta " 8.
Contents Decolorized Coagulum.
Valves Valves normal texture transparent -
Pulmonary Artery Adhesions between Pulm. Artery & Aorta -
Aorta Centric base of substance at the bend of the aorta
Coronary Vessels.....
Cave.....
Muscular Substance.....

Racke Heart & lungs Weights - 6.1

Weight

F. INSPECTION OF THE ABDOMEN:-PERITONEUM. Mesenteric glands enlarged & contain yellowish deposits. The peritoneal cavity presented a morbid peculiar appearance. An opening into it the floor of the cavity looked as if of a large abscess. The peritoneum was greatly thickened & lining together the intestines & presenting a perfectly level surface with no appendances.

STOMACH:-Contents..... colour of intestine or contents.

Mucous surface.....

Glands.....

MUCOUS MEMBRANE OF SMALL INTESTINE

TEXES:-Secretions or Excretions on its surface.....

Colour and Consistence of Mucous Membrane.....

Vill. of Intestines:—

Substance of Intestines

Glands of Duodenum

" Ileum and Jejunum

" Peyer

Solitary Glands

Crypts of Lieberkühn

CÆCUM

COLON:—Secretions or Excretions

on its Surface

Ulcers, connected or not with Solitary

Glands

RECTUM

Hæmorrhoids

LIVER:—Form

Position

Covering

Substance:—Granulations, Cicatrices

Gonorræa, Abscesses, Pus, Adven-

titious Deposits

Vena Porta

Gall-bladder and Ducts

SPLEEN:—Form

Position

Covering

Substance

PANCREAS:—Form

Substance

SUPRA-RENAL CAPSULES

Aorta

Vena Cava

Sympathetic Nerve

KIDNEYS:—Form

Capsule

Substance

Ureters

Bladder, Prostate, &c.

Testicles, &c.

G. INSPECTION OF JOINTS

Kidney.

Microscopic Examination of Organs.

The tubule is here & there blocked up with granular material. Epithelium cells granular. Not intense. Amyloid degeneration commencing. Gross Char. Acute reaction with iodine.

H. INSPECTION OF BONES.

I. INSPECTION OF MUSCLES.

Medical Officer Examining

Medical Officer Assisting

PATHOLOGICAL REPORT, No. 5.

NAME OF STATION AND OF HOSPITAL { Nelley } DATE OF EXSECTION { 14th Decr. } NUMBER OF HOURS POST-MORTEM { 60. } ATMOSPHERIC CONDITIONS AS TO—(1) TEMPERATURE { } (2) MOISTURE { }

RESIDENT.	RANK AND NAME.	AGE.	DISEASE.	WHERE CONTRACTED.	TOTAL DURATION OF ILLNESS.	DATE OF LAST ADMISSION.	DATE OF DEATH.	WARR.	REGISTER.	FOLIO.
<u>214.</u> <u>621.</u>	<u>Pte. Wm. Pringle</u>	<u>22.</u>	<u>Pt. Pulm.</u>	<u>British America</u>	<u>10/12.</u>	<u>13 Decr.</u>	<u>15. 69.</u>			<u>1.</u>

I. HISTORICAL SUMMARY.

COUNTRY, COUNTY, OR BIRTHPLACE: Somerset Engd. COMPLETED YEARS OF SERVICE: 5 1/2.
 Stations and Periods of Foreign Service { Home Octr 58 - June 62.
 stated in chronological order { British America June 62. - Sept 63.
Passage home Sept 7th - Octr 1st 63.
 Stations and Periods of Home Service { Nelley Octr 1st - Death
 stated in chronological order
 History as to previous Diseases or Injuries at these Stations or elsewhere { Ulcers 1861 - 21 days - Perissal 61 - 19 days -
Hæmoptysis March 63 - 34 days - Hæmoptysis May 63
till death or admission for Pittuitis.

Whence admitted to Hospital here, ... Halifax. How long Resident at last Station ... { Sept 7th Octr 1st 63.
 (If from Shipboard state the duration of the Voyage.)
 History of disease or injury which has proved fatal, and state on admission { Was admitted to Hospital at Nelley on the 1st Octr.
in an advanced stage of Pittuitis. First suffered
from Hæmoptysis in March 63 - Had a subsequent seizure in May of
the same year - the physical signs pointed to large cavity in the
left apex - about a fortnight after admission had a Pneumonic
seizure of the right lung afterwards extending to the left - On the 1st
of Decr had a severe attack of Hæmoptysis - had another attack on
the 12th Inst - The other symptoms during treatment at Nelley were
the usual concomitants of Pittuitis diarrhoea, night sweats & gradually
increasing weakness.

II. POST-MORTEM INSPECTION.

Measurements of the body Birth 29 3/4 - Height 5 ft. 10 in -
 Cadaveric Rigidity None
 Putrefaction None
 Contusions, Marks of Punishment, or of Medical Treatment
 Wounds, Cicatrices, Punctures
 Eruptions
 Edema
 Individual Peculiarities
 Temperature of body in Mouth. Rectum. Axilla.
 Weight. 6 11 1/2.
 Nutrition or Emaciation { Massive not intense
 General Colour of Surface {
 State of Cuticle {
 Emphysema

A. INSPECTION OF HEAD - SKULL.

Cranial Bones and Sutures Chiriform. loose substance in the middle fossa
 Dura Mater at base of skull - softening of brain substance in its depth
 Arachnoid hard head - opacity of Arachnoid over Caudal tentorium.

Vill. of Intestines:—
 Substance of Intestines
 Glands of Duodenum
 " Ileum and Jejunum
 " Peyer
 Solitary Glands
 Crypts of Lieberkühn
CÆCUM

COLON:—Secretions or Exudations
 on its Surface
 Ulcers, connected or not with Solitary
 Glands

RECTUM
 Hemorrhoids

LIVER:—Form *suggested same Weight 3-1/4* Dimensions
 Position *pericapsular loss of substance on anterior aspect - in*
 Covering *these congested of substance color is very dark.*
 Substance:—Granulations, Cicatrices
 Gummata, Abscesses, Pus, Aden-
 titious Deposits

Vena Portæ
 Gall-bladder and Ducts

SPLEEN:—Form *Greatly congested* Weight *70g* Dimensions

Position
 Covering
 Substance

PANCREAS:—Form Weight Dimensions

Substance

SUPRA-RENAL CAPSULES

Aorta

Vena Cava

Sympathetic Nerve

KIDNEYS:—Form *Left Capsule -* Weight *103/4* Dimensions
 Capsule *Separable - opaque. Congestion of substance; glomer.*
 Substance *urinary distinct. - Right tubules similar* Sp. gr.

Ureters

Bladder, Prostate, &c.

Testicles, &c. *No deposits*

G. INSPECTION OF JOINTS.

Liver - *Microscopic examination of organs -*
Obstruction of the ducts. Masses of cellular parenchyma
seemingly infiltrated with bile - All highly granular.
with quantity of fatty globules.

Kidneys - *Glomeruli stand out in section of the kidney like*
H. INSPECTION OF BONES. *grains of sand; under the microscope they are seen to*
be surrounded with a granular tissue - The tubules are
filled with granular matter - The epithelium cells
highly granular -

I. INSPECTION OF MUSCLES

Medical Officer Examining

Medical Officer Assisting

PATHOLOGICAL REPORT, No. 6

NAME OF STATION AND OF HOSPITAL *Nelly* DATE OF INSPECTION *April 6th* NUMBER OF HOURS POST-MORTEM *...* ATMOSPHERIC CONDITIONS AS TO—(1) TEMPERATURE (2) MOISTURE *...*

REGIMENT.	RANK AND NAME.	AGE.	DISEASE.	WHERE CONTRACTED.	TOTAL DURATION OF ILLNESS.	DATE OF LAST ADMISSION.	DATE OF DEATH.	WARD.	REGISTER.	FELDS.
<i>44th</i>	<i>2d Lt Thos Graves</i>	<i>38.</i>	<i>Orethitis.</i>	<i>Canterbury Eng^l</i>	<i>Since April 1858</i>	<i>April 1864</i>	<i>Apr 5th 1864</i>	<i>31.</i>	<i>6.</i>	

I. HISTORICAL SUMMARY.
Stations and Periods of Foreign Service stated in chronological order

COUNTRY, COUNTY, OR BIRTHPLACE: *Manchester Eng^l* COMPLETED YEARS OF SERVICE: *5³/₄*

*Height and substance 5⁷/₈
Weight 160 9¹/₂*

Stations and Periods of Home Service stated in chronological order

East Indies Aug 1858 - Oct 1863.

*Nervous system -
Syphilis -
Habits - Temperate*

History as to previous Diseases or Injuries at those Stations or elsewhere

*1860. Feb C.C.
" Feb Intermittents.
1861. Pleuritis -
1863. Orethitis (non gonorrhoeal). Peritonitis - Impacted
testes producing rupture of abdominal parietes during
vomiting -*

Whence admitted to Hospital here....

Ship "Nile" - Calcutta - How long Resident at last Station ...

*Aug 58 - Oct 63 -
115 days.*

History of disease or injury which has proved fatal, and state on admission

Arrived at Nelly at 4 P.M. on the 2nd of April. He then suffered from severe pain in the right inguinal canal. Pulse 80 weak & compressible. Vomiting urgent and hard stools constipated. On the following day the general symptoms were abated except except vomiting - the succeeding days no vomiting since previous evening - countenance not anxious and no symptoms of peritoneal inflammation present - the impacted testes was considered in a state of suppuration and Potassio-fuse was directed to be applied for its evacuation - On the evening of this day became weak & stomach irritable & was ordered to lie - From this time became worse & pulse rose to 120. Prominent symptoms being vomiting - abdominal tenderness - hard undiluted & general collapse. Expired - 7-30 P.M. April 5th. The patient stated on admission that 36 hours before he felt something the size of a pea in his groin - after which he marked the tumour to gradually increase in size & pain.

II. POST-MORTEM INSPECTION.

Temperature of body in Mouth. Rectum. Axilla.
Measurements of the body *Height 5⁸/₈ 3/4. Length 68 3/4. Weight 158 3/4.*
Cadaveric Rigidity *Mild marked.* Nutrition or Emaciation *Muscular well nourished.*

Putrefaction

State of Cuticle } General Colour of Surface }

Contusions, Marks of Punishment, or of Medical Treatment

In right inguinal region swelling and tumescence along the line of the canal - extending from about an inch internal to cut? suppurating process to the body of the penis, limited by the parts of the canal, & extending up above the ligament - The surface was hard & hot.

Wounds, Cicatrices, Punctures

Superficial destruction of skin as if by escharotic

Eruptions

On surface of tumour

Edema

On surface of tumour

Individual Peculiarities

Causing Gangrene. Skin cannot be discoloured by alcohol

Inspection of Head - Scalp

On surface of tumour

Cranial Bones and Sutures

On surface of tumour

Dura Mater

On surface of tumour

Arachnoid

On surface of tumour

Pia Mater and Arteries

Sinuses of Dura Mater

BRAIN:—Weight (entire) *3 lbs 4 oz* Specific gravity

Cerebrum " " " " " "

Cerebellum " " " " " "

Specific gravity of Grey matter. Specific gravity of White

Roots of the Nerves:—Cran. Pituitary Body and Parts, generally at the base of the Brain

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Pons Varolii:—weight

Medulla oblongata " " " "

Corp. striata " " " "

Optic Thalami " " " "

Specific gravity

" " " "

" " " "

" " " "

CEREBRUM, Convolution:—Colour and

Consistence, Ulcers, Sloughs, Cavities,

Cicatrices, Deposits

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B. INSPECTION OF SPINAL CANAL:—(1) The Membranes:—

Spinal Marrow, Consistence, &c. Weight

Specific gravity

Size

Amount of Cereb. Sp. fluid.

C. INSPECTION OF THE ORGANS OF THE SENSES:—(1) NASAL CAVITIES.

(2) EYES:—Eyelids

Eyelids, &c.

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D. INSPECTION OF THE MOUTH AND THROAT:—TEETH. Number.

Condition.

Gums and Lips

Mucous Membrane and Glands

Palate

Tonsils and Uvula

Fauces

Pharynx

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E. INSPECTION OF NECK AND CHEST:—RIBS AND PARIETES.

Cervical Glands

Thyroid

Thoracic Glands

Thymus

Larynx

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Slight amount of clear fluid in ventricles. — Septulae of Brain firm. Chorioid plexus turged & vasculous. Central Ganglia normal. —

Frothy mucus in trachea. Redness of Mucous Membrane

Plum

Bronchi

LUNGS

Tolerably firm adhesions right lung posteriorly -
some cretaceous deposits on posterior aspect of pleura
Lungs Normal except congestion right lung posteriorly
Mighty lungs Do 7 3/4

Thoracic Duct and Vena Azygos

PERICARDIUM

HEART:—Form, &c.

Large vessels Normal - No
deposits in Aorta - white
palates anterior surface - do.

Circumf^{ce}. 10-in.
Base to Apex 5.4.
Aur. Ven. Groove to Apex 4.
Transv^l at Aur. Ven. Groove . . . 3.9.

Cavities:—Auricular

Calcareous fibrine in right side extending into pulmonary
Artery - small discoloured clot in left -

Ventricular

Mighty heart - 10/102.

Lining Membrane

Contents

Valves

Pulmonary Artery

Aorta

Coronary Vessels

Cave

Muscular Substance

Right Aur. Ven. Or^{ce}. 12.
Pulmonary Arty - 9.
Ventrul - " 8.
Aorta - 8.

Weight

F. INSPECTION OF THE ABDOMEN:—PERITONEUM

At the upper part of abdomen Normal

Hernia

A hernia composed of a portion of intestine a band

Tumours

2 in from the Caput Cecum. was evident in the right

Calibre, Dilatation, Invagination, Con-

striction, Adhesions or change of

position of Viscera

inginal region - the portion of intestine forming the

hernia was twisted and set out the day, the lower con-

tinuation of the gut passing under the constriction above

the superior portion twisting round & below it into

the caecum towards the cecum - intestine lying to the outside

(Esophagus stained probably from vomiting) -

MUCOUS MEMBRANE OF SMALL IN-

TESTINES:—Secretions or Exudations on

its surface

Colour and Consistence of Mucous

Membrane

Large size, vascularity of intestines - Redness and
softening of the tissue of the small intestine very evident
as it approaches the point of strangulation - Inflammation
in the lumen - ulceration is seen in the intestine
at the strangulated point and around, based probably

Vill. of Intestines:— *in and 2 patches of Peyer's - adhesions of the intestine*
 Substance of Intestines *to Pansarto ligament adherent wall of abdominal*
 Glands of Duodenum *ring - The testicle with vas deferens & vessels was lying*
 " Ileum and Jejunum *in the anterior side of the intestine at or near the 2nd ring*
 " Peyer *Patches absorbed -* *into "testicles"*

Solitary Glands

Crypts of Lieberkühn

CÆCUM

COLON:—Secretions or Excretions *Mucous normal - slight pigmentation*

on its Surface

Ulcers, connected or not with Solitary

Glands

RECTUM

Hæmorrhoids

LIVER:—Form *Normal? in* Weight *1 1/2 lb* Dimensions

Position *appearance as certain tissue firm* Sp. gr.

Covering *No reaction with iodine - slightly fatty especially*

Substance:—Granulations, Cisterns *in isolated patches through its substance -*

Gumata, Abscesses, Pus, Adven-

titious Deposits

Vena Portæ

Gall-bladder and Ducts

SPLEEN:—Form *Normal texture* Weight *3 1/2 oz.* Dimensions

Position *firm - Malpighian granules small but distinctly*

Covering *visible -*

Substance

Sp. gr.

PANCREAS:—Form

Weight

Dimensions

Substance

SUPRA-RENAL CAPSULES

Aorta

Vena Cava

Sympathetic Nerve

KIDNEYS:—Form *Enlarged* Weight *9 1/4* Dimensions

Capsule *Same appearance of granular matter on pyramidal*

Substance *portions - accumulation of fat in pelvis portions -*

lular, even by cartilage substance. No displacement.

Uterus

Bladder, Prostate, &c.

Testicles, &c. *The right testicle with vas deferens & vessels was found*

lying to the anterior aspect of the intestine at or near the

strangulation - in close relation with the external

Iliac artery - behind the peritoneum and separated

from the artery by a little of a small lymphatic glands

The chord passes from its posterior aspect directly

backwards over the inner aspect of the vein towards

the bladder - The gland compared with the other

as to size was smaller - The testicle & gut mutually

occupy as it were the entrance of the inguinal canal

FD

H. INSPECTION OF BONES

I. INSPECTION OF MUSCLES

Medical Officer Examining *D. L. Ambrose*

Medical Officer Assisting *D. L. Anderson*

PATHOLOGICAL REPORT, No. 4.

NAME OF STATION AND OF HOSPITAL *Netley* DATE OF INSPECTION *December 29th* NUMBER OF HOURS POST-MORTEM *82* ATMOSPHERIC CONDITIONS AS TO—(1) TEMPERATURE (2) MOISTURE.....

RESIDENT.	RANK AND NAME.	AGE.	DISEASE.	WHERE CONTRACTED.	TOTAL DURATION OF ILLNESS.	DATE OF LAST ATTACK.	DATE OF DEATH.	WARD.	REGISTER.	FOLIO.
<i>R. E. Tappin.</i>	<i>A. F. Palmer</i>	<i>Bermuda</i>	<i>240.</i>	<i>12.</i>	<i>49 Nov 7</i>	<i>26 Dec 8</i>	<i>22</i>	<i>66</i>	<i>2.63.</i>	

I. HISTORICAL SUMMARY.

COUNTRY, COUNTY, OR BIRTHPLACE *Lincolnshire Eng.* COMPLETED YEARS OF SERVICE:—
Stations and Periods of Foreign Service stated in chronological order *8th Dec 61 - October 63 in Bermuda.*

Stations and Periods of Home Service stated in chronological order *Dec 3/68 - Dec 61. At home. -*

History as to previous Diseases or Injuries at these Stations or elsewhere *"Typh. Prim." 24 days 1860 at Horncliffe -*
"Bronchitis Chron." two admissions to table 34 days in Bermuda in 1863. - Disease changed in July 1863 to "Pulm. Phthisis" and he continued till death, 48 weeks. -
Centres of cerebral disease -

Whence admitted to Hospital here.... *Netley and -* How long Resident at last Station ... *Dec 61 - Oct 63*
(If from Shipboard state the duration of the Voyage.)

History of disease or injury which has proved fatal, and state on admission *The origin of this man's illness was in May 1863 at Bermuda. When he had an attack of Hemoptysis, succeeded by general loss of health, night sweats, and dyspnea, the result of a severe cold, caught while engaged with the Public works -*
He is a mission to Hospital at that time is under Bronchitis Chron. and his case states that he had all the appendages of Phthisis -

He was admitted to Netley Hospital in Nov 63. When the general physical signs of Phthisis were evident, & evidence of tubercular deposit & cavities in the left lung.

In December early in the month he had severe pain in the right mammary region. Expectoration was distinctly blood.

On the 14th December the general plethoric symptoms came on. He was seized with vertigo. Had suffered from pain in the head in Bermuda & since return. - on the 18th suffered from nausea & vomiting - on the 18th became confused & cerebral excitement set in - from this date the cerebral signs became aggravated & he died. -
Comatose at 2.30 A.M. of the 26th Dec.

II. POST-MORTEM INSPECTION.

Measurements of the body *Height 5' 9 in - Weight 7 1/2.* Rectum Axilla
Culverian Rigidity Nutrition or Emaciation Weight
Putrefaction State of Cuticle General Colour of Surface *Some bronzing of the face & chest.*
Contusions, Marks of Punishment, or of Medical Treatment *Healthy looking.*
Wounds, Catrices, Punctures *Deep, excoriated creases under glans penis, marks of abs.*
Eruptions *Eruption on back & limbs, probably of lupus.*
Edema *Ranuncul.*
Individual Peculiarities *Mouth drawn a little to the right side -*

A. INSPECTION OF HEAD - SCALP.

Cranial Bones and Sutures *Intense adhesions of Calvarium along superior &*
lateral margins. - Enlargement of the occipital
bone. - Yellow discoloration of arachnoid along the course
of the middle meningeal artery. - some effusion stained with blood
also seems to have taken place under the dura mater along the course of
the arteria magna on the left side. -

Pia Mater and Arteries

Sinuses of Dura Mater

BRAIN:—Weight (entire) *3 lbs 3 1/2*

Specific gravity

Pons Varolii:—weight

Specific gravity

Cerebrum

" "

Medulla oblongata ..

" "

Cerebellum

" "

Corp. striata ..

" "

Specific gravity of Grey matter

Specific gravity of White

Optic Thalami ..

" "

Roots of the Nerves:—Cran. Pini

itary Body and Parts, generally at

the base of the Brain

Cerebrum, Convolutions:—Colour and

Consistency, Ulcers, Sloughs, Cavities,

Centric, Deposits

Minute Vessels of the Brain

Ventricles

Optic Thalami

and

Corpor. Striata

Pons Varolii

Medulla Oblongata

Cerebellum

Corpus Callosum

Septum Lucidum

Corpus Callosum

Septum Lucidum

Corpus Callosum

Septum Lucidum

Corpus Callosum

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Corpus Callosum

Septum Lucidum

Flattening of the Convolution—Substance of brain prob. much congested, but the Pia Mater between the Convolution is intensely congested—there is a hernia of the pia mater to a sphenoid over the sphenoid bone. And the corresponding cerebral tissue is quite softened. The anterior part of the left hemisphere—there is also another softened spot on the left hemisphere along the margin of the longitudinal sinus in its anterior third. Septum lucidum quite soft and the Corpus Callosum—granular appearance of the sphenoid of the ventricles—about 1 1/2 lbs of a somewhat jelly looking fluid in the ventricles. Corpus striatum more congested on the right than on the left side—the veins on the posterior aspect of the ventricles congested—varicose congestions of Choroid plexus—Corpus striatum & Optic thalami soft and putty like—lymph like effusions subdural and the cerebral

and infundibulum in the anterior subarachnoid space and which extends also into the posterior subarachnoid space—arachnoid at the posterior surface & umbilical granules on its surface—4 ventricles normal—communication free between the ventricles—lymph like effusions on the surface of the reflex can be seen the cerebrum & cerebellum.

(3) EAR:—External

Internal

(4) TONGUE

D. INSPECTION OF THE MOUTH AND THROAT:—TEETH. Number.

Condition.

Gums and Lips

Mucous Membrane and Glands

Palate

Tonsils and Uvula

Fauces

Pharynx

E. INSPECTION OF NECK AND CHEST:—RIBS AND PARIETES.

Cervical Glands

Thyroid

Thoracic Glands

Thymus

Larynx

Trachea. Ulceration of the common membrane of trachea & bronchi especially at the bifurcation where there is a mass of substance looking as if a centrix the ulceration above extends down the bronchi chiefly on the left side—

Pleura

BRONCHI

LUNGS Small solitary nodular tubercles over the whole surface -
- eria's surface of both lungs and the visceral pleura's surface - enlarged
- one of the glands at the root of the lung - Great congestions of the right
- lung & softening of tissue - Small cavities in the superior lobe about
- the size of peas - Solitary nodular deposits & small cavities diffused through
- its substance - Right lung emphysematous - large cavity in superior
- lobe & smaller in the middle lobe - Consolidation at the base - Gra-
- nular deposits throughout the entire substance -

Weight 3 lbs. 4 oz.

Thoracic Duct and Vena Azygos

PERICARDIUM Serum in cavity -

HEART: - Form, &c. Heart flabby and soft apex
- rounded and formed chiefly by the
- left ventricle -

Cavities: - Auricular Weight 1 lb 10 oz -

Ventricular

Lining Membrane

Contents Normal

Pulmonary Artery

Aorta Degeneration of coats of Aorta in the form of yellow

Coronary Vessels opaque deposits or spots beneath the lining membrane

Cave immediately above the valves. -

Muscular Substance

Circumference Inches -
Base to Apex 5.4
Ant. Ven. Groove to Apex 4.5
Transv^d at Ant. Ven. Groove 4.9

Rt. Aur. Ventr. - No 12
Pul. Artery - 8
Lt. Aur. Ventr. - 11
Aorta - 8

Weight

P. INSPECTION OF THE ABDOMEN: - PERITONEUM.

Hernia

Tumours

Calibre, Dilatation, Invagination, Con-

striction, Adhesions or change of

position of Viscera

STOMACH: - Contents

Mucous surface

Glands

MUCOUS MEMBRANE OF SMALL INTESTINES:

TONIC: - Secretions or Exudations on

its surface

Colour and Consistence of Mucous

Membrane

Pia Mater and Arteries

Sinuses of Dura Mater

BRAIN:—Weight (entire) *3623 1/2*

Specific gravity

Pons Varolii:—weight

Specific gravity

Cerebrum " "

Medulla oblongata "

Cerebellum " "

Corps striata "

Specific gravity of Grey matter

Specific gravity of White

Optic Thalami "

Roots of the Nerves—Cran. Pitu-

itary Body and Parts, generally at

the base of the Brain

Cerebrum, Convolutions:—Colour and

Consistence, Ulcers, Sclerotic, Cavities,

Cysticities, Deposits

Minute Vessels of the Brain

Ventricles

Optic Thalami

and

Corpor. Striata

Pons Varolii

Flattening of the Cerebration - Substance of brain prob. much congested, but the Pons Varolii between the Cerebration is intensely congested - there is adhesion of the pia mater to arachnoid over the 3rd ventricle. And the corresponding cerebellar tissue is quite softened on the anterior part of the left hemisphere - there is also another softened spot on the left hemisphere along the margin of the longitudinal sinus in its anterior third - Septum lucidum quite soft and the Corpus Callosum - granular appearance of the substance of the brain -

C. INSPECTION OF THE ORGANS OF THE SENSES:—(1) NASAL CAVITIES.

(2) OARS:—Eyelids

Eyelids, &c.

(3) EARS:—External

Internal.

(4) TONGUE

D. INSPECTION OF THE MOUTH AND THROAT:—TONGUE. Number.

Condition.

Gums and Lips

Mucous Membrane and Glands

Palate

Tonsils and Uvula

Fauces

Pharynx

E. INSPECTION OF NECK AND CHEST:—RIBS AND PARIETES.

Cervical Glands

Thyroid

Thoracic Glands

Thymus

Larynx

Trachea

Ulceration of the mucous membrane of trachea & Bronchi especially at the bifurcation where there is some loss of substance looking as if a centric ulceration above extends down the Bronchi chiefly on the left side -

Pleura

BRONCHI

LUNGS Small solitary nodular tubercles over the whole post-
erior surface of both lungs on the visceral pleura about 2000 - enlarge-
ment of the glands at the root of the lung - Great congestion of the right
lung & softening of tissue - Small cavities in the superior lobe about
the size of pea - Solitary nodular deposits & small cavities diffused through-
out substance - *Vegeting, empty, punctate* - large cavity in superior
lobe & smaller in the middle lobe - Cavities distant from the base - Gran-
ular deposits throughout the greater substance -
Weights 3 lbs. 4 oz.

Thoracic Duct and Vena Argyra

PERICARDIUM Lined in cavity -

HEART: - Form, etc. Hard flabby, and soft apex.
Rounded and formed chiefly by the
left ventricle -

Cavities: - Auricular Weights 1 lb 10 oz -

Ventricular

Lining Membrane

Contents

Valves Normal

Pulmonary Artery

Aorta Degeneration of coats of Aorta in the form of yellow

Coronary Vessels opaque deposits or spots seen on the lining membrane

Cavity immediately above the valves -

Muscular Substance

Circumference Inches -
Base to Apex 5.4
Aur. Ven. Groove to Apex 4.5
Transverse at Aur. Ven. Groove 4.9

St. Aur. Ventr. - No 12
Pul. Artery - 8
St. Aur. Ventr. - 11
Aorta - 8

Weight

F. INSPECTION OF THE ABDOMEN :- PERITONEUM :-

Hernia

Tumours

Calibre, Dilatation, Irrigation, Con-

striction, Adhesions or change of

position of Viscera

STOMACH: - Contents

Mucous surface

Glands

MUCOUS MEMBRANE OF SMALL INTESTINES:-

SECRETIONS OR EXUDATIONS ON

ITS SURFACE

COLOUR AND CONSISTENCE OF MUCOUS

MEMBRANE

Vill. of Intestines:—

Substance of Intestines
Glands of Duodenum
" Ileum and Jejunum
" Peyer
Solitary Glands
Crypts of Lieberkühn
CÆCUM

COLON:—Secretions or Excretions

on its Surface
Ulcers, connected or not with Solitary
Glands

RECTUM

Hæmorrhoids

LIVER:—Form

Position

Covering

Substance:—Granulations, Cicatrices

Gummata, Abscesses, Pus, Adven-
titious Deposits

Vena Porta

Gall-bladder and Ducts

SPLEEN:—Form

Position

Covering

Substance

PANCREAS:—Form

Substance

SUPRA-RENAL CAPSULES

Aorta

Vena Cava

Sympathetic Nerve

KIDNEYS:—Form

Capsule

Substance

Ureters

Bladder, Prostate, &c.

Testicles, &c.

G. INSPECTION OF JOINTS

Microscopic examination of Organs—
Brain. Arachnoid with number of granular-looking deposits. Shewing
under the microscope the corpuscles granules & general elements of
tubercle—the softness of portions in the left hemisphere shew only
soured malleum of pyramidal granules. Fatty granules a few of labiles—
Liver. Abstraction of ducts—slight biliary extravasation. Cells
very well defined—

H. INSPECTION OF BONES

Kidneys Great increase of connective tissue. Flushing of the
coats of the capillaries—

I. INSPECTION OF MUSCLES

Medical Officer Examining

Medical Officer Assisting

PATHOLOGICAL REPORT, No. 8

NAME OF STATION AND OF HOSPITAL *Netley* DATE OF INSPECTION *21st Dec^r 63.* NUMBER OF HOURS POST-MORTEM *34.* ATMOSPHERIC CONDITIONS AS TO—(1) TEMPERATURE (2) MOISTURE.....

REGIMENT.	RANK AND NAME.	AGE.	DISEASE.	WHERE CONTRACTED.	TOTAL DURATION OF ILLNESS.	DATE OF LAST ADICTION.	DATE OF DEATH.	WARD.	REGISTER.	FOLIO.
<i>R.A. 9th</i> <i>No 35</i>	<i>Taddei George</i>	<i>25.</i>	<i>Montrab 1861</i>	<i>31 Oct^r 20 Dec^r 63</i>						

I. HISTORICAL SUMMARY.
 Stations and Periods of Foreign Service: *British America - April 1856 - May 1857 - December 1861 - Sept^r 1863 -*
 Stations and Periods of Home Service: *December 1855 - April 1856 - May - 1857 - Dec^r 1861.*
 History as to previous Diseases or Injuries at these Stations or elsewhere: *Typh^{us} Prim^{us} - England 1861. Neuralgia Montrab "62. "63. "63.*
Hereditary Hysteria - Syphilitis - Indolence - Habits - Intemperate

Whence admitted to Hospital here: *Montrab. C. I. Ship "Adventure"* How long Resident at last Station: *Indolence - 22 days.*
 (If from Shipboard state the duration of the Voyage.)

History of disease or injury which has proved fatal, and state on admission: *Was admitted at Montrab in November 1862 with sudden violent headache of a neuralgic character - most intense within Inguis Orbital^{is} region - accompanied with vertigo & sickness of stomach. The attack was sudden without prominent prodromata - In the course of a fortnight was discharged convalescent - He was subsequently admitted in February 63 & again in May of the same year with the symptoms but aggravated - and on the last double vision was noted - On admission to Netley on 31st Oct^r 1863. His countenance was pale. Arteries & veins - Suffered from occasional headache coming on in the morning lasting for 2 or 3 hours - He had double vision - when looking at an object with both eyes two images were visible - the false image not parallel with the other - Vision was normal and raising his head a little moving the head backwards was attended with pain - Pupils invariably dilated - On examination it was found that the field of vision in both eyes corresponded, that there was slight constriction of the right eye. - The double vision could be corrected by No 11 prism. - No degenerative or circulating system seemed healthy.*

II. POST-MORTEM INSPECTION. Ten days No 11 prism. - No degenerative or circulating system seemed healthy.
 Measurements of the body
 Cadaveric Rigidity
 Putrefaction
 Contusions, Marks of Punishment, or of Medical Treatment
 Wounds, Cicatrices, Punctures
 Eruptions
 Edema
 Individual Peculiarities

A. INSPECTION OF HEAD (—SCALP.

Cranial Bones and Sutures
 Dura Mater
 Arachnoid

On the morning of the 20th Dec^r he was attacked with violent headache - pain shooting from the back to the front of the head - pupils soft and compressible his countenance was pale, skin moist & cool - tongue slightly furred - pupils slightly dilated - But of no - slight vomiting during the day - Towards evening symptoms became aggravated & he died about 10 p.m. without any symptoms of paralysis, convulsions or retaining all his faculties -

From P.M. Abstract. H.P.
 D.P. Smith.
 Medical Assistant

PATHOLOGICAL REPORT, No. 8.

NAME OF STATION AND OF HOSPITAL } *Netley* } DATE OF INSPECTION } *21st Dec^r 1863* } NUMBER OF HOURS } *34* } ATMOSPHERIC CONDITIONS }
 AS TO—(1) TEMPERATURE }
 (2) MOISTURE..... }

REGIMENT.	RANK AND NAME.	AGE.	DISEASE.	WHERE CONTRACTED.	TOTAL DURATION OF ILLNESS.	DATE OF LAST AGGRAVATION.	DATE OF DEATH.	WARD.	REGISTER.	FOLIO.
<i>Regt 35</i>	<i>Taden George</i>	<i>25</i>		<i>Montreal</i>	<i>401</i>	<i>31 Oct^r 1863</i>	<i>20 Dec^r 1863</i>			

I. HISTORICAL SUMMARY.

COUNTRY, COUNTY, OR BIRTHPLACE: *Stafford England* COMPLETED YEARS OF SERVICE: *4 10/12*
 Stations and Periods of Foreign Service: *British America* *Heigalaw enlisted 5 1/2*
 stated in chronological order *April 1856 — May 1857* *Wegant 7 1/2*
December 1861 — Sept^r 1863
 Stations and Periods of Home Service: *December 1855 — April 1856*
 stated in chronological order *May 1857 — Dec^r 1861*
 History as to previous Diseases or Injuries at these Stations or elsewhere: *Typh. Prim. England 1861.* *Hereditary Ptery. —*
Neuralgia Montreal "62. *Syphilitic. — Prolapsus*
Do Do "63. *Habits — Intemperate*
Do Do 63.

Whence admitted to Hospital here, ... *Montreal. C. I.* How long Resident at last Station ... *Vide supra*
Imp "Adventuro" (If from Shipboard state the duration of the Voyage.) *22 days.*

History of disease or injury which has proved fatal, and state on admission: *den violent headache orbital region. The attack was caused by a fortnight's exposure to cold and draught. On admission the morning last a sharp pain in the forehead with moving the head. detested — Quez half eyes Corneas*

II. POST-MORTEM INSPECTION.

Measurements of the body *Height 5' 4 1/2 in — Circumfer. Upper 33 1/4 Weight 9 3 1/2 lbs.*
 Cadaveric Rigidity Nutrition or Emaciation }
 Putrefaction State of } General Colour }
 Cuticle } of Surface }
 Contusions, Marks of Punishment, or of Medical Treatment
 Wounds, Gouges, Punctures
 Eruptions
 Edema Emphysema
 Individual Peculiarities

A. INSPECTION OF HEAD.—SCALP.

Cranial Bones and Sutures
 Dura Mater
 Arachnoid

Pia Mater and Arteries

Sinuses of Dura Mater

BRAIN:—Weight (entire)

Specific gravity

Pons Varolii:—weight

Specific gravity

Cerebrum

"

Medulla oblongata

"

Cerebellum

"

Corp. striata

"

Specific gravity of Grey matter

Specific gravity of White

Optic Thalami

"

Roots of the Nerves:—Cran. Pituitary Body and Parts, generally at the base of the Brain

Character:—Convolution:—Colour and Consistence, Ulcers, Sloughs, Cavities, Cicatrices, Deposits

Minute Vessels of the Brain

Ventricles

Optic Thalami

and

Corpor. Striata

Pons Varolii

Medulla oblongata

Cerebellum

4 Ventricles

2 Ventricle

1 Ventricle

2 Ventricle

1 Ventricle

2 Ventricle

1 Ventricle

2 Ventricle

1 Ventricle

2 Ventricle

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1 Ventricle

2 Ventricle

Bloodless condition of the circulations - great transparency of the membranes - flattening of the convolutions - ventricles distended 4/5 of clear transparent fluid - meninges and transparency of the septum lucidum - there was a small rather large elevation about the size of a hemp seed on the lining membrane of the roof of the right ventricle - The large veins on the convex surface of the brain especially towards the base seemed distended with dark blood. Corpus Callosum entire and tough - substance generally very firm - lining membrane of the ventricles tough and same as that of the meninges - Glutinous granulations over the plexus choroideus. Microscopically seen to be wart-like proliferations of epithelium having a glandular character in the alveolar and malpighian nature of their component cells - these gave a rough granular feel to the finger passed over them - Foramen of Monro of unusual form. More than passing in any diameter - Choroideal plexus pale & shrivelled up - From each side of the 4 ventricles a diverticulum or ventricular sac passed backwards from each side into each of the cerebellum, but going into the hardened tissue of the cerebellum in apposition with the anterior aspect of the medulla oblongata. A large rise to the appearance of a vascular growth or tumour pressing on it.

B. INSPECTION OF SPINAL CANAL:—(1) The Membranes:—

Spinal Marrow, Consistence, &c.

Weight

Specific gravity

Size

Amount of Cereb. Sp. fluid.

C. INSPECTION OF THE ORGANS OF THE SENSES:—(1) NASAL CAVITIES.

(2) ORBITS:—Eyelids

Eyelids, &c.

(3) EARS:—External

Internal

(4) TONGUE

D. INSPECTION OF THE MOUTH AND THROAT:—TEETH. Number.

Condition.

Gums and Lips

Mucous Membrane and Glands

Palate

Tonsils and Uvula

Pharynx

Pharynx

Pharynx

Pharynx

Pharynx

Pharynx

Pharynx

Pharynx

Pharynx

Pharynx

Pharynx

Pharynx

Pharynx

Pharynx

Pharynx

Pharynx

Pharynx

Pharynx

Great enlargement of the papillae at the root of the tongue

E. INSPECTION OF NECK AND CHEST:—Ribs and Parities.

Cervical Glands

Thyroid

Thoracic Glands

Thymus

Larynx

Larynx

Larynx

Larynx

Larynx

Larynx

Larynx

Larynx

Larynx

Larynx

Pleura Same adhesions on right side which give way easily -

Bronchi Frail & mucous in the Bronchi.

LUNGS Right softened behind. Lungs generally much congested.
Mezob. Conjunct - 3" 5/2

Thoracic Duct and Vena Azygos.....

PERICARDIUM

HEART:—Form, &c..... Mezob. Rad.

Dimensions { Base to Apex.....
Aur. Ven. Groove to Apex....
Transv^r at Aur. Ven. Groove...

Cavities:—Auricular

Ventricular

Lining Membrane

Contents

Valves

Pulmonary Artery

Aorta

Coronary Vessels

Cave

Muscular Substance.....

Right Aur. Vent. a.d. 12.
Pulm. Art. " 9.
Ventrals — " 1/8
Aorta — " "

Fatty degeneration of the Semilunar Valves -

Weight

F. INSPECTION OF THE ABDOMEN:—PERITONEUM.

Hernia

Tumours

Calibre, Dilatation, Irregularity, Constriction, Adhesions or change of position of Viscera

STOMACH:—Contents.....

Mucous surface.....

Glands

Radical.

MUCOUS MEMBRANE OF SMALL INTESTINES:—Secretions or Exudations on its surface.....

Colour and Consistence of Mucous Membrane

Vill. of Intestines:—

Substance of Intestine

Glands of Duodenum

" Ileum and Jejunum

" Peyer

Solitary Glands

Crypts of Lieberkühn

CÆCUM

COLON:—Secretions or Exudations

on its Surface

Ulcers, connected or not, with Solitary

Glands

RECTUM

Hæmorrhoids

LIVER:—Form

Position

Covering

Substance:—Granulations, Cicatrices,

Gummata, Abscesses, Pus, Adven-

titious Deposits

Vena Portæ

Gall-bladder and Ducts

SPLEEN:—Form

Position

Covering

Substance

PANCREAS:—Form

Substance

SUPRA-RENAL CAPSULES

Aorta

Vena Cava

Sympathetic Nerve

KIDNEYS:—Form

Capsule

Substance

Uterus

Bladder, Prostate, &c.

Testicles, &c.

3. INSPECTION OF JOINTS.

H. INSPECTION OF BONES.

L. INSPECTION OF MUSCLES.

Alpentine here & there highly vascular otherwise healthy

Natural

Weight *4.8 3/4*

Dimensions

Sp. gr.

Exceedingly soft. Weight
And of course tearing on the slightest handling.

Weight

Dimensions

Sp. gr.

Weight *14.08 Compacted*
Natural

Dimensions

Sp. gr.

Acetous tan size a 3^d piece on the inside surface of
highly permeable
No deposits interstices

Medical Officer Examining

Medical Officer Assisting

PATHOLOGICAL REPORT, No. 9.

NAME OF STATION AND OF HOSPITAL *Netley* DATE OF INSPECTION *April 7th 1884* NUMBER OF HOURS POST-MORTEM *32* ATMOSPHERIC CONDITIONS AS TO—(1) TEMPERATURE (2) MOISTURE.....

REGIMENT.	RANK AND NAME.	AGE.	DISEASE.	WOUNDS CONTRACTED.	TOTAL DURATION OF ILLNESS.	DATE OF LAST ADMISSION.	DATE OF DEATH.	WEIGHT.	REGISTER.	FOLIO.
<i>59th Li</i> <i>745</i>	<i>Dugan Patk</i>	<i>33 1/2</i>	<i>Ch. Palm.</i>	<i>India</i>	<i>9 1/2 mths</i>	<i>Ap 3rd 84</i>	<i>Ap 6th 84</i>	<i>14</i>	<i>4</i>	<i>22</i>

I. HISTORICAL SUMMARY.

COUNTRY, COUNTY, OR BIRTHPLACE:—*Ireland Mayo*—COMPLETED YEARS OF SERVICE:—*15 8/12*.
 Stations and Periods of Foreign Service:—*Africa Nov 51—Sept 58—*
East India Nov 60—Imbarbation. *Hijab and sub 5th 9*
Magdalen D^o
 Stations and Periods of Home Service:—*England July 48—Nov 51—*
Sept 58—Nov 60— *Services 16 8/12*
 History as to previous Diseases or Injuries at these Stations or elsewhere:—*I. India—Feb. Internat.—Rheumat. Cle & Bronch. Chron.*

Hereditary Wristy —
Syphilitic — ?
Habits temperate —

Whence admitted to Hospital here... *Ship Mle Calcutta* How long Resident at last Station... *Nov 60—Imbarbation*
 (If from Shipboard state the duration of the Voyage.) *112 days*

History of disease or injury which has proved fatal, and state on admission:—*Arrived at Netley on 3rd April. Condition—great emaciation—loss of flesh requiring assistance to turn in bed—Spine Callous—general prostration—expectoration red and viscid mixed with blood—Dyspnoea—bed sores. On the 4th April the evening of the 4th April the patient greatly dyspnoea in the lower part of abdomen to the order of 10 years attributed to distended bladder. No catheter was passed and no urine came away. On the 5th the patient passed no urine & a catheter was again tried without success in consequence of a false passage existing between the bladder & rectum—It was contemplated to puncture the bladder & rectum—but as the patients did not seem to be distended it was deemed advisable to defer. The right lower extremity an admission was caused by Adematous—*

II. POST-MORTEM INSPECTION. Temperature of body in Mouth.

Measurements of the body..... *Height 5^{ft} 10 in. Girth 32 1/2.* Rectum..... Axilla.....
 Cadaveric Rigidity..... *Partial upper extremities Cold* Nutrition or Emaciation..... *Emaciation considerable*
 Putrefaction..... *Quite low* State of Cuticle..... *Abraded & thickened* General Colour of Surface.....
 Contusions, Marks of Punishment, or of Medical Treatment..... *On both trochanters thickened & red.*
 Wounds, Cicatrices, Punctures..... *On both trochanters thickened & red.*
 Eruptions..... *On both trochanters thickened & red.*
 Oedema..... *On both trochanters thickened & red.*
 Individual Peculiarities..... *On both trochanters thickened & red.*

A. INSPECTION OF HEAD—Saw.

Cranial Bones and Sutures..... *No nodular irregularities or appearance of absorption*
 Dura Mater..... *Attenuated & calcareous posteriorly*
 Arachnoid.....

Pia Mater and Arteries

Sinuses of Dura Mater

BRAIN:—Weight (entire)

Specific gravity

Pons Varolii :—weight

Specific gravity

Cerebrum " "

" "

Medulla oblongata "

" "

Cerebellum " "

" "

Corp. striata "

" "

Specific gravity of Grey matter

Specific gravity of White

Optic Thalami "

" "

Roots of the Nerves:—Cruca, Pitu-
itary Body and Parts, generally at
the base of the Brain

CEREBRUM, Convolution:—Colour and
Consistence, Ulcers, Sloughs, Cavities,
Constrictions, Deposits

Minute Vessels of the Brain

Ventricles

Optic Thalami

and

Corpor. Striata

PONS VAROLII

MEDULLA OBLONGATA

CEREBELLUM

B. INSPECTION OF SPINAL CANAL:—(1) The Membranes:—

Spinal Marrow, Consistence, &c.

Weight

Specific gravity

Size

Amount of Cereb. Sp. fluid.

C. INSPECTION OF THE ORGANS OF THE SENSES:—(1) NASAL CAVITIES.

(2) ORBITS:—Eyelids

Eyeballs, &c.

(3) EARS:—External

Internal

(4) TONGUE

D. INSPECTION OF THE MOUTH AND THROAT:—TEETH. Number.

Condition.

Gums and Lips

Mucous Membrane and Glands

Palate

Tonsils and Uvula

Fauces

Pharynx

E. INSPECTION OF NECK AND CHEST:—RIBS AND PARIETES.

Cervical Glands

Thyroid

Thoracic Glands

Larynx

Trachea

*Subcutaneous lymphatic glands at the root of the lungs
Ulcers on the posterior aspect of epiglottis & larynx
Congested - Small ulcers in the lower part commencing
about division of bronchus and extending downwards
into trachea*

Pleura

BRONCHI

LUNGS

Extensive adhesions throughout left pleural cavity. Very vascular, easily torn in frank. - Very strong behind. - No 3. of fluid left pleural cavity. - Nearly complete consolidation of corresponding lung partly tubercular possibly Pneumonia. Tubercular granules in great abundance on its surface. - And a cavity and broken down tissue in its upper third. - Right lung. - Great contrast in of apex. - A small cavity in its upper third. - Isolated tubercular deposits. - A few yellow consistent deposits. all through the lung.

Height left lung 2" 4/4 - Right 1" 15 3/4.

Thoracic Duct and Vena Azgos.....

PERICARDIUM

HEART: - Form, etc.

Small. - Decolorized clot. Circum - 8.5.
Right side extending into Pul. Base to Apex..... 5.1
Pulmonary artery. - A small. Aur. Ven. Groove to Apex 4.3.
Cavities: - Auricular decolorized clot also in the left ventricle. Transverse at Aur. Ven. Groove... 3.8.
Ventricular. Valves. Diagonal. Great vessels rudimentary. -
Height. 8 1/2 os.

Lining Membrane

Contents

Valves

Pulmonary Artery

Aorta

Coronary Vessels.....

Cave.....

Muscular Substance.....

F. INSPECTION OF THE ABDOMEN: - PERITONEUM.

Nearly 3 pints of fluid slightly tinged with blood in peritoneal cavity. -

Hernia

Tumours

Caliber, Dilatation, Invagination, Constriction, Adhesions or change of position of Viscera

STOMACH: - Contents.

Mucous surface.....

Glands

MUCOUS MEMBRANE OF SMALL INTESTINES: - Secretions or Exudations on its surface.....

Colour and Consistence of Mucous Membrane

There is hole in the mucous membrane with small defined circular tubercular ulcers (cysts?) at 1/2 ft. the middle of jejunum. - Several of Peyer's patches implicated. - Soft yellow deposits in some of the ulcerated spots.

Vill. of Intestines:—

Substance of Intestines

Glands of Duodenum

" Ileum and Jejunum

" Peyer

Solitary Glands

Crypts of Lieberkühn

CÆCUM

COLON:—Secretions or Excretions

on its Surface

Ulcers, connected or not with Solitary

Glands

RECTUM

Hæmorrhoids

LIVER:—Form

Position

Covering

Substance:—Granulations, Cisterns

Gumata, Abscesses, Pus, Adven

titious Deposits

Vena Portæ

Gall-bladder and Ducts

SPLEEN:—Form

Position

Covering

Substance

PANCREAS:—Form

Substance

SUPRA-RENAL CAPSULES

Aorta

Vena Cava

Sympathetic Nerve

KIDNEYS:—Form

Capsule

Substance

URETERS

Bladder, Prostate, &c.

Testicles, &c.

G. INSPECTION OF JOINTS.

H. INSPECTION OF BONES.

I. INSPECTION OF MUSCLES.

Ileocaecal valve ulcerated

Same circular defined ulcers similar to those in the small intestine occasional

Two pieces of a Lacina were found in the rectum both pieces were almost empty

Glandular state Weight 3 1/4 oz Dimensions

Colour with pigmented spots on its surface -
Nodules with nodules - the pigmented spots
on the surface more or less along the course of
the vessels. - Considerable fatty degenerations.
Some cretaceous points on its surface.

Glandular state Weight 1 lb Dimensions

Colour pigmented spots on its surface -
Nodules with nodules, after washing - Capsule
the covering of capsule - Substances
Glandular state Weight 3 1/2 oz Dimensions
Form capsule not visible (visible as reaction
with iodine solution, etc) -

Enlarged Weight 1 1/2 lb Dimensions

Enlarged - Cortical substance enlarged - dis-
placement of pyramidal part to same extent -
no reaction with iodine - Capsule easily sep-
arable - cystic degeneration of both sides normal.
Atrophic vascular fungus looking deposit
in the fold of the pericapsule - between the bladder
and rectum - it was found to be a stricture
blood - A vascular abscess looking spot in
immediately within the sphincter vesicæ - There was
no structure of ureters - Bladder collapsed -

On the right side there was a firm thrombus coagulum in the fem-
oral vein & iliac vein - entirely confined
to the upper part of the right inguinal region but
extending into femoral to nearly the apex of Scarpa
hallux - becoming soft & thin - vascular
all round the femoral sheath - enlarged lymph
nodes along the course of the external iliac vein.

Medical Officer Examining J. G. Atkinson

Medical Officer Assisting D. J. Atkinson

PATHOLOGICAL REPORT, No. 10

NAME OF STATION AND OF HOSPITAL *Netley* DATE OF INSPECTION *April 19th 1864* NUMBER OF HOURS POST-MORTEM *1* ATMOSPHERIC CONDITIONS AS TO—(1) TEMPERATURE (2) MOISTURE.....

REGIMENT.	RANK AND NAME.	AGE.	DISEASE.	WHERE CONTRACTED.	TOTAL DURATION OF ILLNESS.	DATE OF LAST ADICTION.	DATE OF DEATH.	WARS.	REGISTER.	FOLIO.
<i>65th Regt</i>	<i>Alexander Muir</i>	<i>28 1/2</i>	<i>Hæmaturia</i>	<i>New Zealand</i>	<i>648 days</i>	<i>18th Mar 1864</i>	<i>18th Apr 17 1864</i>	<i>5</i>	<i>6</i>	

I. HISTORICAL SUMMARY. COUNTRY, COUNTY, OR BIRTHPLACE:— COMPLETED YEARS OF SERVICE:—*4 years*
 Stations and Periods of Foreign Service: *Mar 60 - Sept 63. New Zealand*
 stated in chronological order *Weight and build not recorded*
Height 5.0 D.
 Stations and Periods of Home Service: *March 1860.*
 stated in chronological order
 History as to previous Diseases or Injuries at those Stations or elsewhere: *October 1859. Feb. P.C. 40 days.* *Hereditary Syphilis not recorded.*
August 1860. Herpes 23 *Habits unknown*
July 1862. Mercuris 32 1/2 adms.
Sept 1863. Hæmaturia

Whence admitted to Hospital here, ... How long Resident at last Station ...
 (If from Shipboard state the duration of the Voyage.)

History of disease or injury which has proved fatal, and state on admission: *Mischievous under treatment in 1862 in New Zealand for hæmaturia, symptoms pains while making water along the course of the urethra and over the bladder also irritability of the bladder and was under treatment at Netley at this time 32 1/2 days. The affection was attributed by the man himself by exposure to wet in making roads. When he was taken up to the hospital in water. On admission to Netley in March his countenance is stated to be - Suffered from Hæmaturia urine containing blood & abundant epithelial deposits - The blood subsequently disappeared but hæmaturia again about the beginning of April along with much pus - Suffered also from Cough & signs return of phthisis bronchi. A small Carcinoma detected over the summit of the lung. Three or four days prior to death lancinating pains left thoracic region & in increased Cough & great exhaustion & he died on the morning of the 18th April. From Abstract of Case by -
*Arthur M. Hildgand M.D.**

II. POST-MORTEM INSPECTION. Temperature of body in Mouth. Rectum. Axilla.
 Measurements of the body: *Height 5.6 1/2* *Length 30 in.* *Weight 4 1/4 lb.*
 Cadaveric Rigidity: *Not marked* *Nutrition or Emaciation: Extreme emaciation*
 Putrefaction: *State of Cuticle: General Colour of Surface: Greenish discoloration later portions of abdomen*
 Contusions, Marks of Punishment, or of Medical Treatment:
 Wounds, Cicatrices, Punctures: *Recent in the lower surface of the penis small white & running transversely across the prepuce*
 Eruptions: *Erythema*
 Edema:
 Individual Peculiarities: *Lattices anched. Left forearm - Small signs of cancer*

A. INSPECTION OF HEAD - *Scalp*
 Cranial Bones and Sutures: *Marked irregularity over the absorption of the post part of Calvarium outer surface*
 Dura Mater:
 Arachnoid:

Pia Mater and Arteries *Injection of Pia Mater over Cortex & anteriorly -*
 Sinuses of Dura Mater *Loose Coagulum in sup longitudinal sinus & in the sagittal sinus.*
BRAIN:—Weight (entire) $3 \frac{3}{4}$ Specific gravity
 Cerebrum .. " .. " .. " ..
 Cerebellum .. " .. " .. " ..
 Specific gravity of Grey matter Specific gravity of White
 Roots of the Nerves:—Cran. Pita- *diffuse* —
 itary Body and Parts, generally at
 the base of the Brain
 Cerebrum, Convolutions:—Colour and *Substance consistent. Pia Mater separates easily -*
 Consistence, Ulcers, Sinus, Cavities, *Cystic degeneration Charoid plexus - pineal gland*
 Cisterns, Deposits *large. valves. Ovaries thick & membranous -*
Pineal gland contains large quantity of gritty matter
 Minute Vessels of the Brain *No deposits in substance -*
 Ventricles *Same fluid in lateral ventricles -*
 Optic Thalami
 and
 Corpor. Striata
 Pons Varolii
 Medulla Oblongata
 Cerebellum

B. INSPECTION OF SPINAL CANAL:—(1) The Membranes:—

Spinal Marrow, Consistence, &c.	Weight	Specific gravity	Size
			Amount of Cereb. Sp. fluid.

C. INSPECTION OF THE ORGANS OF THE SENSES:—(1) NASAL CAVITIES.

(2) ORBITS:—Eyelids
 Eyeballs, &c.

(3) EARS:—External
 Internal
 (4) TONGUE

D. INSPECTION OF THE MOUTH AND THROAT:—TEETH. Number.

Condition.

Gums and Lips
 Mucous Membrane and Glands
 Palate
 Tonsils and Uvula
 Fauces
 Pharynx

Ulceration of the tonsils & pigmentation.
Ulceration on epiglottis & pigmentation -

E. INSPECTION OF NECK AND CHEST:—BIBI AND PARIETES.

Cervical Glands	Thyroid
Thoracic Glands	Thymus
Larynx	

Trachea *No ulceration a few enlarged glands*

Pleura *Slight pleuritic adhesions left side. Lung feels consolidated - Simular adhesions right side most marked above -*

BRONCHI

LUNGS *Enlarged glands at the root of the lung - And along post aspect of trachea -*

Right Lung. Intense tubercular consolidation throughout upper two thirds - a considerable cavity, apex, smaller. and lower softening around about the middle - some Pneumonia consolidation below - Large cristaecous aneurisms at the root -

Weight - 2.5 3/4

Left Lung. In middle lower lobe large cavity filled with putrid looking material - lung substance around softened - small cavity in apex -

Weight - 2.3 1/2

Thoracic Duct and Vena Arteria

PERICARDIUM

HEART: - Form, etc. *Decolorized coagula right Cavities. Heart soft & flabby. Quantity of decolorized coagula. Left Cavities - Semilunar Valves.*

Cavities: - Auricular *Normal. Coagula in cavities form. Ventricular by adherent to the valves and walls. of two Cavities -*

Weight - 4 1/2

Lining Membrane

Contents

Valves

Pulmonary Artery

Aorta

Coronary Vessels

Cavo

Muscular Substance

Measurements { Base to Apex Aur. Ven. Groove to Apex Transv. at Aur. Ven. Groove ..

Aur. Ven. Or. 11 Pulm. Arty. 8 St. Aur. Ven. Or. 10 Aorta 8

Large coagulum in Aorta decolorized

Weight

F. INSPECTION OF THE ABDOMEN - PERITONEUM

Hernia

Tumours

Calibre, Dilatation, Invagination, Constriction, Adhesions or change of position of Viscera

STOMACH: - Contents

Mucous surface

Glands

MUCOUS MEMBRANE OF SMALL INTESTINE

VINES: - Secretions or Exudations on its surface

Colour and Consistence of Mucous

Membrane

21

Vill. of Intestines:—

Substance of Intestines Small intestine; atrophied & wears Membrane. and
Glands of Duodenum Deposit on surface, almost like a diphtheritic.
Beum and Jejunum Membrane. They are patches contracted and,
Peyer into a number of small dark spots as if correspond-
ing to the situation of each vesicle composing it -
Solitary Glands Same of the patches were atrophied & full of thick pig-
Crypts of Lieberkühn mented pus - others with the follicles & vesicles
enlarged same of them recently extended - at others
CECUM placed the same with considerable vascularity -
COLON:—Secretions or Excretions } vide memo below
on its Surface }
Uters, connected or not with Solitary }
Glands }

RECTUM

Hæmorrhoids
LIVER:—Form Acute visible pre. Weight 2 1/2 lb. Dimensions
Position sitting a white appearance as if of fatty degeneration
Covering No reaction with Iodine -
Substance:—Granulations, Cisterns }
Gumata, Abscesses, Pus, Adven- }
titious Deposits }

Vena Porta

Gall-bladder and Ducts

SPLEEN:—Form Light as appearance Weight 6 1/4 oz. Dimensions
Position above of Ceculi
Covering
Substance Sp. gr.

PANCREAS:—Form Weight Dimensions

Substance

SUPRA-RENAL CAPSULES

Aorta

Vena Cava

Sympathetic Nerve

KIDNEYS:—Form Right - 5 1/2 lb. Left - 5 1/4 lb. Dimensions

Capsule Right Kidney - Capsule not easily separable - ul-
ceration in the calyces of the pyramids - same in some
Substance Cortical substance - No reaction with Iodine -
Left Kidney - Textures ab. ex. corresponding arteries.

URETERS

Bladder, Prostate, &c.

Testicles, &c.

G. INSPECTION OF JOINTS

Bladder Matted together - organ adhering generally to teg-
ures around - Adhering by Capsule to Cortical sub-
stance and morbid exposing a granular pigmentation -
depending probably on long continued vascularity
extensive ulceration of the calyces to such an extent
as to have excavated nearly the whole pyramidal part of the
organ - Bladder with ulceration of Mucous Membrane. & Membranes
of atrophy like deposits on the surface -

H. INSPECTION OF BONES

Microscopic Examination - Insultation on surface of cartilage
seen to be a distinct layer of granulation cells - Portions of
They are patches of thickened same follicles enlarged - others con-
tracted & atrophied with pigment deposited in their centre.
The results probably of long continued vascularity. &c.
Catarrh - J.D.

I. INSPECTION OF MUSCLES

Medical Officer Examining

Medical Officer Assisting

PATHOLOGICAL REPORT, No. 11

NAME OF STATION AND OF HOSPITAL Netley DATE OF EXAMINATION April 20th NUMBER OF HOURS POST-MORTEM 33 hours ATMOSPHERIC CONDITIONS AS TO—(1) TEMPERATURE (2) MOISTURE.....

REGIMENT.	RANK AND NAME.	AGE.	DISEASE.	WHERE CONTRACTED.	TOTAL DURATION OF ILLNESS.	DATE OF LAST ADMISSION.	DATE OF DEATH.	WARR.	REGISTER.	FOLD.
48 th	Private.	28.	Cholera	India	321 days.	Apr 1 st 1864	Apr 19 th 24.	20.	3.	
3139	John Lawson									

I. HISTORICAL SUMMARY. COUNTRY, COUNTY, OR BIRTHPLACE: Cumberland Eng COMPLETED YEARS OF SERVICE: 9 1/2

Stations and Periods of Foreign Service: Ionian Islands. Decr 54 - Feb 55
Crete - Feb 55 - April "
Malta - April 55 - June 55
Gibraltar - Aug 55 - Oct 55
India - Oct 55 -

Stations and Periods of Home Service: England - Decr 54 - Feb 55 -

History as to previous Diseases or Injuries at these Stations or elsewhere: Cataract Al - 1860 - 6 days.
Coryza - 1861 - 12 days.
Brachitis - 62 - 49 days.
" - 63 - 90 days.
Cholera - 63 - Discharged - 3/7/63 - 18/10/63 - Death

Where admitted to Hospital here.... India. Ship How long Resident at last Station .. }
 (If from Shipboard state the duration of the Voyage.)

History of disease or injury which has proved fatal, and state on admission: On admission to Netley, sub Apr 1st Conditions as follows: - Suffering from severe chest affection - Extreme emaciation - Severe cough - mucous purulent expectorations - Severe dyspnoea - Small quick pulse - hurried respiration - Night sweats, and the general physical signs in short of cholera the latter referable to the infraclavicular region on both sides - Sunk gradually after admission - Death 1.30 A.M. 19th April.
Y. Abstracted by A. G. Watts.
Med. Candidate.

II. POST-MORTEM INSPECTION. Temperature of body in Mouth. Rectum. Axilla.

Measurements of the body: Height 5'6 1/2 Weight 5-4.
Girth 29 3/4.

Cadaveric Rigidity: Not marked. Nutrition or Emaciation: Emaciated extreme.

Putrefaction: State of Cuticle: Abundant moist skin General Colour of Surface: Imp and lacinated.

Contusions, Marks of Punishment, or of Medical Treatment: Acute abscess of anal ulcer lower surface of penis situated in the perineum - Well marked. Another abscess more super. ficial at the urethra - Some induration - No abscesses.

Wounds, Cicatrices, Punctures: Anterior still existing -

Eruptions: None.

Edema: None.

Individual Peculiarities: None.

A. INSPECTION OF HEAD - SCALP.

Cranial Bones and Sutures.....
 Dura Mater.....
 Arachnoid.....

Pia Mater and Arteries

Sinuses of Dura Mater

BRAIN:—Weight (entire) 2 1/2 lbs.

Specific gravity

Pons Varolii:—weight

Specific gravity

Cerebrum " "

" "

Medulla oblongata "

" "

Cerebellum " "

" "

Corp. striata "

" "

Specific gravity of Grey matter

Specific gravity of White

Optic Thalami "

" "

Roots of the Nerves:—Cran. Pituitary Body and Parts generally at the base of the Brain

Cerebrum, Convolution:—Colour and Consistence, Ulcers, Sloughs, Cavities, Contractions, Deposits

Cerebral Convolutiones exceedingly small. Substance of convolutiones soft especially at the vertex. Falx of Cerebrum adherent. Subarachnoid effusion over surface. Considerable amount of clear fluid at the base of the brain. Commissure of brain thick generally soft substance.

Minute Vessels of the Brain

Ventricles

Optic Thalami

and

Corpor. Striata

Pons Varolii

Medulla Oblongata

Cerebellum

B. INSPECTION OF SPINAL CANAL:—(1) The Membranes:—

Spinal Marrow, Consistence, &c.

Weight

Specific gravity

Size

Amount of Cereb. Sp. fluid

C. INSPECTION OF THE ORGANS OF THE SENSES:—(1) NASAL CAVITIES.

(2) ORBITS:—Eyelids

Eyelids, &c.

(3) EARS:—External

Internal

(4) TONGUE

D. INSPECTION OF THE MOUTH AND THROAT:—TEETH. Number.

Condition.

Gums and Lips

Mucous Membrane and Glands

Palate

Tonsils and Uvula

Fauces

Pharynx

Follicles of Tonsils enlarged. Glands of the fauces enlarged. Thickening & oedema left edge of epiglottis. Hardening & resistance of old ulcerations extending far back as mucous membrane over cricoid cartilage.

E. INSPECTION OF NECK AND CHEST:—RIBS AND PARIETES.

Cervical Glands

Thyroid

Thoracic Glands

Thymus

Larynx

Trachea

Enlarged glands along the trachea especially at the bifurcation. No reaction with Iodine.

Pleura Extensive adhesions of pleurae less on the right side

Diaphragm

LUNGS

Right lung distinct evidence of cretaceous mass. towards the upper lobe. Right lung on its surface - lobes are found to immediately overlap. Cavities evidently undergoing contraction. - Trilobate deposits & general consequent causal contraction throughout -

Left lung - Enclosed in an exceedingly thin & pale membrane - lung itself converted into an immense cavity - with the vessels & some tissue forming tubercular elevations along its internal.

Weight 3.. 12 1/4

Thoracic Duct and Vena Argyrea

PERICARDIUM

HEART: - Form, etc.

Decolorized coagulum etc.
Heart - apex round the two flabby
and soft -

Base to Apex	5.6.
Aur. Ven. Groove to Apex	3.4.
Transv. at Aur. Ven. Groove ..	5.5.

Cavities: - Auricular

Weight 4 1/2.

Ventricular

St. Aur. Dent ad -	12.
Pal art -	9.
St. Aur. Dent ad -	11.
Aorta -	7.

Lining Membrane

Contents

Valves

Pulmonary Artery

Aorta Cretaceous loss of substance with surrounding etc.

Coronary Vessels Cretaceous & the running of the lining membrane at the base

Cave Increments of the Thoracic Aorta - also some yellow

Muscular Substance deposits

Weight

F. INSPECTION OF THE ABDOMEN - PERITONEUM

Hernia

Tumours

Caliber, Dilatation, Invagination, Con-

striction, Adhesions or change of

position of Viscera

STOMACH: - Contents

Mucous surface

Glands

MUCOUS MEMBRANE OF SMALL INTESTINES

TEXES: - Secretions or Exudations on

its surface

Colour and Consistence of Mucous

Membrane

Will. of Intestina:—

Crypts of Lieberkuhn

CÆCUM

COLON:—Secretions or Exudations

Ulcers, connected or not with Solitary

RECTUM

LIVER:—Form C

Position.....1

Substance —Granulations, Cicatrices

Gemmae, Alarcone, Pus, Adver

titions Deposits

Vena Portae

Gall-bladder and Ducts

SPLEEN:—Form C

Position.....

Covering

Substance

PANCREAS:—Form

Substance

SUPRA-RENAL CAPSULES

Aorta

Vena Cava

Sympathetic Nerve

KIDNEYS:—Form

Appendix

Substance

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Bladder, Prostate, etc.

Testicles, *de*

G. INSPECTION OF JOINTS

H. INSPECTION OF BONES

I. INSPECTION OF MUSCLES

Medical Officer Examining

Medical Officer Aristino

PATHOLOGICAL REPORT, No. 12

NAME OF STATION AND OF HOSPITAL Netley DATE OF INSPECTION May 4th 1864 NUMBER OF HOURS POST-MORTEM 33 hours ATMOSPHERIC CONDITIONS AT 75 - (1) TEMPERATURE (2) MOISTURE

REGIMENT	RANK AND NAME	AGE	DISEASE	WHERE CONTRACTED	TOTAL DURATION OF ILLNESS	DATE OF LAST ADMISSION	DATE OF DEATH	WARD	REGISTERED	PERIOD
20 th Regt. P.V.	1401 Wm. Miller	39	Paralysis	India		Apr 11/64	May 3 rd 1864	21	9	18

I. HISTORICAL SUMMARY.

COUNTRY, COUNTY, OR BIRTHPLACE Canada, North York YEARS OF SERVICE 4 9/12
 Stations and Periods of Foreign Service stated in chronological order India July 57 - Oct 63.
 Stations and Periods of Home Service stated in chronological order England Lang to July 1857.
 History as to previous Diseases or Injuries at these Stations or elsewhere
Dysentery Acute. 3 admiss. - Total 113 days.
Typh. M. 1 admiss. 21 days - 1861
Rheum. Ch. 2 " 38 days.
Laceration - 2 "
Bubo " & Ulcer penis Non-lyph.
Hereditary insanity.
Syph. Acute admission.
Habits - Temperate.

Whence admitted to Hospital here... Board Ship for India How long Resident at last Station...
 (If from Shipboard state the duration of the Voyage.)
 History of disease or injury which has proved fatal, and state on admission...
When admitted to Netley Hospital his intellect was so impaired he was placed in the Insane wards. - No record of commencement of Paralysis - He was helpless face void of expression - left pupil more dilated than right - right arm greatly weakened - grasp feeble & sensitive to pain in the 4th & 5th fingers - urine & feces passed involuntarily - Senses of touch not affected - Muscles of both arms wasted and rigidly contracted - After admission the right leg became colder than the left - Sensibility not altered - On the 29th spirit of excrements seen in the extremities pupils became more dilated & previous to death came & started skin under which he died at 2 A.M. 3rd May. Pulse varied since admission from 86 - 120.
Temp. ranged on the affected side from 94 - 99. on the now affected 94 - 98.
From Autopsy of Case by H. F. Drell adieu - M.D. Med. Candidate

II. POST-MORTEM INSPECTION.

Temperature of body in Mouth Rectum Axilla
 Measurements of the body Girth 32 1/4 Height 5' 9 1/4 Weight 144
 Cadaveric Rigidity Marked upper extremities Considerable attemperatures
 Putrefaction State of Intestine General Colour of Surface
 Contusions, Marks of Punishment, or of Medical Treatment
 Wounds, Cistricies, Punctures Cicatrix on the glans penis
 Eruptions
 Edema
 Individual Peculiarities

A. INSPECTION OF HEAD - SCALP.

Cranial Bones and Sutures Irregular thickening of Calvarium - parasitic of the
 Dura Mater Internal table especially expressed over the
 Arachnoid prominent over the frontal bone - Adhesions of Dura
mater to surface of brain especially marked along the course of the
Sup. & long sinus - opacity of arachnoid with subarachnoid effusion
over the posterior aspect of the cerebellum - Thickening & adhesion of
the arachnoid where this is in contact at the reflection on the
7 cerebellum.

Pia Mater and Arteries

Sinuses of Dura Mater

BRAIN:—Weight (entire)

Cerebrum " "

Cerebellum " "

Specific gravity of Grey matter

Roots of the Nerves:—Cranial, Pituitary Body and Parts, generally at the base of the Brain

Cerebrum, Convolutions:—Colour and Consistence, Ulcers, Sclerotic, Cavities, Clottricks, Deposits

Minute Vessels of the Brain

Ventricles

Optic Thalami

and

Corpus Striatum

Pons Varolii

Medulla Oblongata

Cerebellum

B. INSPECTION OF SPINAL

Spinal Marrow, Consistence, &c.

C. INSPECTION OF THE ORG

(2) Osmers:—Eyelids

Eyeballs, &c.

(3) Ears:—External

Internal

(4) Tongue

D. INSPECTION OF THE MO

Gums and Lips

Mucous Membrane and Glands

Palate

Tonsils and Uvula

Pharynx

E. INSPECTION OF NECK AND CHEST:—RIBS AND PARITIES

Cervical Glands

Thoracic Glands

Larynx

Trachea

Marked on right side compared with left—
Intense congestion of Pia Mater generally over surface. More
arterially decolourized plate in sup. long. Sinus—

Specific gravity

Pons Varolii—weight

Specific gravity

Medulla oblongata ..

Corp. striata ..

Optic Thalami ..

Anterior lobes of cerebrum softened especially and
the left side side corresponding to prominences men-
tioned anteriorly bones—loss of substance of the
convolutions more marked on the left side—Cav-
itations flattened especially superiorly and anteriorly—
Sulci obliterated especially on the left side—effusion
of blood round olfactory bulb on the right side as it
lies along the Crista Galli—Left side of the bulb free
from effusion—Some fluid in the Cerebro-spinal cavity—
Coagulum in right Cerebral artery, which arises from the
side of the Cerebral Artery, and also a coagulum in
left Cerebral artery, which passes into the posterior
fluid in the lateral ventricles—Whole texture of brain pulpy & soft.

Great reduction of size of right lateral ventricle—tissue
of the brain in the immediate neighbourhood of the lateral
ventricle almost diffused—great destruction of brain
tissue especially in Corpus striatum. Yellow deposits
on the middle of the central gyri—On exposure
the surface of the Corpus striatum on the left side there
is considerable loss of substance with a yellow colour.
The convolutions anteriorly on this side corresponding
to the softened pulpy part and its surface exceedingly
soft & diffused. Immediately under the surface at
this spot there is a soft yellowish dirty deposit the
size of a nutmeg—Cerebellum normal.

* Deposit preserved.

Loss of substance in both tonsils exposing crypts.

Tonsils Loss of substance in both exposing
Thyroid Crypts.

Thyroid

Witnessed previous existing ulceration under aspect of the
epiglottis

Pleura Slightly adherent right side below -

BRONCHI Intense infection mucous membrane right bronchus

LUNGS Right lung congested to the pulpy softening of texture & non-collapse. - Same collapse left lung - No cream & cruded deposits in either but general softening & intense congestion especially marked in the left side - Adhesion of the left lung to back of aorta -
Weight 2.8

Thoracic Duct and Vena Azgos.....

PERICARDIUM Internally loaded with fat - Contains some serum

HEART:—Form, &c..... Loaded with fat especially along the anterior surface & margins of the ventricles - Texture firm -

Cavities:—Auricular Partially decolorized coagulum in cavity right side - Small

Ventricular Amount of coagulum in Pub. Artery. At Aur. vent. ad. 11.

Lining Membrane Dark bluish in cavity left Aur. vent. ad. 9.5 -

Contents Heart - hypertrophy walls left Aorta 8 -

Valves Ventriculo - aorta of the muscular masses fixing the chordae tendineae - Left coagulum in Pub. Artery - in Aorta

Pulmonary Artery Accumulated. Condition of aorta with intense corrugations

Aorta of its lining membrane & numerous small adherent masses of fibrine scattered over the surface - about 3 inches from the valves there is a deep excavated ulcer with partially raised margins about the size of a bean filled with fibrinous coagula.

Coronary Vessels There is also loss of substance at parts throughout the membrane - Aortic valves somewhat thickened no deposits -

Weight

F. INSPECTION OF THE ABDOMEN:—PERITONEUM

Hernia

Tumours

Calibre, Dilatation, Invagination, Constriction, Adhesions or change of position of Viscera

STOMACH:—Contents.....

Mucous surface.....

Glands

MUCOUS MEMBRANE OF SMALL INTESTINES:—Secretions or Exudations on its surface.....

Colour and Consistence of Mucous Membrane

Marked on right side compared with left -
 Pia Mater and Arteries Intense congestion of Pia Mater generally over surface. More
 Sinuses of Dura Mater Partially decalcified Clots in sup. long. Sinus -

BRAIN: —Weight (entire)	Specific gravity	Pons Varolii:—weight	Specific gravity
Cerebrum " "	" "	Medulla oblongata "	" "
Cerebellum " "	" "	Corp. striata "	" "
Specific gravity of Grey matter	Specific gravity of White	Optic Thalami "	" "
Roots of the Nerves:—Cruca, Pituitary Body and Parts, generally at the base of the Brain			

CEREBRUM, Convulsions:—Colour
 Consistence, Ulcers, Stomachs, Cavities
 Cicatrices, Deposits

Minute Vessels of the Brain

Ventricles

Optic Thalami

and

Corpor. Striata

Pons Varolii

Medulla Oblongata

Cerebellum

Fluid within the

B. INSPECTION OF SPINAL

Spinal Marrow, Consistence, &c.	Weight	Specific gravity	Size
		Amount of Cereb. Sp. fluid	

C. INSPECTION OF THE ORGANS OF THE SENSES:—(1) NASAL CAVITIES.

(2) ORBITS:—Eyelids

Eyelids, &c.

(3) EARS:—External

Internal

(4) TONGUE

D. INSPECTION OF THE MOUTH AND THROAT:—TEETH. Number.

Condition.

Gums and Lips

Mucous Membrane and Glands

Palate

Tonsils and Uvula

Pharynx

E. INSPECTION OF NECK AND CHEST:—RIBS AND PARIETES.

Cervical Glands

Thoracic Glands

Larynx

Trachea

Lonsils Large of substance in both exposing
 Thyroid Glands

Thyroid

Evidence of previous existing ulceration under aspect of the
 epiglottis

Pleura Slightly adherent right side below -
 Bronchi Intense in patches mucous membrane right bronchus

LUNGS Right lung congested with pulpy softening of texture - No Collapse - Some Collapse left lung - No clots or scrubbed deposits in either but general softening & intense congestion especially marked in the left side - Adhesion of the left lung to back of aorta -
 Weight 2.8

Thoracic Duct and Vein Aggs.

PERICARDIUM Internally loaded with fat - Contains some serum

HEART:- Form, etc. Loaded with fat especially along the anterior surface & margins of the ventricles - Texture firm -
 Cavities:- Auricular Partially decolorized coagulum in cavities right side - Small.
 Ventricular Amount of coagulum in Pul. Artery. Pul. Artery. 11.
 Lining Membrane Dark blood in cavities left Aur. vent. ad. 9.
 Contents Heart - Hypertrophy walls left Aorta 8.
 Valves Ventriculo-aortic of the muscular masses fixing the chordae tendineae - Left coagulum in Pul. Artery. 7 in Aorta
 Aorta Accumulated Condition of aorta with intense corrugations of its lining membrane - Numerous small adherent masses of fibrine scattered over the surface - About 3 inches from the valves there is a deep excavated ulcer with partially raised margins about the size of a bean filled with fibrinous coagula. There is also loss of substance at parts throughout the membrane - Aortic Valves somewhat thickened no deposits -
 Weight

F. INSPECTION OF THE ABDOMEN:-PERITONEUM

Hernia
 Tumours
 Calibre, Dilatation, Invagination, Constriction, Adhesions or change of position of Viscera 2

STOMACH:-Contents

Mucous surface
 Glands

MUCOUS MEMBRANE OF SMALL INTESTINE:-
 TISSUE:- Secretions or Exudations on its surface
 Colour and Consistence of Mucous Membrane

Vill. of Intestines:—

Substance of Intestines

Glands of Duodenum

" Ileum and Jejunum

" Peyer

Solitary Glands

Crypts of Lieberkühn

CÆCUM

COLON:—Secretions or Exudations

on its Surface

Ulcers, connected or not with Solitary

Glands

RECTUM

Hæmorrhoids

LIVER:—Form

Position

Covering

Substance:—Granulations, Cistricies,

Gummata, Abscesses, Pus, Adven-

titious Deposits

Vena Portæ

Gall-bladder and Ducts

SPLEEN:—Form

Position

Covering

Substance

PANCREAS:—Form

Substance

SUPRA-RENAL CAPSULES

Aorta

Vena Cava

Sympathetic Nerve

KIDNEYS:—Form

Capsule

Substance

Ureters

Bladder, Prostate, &c.

Testicles, &c.

G. INSPECTION OF JOINTS.

H. INSPECTION OF BONES.

I. INSPECTION OF MUSCLES.

Intestines generally healthy, contains no lesions.

Weight *2 10 1/4*

Dimensions

*Adhering to the Diaphragm. Softening of substance, some
High superficial eccentric lobes of substance -
Also numerous small white spots and rather con-
spicuous purulent deposits of lymphatic de-
posits - (vide microscopic examination)*

Weight *6 1/2*

Dimensions

Substance soft. Similar white deposits to those in the liver.

Weight

Dimensions

Sp. gr.

Weight *Rs 5.2. Lt 5 1/4*

Dimensions

Granular degeneration of the substance, contraction & loss of substance at the periphery. - Intense congestion & deposits of fat about the pelvis - Capsule covered with fat also. The opening & opacity of the capsule with heads and separation. Natural no deposits.

Microscopic examination showed the deposits on the surface of the liver to consist of intense proliferation of cells and at shape, with along with the firm. Cause of the character of the deposits indicated the probability of lymphatic more than venous origin -

Medical Officer Examining

Medical Officer Assisting

PATHOLOGICAL REPORT, No. 13.

NAME OF STATION
AND OF HOSPITAL

Netley

DATE OF
INSPECTION

May 5th

NUMBER OF HOURS
POST-MORTEM

ATMOSPHERIC CONDITIONS
AS TO—(1) TEMPERATURE
(2) MOISTURE

REGIMENT	RANK AND NAME	AGE	DISEASE	WHERE CONTRACTED	TOTAL DURATION OF ILLNESS	DATE OF LAST ADMISSION	DATE OF DEATH	WARD	REGISTER	FOLD
<i>7th Gunners</i> <i>H. A. George Stone</i> <i>3375</i>		<i>34 7/12</i>	<i>Morb. Cal Cordis</i>	<i>India</i>	<i>220 days</i>	<i>May 2nd</i>	<i>May 3rd</i>	<i>14</i>	<i>6</i>	<i>2</i>

I. HISTORICAL SUMMARY.

COUNTRY, COUNTY, OR BIRTHPLACE *Walsley, Middlesex* COMPLETED YEARS OF SERVICE—

Stations and Periods of Foreign Service

Cameroun July 55 - July 56
Sydney June 57 - May 59
India May 59 - Dec 63

Height and weight 5'5"
Weight and D^o 9.8

Stations and Periods of Home Service

July 54 - to July 55
" 56 - June 57

History as to previous Diseases or Injuries at these Stations or elsewhere

Valm. Scap. 1855 - 24 days
Brucella AB = 56 - 7 "
Ophthalmia - 58 - 4 "
Morb. Cal Cord 63 - till death

Hereditary history
Syphilis *None*
Habits *Intemperate*

This admission is stated in his Medical history sheet to have been due to an attack of Acute Rheumatism. but no admission for Rheum. Ab. on the sheet

Whence admitted to Hospital here,...

How long Resident at last Station ...
(If from Shipboard state the duration of the Voyage.)

History of disease or injury which has proved fatal, and state on admission

On admission to Netley on the 2nd May. He was suffering from severe dyspnoea, aggravated by the least exertion. Was very weak. Shortly after fell into a state of Coma from which he never rallied. All the capillary circulation as far as could be made indicated central disease.

from abstract by
J. Malcolm Esq.
Med. Candidate

II. POST-MORTEM INSPECTION. Temperature of body in Mouth.

Measurements of the body *Height 5'4. Birth and nipple 35 1/2.* Weight *8 1/2.*
Cadaveric Rigidity *Mild in the upper part.* Nutrition or Emaciation *Good preservation of development.*
Putrefaction *Brownish.* State of Cuticle *General Colour of Surface*
Contusions, Marks of Punishment, or of Medical Treatment *Severe discoloration of skin on the posterior lateral surfaces of the chest. Obliteration of letters by its conversion into Mat the cross.*
Eruptions
Edema
Individual Peculiarities

A. INSPECTION OF HEAD.—Scalp.

Cranial Bones and Sutures
Dura Mater
Arachnoid *Adhesions of arachnoid at places but as arachnoid effused & opaque - the adhesions especially along the course of the sup. longitudinal sinus -*

Pia Mater and Arteries *Congestion of Pia Mater*

Summ. of Dura Mater

BRAIN:—Weight (entire) *3 1/4* Specific gravity Pons Varoli:—weight Specific gravity

Cerebrum " " " " Medulla oblongata " " " "

Cerebellum " " " " Corpora striata " " " "

Specific gravity of Grey matter Specific gravity of White Optic Thalami " " " "

Roots of the Nerves:—Cran. Pituitary Body and Parts, generally at the base of the Brain

CEREBRUM, Convolutions:—Colour and Consistence, Ulcers, Sinuses, Cavities, Clottrics, Deposits *Edema Substance of Brain - Corpus callosum softened Intense congestion of the choroid plexus - Softening of the commissures - No deposits in the substance*

Minute Vessels of the Brain

Ventricles

Optic Thalami

and

Corpor. Striata

Pons Varoli

MEDULLA OBLONGATA

CEREBELLUM

B. INSPECTION OF SPINAL CANAL:—(1) The Membranes:—

Spinal Marrow, Consistence, &c. Weight Specific gravity Size Amount of Cereb. Sp. fluid.

C. INSPECTION OF THE ORGANS OF THE SENSES:—(1) NASAL CAVITIES.

(2) ORBITS:—Eyelids

Eyeballs, &c.

(3) EARS:—External

Internal

(4) TONGUE

D. INSPECTION OF THE MOUTH AND THROAT:—TEETH. Number.

Condition.

Gums and Lips

Mucous Membrane and Glands

Palate

Tonsils and Uvula *Remains of ulceration in tonsils*

Fauces

Pharynx

E. INSPECTION OF NECK AND CHEST:—RIBS AND PARIETES.

Cervical Glands Thyroid

Thoracic Glands Thymus

Larynx

Trachea *Considerable congestion of mucous membrane but no ulceration -*

Pleura Same fluid right cavity - & intense vascularity of
the membrane.
Bronchi Loaded with mucus -

LUNGS No collapse. lungs, which are fixed to parietes of the
chest by adhesions - Same fluid in right pleural cavity - Soften-
ing of the tissue right lung in the upper lobe - No distinct causal
relation in either - Oedema & general congestion but no tubercular
or other deposits - intense inflammatory softening of the right
lung -

Thoracic Duct and Vena Azygos.....

PERICARDIUM Intense vascularity, inner aspect pericardium - Same
yellow serum fluid contained in it -

HEART: - Form, &c. On opening the chest the apex
of the heart extends to below the margin of 4th Rib -
the edge of the right ventricle extends fully.
Dimensions: { Circumference. 13.5.
Base to Apex..... 6.6.
Aur. Ven. Groove to Apex 5.4.
Transv. at Aur. Ven. Groove... 5.4.

Cavities: - Auricular Extends beyond the median line into the right pleural cavity - Adhesion
of pleura to pericardium - the edge of the left lung pressed up to.

Ventricular The 4th Rib - exposing nearly half inch square of Cardiac end
face - in the form of a rhomboid. Large coagulum escape from

lining Membrane Thrombus inferior, aneurysm across - There are

Contents white adherent spots round roots of the large vessels -

Valves And also on the prominent parts of the heart surface anter-

Pulmonary Artery Early as also on the prominence of the coronary vessels -

Aorta Dark semicoagulated blood. Extreme length - 6.6.

Coronary Vessels in the right cavity - partly - R. Aur. Vent. diam 12.

Cave decolorized coagulum in the Pulmonary Arty - 9.

Muscular Substance Pulmonary artery - Dark Coagulum in the cavity left heart - 11.

dilatation of the left ventricle - Thickening of the semilunar valves.

of the aorta with white deposits. - Thickening of the lappets of the mitral

valve. - Cartilag. like thickening of the coats of the aorta - & caused a hole

dilatation of the commencement of the thoracic aorta - Imperfect

pleuritic adhesions - & fibrinous deposits with thinning membrane.

P. INSPECTION OF THE ABDOMEN - (PERITONEUM) Weight of Heart & Aorta - 1.8 3/4 lbs

Hernia Tumours Calibre, Dilatation, Invagination, Con-

striction, Adhesions or change of position of Viscera STOMACH: - Contents.....

Mucous surface..... Glands.....

MUCOUS MEMBRANE OF SMALL INTESTINE

RIXIS: - Secretions or Exudations on its surface.....

Colour and Consistence of Mucous Membrane.....

Vill. of Intestines:—

Substance of Intestines

Glands of Duodenum

 " Ileum and Jejunum

 " Peyer

Solitary Glands

Crypts of Lieberkühn

CÆCUM

COLON:—Secretions or Excretions

 on its Surface

Ulcers, connected or not with Solitary

 Glands

RECTUM

Hæmorrhoids

LIVER:—Form

Position

Covering

Substance:—Granulations, Cicatrices

 Gummata, Abscesses, Pus, Adven-

 titious Deposits

Vena Portæ

Gall-bladder and Ducts

SPLEEN:—Form

Position

Covering

Substance

PANCREAS:—Form

Substance

SUPRA-RENAL CAPSULES

Aorta

Vena Cava

Sympathetic Nerve

KIDNEYS:—Form

Capsule

Substance

URETERS

Bladder, Prostate, &c.

Testicles, &c.

G. INSPECTION OF JOINTS.

H. INSPECTION OF BONES.

I. INSPECTION OF MUSCLES.

Medical Officer Examining

Medical Officer Assisting

PATHOLOGICAL REPORT, No. 14.

NAME OF STATION AND OF HOSPITAL Netley. DATE OF INSPECTION May 6th NUMBER OF HOURS POST-MORTEM .. ATMOSPHERIC CONDITIONS AS TO—(1) TEMPERATURE (2) MOISTURE.....

REGIMENT.	RANK AND NAME.	AGE.	DISEASE.	WHERE CONTRACTED.	TOTAL DURATION OF ILLNESS.	DATE OF LAST ADMISSION.	DATE OF DEATH.	WEIGHT.	REGISTER.	FOLD.
94 th Rle			Dysentery	India	48 1/2 days	Apr 3 rd	May 4 th 11	6	36.	
916	Arthur Beckett 21.		Chronic							

I. HISTORICAL SUMMARY.
 COUNTRY, COUNTY, OR BIRTHPLACE: Bristol Ength COMPLETED YEARS OF SERVICE: 2 1/2.
 Stations and Periods of Foreign Service: India Feb 63 - Scarborough Nov 6/64
 stated in chronological order Height and weight 5'5 1/2.
Weight and 12
 Stations and Periods of Home Service: Sermay & Calcutta Dec 61 - Feb 63 -
 stated in chronological order
 History as to previous Diseases or Injuries at these Stations or elsewhere: Equadria 3 admissions - 66 days. Hereditary Neph -
Lawsittitis 1 - " 9 " Typhoid 02.
Diarrhoea Chronic 1 " 32 " Habits Indifferent
Audemia 1 " 9.
Dysentery 40 Ch 2 " 69 "

Whence admitted to Hospital here....

How long Resident at last Station .. }
 (If from Shipboard state the duration of the Voyage.)

History of disease or injury which has proved fatal, and state on admission

Was admitted to Hospital at Netley in a state of great prostration & Audemia - had frequent urgent calls to stool - stools copious & fetid - slimy with occasional appearance of blood - subsequently the stools became watery & scanty - As the affection continued the case gradually progressed, weakness increased & death took place on the evening of the 4th May -
from atracted by.
J. Macaluso M.D.
Med. Candidate.

II. POST-MORTEM INSPECTION. Temperature of body in Mouth.

Measurements of the body Height 5'10 1/2. Girth 32 1/4 Rectum. Axilla.
 Cadaveric Rigidity Nutrition or Emaciation } Imacinated & emaciated. Weight. 6"12.
 Putrefaction State of } General Colour of Surface Reddish.
 Contusions, Marks of Punishment, or of Medical Treatment Marks of scapular Anterior chest & upper limbs & legs
 Wounds, Cicatrices, Punctures
 Eruptions
 Edema Same Edema as lower extremity.
 Individual Peculiarities

A. INSPECTION OF HEAD:—SCALP.

Cranial Bones and Sutures
 Dura Mater
 Arachnoid

Pia Mater and Arteries

Sinuses of Dura Mater

BRAIN:—Weight (entire)

Specific gravity

Pons Varolii:—weight

Specific gravity

Cerebrum " "

" "

Medulla oblongata "

" "

Cerebellum " "

" "

Corp. striata "

" "

Specific gravity of Grey matter

Specific gravity of White

Optic Thalami "

" "

Roots of the Nerves:—Cran. Pitu-

itary Body and Parts, generally at

the base of the Brain

Cerebrum, Convolutions:—Colour and

Consistence, Ulcers, Sloughs, Cavities,

Cisterns, Deposits

Minute Vessels of the Brain

Ventricles

Optic Thalami

and

Corp. Striata

Pons Varolii

Medulla oblongata

Cerebellum

*Bloodless condition of brain fluid at the base
Arachnoid plexus - absence of
puncta cruenta - slight Arachnoid
fluid in the ventricles - Corp. as Callus and
Caecum in f. - Central 2 angles normal.*

B. INSPECTION OF SPINAL CANAL:—(1) The Membranes:—

Spinal Marrow, Consistence, &c.

Weight

Specific gravity

Size

Amount of Cereb. Sp. fluid.

C. INSPECTION OF THE ORGANS OF THE SENSES:—(1) NASAL CAVITIES.

(2) ORBITS:—Eyelids

Eyelids, &c.

(3) EARS:—External

Internal

(4) TONGUE

D. INSPECTION OF THE MOUTH AND THROAT:—TENTH. Number.

Condition.

Gums and Lips

Mucous Membrane and Glands

Palate

Tonsils and Uvula

Pharynx

Pharynx

E. INSPECTION OF NECK AND CHEST:—Ribs and Parietes.

Cervical Glands

Thyroid

Thoracic Glands

Thymus

Larynx

Trachea

Pleura Recent adhesions on the left side - effusions into
the cavity, - Congestion left pleura & pericardial effusions -

BRONCHI

LUNGS Nam collapse of the lungs - Right lung posteriorly much
congested - substance friable - Adenomatous thickened
circumscribed deposits - Left lung congested posteriorly
Tubercular exudation on pleural surface of the diaphragm
Circumscribed sloughs on pleural surface posteriorly
Corresponding to gang, numerous cavities beneath - can
solidation upper lobe. an section showing numerous cas-
ities of various sizes - posterior aspect softened & lost
two vessels of pulmonary - Numerous circumscribed
deposits of a yellow colour on anterior aspect -

Thoracic Duct and Vena Azygos.....

PERICARDIUM Laminae trans coloured serum in pericardium -

HEART: - Form, &c. Small amount of Coagulum -
Slightly enlarged heart - left ven-
tricle contracted & a deal
Cavities: - Auricular sized Coagulum contained
in it -

Ventricular

Limiting Membrane

Contents

Valves

Pulmonary Artery

Aorta

Coronary Vessels

Cave

Muscular Substance

Rt. Aur. Vent ad - 12.
Pul. Arty - 9.
Lt. Aur. Vent ad - 10.
Aorta - 8.

Weight

F. INSPECTION OF THE ABDOMEN: - PERITONEUM.

Hernia

Tumours

Calibre, Dilatation, Invagination, Con-

striction, Adhesions or change of

position of Viscera

STOMACH: - Contents.....

Mucous surface.....

Glands

Mammillated mucous membrane of fundus
and thickening of mucous membrane.

MUCOUS MEMBRANE OF SMALL INTESTINES -

TES - Secretions or Exudations on

its surface

Colour and Consistence of Mucous

Membrane

VIII. of Intestines :-

Substance of Intestines Thickening of the coats of the small intestine & extension of the ulcerations below into the cecum -
 Glands of Duodenum where tubercles are remains of same small circular ulcers -
 " Ileum and Jejunum Peyer's patches ulcerated
 " Peyer No reaction with Iodine -
 Solitary Glands
 Crypts of Lieberkühn

CÆCUM Ulcers of phlegmonous dysentery scattered through the intestines large - pulpy softening of the mucous membrane - ulcers circular with hard edges -
COLON :- Secretions or Excretions on its Surface Ulcers through the whole extent great but especially marked near the caecum & cecum -
 Ulcers, connected or not with Solitary Glands
RECTUM Great deposits of fat about the intestines generally
 Hemorrhoids

LIVER :- Form Enlarged & Marked Weight
 Position with the ribs - acini extremely obscured - no reaction
 Covering with Iodine - extreme anaemia between the lobules.
 Substance :- Granulations, Cisterns, Gummata, Abscesses, Pus, Adventitious Deposits No deposits -
 Dimensions
 Breadth 6.4.
 Height 8.8.
 Thickness 3.9.
 Ant. post. 3.8.
 Thick 2.2.

Vena Portæ

Gall-bladder and Ducts

SPLEEN :- Form Enlarged Weight
 Position Lecture form - brown colour - acini not visible
 Covering No reaction with Iodine -
 Substance

PANCREAS :- Form Weight
 Substance Dimensions
 Sp. gr.

SUPRA-RENAL CAPSULES

Aorta

Vena Cava

Sympathetic Nerve

KIDNEYS :- Form Right capsule Weight
 Capsule Adherent anaemic - Both gangrened especially the pyramidal portion - no reaction with Iodine
 Substance Lecture form -
 Dimensions
 Sp. gr.

Uterus

Bladder, Prostate, &c.

Testicles, &c.

The whole of the viscera generally anaemic.

G. INSPECTION OF JOINTS.

H. INSPECTION OF BONES.

I. INSPECTION OF MUSCLES.

Medical Officer Examining

Medical Officer Assisting

PATHOLOGICAL REPORT, No. 15.

NAME OF STATION AND OF HOSPITAL *Netley* DATE OF INSPECTION *May 16th* NUMBER OF HOURS POST-MORTEM *12 hours* ATMOSPHERIC CONDITIONS
 AS TO—(1) TEMPERATURE (2) MOISTURE.....

REGIMENT.	RANK AND NAME.	AGE.	DISEASE.	WHERE CONTRACTED.	TOTAL DURATION OF ILLNESS.	DATE OF LAST ADMISSION.	DATE OF DEATH.	WARD.	REGISTER.	FOLIO.
<i>3/60</i>	<i>Plt</i>		<i>Hepatitis</i>	<i>India</i>	<i>80 days</i>	<i>May 3/64</i>	<i>May 11/64</i>	<i>27</i>	<i>20</i>	<i>26.</i>
<i>4/4</i>	<i>John Mullins</i>	<i>29.</i>	<i>Dysentery</i>							

I. HISTORICAL SUMMARY.

COUNTRY, COUNTY, OR BIRTHPLACE: *Dublin* COMPLETED YEARS OF SERVICE: *9 1/2*
 Stations and Periods of Foreign Service: *I. India 2nd Dec 1854 - June 1863.*
 stated in chronological order

Stations and Periods of Home Service: *England. Mar. 1855 - December 1857.*
 stated in chronological order

History as to previous Diseases or Injuries at these Stations or elsewhere: *Cephalaea. 1860. 4 days.*
Dysentery. 1862. Birmah. 8 days.
" " " 23 days.
Gynaec. " " 8 "
Feb. Cant. P. " " 24 "
Dys. A.C. " " 7 "
" Ch. " " 9.

Where admitted to Hospital here: *"Queen of South"* How long Resident at last Station: *Sept 1863 - May 1864*
 (If from Shipboard state the duration of the Voyage.) *86 days.*

History of disease or injury which has proved fatal, and state on admission: *When admitted on the 2nd May to Netley, was in a state of extreme weakness - suffering from severe dysentery, evacuations bloody & with much mucus - had incessant vomiting & great abdominal tenderness - rapid pulse 120 and febrile - There was fullness over the hepatic region and no pain - From date of admission gradually increased in weakness until the 11th when he expired -*

From Aethra by Algerian Mail.
Medical Certificate

II. POST-MORTEM INSPECTION. Temperature of body in Mouth.

Measurements of the body: *Height 5'8. Weight 124.*
 Cadaveric Rigidity: *None.*
 Putrefaction: *None.*
 Contusions, Marks of Punishment, or of Medical Treatment: *None.*
 Wounds, Cicatrices, Punctures: *None.*
 Eruptions: *None.*
 Edema: *None.*
 Individual Peculiarities: *None.*

A. INSPECTION OF HEAD - SCALP.

Cranial Bones and Sutures: *None.*
 Dura Mater: *None.*
 Arachnoid: *Yellow lymph deposit on the arachnoid like opaque thin serous membrane glands*

Pia Mater and Arteries *Congestion of the Pia Mater & adhesion to Dura mater*
 Sinuses of Dura Mater *Decolorized coagulum in the superior longitudinal sinus*

BRAIN:—Weight (entire) *2 1/5* Specific gravity Pons Varoli:—weight Specific gravity
 Cerebrum " " " " Medulla oblongata " " "
 Cerebellum " " " " Corp. striata " " "
 Specific gravity of Grey matter Specific gravity of White Optic Thalami " " "

Roots of the Nerves:—Crura, Pituitary Body and Parts generally at the base of the Brain

Cerebrum, Convolution:—Colour and Consistence, Ulcers, Sloughs, Cavities, Cicatrices, Deposits *Atrophy of the substance of the convolutions &c. hind—Substance of the brain otherwise normal*

Minute Vessels of the Brain

Ventricles.....

Optic Thalami

and

Corpor. Striata

Pons Varoli

Medulla Oblongata

Cerebellum

B. INSPECTION OF SPINAL CANAL:—(1) The Membranes:—

Spinal Marrow, Consistence, &c..... Weight Specific gravity Size
 Amount of Cereb. Sp. fluid

C. INSPECTION OF THE ORGANS OF THE SENSES:—(1) NASAL CAVITIES.

(2) ORBITS:—Eyelids

Eyeballs, &c.....

(3) EARS:—External

Internal.....

(4) TONGUE

D. INSPECTION OF THE MOUTH AND THROAT:—TEXT. Number.

Condition.

Gums and Lips.....

Mucous Membrane and Glands

Palate

Tonsils and Uvula

Pharynx

Pharynx

E. INSPECTION OF NECK AND CHEST:—RIBS AND PARIETES.

Cervical Glands

Thyroid

Thoracic Glands

Thymus

Larynx

Trachea

Pleura Loose adhesions anterior right side -

Diaphragm

LUNGS Right lung collapsed pericardial - No deposits
Left lung. Congested behind. Condensed at its base -
Crepitant at its apex & fairly collapsed -

Weights 1.10

Thoracic Duct and Vena Azygos

PERICARDIUM

HEART:—Form, &c. Small. apex round. white.
Coagulum in right heart. de.
Coloured coagulum in Pul.
Cavities—Auricular Main artery - valves bad.
Ventricular Mal. Weights 5 1/2 oz.
Lining Membrane
Contents
Valves
Pulmonary Artery
Aorta
Coronary Vessels
Cave
Muscular Substance
Dimensions { Base to Apex 4.6
Aur. Ven. Groove to Apex 3.3
Transv. at Aur. Ven. Groove... 3.1
Right heart ad - 10.
Pul. artery - 8.
Lt. Aur. heart ad - 9.
Aorta - 9.

Weight

F. INSPECTION OF THE ABDOMEN:—PERITONEUM

Hernia

Tumours

Calibre, Dilatation, Invagination, Con-
striction, Adhesions or change of
position of Viscera

STOMACH:—Contents Congestion & some pigmentation of liver and of the
Mucous surface. Stomach -
Glands

MUCOUS MEMBRANE OF SMALL INTESTINES:—Sections of Exudations on
its surface
Colour and Consistence of Mucous
Membrane

Vill. of Intestines:—

Substance of Intestines

Glands of Duodenum

„ Bicus and Jejunum

„ Peyer

Solitary Glands

Crypts of Lieberkuhn

CÆCUM

COLON:—Secretions or Exudations

on its Surface

Ulcers, connected or not with Solitary

Glands

RECTUM

Hæmorrhoids

LIVER:—Form

Position

Covering

Substance:—Granulations, Cicatrices,

Gummata, Abscesses, Pus, Adven-

titious Deposits

Vena Portæ

Gall bladder and Ducts

SPLEEN:—Form

Position

Covering

Substance

PANCREAS:—Form

Substance

SUPRA-RENAL CAPSULES

Aorta

Vena Cava

Sympathetic Nerve

KIDNEYS:—Form

Capsule

Substance

URETERS

Bladder, Prostate, &c.

Testicles, &c.

G. INSPECTION OF JOINTS.

H. INSPECTION OF BONES.

I. INSPECTION OF MUSCLES.

Necrosis of Peyer patches of small intestine.

Adhesion of the transverse colon. the gall bladder. Surface of the liver. Old ulcers of considerable standing, in the colon. Extending through the whole. Gut - in same parts exposing the peritoneum - General contraction of the gut.

Weight 3.3

Dimensions

On opening the abdomen two abscesses are seen. In the liver pointing towards the surface - one upwards towards the diaphragm the other laterally towards the chest wall - at the 10th rib of lymph was spread. On the surface of the liver overlying the latter. On removing the liver a third abscess was seen pointing backwards towards the lumbar region - 11. 12th ribs appeared forming in the lobulus quadratus - 14. 15th in the substance of same but deeper - there abscesses were all separate of size from a walnut. to four or five times larger. Numerous also of smaller ones were scattered through the surface. Sp. gr. - Cheated and loss of substance at the lower margin left lobe. Spleen small. Glomeruli not visible. Weight of Spleen - 5.2.

Weight 10 1/2

Dimensions

Capsules not easily separable. Stittato Carcinoma of the surface & substance

Sp. gr.

LD

Medical Officer Examining

Medical Officer Assisting

PATHOLOGICAL REPORT, No. 16

NAME OF STATION AND OF HOSPITAL *Netley* DATE OF INSPECTION *May 20th* NUMBER OF HOURS POST-MORTEM *1 1/2* ATMOSPHERIC CONDITIONS (1) TEMPERATURE (2) MOISTURE

RESIDENCY.	RANK AND NAME.	AGE.	DISEASE.	WHERE CONTRACTED.	TOTAL DURATION OF ILLNESS.	DATE OF LAST ADMISSION.	DATE OF DEATH.	WARR.	REGISTER.	FILED.
<i>2/3</i>	<i>Private No. 139.</i> <i>Joseph Bell.</i>	<i>29.</i>	<i>Pleuritis</i> <i>Chronic</i>	<i>Malta</i>	<i>1 1/2 yrs.</i>	<i>Nov 8th May 19th</i>	<i>13</i>	<i>1</i>	<i>1</i>	

I. HISTORICAL SUMMARY. COUNTRY, COUNTY, OR BIRTHPLACE: *Dumfries* COMPLETED YEARS OF SERVICE: *5 9/12*
 Stations and Periods of Foreign Service stated in chronological order: *Mediterranean Feb 59.*
 Stations and Periods of Home Service stated in chronological order: *At home May 58 - Feb 59.*
 History as to previous Diseases or Injuries at these Stations or elsewhere: *Medicinal History. Neph. Calc.*
Hereditary History. -
Syphilitic -
Habits -

Whence admitted to Hospital here: *Malta* How long Resident at last Station: *15 days*
 (If from Shipboard state the duration of the Voyage.)

History of disease or injury which has proved fatal, and state on admission: *Was attacked with Pleurisy while he was in from Malta in Jan 1883 - the Pleurisy was insidious without acute symptoms - When admitted to Netley in Dec 2 1883 he was very weak had great Dyspnea, the left chest was 3/4 in larger than the right - bulging in the intercostal spaces, complete dullness on percussion, & absence of respiratory movement the whole left lung - Dyspnea increasing until 8th Jan he was tapped & 5000 of purulent fluid withdrawn - The operation was repeated until 26th & 32nd with the same result - & again until 8th of March 32nd were removed. - On May 12th the operation was again performed when 5200 of extremely fetid purulent fluid were removed. - He died probably after the third operation & sank until 19th last -*
From Abstract of Case.
by Mr Francis Johnson.
Medical Candidate

II. POST-MORTEM INSPECTION. Temperature of body in Mouth. Rectum. Axilla.
 Measurements of the body: *Length 32 in. Height 5' 5 1/2.* Weight: *4' 10 1/2.*
 Cadaveric Rigidity: Nutrition or Emaciation:
 Putrefaction: State of Cuticle: General Colour of Surface:
 Contusions, Marks of Punishment, or of Medical Treatment:
 Wounds, Contusions, Punctures:
 Eruptions:
 Edema:
 Individual Peculiarities: Emphysema

A. INSPECTION OF HEAD - SCALP.

Cranial Bones and Sutures
 Dura Mater
 Arachnoid

Pia Mater and Arteries *Superficial Congestion of Pia Mater. & arteries*
 Sinuses of Dura Mater *By Brain*

BRAIN: —Weight (entire)	Specific gravity	Pons Varolii:—weight	Specific gravity
Cerebrum " "	" "	Medulla oblongata "	" "
Cerebellum " "	" "	Corp. striata "	" "
Specific gravity of Grey matter	Specific gravity of White	Optic Thalami "	" "

Roots of the Nerves:—Cran. Pitu-
 itary Body and Parts, generally at
 the base of the Brain

Brain 2-15 1/4 lbs

Cerebrum, Convolutions:—Colour and
 Consistence, Ulcers, Sloughs, Cavities,
 Cicatrices, Deposits

Minute Vessels of the Brain

Ventricles *Fluid in the Ventricles - texture normal. but*
 Optic Thalami *soft probably owing to the weather.*

Corp. Striata

Pons Varolii

Medulla Oblongata

Cerebellum

B. INSPECTION OF SPINAL CANAL:—(1) The Membranes:—

Spinal Marrow, Consistence, &c.	Weight	Specific gravity	Size
			Amount of Cereb. Sp. fluid.

C. INSPECTION OF THE ORGANS OF THE SENSES:—(1) NASAL CAVITIES.

(2) ORBITS:—Eyelids
 Eyeballs, &c.

(3) EARS:—External
 Internal.

(4) TONGUE

D. INSPECTION OF THE MOUTH AND THROAT:—TENTH. Number.

Gums and Lips	Condition.
Mucous Membrane and Glands	
Palate	
Tonsils and Uvula	
Fauces	
Pharynx	

E. INSPECTION OF NECK AND CHEST:—RIBS AND PARIETES.

Cervical Glands	Thyroid
Thoracic Glands	Thymus
Larynx	
Trachea	

Pleura Cavity of the left pleura. distended to its utmost extent - with decomposed purulent fluid - texture of pleura thickened. Presenting gangrenous ulcerations of substance covered different portions of parietal especially the costal cartilages - pointing into the interspaces between the 3rd & 4th ribs - and lung compressed closely against the left side of the pericardium & thoracic bone - 120. oz fluid taken from the cavity - (Adhesions at apex right lung) - Extensive ulcerating openings from lung into cavity of pleura left side - Thickening of the pleural membrane over right lung especially posteriorly & texture of lung softened - Miliary tubercles in lung - some emphysema towards the base -

Thoracic Duct and Vena Azygos.....

PERICARDIUM

HEART:—Form, &c..... Small.

Dimensions { Base to Apex..... 2.2.
Aur. Ven. Groove to Apex 3.1
Transv. at Aur. Ven. Groove... 3.1
Circumference - 7.2.

Cavities:—Auricular Adhesions of left ventricle to pericardium by firm old adhesions - Absorbed & formed entirely by the left ventricle -
Ventricular
Lining Membrane
Contents
Valves Normal. Weight 3 3/4.

Aur. vent ad. - 11.
Pul. Art. & V. - 7.
Aortic - 8.

Pulmonary Artery
Aorta
Coronary Vessels
Cave
Muscular Substance.....

Weight

F. INSPECTION OF THE ABDOMEN:—PERITONEUM.

Hernia
Tumours
Calibre, Dilatation, Invagination, Constriction, Adhesions or change of position of Viscera

STOMACH:—Contents.....
Mucous surface.....
Glands

MUCOUS MEMBRANE OF SMALL INTESTINES:—Secretions or Exudations on its surface.....
Colour and Consistence of Mucous Membrane

Vill. of Intestines :—
 Substance of Intestines
 Glands of Duodenum
 " Ileum and Jejunum
 " Peyer
 Solitary Glands
 Crypts of Lieberkühn
CÆCUM

COLON:—Secretions or Excretions
 on its Surface
 Ulcers, connected or not with Solitary
 Glands

RECTUM

Hæmorrhoids

LIVER:—Form

Position

Covering

Substance:—Granulations, Cicatrices,
 Gummata, Abscesses, Pus, Adven-
 titious Deposits

Vena Portæ

Gall-bladder and Ducts

SPLEEN:—Form

Position

Covering

Substance

PANCREAS:—Form

Substance

SUPRA-RENAL CAPSULES

Aorta

Vena Cava

Sympathetic Nerve

KIDNEYS:—Form

Capsule

Substance

URETERS

Bladder, Prostate, &c.

Testicles, &c.

G. INSPECTION OF JOINTS.

H. INSPECTION OF BONES.

I. INSPECTION OF MUSCLES

Suggested

Weight *2.13 1/2*

Dimensions

Sp. gr.

Normal

Weight *8 oz.*

Dimensions

*Adherent to Diaphragm. - Glomeruli distinct standing
 out like grains of sand. on a cut surface - Reaction
 with iodine distinct -*

Sp. gr.

Small

Weight *8 1/4 oz.*

Dimensions

*Testeiform Suggested as the structure of cartilage
 Pyramidal portion - Right kidney, comparative
 enlargement of cartilage substance -*

[Signature]

Medical Officer Examining

Medical Officer Assisting

PATHOLOGICAL REPORT, No. 14

NAME OF STATION AND OF HOSPITAL Nilley DATE OF INSPECTION May 31 NUMBER OF HOURS POST-MORTEM 1 ATMOSPHERIC CONDITIONS AS TO—(1) TEMPERATURE (2) MOISTURE.....

REGIMENT.	RANK AND NAME.	AGE.	DISEASE.	WHERE CONTRACTED.	TOTAL DURATION OF ILLNESS.	DATE OF LAST AGGRAVATION.	DATE OF DEATH.	WARD.	REGISTER.	FOGGS.
1st.	Regate John Padlow	24 1/2	Shingles & Carcinoma?	India	498 days	21 st Jan 29 th May	22	10	17	17

I. HISTORICAL SUMMARY. COUNTRY, COUNTY, OR BIRTHPLACE: Buckingham Co. COMPLETED YEARS OF SERVICE: 4 1/2.
 Stations and Periods of Foreign Service stated in chronological order West India Dec 260 - Nov 263. Hereditary taint —
 Stations and Periods of Home Service stated in chronological order Sept 59 - Nov 60. Syphilis —
 History as to previous Diseases or Injuries at these Stations or elsewhere Brachy 1800. 10 days. Arthritis 1832. 69.
Dyspepsia 61-8. Feb Intermittent — 12.
Ophthalmia 61-24.
Dysentery 61-10.
Feb Remittent — 61-4.

Whence admitted to Hospital here, How long Resident at last Station ... }
 (If from Shipboard state the duration of the Voyage.)
 History of disease or injury which has proved fatal, and state on admission Was invalided for Arthritis that being his first serious ailment. It was attributed to a strain. During the voyage home he had severe pains in the epigastrium & right hypochondrium. He had one or two similar attacks on the way home & sometimes accompanied by shivering.
On admission to the hospital he was weak & emaciated. His dry skin brown tanned, & almost typhoid appearance. Was constantly medicated. Had also a slight bleed. Intermittent fever & rigors. In the arm a tumor about the size of a turkey egg. Two valvulae were entire & unopened. Generally cachectic. He improved after a mission slightly but succumbed to an attack of Brachy.

II. POST-MORTEM INSPECTION. Temperature of body in Mouth. Rectum 98 1/2. Height 5 1/2.
 Measurements of the body
 Cadaveric Rigidity
 Putrefaction
 Contusions, Marks of Punishment, or of Medical Treatment
 Wounds, Clotures, Punctures
 Eruptions
 Edema
 Individual Peculiarities
 Rectum Axilla
 Weight 5.4.
 Nutrition or Emaciation } Intense emaciation.
 General Colour of Surface }

A. INSPECTION OF HEAD:—SCALP.
 Cranial Bones and Sutures
 Dura Mater
 Arachnoid

Pia Mater and Arteries
 Sinuses of Dura Mater

BRAIN:—Weight (entire)

Specific gravity

Pons Varolii:—weight

Specific gravity

Cerebrum

" "

Modulla oblongata ..

" "

Cerebellum

" "

Corp. striata ..

" "

Specific gravity of Grey matter

Specific gravity of White

Optic Thalami ..

" "

Roots of the Nerves:—Cran. Pituitary Body and Parts, generally at the base of the Brain

Cerebrum, Convolutions:—Colour and Consistence, Ulcers, Sloughs, Cavities, Cicatrices, Deposits

Minute Vessels of the Brain

Ventricles

Optic Thalami

and

Corpor. Striata

Pons Varolii

Modulla Oblongata

Cerebellum

B. INSPECTION OF SPINAL CANAL:—(1) The Membranes:—

Spinal Marrow, Consistence, &c.

Weight

Specific gravity

Size

Amount of Cereb. Sp. fluid.

C. INSPECTION OF THE ORGANS OF THE SENSES:—(1) NASAL CAVITIES.

(2) ORBITS:—Eyelids

Eyeballs, &c.

(3) EARS:—External

Internal

(4) TONGUE

D. INSPECTION OF THE MOUTH AND THROAT:—TERTIAL. Number.

Condition.

Gums and Lips

Mucous Membrane and Glands

Palate

Tonsils and Uvula

Pharynx

Pharynx

E. INSPECTION OF NECK AND CHEST:—RIBS AND PARIETES.

Cervical Glands

Thyroid

Thoracic Glands

Thymus

Larynx

Trachea

Pleura Strong adhesions on both sides

BRONCHI

LUNGS Apex & anterior portion of right infiltrated with yellow deposits & both lungs generally infiltrated with the same to such an extent as to amount to consolidation. Quack marked at the apices & bases -

Thoracic Duct and Vena Azgos.....

PERICARDIUM

HEART:—Form, etc.....	Whole cavity, anterior & posterior aspect. Right ventricle - half filled with dark coloured blood.	Distances	Base to Apex.....	5.1
			Aur. Ven. Groove to Apex....	3.6.
			Transv ^d at Aur. Ven. Groove..	3.7.
Cavities:—Auricular			Circumference—	10.2.
	Decolourized coagulum in			
Ventricular	Priged Coagulum in the Pulmonary Artery	At Aur. Ven. Groove -	12.	
Lining Membrane		Pul. Artery -	9.	
Contents	Decolourized coagulum in	Orbital -	10.	
Valves	the left ventricle firmly adherent to the walls - Valves normal.	Aorta -	8.	
Pulmonary Artery				
Aorta				
Coronary Vessels				
Cave				
Muscular Substance				

Weight

F. INSPECTION OF THE ABDOMEN:—PERITONEUM.

Hernia

Tumours

Caliber, Dilatation, Invagination, Constriction, Adhesions or change of position of Viscera

STOMACH:—Contents.....

Mucous surface.....

Glands

MUCOUS MEMBRANE OF SMALL INTESTINES:—Secretions or Exudations on its surface.....

Colour and Consistence of Mucous Membrane

Vill. of Intestines:—

Substance of Intestines

Glands of Duodenum

 " Ileum and Jejunum

 " Peyer

Solitary Glands

Crypts of Lieberkühn

CÆCUM

COLON:—Secretions or Excretions

 on its Surface

 Ulcers, connected or not with Solitary

 Glands

RECTUM

Hæmorrhoids

LIVER:—Form

 Position

 Covering

 Substance:—Granulations, Centric,

 Gummata, Abscesses, Pus, Adven-

 titious Deposits

Vena Portæ

Gall-bladder and Ducts

SPLEEN:—Form

 Position

 Covering

 Substance

PANCREAS:—Form

 Substance

SUPRA-RENAL CAPSULES

Aorta

Vena Cava

Sympathetic Nerve

KIDNEYS:—Form

 Capsule

 Substance

 Ureters

 Bladder, Prostate, &c.

 Testicles, &c.

G. INSPECTION OF JOINTS.

H. INSPECTION OF BONES.

I. INSPECTION OF MUSCLES.

Symphysis & distension of two intestines otherwise normal.

Adhesion of two testicles about the head of the colon & about the junction of the ileum & cæcum. Both abdominal walls in front. Large & capacious collections in the colon.

Adhering firmly to Diaphragm. Liver gland, peritoneum, & probable, from the adhesions on the surface. Intestinal Congestions.

Adhering firmly to Diaphragm by dense firm adhesions. Soft easily lacerated. Discoloured & could be visible & glaucous like.

Enlarged glands in the hilum of the left kidney. Kidney much enlarged. Wrote the hilum & ulcerated. The whole interior was covered in masses of ulceration affecting chiefly the pyramids. Right kidney with a large deposit of yellow soft looking matter similar to that in the kidney.

Purulent discharge from urethra. A small sinus in the scrotum leading to the left testis the epididymis & hilum of which were involved in a soft yellow like mass. Anteriorly side the tunica vaginalis was adherent to the gland & the gland substance contained several small tumours. Consistent & lighter coloured than the other essentially less advanced. There were several large ulcers in the bladder, and surrounding the entrance of the ureter & the whole urethra was involved in ulceration.

Medical Officer Examining

Medical Officer Assisting

PATHOLOGICAL REPORT, No. 18.

NAME OF STATION AND OF HOSPITAL *Netley* DATE OF INSPECTION *June 7th 1884* NUMBER OF HOURS POST-MORTEM *4 1/2* ATMO. CONDITIONS AS TO: (1) TEMPERATURE (2) MOISTURE

REGIMENT.	RANK AND NAME.	AGE.	DISEASE.	WHERE CONTRACTED.	TOTAL DURATION OF ILLNESS.	DATE OF LAST AGGRAVATION.	DATE OF DEATH.	WARD.	REGISTER.	FOLD.
<i>91st Li</i> <i>3938</i>	<i>Lanathun Hunter, D.S.</i>	<i>28</i>	<i>Morb. Pol. Cordis</i>	<i>India</i>	<i>42 days</i>	<i>Apr 22nd 1884</i>	<i>June 28 1884</i>	<i>28</i>	<i>15</i>	<i>1</i>

I. HISTORICAL SUMMARY. COUNTRY, COUNTY, OR BIRTHPLACE: *Lanarkshire* COMPLETED YEARS OF SERVICE: *9 1/2*.

Stations and Periods of Foreign Service stated in chronological order

Stations and Periods of Home Service stated in chronological order

History as to previous Diseases or Injuries at these Stations or elsewhere

No record of disease. but appears to have been in May 1880 - in Madras up to departure for home in Feb. C.P. - 1880 - 9 days.
Feb. 1881 - 4 admissions between 6/1883. total in days 24.
Feb. 1882 - 1 admission in 1882 -
Morb. Pol. Cordis Aug 1883 - June 1884 -

When admitted to Hospital here, ...

Imp band ch.

How long Resident at last Station (If from Shipboard state the duration of the Voyage.)

No hereditary history
No Syphilis do
Heart not diseased.

History of disease or injury which has proved fatal, and state on admission

No record of Cardiac previous to arrival at Netley - When admitted here on 2nd April there were symptoms of extreme debility, increased heart action. Throat sounds accompanied with a loud brunt particularly distinct towards the apex. In 4 days regular laws apprehended. There was no oedema. On April 8th the feet began to swell became lumpy. The heart action increased. Complained also of tightness across the abdomen. Urine also scanty, & high colored. From the 4th April the symptoms increased, oedema increased, albumen previously present in the urine however was absent. Great oedema of the scrotum also in the prominent changes up to the 24th May when dulness posteriorly right lung was found. Absence of respiratory murmur there & bloody sputa. With these general symptoms with great oedema of prepuce regarding urethra as also the scrotum. Le Grad walk, sank & expired at 11-30 A.M. June 4th

From Abstract of Ensl. by

C. Chy. Chief M.D.
West. Conditate

II. POST-MORTEM INSPECTION. Temperature of body in Mouth.

Measurements of the body
Cadaveric Rigidity
Putrefaction
Contusions, Marks of Punishment, or of Medical Treatment
Wounds, Cicatrices, Punctures
Eruptions
Edema
Individual Peculiarities

Height 34 1/4 Height 5-8 1/2

Rectum
Nutrition or Emaciation } *Generally good.*
General Colour of Surface } *General yellow.*
Axilla
Weight. *11-4 1/2*

Scrotum in scrotum & incision in prepuce.

General oedema of the whole body.

A. INSPECTION OF HEAD:—SCALP.

Cranial Bones and Sutures
Dura Mater
Arachnoid

Left and Right -
fibrous concretions on the inner surface of the Calvaria and
General yellowness of the membranes. Chiefly about the vessels
Subarachnoid of pia mater well marked between the can-
alutaries - Above like concretions on the surface of the anterior
leaf like. attached to the pia mater & corresponding to the canals
anterior calvarium -

Pia Mater and Arteries

Sinuses of Dura Mater

BRAIN:—Weight (entire) $2\frac{1}{4}\frac{1}{2}$ Specific gravity

Cerebrum " " " " " "

Cerebellum " " " " " "

Specific gravity of Grey matter Specific gravity of White

Roots of the Nerves:—Cran. Pituitary Body and Parts, generally at the base of the Brain

Pons Varolii:—weight

Specific gravity

Medulla oblongata " " " "

Corp. striata " " " "

Optic Thalami " " " "

Cerebrum, Convolutions:—Colour and Consistence, Ulcers, Sloughs, Cavities, Cicatrices, Deposits

Cells, serum in the lateral ventricles - softening of the former but texture of the latter normal. Spermophy

Minute Vessels of the Brain

Ventricles

Optic Thalami

and

Corp. Striata

Pons Varolii

Medulla Oblongata

Cerebellum

B. INSPECTION OF SPINAL CANAL:—(1) The Meninges:—

Spinal Marrow, Consistence, &c.

Weight

Specific gravity

Size

Amount of Cereb. Sp. fluid

C. INSPECTION OF THE ORGANS OF THE SENSES:—(1) NASAL CAVITIES

(2) ORBITS:—Eyelids

Eyeballs, &c.

(3) EARS:—External

Internal

(4) TONGUE

D. INSPECTION OF THE MOUTH AND THROAT:—TEETH. Number.

Condition.

Gums and Lips

Mucous Membrane and Glands

Palate

Tonsils and Uvula

Fauces

Pharynx

Cyanotic congestion of mucous membrane at the base of the tongue & top of the hard palate.

E. INSPECTION OF NECK AND CHEST:—RIBS AND PARIETES

Cervical Glands

Thyroid

Thoracic Glands

Thymus

Larynx

Trachea

Cyanotic congestion of trachea especially marked near the bifurcation with purple spots in the spaces between the cartilages—

Pleura On the ~~right~~ ^{left} side of pleura free but contains a large exudation of yellowish serum.

BRONCHI

LUNGS Lung: on the ~~right~~ ^{left} side pushed forward by, opposed, fused with the pleura - The lung strongly adherent to diaphragm. Congested with several hemorrhagic looking spots & flaccid lobe. Consolidated - There is also a circumferential constriction at the apex of lung. -
Weight 3 1/2.

Thoracic Duct and Vena Argyra

PERICARDIUM Yellow serum in the Pericardium to considerable extent -

HEART: - Form, size, position, etc. Large. The apex of the heart points to the 6th & 7th ribs fully 3 inches below the left nipple. Pericardial space increased.

Cavities: - Auricular by lung. Divides laterally 5/8 of distance. Circumference 15 in. Whole mass on the anterior aspect of.

Ventricular the heart on the anterior wall right ventricle. - Also over the posterior aspect left.

Lining Membrane Endocardium - Dark coagulum extending.

Contents Right auricle - Apertures, foramen of left.

Valves Bicuspid - Cavity of right auricle small.

Pulmonary Artery Right of diaphragm between the size of.

Aorta Extreme curvature of the lining membrane of the aorta -

Coronary Vessels the pulmonary artery, the ventricle - Cavity of the left ventricle.

Cave filled with dark coloured coagulum. - Curvature of the

Muscular Substance lining membrane of the aorta & valves of the Semilunar & Aortic -

Muscular Substance more dilatation of the cavity of the left ventricle - thickening of the chordae.

Undue at their attachment to the leaflets of the valves especially next

the left - & cavity of the endocardium on the left side makes an the right

Weight 1 1/10 -

Weight

F. INSPECTION OF THE ABDOMEN - PERITONEUM.

Hernia

Tumours

Calibre, Dilatation, Invagination, Con-

striction, Adhesions or change of

position of Viscera

STOMACH: - Contents

Mucous surface

Glands

MUCOUS MEMBRANE OF SMALL INTESTINE

TISSUE - Secretions or Exudations on

its surface

Colour and Consistence of Mucous

Membrane

VIII. of Intestines:—

Substance of Intestines

Glands of Duodenum

" Biliary and Jejunum

" Peyer

Solitary Glands

Crypts of Lieberkühn

CÆCUM

COLON:—Secretions or Excretions

on its Surface

Ulcers, connected or not with Solitary

Glands

RECTUM

Hæmorrhoids

LIVER:—Form

Position

Covering

Substance:—Granulations, Cicatrices,

Gummata, Abscesses, Pus, Adven-

titious Deposits

Vena Porta

Gall bladder and Ducts

SPLEEN:—Form

Position

Covering

Substance

PANCREAS:—Form

Substance

SUPRA-RENAL CAPSULES

Aorta

Vena Cava

Sympathetic Nerve

KIDNEYS:—Form

Capsule

Substance

URETERS

Bladder, Prostate, &c.

Testicles, &c.

G. INSPECTION OF JOINTS.

H. INSPECTION OF BONES.

I. INSPECTION OF MUSCLES.

*General congestion through the whole track of
the alimentary canal.*

Weight *3 1/2*. Dimensions
*Granular contraction of the tissue of the liver same space
of the capsule & accumulation of yellow material in the
lobules - Intense mottling, appeared as a section - inter-
lobular congestion*

Weight *4 1/2*. Dimensions
*Discolored on the surface black & cuts like cheese.
Lancetuli*

Weight *13 1/2*. Dimensions
*Soft & flabby. Capsule seals off but tears the substance.
Substance granular. Particulate substance enlarged.
Pyramids congested.*

Medical Officer Examining _____
Medical Officer Assisting _____

Pia Mater and Arteries

Sinuses of Dura Mater

BRAIN:—Weight (entire) *3 1/8*

Specific gravity

Pons Varolii:—weight

Specific gravity

Cerebrum " " " " " "

Medulla oblongata " " " "

Cerebellum " " " " " "

Corp. striata " " " "

Specific gravity of Grey matter

Specific gravity of White

Optic Thalami " " " "

Roots of the Nerves:—Cruca, Pitu-

itary Body and Parts, generally at

the base of the Brain

CEREBRUM, Convolutions:—Colour and

Consistence, Ulcers, Sloughs, Cavities,

Contractures, Deposits

*Lymphatic exudation surrounding the Pons Varolii, no
deposits in the brain*

Minute Vessels of the Brain

Ventricles

Optic Thalami

and

Corpor. Striata

PONS VAROLII

MEDULLA OBLONGATA

CEREBELLUM

B. INSPECTION OF SPINAL CANAL:—(1) The Membranes:—

Spinal Marrow, Consistence, &c.

Weight

Specific gravity

Size

Amount of Cereb. Sp. fluid

C. INSPECTION OF THE ORGANS OF THE SENSES:—(1) NASAL CAVITIES.

(2) ORBITS:—Eyelids

Eyeballs, &c.

(3) EARS:—External

Internal

(4) TONGUE

D. INSPECTION OF THE MOUTH AND THROAT:—TENTH. Number.

Condition.

Gums and Lips

Mucous Membrane and Glands

Palate

Tonsils and Uvula

Pharynx

Ulceration of Larynx and Pharynx.

*Langrenous destruction of substance of the Pharynx
Pungent ulcer through the Pharynx.*

E. INSPECTION OF NECK AND CHEST:—RIBS AND PARIETES.

Cervical Glands

Thoracic Glands

Larynx

Trachea

*Enlargement of the lymphatics along the course of the
vessels in the neck. Enlarged thyroïd gland.*

*Ulceration extending into the Larynx exposing the thyroid
cartilage behind.*

*Large quantity of mucopurulent matter in the trachea, which
is extremely vascular towards the Bifurcation.*

Pleura *No adhesions on either side*

BRONCHI

LUNGS *Right lung does not collapse. - Left collapsed to no degree
extent - Condensation right lung posteriorly with mucopurulent
fluid escaping from the Bronchi - posterior aspect of the left
lung in a similar condition - No solitary or scattered deposits.
Weight of lungs. 3 - 2 1/2*

Thoracic Duct and Vena Argyra.

PERICARDIUM *Port of return in Pericardium*

HEART:—Form, &c. *Decolorized coagulum in heart*
Apex formed by left ventricle which
is firmly contracted & empty, decolor.
Cavities:—Auricular *Coagulum in auricles -*
Ventricular
Lining Membrane *Commencement of coagulation*
Contents *Mass of substance in the lining*
Valves *Membranes of the Aorta*
Pulmonary Artery *Weight of heart 8 1/4 oz.*
Aorta
Coronary Vessels
Cave
Muscular Substance.

Base to Apex	4.9
Aur. Ven. Groove to Apex	3.4
Transv. at Aur. Ven. Groove ..	3 1/5
Circumference	8.6
Rt. Aur. Vent. ad. No 11.	
Pulmonary Art. —	9.
Lt. Aur. Vent. ad. —	3.
Aorta —	

Weight

F. INSPECTION OF THE ABDOMEN:—PERITONEUM.

Hernia

Tumors

Caliber, Dilatation, Invagination, Con-
striction, Adhesions or change of
position of Viscera

STOMACH:—Contents. *Intestines as culture of the stomach -*

Mucous surface.

Glands

MUCOUS MEMBRANE OF SMALL INTESTINES:—Secretions or Excretions on

its surface

Colour and Consistence of Mucous

Membrane

Vill. of Intestines :-

Substance of Intestines

Glands of Duodenum :-

" Ileum and Jejunum

" Peyer

Solitary Glands

Crypts of Lieberkühn

CÆCUM

COLON :- Secretions or Excretions

on its Surface

Ulcera, connected or not with Solitary

Glands

RECTUM

Hæmorrhoids

LIVER :- Form

Position

Covering

Substance :- Granulations, Cicatrices

Gumata, Abscesses, Pus, Adven-

titious Deposits

Vena Portæ

Gall-Bladder and Ducts

SPLEEN :- Form

Position

Covering

Substance

PANCREAS :- Form

Substance

SUPRA-RENAL CAPSULES

Aorta

Vena Cava

Sympathetic Nerve

KIDNEYS :- Form

Capsule

Substance

URINARY

Bladder, Prostate, &c.

Testicles, &c.

G. INSPECTION OF JOINTS

H. INSPECTION OF BONES

I. INSPECTION OF MUSCLES

Mentum drawn up on the right side & firmly attached
to the bed in a central position. The
liver - Hardening & enlargement of the mesenteric glands

Weight $3\frac{1}{2}$ lbs.

Right lobe transverse 6.6.
Left lobe " 1.4.
Extreme lateral diam. 4.9.
Greatest thickness ant. post. 4.1.
Dimensions Depth approx. to transverse diam. 11.1.

On opening the abdomen the liver does not project be-
hind the margins of the ribs. Liver contracted to a glob-
ular mass - the left lobe small - Central lobular construction
reads the lower margins with a portion of omentum imbedded
into it. Circular depression & central scar of substance also.
about the middle of the anterior surface right lobe - Several
of small size on surface left lobe. On cutting through these
capsules all manifest more or less remains of deposits, gall-
bladder filled with dark colored bile. Dimensions (dissected).
The anterior edge of the spleen projects. Towards the
middle line about 2 in. below the costal arch of the ribs
on the left side - Opacity of the capsule - Extreme length
8.9. Weight 12.2. Greatest thickness 3 in.
Weight of spleen 12.2 lbs.

Sq. gr.

PATHOLOGICAL REPORT, No. 20

NAME OF STATION AND OF HOSPITAL Netley DATE OF INSPECTION June 16th NUMBER OF HOURS POST-MORTEM 30 hours ATMOSPHERIC CONDITIONS AS TO—(1) TEMPERATURE (2) MOISTURE

RESIDENT	RANK AND NAME	AGE	DISEASE	WHERE CONTRACTED	TOTAL DURATION OF ILLNESS	DATE OF LAST ADMISSION	DATE OF DEATH	WARD	REGIMENT	FOUR
354	Wm. G. Gunner	24	Pulmon. Indur.	India	332	May 17/64	June 15/64	14	6	76
	Richd. Neagle		pulmon. Indur.							

I. HISTORICAL SUMMARY.

COUNTRY, COUNTY, OR BIRTHPLACE: Ireland COMPLETED YEARS OF SERVICE: 5 years
 Stations and Periods of Foreign Service: On board ship, and then at Netley, is at Netley, 1882.
 stated in chronological order: from the time until arrival in England. He remained in station previous stations not known.

Stations and Periods of Home Service: Highland Light 5th 8th
 stated in chronological order: Highland Light 10th 8th
Habits — intemperate.

History as to previous Diseases or Injuries at these Stations or elsewhere: Feb. 1882. 7 days. — Hemoptysis 1883 — 18 days.
Diarrhoea 1882 — 15 " Diarrhoea " 5 "
Hepatitis " 14 " Pulmon. Indur. " "
Pulmon. Indur. 1883 — 34 "
Pleuritis. Ac. " 12 "

See 1859. a copy abstract of case. He was in Hospital with Syphilis, though it was not apparent at his death. the attack was severe & continued.
 Whence admitted to Hospital: How long Resident at last Station
 (If from Shipboard state the duration of the Voyage.)

History of disease or injury which has proved fatal, and state on admission: Was admitted to Netley on May 17th extremely emaciated.
Suppered much pain Cough, profuse expectoration, aphonia, & pain in the lower part of the chest. Severe diarrhoea. Left hand & elbow pale.
in a state of ulceration & he also complained of deafness. Physical signs most prominent on the right side & chiefly at the apex —
— had had Hemoptysis —
He improved slightly on admission but subsequently relapsed, & constant diarrhoea difficult of swallowing & other
canal attacks of dyspnoea. as also increasing weakness were
the most prominent symptoms until his death at 3 A.M. of
the 15th June.
From abstract of case.
by Robert H. C. de
Medical Candidate.

II. POST-MORTEM INSPECTION. Temperature of body in Mouth.

Measurements of the body: Rectum Axilla
Calaverie Rigidity Weight
Putrefaction Nutrition or Emaciation General Colour of Surface
State of Uterus
Contusions, Marks of Punishment, or of Medical Treatment
Wounds, Clostrices, Punctures Lung. Centris left grain. & centris on the right — penis left
Eruptions Side — dark colored centris on left skin.
Edema Emphysema
 Individual Peculiarities

A. INSPECTION OF HEAD — Skull

Cranial Bones and Sutures: Calvaria thickened posteriorly & dors of substance along
the course of the superior longitudinal sinus — Pres. S.
Dura Mater firmly adherent along the same part.
Arachnoid Opacity of arachnoid coats some effusion beneath
great opacity of arachnoid over the lower surface of
the cerebellum

Pia Mater and Arteries

Sinuses of Dura Mater

BRAIN:—Weight (entire) *3 lbs*

Specific gravity

Pons Varolii:—weight

Specific gravity

Cerebrum " " " " " "

Medulla oblongata " " " "

Cerebellum " " " " " "

Corp. striata " " " "

Specific gravity of Grey matter

Specific gravity of White

Optic Thalami " " " "

Roots of the Nerves:—Cura, Pitu-

itary Body and Parts, generally at

the base of the Brain

Cerebrum, Convolutions:—Colour and

Consistence, Ulcers, Sloughs, Cavities,

Cicatrices, Deposits

Substance of the brain firm

Minute Vessels of the Brain

Ventricles

Optic Thalami

and

Corp. Striata

Pons Varolii

Medulla Oblongata

Cerebellum

B. INSPECTION OF SPINAL CANAL:—(1) The Membranes:—

Spinal Marrow, Consistence, &c.

Weight

Specific gravity

Size

Amount of Cereb. Sp. fluid.

C. INSPECTION OF THE ORGANS OF THE SENSES:—(1) NASAL CAVITIES.

(2) Osmia:—Eyelids

Eyeballs, &c.

(3) EARS:—External

Internal

(4) TONGUE

D. INSPECTION OF THE MOUTH AND THROAT:—TEETH. Number.

Condition.

Gums and Lips

Mucous Membrane and Glands

Palate

Tonsils and Uvula

Pharynx

*Ulceration left tonsil & back of the tongue.
Wound & ulceration palate & adenoids.*

E. INSPECTION OF NECK AND CHEST:—RIBS AND PARIETES.

Cervical Glands

Thyroid

Thoracic Glands

Thymus

Larynx

Trachea

*Ulceration extending into the larynx involving posterior aspect of epiglottis, thickening of the aryepiglottic folds.
Ulceration extending down through the whole trachea as far as the bifurcation—the whole mucous membrane involved in dark & granular gangrenous—*

Pleura Strong adhesions on the right side, none on the left.
 Bronchi Intense vascularity & congestion of the larger branches.

LUNGS Right lung, adhering to the diaphragm. A cavity about the size of a walnut in the right apex - the cavity lined with a smooth like membrane - upper half or less of the lung, separated with small tubercular looking deposits here & there - the remaining part was also studded with the same deposit.
 One or two small cavities in the apex of the left lung, also - apex generally is also the whole lung, with same condition as the right, Weight 5 1/2 -

Thoracic Duct and Vena Azygos.....

PERICARDIUM

HEART: - Form, &c. Dark coloured case, albumen in right auricle. Weight 7 1/2.
 Dimensions { Base to Apex.....
 Aur. Ven. Groove to Apex.....
 Transv^d at Aur. Ven. Groove..

Cavities: - Auricular

Ventricular

Lining Membrane

Contents

Valves

Pulmonary Artery

Aorta

Coronary Vessels

Cave

Muscular Substance

Weight

F. INSPECTION OF THE ABDOMEN: - PERITONEUM.

Hernia

Tumours

Calice, Dilatation, Invagination, Constriction, Adhesions or change of position of Viscera

STOMACH: - Contents..... Irregular of the mucous membrane of the stomach.

Mucous surface

Glands

MUCOUS MEMBRANE OF SMALL INTESTINES: - Secretions or Exudations on its surface.....

Colour and Consistence of Mucous Membrane

Vill. of Intestines:—

Substance of Intestines

Glands of Duodenum

" Ileum and Jejunum

" Peyer

Solitary Glands

Crypts of Lieberkühn

CÆCUM

Tubercular ulcerations extending through the whole of the large & small intestine. Some of the ulcers very large.

COLON:—Secretions or Exudations

on its Surface

Ulcers, connected or not with Solitary

Glands

RECTUM

Hæmorrhoids

LIVER:—Form

Position

Covering

Substance:—Granulations, Cisterns

Gumata, Abscesses, Pus, Adven-

titious Deposits

Weight *4 3/4*

Dimensions

Substance firm. seem to contain a large quantity of fat when put under the microscope.

Vena Portæ

Gall-bladder and Ducts

SPLEEN:—Form

Position

Covering

Substance

PANCREAS:—Form

Substance

SUPRA-RENAL CAPSULES

Aorta

Vena Cava

Sympathetic Nerve

KIDNEYS:—Form

Capsule

Substance

URETERS

Bladder, Prostate, &c.

Testicles, &c.

Weight *9 1/2*

Dimensions

Sp. gr.

Weight

Dimensions

Weight *11 1/4*

Dimensions

Capsules adhering at points, tearing the substance. Congestion & pyramidal portions on the right side 10% is relatively much increased. Cartilag. substance of the left is much encroached upon - no reaction with cadme. Br deposits in the testicles

G. INSPECTION OF JOINTS.

H. INSPECTION OF BONES.

I. INSPECTION OF MUSCLES.

Medical Officer Examining

Medical Officer Assisting

PATHOLOGICAL REPORT, No. 21.

NAME OF STATION AND OF HOSPITAL Netley DATE OF INSPECTION June 23rd NUMBER OF HOURS POST-MORTEM 18 hours ATMOSPHERIC CONDITIONS AS TO—(1) TEMPERATURE (2) MOISTURE

REGIMENT.	RANK AND NAME.	AGE.	DISEASE.	WHERE CONTRACTED.	TOTAL DURATION OF ILLNESS.	DATE OF LAST ADMISSION.	DATE OF DEATH.	WARR.	REGISTER.	FOLD.
2/15.	Bristol.	24	Pneumonia.	Gibraltar.	1 1/2	June 5 th 1884.	June 20 th 1884.	13	24	9.
280.	John Cummings.	24	pulmonary.	Gibraltar.	1 1/2	June 5 th 1884.	June 20 th 1884.	13	24	9.

I. HISTORICAL SUMMARY.

COUNTRY, COUNTY, OR BIRTHPLACE Lancashire COMPLETED YEARS OF SERVICE 6 3/4
 Stations and Periods of Foreign Service Mediterranean Station May 1858 — May 1864. Highland Light Infantry 5-7.
 Stations and Periods of Home Service Home March — Nov 1858. Hereditary Pterygia. None.
Syphilis — None.
Habits — not intemperate.
 History as to previous Diseases or Injuries at these Stations or elsewhere Phlegmon 1820 — 4 days. Bronch Ch 1863 — 32 days.
Dysphagia 61 — 3 days. Pottus Pulm 1863 (Oct) 1863.
Fracture of Amputatio (oes) 1862 — 38 days.
Sub. Caution 1863 — 76 days.
Pleuritis — " 5 "

Whence admitted to Hospital here....

How long Resident at last Station .. }
 (If from Shipboard state the duration of the Voyage.)

History of disease or injury which has proved fatal, and state on admission

Was admitted to Netley on 20th June. Abstract states suffering from Pterygia, Suppurating, and an Abscess of the Lung. — Had Hemoptysis during one or other of these attacks. — The stethoscope signs and admissions to Netley are stated to have been abundant. Mucous rales in the pectorals — also crepitation over most of the bases — dullness in the base of the right lung — no pleural friction. — The upper part of the chest was flattened. Sputum of pus mixed with blood & purulent. Had frequent diarrhoea & vomiting. — During treatment at Netley the general symptoms of weakness increased, the physical signs above noted made no marked improvement, and the patient died of exhaustion on the 20th June.
Yr. Certificate of case.
By Geo. W. Davies.
Medical Certificate.

II. POST-MORTEM INSPECTION. Temperature of body in Mouth.

Measurements of the body Height 5' 9 1/2. Weight 132 1/2. Rectum. Axilla.
 Cadaveric Rigidity Nutrition or }
 Putrefaction Emaciation }
 Contusions, Marks of Punishment, or of Medical Treatment General Colour of Surface }
 Wounds, Clotures, Punctures
 Eruptions
 Edema
 Individual Peculiarities Fingers clubbed. Last two toes rigid & fixed.

A. INSPECTION OF HEAD:—SKULL.

Cranial Bones and Sutures
 Dura Mater
 Arachnoid

Pia Mater and Arteries

Sinuses of Dura Mater

BRAIN:—Weight (entire) *3 1/11*

Specific gravity

Pons Varolii :—weight

Specific gravity

Cerebrum " "

" "

Medulla oblongata "

" "

Cerebellum " "

" "

Corp. striata "

" "

Specific gravity of Grey matter

Specific gravity of White

Optic Thalami "

" "

Roots of the Nerves:—Crua, Pitu-

itary Body and Parts, generally at

the base of the Brain

Cerebrum, Convolutions:—Colour and

Consistence, Ulcers, Sloughs, Cavities,

Cicatrices, Deposits

Minute Vessels of the Brain

Ventricles

Optic Thalami

and

Corpor. Striata

Pons Varolii

Medulla Oblongata

Cerebellum

B. INSPECTION OF SPINAL CANAL:—(1) The Membranes:—

Spinal Marrow, Consistence, &c.

Weight

Specific gravity

Size

Amount of Cereb. Sp. fluid.

C. INSPECTION OF THE ORGANS OF THE SENSES:—(1) NASAL CAVITIES.

(2) Osmers:—Eyelids

Eyeballs, &c.

(3) Ears:—External

Internal

(4) Tongue

D. INSPECTION OF THE MOUTH AND THROAT:—TENTH. Number.

Condition.

Gums and Lips

Mucous Membrane and Glands

Palate

Tonsils and Uvula

Fauces

Pharynx

E. INSPECTION OF NECK AND CHEST:—RIBS AND PARIETES.

Cervical Glands

Thyroid

Thoracic Glands

Thymus

Larynx

Trachea

*Enlargement of the
bronchial glands.
Reduced vascularity of the mucous membrane especially
towards the bifurcation.*

Pleura Left pleura (no adhesions) - kept intensely adhe-
rent

BRONCHI

LUNGS Large abscess-like cavities about the size of shews at the
base of the upper lobe left lung - no deposits in the substance - which is
consolidated not fissile - Right lung consolidated throughout - a
number of abscesses most numerous towards the base the abscesses appear
to follow dilated bronchi - apex comparatively free & healthy -

Thoracic Duct and Vena Azygos

PERICARDIUM

HEART: - Form, etc. Coagula in the right heart &
tending into Pulmonary Artery - dead
solid coagula left ventricle - Valves Dimensions { Base to Apex
Aur. Ven. Groove to Apex
Transv^d at Aur. Ven. Groove ..

Cavities: - Auricular Normal
Neigh 8 1/2 -

Ventricular

Lining Membrane

Contents

Valves

Pulmonary Artery

Aorta

Coronary Vessels

Cava

Muscular Substance

Pl. Aur. Vent. ad. 12.
Pulmonary Artery 9.
Pl. Aur. Vent. ad. - 10.
Aorta 8.

Weight

F. INSPECTION OF THE ABDOMEN: - PERITONEUM.

Hernia

Tumours

Caliber, Dilatation, Invagination, Con-

striction, Adhesions or change of

position of Viscera

STOMACH: - Contents

Mucous surface

Glands

MUCOUS MEMBRANE OF SMALL INTESTINE

TINER: - Secretions or Exudations on

its surface

Colour and Consistence of Mucous

Membrane

Vill. of Intestines —
 Substance of Intestines
 Glands of Duodenum
 " Ileum and Jejunum
 " Peyer
 Solitary Glands
 Crypts of Lieberkühn
CÆCUM

COLON: Secretions or Excretions
 on its Surface
 Ulcers, connected or not with Solitary
 Glands

RECTUM

Hæmorrhoids

LIVER:—Form

Position

Covering

Substance:—Granulations, Cicatrices,

Gummatæ, Abscesses, Pus, Adven-

titious Deposits

Vena Porta

Gall-bladder and Duct

SPLEEN:—Form

Position

Covering

Substance

PANCREAS:—Form

Substance

SUPRA-RENAL CAPSULES

Aorta

Vena Cava

Sympathetic Nerve

KIDNEYS:—Form

Capsule

Substance

Ureters

Bladder, Prostate, &c.

Testicles, &c.

G. INSPECTION OF JOINTS.

H. INSPECTION OF BONES

I. INSPECTION OF MUSCLES

Enlargement of Weight Dimensions
 typical specimen of the right lobe, which extends from the
 lower margin of the 3rd rib 1 1/2 in. below the cartilages of
 the ribs. Left lobe at posterior margin extends above
 the 6th of the 3rd rib on the left side. The edge of the
 left lobe reaches to the margin of the 4th rib. Surface of the
 right lobe indented with the ribs. The margin of the liver on the left
 side touches the left side of the chest, a line dropped vertically
 from the axilla. Great distinction of the acini (Right lobe transv. 4.4
 Ant. Post. 10.1
 Right lobe transv. 5.4
 Ant. Post. 11.4
 Thickness 3.8)
 Anterior surface of the liver interlobular
 Congested - Cut. Currysaff. - intensely
 Amyloid anæsthesia - The substance
 of the thicker portions shows a surface.
 Having a greyish appearance. One portion is extremely
 firm & solid homogeneous and of a uniform reddish hue. Red do-
 vish into acini can be detected in the homogeneous
 portions with ramifies irregularly at the rounded ends, each
 the lobe is approached. The red homogeneous portions
 exhibits intense reaction to iodine. The remaining
 portions of the liver are soft of a yellowish white hue.
 Having the lobules distinctly separated - especially by
 Congested vessels. The amyloid reaction is not so
 distinct here, but is limited to spaces surrounding some
 of the acini.
 Weight of liver 8 lbs 6 oz.
 Kidneys embedded in fat - soft & mottled - Capsule
 easily separated showing some loss of substance -
 Substance soft & flabby - Weight 12 oz.

Spleen - firm not enlarged. Sago grains appear
 anæsthesia of Malpighian bodies - Weight 100 gr.

Microscopical examination of the liver -
 the mottled portions abundant fatty - In the homo-
 geneous portions complete & general reaction to
 iodine & acini completely invisible - great abundance
 of connective tissue.

PATHOLOGICAL REPORT, No 22.

1227

NAME OF STATION AND OF HOSPITAL *Nutley* DATE OF INSPECTION *June 28th* NUMBER OF HOURS (34 hours) POST-MORTEM ..

ATMOSPHERIC CONDITIONS
AS TO—(1) TEMPERATURE
(2) MOISTURE.....

REGIMENT.	RANK AND NAME.	AGE.	DISEASE.	WHERE CONTRACTED.	TOTAL DURATION OF ILLNESS.	DATE OF LAST ATTACK.	DATE OF DEATH.	WARD.	REGISTER.	FOLIO.
<i>4/15th</i>	<i>Private</i>	<i>22</i>	<i>Hep. Chron</i>	<i>Gibraltar</i>	<i>310 days</i>	<i>June 24th</i>	<i>June 21st</i>	<i>38</i>	<i>12</i>	
<i>551</i>	<i>William Brooks</i>	<i>22</i>	<i>Laterus</i>	<i>Gibraltar</i>	<i>310 days</i>	<i>June 24th</i>	<i>June 21st</i>	<i>38</i>	<i>12</i>	

I. HISTORICAL SUMMARY.

COUNTRY, COUNTY, OR BIRTHPLACE: *Buckinghamshire* COMPLETED YEARS OF SERVICE: *4 years*

Stations and Periods of Foreign Service *Mediterranean - Malta & Gibraltar Nov 1863 to April 1864.*
stated in chronological order *Appears to have been in Malta in 1863 December -*

Stations and Periods of Home Service *May to November 1868*
stated in chronological order

History as to previous Diseases or Injuries at these Stations or elsewhere *See Private (Malta) - 1862. Malaria. Laps.*

DO DO 1863. Se. C. Cant. 3 days -
DO DO 1863. Laterus. " 10 1/2 in a.

Re-admission, *from* *stated in his abstract to have experienced another febrile attack -*
Gibraltar Laterus & Hep. Ch.

Whence admitted to Hospital here, *Board Ship* How long Resident at last Station ..

History of disease or injury which has proved fatal, and state on admission *Admitted to Nutley on 5th June - His general Constitution was a admission as follows - A good deal of emaciation - A jaundiced Constitution & two shins - patient very weak - The liver was. Abnormally enlarged, especially right lobe, which is said to have extended to within 2 inches of the crest of the ilium - There was a constant complaint of tenderness in the abdomen at a spot about an 1 1/2 in below the umbilicus & to the right side - Passed 7 urine daily, about 1 pint in the 24 hours & a specific gravity 1025 - Containing a. Large quantity of bile - Faces dark & Calent - Most symptoms continued until the 26th June when he complained of inability to pass water - A tumour 10 1/2 had not before existed was to be felt about the crest of the pelvis rising towards the umbilicus, there was dullness and pericystic pain. Had no vomiting during the 24 hrs previous to death. 4 cysts. 10 1/2 by 10 1/2 by 10 1/2 were found in the horns. Expired at 12.40 A.M. June 24th from a febrile & fatal. in a state of collapse & death. by John Ball, M.D. Medical Candidate.*

II. POST-MORTEM INSPECTION. Temperature of body in Mouth.

Measurements of the body *Height 5' 9 1/4 - Weight 38 3/4 -*
Cadaveric Rigidity *Nutrition or Emaciation } Same emaciation*
Putrefaction *State of Cuticle } General Colour of Surface } Intensely yellow especially over abdomen -*

Contusions, Marks of Punishment, or of Medical Treatment
Wounds, Cicatrices, Punctures
Eruptions
Edema *Great distension of the abdomen face acrylous - Conjunctiva*
Individual Peculiarities *was deeply yellow -*

A. INSPECTION OF HEAD:—SCALP.

Cranial Bones and Sutures
Dura Mater
Arachnoid

Pia Mater and Arteries

Sinuses of Dura Mater

BRAIN:—Weight (entire) *2 lbs 4/8* Specific gravity

Cerebrum " " " " " "

Cerebellum " " " " " "

Specific gravity of Grey matter Specific gravity of White

Roots of the Nerves:—Cruca, Pitu-
itary Body and Parts, generally at
the base of the Brain

Brain augmented—texture natural—

Cerebrum, Convolution:—Colour and
Consistence, Ulcers, Scleroses, Cavities,
Cisterns, Deposits

Minute Vessels of the Brain

Ventricles

Optic Thalami

and

Corpor. Striata

Pons Varolii

Medulla Oblongata

Cerebellum

Pons Varolii:—weight

Specific gravity

Modulla oblongata " "

Corp. striata " "

Optic Thalami " "

B. INSPECTION OF SPINAL CANAL:—(1) The Membranes:—

Spinal Marrow, Consistence, &c.

Weight

Specific gravity

Size

Amount of Cereb. Sp. fluid.

C. INSPECTION OF THE ORGANS OF THE SENSES:—(1) NASAL CAVITIES

(2) ORBITS:—Eyelids

Eyeballs, &c.

(3) EARS:—External

Internal

(4) TONGUE

D. INSPECTION OF THE MOUTH AND THROAT:—TEETH. Number.

Condition.

Gums and Lips

Mucous Membrane and Glands

Palate

Tonsils and Uvula

Fauces

Pharynx

E. INSPECTION OF NECK AND CHEST:—RIBS AND PARIETES

Cervical Glands

Thyroid

Thoracic Glands

Thymus

Larynx

Trachea

Pleura Considerable quantity of serum & adhesions left.
Pleural cavity -

BRONCHI

LUNGS Base of two left lung firmly adherent to the tumour of
the left lobe of the liver - the portions of the lung surrounding
the adhesions condensed - otherwise crepitant & healthy except
disorganization & finally surrounding the adherent portions -
Weight combined - 2 lbs 10 oz.

Thoracic Duct and Vena Argyræ

PERICARDIUM Serum in pericardium

HEART:—Form, etc. Slight adherent portions of
falcate leaflet hanging by lymph at the
apex of the heart - texture flabby -

Cavities:—Auricular Weight of heart 7 oz.

Ventricular

Lining Membrane

Contents

Valves

Pulmonary Artery

Aorta

Coronary Vessels

Cave

Muscular Substance

Circumference - 8.5
Base to Apex 5.3
Aur. Ven. Groove to Apex 4.1
Transv. at Aur. Ven. Groove .. 3.4

Rt. Aur. Vent ad - 12.
Sub. Artery - 9.
Lt. Aur. Vent ad - 11.
Aorta - 8.

Weight

F. INSPECTION OF THE ABDOMEN.—PERITONEUM. On opening the cavity of the abdomen a large
quantity of thin yellow fluid escaped - Considerable
distension of the peritoneal cavity with air - lymph.
Tumours Exudation on the folds of the small intestine - decays.
Calibre, Dilatation, Invagination, Con- position advancing in the intestines - generally adhesion
striction, Adhesions or change of position of viscera Condition of the connective tissue of the abdomen
STOMACH:—Contents Adhering to the diaphragm & along with the liver &
Mucous surface Glan forming a mass of matted adhesions -
Glands Some enlargement of the mesenteric glands - Cavity
of the omentum partly obliterated by adhesions to the stomach - the
foramen of Winslow obliterated (closed) by adhesions. - Intestine
immediately below the pyloric orifice was a small ulcer in diameter of pencil
opening into the peritoneum partly filled with small
MUCOUS MEMBRANE OF SMALL INTESTINES:—Secretions or Exudations on lot into large - edges of ulcer clear & sharp - evidence
its surface of inflammation of the peritoneum.
Colour and Consistence of Mucous Membrane Desiccation of the mucous membrane of the stomach
A small carcinoma of about the size of a large pin's head
was found between the stomach & the hydatid cavity in the left lobe of the
liver - a red duplication of the posterior wall of the stomach had become at-
tached to the tumour & ulceration in the place

Vill. of Intestines:—

Substance of Intestines

Glands of Duodenum

" Ileum and Jejunum

" Peyer

Solitary Glands

Crypts of Lieberkühn

CÆCUM

COLON:—Secretions or Excretions

on its Surface

Ulcers, connected or not with Solitary

Glands

RECTUM

Hæmorrhoids

LIVER:—Form

Position

Covering

Substance:—Granulations, Cicatrices,

Gummata, Abscesses, Pus, Adven-

titious Deposits

Vena Portæ

Gall-bladder and Ducts

SPLEEN:—Form

Position

Covering

Substance

PANCREAS:—Form

Substance

SUPRA-RENAL CAPSULES

Aorta

Vena Cava

Sympathetic Nerve

KIDNEYS:—Form

Capsule

Substance

URETERS

Bladder, Prostate, &c.

Testicles, &c.

G. INSPECTION OF JOINTS.

Transverse colon adherent to the Diaphragm, also
the stomach & liver all being matted together by
adhesions & purulent accumulations in the
nective tissues -

Adhering to the diaphragm & the colon
stomach forming a mass of adhesions 8½ gr. - A tumour
arising from the left lobe of the liver ex-
tending towards the side of the chest as high as the
upper margin of 4th rib - The posterior part of the base of
the left lung is firmly adherent - Considerable loss
of substance in some parts of the surface - Acini of the
right lobe distinct unsected. Also superficial & deep
large amount of pigmentation - Texture of the right
lobe firm especially anteriorly - Dimensions A kidney, situated
in the right lobe containing hydatid cysts of purulent
matter communicating with the lung cavity in the
left lobe. It forms a tumour projecting downwards be-
hind the stomach & diaphragm - Dimensions head of the lung.

Cysts containing quantities of exceedingly minute
cysts - hydatid cysts -
The whole of the left lobe involved in one large
cavity containing hydatid cysts of varying size & purulent
matter - Contents evidently broken down - The cavity
communicates with the stomach by a small orifice
about the size of a three penny piece a little below the
cardiac orifice -

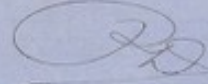
Dimensions of two lungs -
Right lobe. Antero-posteriorly 11 in - thickness
3.3 - Breadth uniformly - 6.4.
Left lobe. Transversely & antero-posteriorly 6.6.
forming a lobulated mass -

Kidneys. Large & flabby. Congested, enlargement
of the cartilaginous substance, & displacement of the
pyramidal lobes is congested - both kidneys similar -
Right Capsule - 15 3/4.
Right of spleen - 15 1/4.

H. INSPECTION OF BONES.

The cysts contained within the tumour of the liver exhibit
the laminated structure, & contained abundance
of embryos of the echinococcus

I. INSPECTION OF MUSCLES

Recorded - 

Autopsy dissection was commencing
in the wall of the cyst in the left lobe. PD.

Medical Officer Examining

Medical Officer Assisting

PATHOLOGICAL REPORT, No. 23.

NAME OF STATION AND OF HOSPITAL Killybeg DATE OF INSPECTION July 1st NUMBER OF HOURS POST-MORTEM 4 hours ATMOSPHERIC CONDITIONS AS TO—(1) TEMPERATURE (2) MOISTURE

RESIDENT.	RANK AND NAME.	AGE.	DISEASE.	WHERE CONTRACTED.	TOTAL DURATION OF ILLNESS.	DATE OF LAST ADMISSION.	DATE OF DEATH.	WARD.	REGISTERED.	FOLIO.
18 th Private	4014 James Brown.	24 3/4	Hæmoptoe. Chronic.	Hep. Chronic.	9 1/2	May 3/16	June 27/16	31	110.	733.

I. HISTORICAL SUMMARY. COUNTRY, COUNTY, OR BIRTHPLACE: Galway, Ireland. COMPLETED YEARS OF SERVICE: 9 1/2. Stations and Periods of Foreign Service stated in chronological order: Greece - Aug. 1855 - June 1856. Height and Weight: 5-5 1/8. 130 lbs.
Greece, Aug. '56 - Feb. '58. India. Feb. '58 - Arrival adobe. Stations and Periods of Home Service stated in chronological order: England - Aug. 1855 - Aug. 1855. Hereditary habits, Name: Syphilitic - Yes. Habits: Temperate. History as to previous Diseases or Injuries at these Stations or elsewhere: Colic - 1861 - 7 days.
Bubo " - 34 "
" " 45 "
Ulcers (inguinal) 1862 - 232 days
" 1863
It is also stated in the abstract of this man's case that "he had Syphilis" but the date is not stated. Whence admitted to Hospital here, Shipboard. How long Resident at last Station .. } About 3 months.
(If from Shipboard state the duration of the Voyage.)

History of disease or injury which has proved fatal, and state on admission: It is said to have suffered severely from Syphilis of the head and the centres in the inguinal region & the admissions about nothing further is known (D) & was in a state of Chronic Hepatitis - His constitution on arrival at Killybeg was as follows - "weak & anæmic, constant spitting blood, was bright arterial colour - clear cough - had dullness of percussion over nearly the whole right chest - left side normal - Rt. Mammary region absconded - Rt. Scapular region - Main ribs - L. & S. Spleen same but enlarged, the margins - tender - His condition was a miserable one until death was caused by hæmoptoe, & irritative cough - Cough of long & pain in the chest - the physical signs of emphysema & crepitation in the right side of the chest - He sunk from exhaustion the 29th June at 30 pm from abstract of case.
By George Atkinson M.D.
Medical Candidate

II. POST-MORTEM INSPECTION. Temperature of body in Mouth. Rectum. Axilla. Measurements of the body. Cadaveric Rigidity. Putrefaction. Contusions, Marks of Punishment, or of Medical Treatment. Wounds, Clostrices, Punctures. Eruptions. Edema. Individual Peculiarities. State of } Outside } Nutrition or Emaciation } Maestrous Considerable Weight. General Colour of Surface. Extensive centres of old bacilli in right groin. Superficial centres in the groin - deep one in the groin. Emphysema.

A. INSPECTION OF HEAD - Skull. Cranial Bones and Sutures. Dura Mater. Arachnoid. Slight porosity of the Calvarium at the vertex -
Subarachnoid effusion mainly on the surface.

Pia Mater and Arteries

Sinuses of Dura Mater

BRAIN:—Weight (entire) *3 1/4*

Specific gravity

Pons Varolii:—weight

Specific gravity

Cerebrum " " " "

Medulla oblongata " " "

Cerebellum " " " "

Corp. striata " " "

Specific gravity of Grey matter

Specific gravity of White

Optic Thalami " " "

Roots of the Nerves:—Cruna, Pitu-

itary Body and Parts, generally at

the base of the Brain

Cerebrum, Convolutions:—Colour and

Consistence, Ulcers, Sclerotic, Cavities,

Cicatrixes, Deposits

Lecture of the brain fibres; no deposits

Minute Vessels of the Brain

Ventricles

Optic Thalami

and

Corp. Striata

Pons Varolii

Medulla Oblongata

Cerebellum

B. INSPECTION OF SPINAL CANAL:—(1) The Membranes:—

Spinal Marrow, Consistence, &c.

Weight

Specific gravity

Size

Amount of Cereb. Sp. fluid.

C. INSPECTION OF THE ORGANS OF THE SENSES:—(1) NASAL CAVITIES

(2) ORBITS:—Eyelids

Eyelids, &c.

(3) EARS:—External

Internal

(4) TONGUE

D. INSPECTION OF THE MOUTH AND THROAT:—TONGUE

Condition

Gums and Lips

Mucous Membrane and Glands

Palate

Tonsils and Uvula

Fauces

Pharynx

Ulcer on left tonsil -

E. INSPECTION OF NECK AND CHEST:—RIBS AND PARIETES

Cervical Glands

Thyroid

Thoracic Glands

Thymus

Larynx

Trachea

Measure *Septal division on two left side -*

Broschi

LUNGS

LUNGS On opening the chest a considerable quantity of thick purulent matter escaped from the right lung - Left lung crepitant, no condensation - Congestion at the base - Base of the right lung adhering to the diaphragm - A large portion of its substance involved in an extensive abscess - Communicating with an abscess of the liver through an opening of considerable size at the adherent portion -

Sept 1-3.

Thoracic Duct and Vena Argyros.

PERICARDIUM

HEART:—Form. &

HEART:—Form, etc. *Partially, decalcified & stained in the* *Circumference 9.6*
right heart very firmly adherent *Base to Apex..... 4.8*
to the walls. Heart flabby - decalcified *Aur. Ven. Groove to Apex 3.4*
Dimensions *Transv^d at Aur. Ven. Groove... 3.8*
 Cavities:—Auricular *used. Coagulum left ventricle - extending into aorta -*

Cavities :—Auricular

Ventricular

Living Membrane . . .

Contents

Valves

Pulmonary Artery . . .

Aorta

Coronary Vessels

Cayne,

Muscular Substance, . . .

P. INSPECTION OF THE ABDOMEN :—PERITONEUM

Hernia

Tumors

Caliber, Dilatation, In

striction, Adhesions

position of *Viberra*

STOMACH:—Con

Mucous surface

Glands 100

MUCOUS MEMBRANE OF SMALL INTEST.

TINES :—Secretions or Exudations of

Colour and Consistency of Mucosa

Vill. of Intestines:—

Substance of Intestines

Glands of Duodenum

" Ileum and Jejunum

" Peyer

Solitary Glands

Crypts of Lieberkühn

CÆCUM

COLON:—Secretions or Excretions

on its Surface

Ulcers, connected or not with Solitary

Glands

RECTUM

Hæmorrhoids

LIVER:—Form

Weight

Dimensions

Position

Covering

Substance:—Granulations, Cisterns

Gummatæ, Abscesses, Pus, Adven-

titious Deposits

Vena Portæ

Gall-bladder and Ducts

SPLEEN:—Form

Position

Covering

Substance

PANCREAS:—Form

Weight

Dimensions

Substance

SUPRA-RENAL CAPSULES

Aorta

Vena Cava

Sympathetic Nerve

KIDNEYS:—Form

Weight

Dimensions

Capsule

Substance

URETERS

Bladder, Prostate, &c.

Testicles, &c.

G. INSPECTION OF JOINTS.

H. INSPECTION OF BONES.

I. INSPECTION OF MUSCLES.

Recorded. 

Medical Officer Examining

Medical Officer Assisting

PATHOLOGICAL REPORT, N^o 24.

NAME OF STATION AND OF HOSPITAL *Nettey* DATE OF INSPECTION *July 4th* NUMBER OF HOURS POST-MORTEM *—* ATMOSPHERIC CONDITIONS AS TO—(1) TEMPERATURE (2) MOISTURE *—*

REGIMENT.	RANK AND NAME.	AGE.	DISEASE.	WHERE CONTRACTED.	TOTAL DURATION OF ILLNESS.	DATE OF LAST ADMISION.	DATE OF DEATH.	WARD.	REGISTER.	FOLD.
<i>2/11.</i>	<i>Private</i>			<i>C^o 9.</i>		<i>June 29th</i>	<i>July 1st 28</i>	<i>45.</i>	<i>34.</i>	
<i>734.</i>	<i>Thomas Halland</i>	<i>32.</i>	<i>Morb. Cordis</i>	<i>Hope</i>	<i>29 years</i>	<i>1861</i>	<i>1861</i>			

I. HISTORICAL SUMMARY. COUNTRY, COUNTY, OR BIRTHPLACE: *Madras, England* COMPLETED YEARS OF SERVICE: *5 8 1/2*
 Stations and Periods of Foreign Service stated in chronological order *Cape of Good Hope July 1861 - May 1864.* *Height and weight 5' 8 1/4*
 Stations and Periods of Home Service stated in chronological order *Home Sept^r 1858 - July 1861 -* *Hereditary Pterygia -*
Syphilis - not recorded.
Habit. indifferant -
Intermittent Can
duchbad.
 History as to previous Diseases or Injuries at these Stations or elsewhere

Whence admitted to Hospital here... *Shipboard -* How long Resident at last Station ...
 (If from Shipboard state the duration of the Voyage.)

History of disease or injury which has proved fatal, and state on admission *Was admitted to the hospital from the Cape and the 29th June. invalided for Morbus Cordis. The following is his constitution as arrived - Pre-cardial dullness slightly increased - Heart's action very strong increased infrequency - Impulse visible by the signs of the mpples about 2 inches & considerably below it - A faint murmur unheeded only at the apex & in the median line - Complained of a gradual increase of pains about 3 inches below the ensiform cartilage & where there was a slight swelling - Complained also of pains in the legs - There was no difficulty of respiration. Expired suddenly, though the night before the arrival of the orderly officer. From the 1st of July. C^o Churchill & Mrs. Medd Candidates.*

II. POST-MORTEM INSPECTION. Temperature of body in Mouth. *Rectum.* *Axilla.*
 Measurements of the body *Height 32 1/2. Weight 5' 8 1/4 -* *Nutrition or Emaciation* *Weight* *4 1/2.*
 Cadaveric Rigidity *State of Cuticle* *General Colour of Surface*
 Putrefaction
 Contusions, Marks of Punishment, or of Medical Treatment
 Wounds, Cicatrices, Punctures *Numerous cicatrices of ulcers on the penis. livid cicatrices on the skin & on the tube*
 Eruptions *Emphysema*
 Edema
 Individual Peculiarities *Letter N.*

A. INSPECTION OF HEAD:—SCALP.
 Cranial Bones and Sutures
 Dura Mater *Very great enlargement of the Pacchionian bodies*
 Arachnoid.....

Pia Mater and Arteries

Sinuses of Dura Mater

BRAIN:—Weight (entire) *3 - 5 1/4*

Specific gravity

Pons Varolii:—weight

Specific gravity

Cerebrum " "

" "

Medulla oblongata "

" "

Cerebellum " "

" "

Corp. striata "

" "

Specific gravity of Grey matter

Specific gravity of White

Optic Thalami "

" "

Roots of the Nerves:—Cran. Pituitary Body and Parts, generally at the base of the Brain

Cerebrum, Convolutions:—Colour and Consistence, Ulcers, Sloughs, Cavities, Clottrons, Deposits

Minute Vessels of the Brain

Ventricles

Optic Thalami

and

Corp. Striata

PONS VAROLII

MEDULLA OBLONGATA

CEREBELLUM

B. INSPECTION OF SPINAL CANAL:—(1) The Membranes:—

Spinal Marrow, Consistence, &c.

Weight

Specific gravity

Size

Amount of Cereb. Sp. fluid

C. INSPECTION OF THE ORGANS OF THE SENSES:—(1) NASAL CAVITIES

(2) ORBITS:—Eyelids

Eyelids, &c.

(3) EARS:—External

Internal

(4) TONGUE

D. INSPECTION OF THE MOUTH AND THROAT:—TENTH. Number.

Condition.

Gums and Lips

Mucous Membrane and Glands

Palate

Tonsils and Uvula

Fauces

Pharynx

E. INSPECTION OF NECK AND CHEST:—RIBS AND PARIETES

Cervical Glands

Thoracic Glands

Larynx

Trachea

*Sternum very hard and yellowed.
Ratification of the cartilages of the Sternum -
Thymus*

Pleura Immense coagulum of blood in the left pleural cavity about 2 lbs 13 oz in weight & also about 40 oz of serum -

Bronchi

LUNGS Adhesions left lung to the apex - Adhesions also of the right lung at the apex - Centric contraction of texture corresponding to adhesions - extensive adhesions of the right lung to the Diaphragm & posterior thoracic wall - Both lungs normal in texture except at each apex where there are symmetrical small circumscribed nodular growths in each -

Weight of lungs - 1 lb 14 oz.

Thoracic Duct and Vena Argyra

PERICARDIUM Pericardium normal.

HEART:—Form, &c. Apex formed chiefly by the left ventricle -

Dimensions -
Base to Apex 3.6.
Aur. Ven. Groove to Apex 3.3.
Aur. Ven. Groove to Apex 3.9.
Transverse at Aur. Ven. Groove 3.6.

Cavities:—Auricular

At Aur. Ven. Groove - 12.
Mitral orifice - 10.
Aorta - 8.

Ventricular

Lining Membrane

Contents

Valves

Pulmonary Artery

Aorta

Coronary Vessels

Cave immediately above the Diaphragm extended in a sacculated pouch along the front of the spinal column into the right side of the chest - The aneurism was sacculated above & below extending on both sides of the spinal column - An ulcerated opening existed at the lower part of the sac on the left side. There was considerable extrusion of blood down the left side of the aorta behind, between the aorta & the spinal column - The lining membrane of the aorta above the

Muscular Substance

F. INSPECTION OF THE ABDOMEN:—PERITONEUM

Hernia

Tumours

Calibre, Dilatation, Invagination, Constriction, Adhesions or change of position of Viscera

STOMACH:—Contents

Mucous surface

Glands

MUCOUS MEMBRANE OF SMALL INTESTINES:—Secretions or Exudations on its surface

Colour and Consistence of Mucous Membrane

Vill. of Intestines:—

Substance of Intestines

Glands of Duodenum

" Illum and Jejunum

" Peyer

Solitary Glands

Crypts of Lieberkühn

CÆCUM

COLON:—Secretions or Exudations

on its Surface

Ulcers, connected or not with Solitary

Glands

RECTUM

Hæmorrhoids

LIVER:—Form

Position

Covering

Substance:—Granulations, Cicatrices,

Gonamata, Abscesses, Pus, Adven-

titious Deposits

Vena Portæ

Gall-bladder and Ducts

SPLEEN:—Form

Position

Covering

Substance

PANCREAS:—Form

Substance

SUPRA-RENAL CAPSULES

Aorta

Vena Cava

Sympathetic Nerve

KIDNEYS:—Form

Capsule

Substance

Ureters

Bladder, Prostate, &c.

Testicles, &c.

G. INSPECTION OF JOINTS.

H. INSPECTION OF BONES.

I. INSPECTION OF MUSCLES.

*Normal bottle. Weight 3 1/10. Dimensions
in size & shape. Acini enlarged, interlobular
congested.*

Weight *6 ounces.*

Dimensions

Weight

Dimensions

Sp. gr.

*Liver Cap. Weight Cap. 13 1/2. Dimensions
Cupule ad. 1/2 in. B. 1/2 in. Ind. 1/2 in. with concentric
lass of substance on the surface of the capsule
with a white fibrous band leading down to the
pelvis of the kidney.*

No deposits in the testicles.

Recorded

Medical Officer Examining

Medical Officer Attending

PATHOLOGICAL REPORT, No. 25

NAME OF STATION AND OF HOSPITAL { Netley } DATE OF INSPECTION { July 5th } NUMBER OF HOURS { } POST-MORTEM { } ATMOSPHERIC CONDITIONS AS TO—(1) TEMPERATURE { } (2) MOISTURE { }

REGIMENT.	RANK AND NAME.	AGE.	DISEASE.	WHERE CONTRACTED.	TOTAL DURATION OF ILLNESS.	DATE OF LAST ADMISSION.	DATE OF DEATH.	WAID.	REGISTER.	FOUR.
<u>Soldiers</u> <u>Child</u>	<u>Crow Graham</u>	<u>10 yrs.</u>	<u>Dysentery</u> <u>Chronic</u>	<u>India</u>	<u>About</u> <u>9 yrs.</u>	<u>June 10</u> <u>1864</u>	<u>July 23</u>	<u>39</u>	<u>44</u>	

I. HISTORICAL SUMMARY.

COUNTRY, COUNTY, OR BIRTHPLACE:—

COMPLETED YEARS OF SERVICE:—

Stations and Periods of Foreign Service

stated in chronological order

Stations and Periods of Home Service

stated in chronological order

History as to previous Diseases or In-

juries at these Stations or elsewhere

The only history of illness previous to admission at Netley is that he was admitted into the General Hospital, Alameda, in the spring of 1853, being then affected with "Dysentery Alaba Chronic" the bowels being almost incessantly moved. I think he was much emaciated & anemic.

Whence admitted to Hospital here, ... Shipboard

How long Resident at last Station ..

(If from Shipboard state the duration of the Voyage.)

116 days.

History of disease or injury which has

proved fatal, and state on admission

On admission to Netley and the 2d June he was much reduced, extremities wasted, muscles flabby—face pale, eyelids puffy, feet & hands oedematous, skin dry & rough—feeble appetite—tongue dry & shining nearly devoid of epithelium—Bowels were moved from six to ten times in two or three hours—The discharges were watery, brown and streaked with blood—The stools at times were unaccompanied by pain & he had no tenderness of the abdomen—He passed little urine, which was acid & malodorous—About 10 days after admission the calls to stool became more frequent, with more blood also—A few days he began to form antecurum, weakness gradually increased & stools began to be passed involuntarily—He sank on the 2nd July at 12 p.m.—
found abstracted & emaciated.
J. G. Bolster, M.D.
Medical Candidate

II. POST-MORTEM INSPECTION. Temperature of body in Mouth

Rectum

Axilla

Measurements of the body

Cadaveric Rigidity

Nutrition or Emaciation

Weight

Putrefaction

State of Cuticle

General Colour of Surface

Contusions, Marks of Punishment, or

of Medical Treatment

Wounds, Clotures, Punctures

Bedsore antecurum

Eruptions

Edema

Lacerated extremities & right hand oedematous

Individual Peculiarities

A. INSPECTION OF HEAD:—SCALP.

Cranial Bones and Sutures

Dura Mater

Arachnoid

Pia Mater and Arteries

Scissors of Dura Mater

BRAIN:—Weight (entire) *2 11 8 3/4*

Specific gravity

Pons Varolii —weight

Specific gravity

Cerebrum ..

" "

Medulla oblongata ..

" "

Cerebellum ..

" "

Corp. striata ..

" "

Specific gravity of Grey matter

Specific gravity of White

Optic Thalami ..

" "

Roots of the Nerves:—Cerebr., Pituitary Body and Parts, generally at the base of the Brain

Cerebrum, Convolution:—Colour and Consistence, Ulcers, Sloughs, Cavities, Cicatrices, Deposits

Lecture of Brain soft but normal.

Minute Vessels of the Brain

Ventricles

Optic Thalami

and

Corp. Striata

Pons Varolii

Medulla Oblongata

Cerebellum

B. INSPECTION OF SPINAL CANAL:—(1) The Membranes:—

Spinal Marrow, Consistence, &c.

Weight

Specific gravity

Size

Amount of Cereb. Sp. fluid.

C. INSPECTION OF THE ORGANS OF THE SENSES:—(1) Nasal Cavities

(2) ORBITS:—Eyelids

Eyelids, &c.

(3) EARS:—External

Internal

(4) TONGUE

D. INSPECTION OF THE MOUTH AND THROAT:—Teeth. Number.

Condition.

Gums and Lips

Mucous Membrane and Glands

Palate

Tonsils and Uvula

Fauces

Pharynx

E. INSPECTION OF NECK AND CHEST:—Ribs and Parities

Cervical Glands

Thyroid

Thoracic Glands

Thymus

Larynx

Trachea

Enlarged cervical glands

Pleura Large amount of clear translucent serum fluid in the Cavities - adhesions of the right lung nearly through the whole surface -

LUNGS Condensation of the lungs posteriorly, & at the base - substance of both softened towards the base - Rode parts - Paracubicalation from smaller air tubes left lung. Lungs slightly oedematous -

Weight of lungs - $1\frac{1}{4}$ lbs.

Thoracic Duct and Vena Axilla.....

PERICARDIUM

HEART:—Form, &c..... Apex of the heart formed by the left ventricle which is firmly contracted. Weight of heart $2\frac{3}{4}$ lbs.

Cavities:—Auricular.....

Ventricular.....

Lining Membrane.....

Contents.....

Valves.....

Pulmonary Artery.....

Aorta.....

Coronary Vessels.....

Cave.....

Muscular Substance.....

Circumference 6—
Base to Apex..... 3.5
Aur. Ven. Groove to Apex 2.4
Transv^d at Aur. Ven. Groove... 2.6

Rt. Aur. Vent. ar. 4.
Pul. Artery — 5—
Lt. Aur. Vent. ar. — 6—
Aorta — 5—

Valves rudimental.

Structure of Aorta leathery & somewhat dilated in cul de sac. probably the remains of Valves.

F. INSPECTION OF THE ABDOMEN:—PERITONEUM Large amount of clear translucent fluid in the cavity of the abdomen

Hernia.....

Tumours.....

Calibre, Dilatation, Invagination, Con-

striction, Adhesions or change of

position of Viscera.....

STOMACH:—Contents.....

Mucous surface.....

Glands.....

MUCOUS MEMBRANE OF SMALL INTESTINES:—Secretions or Exudations on its surface.....

Colour and Consistence of Mucous Membrane.....

Membrane.....

Vill. of Intestines:—

Substance of Intestines:—

Glands of Duodenum:—

„ Ileum and Jejunum:—

„ Peyer:—

Solitary Glands:—

Crypts of Lieberkühn:—

CÆCUM:—

COLON:—Secretions or Excretions

on its Surface:—

Ulcers, connected or not with Solitary

Glands:—

RECTUM:—

Hæmorrhoids:—

LIVER:—Form:—

Position:—

Covering:—

Substance:—Granulations, Cicatrices,

Gonamata, Abscesses, Pus, Adven-

titious Deposits:—

Vena Portæ:—

Gall-bladder and Ducts:—

SPLEEN:—Form:—

Position:—

Covering:—

Substance:—

PANCREAS:—Form:—

Substance:—

SUPRA-RENAL CAPSULES

Aorta:—

Vena Cava:—

Sympathetic Nerve:—

KIDNEYS:—Form:—

Capsule:—

Substance:—

URETERS:—

Bladder, Prostate, &c.:—

Testicles, &c.:—

G. INSPECTION OF JOINTS.

H. INSPECTION OF BONES.

I. INSPECTION OF MUSCLES.

Intestines generally excessively anæmic. Mucous tissue exceedingly thin & atrophied & anæmic. Peyer's patches atrophied at parts & completely con-

No ulcerations. No reactions with iodine.

Lessened the calum much thickened & coats con- siderable amount of fat.

Ulcers, connected or not with Solitary Glands:—

RECTUM:—

Hæmorrhoids:—

LIVER:—Form:—

Position:—

Covering:—

Substance:—Granulations, Cicatrices,

Gonamata, Abscesses, Pus, Adven-

titious Deposits:—

Vena Portæ:—

Gall-bladder and Ducts:—

SPLEEN:—Form:—

Position:—

Covering:—

Substance:—

PANCREAS:—Form:—

Substance:—

SUPRA-RENAL CAPSULES

Aorta:—

Vena Cava:—

Sympathetic Nerve:—

KIDNEYS:—Form:—

Capsule:—

Substance:—

URETERS:—

Bladder, Prostate, &c.:—

Testicles, &c.:—

Extremities breadth 8.2.

Right lobe — 4.7.

Left " — 3.6.

Ant. party — 3.6.

Post. " — 2.7.

Length — 3.8.

Ant. party — 2.1.

Post. " — .7.

Sp. gr.

Sp. gr.

Sp. gr.

Sp. gr.

Sp. gr.

Sp. gr.

Sp. gr.

Sp. gr.

Sp. gr.

Sp. gr.

Sp. gr.

Sp. gr.

Sp. gr.

Sp. gr.

Sp. gr.

Sp. gr.

Sp. gr.

Sp. gr.

Sp. gr.

Sp. gr.

Sp. gr.

Sp. gr.

Inte
R.D.

Medical Officer Examining

Medical Officer Assisting

PATHOLOGICAL REPORT, No. 26.

NAME OF STATION AND OF HOSPITAL Netley DATE OF INSPECTION July 5th NUMBER OF HOURS POST-MORTEM 13 hours ATMOSPHERIC CONDITIONS AS TO—(1) TEMPERATURE (2) MOISTURE.....

REGIMENT.	RANK AND NAME.	AGE.	DISEASE.	WEED CONTRACTED.	TOTAL DURATION OF ILLNESS.	DATE OF LAST ADMISION.	DATE OF DEATH.	WARD.	REGISTER.	FOLIO.
<u>2nd Bn</u> <u>65th</u>	<u>Private</u> <u>John Blakey</u>	<u>41</u>	<u>Dyspepsia</u>	<u>Matted</u>	<u>1/2</u>	<u>June 20th</u>	<u>July 1st</u>	<u>14</u>	<u>29</u>	<u>49.</u>

I. HISTORICAL SUMMARY.
 COUNTRY, COUNTY, OR BIRTHPLACE: Lincolnshire COMPLETED YEARS OF SERVICE: 6 years.
 Stations and Periods of Foreign Service: Mediterranean May 59—May 60 Herat Substant 5 1/8 1/4
East Indies West Indies Cinico Capt. British America
Antipodians not stated
 Stations and Periods of Home Service: July 1859—May 1859. Hereditary Venery—Mau.
Syphilis
Habits—temperate
 History as to previous Diseases or Injuries at these Stations or elsewhere: Cantus (mammary) May 1860—14 days—Matted.
Febris Cantus Mar 1861—3 "
Dyspepsia—Sept 1864—20 "
" April " until death—

Whence admitted to Hospital here,...

How long Resident at last Station ...

(If from Shipboard state the duration of the Voyage.)

History of disease or injury which has proved fatal, and state on admission: The disease commenced in February 1864 with vomiting.
to be continued daily for about 20 days—It then abated
but commenced again about the 19th April six weeks after. & continued
more or less until death—He was admitted to Netley on the 20th June.
Much distressed with constant vomiting—He was weak & emaciated.
Had a small rapid pulse occasionally intermitting—
His viscera was hard so much so that he could only recognize individual
class to him—A peculiar swelling was visible in the abdomen when he
lies on the left side—It resembles the shape of the stomach passing
obliquely from left to right—Commencing in the left hypochondriac
region & extending nearly into the right iliac? The tumour could be
moved upwards slightly downwards & from side to side—It was
extremely sensitive to the touch—Sounds dull & percussion is not mod-
ulated—Food remains only about an hour in the stomach—Nothing un-
usual was seen in the stomach matter under the microscope. He became
gradually weaker. The day previous to death had an attack of con-
vulsions—He died at 9 p.m. on July 1st at the track of East by.

II. POST-MORTEM INSPECTION. Temperature of body in Mouth.

Rectum M. Cogan Post mortem

Measurements of the body
 Cadaveric Rigidity
 Putrefaction
 Contusions, Marks of Punishment, or of Medical Treatment
 Wounds, Cicatrices, Pinures Bed sore on the sacrum.
 Eruptions
 Edema Right hand & feet oedematous
 Individual Peculiarities

A. INSPECTION OF HEAD—SCALP.

Cranial Bones and Sutures
 Dura Mater
 Arachnoid

Pia Mater and Arteries

Sinuses of Dura Mater

BRAIN:—Weight (entire) *3 lbs.*

Specific gravity

Pons Varolii:—weight

Specific gravity

Cerebrum

" "

Medulla oblongata ..

" "

Cerebellum

" "

Corp. striata ..

" "

Specific gravity of Grey matter

Specific gravity of White

Optic Thalami ..

" "

Roots of the Nerves:—Crua, Pitu-
itary Body and Parts, generally at
the base of the Brain

Cerebrum, Convolutions:—Colour and
Consistence, Ulcers, Sloughs, Cavities,
Cicatricies, Deposits

*General softening of the central ganglia extending
into the Optic Thalamus. No other lesions noted.*

Minute Vessels of the Brain

Ventricles

Optic Thalami

and

Corp. Striata

PONS VAROLII

MEDULLA OBLONGATA

CEREBELLUM

B. INSPECTION OF SPINAL CANAL:—(1) The Membranes:—

Spinal Marrow, Consistence, &c.

Weight

Specific gravity

Size

Amount of Cereb. Sp. fluid.

C. INSPECTION OF THE ORGANS OF THE SENSES:—(1) NASAL CAVITIES.

(2) ORBITS:—Eyelids

Eyeballs, &c.

(3) EARS:—External

Internal

(4) TONGUE

D. INSPECTION OF THE MOUTH AND THROAT:—TEETH. Number.

Condition.

Gums and Lips

Mucous Membrane and Glands

Palate

Tonsils and Uvula

Fauces

Pharynx

E. INSPECTION OF NECK AND CHEST:—RIBS AND PARIETES.

Cervical Glands

Thyroid

Thoracic Glands

Thymus

Larynx

Trachea

Pleura Intensive & firm adhesions on the right side - tubercular growths between the pleura & Diaphragm right side - also on the parietal portions of the pleura corresponding to the adhesions -

Bronchi

LUNGS Adhesions of right lung - Left lung free - Some fluid in the pleural cavity - Lungs loaded with black pigimentary deposits - Pneumonia consolidation at the base of the left lung - a small cavity in the apex of the right lung - several tuberculous growths through its surface -

Weight 2 lbs 13 oz.

Thoracic Duct and Vena Azygos.....

PERICARDIUM

HEART :- Form, &c.....

Weight 11 3/4 oz.

Normal.

Dimensions { Base to Apex.....
Aur. Ven. Groove to Apex.....
Transv^d at Aur. Ven. Groove..

Cavities :- Auricular

Ventricular

Lining Membrane

Contents

Valves

Pulmonary Artery

Aorta

Coronary Vessels.....

Cave.....

Muscular Substance.....

Weight

P. INSPECTION OF THE ABDOMEN :- **PERITONEUM** - No marked distension of the stomach, the cavity of the lower curvature reaching within 3 in of the pubis - The Cardiac end extends towards the cavity of the thorax as far as the level of the lower border of 4th rib at the junction of the Costal pleura - The stomach enormously distended & its main bulk occupies the left half of the abdomen extending 15 1/2 in from its Cardiac margin -

STOMACH :- Contents clotted & dark - It retains its normal shape & fills the whole of the transverse position of Viscera -

Mucous surface part of the abdomen - Transverse expansion 11 in - Considerable hard -

Glands the pylorus felt before opening the viscera - Lungs pale & anemic towards the Pylorus -

On opening the stomach a hard cancerous condition of the pylorus & cardiac orifice must be seen - The induration was about 1/2 in in length & 1/2 in in breadth & the sub contracted, admitting only a probe - The cancerous surface was rugose & irregular - From the duodenal aspect, a hard & polypoid growth hangs down from the mucous membrane - A circular hard condensed tumour sits on the pyloric orifice the substance evidently infiltrated into the connective tissue between the stomach & duodenum - Cardiac orifice normal, also oesophagus.

Mucous Membrane of Small Intest. Gub contracted, admitting only a probe - The cancerous surface was rugose & irregular - From the duodenal aspect, a hard & polypoid growth hangs down from the mucous membrane -

TEXES :- Secretions or Exudations on its surface.....

Colour and Consistence of Mucous Membrane A circular hard condensed tumour sits on the pyloric orifice the substance evidently infiltrated into the connective tissue between the stomach & duodenum - Cardiac orifice normal, also oesophagus.

VIII. of Intestines:—

Substance of Intestines

Glands of Duodenum

" Ileum and Jejunum

" Peyer

Solitary Glands

Crypts of Lieberkühn

CÆCUM

COLON:—Secretions or Exudations

on its Surface

Ulcers, connected or not with Solitary

Glands

RECTUM

Hæmorrhoids

LIVER:—Form

Position

Covering

Substance:—Granulations, Cicatrices,

Gummata, Abscesses, Pus, Adven-

titious Deposits

Vena Portæ

Gall-bladder and Ducts

SPLEEN:—Form

Position

Covering

Substance

PANCREAS:—Form

Substance

SUPRA-RENAL CAPSULES

Aorta

Vena Cava

Sympathetic Nerve

KIDNEYS:—Form

Capsule

Substance

URETERS

Bladder, Prostate, &c.

Testicles, &c.

G. INSPECTION OF JOINTS.

H. INSPECTION OF BONES.

I. INSPECTION OF MUSCLES.

Great distension of the Duodenum.

Intestines normal in position.

Distended with air but normal in its relations to the stomach—no adhesions.

Normal.

Weight *2¹/₄ lb.*

Dimensions

Sp. gr.

Immense distension of the spleen.

Weight

Dimensions

Sp. gr.

Atrophy of the pancreas.

Weight

Dimensions

pancreas is flattened out against the wall of the stomach—adhering strongly to an indurated Sp. b.

at the lesser curvature of the stomach

Weight *9³/₄ oz.*

Dimensions

Sp. gr.

Inte. RD

Medical Officer Examining

Medical Officer Assisting

PATHOLOGICAL REPORT, No. 27-

NAME OF STATION AND OF HOSPITAL { Netley } DATE OF INSPECTION { July 8th } NUMBER OF HOURS POST-MORTEM { 65 } ATMOSPHERIC CONDITIONS AS TO—(1) TEMPERATURE { } (2) MOISTURE { }

REGIMENT.	RANK AND NAME.	AGE.	DISEASE.	WHERE CONTRACTED.	TOTAL DURATION OF ILLNESS.	DATE OF LAST ADICTION.	DATE OF DEATH.	WEIGH.	REGISTER.	FOUN.
104 th Foot.	Private.	28.	<u>Phthisis pulmonalis</u>	<u>India</u>	<u>473 days</u>	<u>June 4th 1864</u>	<u>July 5th 1864</u>	<u>19</u>	<u>36</u>	<u>1864</u>
205 th	James McCormac		<u>6 Meningitis</u>	<u>Netley</u>	<u>10 "</u>					

I. HISTORICAL SUMMARY.

COUNTRY, COUNTY, OR BIRTHPLACE—C. Wickham

COMPLETED YEARS OF SERVICE—6 1/2 years.

Stations and Periods of Foreign Service stated in chronological order October 1854 - June 64 - India

High barometer 5 1/4 in.
High bar 2nd - 7 1/4 -

Stations and Periods of Home Service stated in chronological order January - October 1864 - England

High barometer 5 1/4 in.
High bar 2nd - 7 1/4 -

History as to previous Diseases or Injuries at these Stations or elsewhere

Phthisis pulmonalis Feb 1863 - 64 days.
Detritus May " 2"
Phthisis pulmonalis Aug " 64"

Abstract also states Feb 1864 - death -

"that he suffered acutely from slight fever (probably malarial fever)

Whence admitted to Hospital here.... Shiplagameenau

How long Resident at last Station ...
(If from Shipboard state the duration of the Voyage.)

History of disease or injury which has proved fatal, and state on admission

On admission to Netley, was emaciated with a contracted chest. Had dullness over the whole of chest - Breathing difficult & hurried. Breathing indicated all the signs of Phthisis. In the apex left lung - He had several attacks of hæmoptoe prior to admission to Netley, but none while here - On the 25th of June he complained of a ringing Cephalalgia - Painful in the left side of the head, especially in the temple - Had also slight vomiting & fever, a full pulse & temperature of 99.1. He became dull & heavy & unable to collect his thoughts - Was restless & sleepless. On the 26th the head ache came to a point, but returned in the evening with renewed violence - On the morning of 1st July he became delirious & violent requiring force for his restraint - in the evening became partially comatose with dilated pupils, mutism & incontinence - The coma gradually became aggravated - Pupils increased & he died at 6 p.m. July 5th - From abstract of case by -

Thos. Babington
Med. Officer

II. POST-MORTEM INSPECTION. Temperature of body in Mouth.

Measurements of the body Height 5' 9 1/2

Rectum.

Axilla.

Weight. 7 1/4

Cadaveric Rigidity

Nutrition or Emaciation }

Putrefaction

State of Cuticle }

General Colour of Surface }

Contusions, Marks of Punishment, or of Medical Treatment

Wounds, Contusions, Punctures

Eruptions

Edema

Emphysema

Individual Peculiarities

A. INSPECTION OF HEAD.—SCALP.

Vascularity of the scalp.

Cranial Bones and Sutures

Dura Mater

Arachnoid

Vascularity of the arteries of the Dura Mater -
Openings of the Arachnoid with granular growth of tubercles
Can be seen - Matter & Condensation of the Arachnoid
Membrane in the space anterior to the Pons, matter together
the roots of the olfactory & optic nerves - the Carotid artery &
part of the body - granular growth of tubercles appearing in the
Matter & Arachnoid matter -

Via Mater and Arteries	<i>Vasculature of the Via Mater very marked towards</i>		
Sinuses of Dura Mater	<i>Arteries - Longitudinal Sinuses empty - Adhesions along</i>		
BRAIN: —Weight (entire) <i>3.2 3/4</i>	Specific gravity	Pons Varolii:—weight	Specific gravity
Cerebrum	" "	Medulla oblongata ..	" "
Cerebellum	" "	Corp. striata ..	" "
Specific gravity of Grey matter	Specific gravity of White	Optic Thalami ..	" "
Roots of the Nerves:—Cran. Pitu-	<i>two edges of the fold by yellow hyomphal vesicles -</i>		
itary Body and Parts, generally at			
the base of the Brain			
CEREBRUM, Convolution:—Colour and			
Consistence, Ulcers, Sclerotic, Cavities,	<i>Considerable effusion of serum about the Pons Var-</i>		
Cisternae, Deposits			
Minute Vessels of the Brain	<i>slis - Softening of the Corpus Callosum & white</i>		
Ventricles	<i>Communications between the brain - Large amount</i>		
Optic Thalami	<i>of white fluid in the lateral ventricles - Softening</i>		
and	<i>of the brain at the dependent portions of the</i>		
Corp. Striata	<i>Middle lobe of the cerebrum - Spindling of the</i>		
Pons Varolii	<i>ventricles soft & diffused & passing the white fibres</i>		
MEDULLA OBLONGATA	<i>tissue extending from the central ganglion upwards</i>		
CEREBELLUM	<i>into the hemispheres -</i>		
	<i>Membranes covering the Cerebellum yellow</i>		
	<i>opaque. 1st ventricle normal.</i>		
	<i>Pons varolii</i>		
	<i>Cerebellum normal & firm -</i>		

B. INSPECTION OF SPINAL CANAL:—(1) The Membranes:—

Spinal Marrow, Consistence, &c.	Weight	Specific gravity	Size
			Amount of Cereb. Sp. fluid.

C. INSPECTION OF THE ORGANS OF THE SENSES:—(1) NASAL CAVITIES.

- (2) ORBITS:—Eyelids
- Eyeballs, &c.
- (3) EARS:—External
- Internal
- (4) TONGUE

D. INSPECTION OF THE MOUTH AND THROAT:—TEETH. Number.

	Condition.
Gums and Lips	
Mucous Membrane and Glands	<i>Mucous enlargement (bill) of the tongue -</i>
Palate	
Tonsils and Uvula	
Fauces	
Pharynx	

E. INSPECTION OF NECK AND CHEST:—RIBS AND PARIETES.

Cervical Glands	Thyroid
Thoracic Glands	Thymus
Larynx	<i>As small sac-like about the size of a pea with mucous</i>
Trachea	<i>membrane. Immediately above the left lobe of the aorta</i>
	<i>Excessive vasculature of the trachea increasing towards</i>
	<i>the bifurcation of the trachea. Some superficial ulcer</i>
	<i>at the posterior membrane part and slight</i>
	<i>depression of the trachea -</i>

Pleura Bands of adhesion between the lung & chest right side
 Adhesions also on the left side old & firm - especially
 dense towards the apex - enlargement of the glands at the
 bifurcation of the bronchi -

LUNGS Right lung does not collapse, Greener portion of both
 lungs consolidated - Right lung very friable towards the base
 nodular growths throughout the upper lobe with abundance of
 miliaary tubercles & a few grow the same softening & suppurating.
 The nodules are in solitary isolated masses -
 The apex of the left lung has undergone extreme disorganization
 Numerous dilations of the bronchial tubes & small cavities in its
 substance - Miliaary growths tubercles through the whole sub-
 stance - At the margins of both lungs there is some emphysema.
 Also purulent exudation from several bronchial tubes -

Thoracic Duct and Vena cavae.....

Left lung. 1" 3/4. Right 1" 8 3/4

PERICARDIUM

HEART: - Form, etc..... Flabby, white & easily aces the
 prominent vessels.

Cavities: - Auricular Mignb. 9/10

Ventricular

Lining Membrane

Contents

Valves

Pulmonary Artery

Aorta

Coronary Vessels.....

Cavity.....

Muscular Substance.....

Dimensions { Base to Apex..... 5.6.
 Aur. Ven. Groove to Apex 4.4
 Transv^r at Aur. Ven. Groove... 3.5.
 Circumference 9-

Right vent. ad - 13 -
 Central
 Pul. Artery. 14.
 Aorta 8.

P. INSPECTION OF THE ABDOMEN: - PERITONEUM. Adhesions of the omentum to the anterior wall.
 Hernia of the abdomen - The cavity of the diaphragm on the
 Tumours Right side rises to the level of the 12th rib. at its junction with
 Caliber, Dilatation, Invagination, Con- the cartilage of the 12th rib. is unusually broad flattened
 striction, Adhesions or change of left lobe of the liver.
 position of Viscera

STOMACH: - Contents.....

Mucous surface.....

Glands

MUCOUS MEMBRANE OF SMALL INTESTINES: -

TINES: - Secretions or Exudations on
 its surface.....

Colour and Consistence of Mucous

Membrane

Vill. of Intestines:—
 Substance of Intestines
 Glands of Duodenum
 " Ileum and Jejunum
 " Peyer
 Solitary Glands
 Crypts of Lieberkühn

CÆCUM

COLON:—Secretions or Exudations
 on its Surface
 Uloers, connected or not with Solitary
 Glands

RECTUM

Hæmorrhoids

LIVER:—Form

Position

Covering

Substance:—Granulations, Cicatrices,
 Gummata, Abscesses, Pus, Adven-
 titious Deposits

Vena Portæ

Gall-bladder and Ducts

SPLEEN:—Form

Position

Covering

Substance

PANCREAS:—Form

Substance

SUPRA-RENAL CAPSULES

Aorta

Vena Cava

Sympathetic Nerve

KIDNEYS:—Form

Capsule

Substance

URETERS

Bladder, Prostate, &c.

Testicles, &c.

G. INSPECTION OF JOINTS.

H. INSPECTION OF BONES.

I. INSPECTION OF MUSCLES.

Adhesions of the transverse Colantatus head-

Weight $2\frac{13}{4}$ Dimensions
*Adhesions of the head to the colon - opening of the
 Capsule indicating a considerable amount of peri-
 hepatitis - Numerous bands of adhesions between
 the liver & stomach - adhesion of the stomach to the
 substance of soft and flaccid - Septal spread
 into a soft thin mass extending round the
 spleen. Lissu soft same pigmentation in the a signi-
 ficant are extremely well marked. No reaction with
 iodine. - Weight $10\frac{1}{4}$ Dimensions
 Extremely soft and flabby. with pigmentation
 & cartilaginous granules on the surface -*

Weight $11\frac{1}{4}$ Dimensions
*Both kidneys exceedingly congested soft & small.
 with relatively enlarged cortical substance -*

No deposits in the testicles

Intd
JD

Medical Officer Examining

Medical Officer Assisting

PATHOLOGICAL REPORT, No. 28.

28-35
Sessm 64-65

NAME OF STATION AND OF HOSPITAL Netley DATE OF EXPIRATION 12th October NUMBER OF HOURS POST-MORTEM 10 1/2 ATMOSPHERIC CONDITIONS AS TO—(1) TEMPERATURE (2) MOISTURE

RESIDENT	RANK AND NAME	AGE	DISEASE	WHERE CONTRACTED	TOTAL DURATION OF ILLNESS	DATE OF LAST ADMISSION	DATE OF DEATH	WARR.	REGISTER	FIELD
Ra. 321	James Lynes	26 3/4	Phthisis pulmonalis	India		10 June 1864	7 th Oct 1864	16	55	28

I. HISTORICAL SUMMARY.

COUNTRY, COUNTY, OR BIRTHPLACE Leicester Rutland COMPLETED YEARS OF SERVICE 9 1/2

Stations and Periods of Foreign Service Bengal. Nov 1854. Aug 1864.
stated in chronological order

Height on enlistment 6 ft 2
Weight 160

Stations and Periods of Home Service England & at Sea.
stated in chronological order February 1855—Nov 1857.

Hereditary taint—None.
Syphilis—See admissions
Tubercles—temperament

History as to previous Diseases or Injuries at these Stations or elsewhere Typhoid Fever. Gibraltar. 1862—18 days.

" " 1862—15 days.

Schistosomiasis " " 9

" " " V. Rheumatism—33 days

Gonorrhoea " 1863. 53 days.

Feb. Int. " 18

Rheumat. " 12

Whence admitted to Hospital here,....

How long Resident at this Station ...
(If from Shipboard state the duration of the Voyage.)

History of disease or injury which has

proved fatal, and state on admission On admission to Netley, was suffering from pains attributed to chronic Rheumatism. He had purpuric patches and ecchymosis about the articulations & also diarrhoea & dysentery. About the 21st June 10 days after admission his diarrhoea & dysentery ceased. Immediately after this he was attacked with severe Cough & also a return of Rheumatism from which time he became rapidly, weak & emaciated & exhausted aggravated by an attack of Spontaneous Gradually increased until his death on the 7th October.

There is no history of the pulmonary affection the patient being said to have been too weak to admit of a physical examination from abstract of case.

by—D. Bowen.
Medical Candidate.

II. POST-MORTEM INSPECTION.

Measurements of the body Height 5' 6 1/4. Weight 5' 4.
Cadaveric Rigidity None
Putrefaction Some greenish discoloration over abdomen
Contusions, Marks of Punishment, or of Medical Treatment None
Wounds, Cicatrices, Punctures None
Eruptions None
Edema None
Individual Peculiarities None

A. INSPECTION OF HEAD:—

Cranial Bones and Sutures Cicatricial Contractions & loss of substance on the frontal bone—Great porosity of the internal table.
Dura Mater None
Arachnoid None

Via Mater and Arteries

Sinuses of Dura Mater

BRAIN:—Weight (entire) *2 10/4*

Specific gravity

Pons Varolii —weight

Specific gravity

Cerebrum " " " "

Medulla oblongata " " " "

Cerebellum " " " "

Corp. striata " " " "

Specific gravity of Grey matter

Specific gravity of White

Optic Thalami " " " "

Roots of the Nerves:—Cran. Pituitary Body and Parts, generally at the base of the Brain

Cerebrum, Convolutions:—Colour and Consistence, Ulcers, Sloughs, Cavities, Cicatrices, Deposits

Minute Vessels of the Brain

Ventricles

Optic Thalami

and

Corp. Striata

Pons Varolii

Medulla Oblongata

Cerebellum

Lympho vascular exudations on the surface of the dura mater. Commencement of Haematomata. Tissue soft probably in some measure post mortem. No deposits.

B. INSPECTION OF SPINAL CANAL:—(1) The Membranes:—

Spinal Marrow, Consistence, &c.

Weight

Specific gravity

Size

Amount of Cereb. Sp. fluid.

C. INSPECTION OF THE ORGANS OF THE SENSES—(1) NARAL CAVITIES.

(2) ORBITS:—Eyelids

Eyeballs, &c.

(3) EARS:—External

Internal

(4) TONGUE

D. INSPECTION OF THE MOUTH AND THROAT:—TEETH. Number.

Condition.

Gums and Lips

Mucous Membrane and Glands

Palate

Tonsils and Uvula

Fauces

Pharynx

Loss of substance in both tonsils.

E. INSPECTION OF NECK AND CHEST:—Ribs and Parietes.

Cervical Glands

Thyroid

Thoracic Glands

Thymus

Larynx

Trachea

Yellow lympho vascular exudations on the lining membrane of the trachea with congestion of the membrane between the cartilages.

Pleura

Bronchi

LUNGS

Slight adhesions apex left lung - right lung free
Lungs Collapse completely, - no tuberculous growths - Pneumonic Con-
solidation towards the posterior part right lung with a portion
in its centre commencing to soften - A solitary nodular deposit
about the size of a pea situated in the apex left lung - Two lung abs.
more marked at the base - Remainder of the left lung normal
with the exception of some adhesions to the Diaphragm -
Weight of lungs - 1.11 1/2 -

Thoracic Duct and Vein Azygos

PERICARDIUM

HEART:—Form, etc.

White spot on anterior aspect
Slight ventricle - Heart small -
Tissue extremely flabby - No deposits
Cavities:—Auricular ... 2w. its substance -
Ventricular
Lining Membrane
Contents
Valves
Pulmonary Artery
Aorta
Coronary Vessels
Cave
Muscular Substance
Base to Apex L. 5.
Aur. Ven. Groove to Apex 3.3.
Transv. at Aur. Ven. Groove ... 3.4
Circumference D. 5.
Rt. Aur. Vent. ab. No 11.
Pub. Artery. " 9.
Int. sub. surface " 11.
Aorta ——— D.

Slight discoloration & commencement of concentric loss of
substance in the lining membrane of the Aorta -

Weight of heart 6 oz.

Weight

F. INSPECTION OF THE ABDOMEN:—PERITONEUM

Hernia

Tumours

Calibre, Dilatation, Invagination, Con-

striction, Adhesions or change of

position of Viscera

STOMACH:—Contents

Mucous surface

Glands

Mammillations & dark pigmentation of the mucous.
membrane of the stomach

MUCOUS MEMBRANE OF SMALL INTESTINE

TINTS—Secretions or Exudations on

its surface

Colour and Consistence of Mucous

Membrane

Pigmentation in small intestine - No reactions
with Iodine - intense congestion of plexus &
general atrophy of the mucous tissue of the gut

Vill. of Intestines:—

Substance of Intestines:—

Glands of Duodenum:—

„ Ileum and Jejunum:—

„ Peyer:—

Solitary Glands:—

Crypts of Lieberkühn:—

CÆCUM:—

COLON:—Secretions or Exudations

on its Surface:—

Ulcers, connected or not with Solitary

Glands:—

RECTUM:—

Hæmorrhoids:—

LIVER:—Form:—

Position:—

Covering:—

Substance:—Granulations, Cicatrices,

Gummata, Abscesses, Pus, Adven-

titious Deposits:—

Vena Portæ:—

Gall-bladder and Ducts:—

SPLEEN:—Form:—

Position:—

Covering:—

Substance:—

PANCREAS:—Form:—

Substance:—

SUPRA-RENAL CAPSULES

Aorta:—

Vena Cava:—

Sympathetic Nerve:—

KIDNEYS:—Form:—

Capsule:—

Substance:—

URETERS

Bladder, Prostate, &c.:—

Testicles, &c.:—

G. INSPECTION OF JOINTS.

Microscopic Examination showed extreme fatty degeneration with abundant points of pigmentation between the lobules.

H. INSPECTION OF BONES.

I. INSPECTION OF MUSCLES.

Medical Officer Examining

Medical Officer Assisting

PATHOLOGICAL REPORT, No. 29

NAME OF STATION AND OF HOSPITAL Nitley DATE OF INSPECTION Oct 25 / 1864 NUMBER OF HOURS POST-MORTEM 2 1/2 ATMOSPHERIC CONDITIONS AS TO—(1) TEMPERATURE (2) MOISTURE.....

REGIMENT.	RANK AND NAME.	AGE.	DISEASE.	WHERE CONTRACTED.	TOTAL DURATION OF ILLNESS.	DATE OF LAST AGGRAVATION.	DATE OF DEATH.	WARR.	RECOVERED.	FOLLO.
124th	James Sigroth	24 1/2	Dysentery Chronic	Shanghai	1 1/2	Oct 14 / 64	24 Oct / 64	24	64	21

I. HISTORICAL SUMMARY.

COUNTRY, COUNTY, OR BIRTHPLACE: Suffolk England. COMPLETED YEARS OF SERVICE: 10 9/12.
 Stations and Periods of Foreign Service stated in chronological order Crimew - May 1854 - July 1856.
India - February 1858 - March 1860.
China - March 1860 - March 1864.
 Stations and Periods of Home Service stated in chronological order England - May 1853 - May 1854.
" July 1856 - Feb. 1858.

History as to previous Diseases or Injuries at these Stations or elsewhere: Dysentery. China - 7 1/2 days.
Diarrhoea. Shanghai - 1 1/2 "
" " - 53 "
Dys. Chron. " - 1 1/2 "
Syphilis & Venereal Disease.
Hereditary.
Habits temperate.

Whence admitted to Hospital here... fr Shipboard - How long Resident at last Station... 4 Months Bay of Bengal.
 (If from Shipboard state the duration of the Voyage.)

History of disease or injury which has proved fatal, and state on admission: Was admitted to Nitley on the 14th October 1864
in a state of extreme emaciation & prostration. His bowels
were moved from six to fourteen times daily at first
scanty & greenish. Subsequently more copious & dark.
Muddy Coloured - No continued improvement took place
although up till the 19th a partial amendment took
place - On the 23rd a change took place for the worse.
prostration increased & he expired at 11 A.M. 24th October
fr Abatement of cause by.
Samuel Danke A.M. M.D.
Medical Candidate.

II. POST-MORTEM INSPECTION. Temperature of body in Mouth.

Measurements of the body Height 5' 6 1/2 Length 31 ins - Rectum. Axilla.
 Cadaveric Rigidity State of } Nutrition or } Weights 5' 4 1/2
 Putrefaction Cuticle } Emaciation }
 Contusions, Marks of Punishment, or of Medical Treatment General Colour } of Surface }
 Wounds, Ciacrices, Punctures
 Eruptions
 Edema
 Individual Peculiarities Emphysema

A. INSPECTION OF HEAD:—SCALP.

Cranial Bones and Sutures
 Dura Mater
 Arachnoid

Pia Mater and Arteries

Signes of Dura Mater

BRAIN:—Weight (entire) *2.15 oz.* Specific gravity

Cerebrum " " " " " "

Cerebellum " " " " " "

Specific gravity of Grey matter Specific gravity of White

Pons Varolii:—weight

Specific gravity

Medulla oblongata " " " "

Corp. striata " " " "

Optic Thalami " " " "

Roots of the Nerves:—Cran. Pituitary Body and Parts, generally at the base of the Brain

Brain cedematous, considerable cerebrospinal effusion - Lissu normal.

Cerebrum, Convolutions:—Colour and Consistence, Ulcers, Sloughs, Cavities, Cicatrices, Deposits

Minute Vessels of the Brain

Ventricles

Optic Thalami

and

Corp. Striata

Pons Varolii

Medulla Oblongata

Cerebellum

B. INSPECTION OF SPINAL CANAL:—(1) The Membranes:—

Spinal Marrow, Consistence, &c.

Weight

Specific gravity

Size

Amount of Cereb. Sp. fluid.

C. INSPECTION OF THE ORGANS OF THE SENSES:—(1) NARAL CAVITIES

(2) ORBITS:—Eyelids

Eyeballs, &c.

(3) EARS:—External

Internal

(4) TONGUE

D. INSPECTION OF THE MOUTH AND THROAT:—TONGUE. Number.

Condition.

Gums and Lips

Mucous Membrane and Glands

Palate

Tonsils and Uvula

Pharynx

Pharynx

E. INSPECTION OF NECK AND CHEST:—RIBS AND PARIETES

Cervical Glands

Thyroid

Thoracic Glands

Slight enlargement of the Bronchial Glands

Larynx

Trachea

Pleura

Bronchi

LUNGS Left lung adherent posteriorly & does not collapse
Right lung, also in the same condition - adhesions red &
firm. especially at the base fixing it firmly to the Diaphragm.
Rozm - Consolidation of both lungs posteriorly No.
growths in the substance -

Weight of lungs 2" 6 oz.

Thoracic Duct and Vena Azygos

PERICARDIUM

HEART :- Form, &c. White Musc. anterior sur.
face right ventricle - tissue flabby
A semidivulgent clot in the right
Cavities :- Auricular Auriculo - Semi devalvated gelatinous
but looking clot in the right ventricle
Ventricular both leading into the pulmonary artery -
Dark coagulum in the left auricle -
Lining Membrane Semi devalvated clot in left ventricle.
Contents
Valves Valves Normal -
Pulmonary Artery
Aorta Lissue of aorta normal.
Coronary Vessels
Cave Weight of heart 6 oz.
Muscular Substance

Base to Apex	
Aur. Ven. Groove to Apex	
Transv. at Aur. Ven. Groove ..	
Weight of heart 11.	
St. Aur. " " " 9.	
Aorta " " " 8.	

P. INSPECTION OF THE ABDOMEN :- PERITONEUM Weight
Enlargement of the mesenteric glands

Hernia

Tumours

Calibre, Dilatation, Invagination, Con-

striction, Adhesions or change of

position of Viscera

STOMACH :- Contents Congestion of the stomach with granular contents
Mucous surface appearance of granular glands.
Glands

MUCOUS MEMBRANE OF SMALL INTESTINE

TEXTURE :- Secretions or Exudations on

its surface

Colour and Consistence of Mucous

Membrane

VIL of Intestines:—

Substance of Intestines

Glands of Duodenum

" Ileum and Jejunum

" Peyer

Solitary Glands

Crypts of Lieberkühn

CÆCUM

COLON:—Secretions or Excretions

on its Surface

Ulcers, connected or not with Solitary

Glands

RECTUM

Hæmorrhoids

LIVER:—Form

Position

Covering

Substance:—Granulations, Cisterns,

Gumata, Abscesses, Pus, Adven-

titious Deposits

Vena Portæ

Gall-bladder and Ducts

SPLEEN:—Form

Position

Covering

Substance

PANCREAS:—Form

Substance

SUPRA-RENAL CAPSULES

Aorta

Vena Cava

Sympathetic Nerve

KIDNEYS:—Form

Capsule

Substance

URETERS

Bladder, Prostate, &c.

Testicles, &c.

G. INSPECTION OF JOINTS.

H. INSPECTION OF BONES.

I. INSPECTION OF MUSCLES.

Vascular patches here & there in the small int.
testes—otherwise normal—

Great vasculature towards the head of the cœcum & ulcers in active condition—

Great losses of substance in the colon the remains of old ulcers; some half active ulcers & the rest arranged thus & ut—

Remains of old ulcers in the rectum—

Weight 3 2/4
Liver enlarged & indurated, marked on the surface with the ribs—lobules very distinct probably from increase of connective tissue—ant. at the lower portion left lobe. this evident the cirrhosis has commenced—Right lobe nearly square—slight retraction with cadaver—

* Vids Microsc. below. Dimensions: Transversely 4 in. Ant. Post. 4.2. Thickness 2.8.

Weight 4 2
Spleen very firm, adherent to the diaphragm posteriorly. Dimensions: Transversely 3.6. Ant. Post. 5.2. Thickness 1 3/4. Some pigmentation on the surface. Trabecular dark.

Weight
Pancreas:—Form very hard. Dimensions: Stomach distinct, pulpy substance deficient, some small mounds of granular distinct—No retraction with cadaver

Weight 8 oz.
Kidneys:—Form Kidneys firm, bloodless. Cartilag. substance (not increased—

Sp. gr.

Microscopic examination of the liver showed an intense amount of fat. with great increase of connective tissue between the lobules—little evidence of any reaction with cadaver—

R.D.

Medical Officer Examining

Medical Officer Assisting

PATHOLOGICAL REPORT, No. 30

NAME OF STATION AND OF HOSPITAL *Nethley* DATE OF INSPECTION *Novr 1st 1864* NUMBER OF HOURS POST-MORTEM *2 hours* ATMOSPHERIC CONDITIONS AS TO—(1) TEMPERATURE (2) MOISTURE

DISSENT.	RANK AND NAME.	AGE.	DISEASE.	WHERE CONTRACTED.	TOTAL DURATION OF ILLNESS.	DATE OF LAST ADMISION.	DATE OF DEATH.	WARD.	REGISTER.	FOLIO.
<i>1/15</i>	<i>Flie</i>		<i>Phthisis Pulm</i>	<i>A. Johns</i>	<i>1 1/2</i>	<i>Oct. 10/1864</i>	<i>Oct. 25/1864</i>	<i>18</i>	<i>57</i>	<i>16.</i>
<i>901.</i>	<i>Melstard John</i>	<i>39.</i>	<i>Aneurisma aortic</i>	<i>R. B. N.</i>	<i>1 1/2</i>	<i>1864</i>	<i>1864</i>			

I. HISTORICAL SUMMARY.

COUNTRY, COUNTY, OR BIRTHPLACE: *Lincolnshire Eng^d* COMPLETED YEARS OF SERVICE: *17 1/2*

Stations and Periods of Foreign Service

stated in chronological order *British America - Jan'y 1862 - July 1864.*

Stations and Periods of Home Service

stated in chronological order *Dublin June 1860 - Jan'y 1862 -*

History as to previous Diseases or In-

juries at these Stations or elsewhere *Phthisis Pulm^{is} - Jan'y 1864 - 10 days.*
Phthisis Pulm^{is} - July " 21. "

Syphilis Herty 2 Aids. below.
Hereditary " "
Habits -

Whence admitted to Hospital here, ...

Temperato
How long Resident at last Station ...
(If from Shipboard state the duration of the Voyage.)

History of disease or injury which has

proved fatal, and state on admission *This man's general health until Aug^t 1863 was fair - but within months when a ball practice was seized with sudden pain in the loins & loss of power in the limbs with which remedies applied returned without avail. He remained at this time in Hospital 4 days (no admission in sheet) was discharged & remained pretty well for two months when the symptoms returned & he was admitted as a case under Chrusch's Rheumatism. During that winter his health continued falling off - was sent to Fredericton for change in July, & was there admitted to Hospital under Phthisis Pulm^{is}. Subsequently was sent to Halifax & invalided -*

On admission to Nethley 10th Octob^r 1864. He suffered from severe Dropsy - inability to lie on his back & dry Cough - A loud systolic bruit heard behind the trapezoid of the neck later on mercurials led to the diagnosis of Aneurism of the aorta - A bank advised before death he had Pleuritis & Phthisis. On the night of the 28th he was seized with intense pain in the region of the diaphragm & he died at 11.18 am following he was observed to be in a state of collapse.

II. POST-MORTEM INSPECTION.

Measurements of the body *Height 5' 4 1/2* *Girth 32 1/2* *Nutrition or Emaciation* *Nutrition tolerable*
State of Cuticle *General Colour of Surface*

Putrefaction

Contusions, Marks of Punishment, or

of Medical Treatment *Remains of a sore on the 9th lumb^{is} spine in a cent^{re} 1/4 in in long.*
Diameter 1/8 transversely - with a white circumscribed cent^{re} in
Centre - no surrounding induration - large and in the
right lumb^{is} -

A. INSPECTION OF HEAD - Scalp

Cranial Bones and Sutures *Parasit^{is} of the Calvarium along the course of the superior longitudinal sinus - perierium adherent strongly. Gel.*
Dura Mater *Can de coloration & commencement of cerebral loss*
Arachnoid *of substance of the Calvarium -*
Dura mater thickened -

Pha Mater and Arteries				
Sinuses of Dura Mater				
BRAIN :—Weight (entire) <i>2 1/4 3/4</i>	Specific gravity	Pons Varoli :—weight	Specific gravity	
Cerebrum " "	" "	Medulla oblongata "	" "	
Cerebellum " "	" "	Corp. striata "	" "	
Specific gravity of Grey matter	Specific gravity of White	Optic Thalami "	" "	
Roots of the Nerves :—Cran. Pitu- itary Body and Parts, generally at the base of the Brain				
CEREBRUM, Convolutions :—Colour and Consistence, Ulcers, Sloughs, Cavities, Cicatrices, Deposits				
Minute Vessels of the Brain				
Ventricles				
Optic Thalami				
and				
Corpor. Striata				
PONS VAROLII				
MEDULLA OBLONGATA				
CEREBELLUM				

B. INSPECTION OF SPINAL CANAL :—(1) The Membranes :—

Spinal Marrow, Consistence, &c.	Weight	Specific gravity	Size
			Amount of Cereb. Sp. fluid.

C. INSPECTION OF THE ORGANS OF THE SENSES :—(1) NASAL CAVITIES.

(2) ORBITS :—Eyelids
Eyeballs, &c.
(3) EARS :—External
Internal
(4) TONGUE

D. INSPECTION OF THE MOUTH AND THROAT :—TEETH. Number.

	Condition.
Gums and Lips	
Mucous Membrane and Glands	
Palate	
Tonsils and Uvula	<i>Enlargement & loss of substance of the tonsils -</i>
Fauces	
Pharynx	

E. INSPECTION OF NECK AND CHEST :—RIBS AND PARIETES.

Cervical Glands	Thyroid
Thymic Glands	Thymus
Larynx	
Trachea	

Pleura Large coagulum of blood in right pleural cavity - weighing 2 lbs 8 oz. - The coagulum rests mainly on the diaphragm separating the base of the lung from the diaphragm. Extensive adhesions left pleura not recent -

LUNGS Dissolved of fluid in the cavity - adhesions very firm at the apex. - Right pleura free - adhesions except old adhesions to diaphragm. There is a large hard tumour felt towards the base of the left lung, above the lig. amentum pulmonum & about the region of the Aorta - Condensation of right lung from absence of air - In the base of the left lung, the aneurism forms a thick wall around - The left lung is tolerably healthy, with two exceptions of two or three cretaceous deposits the remains of old depts. in the apex - Two solitary nodular deposits in the apex right lung, -

Weight of lungs 3.4 1/4

Thoracic Duct and Vena Azygos.....

PERICARDIUM 3 1/2 oz. of serum in the cavity of the Pericardium.

HEART: - Form, etc. Apex of the heart below the margin of 6th rib, the left edge extends about 2 in to the left of the junction of the trachea. Cartilages with the ribs - Heart enlarged especially the left. Dimensions: Base to Apex 5.6. Aur. Ven. Groove to Apex 4.4. Transv. at Aur. Ven. Groove 4.2. Circumference 12.2. Cavities: - Auricular Right & Left. Ventricular Right & Left. Lining Membrane Endocardium. Contents Blood. Valves Mitral & Aortic. Pulmonary Artery Artery of the Aorta. Aorta Aorta. Coronary Vessels Coronary Arteries. Cavity Cavity. Muscular Substance Muscular Substance.

There was extensive absorption of the vertebrae at the attachment of the aneurismal sac with projections of the intervertebral substance - Diffusion of blood extended downwards between the crura of the diaphragm into the lumbar region and upwards extending itself among the tissues between the aorta & roots of the lungs - The sac of the aneurism contained a solid fibrinous coagulum & at the lower part of the sac an opening led into a second cavity forming a dissecting aneurism. The opening between the two is old & has existed for some time -

F. INSPECTION OF THE ABDOMEN: - PERITON

Hernia Hernia. Tumours Tumours. Calibre, Dilatation, Invagination, Constriction, Adhesions or change of position of Viscera Viscera.

STOMACH: - Contents.....

Mucous surface..... Mucous surface. Glands Glands. Spreading downwards to oesophagus, end for about 2 in and the anterior aspect -

MUCOUS MEMBRANE OF SMALL INTESTINES: - Secretions or Exudations on its surface Secretions or Exudations on its surface. Colour and Consistence of Mucous Membrane Colour and Consistence of Mucous Membrane.

Pia Mater and Arteries

Sinuses of Dura Mater

BRAIN:—Weight (entire) *2 1/4 3/4*

Specific gravity

Cerebrum " "

" "

Cerebellum " "

" "

Specific gravity of Grey matter

Specific gravity of White

Pons Varolii:—weight

Specific gravity

Medulla oblongata "

" "

Corp. striata "

" "

Optic Thalami "

" "

Roots of the Nerves:—Cran. Pituitary Body and Parts, generally at the base of the Brain

CEREBRUM, Convolution:—Colour and Consistence, Ulcers, Sloughs, Cavities, Cicatrices, Deposits

Minute Vessels of the Brain

Ventricles

Optic Thalami

and

Corp. Striata

PONS VAROLII

MEDULLA OBLONGATA

CEREBELLUM

B. INSPECTION OF SPINAL CANAL:—(1) The Membranes:—

Spinal Marrow, Consistence, &c.

Weight

Specific gravity

Size

Amount of Cereb. Sp. fluid.

C. INSPECTION OF THE ORGANS OF THE SENSES:—(1) NASAL CAVITIES.

(2) ORBITS:—Eyelids

Eyeballs, &c.

(3) EARS:—External

Internal

(4) TONGUE

D. INSPECTION OF THE MOUTH AND THROAT:—TEXTA. Number.

Condition.

Gums and Lips

Mucous Membrane and Glands

Palate

Tonsils and Uvula

Pharynx

Pharynx

E. INSPECTION OF NECK AND CHEST:—RIBS AND PARIETES.

Cervical Glands

Thyroid

Thymic Glands

Thymus

Larynx

Trachea

Enlargement & loss of substance of the tonsils—

Pleura Large coagulum of blood in right pleural cavity -
weighing 2 lbs 8 oz. - The coagulum rests mainly on the
Diaphragm separating the base of the lung from the Dia-
phragm. Extensive adhesions left pleura not recent -
LUNGS The surface of pleura in the cavity - adhesions very firm at
the apex. - Rt. pleura free - adhesions except old adhesions to Diaphragm
There is a large hard tumour felt towards the base of the
left lung, above the lig. amentum pulmonum & about the region of the
Aorta - Condensation of right lung from absence of air - In the base of the
left lung the aneurism forms a thick wall - The left lung is toler-
ably healthy, with the exception of two or three cretaceous deposits two
remains of old depts. in the apex - Two solitary nodular deposits in the
apex right lung -
Mergatolung 3.4 1/4

Thoracic Duct and Vena Argyr.

PERICARDIUM 3 1/2 oz. of serum in the cavity of the Pericardium.

HEART: - Form, &c. Apex of the heart below the
margin 6" sub, the left edge extends
about 2 in to the left of the junction
Cavities: - Auricular 2 in. 2. Costal edges with the ribs -
Head enlarged - especially the left
Ventricular 2 in. 2. in apex of heart formed entirely by
left ventricle - Left ventricle dilated
Lining Membrane Musculi pectus thickened & chordal
Contents Lardaceous elongated
Valves Mergatolung 1 lb 2 1/2 oz.
Pulmonary Artery Arch of
Aorta of the left
Coronary Vessels the costal
Cave Generative
Muscular Substance 3 1/2 lung

Base to Apex	5.6.
Aur. Ven. Groove to Apex	4.4.
Transv. at Aur. Ven. Groove ..	4.2.
Circumference	12.2.
Rt. Aur. Vent. ad.	12.
Pub. Artery, -	10.
Cum Arteries -	11.
St. Aur. Vent. ad. -	11.
Aorta "	9.

There was extensive ab-
aneurismal sub. with p

F. INSPECTION OF THE ABDOMEN - PERITONEUM - No blood in the peritoneal cavity -

Hernia Sacrum of Musculi obliterated by adhesions -
Tumours
Calice, Dilatation, Invagination, Con-
striction, Adhesions or change of
position of Viscera

STOMACH: - Contents On opening the abdomen the lower margin of the
stomach was lying, within 2 in of the Symphysis pubis -
Mucous surface the transverse colon intervening - An effusion of blood
Glands spreading down between the peritoneum & stomach extending from
its oesophageal end for about 2 in and the anterior aspect -

MUCOUS MEMBRANE OF SMALL INTESTINES: - Secretions or Exudations on
its surface
Colour and Consistence of Mucous
Membrane

Vill. of Intestines:—

Substance of Intestines

Glands of Duodenum

" Ileum and Jejunum

" Peyer

Solitary Glands

Crypts of Lieberkühn

CÆCUM

COLON:—Secretions or Excretions

on its Surface

Ulcers, connected or not with Solitary

Glands

RECTUM

Hæmorrhoids

LIVER:—Form

Weight $3-3\frac{1}{4}$

Dimensions

Position

Covering

Substance:—Granulations, Cicatrices,

Gumata, Abscesses, Pus, Adven-

titious Deposits

Vena Portæ

Gall-bladder and Ducts

SPLEEN:—Form

Weight 4oz.

Dimensions

Position

Covering

Substance

PANCREAS:—Form

Weight

Dimensions

Substance

SUPRA-RENAL CAPSULES

Aorta

Vena Cava

Sympathetic Nerve

KIDNEYS:—Form

Weight $1\frac{1}{4}$ av.

Dimensions

Capsule

Substance

Ureters

Bladder, Prostate, &c.

Testicles, &c.

G. INSPECTION OF JOINTS.

H. INSPECTION OF BONES.

I. INSPECTION OF MUSCLES.

Coagulum of blood on the upper margin of the liver. Lissine of the liver comparatively soft. — Acini distinct. Marked out by intralobular congestions of splenosis of the margin of the acini. — No reaction with lactine.

Lissine of the spleen soft. Large amount of pigmentation. Malpighian glomeruli very obvious. — No reaction with lactine.

Kidneys excessively firm. Cortical substance largely condensed. Portions here & there condensed having the appearance of fibrinous deposits transparently the renal arteries. Capsules adherent. — Considerable loss of substance on the surface of the left kidney.

Small white irregular deposits on the left testicle. With a ring surrounding it of pale condensed tissue much paler than the general substance. — Lissine right kidney apparently normal but with thickening of the outer of about the epididymis.

Extensive absorption of the vertebrae with protrusion of bone into vertebral substance corresponding to the attachment of the aneurysm.

There was fatty degeneration of the diaphragm.

Medical Officer Examining

Medical Officer Assisting

Pia Mater and Arteries

Sinuses of Dura Mater

BRAIN:—Weight (entire) *3" 2 1/4*

Specific gravity

Pons Varoli :—weight

Specific gravity

Cerebrum " "

" "

Modulla oblongata "

" "

Cerebellum " "

" "

Corp. striata "

" "

Specific gravity of Grey matter

Specific gravity of White

Optic Thalami "

" "

Roots of the Nerves :—Crura, Pitu-

itary Body and Parts, generally at

the base of the Brain

CEREBRUM, Convolutions :—Colour and

Consistence, Ulcers, Sloughs, Cavities,

Cicatrices, Deposits

Minute Vessels of the Brain

Ventricles

Optic Thalami

and

Corp. Striata

POSS VAROLII

MEDULLA OBLONGATA

CEREBELLUM

B. INSPECTION OF SPINAL CANAL :—(1) The Membranes :—

Spinal Marrow, Consistence, &c.

Weight

Specific gravity

Size

Amount of Cereb. Sp. fluid.

C. INSPECTION OF THE ORGANS OF THE SENSES :—(1) NASAL CAVITIES.

(2) ORBITS :—Eyelids

Eyeballs, &c.

(3) EARS :—External

Internal

(4) TONGUE

D. INSPECTION OF THE MOUTH AND THROAT :—TEETH. Number.

Condition.

Gums and Lips

Mucous Membrane and Glands

Palate

Tonsils and Uvula

FAUCES

PHARYNX

Ulcerations of tonsils on both sides partially destroyed -

Esophagus white median portion closely studded with small isolated yellow deposits

E. INSPECTION OF NECK AND CHEST :—RIBS AND PARIETES.

Cervical Glands

Thyroid

Thoracic Glands

Thymus

Larynx

Trachea

Pleura Considerable adhesion (recent) apex right lung. Lining adhering also posteriorly - No adhesions left side -
 Bronchi Right lung does not collapse - On separating the adhesions at the posterior part a considerable quantity of thick
 LUNGS Purulent matter escaped - This was found to proceed from an abscess situated at the posterior & median portion of the lower lobe corresponding to the adhesions - The abscess was comparatively superficial with no appendances of deposit - A few small isolated nodular deposits in the apex -
 Left lung congested posteriorly - Several isolated deposits in the apex & through the substance - On the posterior surface of the lower lobe was one large solitary deposit with pushing & contraction of lung tissue overlying - Weight 5 lbs 8 1/4

Thoracic Duct and Vena Azgos.....

PERICARDIUM

HEART:—Form, etc..... White & pink the anterior surface -

Dimensions { Base to Apex..... 5.5
 Aur. Ven. Groove to Apex 4.4
 Trans^d at Aur. Ven. Groove .. 4.3
 Circumference .. 12.

Cavities:—Auricular

Ventricular

Lining Membrane

Contents

Valves Normal.

Pulmonary Artery

Aorta Lining membrane of Aorta normal -

Coronary Vessels.....

Cave.....

Weight 9 oz.

Muscular Substance.....

Weight

P. INSPECTION OF THE ABDOMEN:—PERITONEUM

Hernia

Tumours

Calibre, Dilatation, Invagination, Constriction, Adhesions or change of position of Viscera

STOMACH:—Contents.....

Mucous surface.....

Glands

MUCOUS MEMBRANE OF SMALL INTESTINES:—Secretions or Exudations on its surface.....

Colour and Consistence of Mucous Membrane

Vill. of Intestines:—

Substance of Intestines

Glands of Duodenum

" Ileum and Jejunum

" Peyer

Solitary Glands

Crypts of Lieberkühn

CÆCUM

COLON:—Secretions or Excretions

on its Surface

Ulcers, connected or not with Solitary

Glands

RECTUM

Hæmorrhoids

LIVER:—Form

Position

Covering

Substance:—Granulations, Ostracites,

Gumata, Abscesses, Pus, Adven-

titious Deposits

Vena Portæ

Gall-bladder and Ducts

SPLEEN:—Form

Position

Covering

Substance

PANCREAS:—Form

Substance

SUPRA-RENAL CAPSULES

Aorta

Vena Cava

Sympathetic Nerve

KIDNEYS:—Form

Capsule

Substance

URETERS

Bladder, Prostate, &c.

Testicles, &c.

Large lumbricus was found in the small intestine

*Angular the ~~new~~ anterior surface Dimensions
with increased convexity anterior surface - Sp. gr.
Acute at the neck well marked by interlobular congestion -
Considerable congestion of the substance. Left lobe.
Isolated evidence of pigmentation at points here & there.
Small foci appeared of caseous softening - Capsule.
Normal - No loss of substance on the surface - No reaction
with Iodine - No deposits - Weight 1 lb 5 oz.*

*Weight 1 lb 5 oz. Dimensions
Strongly adherent to the diaphragm & corresponding to the
adhesion to the 10th ribrous layer extending about 2 1/2.
In red brown transparent and its surface Sp. gr. substance of
Alder's chocolate of glands - firm Dimensions Glomeruli distinct
No reaction with Iodine -*

*Capsule adherent at points - Dimensions - Numerous small
abscesses about the size of a pin's head in both.
Kidneys - One abscess. Slightly larger. Situated
in the pyramidal portion right kidney - all the ab-
scesses filled with pus - Indurated.
Ulceration of the bladder -
No deposits - Weight 14 oz.*

G. INSPECTION OF JOINTS. *There was a large abscess situated below the ant. s.
half of the clavicle with the left side extending forwards by the
side of the clavicle as far as the sternoclavicular articulation.
The sternoclavicular articulation being increased - the abscess extended
also beneath the pectoralis muscle in a direction downwards
& outwards - It contained a considerable quantity of pus -*

PD

H. INSPECTION OF BONES.

I. INSPECTION OF MUSCLES.

Medical Officer Examining

Medical Officer Assisting

PATHOLOGICAL REPORT, No. 32.

NAME OF STATION AND OF HOSPITAL	DATE OF INSPECTION	NUMBER OF HOURS POST-MORTEM	ATMOSPHERIC CONDITIONS AS TO—(1) TEMPERATURE (2) MOISTURE
Netley	December 12 th / 64	72	

REGIMENT	RANK AND NAME	AGE	DISEASE	WHERE CONTRACTED	TOTAL DURATION OF ILLNESS	DATE OF LAST ADMISSION	DATE OF DEATH	WARD	REGISTER	FOLIO
44 th P ^{to} 240	James Edward	31	Morb. Val. Cardis.	Canada	222	Nov 11 / 64	Nov 24 19	46	11	

I. HISTORICAL SUMMARY.

COUNTRY, COUNTY, OR BIRTHPLACE: Lancashire. COMPLETED YEARS OF SERVICE: 7 years.

Stations and Periods of Foreign Service stated in chronological order British American July, 1861 - Sept 1861

Stations and Periods of Home Service stated in chronological order July 1858 - June 1861 Hereditary Hæm.
Syphilitic Acute hæm.
Habits Intemperate

History as to previous Diseases or Injuries at these Stations or elsewhere

<u>Rheum. Chron. 1859. 31 days.</u> <u>Syph. Prim. Dec. " - 8 "</u> <u>" 1860 - 36 "</u> <u>" Second. July 1861. - 60 "</u> <u>Morb. Val. Cardis. 222 "</u>	
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Whence admitted to Hospital here. How long Resident at last Station.
(If from Shipboard state the duration of the Voyage.)

History of disease or injury which has proved fatal, and state on admission

In March 1861 suffered pain in the Cardiac region accompanied by palpitation, hæmoptysis and dyspæa. When admitted to Netley in the 12th Nov 1864. He was anæmic - lips & finger-nails blue. Heart's action greatly accelerated & visible at a distance. Cardiac dullness was increased & there was a loud systolic murmur heard over the apex - as also a diastolic murmur at the base prolonged up the aorta & a loud pulsation of the Carotids. Anteriorly he had a sign of Angina pectoris. Anteriorly 12th Acute & two lower extremities seen faintly 14th he had a severe attack of hæmoptysis. Had various recurring attacks of Angina & hæmoptysis by which his strength was so reduced that he expired on the 24th.

Abstract of Case by D. C. Jones. Med. Candidate.

II. POST-MORTEM INSPECTION. Temperature of body in Mouth.

Measurements of the body <u>Height 5' 4 1/2 in. - Weight 13 stone</u>	Rectum	Axilla	
Cadaveric Rigidity	Nutrition or Emaciation } <u>Good</u>	General Colour of Surface }	
Putrefaction	State of Cuticle }		
Contusions, Marks of Punishment, or of Medical Treatment			
Wounds, Cicatrices, Punctures <u>Point of glans penis lost by ulceration - Cicatrix with nodular induration</u>			
Eruptions <u>of penis</u>			
Edema <u>General oedema</u>	Emphysema		
Individual Peculiarities			

A. INSPECTION OF HEAD:—SCALP.

Cranial Bones and Sutures Fair & fine small hairy growths on the inner surface of the Cal
Dura Mater Arachnoid - One small circular growth of hair. inner surface of the
Arachnoid dura mater. Several specular growths of hair along the margin
Superior longitudinal sinus -

Pia Mater and Arteries	<i>Membranes generally denuded -</i>		
Sinuses of Dura Mater			
BRAIN: —Weight (entire) <i>3 lbs 4 oz</i>	Specific gravity	Pons Varoli:—weight	Specific gravity
Cerebrum " "	" "	Medulla oblongata " "	" "
Cerebellum " "	" "	Corp. striata " "	" "
Specific gravity of Grey matter	Specific gravity of White	Optic Thalami " "	" "
Roots of the Nerves:—Cruca, Pitu-			
itary Body and Parts, generally at			
the base of the Brain			
Cerebrum, Convolution:—Colour and			
Consistence, Ulcers, Sloughs, Cavities,			
Cisterns, Deposits			
Minute Vessels of the Brain			
Ventricles			
Optic Thalami			
and			
Corp. Striata			
Pons Varoli			
Medulla Oblongata			
Cerebellum			

B. INSPECTION OF SPINAL CANAL:—(1) The Membranes:—

Spinal Marrow, Consistence, &c.	Weight	Specific gravity	Size
			Amount of Cereb. Sp. fluid.

C. INSPECTION OF THE ORGANS OF THE SENSES:—(1) NASAL CAVITIES.

(2) ORBITS:—Eyelids	
Eyelids, &c.	
(3) EARS:—External	
Internal	
(4) THROAT	

D. INSPECTION OF THE MOUTH AND THROAT:—TONGUE. Number.

Gums and Lips	Condition.
Mucous Membrane and Glands	<i>Papillae at the base of the tongue much enlarged.</i>
Palate	<i>Crests in the folds.</i>
Tonsils and Uvula	
Pharynx	<i>Cyanotic congestion of pharynx.</i>

E. INSPECTION OF NECK AND CHEST:—RIBS AND PARIETES.

Cervical Glands	Thyroid
Thoracic Glands	<i>Branchial glands much enlarged.</i>
Larynx	<i>Cyanotic congestion at the upper part: two small deposits</i>
Trachea	<i>symmetrical situated one on each side of the larynx & immediately above the</i>
	<i>Chordae Vaeales -</i>

Pleura Left pleural cavity contains over ~~3~~ 4 pints of clear serous fluid -

BRONCHI

LUNGS Left lung adhering to the pericardium - lower lobe collapsed. Right lung adhering throughout the whole extent - a dense mass very strong behind. Left lung congested & medium degree of Pneumonic Consolidation - at the base there is complete emphysema & apoplexy & rupture of the small vessels. There is some eccentric loss of substance posteriorly - Right lung Upper lobe congested - pretty much solidifying under pressure - injection of tissue & consolidation as in the left. Same but formed of lung & differentiation than lesion of left. Engorgement - 1-4.08. Sept. 1-13.02.

Thoracic Duct and Vena Azgos

PERICARDIUM The branching vasculature of the Pericardium -

HEART:- Form, etc. The apex of the heart corresponds to a point $2\frac{1}{2}$ in behind the articulation of the 5th rib with the cartilage - the right margin is 5th rib with the cartilage - the left margin is with the two cartilages and the side is cartilaginous. Cavities:- Auricular corresponds to the line of junction of the ribs with the two cartilages and the side is cartilaginous. Ventricular ... appears as a space of $6\frac{1}{2} \times 3\frac{1}{2}$ in size. Lining Membrane ... the pericardium - dense connective tissue. Contents In the pericardium in all the cavities. Valves Little variations change with degeneration of the coats of aorta - aortic Pulmonary Artery ... the same & unyielding leading to incompetence - Aorta Coronary Vessels CAVE Muscular Substance

Dimensions	Base to Apex	6.9.
	Aur. Ven. Groove to Apex	4.4.
	Transv. at Aur. Ven. Groove ..	5.
	Circumference ..	14.4.
	Right Ventr. or ...	13.
	Pul. artery ...	9.11
	Mitral " ..	8.
	Aortic " ..	8.

Weight of heart is 1 lb 4 $\frac{3}{4}$ oz.

Weight

P. INSPECTION OF THE ABDOMEN - PERITONEUM

Hernia
Tumours
Calibre, Dilatation, Invagination, Constriction, Adhesions or change of position of Viscera

STOMACH:- Contents Engorgement & inflammation of the mucous membrane -
Mucous surface
Glands

MUCOUS MEMBRANE OF SMALL INTESTINES:- Secretions or Exudations on its surface
Colour and Consistence of Mucous Membrane

Vill. of Intestines:—
 Substance of Intestines
 Glands of Duodenum
 " Ileum and Jejunum
 " Peyer
 Solitary Glands
 Crypts of Lieberkühn

CÆCUM

COLON:—Secretions or Excretions
 on its Surface
 Ulcers, connected or not with Solitary
 Glands

RECTUM

Hæmorrhoids

LIVER:—Form
 Position
 Covering
 Substance:—Granulations, Cicatrices,
 Gummata, Abscesses, Pus, Adven-
 titious Deposits

*Corr. in the surface. - Deeply outworn appearance from
 interlobular congestion - Centric contraction in the sub. face.
 (Mugshot) Liver 3 lbs 6 1/2 oz.*

Vena Portæ

Gall bladder and Ducts

SPLEEN:—Form

Weight *4 1/2*.

Dimensions

Position

Covering

Substance

Sp. gr.

PANCREAS:—Form

Weight

Dimensions

Substance

SUPRA-RENAL CAPSULES

Aorta

Vena Cava

Sympathetic Nerve

KIDNEYS:—Form

*Left large hard & heavy. Weight any much lbs. Dimensions
 Form - Capsule adherent - distinct centric loss of sub.
 Substance - Cortical portion relatively increased - Right kidney
 similar -*

Sp. gr.

Capsule

Substance

Ureters

Bladder, Prostate, &c.

Testicles, &c.

G. INSPECTION OF JOINTS

H. INSPECTION OF BONES

I. INSPECTION OF MUSCLES

Intd *QD*

Medical Officer Examining

Medical Officer Assisting

PATHOLOGICAL REPORT, No. 33

NAME OF STATION
AND OF HOSPITAL

Netley

DATE OF
INSPECTION

19 December 1864

NUMBER OF HOURS
POST-MORTEM

99 1/2

ATMOSPHERIC CONDITIONS
AT 70-11 TEMPERATURE

(2) MOISTURE

REGIMENT.	RANK AND NAME.	AGE.	DISEASE.	WHERE CONTRACTED.	TOTAL DURATION OF ILLNESS.	DATE OF LAST ADMISSION.	DATE OF DEATH.	WARD.	REGISTER.	FOLIO.
1/4. 3054.	Robinson James.	35.	Pneumonia Pulmonary	Gibraltar	121 days	Sept 25/64	Dec 2/64	16.	92	1.

I. HISTORICAL SUMMARY.

COUNTRY, COUNTY, OR BIRTHPLACE:—

COMPLETED YEARS OF SERVICE:—17.

Stations and Periods of Foreign Service
stated in chronological order

Cornwall. Nov 2 1854 - June 1856.

British American. June 1856 - Nov 2 1857.

Hereditary. West -

Typhoid -

Rubella - Semperate

Stations and Periods of Home Service
stated in chronological order

Nov 2 1856 - to Feb 1857.

Nov 2 1857 - Feb 1860.

History as to previous Diseases or Injuries at these Stations or elsewhere

No medical history of this man - in consequence of which the status of his health has been ascertained - His record of previous diseases ascertained as of Pneumonia contracted at Gibraltar duration & date not specified -

Whence admitted to Hospital here, ...

How long Resident at last Station ...
(If from Shipboard state the duration of the Voyage.)

History of disease or injury which has proved fatal, and state on admission

Was admitted to Netley on 25 Sept from Gibraltar - His previous records of service & disease deficient as above - His constitution on admission to Netley was as follows - "Much emaciated - suffering from Cachexia. Inspection of mouth & throat almost without intermission - There was dullness over left lung. The right respiration was normal - The expectoration was abundant & offensive - About 4 weeks after admission diarrhoea became prominent - Continued respiration protracted & rattling & tubular could be heard in two left lung & in sternal & some days before death - also in upper & lower breathing - Adenoid & feeble also of left hand also when previous to death - fr. abdominal case leg.

J. Bratton M.D. Candidate

II. POST-MORTEM INSPECTION. Temperature of body in Mouth.

Measurements of the body ... Height 5' 10" -

Weight 35 lb -

Rectum.

Axilla.

Weight 7 1/2 lb 10 lb.

Cadaveric Rigidity

Putrefaction

Contusions, Marks of Punishment, or of Medical Treatment

Wounds, Cicatrices, Punctures

Eruptions

Edema

Individual Peculiarities

State of
Cuticle

Nutrition or
Emaciation

General Colour
of Surface

Emphysema

A. INSPECTION OF HEAD - SCALP.

Cranial Bones and Sutures

Dura Mater

Arachnoid

Opacity of arachnoid with subhyaline effusion

Pia Mater and Arteries

Sinuses of Dura Mater

BRAIN:—Weight (entire) 3 lbs 128

Specific gravity

Pons Varolii:—weight

Specific gravity

Cerebrum

" "

Modulla oblongata ..

" "

Cerebellum

" "

Corp. striata ..

" "

Specific gravity of Grey matter

Specific gravity of White

Optic Thalami ..

" "

Roots of the Nerves:—Cruca, Pituitary Body and Parts, generally at the base of the Brain

Cerebrum, Convulsions:—Colour and Consistence, Ulcers, Sloughs, Cavities, Cicatrices, Deposits

Wounds & effusion at the base of the brain - Congestion of the vessels on the surface of the brain - Numerous blood vessels penetrate into the substance - Congestion of choroid plexus - Congestion of pituitary body which is partly converted into a tough gelatinous looking substance -

Minute Vessels of the Brain

Ventricles

Optic Thalami

and

Corp. Striata

Pons Varolii

Medulla Oblongata

Cerebellum

B. INSPECTION OF SPINAL CANAL:—(1) The Membranes;—

Spinal Marrow, Consistence, &c.

Weight

Specific gravity

Size

Amount of Cereb. Sp. fluid

C. INSPECTION OF THE ORGANS OF THE SENSES:—(1) NASAL CAVITIES.

(2) ORBITS:—Eyelids

Eyeballs, &c.

(3) EARS:—External

Internal

(4) TONGUE

D. INSPECTION OF THE MOUTH AND THROAT:—TEETH. Number.

Condition.

Gums and Lips

Mucous Membrane and Glands

Palate

Tonsils and Uvula

Fauces

Pharynx

Displacement of substance of two tonsils -

High congestion of oropharynx

E. INSPECTION OF NECK AND CHEST:—RIBS AND PARIETES.

Cervical Glands

Thyroid

Thoracic Glands

Branchialomembranous Thymus

Larynx

Oedema of glottis - ulceration at both sides. A few pale carb. nodules respond to the upper border of the thyroid and subglottis

Trachea

Pleura Extensive adhesion on left side -

BRONCHI

LUNGS Right lung does not collapse - Gangrenous patches on surface of the lung - Consolidation theptiform in subrambling deposits of tubercles in various stages - Some softened forming small cavities - deposits of yellow irregular tubercular masses -

Left lung. Nearly the whole anterior half of the lung involved by the presence of a very large hydatid cyst - The cyst was easily separable from the surrounding lung - appearing on removal a solidified surface posteriorly. Here there was much white tubercular deposits - Remaining portion of lung congested theptiform & interspersed with tubercles similar to the right -

On microscopic examination the cyst was seen to be laminated & several Thoracic Duct and Vena Azgos. Very large haemolys were found within it leaving no doubt of its nature - The dimensions of the cyst were -

PERICARDIUM

HEART:—Form, &c. Small.

Dimensions { Base to Apex 4.2.
Aur. Ven. Groove to Apex 3.
Transverse at Aur. Ven. Groove .. 3.1.

Cavities:—Auricular Pushing & thickening of the mitral Circumference - 8 -

Ventricular Valve - semi-decussate to coarctum in right heart - apex formed entirely by left ventricle - Right Aur. Vent. ad - 11.
Pulmonary Artery - 9.
Left Aur. Vent. ad - 8.
Aorta - 6.

Lining Membrane

Contents

Valves

Pulmonary Artery

Aorta Slight degeneration of coats. In the space between the arches of the inferior vena cava -

Coronary Vessels

Cave Margin of heart - fat -

Muscular Substance

Weight

F. INSPECTION OF THE ABDOMEN:—PERITONEUM.

Hernia

Tumours

Calibre, Dilatation, Invagination, Con-

striction, Adhesions or change of

position of Viscera

STOMACH:—Contents

Mucous surface

Glands

MUCOUS MEMBRANE OF SMALL INTESTINES

TINES:—Secretions or Exudations on

its surface

Colour and Consistence of Mucous

Membrane

Vill. of Intestines:—

Substance of Intestines

Glands of Duodenum

" Ileum and Jejunum

" Peyer

Solitary Glands

Crypts of Lieberkühn

CÆCUM

Internal

COLON:—Secretions or Exudations

on its Surface

Ulcers, connected or not with Solitary

Glands

RECTUM

Hæmorrhoids

LIVER:—Form

Weight *3 lbs 4 $\frac{3}{4}$ oz* Dimensions

Position

Covering

Substance:—Granulations, Cicatrices,

Gumata, Abscesses, Pus, Adven-

titious Deposits

*Ce centric mass of substance with anterior aspect of capsule.
Similar centric appearance with under surface. Can-
siderable interlobular congestion*

Vena Portæ

Gall-bladder and Ducts

SPLEEN:—Form

Weight Dimensions

Position

Covering

Substance

*White condensation of capsule, where adhering to the dia-
phragm - centric mass of substance at various points -
anterior surface -*

Sp. gr.

PANCREAS:—Form

Weight *10 oz*

Dimensions

Substance

SUPRA-RENAL CAPSULES

Aorta

Vena Cava

Sympathetic Nerve

KIDNEYS:—Form

Weight *Any pair - 12 oz* Dimensions

Capsule

Substance

*Irregular lobulated appearance. Congestion surrounding
pyramidal portion - Cortical substance not enlarged -
Left smaller - atrophy & disorganization of the lower
half - 10 $\frac{1}{2}$ is condensed cutis like fibrous tissue. Containing
small concretions*

Uterus

Bladder, Prostate, &c.

Testicles, &c.

G. INSPECTION OF JOINTS.

H. INSPECTION OF BONES.

Intest. P.D.

I. INSPECTION OF MUSCLES.

Medical Officer Examining

Medical Officer Assisting

PATHOLOGICAL REPORT, No. 34

NAME OF STATION AND OF HOSPITAL Huttley - DATE OF INSPECTION January 6th /65 NUMBER OF HOURS POST-MORTEM 98. ATMOSPHERIC CONDITIONS AS TO - (1) TEMPERATURE (2) MOISTURE.....

RHIGMENT.	RANK AND NAME.	AGE.	DISEASE.	WHERE CONTRACTED.	TOTAL DURATION OF ILLNESS.	DATE OF LAST ADMISSION.	DATE OF DEATH.	WARD.	REGISTER.	FOLIO.
<u>99th</u> <u>1848.</u>	<u>Private.</u> <u>Leo Murphy.</u>	<u>23 3/4</u>	<u>Dysentery.</u> <u>Chronic.</u>	<u>Hongkong.</u>	<u>3/12</u>	<u>Dec 22 /64</u>	<u>Jan 2 /65</u>	<u>18.</u>	<u>94.</u>	<u>38.</u>

I. HISTORICAL SUMMARY.

COUNTRY, COUNTY, OR BIRTHPLACE - China - Nov 2 1860. - Amherstbury - COMPLETED YEARS OF SERVICE - 5 5/12.
Stations and Periods of Foreign Service stated in chronological order

Stations and Periods of Home Service stated in chronological order Home. Aug 1 1859 - Nov 2 1860 -

History as to previous Diseases or Injuries at these Stations or elsewhere - No medical history check of this man being obtainable the following note of previous diseases is derived from his abstract -
He simply states that he suffered from Intermittent Fever. Common continued fever.
Dysentery in Hong Kong - duration & dates not specified -

When admitted to Hospital here... In "Board Ship" "Delhi" How long Resident at last Station ... }
(If from Shipboard state the duration of the Voyage.)

History of disease or injury which has proved fatal, and state on admission - Was admitted to Huttley on the 22nd Dec for board ship from China. He stated on admission that he enjoyed good health up to July, 1864 - when he contracted Dysentery & Fever. On Sept 30 following when under treatment for Continued Fever - he is stated to have been seized with Dysentery in an aggravated form. The affection became chronic & he was invalided back home by overland route. On his way home he had Hemoptysis & showed symptoms of Phthisis. His condition as far as recorded on admission here is as follows -
He had green Hemoptysis. Large quantities of blood were evacuated with each stool - his cough was troublesome & he was very weak. Anaphylaxis of pain in right side (viz) & had general tenderness over the abdomen -
he suffered from exhaustion in the morning of the 2nd January.
He abstracted of Cerebrum -
Severe. No Creeping.
Weak Constipation.

II. POST-MORTEM INSPECTION.

Measurements of the body Height 5-4 1/2. Temperature of body in Mouth. Rectum. Axilla.
Cadaveric Rigidity Weight 6-12.
Putrefaction Nutrition or Emaciation
Contusions, Marks of Punishment, or of Medical Treatment State of Cuticle General Colour of Surface
Wounds, Clotures, Punctures
Eruptions
Edema Emphysema
Individual Peculiarities

A. INSPECTION OF HEAD - SCALP.

Cranial Bones and Sutures
Dura Mater Considerable amount of pus over the surface of the brain.
Arachnoid

Pia Mater and Arteries

Sinuses of Dura Mater

BRAIN:—Weight (entire) 3.252 - Specific gravity

Cerebrum " " " " " "

Cerebellum " " " " " "

Specific gravity of Grey matter Specific gravity of White

Pons Varolii:—weight

Specific gravity

Medulla oblongata "

" "

Corp. striata "

" "

Optic Thalami "

" "

Roots of the Nerves:—Cran. Pitu

itary Body and Parts, generally at

the base of the Brain

Some thickening & degeneration of the vessels at the base of the brain -

Cerebrum, Convolutions:—Colour and

Consistence, Ulcers, Scleroses, Cavities,

Cisterns, Deposits

Structure of the brain form -

Minute Vessels of the Brain

Ventricles

Optic Thalami

and

Corp. Striata

Pons Varolii

Medulla oblongata

Cerebellum

Some serum in the lateral ventricles - with accumulation of the Charoid bodies.

B. INSPECTION OF SPINAL CANAL:—(1) The Membranes:—

Spinal Marrow, Consistence, &c.

Weight

Specific gravity

Size

Amount of Cereb. Sp. fluid.

C. INSPECTION OF THE ORGANS OF THE SENSES:—(1) NARAL CAVITIES.

(2) ORBITS:—Eyelids

Eyelids, &c.

(3) EARS:—External

Internal

(4) TONGUE

D. INSPECTION OF THE MOUTH AND THROAT:—TENTH. Number.

Condition.

Gums and Lips

Mucous Membrane and Glands

Palate

Tonsils and Uvula

Fauces

Pharynx

E. INSPECTION OF NECK AND CHEST:—RIBS AND PARIETES.

Cervical Glands

Thyroid

Thoracic Glands

Thymus

Larynx

Trachea

Pleura

Trachea

LUNGS

The whole of the right side of the chest was insulated in alar, & also seen which was found to communicate with the liver - The left lung is congested towards the base - no deposits -

Thoracic Duct and Vena Azygos

PERICARDIUM

HEART:—Form, &c.

Dimensions { Base to Apex

Cavities:—Auricular

Ventricular

Lining Membrane

Contents

Valves

Pulmonary Artery

Aorta

Coronary Vessels

Cava

Muscular Substance

Normal
Weight 9 1/4

Weight

F. INSPECTION OF THE ABDOMEN:—PERITONEUM

Large effusion into the cavity of the peritoneum - 3000
adhesion of the peritoneum to the right iliac fossa -

Hernia

Tumours

Calibre, Dilatation, Invagination, Con-

striction, Adhesions or change of

position of Viscera

STOMACH:—Contents

Mucous surface

Glands

MUCOUS MEMBRANE OF SMALL INTESTINES:—Secretions or Exudations on

its surface

Colour and Consistency of Mucous

Membrane

Vill. of Intestines:—

Substance of Intestines

Glands of Duodenum

" Ileum and Jejunum

" Peyer

Solitary Glands

Crypts of Lieberkühn

CÆCUM

General Calibre of small intestine contracted—

Patches of Peyer's atrophic with black melanine deposits—glands

Quarties Lieke like—No evidence of ulceration except at the

lowermost patches where large white ulcers exist—ulcers

blackening sparing when the slough is removed clean sharp cut

edges—

Capsulæ covered with small ulcers extending to base—

COLON:—Secretions or Excretions

on its Surface

Ulcers, connected or not with Solitary

Glands

RECTUM

Hæmorrhoids

Large number of ulcers extending through the Colon—

Indurated & hypertrophied glands especially in connection with

the Colon—ulcers very frequent in the rectum—

LIVER:—Form

Weight

Dimensions

Position

Covering

Substance:—Granulations, Cicatrices

Gumata, Abscesses, Pus, Adven-

titious Deposits

Vena Porta

Gall-bladder and Ducts

SPLEEN:—Form

Position

Covering

Substance

PANCREAS:—Form

Substance

SUPRA-RENAL CAPSULES

Aorta

Vena Cava

Sympathetic Nerve

KIDNEYS:—Form

Capsule

Substance

URETERS

Bladder, Prostate, &c.

Testicles, &c.

Unequivocal evidence of central loss of substance within

superficial aspect of the liver—the lower end of the falciform

the level of the umbilicus—On opening the organ it is seen

that there are two considerable sized abscesses, one above

the other—they do not communicate with one another, but the

upper of the two communicates with the abscess in the lung—the portion

of the organ chiefly involved is that portion immediately in front of the

lobulus quadratus—There are several small minute abscesses

throughout the general substance apparently in connection with

the veins—

Spleen large. Malpighian granules visible. pulp soft.

incapable of doing so.

Weight

Dimensions

Weight

Dimensions

Capsule of the kidneys easily separated—showing considerable

congestion on the surface. Cortical substance not enlarged.

Sp. gr.

G. INSPECTION OF JOINTS.

H. INSPECTION OF BONES.

I. INSPECTION OF MUSCLES.

Medical Officer Examining

Medical Officer Assisting

PATHOLOGICAL REPORT, No. 35.

28-35

Session 64-5

NAME OF STATION AND OF HOSPITAL Nitely DATE OF INSPECTION Jan 24/65 NUMBER OF BODIES POST-MORTEM 36 ATMOSPHERIC CONDITIONS AS TO—(1) TEMPERATURE (2) MOISTURE

REGIMENT.	RANK AND NAME.	AGE.	DISEASE.	WATER CONTRACTED.	TOTAL DURATION OF ILLNESS.	DATE OF LAST ADMISSION.	DATE OF DEATH.	WARD.	REGISTER.	FIELD.
<u>1/18</u> <u>314.</u>	<u>Privates</u> <u>John Pardon.</u>	<u>30.</u>	<u>Hepatitis</u> <u>— chronic.</u>	<u>Indies.</u>	<u>376 days.</u>	<u>13^d Dec</u> <u>1864</u>	<u>Jan 22</u> <u>1865</u>	<u>16.</u>	<u>4</u>	<u>23.</u>

I. HISTORICAL SUMMARY.

COUNTRY, COUNTY, OR BIRTHPLACE Queen's Co Ireland, COMPLETED YEARS OF SERVICE 6 1/2

Stations and Periods of Foreign Service
stated in chronological order Indies (Secunderabad & Poona & Malabar) from
March 1858 - Aug 1864

Stations and Periods of Home Service
stated in chronological order Hume. Oct 1854. - March 1858

Hereditary Hasty & Ranc,
Syphilis - states that he has
a chancre prior to enlistment.
Habits - Intemperate

History as to previous Diseases or Injuries at these Stations or elsewhere
At Secunderabad - the admissions in his cheeks are as follows -
Carbuncles - 4 days - Impetigo 43 days - Ulcers 22. 02
& Diarrhoea - this latter lasting 89 days - Subsequently at Poona & Malabar. He has
one admission - "Ulceritis & Abscess"!!! 20 days -

Whence admitted to Hospital here.... From Tripboarob How long Resident at last Station .. }
(If from Shipboard state the duration of the Voyage.)

History of disease or injury which has proved fatal, and state on admission
Beyond the admissions as above there is no statement of his condition prior to admission to Nitely on the 13^d Dec. - Since then he is stated to have had frequent vomiting of his food - the matters ejected were at first tinged with blood. afterwards pure blood was vomited - He states himself that he has had severe pain in the right hypochondrium for two last few months, with inability to lie on the right side - There was a prominent elastic tumour felt in the epigastric region tending rather to the left side - the tumour was tender & bleated out to the pulsation of the abdominal aorta - The tumour is said to have been dull, unperforated & the dullness can be traced into the normal limits of the liver - He was much emaciated the two extremities were oedematous, latterly the oedema was noticed about the head - Some days prior to death complained of pain in the left shoulder - He died on the 22^d Jan. as the abstract states asphyxiated -
Abstract of Case by Chas B Smith
March Candidate

II. POST-MORTEM INSPECTION.

Temperature of body in Mouth

Measurements of the body Height 5'5. - Weight 33 lb -

Cadaveric Rigidity

Putrefaction

Contusions, Marks of Punishment, or of Medical Treatment

Wounds, Cicatrices, Punctures

Eruptions

Oedema

Individual Peculiarities

Rectum.

Axilla.

Weight 9.5.

Nutrition or Emaciation }

General Colour of Surface }

State of Cuticle }

Two cretaceous in the left grain

Liver extremely, seratum & peritonitis infiltrated with serum -

A. INSPECTION OF HEAD & SCALP.

Cranial Bones and Sutures

Dura Mater

Arachnoid

Congestion of the vessels in the end of face & the brain -

Pia Mater and Arteries

Sinuses of Dura Mater

BRAIN:—Weight (entire) *2.13.*

Cerebrum " "

Cerebellum " "

Specific gravity of Grey matter

Roots of the Nerves:—Cran. Pituitary Body and Parts, generally at the base of the Brain

Cerebrum, Convolutions:—Colour and Consistence, Ulcers, Sloughs, Cavities, Cicatrices, Deposits

Minute Vessels of the Brain

Ventricles

Optic Thalami

and

Corpus Striatum

Pons Varolii

Medulla Oblongata

Cerebellum

Specific gravity

" "

" "

Specific gravity of White

Pons Varolii:—weight

Medulla oblongata "

Corpus striatum "

Optic Thalami "

Specific gravity

" "

" "

" "

Edema of the substance of the brain - softening of the tissue with the neighbourhood of the ventricles -

B. INSPECTION OF SPINAL CANAL:—(1) The Membranes:—

Spinal Marrow, Consistence, &c.

Weight

Specific gravity

Size

Amount of Cereb. Sp. fluid.

C. INSPECTION OF THE ORGANS OF THE SENSES:—(1) NASAL CAVITIES.

(2) ORBITS:—Eyelids

Eyelids, &c.

(3) EARS:—External

Internal

(4) TONGUE

D. INSPECTION OF THE MOUTH AND THROAT:—Teeth. Number.

Condition.

Gums and Lips

Mucous Membrane and Glands

Palate

Tonsils and Uvula

Fauces

Pharynx

Same kind of substance of the tonsils -

E. INSPECTION OF NECK AND CHEST:—Ribs and Parietes.

Cervical Glands

Thoracic Glands

Larynx

Trachea

Thyroid

Thymus

Enlarged thyroid gland.

Pleura

BRONCHI

LUNGS Large amount of bloody serum in the left pleural cavity probably
fortuitous the result of an operation at the root of the neck - Congestion
of the lung posteriorly, but no consolidation or inflammation - Glands
at the root of the lung much enlarged -
Weight 3 lbs 10 oz.

Thoracic Duct and Vena Azygos..... Dilatation & enlargement of the Thoracic Duct

PERICARDIUM Five ounces of fluid in the Pericardium -

HEART:-Form, etc..... Distinct white patch in the anterior
face of the heart - Same comparatively recent lymphatic surface of the heart.
Base to Apex.....
Aur. Ven. Groove to Apex.....
Transverse at Aur. Ven. Groove.....

Cavities:-Auricular above - but free & not attached to pericardium -

Ventricular

Lining Membrane

Contents

Valves Pulses normal -

Pulmonary Artery

Aorta Same degeneration in the shape of small yellow irregular spots.

Coronary Vessels..... in the thoracic portion - Muscularity of the aorta -

Cave.....

Muscular Substance.....

Weight

F. INSPECTION OF THE ABDOMEN:-PERITONEUM About 32 ounces of dark straw coloured fluid.

Hernia Contains it in the peritoneal cavity -

Tumours

Calibre, Dilatation, Invagination, Con-

striction, Adhesions or change of

position of Viscera

STOMACH:-Contents..... Stomach congested in patches - No evidence of ulceration -
Mucous surface..... pyloric orifice normal.

Glands

MUCOUS MEMBRANE OF SMALL INTESTINE

TEXES:-Secretions or Exudations on

its surface

Colour and Consistence of Mucosa

Membrane

Vill. of Intestines:—

Substance of Intestines

Glands of Duodenum

" Brunner and Jejunum

" Peyer

Solitary Glands

Crypts of Lieberkühn

CÆCUM

COLON:—Secretions or Exudations

on its Surface

Ulcers, connected or not with Solitary

Glands

RECTUM

Hæmorrhoids

LIVER:—Form

Position

Covering

Substance:—Granulations, Cicatrices,

Gummatæ, Abscesses, Pus, Adven-

titious Deposits

Vena Portæ

Gall-bladder and Ducts

SPLEEN:—Form

Position

Covering

Substance

PANCREAS:—Form

Substance

SUPRA-RENAL CAPSULES

Aorta

Vena Cava

Sympathetic Nerve

KIDNEYS:—Form

Capsule

Substance

URETERS

Bladder, Prostate, &c.

Testicles, &c.

G. INSPECTION OF JOINTS

* Lymphatic Glands

H. INSPECTION OF BONES

I. INSPECTION OF MUSCLES

Microscopic Examination

Amount of Calcareous corpuscles

Microscopic Examination

Amount of Calcareous corpuscles

Microscopic Examination

Amount of Calcareous corpuscles

Microscopic Examination

Amount of Calcareous corpuscles

Microscopic Examination

Amount of Calcareous corpuscles

Microscopic Examination

Amount of Calcareous corpuscles

Microscopic Examination

Amount of Calcareous corpuscles

Microscopic Examination

Amount of Calcareous corpuscles

Intestines generally, throughout the whole extent con-
gested—

Hard, irregular surface - appears corrugate - Has a
yellowish appearance in section - Shows under the microscope
great increase of connective tissue and also frequent fatty
deposits mostly intralobular.

Large, adhesion strongly to the peritoneum posteriorly - adhering
also to the Diaphragm by dense layers of adhesions - Dense
yellowish tubercle marked with white spots - anterior surface probably
lymphatic.

Head of the pancreas enlarged & hard - great enlargement of
the lymphatics about the head & along its superior margin

Distinct yellowish deposit in the right testicle - left partly
atrophied with dense fibrous bands stretching towards the interior -

The bones generally exceedingly soft - very porous. Compact
portion very thin in the long bones.

Palæch. from the aorta & other arteries showed large numbers of lymph
corpuscles in a mass about 1/2000 of an inch. On adding acetic acid the masses became very
distinct & nucleoli were occasionally visible - the blood showed not the least tendency
to coagulate - Spleen removed from a cat & surface showed a very large
amount of Calcareous corpuscles - differing in no respect from those in the blood - the cells & nuclei
were very large.

Medical Officer Examining

Medical Officer Assisting

Pia Mater and Arteries

Sinuses of Dura Mater

BRAIN:—Weight (entire) $2\frac{1}{2}$. Specific gravity

Cerebrum " " " " " "

Cerebellum " " " " " "

Specific gravity of Grey matter Specific gravity of White

Roots of the Nerves:—Cran. Pitu-
itary Body and Parts, generally at
the base of the Brain

Cerebrum, Convulsions:—Colour and
Consistence, Ulcers, Sloughs, Cavities,
Cisterns, Deposits

Minute Vessels of the Brain

Ventricles

Optic Thalami

and

Corpor. Striata

Pons Varolii

Medulla Oblongata

Cerebellum

Pons Varolii:—weight

Specific gravity

Medulla oblongata " " " "

Corp. striata " " " "

Optic Thalami " " " "

B. INSPECTION OF SPINAL CANAL:—(1) The Membranes:—

Spinal Marrow, Consistence, &c.	Weight	Specific gravity	Size
			Amount of Cereb. Sp. fluid.

C. INSPECTION OF THE ORGANS OF THE SENSES:—(1) NASAL CAVITIES

(2) ORBITS:—Eyelids

Eyelids, &c.

(3) EARS:—External

Internal

(4) TONGUE

D. INSPECTION OF THE MOUTH AND THROAT:—TEETH. Number.

Condition.

Gums and Lips

Mucous Membrane and Glands

Palate

Tonsils and Uvula

Fauces

Pharynx

E. INSPECTION OF NECK AND CHEST:—RIBS AND PARIETES.

Cervical Glands

Thyroid

Thoracic Glands

Thymus

Larynx

Trachea

Pleura

BRONCHI

LUNGS Engulfing collapses. adhesions onto posterior's capsule -
about 50 cc of bloody serum + a coagulum of blood weighing 1 lbs 12 oz.
were removed from the left pleural cavity - There was some deep brown
densities being situated at the posterior part of the lung - in two substances
a cretine was evident -

Thoracic Duct and Vena Azygos.....

PERICARDIUM Small quantity of fluid in the pericardium -

Preparation missing July 1900
HEART:- Form, etc. Heart flabby. Rt. Aur. Vent. ar. No 12
Weight $7\frac{1}{2}$ oz. Pul. Artery - " 9
L. Aur. Vent. 10
Aorta - 7
Dimensions { Base to Apex..... 5.6.
Aur. Ven. Groove to Apex 4.2.
Transverse at Aur. Ven. Groove.. 3.6.
Circumference - 8.8.

Cavities:- Auricular Balances Normal.

Ventricular An incision was made in the septum + dissecting the aorta upwards from
the bifurcation a large aneurysmal tumour in visible. It occupied
the whole upper part of the abdominal cavity + extended
downwards to below the 11th lumbar vertebra - the psoas muscle
was displaced by the tumour + a branch opposite the
curvature of the 12th rib. A small opening was found. - The bodies
of two vertebrae beneath were entirely disorganised - as also some
portions of the ribs - The pain of excruciating was immediately
undiminished where the diaphragm passed over the tumour -
In one portion of the sac there was a small diverting aneur-
ism - There were several white patches one undergoing ab-
sorption + caused Dr. able alterations in the
walls of the aorta

F. INSPECTION OF THE ABDOMEN:-PEPTOCEUM.

Hernia

Tumours

Caliber, Dilatation, Invagination, Con-
striction, Adhesions or change of
position of Viscera

STOMACH:- Contents.....

Mucous surface.....

Glands

MUCOUS MEMBRANE OF SMALL INTESTINE

Notes:- Secretions or Excretions on
its surface

Colour and Consistence of Mucous

Membrane

Vill. of Intestines:—

Substance of Intestine

Glands of Duodenum

" Ileum and Jejunum

" Peyer

Solitary Glands

Crypts of Lieberkühn

CÆCUM

COLON:—Secretions or Exudations

on its Surface

Ulcers, connected or not with Solitary

Glands

RECTUM

Hæmorrhoids

LIVER:—Form

Position

Covering

Substance:—Granulations, Cicatrices,

Gummata, Abscesses, Pus, Adven-

titious Deposits

Vena Portæ

Gall-bladder and Ducts

SPLEEN:—Form

Position

Covering

Substance

PANCREAS:—Form

Substance

SUPRA-RENAL CAPSULES

Aorta

Vena Cava

Sympathetic Nerve

KIDNEYS:—Form

Capsule

Substance

URETERS

Bladder, Prostate, &c.

Testicles, &c.

G. INSPECTION OF JOINTS.

H. INSPECTION OF BONES.

I. INSPECTION OF MUSCLES.

Normal.

Weight 4 1/2

Dimensions

Liver adhering to the Diaphragm on its anterior aspect.

Weight 4 1/2

Dimensions

Adhering to the Diaphragm on its anterior aspect.

Weight

Dimensions

Weight 4 1/2

Dimensions

Flattening & absorption of the upper end left kidney from pressure of the aneurism

Sp. gr.

Q.D.

Medical Officer Examining

Medical Officer Assisting

PATHOLOGICAL REPORT, No. 34.

NAME OF STATION } *Netley* } DATE OF } *May 4/15* } NUMBER OF HOURS } *44* } ATMOSPHERIC CONDITIONS }
 AND OF HOSPITAL } } INSPECTION } } POST-MORTEM } } AS TO—(1) TEMPERATURE }
 } } } } } } (2) MOISTURE }

REGIMENT.	RANK AND NAME.	AGE.	DISEASE.	WHERE CONTRACTED.	TOTAL IN PATIENT'S RECORD.	DATE OF LAST ATTACK.	DATE OF DEATH.	WEIGHT REGISTERED.	F-L-1.
<i>1139</i>	<i>William A. Bruce</i>	<i>33</i>	<i>Phthisis pulmonalis</i>	<i>India</i>	<i>12 months</i>	<i>May 3/15</i>	<i>May 5/15</i>	<i>134 lb.</i>	<i>11</i>

I. HISTORICAL SUMMARY. COUNTRY, COUNTY, OR BIRTHPLACE:—*Dublin*. COMPLETED YEARS OF SERVICE:—*7 yrs.*

Stations and Periods of Foreign Service:—*India April 1858. — Decr. 1864.*
 stated in chronological order

Stations and Periods of Home Service:—*Home. Novr. 1854 — April 1858.*
 stated in chronological order

History as to previous Diseases or Injuries at these Stations or elsewhere:—
Hepatic. — Hepatitis Ac. 36 days.
" " Feb. 28 "
" " Hepatitis Chron. —
" " Cancer — 8 days.
" " Phthisis pulmon. 255. —

Whence admitted to Hospital here.... *Board Ship.* How long Resident at last Station .. }
 (If from Shipboard state the duration of the Voyage.) } *Duration of voyage 109 days*

History of disease or injury which has proved fatal, and state on admission:—
The patient attributed his present illness to cold caught on guard during the night. A fortnight subsequently he had an attack of Rheumatism & lost about 2 quarts of blood. —
On admission he was emaciated & presented the appearance of a consumptive & the right lung at two apices — vacuities about its middle & lower lobe. The right pleura & evidences of deposit. The left lobe of the lung also enlarged. He began to cough & expectorate on his admission & died at home of this on 4th May.
From abstract of case by.

Robert Keith. Med. Candidate

II. POST-MORTEM INSPECTION. Temperature of body in Mouth. *Rectum. Axilla.*
 Measurements of the body:—*Height 5' 9". Weight 133 lbs. —*
 Cadaveric Rigidity

INSPECTION OF HEAD:—*Scalp.*
 Cranial Bones and Sutures

Arachnoid

Pia Mater and Arteries *Hyperficial Congestion of the Pia Mater - which is scarce*
 Sinuses of Dura Mater *Separated -*

BRAIN:—Weight (entire) *3-10 1/2* Specific gravity
 Cerebrum " " " " " " " " " " " "
 Cerebellum " " " " " " " " " " " "
 Specific gravity of Grey matter Specific gravity of White
 Pons Varolii:—weight Specific gravity
 Medulla oblongata " " " " " "
 Corp. striata " " " " " "
 Optic Thalami " " " " " "

Roots of the Nerves:—Cran. Pituitary Body and Parts, generally at the base of the Brain

CEREBRUM, Convolutions:—Colour and Consistence, Ulcers, Sclerotic, Cavities, Cicatrices, Deposits *Hemorrhagic effusion on the left lobe of the cerebrum posteriorly - Section of the brain from Central Cereb. - Pressure soft, probably post mortem - pericard of lungs enlarged & gritty - Congestion of the grey matter. -*

Minute Vessels of the Brain

Ventricles.....

Optic Thalami

and

Corp. Striata

Pons Varolii

Medulla Oblongata

CEREBELLUM *Hemorrhagic effusion on the posterior part of the cerebellum on the right side -*

B. INSPECTION OF SPINAL CANAL:—(1) The Membranes:—

Spinal Marrow, Consistence, &c. Weight Specific gravity Size
 Amount of Cereb. Sp. fluid.

C. INSPECTION OF THE ORGANS OF THE SENSES:—(1) NASAL CAVITIES.

(2) ORBITS:—Eyelids

Eyeballs, &c.

(3) EARS:—External

Internal.....

(4) TONGUE

D. INSPECTION OF THE MOUTH AND THROAT:—TENTIL. Number.

Condition.

Gums and Lips.....

Mucous Membrane and Glands

Palate

Tonsils and Uvula

Fauces

Pharynx

E. INSPECTION OF NECK AND CHEST:—RIBS AND PARIETES.

Cervical Glands

Thyroid

Thoracic Glands

Thymus

Larynx

Trachea.....

Pleura Succeeding by dense adhesions anteriorly to the
 costal surface & diaphragm -

BRONCHI

LUNGS

Right lung posteriorly consolidated with cauterous &
 Pneumonia consolidated with infiltration of its tissue - Near
 the base military tubercles is scattered - Involvement of the glands
 at the root of the lungs & the pulmonary artery extending to those at
 the root of the neck - base of lung adhering densely to the heart -

* Left lung congested tissue soft - Yellow frothy mucus
 from the larynx - Some emphysema & the tubercles go on towards
 the apex - Tissue generally pneumonia -

* Solitary nodules about the posterior & middle portion right
 lung -

Thoracic Duct and Vena Azygos

Weight constant . 3.14

PERICARDIUM

HEART: - Form, etc.

Well marked white spots on
 the anterior aspect of the septum.
 Ventricle - Papillae also over the
 prominent part of the right ventricle
 blood vessels -

Circumference - 10.8.
 Base to Apex 6.6.
 Aur. Ven. Groove to Apex 5.
 Transverse at Aur. Ven. Groove... 4.5 -

Cavities: - Auricular

Ventricular

Partially decalcified coagulum. Right side of the heart - decalcified.
 blood in the left heart this. -

Lining Membrane

Contents

Valves

Pulmonary Artery

Aorta

Coronary Vessels

Cave

Muscular Substance

Weight

F. INSPECTION OF THE ABDOMEN: - PERITONEUM.

Hernia

Tumors

Calibre, Dilatation, Invagination, Con-
 striction, Adhesions or change of
 position of Viscera

STOMACH: - Contents

Mucous surface

Glands

MUCOUS MEMBRANE OF SMALL INTESTINE:

TISSUE: - Secretions or Exudations on
 its surface

Colour and Consistence of Mucosa

Membrane

Vill. of Intestines:—

Substance of Intestines

Glands of Duodenum

" Hæm and Jejunum

" Peyer

Solitary Glands

Crypts of Lieberkühn

CÆCUM

COLON:—Secretions or Exudations

on its Surface

Ulcers, connected or not with Solitary

Glands

RECTUM

Hæmorrhoids

LIVER:—Form

Position

Covering

Substance:—Granulations, Cicatrices,

Gummata, Abscesses, Pus, Adven-

titious Deposits

Vena Portæ

Gall-bladder and Ducts

SPLEEN:—Form

Position

Covering

Substance

PANCREAS:—Form

Substance

SUPRA-RENAL CAPSULES

Aorta

Vena Cava

Sympathetic Nerve

KIDNEYS:—Form

Capsule

Substance

URETERS

Bladder, Prostate, &c.

Testicles, &c.

G. INSPECTION OF JOINTS.

H. INSPECTION OF BONES.

I. INSPECTION OF MUSCLES.

Peyer's patches wasted - infiltrated and some of the glands
with white milky material -

Adhering closely to Weight 5 1/2 lbs.
type long - the diaphragm spleen a forming a dense fibrous mass.
Spleen slightly enlarged. faty under the microscope & amorphous -

Enlarged fibrous Weight
deposited in its substance along the periphery - Texture firm & dark.

Consolidated & coaly Weight
Major internal part of the pancreas in relation with the spleen.

Congestion of two Weight 15 1/2 lbs. Congestant
Fragile - Congestion mainly in the vessels between the cortical
pyramidal portion -

RD

Medical Officer Examining

Medical Officer Assisting

PATHOLOGICAL REPORT, No. 38.

NAME OF STATION AND OF HOSPITAL Hetty DATE OF INSPECTION May 15th 1865 NUMBER OF HOURS POST-MORTEM 94 ATMOSPHERIC CONDITIONS AS TO—(1) TEMPERATURE (2) MOISTURE

RESIDENT.	RANK AND NAME.	AGE.	DISEASE.	WHERE CONTRACTED.	TOTAL DURATION OF ILLNESS.	DATE OF LAST ADMITTANCE.	DATE OF DEATH.	WEIGHT.	REGISTER.	FOLIO.
<u>27th</u> <u>3254</u>	<u>Plt.</u> <u>William Mitsun.</u>	<u>24.</u>	<u>Phthisis.</u> <u>pulmonalis</u>				<u>May 11th</u>	<u>14</u>	<u>47</u>	<u>2.</u>

I. HISTORICAL SUMMARY.

COUNTRY, COUNTY, OR BIRTHPLACE—Antrim Ireland COMPLETED YEARS OF SERVICE—9 9/2.
Stations and Periods of Foreign Service Served in India from May 1854.
stated in chronological order until embarkation with the latter end of 1864— Height and weight 5' 11 3/4
Height and weight 108 10 lbs.

Stations and Periods of Home Service
stated in chronological order

History as to previous Diseases or Injuries at these Stations or elsewhere
Feb Int. Quab. Pishawar. 1854—3 admissions of 3. 675 days respectively.
" Nowshera. 1854. 1 " 1858—1 admission
" Umballa 1858. 2 " of 5712 days respectively.
In 1859. Barbours Dindroo. two former 31 days the latter 11 at Madras—In 1861 at the same.
Station he had four admissions. Cholera 10 days—Intermittent Fevers of 11 1/2 days—7 Cere
tural 2 days—7 at Dindroo in 1863 24—Dindroo 2 days—Rheum Chron 2 days—7 two admissions
for Intermittent of 16 1/2 161 days—
When admitted to Hospital here.... How long Resident at last Station ...
(If from Shipboard state the duration of the Voyage.)

History of disease or injury which has

proved fatal, and state on admission This man's health first failed at Pishawar. when attacked by
Intermittent—for which he has as before a series of admissions—When admitted.
to Hospital at Hetty. on the 2nd March. he had dryness of mouth—with
bronchial breathing of vocal resonance. under water Chorea of tongue very weight
emaciated—Pachypharynx. Coarse breathing under water right subclavian
region—He had also pain & swelling in the left wrist joint—And indigestion
appetite—Emaciation increased & about the beginning of May he began to
have copious profuse expectoration. Night sweats. Aphthous ulceration
of the throat—Pain over the Colon—His pulse was very small, 140 & weak.
Emaciation increased & he died at 4.45 p.m. on the 11th May—
from abstracted of Cause by.
Thomas R. King. Medical Candidate—

II. POST-MORTEM INSPECTION. Temperature of body in Mouth.

Measurements of the body Height—5' 4" Weight—139 lb— Rectum Axilla
Cadaveric Rigidity Nutrition or Emaciation Weight 68 lbs.
Putrefaction State of Cuticle General Colour of Surface
Contusions, Marks of Punishment, or of Medical Treatment
Wounds, Cicatrices, Punctures Cicatrices of bubo & baty grains—Cicatrices of an ulcer with se-
Eruptions trains under the arm pits—
Edema Emphysema
Individual Peculiarities

A. INSPECTION OF HEAD—SCALP.

Cranial Bones and Sutures Calvarium heavy density increased from growth of bone. Gen
Dura Mater really—Inflammation of the Pachymeningeal
Arachnoid

Pia Mater and Arteries

Sinuses of Dura Mater

BRAIN:—Weight (entire) $2 \frac{1}{2} 10 \frac{1}{2}$ lbs. Specific gravity

Cerebrum " " " " " "

Cerebellum " " " " " "

Specific gravity of Grey matter Specific gravity of White

Roots of the Nerves:—Cran. Pitu-

itary Body and Parts generally at

the base of the Brain

Cerebrum, Convolution:—Colour and

Consistence, Ulcers, Sloughs, Cavities,

Choirices, Deposits

Minute Vessels of the Brain

Ventricles

Optic Thalami

and

Corpor. Striata

Pons Varolii

Medulla Oblongata

Cerebellum

Pons Varolii:—weight

Medulla oblongata " " "

Corp. striata " " "

Optic Thalami " " "

Specific gravity

" " "

" " "

" " "

Considerable amount of fluid at the base of the brain & the

Plenty of fluid enlarged, red & succulent - general new color at surface of the brain -

B. INSPECTION OF SPINAL CANAL:—(1) The Membranes:—

Spinal Marrow, Consistence, &c.

Weight

Specific gravity

Size

Amount of Cereb. Sp. fluid.

C. INSPECTION OF THE ORGANS OF THE SENSES:—(1) NASAL CAVITIES.

(2) ORBITS:—Eyelids

Eyeballs, &c.

(3) EARS:—External

Internal

(4) TONGUE

D. INSPECTION OF THE MOUTH AND THROAT:—TERTIL Number.

Condition.

Gums and Lips

Mucous Membrane and Glands

Palate

Tonsils and Uvula

Pharynx

Pharynx

Evidence of old ulceration post aspect of the tongue -

Sloughing mass of substance between tonsils -

E. INSPECTION OF NECK AND CHEST:—RIBS AND PARIETES.

Cervical Glands

Thyroid

Thoracic Glands

Trachea

Larynx

Trachea

Ulceration of the larynx entire post aspect of the arytenoid cartilages -

Pleura

Bronchi

LUNGS

Left lung collapsed - strong adhesions at base towards the base - otherwise normal. With the exception of a few miliary tubercles scattered through its substance. -

Right lung does not collapse. Remains firmly attached to the ribs - tissue in an intense state of disorganization - condensed. Exhibiting a granular like appearance from tubercular matter & angrenous destruction. - Dilated lymphatics at the root of the lung -

Weight 4 1/2 10

Thoracic Duct and Vena Azygos

PERICARDIUM

Pericardium antero-posterior dim is adhering to the right lung -

HEART: - Form, &c.

White soft with anterior surface of the right ventricle -

Dimensions
Circumference 10.5.
Base to Apex 6.1.
Ant. Ven. Groove to Apex 4.4.
Transv. at Ant. Ven. Groove 3.9.

Cavities: - Auricular

Decalcified coagulum in the right cavity - partially decalcified club. -

Ventricular

Anterior pulmonary artery -

Ab. Ant. Vent. ar. - 13.
Pul. Artery - 9.
Mitral orifice - 10.
Aorta - 4.

Lining Membrane

Contents

Valves

Pulmonary Artery

Aorta

Coronary Vessels

Cave

Muscular Substance

Weight 11 1/4.

Weight

F. INSPECTION OF THE ABDOMEN: - PERITONEUM.

Hernia

Pericardium into the sheath of the rectus muscle -

Tumours

Calibre, Dilatation, Invagination, Constriction, Adhesions or change of position of Viscera

STOMACH: - Contents

Mucous surface

Glands

MUCOUS MEMBRANE OF SMALL INTESTINES: -

Secretions or Exudations on its surface

Colour and Consistence of Mucous Membrane

VIII. of Intestines:—

Substance of Intestines

Glands of Duodenum

..... Ileum and Jejunum

..... Peyer

Solitary Glands

Crypts of Lieberkühn

CÆCUM

.....

COLON:—Secretions or Excretions

..... on its Surface

Ulcers, connected or not with Solitary

Glands

RECTUM

Hæmorrhoids

LIVER:—Form

Position

Covering

Substance:—Granulations, Cicatrices

Gummata, Abscesses, Pus, Adven-

titious Deposits

.....

Vena Portæ

Gall-bladder and Ducts

SPLEEN:—Form

Position

Covering

Substance

PANCREAS:—Form

Substance

SUPRA-RENAL CAPSULES

Aorta

Vena Cava

Sympathetic Nerve

KIDNEYS:—Form

Capsule

Substance

.....

Ureters

Bladder, Prostate, &c.

Testicles, &c.

G. INSPECTION OF JOINTS.

H. INSPECTION OF BONES.

I. INSPECTION OF MUSCLES.

Deep ulceration in peyer's patches, ulceration extending through portion of jejunum & ileum - Remains of tuberculous matter in the ulcerations - tuberculous matter seen on the surface. Adhesions of peyer's patches corresponding to the ulcerations - Adhesions abundant of the cæcum to the peritoneum - The decalcification of the cæcum & the ileum of ulceration - Discoloration of the cæcum & caput cæci - Vasculature in the transverse colon - Focal adhesions & decalcification in the intestines - Ulceration (tuberculous) extending through the large gut at points - Amass of putrefied matter - Movement of the cæcum. - Adhesions generally absent -

Weight 3-10. Dimensions
Adhering to tubular region of the abdomen - Spicula of its capsule - Microscopic examination showed fatty accumulation at points in its substance - here & there increase of connective tissue between two tubules & the hepatic cells. & full of fatty globules & granules -

Weight 10 3/4. Dimensions
No enlargement - tissue soft & different - reddish in colour.

Weight 13 or 2. Dimensions
Texture soft & flabby. Irregularly congested - two congested patches - Microscopic examination exhibited a highly granular condition of the cells lining the tubules & blood vessels of the tubules with granular matter -

Medical Officer Examining

Medical Officer Assisting

PATHOLOGICAL REPORT, No. 39-

1172

NAME OF STATION AND OF HOSPITAL Nitley DATE OF INSPECTION May 15th NUMBER OF HOURS POST-MORTEM 66 ATMOSPHERIC CONDITIONS AS TO—(1) TEMPERATURE (2) MOISTURE.....

RADIENT.	RANK AND NAME.	AGE.	DISEASE.	WHERE CONTRACTED.	TOTAL DURATION OF ILLNESS.	DATE OF LAST ATTACK.	DATE OF DEATH.	WAIR.	REGISTER.	FOLD.
1st Lt. <u>Rt.</u>	<u>Peter Keir.</u>	<u>24.</u>	<u>Cochran's</u>	<u>Bengal.</u>	<u>2 1/2</u>	<u>May 6.</u>	<u>May 12.</u>	<u>14.</u>	<u>51</u>	<u>24</u>
<u>41</u>			<u>Martha Choro</u>			<u>1865.</u>				

I. HISTORICAL SUMMARY.
 Stations and Periods of Foreign Service stated in chronological order India. Aug. 1854 - Jan. 1865.
 Stations and Periods of Home Service stated in chronological order England. Feb. 1856 - Aug. 1857.
 History as to previous Diseases or Injuries at those Stations or elsewhere Bengal. - Malaria - 1859 - 118 days - Bengal. - 1862 - Malaria - 22 days.
Abcesses - 60 - 42 "
Malaria - " - 245 "
Cholera - " - 64 "
Bub. - 1861 - 4 "
" - " - 23 "
Forcett's " - 13 -
Orchitis " - 3 -
 Whence admitted to Hospital here. Poona Malles - (If from Shipboard state the duration of the Voyage.) 100 days -

History of disease or injury which has proved fatal, and state on admission This man has 15 admissions to Hospital as a result of the ulcer above is inherent in his system but he states he had no other or further different occurrences ulcers until the last about 15 months ago. This last attack was succeeded by induration of the inguinal glands. He was generally the right testicle - Some times after, and in August 1864 an abscess in the right testicle which he was unable to suppress. Subsequently dependent ascites appeared. He then was sent to Poona Malles Hospital where an abscess became general. In Jan. 1865 he came back for home. During the voyage he suffered from great prostration and diarrhoea. He was admitted to Nitley in a dying state. He had general anasarca and appearance of dropsy & Bright's disease. Constant nausea. Depressed & depressed diarrhoea - Salivary. Motion involuntary. Pulse 128 & thready. The circulatory & respiratory systems normal. Deficient dullness appeared diminished probably owing to the pushing up of intestines by the fluid. Splenic dullness normal. No tenderness over the abdomen. The urine was exceedingly scanty almost to suppression. Sp. Gr. 1031. Contains phosphate & albumen in large quantity. Quantity of diarrhoea & general prostration increased he died at 8-30 p.m. on the 12th May.
I.H. Pickering. Med. Candidate

II. POST-MORTEM INSPECTION. Temperature of body in Mouth. Rectum. Axilla.
 Measurements of the body Height. 5' 10 - Weight. 150 lbs.
 Cadaveric Rigidity None.
 Putrefaction None.
 Contusions, Marks of Punishment, or of Medical Treatment Amputation of right toe at the first joint.
 Wounds, Clotures, Punctures Coccyx & ulcers on the penis. Inguinal testicle enlarged dense & firm.
 Eruptions Two tubercles.
 Edema Distension of the abdomen & distension of the lower extremities.
 Individual Peculiarities

A. INSPECTION OF HEAD - SCALP.
 Cranial Bones and Sutures Culvarium generally dense & thickened - parietal over the whole inner surface & small aggregated growths of bone on the inner surface left parietal bone - Crest of the base of substance at the parietal bone.
 Dura Mater Of parts of the arachnoid - particularly marked on the left hemisphere.
 Arachnoid

Pia Mater and Arteries
 Sinuses of Dura Mater

BRAIN:—Weight (entire)

Cerebrum
 Cerebellum

Specific gravity of Grey matter

Specific gravity

" "
 " "

Specific gravity of White

Pons Varolii:—weight

Modulla oblongata ..
 Corp. striata ..
 Optic Thalami ..

Specific gravity

" "
 " "
 " "

Roots of the Nerves:—Crura, Pituitary Body and Parts, generally at the base of the Brain

CEREBRUM, Convolutions:—Colour and Consistence, Ulcers, Sloughs, Cavities, Cicatrices, Deposits

Substance of the brain firm & vascular to surface otherwise normal.

Minute Vessels of the Brain

Ventricles

Optic Thalami

and

Corpor. Striata

PONS VAROLII

MEDULLA OBLONGATA

CEREBELLUM

B. INSPECTION OF SPINAL CANAL:—(1) The Membranes:—

Spinal Marrow, Consistence, &c.

Weight

Specific gravity

Size

Amount of Cereb. Sp. fluid

C. INSPECTION OF THE ORGANS OF THE SENSES:—(1) NASAL CAVITIES.

(2) ORBITS:—Eyelids

Eyeballs, &c.

(3) EARS:—External

Internal

(4) TONGUE

D. INSPECTION OF THE MOUTH AND THROAT:—TENTH. Number.

Condition.

Gums and Lips

Mucous Membrane and Glands

Palate

Tonsils and Uvula

Pharynx

Pharynx

*Loss of substance right tonsil - large cicatricial perforating ulcer ac. -
 involving the posterior part of the left -
 Cyanotic congestion of the pharynx & oesophagus -*

E. INSPECTION OF NECK AND CHEST:—RIBS AND PARIETES.

Cervical Glands

Thyroid

Thoracic Glands

Thymus

Larynx

Trachea

Pleura Pleural cavity contained a quantity (52 oz.) of dark coloured serum - No adhesions except on the left side to the diaphragm -

Bronchi

LUNGS Generally healthy - both collapsed - Congestion (prepostate) posteriorly. Left adhering to the diaphragm -

Thoracic Duct and Vena Azygos

PERICARDIUM

HEART:—Form, &c. Normal.

Diastolic { Base to Apex
Aur. Ven. Groove to Apex
Transv. at Aur. Ven. Groove ..

Cavities:—Auricular

Ventricular

Lining Membrane

Contents

Valves

Pulmonary Artery

Aorta Considerably thickened with irregularity of the inner surface. Twisting at points -

Coronary Vessels

Cavo.

Muscular Substance

Weight

F. INSPECTION OF THE ABDOMEN — PERITONEUM Same mesenteric glands enlarged, filled with cheesy substance.
Hernia On opening the cavity of the abdomen a large amount of fat in connection with the intestines & mesentery. Kidneys undrained, situated in the upper part of the abdomen. Two hard, rigid tumours. One is situated in the smaller under the line in the situation of the partial fissure. The other, on the left side in connection with the transverse colon & pancreas & spleen. Two intervening spaces. Large accumulations of fat taken place & the adjacent organs. The transverse colon, pancreas, spleen, duodenum & upper part of the left kidney seemed agglutinated together. On dissecting the lower tumour a large mass of cheesy matter two inches in size was found to occupy the partial fissure. Underlying the vessels in the Pan. dissecting out the organs involved in the agglutinated mass - a similar large mass of cheesy matter was situated in the fissure of the spleen. The mass partially softened & involving the extremity of the pancreas. The transverse colon adhered to the sides of this growth and appeared at this point as threatening perforation. The pancreas with this exception though small & hard apparently normal.

G. INSPECTION OF JOINTS.

Microscopic examination of organs — Kidneys chiefly fatty, tubes blackish up with fatty granules & tubules. Cells seldom visible — Commencing amyloid degener. ation in two of lower ends — Liver chiefly fatty — increased connective tissue at points — Some small minute nodular granules were also seen forming in one or two sections — In both the Kidneys & Liver wherever connective tissue was visible there was proliferation of cells —

H. INSPECTION OF BONES.

Growing portions of osseous granules in the liver, spleen & testicles showed the same microscopic elements, proliferation of round & oval shaped cells — the softening cheesy substance and fatty globules & granules & debris

I. INSPECTION OF MUSCLES.

PATHOLOGICAL REPORT, N^o 40

NAME OF STATION *Kettles* DATE OF INSPECTION *May 24th* NUMBER OF HOURS POST-MORTEM *1* ATMOSPHERIC CONDITIONS AS TO—(1) TEMPERATURE (2) MOISTURE.....

RESIDENT.	RANK AND NAME.	AGE.	DISEASE.	WHERE CONTRACTED.	TOTAL DURATION OF ILLNESS.	DATE OF LAST ADMITTANCE.	DATE OF DEATH.	WARD.	REGISTER.	FOLIO.
<i>Al.</i>	<i>John Danforth</i>	<i>23</i>	<i>Phthisis Pulmonalis</i>				<i>May 22nd 1864</i>	<i>32</i>	<i>9.1</i>	<i>47</i>

I. HISTORICAL SUMMARY.

COUNTRY, COUNTY, OR BIRTHPLACE:—

COMPLETED YEARS OF SERVICE:— *3*

Stations and Periods of Foreign Service stated in chronological order *The only station of foreign service remembered in his abstract of case is. Buddachpore & India. from Dec. 1862 - Dec. 1864.*

Stations and Periods of Home Service stated in chronological order *He was at Kettles in the early part of 1862.*

History as to previous Diseases or Injuries at these Stations or elsewhere: *He was at Kettles - Paronychia - 8 days. Buddachpore. Diphtheria 2 " " Paronychia - 8 " " Anemia - 35 " Imp. Calentia. Asthenia - 24 "*

Whence admitted to Hospital here, .. *Board Ship Calentia* How long Resident at last Station .. *134 days* (If from Shipboard state the duration of the Voyage.)

History of disease or injury which has proved fatal, and state on admission: *This man on admission here complained (March 22nd) of pain at apex of both lungs, frequent Cough night & day, & occasional Hemoptysis & hiccups. There was dullness of both apices, marked tubular breathing apex of left. - he was much emaciated - Dullness subsequently became marked over the entire of both lungs. Pain over entire chest. Cough in - Aphthous ulcers on soft palate & tonsils & profuse expectoration. Three weeks before death he complained of much pain in the left chest aphonia & constant hiccups - He became gradually weaker & died at midnight May 22nd for abstract of case. by J. R. King. Med. Candidate*

II. POST-MORTEM INSPECTION. Temperature of body in Mouth.

Measurements of the body *Height 5-11 - Girth 32 in.* Rectum Axilla
 Cadaveric Rigidity Nutrition or Emaciation } *Much emaciated.* Weight *4^{lb} 13.*
 Putrefaction State of Cuticle }
 Contusions, Marks of Punishment, or of Medical Treatment *No contusions or surface marks.* General Colour of Surface }
 Wounds, Cicatrices, Punctures
 Eruptions
 Edema Emphysema
 Individual Peculiarities

A. INSPECTION OF HEAD—SCALP.

Cranial Bones and Sutures
 Dura Mater
 Arachnoid *Sheath of arachnoid*

Pia Mater and Arteries

Sinuses of Dura Mater

BRAIN:—Weight (entire) *3 lbs 2 oz*

Specific gravity

Pons Varolii:—weight

Specific gravity

Cerebrum " "

" "

Medulla oblongata "

" "

Cerebellum " "

" "

Corp. striata "

" "

Specific gravity of Grey matter

Specific gravity of White

Optic Thalami "

" "

Roots of the Nerves:—Cruca, Pits

itary Body and Parts, generally at

the base of the Brain

CEREBRUM, Convolution:—Colour and

Consistence, Ulcers, Sloughs, Cavities,

Cicatriceous Deposits

Substances of the brain very soft. (post mortem)

Minute Vessels of the Brain

Ventricles

Optic Thalami

and

Corp. Striata

PONS VAROLII

MEDULLA OBLONGATA

CEREBELLUM

B. INSPECTION OF SPINAL CANAL:—(1) The Membranes:—

Spinal Marrow, Consistence, &c.

Weight

Specific gravity

Size

Amount of Cereb. Sp. fluid.

C. INSPECTION OF THE ORGANS OF THE SENSES:—(1) NARAL CAVITIES.

(2) ORBITS:—Eyelids

Eyelids, &c.

(3) EARS:—External

Internal

(4) TONGUE

D. INSPECTION OF THE MOUTH AND THROAT:—TEETH. Number.

Condition.

Gums and Lips

Mucous Membrane and Glands

Palate

Tonsils and Uvula

Fauces

Pharynx

*Ulceration on posterior aspect of the tongue -
Cicatricial loss of substance of both tonsils.*

E. INSPECTION OF NECK AND CHEST:—RIBS AND PARIENTES.

Cervical Glands

Thyroid

Thoracic Glands

Thymus

Larynx

Trachea

*Mucous membrane abundant & glossy & shows white streaks the larynx
and trachea much thickened & inflamed & thickened white & small.
Ulcers extending as far as the larynx & trachea -*

Pleura Adhering entire right side quite separable - from adhesions entire left side - a. small quantities of serum found in the left cavity - Vascularity of the costal pleura entire left side

BRONCHI

LUNGS Callous partial on both sides. Left lung adhering to the diaphragm. & entire recent lymph on its surface giving evidences of recent inflammation - both lungs. Irregular entire surface & masses of tubercles can be felt in two substances & some visible entire surface. Bronchial glands enlarged & thickened entire segment. Left lung congested posteriorly & consolidated - also infiltrated with mucus tubercles after apex along cavity the size of an egg. also several smaller chiefly in the upper lobe - The right lung in a similar condition several small cavities about the apex & a. large of one a little lower.

August 5-12

Thoracic Duct and Vena Azygos

PERICARDIUM

HEART: - Form, etc. White spot in the anterior surface. Dark colored coagulum in the right cavities - also in the left.

Diagnosis { Base to Apex
Ant. Ven. Groove to Apex
Tubercles at Ant. Ven. Groove ..

Cavities: - Auricular

Ventricular

Lining Membrane

Contents

Valves

Pulmonary Artery

Aorta

Coronary Vessels

Cave

Muscular Substance

Normal.

August 9-12

Weight

F. INSPECTION OF THE ABDOMEN - PERITONEUM.

Hernia

Tumours

Caliber, Dilatation, Invagination, Con-

striction, Adhesions or change of

position of Viscera

STOMACH: - Contents Congested at the superior surface - Redness of the stomach & a thin tubercular line

Mucous surface

Glands

Mucous Membrane of Small Intes-

TINES: - Secretions or Exudations on

its surface

Colour and Consistence of Mucous

Membrane

General congestion of the vessels of the mesenteries - enlargement of the mesenteric glands which are filled with tubercular matter

Vill. of Intestines:—

Substance of Intestines

Glands of Duodenum

„ Heum and Jejunum

„ Peyer

Solitary Glands

Crypts of Lieberkühn

CÆCUM

COLON:—Secretions or Excretions

on its Surface

Ulcera, connected or not with Solitary

Glands

RECTUM

Hæmorrhoids

LIVER:—Form

Position

Covering

Substance:—Granulations, Cicatrices,

Gummata, Abscesses, Pus, Adven-

titious Deposits

Vena Portæ

Gall-bladder and Ducts

SPLEEN:—Form

Position

Covering

Substance

PANCREAS:—Form

Substance

SUPRA-RENAL CAPSULES

Aorta

Vena Cava

Sympathetic Nerve

KIDNEYS:—Form

Capsule

Substance

URETERS

Bladder, Prostate, &c.

Testicles, &c.

G. INSPECTION OF JOINTS.

H. INSPECTION OF BONES.

I. INSPECTION OF MUSCLES.

Intensive tuberculous ulceration of two small intestines. ulcers chiefly circular. with thick. irregular edges & remains of tuberculous matter. Small tuberculous deposits under surface of serosa passing to two ulcers. The appendiceiform process ossified in the small intestine. Ulcers largest in the ileum. Intense amorphous reaction.

Ulcers extending into the large gut & down to the rectum. Large intestine also intensely amorphous.

Included form. Evidence of recent peritonitis. Above points adhering to the diaphragm. In the left lobe happens path. In the whole organ is markedly amorphous.

Spleen form. Malpighian corpuscles very large & evident (agolitic). Marked amorphous reaction.

Renals separated. Congestion on outer surface. Enlargement of two cortices. Pyramids reduced. Amorphous reaction evident.

Medical Officer Examining

Medical Officer Assisting

PATHOLOGICAL REPORT, No. 41

NAME OF STATION AND OF HOSPITAL Hetty DATE OF INSPECTION May 29 NUMBER OF HOURS POST-MORTEM .. ATMOSPHERIC CONDITIONS AT TIME—(1) TEMPERATURE (2) MOISTURE

RESIDENT.	RANK AND NAME.	AGE.	DISEASE.	WHERE CONTRACTED.	TOTAL DURATION OF ILLNESS.	DATE OF LAST AGGRAVATION.	DATE OF DEATH.	WARD.	REGISTER.	FOLD.
<u>88"</u> <u>310"</u>	<u>Plt</u> <u>Edward Woods.</u>	<u>24 1/2</u>	<u>Dysentery</u> <u>Chronic</u>	<u>India.</u>				<u>25.</u>	<u>58.</u>	<u>54.</u>

I. HISTORICAL SUMMARY. COUNTRY, COUNTY, OR BIRTHPLACE:— COMPLETED YEARS OF SERVICE:—4 years.
Stations and Periods of Foreign Service: Lash India. 6 1/2 yrs. invalided for Campal -
stated in chronological order
Stations and Periods of Home Service:
stated in chronological order
History as to previous Diseases or Injuries at these Stations or elsewhere:

Whence admitted to Hospital here, ... How long Resident at last Station ..
(If from Shipboard state the duration of the Voyage.)

History of disease or injury which has proved fatal, and state on admission: In Nov-1864. his detailed sketch states he had caught dysentery
after subsequent to 4 months of being washed up fresh strength
and he was invalided for 6 months for dysentery. There is no history of dysentery
or further record of any disease abroad. beyond of dysentery for 6 months
On admission to Hetty on 25th Inst. he had constant vomiting & purging.
the stools contained no fecal matters. consisting only of reddish brown shreds
of lymph. There was tenderness over the caecum & colon but no apparent enlargement.
There was also a spleen. he had also had some urticaria. He had
no head symptoms but complained of constant noise in his ears. He was
greatly prostrated. Suffered with his teeth & cold. Every possible remedy was
attempted with two boxes of Castor oil & two discharges of purgative balls but without
avail. He gradually sunk & expired at 12-45 A.M. on 29th Inst.
From his weak state, two chest was not examined.
from a broken & gave by
Glazef. B. Saunders Med. Candidate -

II. POST-MORTEM INSPECTION. Temperature of body in Mouth Height 5'10. Weight 120 lb
Measurements of the body
Cadaveric Rigidity
Putrefaction
Contusions, Marks of Punishment, or of Medical Treatment
Wounds, Cicatrices, Punctures
Eruptions
Edema
Individual Peculiarities
Rectum Axilla
Nutrition or Emaciation } Unaccustomed Considerable
General Colour of Surface }

A. INSPECTION OF HEAD:—SKULL.

Cranial Bones and Sutures
Dura Mater
Arachnoid

Pia Mater and Arteries

Sinuses of Dura Mater

BRAIN:—Weight (entire) *8 lbs 6 oz*

Specific gravity

Pons Varolii :—weight

Specific gravity

Cerebrum " "

" "

Medulla oblongata "

" "

Cerebellum " "

" "

Corp. striata "

" "

Specific gravity of Grey matter

Specific gravity of White

Optic Thalami "

" "

Roots of the Nerves :—Cranial, Pituitary Body and Parts, generally at the base of the Brain

Cerebrum, Convolution :—Colour and Consistence, Ulcers, Sloughs, Cavities, Cicatrices, Deposits

Central portions of two brains removed. Lenses generally soft (paralysed) -

Minute Vessels of the Brain

Ventricles

Optic Thalami

and

Corpor. Striata

Pons Varolii

Medulla Oblongata

Cerebellum

B. INSPECTION OF SPINAL CANAL :—(1) The Membranes ;—

Spinal Marrow, Consistence, &c.

Weight

Specific gravity

Size

Amount of Cereb. Sp. fluid

C. INSPECTION OF THE ORGANS OF THE SENSES :—(1) NASAL CAVITIES

(2) ORBITS :—Eyelids

Eyelids, &c.

(3) EARS :—External

Internal

(4) TONGUE

D. INSPECTION OF THE MOUTH AND THROAT :—TEETH. Number.

Condition.

Gums and Lips

Mucous Membrane and Glands

Palate

Tonsils and Uvula

Fauces

Pharynx

Shows the site of great ulceration & gangrene

E. INSPECTION OF NECK AND CHEST :—RESPIRATORY

Cervical Glands

Thyroid

Thoracic Glands

Thymus

Larynx

Trachea

*Ulceration on posterior aspect of the epiglottis
Great enlargement of lymphatic glands at the bifurcation*

Pleura Evidence of extensive hemorrhagic pleuritis of the left side - Small 1602.
 in amount of red disk seen in the cavity - the fluid confined between the
 Bronchi diaphragm pleura & diaphragm - No fluid in the right pleura - slight adhesions
 at the apex, otherwise free.

LUNGS Left lung condensed - bears two impressions of the ribs on its
 posterior & lateral aspect. The 10 layers of lymph covering the lung.
 with blood exposed between the lymph & the pleural surface of the
 lung - Numerous small coagula in the apex - Pulmonary tissue at the
 base apparently normal.

Right lung. Solitary nodules - with superficial layer of substance
 at posterior aspect upper lobe - isolated & solitary cavities corres-
 ponding to some of these - Remainder of lung comparatively normal &
 previous - Weight 3 lbs. 13 oz.

Thoracic Duct and Vena Azygos.....

PERICARDIUM No evidence of Pericarditis

HEART:—Form, etc. Glaciated -

Dimensions
 Circumference - 8.5.
 Base to Apex 4.6.
 Ant. Ven. Groove to Apex 3.6.
 Transv. at Ant. Ven. Groove... 3.3.
 Rt. and Vent. ar. - 11.
 Pulm. Arts - 9.
 Aorta - 8.

Cavities:—Auricular

Ventricular

Valves normal

Lining Membrane

Contents

Valves

Pulmonary Artery

Decolored coagulum in the Pulmonary Artery.

Aorta

Mouth normal. Adhering to the lymph covering the left lung.

Coronary Vessels.....

Cave.....

Weight 8 oz.

Muscular Substance.....

Weight

F. INSPECTION OF THE ABDOMEN (—PERITONEUM)

Hernia

Tumours

Calibre, Dilatation, Invagination, Con-

striction, Adhesions or change of

position of Viscera

STOMACH:—Contents.....

Remains of extensive congestion in the two pyloric surfaces
 Mucous surface..... Anfractuous degeneration of the vessels - extending into the duodenum
 Glands

MUCOUS MEMBRANE OF SMALL INTESTINE

TRACES:—Secretions or Exudations on

its surface

Colour and Consistency of Mucous

Membrane

VIII. of Intestines:—

Substance of Intestines
Glands of Duodenum
" Ileum and Jejunum
" Peyer

Duodenum with intense vascularity at a point corres-
ponding with the exit of the ductus communis Cholelæus -

Solitary Glands
Crypts of Lieberkühn

CÆCUM

COLON:—Secretions or Exudations
on its Surface
Ulcers, connected or not with Solitary
Glands

No ulceration of the intestines - Atrophy of Peyer's patches
Any local degeneration of vessels intense -

RECTUM

Hæmorrhoids

LIVER:—Form

Position
Covering
Substance:—Granulations, Cicatrices,
Gumata, Abscesses, Pus, Adven-
titious Deposits

Weight 3 lbs 10 ozs.

Dimensions

A contracted misshapen mass of globular form - Both lobes
laterally measure 4.5 in together - The left lobe is very small - The
right lobe laterally measures 6.2. Ant Post 6.6. Thick 3.5 -
I examined the organ especially towards the superior ligament
marked with nodular hard substance - Congestion on the
surface - Section from presenting dark marked reddish - The can-
dles uniform - Any local degeneration distinct

Vena Portæ
Gall bladder and Ducts

SPLEEN:—Form

Position
Covering
Substance

Weight 1 3/4 ozs

Dimensions

Enlarged dark colour - Form - No adhesions - bluish colour ex-
ternally - Malpighian corpuscles very distinct - Marked amyloid.

Sp. gr.

PANCREAS: Form

Substance

Weight

Dimensions

SUPRA-RENAL CAPSULES

Aorta
Vena Cava
Sympathetic Nerve

KIDNEYS:—Form

Capsule
Substance
URETERS
Bladder, Prostate, &c.
Testicles, &c.

Weight 1 3/4 ozs. Compact -

Dimensions

Capsule not separable without difficulty - Surface anemic
with sclerotic vascularity - Anemic condition of the capsule -
Substance - pyramidal portion vascular - Sp. gr. slight amyloid
degeneration - The right kidney is more disorganized than
of substance on its surface

G. INSPECTION OF JOINTS.

H. INSPECTION OF BONES.

I. INSPECTION OF MUSCLES.

Medical Officer Examining

Medical Officer Assisting

PATHOLOGICAL REPORT, No. 42.

NAME OF STATION AND OF HOSPITAL Netley DATE OF INSPECTION May 5th NUMBER OF HOURS POST-MORTEM 102 hours ATMOSPHERIC CONDITIONS
 (1) TEMPERATURE (2) MOISTURE

RESIDENT.	RANK AND NAME.	AGE.	DISEASE.	WHERE CONTRACTED.	TOTAL DURATION OF ILLNESS.	DATE OF LAST ADIUTIN.	DATE OF DEATH.	WARD.	REGISTER.	FOLD.
88	Private	24	Syphilis.	Canton	14 months	May 25	June 2 nd	45	48	37.
48	Michael Ward.		Secund.							

I. HISTORICAL SUMMARY.

COUNTRY, COUNTY, OR BIRTHPLACE:—

COMPLETED YEARS OF SERVICE:— 6 1/2.

Stations and Periods of Foreign Service: I. India. November 1860 — May 1865.
 stated in chronological order

Stations and Periods of Home Service: England. Feb'y 1859. — Nov'r 1860.
 stated in chronological order Hereditary Name Syphilis
 Habits temperate

History as to previous Diseases or Injuries at these Stations or elsewhere: Syph. Prim. — England. — 44 days. Feb. Smith. Canton. — 61.
Delhi.
Syph. Secund. — Shipaliquis.

Brachitis Maradabad. 84.
Aphthae in Luteigula. — 30.
April 1864 Syph. Prim. Canton. — 53.
Feb'r. Canton. —

Whence admitted to Hospital here: ... How long Resident at last Station ...
 (If from Shipboard state the duration of the Voyage.)

History of disease or injury which has proved fatal, and state on admission

126 days.

This man had primary Syphilis first in 1860. And again in 1864 (soft chancre). This time succeeded same few months after his secondary symptoms in the shape of ulcerated patches on the cheek, arms & legs. with lard flesh & straggled & cachectic. He was then invalided & on admission to Netley his condition was as follows — Anemic, with extreme weakness. Carnal tissue his head soft palate completely destroyed. He has an open abscess on the right side of his face just over the parotid gland, immediately in front of the Meatus Auditorius. He has a papular tumor on the forehead, and on the nose. He is extremely weak & can hardly take any sustenance. His bowels loose with occasional blood. He expired on the 2nd June at 9-30 A.M.

from Certificate of Cause by
Geo. F. Churchill. M.B.
Med. Certificate

II. POST-MORTEM INSPECTION. Temperature of body in Mouth.

Rectum.

Axilla.

Measurements of the body

Cadaveric Rigidity

Putrefaction

Contusions, Marks of Punishment, or of Medical Treatment

Wounds, Cicatrices, Punctures

Eruptions

Edeema

Individual Peculiarities

State of
Cuticle

Nutrition or Emaciation } Considerable emaciation
 Weight }
 General Colour of Surface }

A. INSPECTION OF HEAD — Scalp.

Cranial Bones and Sutures

Dura Mater

Arachnoid

Large cicatrix left inguinal region. Greater part of two flaps perineum are indurated with two like processes above & below. Draining underneath which the Meatus of the ureters is situated. The inferior part of the perineum remains. It is indurated. Oblique cicatrix part of the right ear the upper part still open & discharging. Nodules on the forehead & right side, Copper (liver) Cicatrices on the extremities. Loss of number of teeth ulceration of the gums. Loss of soft palate. The calvarium is dense & heavy from general growth of bone. The inner surface of the

Pia Mater and Arteries

Sinuses of Dura Mater

BRAIN:—Weight (entire) *3 lbs 4 oz.* Specific gravity

Cerebrum " " " " " "

Cerebellum " " " " " "

Specific gravity of Grey matter Specific gravity of White

Roots of the Nerves:—Cruca, Pitu-
itary Body and Parts, generally at
the base of the Brain

CEREBRUM, Convolutions:—Colour and
Consistence, Ulcers, Sloughs, Cavities,
Cisterns, Deposits

Minute Vessels of the Brain

Ventricles

Optic Thalami

and

Corpor. Striata

Pons Varolii

MEDULLA OBLONGATA

CEREBELLUM

Pons Varolii:—weight

Specific gravity

Medulla oblongata " " "

Corp. striata " " "

Optic Thalami " " "

Brain extremely soft (post mortem)

B. INSPECTION OF SPINAL CANAL:—(1) The Membranes:—

Spinal Marrow, Consistence, &c.

Weight

Specific gravity

Size

Amount of Cereb. Sp. fluid.

C. INSPECTION OF THE ORGANS OF THE SENSES:—(1) NASAL CAVITIES

(2) ORBITS:—Eyelids

Eyeballs, &c.

(3) EARS:—External

Internal

(4) TONGUE

D. INSPECTION OF THE MOUTH AND THROAT:—TENTIL. Number.

Condition.

Gums and Lips

Mucous Membrane and Glands

Palate

Tonsils and Uvula

Fauces

Pharynx

*Intensified loss of substance both tonsils -
Ulceration involving the whole of the fauces & top of two
pharynx.*

E. INSPECTION OF NECK AND CHEST:—RIBS AND PARIETES

Cervical Glands

Thyroid

Thoracic Glands

Thymus

Larynx

Trachea

Pleura *Interglobular surfaces adherent - Gousses of fluid in the left cavity -*

Bronchi

LUNGS *Left lung collapses right adhering to the costal surface
Infiltration of the right lung with serum - pulmonary consolidation
of the tissue - No deposits - Small gangrenous cavities same size
of a bean in the posterior part of the left lung -
Both lungs extensively engorged.*

Weight - 3 lbs. 4 oz.

Thoracic Duct and Vena Azygos

PERICARDIUM

HEART: - Form, &c. *Small.*

Dimensions { Base to Apex 4.6
Aur. Ven. Groove to Apex 3.4
Tricuspid at Aur. Ven. Groove 3.4
Circumference 9

Cavities: - Auricular

Ventricular *Weight of heart 4 1/4 oz.*

*At Aur. Dent ad. 12.
Pul. Artery - 9.
Mitral orifice - 10.
Aorta - 8.*

Lining Membrane

Contents

Valves *Valves normal -*

Pulmonary Artery

Aorta *Same condition of the Aorta -*

Coronary Vessels

Cave

Muscular Substance

F. INSPECTION OF THE ABDOMEN - PERITONEUM *Twenty ounces of a greenish fluid in the
Cavity of the peritoneum. -*

Hernia

Tumours

Calibre, Dilatation, Invagination, Con-

striction, Adhesions or change of

position of Viscera

STOMACH: - Contents

Mucous surface

Glands

MUCOUS MEMBRANE OF SMALL INTESTINES: - Secretions or Exudations on

its surface

Colour and Consistence of Mucous

Membrane

Vill. of Intestines:—

Substance of Intestines Small intestine. Amyloid - diaphanous. Twisted.
Glands of Duodenum atrophy of Peyer's patches.
" Ileum and Jejunum
" Peyer
Solitary Glands
Crypts of Lieberkühn

CÆCUM

COLON:—Secretions or Excretions Large intestines with occasional small solitary ab.
on its Surface coated points. Surrounded with a vascular ring - no
Ulcers, connected or not with Solitary general accompanying vascularity - slight amyloid
Glands Reaction -

RECTUM

Hæmorrhoids

LIVER:—Form Weight 3 lbs 15 oz. Dimensions: Trans - 4.1. Sept. - 4.1.
Position Ant. Port - 6.6. Thick - 2.4.
Covering Marked with surface by small yellow granular nodules.
Substance:—Granulations, Cisterns Interlobular Congestion evident on the surface - Reaction of a
Gumata, Abscesses, Pus, Adven- yellow mottled or mottled appearance due to fatty change.
tious Deposits fatness & interlobular Congestion (astute of cirrhosis) -

Vena Portæ

Gall-bladder and Ducts

SPLEEN:—Form Weight 1 lbs 3 1/2 oz. Dimensions: Length - 4.1.
Position Large, tephred. dark chocolate tissue. Ant. Port - 5.4.
Covering Soft, but tough - vessels not visible - no reaction with
Substance Iodine visible. Sp. gr.

PANCREAS:—Form

Substance

SUPRA-RENAL CAPSULES

Aorta

Vena Cava

Sympathetic Nerve

KIDNEYS:—Form Weight 13 ounces. Dimensions
Capsule Congested. Slight congestion of the cortical portion two.
Substance pyramidal outline. Albuminous degeneration mainly a band.
..... mass recti & granular. Sp. gr.

URETERS

Bladder, Prostate, &c.

Testicles, &c.

G. INSPECTION OF JOINTS

Both testicles enlarged surface nodulated & contain yellowish
deposits. The whole substance of both involved in the granules.
In the left this beginning to soften. The granules are laminated
No reaction with iodine -

H. INSPECTION OF BONES

In the bone at the portion corresponding to the node on
the frontal surface. A number of small granular nodules.
were very distinct & a section through this portion gave
marked reaction with iodine -

I. INSPECTION OF MUSCLES

Medical Officer Examining

Medical Officer Assisting

PATHOLOGICAL REPORT, No. 43.

NAME OF STATION AND OF HOSPITAL *Hetting*

DATE OF INSPECTION *May 6th*

NUMBER OF HOURS POST-MORTEM *33 hours*

ATMOSPHERIC CONDITIONS AS TO—(1) TEMPERATURE (2) MOISTURE.....

REGIMENT.	RANK AND NAME.	AGE.	DISEASE.	WHERE CONTRACTED.	TOTAL DURATION OF ILLNESS.	DATE OF LAST ATTACK.	DATE OF DEATH.	WARD.	REGISTER.	FOLD.
<i>104. Private</i> <i>2199</i>	<i>John Sato.</i>	<i>29.</i>	<i>Dysentery</i> <i>Cirrhosis.</i>	<i>India</i>	<i>May 27</i>	<i>May 27</i>	<i>June 5</i>	<i>26a</i>	<i>73</i>	<i>4</i>

I. HISTORICAL SUMMARY.

COUNTRY, COUNTY, OR BIRTHPLACE:—

COMPLETED YEARS OF SERVICE:—

Stations and Periods of Foreign Service stated in chronological order

East Indies June 1858 — Ambakhatum

Stations and Periods of Home Service stated in chronological order

England Aug 1857 — Dec 1857 — Herby, Hants. Harrogate — York. Habits temperate

History as to previous Diseases or Injuries at these Stations or elsewhere

Belgium. Rheumatism Secondary Syphilis.
Agra. Do
Saffabad. — Rheumatism Bronchitis & C.

Whence admitted to Hospital here, ...

How long Resident at last Station ...

(If from Shipboard state the duration of the Voyage.)

History of disease or injury which has proved fatal, and state on admission

According to the abstract from the wards dysentery & the putrid symptoms only appeared a few weeks before arrival. At the time the abdomen became distended with fluid & the lower extremities oedematous. —
On admission here on the 24th of May his condition was as follows — A series of symptoms of the abdomen — purging pale, hepatic stools 15 or 16 times in 24 hours. Irregularly feeble pulse. Respiration hurried — but pulmonary investigation inadmissible for two weeks of the patient — symptoms gradually increasing he died at 5.45 am. on the 5th — intellect unaffected —

Abstract of case by —
S. B. Gardner.
Medical Candidate in Charge.

II. POST-MORTEM INSPECTION. Temperature of body in Mouth.

Measurements of the body *Height 5'6" — Girth 32 in.*

Rectum.

Axilla.

Cadaveric Rigidity

Nutrition or Emaciation

Weight. *6' 2 1/2*

Putrefaction

State of Cuticle

General Colour of Surface

Contusions, Marks of Punishment, or of Medical Treatment

Marks of cupping over hepatic & left lateral pulmonary regions — Centres of ulcers on the penis ulceration superficial and one faint — Cicatrix right inguinal region. Lower extremities oedematous small white centres present over their surface.

A. INSPECTION OF HEAD — SCALP.

Cranial Bones and Sutures

Dura Mater

Arachnoid

Form coagulum in the basilar arteries

Pia Mater and Arteries

Sinuses of Dura Mater

BRAIN:—Weight (cast) 3 lbs 2 oz

Specific gravity

Pons Varolii:—weight

Specific gravity

Cerebrum " "

" "

Medulla oblongata "

" "

Cerebellum " "

" "

Corp. striata "

" "

Specific gravity of Grey matter

Specific gravity of White

Optic Thalami "

" "

Roots of the Nerves:—Cran. Pits
itary Body and Parts, generally at
the base of the Brain

Cerebrum, Convolutions:—Colour and
Consistence, Ulcers, Sloughs, Cavities,
Cicatrices, Deposits

Minute Vessels of the Brain

Ventricles

Optic Thalami

and

Corp. Striata

PONS VAROLII

MEDULLA OBLONGATA

CEREBELLUM

Great discoloration of the optic thalami right side
softened condition of the central ganglia & raphe nuclei
spots in their substance.

B. INSPECTION OF SPINAL CANAL:—(1) The Membranes:—

Spinal Marrow, Consistence, &c.

Weight

Specific gravity

Size

Amount of Cereb. Sp. fluid.

C. INSPECTION OF THE ORGANS OF THE SENSES:—(1) NASAL CAVITIES.

(2) ORBITS:—Eyelids

Eyeballs, &c.

(3) EARS:—External

Internal

(4) TONGUE

D. INSPECTION OF THE MOUTH AND THROAT:—TENTH. Number.

Condition.

Gums and Lips

Mucous Membrane and Glands

Palate

Tonsils and Uvula

Fauces

Pharynx

Cyanotic congestion front of the tongue pharynx & upper
part of oesophagus.

E. INSPECTION OF NECK AND CHEST:—RIBS AND PARIETES.

Cervical Glands

Thyroid

Thoracic Glands

Thymus

Larynx

Trachea

Edema of the mucous membrane of the larynx. with
vasculature of the subglottic & a deep ulceration situated at
the posterior attachment of the vocal chords.
Vasculature of the trachea & minute general ulceration
through the whole tube.

Pleura Intermixt adhesions ^{Left:} ^{Right:} Side at two apes - numerous adhesions on the right side. Considerable amount of fluid in both pleural cavities.

LUNGS Intermixt adhesions & cavities in the apex left lung - enlargement of two glands at the roots of the lungs - cretaceous degeneration at apex right lung - whole of the right lung solidified by tuberculous military granulations - Left lung in an almost similar condition. Lungs weig^t 4 lbs. 1/2 oz.

Thoracic Duct and Vena Azygos.....

PERICARDIUM Skin interposed

HEART:—Form, etc..... Misshapen—

Cavities:—Auricular Dark coloured blood in all the cavities - with soft coagula—

Ventricular

Lining Membrane

Contents

Valves

Pulmonary Artery

Aorta

Coronary Vessels.....

Cave.....

Muscular Substance.....

Dimensions
Base to Apex..... 5.2.
Aur. Ven. Groove to Apex 3.6.
Transv^r at Aur. Ven. Groove... 3.4.
Circumference. 9.6.
Rt. Aur. Vent. ar. 12.
Pul. Art. — 9.
Lt. Aur. Vent. " 11.
Aorta — 4.

Weight of heart 8 1/2 oz.

Texture of Aorta normal.

F. INSPECTION OF THE ABDOMEN — PERITONEUM ^{Weight} Forty ounces of fluid in the peritoneal cavity.

Hernia

Tumours

Calibre, Dilatation, Invagination, Con-

striction, Adhesions or change of

position of Viscera

STOMACH:—Contents.....

Mucous surface.....

Glands

MUCOUS MEMBRANE OF SMALL INTESTINES:—Secretions or Exudations on

its surface

Colour and Consistence of Mucous

Membrane

Vill. of Intestines :-

Substance of Intestines

Glands of Duodenum

" Ileum and Jejunum

" Peyer

Solitary Glands

Crypts of Lieberkühn

CÆCUM

Remains of ulceration towards the bend of the cæcum. Extends through the cæcum towards as far as the ileum - Thinning of the mucous coat of the intestine - No amorphous reaction at any portion of the gut -

COLON :- Secretions or Excretions

on its Surface

Ulcers, connected or not with Solitary

Glands

RECTUM

Hæmorrhoids

LIVER :- Form

Weight 1 lb. 12 oz.

Dimensions

Position

Covering

Substance :- Granulations, Cæcities

Gummata, Abscesses, Pus, Adven-

titious Deposits

Cæcitic depression and discoloured, the right lobe - Sees soft nutmeg appearance partly from congestion - Amorphous reaction intense

Vena Porta

Gall-bladder and Ducts

SPLEEN :- Form

Weight 11 oz.

Dimensions

Position

Covering

Substance

PANCREAS :- Form

Weight

Dimensions

Substance

SUPRA-RENAL CAPSULES

Aorta

Vena Cava

Sympathetic Nerve

KIDNEYS :- Form

Weight 14 oz. August

Dimensions

Capsule

Substance

Amorphous condition of the glomeruli - Cortical substance glandless. Amorphous condition generally of the organs. Commencing loss of substance of the cortical portion.

URETERS

Bladder, Prostate, &c.

Testicles, &c.

No deposits.

G. INSPECTION OF JOINTS.

H. INSPECTION OF BONES.

I. INSPECTION OF MUSCLES.

QD

Medical Officer Examining

Medical Officer Assisting

PATHOLOGICAL REPORT, No. 244

NAME OF STATION
AND OF HOSPITAL

Netley

DATE OF
INSPECTION

June 12th

NUMBER OF HOURS
POST-MORTEM

16

ATMOSPHERIC CONDITIONS
AS TO—(1) TEMPERATURE
(2) MOISTURE

REGIMENT	RANK AND NAME	AGE	DISEASE	WHERE CONTRACTED	TOTAL DURATION OF ILLNESS	DATE OF LAST ADMISSION	DATE OF DEATH	WEIGHT	HEIGHT	FEET
24 th Corps	Dennis Brien	25	Phthisis	Mauritius	304 days	June 21 st	June 28 th	14	65	1

I. HISTORICAL SUMMARY.

COUNTRY, COUNTY, OR BIRTHPLACE: Rorke's Beach

COMPLETED YEARS OF SERVICE: 4 1/2

Stations and Periods of Foreign Service
stated in chronological order

Mauritius May 1860 - March 1865 - Height 5' 3 1/2"

Stations and Periods of Home Service
stated in chronological order

England & Ireland June 1855 - May 1860 - Habit temperate -

History as to previous Diseases or In-
juries at these Stations or elsewhere

Mauritius - Bronchitis Ch. 35 days.
Ship Cumbric - Phthisis pulm. 35 "
92 "

Whence admitted to Hospital here

How long Resident at last Station

(If from Shipboard state the duration of the Voyage)

History of disease or injury which has

proved fatal, and state on admission

This man's first admission seems to have been in August 1864 for Chronic Bronchitis attributed to exposure - he seems to have been discharged for this complaint in November following the same month. (Probably a readmission) was admitted for Phthisis & was insolated for this affection in December 1865.

He arrived at Netley on 22nd of April when his condition was as follows. He was an emaciated, suffering frequent cough, weak at night. Copious expectoration profuse night sweats - increasing debility & loss of flesh. Dullness under both clavicles, flattening of the chest - fingered lungs subsequently evidences of cavity on the left side were apparent. He showed himself in a "tubercular" June. Pleuritic crepitations with strange expectoration & also pleuritic stiches were recorded. He gradually became weaker & dyspnoea & became the died on 28th June at 10th day.

from abscess of care by V. H. Hume. Red line

II. POST-MORTEM INSPECTION. Temperature of body in Mouth

Measurements of the body

Height 5' 6". Weight 29 lb.

Cadaveric Rigidity

Putrefaction

Contusions, Marks of Punishment, or
of Medical Treatment

Wounds, Cicatrices, Punctures

Eruptions

Eclima

Individual Peculiarities

Rectum

Axilla

Nutrition or
Emaciation

Weight

4 lb 2

Emaciation extreme.

General Colour

of Surface

Emphysema

A. INSPECTION OF HEAD:—SCALP.

Cranial Bones and Sutures

Dura Mater

Arachnoid

Pia Mater and Arteries

Sinuses of Dura Mater

BRAIN:—Weight (entire) *3 lbs*

Specific gravity

Pons Varoli:—weight

Specific gravity

Cerebrum

" "

Medulla oblongata ..

" "

Cerebellum

" "

Corp. striata

" "

Specific gravity of Grey matter

Specific gravity of White

Optic Thalami

" "

Roots of the Nerves:—Cruza, Pituitary Body and Parts, generally at the base of the Brain

Cerebrum, Convolutions:—Colour and Consistence, Ulcers, Sloughs, Cavities, Cicatrices, Deposits

Brain Soft (post mortem)

Minute Vessels of the Brain

Ventricles

Optic Thalami

and

Corpor. Striata

Pons Varoli

Medulla Oblongata

Cerebellum

B. INSPECTION OF SPINAL CANAL:—(1) The Membranes:—

Spinal Marrow, Consistence, &c.

Weight

Specific gravity

Size

Amount of Cereb. Sp. fluid.

C. INSPECTION OF THE ORGANS OF THE SENSES:—(1) Nasal Cavities.

(2) ORBITS:—Eyelids

Eyeballs, &c.

(3) EARS:—External

Internal

(4) TONGUE

D. INSPECTION OF THE MOUTH AND THROAT:—Teeth. Number.

Condition.

Gums and Lips

Mucous Membrane and Glands

Palate

Tonsils and Uvula

Pharynx

Pharynx

Alveolar and tonsil tissue not removed.

E. INSPECTION OF NECK AND CHEST:—Ribs and Parities.

Cervical Glands

Thyroid

Thoracic Glands

Thymus

Larynx

Trachea

Enlarged lymphatic glands at the bifurcation of the Trachea

Pleura Adhesions tolerably firm on both sides. about 1 1/2"
 of red coloured serum. into left pleural cavity.

LUNGS Intense discoloration of the textures of both lungs.
 the base of the right lung being the only portion peculiar to air
 numerous cavities in both apices & smaller. throughout lung.
 Weight 3 lbs 12 oz.

Thoracic Duct and Vena Argyra.....

PERICARDIUM Same fluid in the pericardium

HEART:—Form, &c..... Left ventricle firm. Cavities filled
 with dark coloured blood

Circumference 8.
 Dimensions { Base to Apex..... 4.6.
 Aur. Ven. Groove to Apex 3.4.
 Transv. at Aur. Ven. Groove .. 3.

Cavities:—Auricular.....

Ventricular White patches in the anterior part of the left ventricle

Lining Membrane.....

Aorta bent at 11.
 Pul Artery - 8.
 Mitral - 9.
 Aortic - 4.

Valves.....

Pulmonary Artery.....

Depth of the cavity = (part marked)

Aorta.....

Coronary Vessels.....

Curve.....

Weight 4 ounces

Muscular Substance.....

Weight

F. INSPECTION OF THE ABDOMEN.—PERITONEUM.

Umbilicus.....

Tumours.....

Calibre, Dilatation, Invagination, Con-
 striction, Adhesions or change of
 position of Viscera.....

STOMACH:—Contents.....

Mucous surface.....

Glands.....

MUCOUS MEMBRANE OF SMALL INTESTINES:—

Secretions or Exudations on
 its surface.....

Colour and Consistence of Mucous
 Membrane.....

Vill. of Intestines:—

Substance of Intestines

Glands of Duodenum

" Ileum and Jejunum

" Peyer

Solitary Glands

Crypts of Lieberkühn

CÆCUM

COLON:—Secretions or Excretions

on its Surface

Ulcers, connected or not with Solitary

Glands

RECTUM

Hæmorrhoids

LIVER:—Form

Position

Covering

Substance:—Granulations, Cicatrices,

Gumata, Abscesses, Pus, Adven-

titious Deposits

Vena Portæ

Gall-bladder and Ducts

SPLEEN:—Form

Position

Covering

Substance

PANCREAS:—Form

Substance

SUPRA-RENAL CAPSULES

Aorta

Vena Cava

Sympathetic Nerve

KIDNEYS:—Form

Capsule

Substance

URETERS

Bladder, Prostate, &c.

Testicles, &c.,

G. INSPECTION OF JOINTS.

H. INSPECTION OF BONES.

I. INSPECTION OF MUSCLES.

Section of mucous membrane of intestines thin & warty
with irregular vasculature & some ecchymosis.
Peyer patches atrophied - some isolated lacunæ
granular in Peyer patches -

Silent ulceration of the colon towards the rectum
large substance of the mucous membrane & diphtheria
the exudation - small anemic ulcers occupy all
same points the sites of the solitary glands.

Weight 3 lbs 10 ounces. Dimensions
Normal shape - fine intestine. Ganglions between the lobules
under the skin very distinct - Ampullæ reaction with
iodine distinct

Weight 9 ounces. Dimensions
Abundant normal size. texture soft - no reaction with iodine

Weight 4 ounces. Dimensions
Right kidney -
Cortex easily separated. Relative size of cortical & pyram
Cortex portion normal. Some slight congestion of the
pyramidal portion no reaction with iodine.
Left kidney much smaller. no reaction -

20

PATHOLOGICAL REPORT, No. 457

NAME OF STATION AND OF HOSPITAL *Hetty* DATE OF INSPECTION *June 16th* NUMBER OF HOURS POST-MORTEM *37* ATMOSPHERIC CONDITIONS AT TIME (1) TEMPERATURE (2) MOISTURE

REGIMENT	RANK AND NAME	AGE	DISEASE	WHERE CONTRACTED	EST. DURATION OF ILLNESS	DATE OF LAST ADDRESS	DATE OF DEATH	WARD	REGISTER	FOLIO
<i>91st Private</i>	<i>Joseph Anson</i>	<i>25</i>	<i>Syph secondary</i>	<i>India Sgo.</i>	<i>June 10th</i>	<i>June 15th</i>	<i>10</i>	<i>61</i>	<i>3</i>	<i>Large</i>
<i>30.</i>	<i>Cochin</i>									

I. HISTORICAL SUMMARY. COUNTRY, COUNTY, OR BIRTHPLACE: *Lineagehmore.* COMPLETED YEARS OF SERVICE: *76 years.*
 Stations and Periods of Foreign Service: *Bombay. June 1859 - May 1859.*
Madras. May - Feb. 1863. *Noe ditur. Herts. Name.*
Bengal. Feb. 1863 - Oct. 1864. *Syphilitic. Ser.*
 Stations and Periods of Home Service: *Alphame. Nov. 1854. to June 1859 -*
Alphame. Nov. 1854. to June 1859 -
 History as to previous Diseases or Injuries at these Stations or elsewhere: *Alphs. - Hampton - 1860 - 14 days.* *Height and build at time 5' 9".*
Feb. Cont. " " 8 - *Present -*
Amputated. " - 61 - 14 "
Syph. Sec. " " - 13 "
Feb. Intest. " - 62 - 4 "
" " " 63 - 8 "
 Whence admitted to Hospital here... *By ship. From India. Resident at last Station ...* *Thos. Middlemore.*
 (If from Shipboard state the duration of the Voyage.) *113 days.*

History of disease or injury which has proved fatal, and state on admission: *Although not recorded in the main history sheet, the abstract of the case states that he suffered from Primary Syphilis six years ago -*
In June 1861. he was treated in Nagade for Secondary Syphilis - Again
In April 1863. he had. But he stated to be of constitutional origin, which
disappeared - Shortly after this his abdominal organs were ulcerated.
Peritonitis and an abscess in the abdominal cavity - then a node appeared on
the left shin and General decline of flesh & strength. He was invalided
He arrived at Hetty about a year ago - when his con-
dition is described as follows: He was emaciated & wasted. Great
irregularity of stomach & intestines & condensation of both lines at
the apex - he had short cough. The throat was raw & had ulcers.
ation & the lymphatic glands almost gone.
His history since has been gradually increasing weakness
exhaustion from General Cachexia & indigestion & pulmonary.
Complications, the particular points of nature of which is not stated -
He died on the 15th June - at 1. A.M. - Labelled of case by

II. POST-MORTEM INSPECTION. Temperature of body in Mouth: *Rectal 98.4. Axilla 98.2. Mouth 98.0.*
 Measurements of the body: *Height 5' 10". Weight 8 1/2 lbs. Birth 28 lbs.*
 Cadaveric Rigidity: *Med. Weight.*
 Putrefaction: *State of*
 Contusions, Marks of Punishment, or of Medical Treatment: *General Colour of Surface*
 Wounds, Cicatrices, Punctures: *Large irregular blanching. Cicatrix left inguinal region - No.*
 Eruptions: *Cicatrices evident on the penis - Two cicatrices of rupture on*
 Edema: *two extremities - No de or right tibia.*
 Individual Peculiarities: *Bed sores on Sacrum & trochanters.*

A. INSPECTION OF HEAD - SKULL.
 Cranial Bones and Sutures: *Height parasite of two Culo adrim.*
 Dura Mater:
 Arachnoid:

Pia Mater and Arteries

Sinuses of Dura Mater

BRAIN:—Weight (entire) $2 \frac{1}{2}$

Specific gravity

Pons Varolii :—weight

Specific gravity

Cerebrum " "

Medulla oblongata "

Cerebellum " "

Corp. striata "

Specific gravity of Grey matter

Specific gravity of White

Optic Thalami "

" "

Roots of the Nerves:—Cran., Pituitary Body and Parts, generally at the base of the Brain

CEREBRUM, Convolutions:—Colour and Consistence, Ulcers, Scleroses, Cavities, Cicatrices, Deposits

Basculancy on the surface of the cerebrum. but confined chiefly to the right hemisphere. Considerable quantity of fluid in the left lateral ventricle -

Minute Vessels of the Brain

Ventricles

Optic Thalami

and

Corp. Striata

PONS VAROLII

MEDULLA OBLONGATA

CEREBELLUM

B. INSPECTION OF SPINAL CANAL:—(1) The Membranes:—

Spinal Marrow, Consistence, &c.

Weight

Specific gravity

Size

Amount of Cereb. Sp. fluid.

C. INSPECTION OF THE ORGANS OF THE SENSES:—(1) NASAL CAVITIES.

(2) ORBITS:—Eyelids

Eyelids, &c.

(3) EARS:—External

Internal

(4) TONGUE

D. INSPECTION OF THE MOUTH AND THROAT:—TEETH. Number.

Condition.

Gums and Lips

Mucous Membrane and Glands

Palate

Tonsils and Uvula

Pharynx

Pharynx

Papillae at the root of the tongue enlarged. Loss of sub. stance at the tip.

E. INSPECTION OF NECK AND CHEST:—RIBS AND PARIETES.

Cervical Glands

Thyroid

Thoracic Glands

Larynx

Trachea

Dark pigmentation in the glands at the root of the right lung. Remains of ulceration in the larynx posteriorly -

Pleura No adhesions

LUNGS Both lungs collapsed. Lungs were much congested posteriorly but especially the right. No consolidation, hyaline, near the anterior margin of the upper lobe right side. There is a faint shadow of a form fibrous collection. Several small satellite growths are interspersed through the lung, some form dense foci. There are some small cavities also about the middle of the free border - apex free.

PERICARDIUM

Ventricular

health.

...Commencing at the ramus of the aorta -

Margaret of the West. Younger

Weight

Vill. of Intestines:—

Substance of Intestines

Glands of Duodenum

" Ileum and Jejunum

" Peyer

Solitary Glands

Crypts of Lieberkühn

CÆCUM

COLON:—Secretions or Exudations

on its Surface

Ulcers, connected or not with Solitary

Glands

RECTUM

Hæmorrhoids

LIVER:—Form

Position

Covering

Substance:—Granulations, Cicatrices,

Gumata, Abscesses, Pus, Adven-

titious Deposits

Vena Porta

Gall-bladder and Ducts

SPLEEN:—Form

Position

Covering

Substance

PANCREAS:—Form

Substance

SUPRA-RENAL CAPSULES

Aorta

Vena Cava

Sympathetic Nerve

KIDNEYS:—Form

Capsule

Substance

URETERS

Bladder, Prostate, &c.

Testicles, &c.

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Intestines extremely thin & wasted - atrophy of Peyer's patches - Mucous & small yellow aggregated growths spread over the internal surface of the duodenum & jejunum

Small solitary ulcerations (few) occurring at some distance from one another through the intestines

Intestines manifest intense amyloid degeneration -

Weight 1 lb. 5 oz. Dimensions
The covering of the capsule (peritoneum) much marked at points. There is a yellow softening growths about the surface of the capsule in the substance of the right lobe. After dissection the organ is dense & firm. Marked hypertrophy of the lobules. Incident increase of connective tissue between lobules.

Weight 4 1/2 oz. Dimensions

Adhering to the capsule & the corresponding part of the surface of the organ a dense white dense cartilaginous formation. Substance chocolate colour. Glomeruli.

Weight Dimensions

Very obvious. Incident reaction with the lobules.

Weight 1 1/2 lb. Dimensions

Small cuts tough. Very irregular anterior surface from atrophy & loss of substance of the cortical part - Shagreened congested surface. Amyloid reaction quite visible. Right kidney similar.

No deposits.

G. INSPECTION OF JOINTS.

Microscopic. Kidney. There is a great increase of connective tissue visible between the tubules. At points the tubules are contracted. at others expanded causing them to assume a wavy appearance.

H. INSPECTION OF BONES.

Periosteal thickening & commencement of a node on the under surface of the sternum at its lower part. The costal segments also was thickened.

I. INSPECTION OF MUSCLES.

Medical Officer Examining

Medical Officer Assisting

PATHOLOGICAL REPORT, No 46.

NAME OF STATION AND OF HOSPITAL Netley DATE OF INSPECTION June 23rd NUMBER OF HOURS POST-MORTEM 43 1/2 hours ATMOSPHERIC CONDITIONS AS TO—(1) TEMPERATURE (2) MOISTURE.....

REGIMENT.	RANK AND NAME.	AGE.	DISEASE.	WHERE CONTRACTED.	TOTAL DURATION OF ILLNESS.	DATE OF LAST ADMISSION.	DATE OF DEATH.	WEIGHT.	HEIGHT.	TEMP.
35 th 1234	Ele Thomas Hamilton	31.	Diabetes.	Sezabad India	376.	Mar 10/65	June 21	25.	72.	32

I. HISTORICAL SUMMARY.

COUNTRY, COUNTY, OR BIRTHPLACE Mayo Ireland. COMPLETED YEARS OF SERVICE 8 3/4
 Stations and Periods of Foreign Service India April 1860 - March 1865. Hereditary history None.
 stated in chronological order Syphilitic Yes.
 Stations and Periods of Home Service Abkane. Aug. 59 - April 1860. Habits Temperate.
 stated in chronological order
 History as to previous Diseases or Injuries at those Stations or elsewhere Syph. Prim. - Belgaum 1861. 6 days - Diabetes Sezabad 64-141 days
" " " 32 " " Ship Brafegad. 121 "
Feb. Intermitt. - Aggra. - 1862 - 11 "
Feb. C.C. - Sezabad - 63 - 7 "
Feb. Intermitt. - " - 7 "
 Whence admitted to Hospital here, ... Dyspepsia - " 1864 - 42 "
 How long Resident at last Station ...
 (If from Shipboard state the duration of the Voyage.)

History of disease or injury which has proved fatal, and statement admission This man always enjoyed good health until August 1862.
when he suffered from Intermittent Fever. Prior to this he had suffered from
Syphilis & subsequently Dyspepsia & Diabetes.
On admission to Netley his condition was as follows. He was
much emaciated & the general indications of Diabetes well expressed.
He stated his attention was first attracted to his disease in June 1864.
when he noticed appearance of sugar in his urine & he began then to notice
also incontinence of urine & to suffer severe lassitude. Some short time
subsequently he was invalided. He pursued at Netley very large
quantities of urine daily yielding in the 24 hours quantities of sugar.
varying from 10-15 ounces. The specific gravity was about 1036.
His thirst gradually increased & he died on the 21st June at 6/30 pm
from exhaustion & cure.
Wm. William Fox. Med. Candidate.

II. POST-MORTEM INSPECTION. Temperature of body in Mouth.

Measurements of the body Height 5' 8". Weight 31 inches. Rectum — Axilla —
 Cadaveric Rigidity Nutrition or Emaciation Great emaciation
 Patrefaction State of Cuticle — General Colour of Surface —
 Contusions, Marks of Punishment, or of Medical Treatment Distension & greenish discoloration of abdomen.
 Wounds, Cicatrices, Punctures Centric on each side of the glans penis. Cicatrix in the
 Eruptions right groin and livid lachrymation on the lower
 Edema of scrotum.
 Individual Peculiarities Emphysema

A. INSPECTION OF HEAD — SKALP.

Cranial Bones and Sutures Culicidum dense & heavy parans internally. Canine &
 Dura Mater hematoma of the Dura Mater. & opacity of the Arachnoid.
 Arachnoid Subly ing Adema.

Pia Mater and Arteries

Sinuses of Dura Mater

BRAIN:—Weight (entire) *3 lbs 5 1/2 oz.* Specific gravity

Cerebrum .. " " " " " "

Cerebellum .. " " " " " "

Specific gravity of Grey matter .. Specific gravity of White ..

Roots of the Nerves:—Cran. Pituitary Body and Parts, generally at

the base of the Brain

Pituitary body soft.

Cerebrum, Convolutions:—Colour and

Consistence, Ulcers, Sloughs, Cavities,

Cicatrices, Deposits

Substance of the brain firm.

Minute Vessels of the Brain

Ventricles

Optic Thalami

and

Corpor. Striata

Pons Varolii

Medulla Oblongata

Cerebellum

Pons Varolii:—weight

Medulla oblongata ..

Corp. striata ..

Optic Thalami ..

Specific gravity

" "

" "

" "

B. INSPECTION OF SPINAL CANAL:—(1) The Membranes:—

Spinal Marrow, Consistence, &c.

Weight

Specific gravity

Size

Amount of Cereb. Sp. fluid.

C. INSPECTION OF THE ORGANS OF THE SENSES:—(1) NASAL CAVITIES.

(2) ORBITS:—Eyelids

Eyelids, &c.

(3) EARS:—External

Internal

(4) TONGUE

D. INSPECTION OF THE MOUTH AND THROAT:—TEETH. Number.

Condition.

Gums and Lips

Mucous Membrane and Glands

Palate

Tonsils and Uvula

Fauces

Pharynx

E. INSPECTION OF NECK AND CHEST:—BIBS AND PARIETES.

Cervical Glands

Thyroid

Thoracic Glands

Thymus

Larynx

Inspected and thin of the mucous membrane of the larynx & trachea.

Trachea

Pleura Surfaces free on the left side. - Adhering on the right. Adhesions recent - sanguineous serum in both cavities

BRONCHI

LUNGS Left lung collapsed. Right does not. A patch of recent lymph on the anterior surface. Right lung. Two cavities visible on the surface also posteriorly. The anterior wall of one has remained attached to the thoracic wall. The other of this size & contains of the upper half left lung. A few scattered tubercular granules. In the lower part of the cavity. Right lung completely disorganized into upper lobe. In a large cavity. Another large cavity in the lower lobe. Several smaller ones of ever size through the lung. Substances generally also infiltrated with small tubercular looking granules -

Thoracic Duct and Vena Azygos.....

PERICARDIUM

HEART: - Form, &c. A nearly decahedral conical. in the right heart extending into the pulmonary artery. White spot on the anterior surface. Right ventricle - Shuddered in the left heart.

Cavities: - Auricular

Ventricular

Lining Membrane

Contents

Valves healthy.

Pulmonary Artery

Aorta Considerable atheroma in the aorta especially behind.

Coronary Vessels the arch - the lining membrane of aorta & ventricle with a large

Cave white patch -

Muscular Substance.....

Weight

P. INSPECTION OF THE ABDOMEN: - PERITONEUM.

Hernia

Tumours

Calibre, Dilatation, Invagination, Con-

striction, Adhesions or change of

position of Viscera

STOMACH: - Contents.....

Mucous surface.....

Glands

MUCOUS MEMBRANE OF SMALL INTES-

TINES: - Secretions or Exudations on

its surface

Colour and Consistence of Mucous

Membrane

Vill. of Intestines:—

Substance of Intestines

Glands of Duodenum

" Ileum and Jejunum

" Peyer

Solitary Glands

Crypts of Lieberkühn

CÆCUM

Intestines normal. no amplified reaction -

COLON:—Secretions or Excretions

on its surface

Ulcers, connected or not with Solitary

Glands

RECTUM

Hæmorrhoids

LIVER:—Form

Position

Covering

Substance:—Granulations, Cicatrices

Gumata, Abscesses, Pus, Adven-

titious Deposits

Vena Portæ

Gall bladder and Ducts

SPLEEN:—Form

Position

Covering

Substance

PANCREAS:—Form

Substance

SUPRA-RENAL CAPSULES

Aorta

Vena Cava

Sympathetic Nerve

KIDNEYS:—Form

Capsule

Substance

URETERS

Bladder, Prostate, &c.

Testicles, &c.

Weight 4.42. Dimensions
Adhering firmly to the diaphragm posteriorly. Right lobe relatively enlarged. Trans diam 4.8. Ant Post 6.8. Thick 2.3. Left lobe trans diam 3.4. - Yellowish discolored surface. Causes surface of the right lobe extending into two sub-stances in section. Lobules distinct from each other. Can- gertium. Gall bladder pale containing a very small quantity of a thick chrome colored bile - no amplified reaction -

Weight 12.5. Dimensions
Adheres slightly to the diaphragm - the organ is large. Glan- cula not visible. No reaction with iodine -

Weight 1 lb. 2 oz. Dimensions
Serg e. soft flaccid - Capsule thin & easily - cut in part- tion enlarged. Great congestion between two tubuli in two pyramidal portion - no amplified reaction - The sub- stance of section has a pale yellowish appearance - see. Microscopical examination below - Both organs similar in size & appearance -

G. INSPECTION OF JOINTS.

* On microscopic examination the kidneys exhibited a con- siderable amount of fat in capsule. Globules & granules - the tubuli of ap- pended from blacking with masses of granular matter - ab- ducting points to tubules were greatly distended - very few cells. Could be distinguished in their interior -

H. INSPECTION OF BONES.

I. INSPECTION OF MUSCLES.

20

Medical Officer Examining

Medical Officer Assisting

PATHOLOGICAL REPORT, No. 14.

NAME OF STATION AND OF HOSPITAL Ketter DATE OF INSPECTION July NUMBER OF HOURS POST-MORTEM .. ATMOSPHERIC CONDITIONS AS TO: (1) TEMPERATURE (2) MOISTURE ..

REGIMENT.	RANK AND NAME.	AGE.	DISEASE.	WHERE CONTRACTED.	TOTAL DURATION OF ILLNESS.	DATE OF LAST ADMINISTRATION.	DATE OF DEATH.	WARD.	REGISTER.	TOTAL.
98 th	Private.		<u>Phthisis</u>		<u>3 years</u>	<u>June 26, 1865</u>	<u>June 29, 1865</u>	<u>24</u>	<u>41</u>	<u>112.</u>
<u>106th</u>	<u>James Cooper.</u>	<u>26 7/12</u>	<u>Pulmonary</u>							

I. HISTORICAL SUMMARY. COUNTRY, COUNTY, OR BIRTHPLACE: Lincolnshire COMPLETED YEARS OF SERVICE: ..

Stations and Periods of Foreign Service: Has entered in Medical Abstract.
stated in chronological order ..

Stations and Periods of Home Service: Do Do
stated in chronological order ..

History as to previous Diseases or Injuries at these Stations or elsewhere: vide below.

Whence admitted to Hospital here, ..

How long Resident at last Station ..
(If from Shipboard state the duration of the Voyage.)

History of disease or injury which has proved fatal, and state on admission: Racal pindles.
Dec 1864 - 13 days. Umbilical -
Feb 1865 - 5 " Intestinal - 15 days
" - 6 " Feb 1865 - 6 "
" - 12 " Brachitis - 21 "
" - 5 " Phthisis - 38 "

Was admitted to Ketter on the 26th June. He was suffering from shortness of breath. Cough pain in the right side - went to the hospital. He was very weak and difficult in swallowing. The heart sounds were feeble. The pulse 124.
On the 27th he had suffered much from Ague. About 10 minutes ago he came to suffer from cough, brachitis and he thought of lying in damp clothes after an attack of ague.
He died without warning at the age of 26.
From abstract of Carl. Reg.

L. L. French M.D. Cand.

II. POST-MORTEM INSPECTION. Temperature of body in Mouth ..

Measurements of the body ..

Cadaveric Rigidity ..

Putrefaction ..

Contusions, Marks of Punishment, or of Medical Treatment ..

Wounds, Contusions, Punctures ..

Eruptions ..

Edema ..

Individual Peculiarities ..

Rectum .. Axilla ..
Weight ..
Nutrition or Emaciation Considerably emaciated.
General Colour of Surface ..

Emphysema

A. INSPECTION OF HEAD:—SCALP.

Cranial Bones and Sutures ..

Dura Mater ..

Arachnoid ..

Discovered in the dura mater. - containing hæmorrhage.

Pia Mater and Arteries

Sinuses of Dura Mater

BRAIN:—Weight (entire) 11 1/2 oz. Specific gravity

Cerebrum " " " " " "

Cerebellum " " " " " "

Specific gravity of Grey matter Specific gravity of White

Pons Varolii—weight

Medulla oblongata " " "

Corp. striata " " "

Optic Thalami " " "

Specific gravity

" " "

" " "

" " "

Roots of the Nerves:—Cranial, Pituitary Body and Parts, generally at the base of the Brain

Cerebrum, Convolutions:—Colour and Consistence, Ulcers, Sloughs, Cavities, Cicatrices, Deposits

Small quantity of fluid in the lateral ventricles -
Ordinary congestion of the choroid plexuses -
Substances generally normal.

Minute Vessels of the Brain

Ventricles

Optic Thalami

and

Corp. Striata

Pons Varolii

Medulla Oblongata

Cerebellum

B. INSPECTION OF SPINAL CANAL:—(1) The Membranes:—

Spinal Marrow, Consistence, &c.

Weight

Specific gravity

Size

Amount of Cereb. Sp. fluid.

C. INSPECTION OF THE ORGANS OF THE SENSES:—(1) NASAL CAVITIES.

(2) ORBITS:—Eyelids

Eyelids, &c.

(3) EARS:—External

Internal

(4) TONGUE

D. INSPECTION OF THE MOUTH AND THROAT:—TENTIL. Number.

Condition.

Gums and Lips

Mucous Membrane and Glands

Palate

Tonsils and Uvula

Fauces

Pharynx

Cyanotic congestion on the fauces & pharynx. with numerous small scattered tubercles looking granular on the surface of the larynx -

E. INSPECTION OF NECK AND CHEST:—RIBS AND PARIETES.

Cervical Glands

Thyroid

Thoracic Glands

Thymus

Larynx

Ulceration on the right side just beneath the thyroid gland -
Congested thrombotic canal -

Trachea

Pleura Brown adhesions of pleural surfaces on both sides -

BRONCHI Bronchi filled with frothy mucus -

LUNGS Left: Completely disorganized at the apex lobe contains
a large cavity - lower & lower tubercular cavities (small) & small
granular tubercles abundant - Towards the lower part the
tissue is consolidated & infiltrated with similar granules.

Right: Much congested & consolidated infiltrated throughout
with granular tubercles - No cavities -

Weight 4 lbs. 11 ounces

Thoracic Duct and Vena Azygos.....

PERICARDIUM Fluid in the pericardium -

HEART:—Form, etc.....

Irregularly enlarged Coagulum in
the right heart dark Coagulum
in the left -

Dissected { Base to Apex.....
Aur. Ven. Groove to Apex.....
Transv. at Aur. Ven. Groove..

Cavities:—Auricular.....

Ventricular.....

Lining Membrane.....

Contents.....

Valves.....

Pulmonary Artery.....

Aorta.....

Coronary Vessels.....

Cave.....

Muscular Substance.....

Weight 10 ounces

Weight

F. INSPECTION OF THE ABDOMEN:—PERITONEUM.

Hernia.....

Tumours.....

Calibre, Dilatation, Invagination, Con-

striction, Adhesions or change of

position of Viscera.....

STOMACH:—Contents.....

Mucous surface.....

Glands.....

MUCOUS MEMBRANE OF SMALL INTESTINES:—Secretions or Exudations on

its surface.....

Colour and Consistence of Mucous

Membrane.....

Vill. of Intestines:—

Substance of Intestines

Glands of Duodenum

" Ileum and Jejunum

" Peyer

Solitary Glands

Crypts of Lieberkühn

CÆCUM

COLON:—Secretions or Exudations

on its Surface

Ulcers, connected or not with Solitary

Glands

RECTUM

Hæmorrhoids

LIVER:—Form

Position

Covering

Substance:—Granulations, Cicatrices,

Gumata, Abscesses, Pus, Adven-

titious Deposits

Vena Portæ

Gall-bladder and Ducts

SPLEEN:—Form

Position

Covering

Substance

PANCREAS:—Form

Substance

SUPRA-RENAL CAPSULES

Aorta

Vena Cava

Sympathetic Nerve

KIDNEYS:—Form

Capsule

Substance

URETERS

Bladder, Prostate, &c.

Testicles, &c.

G. INSPECTION OF JOINTS.

H. INSPECTION OF BONES.

I. INSPECTION OF MUSCLES.

Dark. lobulated looking patches. white under sur-
face of the film - Mesenteric glands enlarged.

General large tuberculous ulcers. Extends through
the intestines from the lower part of the jejunum
to the rectum -

Weight 3 lbs 14 1/2 Dimensions
Rubber looking liver - Lobules distinctly marked
with congestion. Right lobe relatively large. No new
film with iodine. Liver adhering a little to the Diaphragm

Weight 4 3/4 oz Dimensions
Aqueous pale liver. Glandular. Glandular not visible
No reaction with iodine.

Weight 9 1/2 oz Dimensions
Small - a yellow soft growth underlies the capsular
investment of the right kidney. with corresponding loss
of substance on the surface - Same irregular loss of sub-
stance also generally over the surface -
The left kidney - Irregular loss of substance also over
the surface - A small apoplectic looking spot. on its
under surface - Loss of both congested -

Medical Officer Examining

Medical Officer Assisting

PATHOLOGICAL REPORT, No 48

NAME OF STATION AND OF HOSPITAL Hetty DATE OF INFECTED July 5th 1864 NUMBER OF HOURS POST-MORTEM 4 ATMOSPHERIC CONDITIONS AS TO—(1) TEMPERATURE (2) MOISTURE.....

REGIMENT.	RANK AND NAME.	AGE.	DISEASE.	WHERE CONTRACTED.	TOTAL DURATION OF ILLNESS.	DATE OF LAST AGGRAVATION.	DATE OF DEATH.	WARD.	REGIMENT.	REGIMENT.
<u>Col. Dr.</u>	<u>Robert Gray.</u>	<u>29.</u>	<u>Phthisis Pul.</u>		<u>4.</u>	<u>June 30</u>	<u>June 30</u>	<u>19</u>	<u>67.</u>	<u>59.</u>

I. HISTORICAL SUMMARY.

COUNTRY, COUNTY, OR BIRTHPLACE:—

COMPLETED YEARS OF SERVICE:—

Stations and Periods of Foreign Service: India & China Feb 1838 - Nov 1864.
stated in chronological order

Stations and Periods of Home Service: November 1854 - Feb 1858.
stated in chronological order

History as to previous Diseases or Injuries at these Stations or elsewhere: Syphilis Prim. Bellary. 13 days.
Bubo. " 125 "
Mens. " 11 "
Phthisis China - 50 "

Whence admitted to Hospital here,...

How long Resident at last Station ...

(If from Shipboard state the duration of the Voyage.)

History of disease or injury which has proved fatal, and state on admission

This man was invalided for Phthisis & stated when invalided to have had a well marked cavity in the left lung - the first symptoms of this appeared in China about four years ago. The cavity is said to have been situated in the upper part of the lung. In China he was admitted for the first time for this attack in March 1864. At that time he had cough, purulent expectoration, hoarse crepitation over the two whole left lung. His examination at Hetty was as under on account of his short stay & weak condition

C. White.
Genl Medl & Surg

II. POST-MORTEM INSPECTION. Temperature of body in Moist.

Measurements of the body Height 5' 8". Weight 31 lbs.

Cadaveric Rigidity

Putrefaction

State of
Cuticle }

Contusions, Marks of Punishment, or

of Medical Treatment

Wounds, Cicatrices, Punctures

Eruptions

Edema

Individual Peculiarities

Rectum.

Axilla.

Nutrition or Emaciation but slightly emaciated
Weight 4. 2 lbs
General Colour of Surface }

Emphysema

A. INSPECTION OF HEAD:—SCALP.

Cranial Bones and Sutures

Dura Mater

Arachnoid

Via Mater and Arteries

Congestion of the pia mater

Sinuses of Dura Mater

BRAIN:—Weight (entire) *3 lbs 4 oz*

Specific gravity

Pons Varolii:—weight

Specific gravity

Cerebrum " "

" "

Medulla oblongata " "

" "

Cerebellum " "

" "

Corp. striata " "

" "

Specific gravity of Grey matter

Specific gravity of White

Optic Thalami " "

" "

Roots of the Nerves:—Cran. Pituitary Body and Parts, generally at the base of the Brain

Cerebrum, Convolutions:—Colour and Consistence, Ulcers, Sloughs, Cavities, Cicatrices, Deposits

Vasculature of the Choroid plexus.

Minute Vessels of the Brain

Ventricles

Optic Thalami

and

Corpor. Striata

Pons Varolii

Medulla Oblongata

Cerebellum

*Corpus callosum soft. softness greater in the left side.
Sections of brain otherwise normal.*

B. INSPECTION OF SPINAL CANAL:—(1) The Membranes:—

Spinal Marrow, Consistence, &c.

Weight

Specific gravity

Size

Amount of Cereb. Sp. fluid.

C. INSPECTION OF THE ORGANS OF THE SENSES:—(1) NASAL CAVITIES.

(2) ORBITS:—Eyelids

Eyeballs, &c.

(3) EARS:—External

Internal

(4) TONGUE

D. INSPECTION OF THE MOUTH AND THROAT:—TEXTIL. Number.

Condition.

Gums and Lips

Mucous Membrane and Glands

Palate

Tonsils and Uvula

Pharynx

Pharynx

Cyanotic congestion of both pharynx & larynx.

E. INSPECTION OF NECK AND CHEST:—RIBS AND PARIETES.

Cervical Glands

Thyroid

Thoracic Glands

Thymus

Larynx

Trachea

Abscess like cavity in a gland. on the external surface of the trachea about its middle.

Pleura Pleural surfaces adhering strongly on both sides.

Bronchi

LUNGS *Right:*
No collapse of the right lung. which is swollen. pleura.
of dense & adherent general infiltration of milium tubercles -
No cavities - inflammatory softening at the base of the
lower lobe. tissue & ramified. Adenitis -
Left. infiltrated with milium tubercles - more advanced than
the other & only any of the lung permeable to air. -
Lungs L. 12.

Thoracic Duct and Vena Azygos.....

PERICARDIUM

HEART: - Form, etc. *Chamber of the heart loaded with*
dark blood Dimensions { Base to Apex.....
Aur. Ven. Groove to Apex
Transv^d at Aur. Ven. Groove ..

Cavities: - Auricular

Ventricular

Limiting Membrane

Contents

Valves *Normal*

Pulmonary Artery

Aorta

Coronary Vessels.....

Cava

Muscular Substance.....

Rt. Aur. Vent ad. 12 -
Pul. Artery
Mitral ad. free 10.
Aorta. 8 -

Weight of heart 9 oz

Weight

F. INSPECTION OF THE ABDOMEN: - PERITONEUM.

Hernia

Tumours

Calibre, Dilatation, Invagination, Con-
striction, Adhesions or change of
position of Viscera

STOMACH: - Contents.....

Mucous surface.....

Glands

MUCOUS MEMBRANE OF SMALL INTESTINES: - Secretions or Exudations on

its surface

Colour and Consistence of Mucous

Membrane

Vill. of Intestines:—

Peyer

Solitary Glands

Crypts of Lœberckühn

CÆCUM

COLON:—Secretions or Excretions

on its Surface

Ulcers, connected or not, with Solitary

RECTUM

Hæmorrhoids

LIVER:—Form 611

Position..... *Ch*

Covering (

Substance — Granulations. Centrifuge.

Gumata, Abscesses, Pus, Adverse

titions Deposits

Vena Portae

Gall-bladder and Ducts

SPLEEN:—Form

Position.....

Covering 22

Substance

PANCREAS:—Form

Substance

SUPRA-RENAL CAPSULES

Aortic

Vena Cava

Sympathetic Nerve

KIDNEYS:—Form

Capsule 1

Substance

UNITERS

Bladder, Prostate, &c.

Tentacles, Inc.,

G. INSPECTION OF JOINTS

H. INSPECTION OF BONES

I. INSPECTION OF MUSCLES

Medical Officer Examining

Medical Officer Assisting

PATHOLOGICAL REPORT, No. 49.

NAME OF STATION AND OF HOSPITAL *Netley* DATE OF INSPECTION *July 4th* NUMBER OF HOURS POST-MORTEM *8 1/2 hours* ATMOSPHERIC CONDITIONS AS TO: (1) TEMPERATURE (2) MOISTURE

RESIDENT.	RANK AND NAME.	AGE.	DISEASE.	WHERE CONTRACTED.	TOTAL DURATION OF ILLNESS.	DATE OF LAST ADMISSION.	DATE OF DEATH.	WEIGH.	REMARKS.	FILIO.
<i>57th</i>	<i>Private</i>	<i>25</i>	<i>Phtisis pulmonalis</i>	<i>N. Zealand</i>	<i>379</i>	<i>25th May 1865</i>	<i>1st July 1865</i>	<i>21</i>	<i>68</i>	<i>14</i>

I. HISTORICAL SUMMARY. COUNTRY, COUNTY, OR BIRTHPLACE: *New Zealand* COMPLETED YEARS OF SERVICE: *4 1/2*
 Stations and Periods of Foreign Service: *Served in H.M.S. Aden & India & New Zealand. periods not stated*

Stations and Periods of Home Service: *stated in chronological order* *Hereditary turgid - none*
Syphilis
Habits temperate

History as to previous Diseases or Injuries at those Stations or elsewhere: *N. Zealand*
Feb Internit. 1861. 4 days.
" " " 6 "
Bronchitis ad Pharyngitis. 1864 -
Phtisis 1864 - 35 days.
" 1865 - 15 "

Whence admitted to Hospital here: *How long Resident at last Station* *98 days*
(If from Shipboard state the duration of the Voyage.)

History of disease or injury which has proved fatal, and state on admission: *Admitted into R. G. Hospital on the 28th May. Suffering from extreme prostration, emaciation, rapid pulse, troublesome cough, dyspnea, pain in the right side, partial aphasia & disorder of general disorganization of the right lung. His Condition continued to deteriorate & he died on the 1st July at 2-30 A.M. No previous history with reference to his illness in the abstract. by N. S. B. White.*
Med. Cand. at Netley

II. POST-MORTEM INSPECTION. Temperature of body in Mouth. Rectum. Axilla.
 Measurements of the body: *Height 5' 4 in. Breadth 52 in.* Weight *6 1/2 lbs.*
 Cadaveric Rigidity. State of Nutritive or Emaciation.
 Putrefaction. General Colour of Surface.
 Contusions, Marks of Punishment, or of Medical Treatment: *Abdomen distended - contents in right groin*
 Wounds, Ciacrices, Punctures.
 Eruptions: *Edema of right foot & ankle*
 Edema.
 Individual Peculiarities.

A. INSPECTION OF HEAD - SCALP.
 Cranial Bones and Sutures.
 Dura Mater.
 Arachnoid.

Pia Mater and Arteries *Considerable congestion of the Pia Mater.*
 Sinuses of Dura Mater *Opacity of arachnoid at the base.*
BRAIN:—Weight (entire) *3 lbs.* Specific gravity Pons Varolii:—weight Specific gravity

Cerebrum " " " " Medulla oblongata " " "
 Cerebellum " " " " Corp. striata " " "
 Specific gravity of Grey matter Specific gravity of White Optic Thalami " " "

Roots of the Nerves:—Cruna, Pituitary Body and Parts, generally at the base of the Brain *Degeneration of the choroid plexus in both ventricles with appearance of tubercular growths. Pituitary gland normal. Brain otherwise healthy. Same.*
 Cerebrum, Convolutions:—Colour and Consistence, Ulcers, Sloughs, Cavities, Coarctations, Deposits *Opacity of arachnoid at the base.*

Minute Vessels of the Brain
 Ventricles
 Optic Thalami
 and
 Corpor. Striata
 Pons Varolii
 Medulla oblongata
 Cerebellum

B. INSPECTION OF SPINAL CANAL:—(1) The Membranes:—

Spinal Marrow, Consistence, &c. Weight Specific gravity Size
 Amount of Cereb. Sp. fluid.

C. INSPECTION OF THE ORGANS OF THE SENSES:—(1) NASAL CAVITIES.

(2) ORBITS:—Eyelids
 Eyeballs, &c.
 (3) EARS:—External
 Internal
 (4) TONGUE

D. INSPECTION OF THE MOUTH AND THROAT:—TEETH. Number.

Gums and Lips Condition.
 Mucous Membrane and Glands
 Palate
 Tonsils and Uvula
 Fauces
 Pharynx

E. INSPECTION OF NECK AND CHEST:—RIBS AND PARIETES.

Cervical Glands Thyroid
 Thoracic Glands Thymus
 Larynx
 Trachea

Pleura Red berries lower left side - anteriorly adhe-
General -

BRONCHI

LUNGS

Post.
Left lung collapsed right does not & feels dense & hard.
Lungs advanced in decomposition - Right lung, externally disorgan-
ized from ramification of tuberculous growths - A number
of small cavities in the upper part of the lung,
Left posterior aspect externally congested, substance
infiltrated with many tubercular growths -
Weighs 5 lbs 2 ounces.

Thoracic Duct and Vena Azygos

PERICARDIUM

HEART: - Form, &c. White spot on the anterior
aspect - Not increased in
size -

Dimensions { Base to Apex
Aur. Ven. Groove to Apex
Transv^d at Aur. Ven. Groove ..

Cavities: - Auricular

Weight 8 1/2 ounces -

Ventricular

Lining Membrane

Contents

Valves

Pulmonary Artery

Aorta

Coronary Vessels

Cave

Muscular Substance

Weight

P. INSPECTION OF THE ABDOMEN - PERITONEUM

Hernia

Tumours

Caliber, Dilatation, Invagination, Con-
striction, Adhesions or change of
position of Viscera

STOMACH: - Contents

Mucous surface

Glands

MUCOUS MEMBRANE OF SMALL INTESTINES

Secretions or Exudations on
its surface

Colour and Consistence of Mucous

Membrane

Vill. of Intestines:—

Substance of Intestines

Glands of Duodenum

" Ileum and Jejunum

" Peyer

Solitary Glands

Crypts of Lieberkühn

CÆCUM

COLON:—Secretions or Exudations

on its Surface

Ulcers, connected or not with Solitary

Glands

RECTUM

Hæmorrhoids

LIVER:—Form

Position

Covering

Substance:—Granulations, Cicatrices,

Gumata, Abscesses, Pus, Adven-

titious Deposits

Vena Portæ

Gall-bladder and Ducts

SPLEEN:—Form

Position

Covering

Substance

PANCREAS:—Form

Substance

SUPRA-RENAL CAPSULES

Aorta

Vena Cava

Sympathetic Nerve

KIDNEYS:—Form

Capsule

Substance

URETERS

Bladder, Prostate, &c.

Testicles, &c.

G. INSPECTION OF JOINTS.

H. INSPECTION OF BONES.

I. INSPECTION OF MUSCLES.

Amplified degeneration of the vessels of the jejunum.
No ulceration but great anæmia.
Atrophy of Peyer's patches.

Great thinning of the large intestine—follicles very
distinctly visible.

Weight 5 1/2 ounces Dimensions
Right lobe 4.9. Sept. 4.8.
Left lobe ant post 6.4. Thick 3.8. texture extremely firm
opacity of the capsule. acini visible—pigmentation. No
abnormal hard substance. No transverse striations
appeared as intense reaction to the iodine—
On microscopic examination the liver was seen a very
considerable amount of fat, the amplified degeneration
was very well expressed also a degree of pigmentation.

Weight 10 1/2 ounces Dimensions
Dark in colour—on section much pigmented.

Weight 13.25 Dimensions
The tub appearance of fatty degeneration & amplified
also—

Medical Officer Examining

Medical Officer Assisting

PATHOLOGICAL REPORT, No 50

NAME OF STATION AND OF HOSPITAL Hetty DATE OF INSPECTION July 1st NUMBER OF HOURS POST-MORTEM 28 hours ATMOSPHERIC CONDITIONS: AIR—(1) TEMPERATURE (2) MOISTURE

REGIMENT	RANK AND NAME	AGE	DISEASE	WHERE CONTRACTED	TOTAL DURATION OF ILLNESS	DATE OF LAST ADMISSION	DATE OF DEATH	WARD	REGISTER	FOLD
2 nd Regt. Dragoon	John Kearney	26	Brucellosis Chron.	Halifax	5 months 29 days	June 29 th 1865	July 3 rd 1865	22	83	7

I. HISTORICAL SUMMARY. COUNTRY, COUNTY, OR BIRTHPLACE: W. Cork. COMPLETED YEARS OF SERVICE: 6.
 Stations and Periods of Foreign Service: Halifax N.S. Jan 1862 - May 1865. Heights on embankment 5-5.
 stated in chronological order: Hereditary Hysteria. Name
Syphilis - - - - - from appearance of
 Stations and Periods of Home Service: England & Ireland. April 1859 - May 1862.
 stated in chronological order: Habits intemperate &
Conduct undependable
 History as to previous Diseases or Injuries at these Stations or elsewhere: Halifax.
Influenza. 1863 - 5 days. Gonorrhoea. 1864 - 7 days.
Contusion " 11 " Influenza. " 11 "
Influenza " 14 " Brucellosis Ac.
" 1864 8 " " Ch 1865. 156 -

Whence admitted to Hospital here: How long Resident at last Station: ..
 (If from Shipboard state the duration of the Voyage.)

History of disease or injury which has proved fatal, and state on admission: The general condition of this man during his stay at
Hetty, where he was admitted under 29th June, is said to have been
as follows: - incessant cough, breathing with great difficulty, anxious
expression of face, lividity of the lips. Any attempt at speaking
brought on fits of coughing. He expected a large quantity of frothy
mucus. His critical condition continued until the 30th June, when
physic examination. About 6-30 A.M. of the 30th he was at
served by two patients of the ward to speak to Choke. his breathing
became gradually more slow & laboured. Lividity of countenance
increased & he died at 10-30 A.M.
No previous history of the case is noted in the abstract.
- from abstract of case by
W. J. Ramsdell M.D.
Med. Candidate

II. POST-MORTEM INSPECTION. Temperature of body in Mouth: Normal. Rectum: Normal. Axilla: Normal.
 Measurements of the body: Height 5 ft 10 in. Weight: 60 13 lbs.
 Cadaveric Rigidity: None. Nutrition or Emaciation: Rather emaciated.
 Putrefaction: None. State of Cuticle: General Colour of Surface: Normal.
 Contusions, Marks of Punishment, or of Medical Treatment: None.
 Wounds, Cicatrices, Punctures: Deep excavation created on glans penis. The centre in
 Eruptions: left groin -
 Edema: None. Emphysema: None.
 Individual Peculiarities: Face very livid.

A. INSPECTION OF HEAD: - Scalp.

Cranial Bones and Sutures: None.
 Dura Mater: None.
 Arachnoid: None.

Pia Mater and Arteries

Sinuses of Dura Mater

BRAIN:—Weight (entire) *Elus 150g* Specific gravity

Cerebrum " " " " " "

Cerebellum " " " " " "

Specific gravity of Grey matter Specific gravity of White

Roots of the Nerves:—Cran. Pituitary Body and Parts, generally at the base of the Brain

CEREBRUM, Convolutions:—Colour and Consistence, Ulcers, Sloughs, Cavities, Cisterns, Deposits

Meninges healthy vessels normal, testis firm fluid in two ventricles central putrefaction not at all

Minute Vessels of the Brain

Ventricles

Optic Thalami

and

Corpor. Striata

PONS VAROLII

MEDULLA OBLONGATA

CEREBELLUM

B. INSPECTION OF SPINAL CANAL:—(1) The Membranes;—

Spinal Marrow, Consistence, &c.	Weight	Specific gravity	Size
			Amount of Cereb. Sp. fluid.

C. INSPECTION OF THE ORGANS OF THE SENSES:—(1) NASAL CAVITIES.

(2) ORBITS:—Eyelids

Eyeballs, &c.

(3) EARS:—External

Internal

(4) TONGUE

D. INSPECTION OF THE MOUTH AND THROAT:—TENTIL. Number.

Condition.

Gums and Lips

Mucous Membrane and Glands

Palate

Tonsils and Uvula

Pharynx

Parotid substance of the tonsils on both sides

E. INSPECTION OF NECK AND CHEST:—RIBS AND PARIETES.

Cervical Glands

Thyroid

Thoracic Glands

Thymus

Larynx

Glottis of larynx and trachea - extensive secretion of frothy mucus.

Trachea

Pleura

BRONCHI

LUNGS

Adhesion of the lung on the right side to the anterior mediastinum. The lungs do not collapse. In the anterior mediastinum corresponding to about the middle of the sternum is a large tumour appearing between the apices of the lungs. It is about the size of an orange. No evidence of tubercle in the lungs. Great Congestion of lungs posteriorly.

Thoracic Duct and Vena Asygos.....

PERICARDIUM

HEART:—Form, &c.....

There are evidences of pericarditis at the upper part of the membrane & a small cystic tumour is situated in the upper part of the pericardial coat. The cyst seemed to have a connection with the thymus gland. Heart

Base to Apex..... 3.2.
Aur. Ven. Groove to Apex 4.1.
Trachea at Aur. Ven. Groove... 1.1

A correspondent in the Crimea writes the following, under date of June the 26th:

It copies just about a month before a written despatch sent from the Crimea to England appears in the Crimea printed in the public journals. It was therefore only a few days ago that we received the newspaper containing Lord Raglan's despatch, with indications of May the 28th. Among other evidences is one from Inspector Gen. Dr. Hall, on the health of the troops. Dr. Hall's letter is dated May the 14th. A curious mistake, which has singularly enough not been discovered at home, is now brought to light; the real letter from Dr. Hall to the Commander-in-Chief must have gone astray—perhaps to the Director General in London—while the letter from Dr. Hall to his own medical department got into the hands of Lord Raglan, and so was transmitted to the military authorities in London. This is so obvious that it is remarkable it has not been already commented upon. The details of the two serious accidents—"one requiring amputation of the thigh on account of cannon-shot injury of the knee; the other an injury of the foot, considered by the same shot, requiring removal of the foot and a bone adjoining it, called the astragalus"—as well as the account of "another interesting case," where, in consequence of the care of Staff Assistant Surgeon Taylor, "in judiciously drawing the parts together, the difficulty will by no means be so considerable as might be imagined, and the man is now walking about, and, though he as yet requires to be fed through a tube, he is able to smoke his pipe"—these sufficiently point out that it was for the doctor-in-chief—not the commander-in-chief—the report was written. Farther on, in reference to the Russian sortie on the 11th, "is a case of musket bullet lodged in the head. The man must have been shot from above, as the ball entered the upper part of the head and lodged. The trephine was applied, and several spools of bone, that had been driven down, were removed, but the ball was so deeply imbedded in the brain, it could not be discovered. He is still alive, but there is little or no hope of his ultimate recovery." Under the heading of "Light Division," where seven deaths occurred, "one was a wound of the lung, one a wound of the abdomen, in which the small intestines were wounded; one a fracture of the skull by a musket-ball, &c." It is as well to publish that an accidental error caused these mistakes to get into Lord Raglan's possession; otherwise, such an extraordinary measure as their appearance in the public document alluded to, enclosed in a despatch, might be attributed by our gallant allies and others to some special order from the Field Marshal on the subject. Some persons, perhaps, not reflecting how his lordship's time is occupied, might be led even to suppose that he was instituting inquiries into the nature and direction of the wounds inflicted by the several kinds of Russian missiles opposed to his troops.

The mistake is the more to be regretted, as Dr. Hall's real report to the Commander-in-Chief must have been a document containing not only matters of statistical interest, but also a comprehensive view of the sanitary condition of the troops, and an interesting digest on the influences supposed to have been exerted on their health by atmospheric causes, diet, clothing, the various occupations and positions in different parts of the camp, hallo, &c. It would have comprised, also, some very instructive comparisons and observations obtained by intimate communication with the medical and sanitary authorities of the French and Ottoman armies.

What enlarged. White patches anterior aspect. one of them is the same lymphatic also in the promuncies of the coronary arteries. of the left ventricle. enlarged of the left ventricle. enlarged. Reticular vent ar. 12. Pulmonary artery 8. tumour noted above is now seen to be in connection with the arch of the aorta and ascending aorta. The aorta presents a large, appearance & washed with albumen. The tumour is applied against the trachea. Contains a portion of fibrinous coagulum. The tumour is about size of a shoepeg. 1877.

Weight

EN:—PERITONEUM.

Small aneurysm about half the size of thumb in the thoracic portion was situated about the middle of the abdominal portion.

Large of the stomach large Congestion of various parts of the surface.

MUCOUS MEMBRANE OF SMALL INTESTINES:—Secretions or Excretions on its surface.....

Colour and Consistence of Mucous Membrane

Pia Mater and Arteries

Sinuses of Dura Mater

BRAIN:—Weight (entire) *15.52* Specific gravity

Cerebrum " " " " " "

Cerebellum " " " " " "

Specific gravity of Grey matter Specific gravity of White

Roots of the Nerves:—Cruca, Pitu-

itary Body and Parts, generally at

the base of the Brain

Cerebrum, Convolution:—Colour and

Consistence, Ulcers, Sloughs, Cavities,

Cicatrices, Deposits

Minute Vessels of the Brain

Ventricles

Optic Thalami

and

Corpor. Striata

Pons Varolii

Medulla Oblongata

Cerebellum

Pons Varolii:—weight

Medulla oblongata " "

Corp. striata " "

Optic Thalami " "

Specific gravity

" "

" "

" "

B. INSPECTION OF SPINAL CANAL:—(1) The Membranes:—

Spinal Marrow, Consistence, &c.

Weight

Specific gravity

Amount of Cereb. Sp.

C. INSPECTION OF THE ORGANS OF THE SENSES:—(1) NARAL CAVITIES.

(2) ORBITS:—Eyelids

Eyeballs, &c.

(3) EARS:—External

Internal

(4) TONGUE

D. INSPECTION OF THE MOUTH AND THROAT:—TEETH. Number.

Gums and Lips

Mucous Membrane and Glands

Palate

Tonsils and Uvula

Pharynx

E. INSPECTION OF NECK AND CHEST:—RIBS AND PARIETES

Cervical Glands

Thoracic Glands

Larynx

Trachea

Thyroid

Thymus

Palatine glands, large, as trachea - extensive secretion of frothy mucus.

1880. 1881. 1882. 1883. 1884. 1885. 1886. 1887. 1888. 1889. 1890. 1891. 1892. 1893. 1894. 1895. 1896. 1897. 1898. 1899. 1900. 1901. 1902. 1903. 1904. 1905. 1906. 1907. 1908. 1909. 1910. 1911. 1912. 1913. 1914. 1915. 1916. 1917. 1918. 1919. 1920. 1921. 1922. 1923. 1924. 1925. 1926. 1927. 1928. 1929. 1930. 1931. 1932. 1933. 1934. 1935. 1936. 1937. 1938. 1939. 1940. 1941. 1942. 1943. 1944. 1945. 1946. 1947. 1948. 1949. 1950. 1951. 1952. 1953. 1954. 1955. 1956. 1957. 1958. 1959. 1960. 1961. 1962. 1963. 1964. 1965. 1966. 1967. 1968. 1969. 1970. 1971. 1972. 1973. 1974. 1975. 1976. 1977. 1978. 1979. 1980. 1981. 1982. 1983. 1984. 1985. 1986. 1987. 1988. 1989. 1990. 1991. 1992. 1993. 1994. 1995. 1996. 1997. 1998. 1999. 2000. 2001. 2002. 2003. 2004. 2005. 2006. 2007. 2008. 2009. 2010. 2011. 2012. 2013. 2014. 2015. 2016. 2017. 2018. 2019. 2020. 2021. 2022. 2023. 2024. 2025. 2026. 2027. 2028. 2029. 2030. 2031. 2032. 2033. 2034. 2035. 2036. 2037. 2038. 2039. 2040. 2041. 2042. 2043. 2044. 2045. 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3540. 3541. 3542. 3543. 3544. 3545. 3546. 3547. 3548. 3549. 3550. 3551. 3552. 3553. 3554. 3555. 3556. 3557. 3558. 3559. 3560. 3561. 3562. 3563. 3564. 3565. 3566. 3567. 3568. 3569. 3570. 3571. 3572. 3573. 3574. 3575. 3576. 3577. 3578. 357

Pleura

BRONCHI

LUNGS

Adhesion of the lung to the right side to the anterior mediastinum. The lungs do not collapse. In the anterior mediastinum corresponding to about the manubrium of the sternum is a large tumour appearing between the apices of the lungs. It is about the size of an orange. No evidence of tubercle in the lungs. Great Congestion of lungs posteriorly.

Thoracic Duct and Vena Azgos.

PERICARDIUM

There are evidences of pericarditis at the upper part of the membrane & a small cystic tumour is situated within

HEART :—Form, &c.

upper part of the pericardial coat. The cyst seemed to have a connection with the thyroid gland. Heart

Base to Apex 5.2.
Aur. Ven. Groove to Apex 4.1.
Transv. at Aur. Ven. Groove ... 4.4

Cavities :—Auricular

Slightly enlarged. White patches on the anterior aspect. One of them is the same lymphatic

Ventricular

having also a few prominences of the coronary arteries. Apices of heart formed entirely by the left ventricle.

Living Membrane

Greatly of the left ventricle not increased. Right ventricle

Contents

Heart thickened. The cavity enlarged. Columnar cardiac hypertrophy.

Valves

Stethoscope noted above is now seen to be in connection with the arch of the aorta & an ascending communication about

Pulmonary Artery

1/2 to 1 in front of the sinuses of Valsalva. The aorta presents

Aorta

a white, appearance & marked atheromatous change.

Coronary Vessels

The tumour is applied against the trachea. Contains a

Cave

one portion of a fibrinous coagulum. The tumour is about

Muscular Substance

the size of a goose's egg.

Weight

F. INSPECTION OF THE ABDOMEN :—PERITONEUM.

Hernia

Tumours

Calibre, Dilatation, Invagination, Constriction, Adhesions or change of position of Viscera

A small aneurysm about half the size of that in the thoracic portion was situated about the middle of the abdominal portion.

STOMACH :—Contents

Mucous surface

Glands

Mucal of the stomach large. Congestion of various parts of the surface.

MUCOUS MEMBRANE OF SMALL INTESTINES :—Secretions or Exudations on its surface

Colour and Consistence of Mucous Membrane

VILL of Intestines:—

Substance of Intestines Solitary glands of the small intestine prominent towards the caecum. No reaction with iodine.

Glands of Duodenum
Ileum and Jejunum

Peyer

Solitary Glands

Crypts of Lieberkühn

CÆCUM

COLON:—Secretions or Exudations Colon contracted. No reaction with iodine.
on its Surface No indications of lesions of solitary glands.

Ulcera, connected or not with Solitary

Glands

RECTUM

Hæmorrhoids

LIVER:—Form

Position

Covering

Substance:—Granulations, Cicatrices,

Gumata, Abscesses, Pus, Adven-

titious Deposits

Vena Porta

Gall-bladder and Ducts

SPLEEN:—Form

Position

Covering

Substance

PANCREAS:—Form

Substance

SUPRA-RENAL CAPSULES

Aorta

Vena Cava

Sympathetic Nerve

KIDNEYS:—Form

Capsule

Substance

Ureters

Bladder, Prostate, &c.

Testicles, &c.

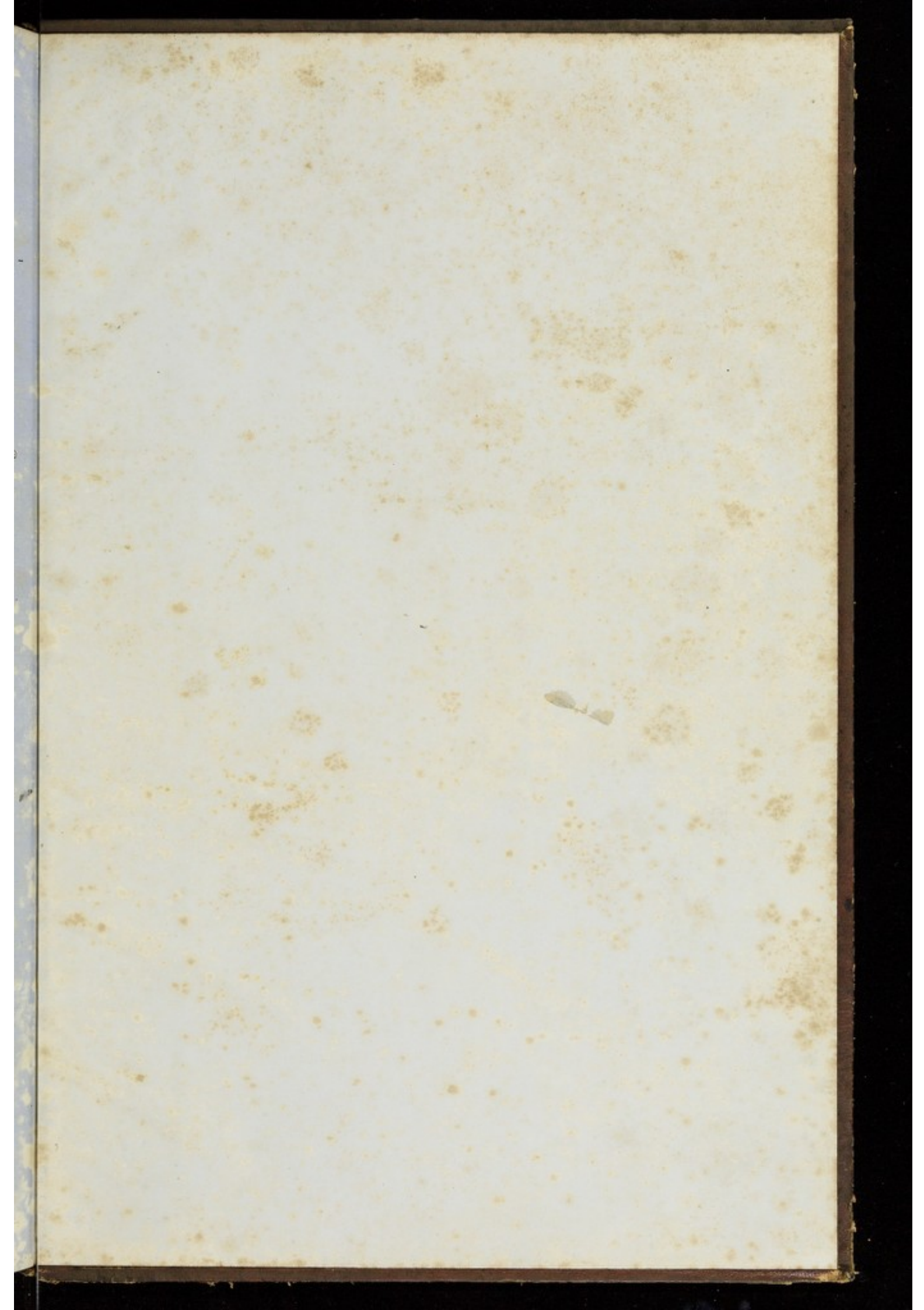
G. INSPECTION OF JOINTS.

H. INSPECTION OF BONES.

I. INSPECTION OF MUSCLES.

Medical Officer Examining

Medical Officer Assisting



P
8
E
C
C
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