

Volume of Pathological Reports, Jan-May 1856, of the Pathological Board at BalACLava in the Crimea

Publication/Creation

1856

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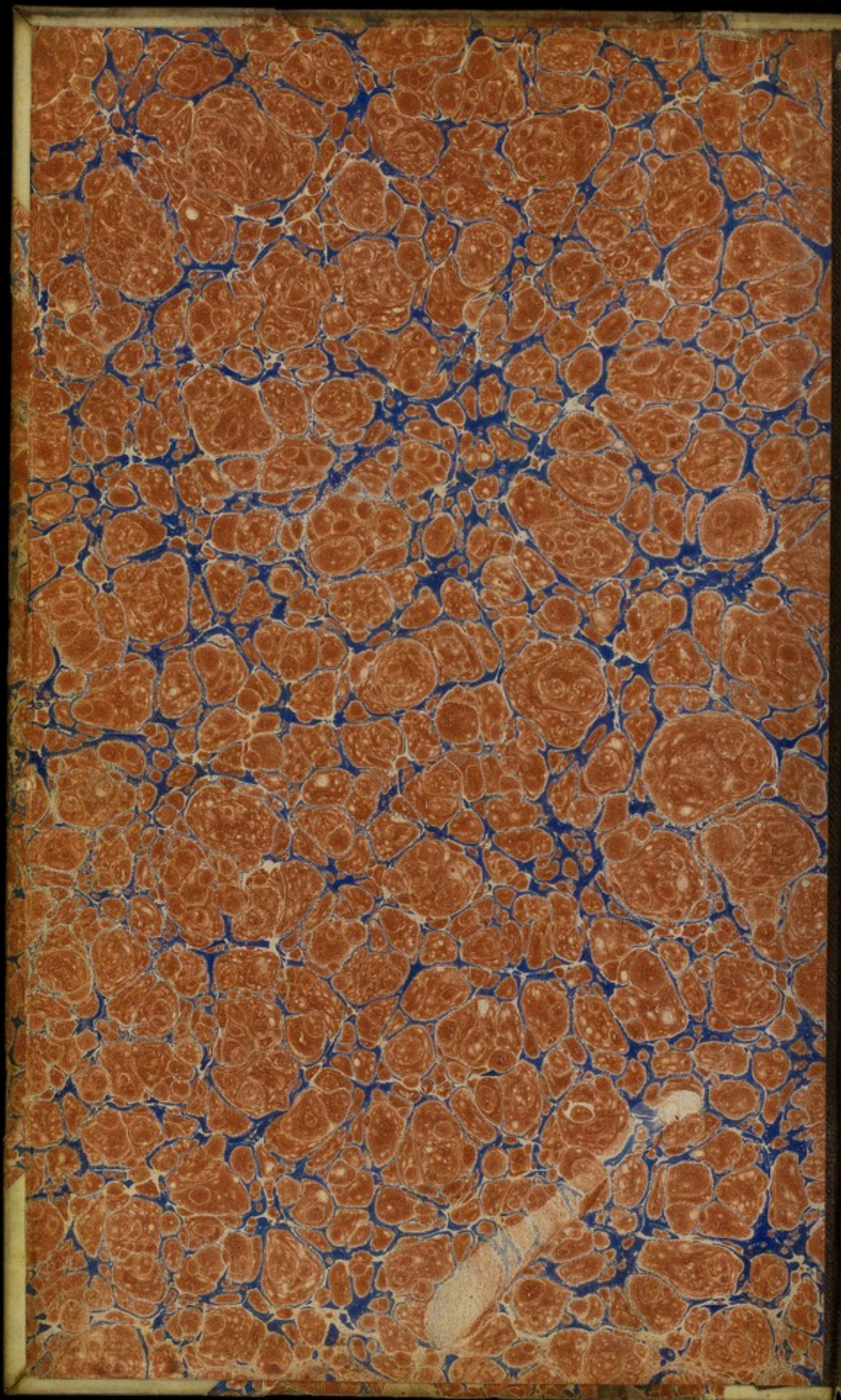
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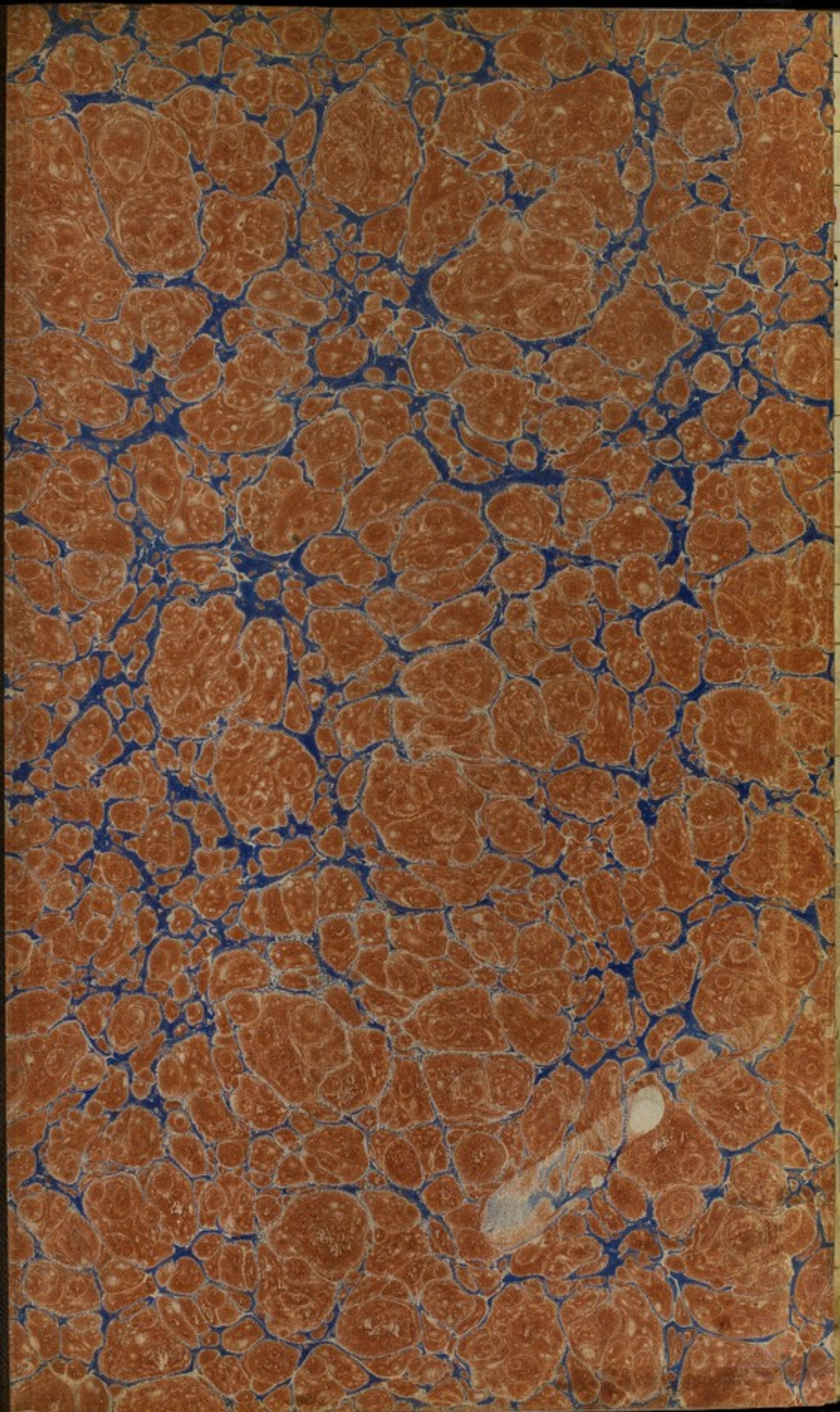
Pathological Board

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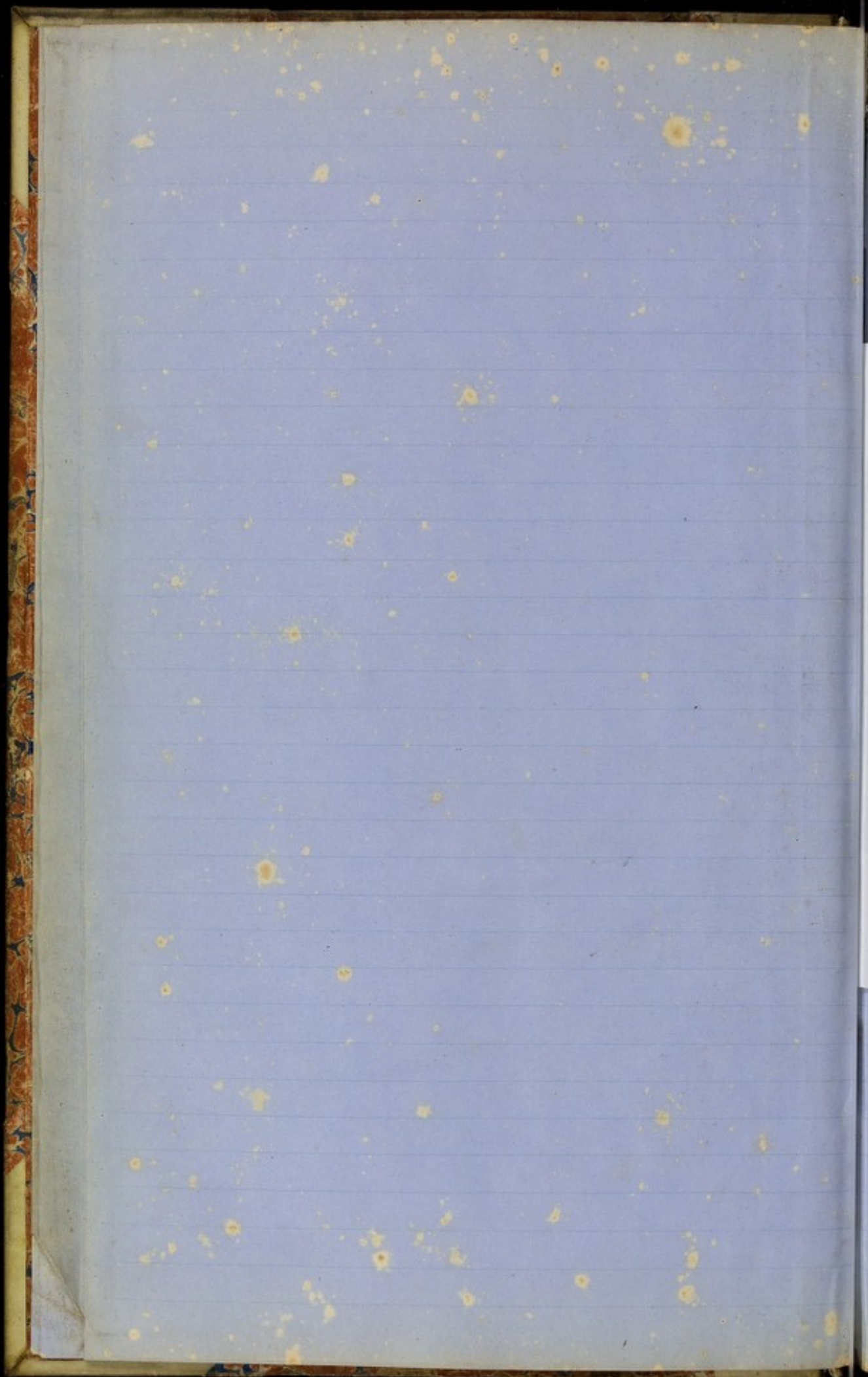






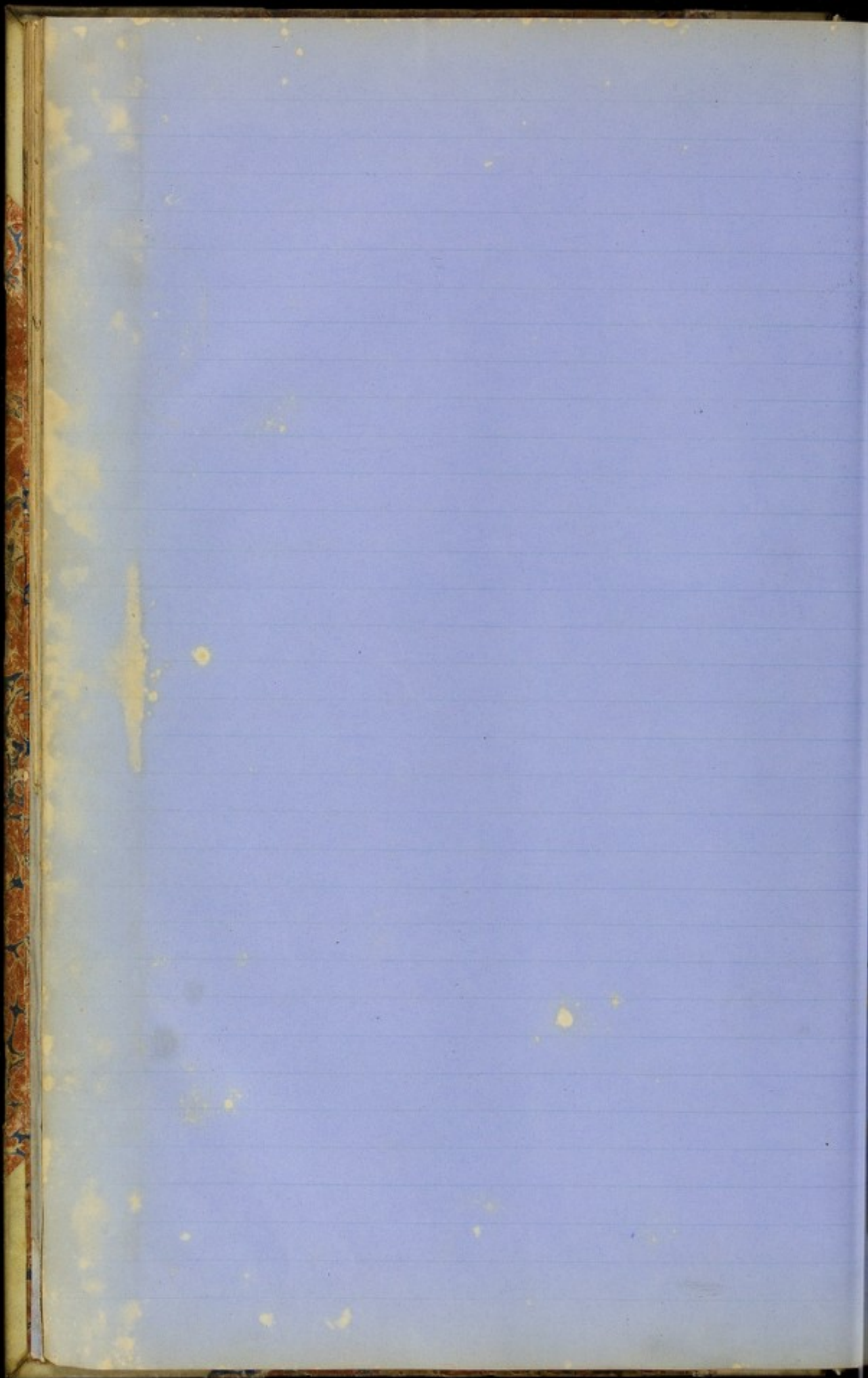
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not been Photographed.



Abstract Report of Case of George Blin
Army Works Corps

On the 12th of January George Blin a Butcher in the A.W.C. was admitted into ward 216 at the General Hospital Balaklava, said to have had an epileptic fit -

On admission the man seemed to be suffering from effusion and as no history of the case could be obtained he was treated accordingly with calomel, and blisters to the head -

He died at 2 A.M. on the 14th of January 1856
Dr. ~~William~~ Murray
C. Surgeon

P. M. 10 hours after death

Muscles quite rigid, general aspect that of a man in rude health the mouth was slightly drawn to the left side -

On examining the head the Cranium was found much thicker than ordinary, dura mater and brain presented a degree of extreme congestion, a cavity was formed in the anterior portion of the left lobe of the cerebrum containing about 10 drachms of coagulated blood, no connexion existed between the cavity and the ventricle neither was the texture of the organ softer than natural -

The left ventricle of the heart was slightly hypertrophied its right contained a firm fibrous clot which ramified into the pulmonary artery and its divisions

Abstract of the Case of P^t. Tho' Ruddle 8274

This Man was admitted with Fever on the 20th ult. Heat of Skin, foul dry tongue, small and frequent pulse, headache, vertigo, some cough & uneasiness over the sternum on deep inspiration, respiratory murmur however distinct and clear, at the bases and posterior parts of both lungs, he had passed a restless night, febrile oppression was well marked, countenance dull, and mental powers dull. He was cupped at back of the neck ordered a calomel aperient, Calomel & James powder 3 times a day with saline mixtures, for several days he remained much in the same state the bowels rather inclined to constipation which was obviated by mild aperients and the Hyd: c. creta substituted for Calomel in the powders, A blister was also applied to the neck as drawings and oppression seemed to increase, on the 25th Symptoms of depression were becoming marked, tongue dark, pulse weaker, nights sleepless with some muttering delirium, bowels confined and perspirations profuse, Bark and small doses of opium with beef tea and wine were ordered, he still however continued to sink, without any particular organic complication, no insensibility or coma cough remaining stationary with only some dyspnoea on the day previous death which took place at about 3 P.M. the 28th instant, Stimulants nutrient were administered during the latter stage of the disease.

Signed A D Fowler
Surgeon 82 Reg^t

Post Mortem 29th January

Adhesions existed between the Pleura Pulmonalis and Costals of both sides while those on the right were more numerous and of more recent date, Substance of the lung readily yielded under pressure, solidification did not exist, Heart slightly enlarged, coats thin and contained a fatty deposit, Intestines slightly vascular no ulceration observed & Kidney also congested to a slight extent, Bladder empty —

The appearance of the body was emaciated and bloodless,

& Liver on minute examination was found to contain numerous cream coloured tubercles apparently fatty matter, Gall bladder distended with bile —

Abstract from Sick report of Gr. & Dr. W. Webb.
8th Co. 13th Royal Artillery —

Royal Artillery Hospital
Balaklava Heights

31st January 1856

He was admitted into Hospital on the 7th Nov^r 1855 labouring Choleraic Diarrhoea, and was discharged cured on the 17th of the same month.

Re-admitted on the 10th December 1855 labouring under relapse but chiefly on account of debility.

From 10th of December to 26th The symptoms continued without any characteristic signs with more or less abatement.

On 20th December Colligative Diarrhoea accompanied by cough increased at night.

On 9th January 1856 his mouth and gums became

swollen and painful cough and Diarrhoea continuing.

On 17th crepitation with rust-coloured sputa became evident.

On 22nd the cough began to mend. less expect: the other symptoms to increase & act of breath and of dejections became excessive.

On 28th January there seemed to be some improvement.

On 31st Jan'y 1866 at 3 o'clock P.M. he died.

J. N. W. Esq.

Surg. R. A.

P. M. In opening the Thorax this cavity was found to contain five and a half pints of serum slightly tinged with blood. Some small tubercles were found in both Lungs together with a slight degree of congestion, Heart and its covering normal.

The Abdomen contained numerous tubercles throughout its whole extent, particularly in the omentum attached to the great curvature of the Stomach. Ulcerations existed in the upper part of the small intestine commencing one inch from the Duodenum and gradually decreasing in number until finally lost at the centre of this part. Liver slightly enlarged and granular Kidneys healthy.

Royal Artillery
Balaklava Heights
3rd February 1856

Extract from sick report of Gunner ^{7th Coy}
3rd Lt. 1st Bn. R. Art.

Admitted with acute Bronchitis on the
30th January 1856, which quickly assumed a capillary
character,

He never once rallied but died on the 3rd
Feb with symptoms of capillary congestion.

Expectoration was tinged with blood but
crepitation could not be discovered.

I. M. P. Gogor Sur M. G.

P. M. No emaciation, signs of counter irritation
having been used, over chest, right side of
which was slightly more prominent than left.

Costalages partially ossified.

Lungs on opening chest pale and to the touch
emphysematous, Inferior lobe of left lung replet
and congested, while the upper lobe contained a
quantity of putty matter tinged with blood.

Upper lobe of right lung presented even more
congested appearance than inferior of opposite side,
on pressure deep pittings were left in these situ-
ations -

Heart pale in other respects normal,

Liver small, contents of gall bladder more
watery than natural.

General Hospital
Balaklava

4th February 1856

Abstract of the case of Thomas Kerchen

A delicate boy aged 16 was admitted into Hospital 2nd February, complaining of the symptoms of continued Fever accompanied by slight cramps in the extremities, the latter (Cramps) were removed by friction and warmth, the febrile symptoms however continued in a slight degree but without any indication of local disease: On the 3rd the patient seemed much easier and complained only of debility.

At 6 a.m. on the 4th the patient was seized with violent Tetanic Spasms, the joints being immovably closed, the fore arms were at right angles with the arms, the fingers bent on the hands the lower extremities extended, at this time he complained of pain in the elbows & in the lower extremities but did not complain of any pain in the head, or in the course of the spine, severe pain was occasionally felt in the region of the Diaphragm.

The most careful examination failed in detecting any external injury.

The symptoms continued & became more aggravated up to 11 P.M. without undergoing any alleviation from the treatment employed.

The treatment consisted in the administration of Purgative Emetics & Calomel, Warm Baths & the application of Blisters.

Wm Hamilton M.D.
A.A.S.

P.M. on opening the cavity of the Cranium
Brain was found congested, & Arachnoid adherent
to the Arachnoid by several deposits of Gump, at
the upper and central portions of the Hemisphere
, and the under surface and at the Joints of appear-
ance of the 5th pair of nerves were two fungoid bodies
presenting a recently inflamed aspect, a quantity
of ^{serious} distended the Arachnoid in the same situation
giving to it the appearance of Hydatids.

In the canal leading from the 3rd to the 4th ventricle
was found a small heart-shaped body the size of a
pea, and attached by its base, its consistence
firmer than brain, and color grey.

Spinal contents congested, particularly the
Rachidian veins of the right side, and a small
clot, of bright arterial color, was found extending from
the first to the 4th dorsal vertebra under the Pleca
and behind and to the right side of the cord.

Internal organs comparatively healthy, no
trace of congestion either in stomach or Esophagus

Royal Artillery
Balaklava 1856
12 February 1856

Extract from the case of G^r W Brodie 1st Roy^l Art^l
at 29-

This patient was admitted into hospital on the
12th January 1856. with symptoms of Phthisis incipiens
He had been more or less ill for two months previous to

During the progress of the case there was little or no
expectoration. Dry crepitation became audible on the
22nd Ins^t accompanied by irregular accessions of
nocturnal sweating.

On 5th February symptoms of œmphysema
supervened, which affected him by paroxysms
of dyspnoea principally at night. These continued
up to the period of dissolution. at 1 P.M. on the
11th instant

J N Fogo
Surgeon.

P.M. Old adhesions existed between the pleural
and pulmonary pleura of both sides. Those
on the left being firmer and to a greater
extent than the opposite, the substance of
both lungs shagreened, and studded with exceedingly
small tubercles in a crude state. =

Pericardium distended and contained two quart
of bloody serum, its substance was much thickened
by a deposit of lymph which in some parts
presented an organised appearance also that aspect
which has been likened to separation of battered
bread, in no part was the membrane adherent
to its opposed surface, The substance of heart

had quite lost its muscular aspect, a yellowish fatty looking substance having replaced it, this tissue was occupied at intervals by a dark bloodlike body firm when cut into and confounded with surrounding parts, internal structures normal,

Liver small and pale, the lobules on its surface being well defined by the contraction of the interlobular tissues.

Stomach and intestines distended with gas, small intestine ulcerated particularly the jejunum, where the ulcers were large and in some cases so deep as to leave but the peritoneum in an attenuated state between the two cavities.

Abstract of the case of J^t Edward Walsh
of Battery Royal Artillery (Karam)
March 15th 1856

Was admitted into Hospital on the 2nd of March 1856
complaining of a severe cough attended with
copious expectoration, complete loss of appetite,
very slight pain in the chest; and unable to get
any sleep at night; On questioning him
I found he has suffered from chronic cough for
years, and about three weeks back caught fresh
cold (the weather at the time being very severe)
and changeable, strong North easterly wind prevailing,
and the ground covered with snow.) On examination
he was very much emaciated, tongue very foul, pulses
small and weak, bowels confined, & the other signs
the action of the Heart natural, slight dulness on
percussion over the anterior surface of both
Lungs and mucous Rales very distinct, which
you could hear without applying the ear
to the chest, the expectoration consisted chiefly
of thick viscid mucous, there was also dulness
over the posterior lobe of the right Lung -

Treatment consisted of counter irritation
to the chest, Stimulating expectorants, and good
nourishing diet.

Lyn Thomas Tarrant M.D.
Assistant Surgeon O.A.H.
March 14 1856.

Q^{no} The lungs were found in that state usual
in the above named disease, Liver slightly enlarged
and of a motley appearance,

W^m Edge No 4640 1st in Grenad: Guards was admitted into Hospital on the 16th of March labouring under Delirium Tremens -

Of his previous history nothing is here known -
It is said to have been attacked to the
Small doses of Opium were admin^{ed}
very intermitted & irregular

the 18th he became so violent
employment of the straight
dose of Calomel was now ad-
pates per severed in - while
daily -

of the 19th he seemed much
for some time, but towards
violent symptoms returned; and
now presented themselves the
and a blister ordered to his
while his head was being shaved

2.31 P.M.

Signed J Murray M.D.
Civil Surgeon

re found much engorged with
the lower lobe of right which
opacified appearance, very
so existed in same line between
the Brain and its membranes

were congested to a degree seldom met with, while
the surface of the was remarkable for its pale aspect, a
quantity of serum was present in the ventricles as also
between the Arachnoid and Kera Mater nothing further

Memorandum

956
The Case of Mr. Edge
The Case of Mr. Edge
The Case of Mr. Edge
The Case of Mr. Edge

Medical Report on the
Case of No 3212, Private
James Whelan 57th Reg^t

Medical Report on the case of No -
3212 Pte James Whelan 57th Regiment -

An Irish Catholic - age
Twenty one years - was transferred
from Regimental Hospital to Balaklava
General Hospital on the 29th of May 1856.

Being examined a few hours
after admission he presented the following
symptoms - He was lying on his back
and said that he slept badly - breathing
turried and labouring - tongue dry
and brown and mouth covered with
sores - abdomen soft - skin hot &
dry - bowels costive. On the 2nd of
June there was trouting of the muscles
of the arm and forearm - which
continued for a day or two - he gradually
got weak and sank into a perfectly
Comatose state on the morning of the
7th of June 1856, when he died
at one o'clock P.M.

Treatment Purgative, Refrigerants,
Stimulants Ammonia &c - were
Administered internally, Counterirritation
over front part of Chest and on the
back part of head has been had
recourse to -

J. Hatfield
General Hospital
June 7/56 Balaklava

Medical Report on
The Case of 880,1419,
Pte Michael Morgan
48th Regiment

Neurasthenia

Medical Report on the case of No. 11519,
The Michael Morgan 48th Regiment.

An Irish Catholic, age
thirtysix years, served eighteen
years, naturally of a good habit
of body, was admitted into Regimental
Hospital on the 16th of April 1856.
Suffering from Asthma which he
attributed to the effects of the work
in which he was employed during
the demolition of the Docks in Sebastopol.
Since Admission into Balaklava
General Hospital on the 31st of May
1856. He has experienced frequent &
very severe attacks of Dyspnoea.
Sometimes occurring as frequent
as three in twenty four hours -
He also expectorated a quantity of
frothy mucus. His bowels were
obstinately constive. Pulse feeble.
Treatment Stimulants Expectorants
Anodynes &c. have been administered
internally & Counterirritation over
front part of Chest has been had
recourse to & he died on the 5th of June 1856.

J. Knox M.D.,
A. C. S.

General Hospital
Balaklava
June 6/1856.

Abstract of the Case of S^t. Edward Walsh
of Battery Royal Artillery (Karond
March 15th 1856

Was admitted into Hospital on the 2nd of March 1855
complaining of a severe cough attended with
copious expectoration, complete loss of appetite,
very slight pain in the chest, and unable to get
any sleep at night; On questioning him
I found he has suffered from chronic cough for
years, and about three weeks back caught fresh
cold (the weather at the time being very severe)
and changeable, strong North easterly wind prevailing,
and the ground covered with snow) On examination
he was very much emaciated, tongue very foul, pulses
small and weak, bowels confined, Stethoscopic signs
the action of the Heart natural, Slight dulness on
percussion over the anterior surface of both
Lungs and mucous Rales very distinct, which
you could hear without applying the ear
to the chest, the expectoration consisted chiefly
of thick viscid mucous, there was also dulness
over the posterior lobe of the right Lung -

Treatment consisted of counter irritation
to the chest, Stimulating expectorants, and good
nourishing diet.

Lyn Thomas Tarrant M.D.
Assistant Surgeon of the
March 14 1856

On Mr. The lungs were found in that state usual
in the above named disease, being slightly enlarged
and of a nutmeg appearance,

Wm Edge No 4640 P^{te} in Grenad: Guards was admitted into Hospital on the 16th of March labouring under Delirium Tremens -

Of his previous history nothing is here known except that he is supposed to have been attached to the Regimental Store - Small doses of Opium were administered, and sleep of a very interrupted & irregular character followed -

On the evening of the 18th he became so violent as to necessitate the employment of the straight waistcoat - a large dose of Calomel was now administered and the opiate persevered in - while Brandy was given him daily -

On the morning of the 19th he seemed much better & slept quietly for some time, but towards night all the former violent symptoms returned; and as symptoms of effusion now presented themselves the Calomel was repeated, and a blister ordered to his head - He died however while his head was being shaved for the purpose at 8.30 P.M.

Signed J. Murray M.D.
Civil Surgeon

Balaclava

Genl Hospital 20th March 1856

P.M. The lungs were found much engorged with blood particularly the lower lobe of right which presented almost a hepatic appearance, very slight adhesions also existed in some lines between the pleural surfaces, The Brain and its membranes were congested to a degree seldom met with, while the surface of the was remarkable for its pale aspect, A quantity of serum was present in the ventricles as also between the Arachnoid and Dura Mater nothing further

presented itself worthy of note —

Camp 14 Regt

Heights of Balaklava

March 18th 1855

S^r Wm Wilson 14th Regt aged 26 years a man
of drunken habits was found dead in his
trench at camp on the morning of the 18th
March, having evidently died from the
result of intoxication on the previous night.

By Wm H Price

Asst Surgeon 14th Regt

P.O.S. body evidently that of a man in robust
health, no mark of violence could be detected
penis semierect much congestion about throat
and face, this appearance was more or less
observable over the entire surface of body —

on examining the head the scalp was found
engorged with blood the brain and its membrane
in the same state a faint spirituous odour
was also given off from the organs — the liver also
congested, stomach contained a quantity of undi-
gested food the smell from which was decidedly
alcoholic — bladder full of urine

Wm Calver S.P.P.

Abstract Case of 1925 P. O. Kalem-Bishop
41 (A 6) Hussors -

April 2nd when at watering order this morning his horse ran away, and threw him, his head coming against a stone, he remained perfectly insensible from the time of the accident until his death which took place in about 6 hours, during which time most of the symptoms of compression showed themselves, as also those of fracture of the base of the skull, there was a small puncture wound of the scalp at the right side of the head through which fracture could be plainly felt.

J. O. W. Miller

Asst Surgeon

Hussors

P. M. a wound was found at the right side ^{of the head} with some amount of contusion, on exposing the cranium a fracture ran the whole of the way round the skull almost to meeting leaving an interspace of an inch unfractured this fracture was in the situation usually chosen for cutting through the skull to expose the brain, a comminuted existed at the right side of the head at the point indicated during life, from whence another extended through the base as far as the ~~petrous~~ ^{petrous} portion of the Temporal bone of the opposite side, at the site the fracture the pericranium was slightly raised from the bone ~~the~~ interspace being occupied by blood blood was also effused into the substance of the right hemisphere of the brain, the fracture

of the base extended through the petrous portion
of the right temporal bone -
Founded up to the sinist.

Abstract of the case of William Hobday, Civil Carpenter

William Hobday, Civil Carpenter, employed
by the Ordnance Department, aged 22 years was
admitted into Hospital on the 7th of March suffering
from Scelerus - His health had always been bad,
during his residence in the Crimea - The Scelerus
was cured by appropriate remedies, but left
considerable enlargement of the liver and functional
derangement of the Heart, which rendered the patient
so weak and delicate as to induce me to bring him
forward before the Invaliding board on the 5th of April
who recommended him for immediate removal
to England, whether he should have sailed yesterday
in the Severn but for an attack of typhus fever
which he caught on the 14th current and of which he
died this morning about 9 A.M. extreme prostration
and head symptoms were the most marked features
of the disease, and his previous debility was so great
that he sank in spite of the most powerful
stimulants and counter irritants having been
employed

J Murray M D

General Hosp^l
Balaklava

20 April 1857

P. M. Body emaciated, marks of counter-irritation to the back of the neck, Brain slightly congested. Ventricles filled with serum of a pale colour, blood in the vessels of this organ was in a fluid state.

Old adhesions existed between the pleural surfaces of the right side particularly that part covering the diaphragm which could not be detached from the opposing surface without the aid of a scalpel, some adhesions of slight importance were also present on the left side. The lower lobe of the right lung was much engorged with blood its specific gravity was greater than water. Heart normal.

Liver left lobe slightly atrophied the substance being firmer than should have been in a healthy organ, the lobules were defined by the contraction of the interlobular tissue.

Bowels devoid of ulceration, slight congestion was perceptible at the ilio caecal valve.

21st April 1856

Report on Fatal case of Compy Serj
Christopher Moss Comp. 6th Regt. 14th Artille
Compy Serj. O. Moss was reported sick
to me at 11 o'clock P.M. on Monday the 21st inst
I he decided on to visit him in his tent -

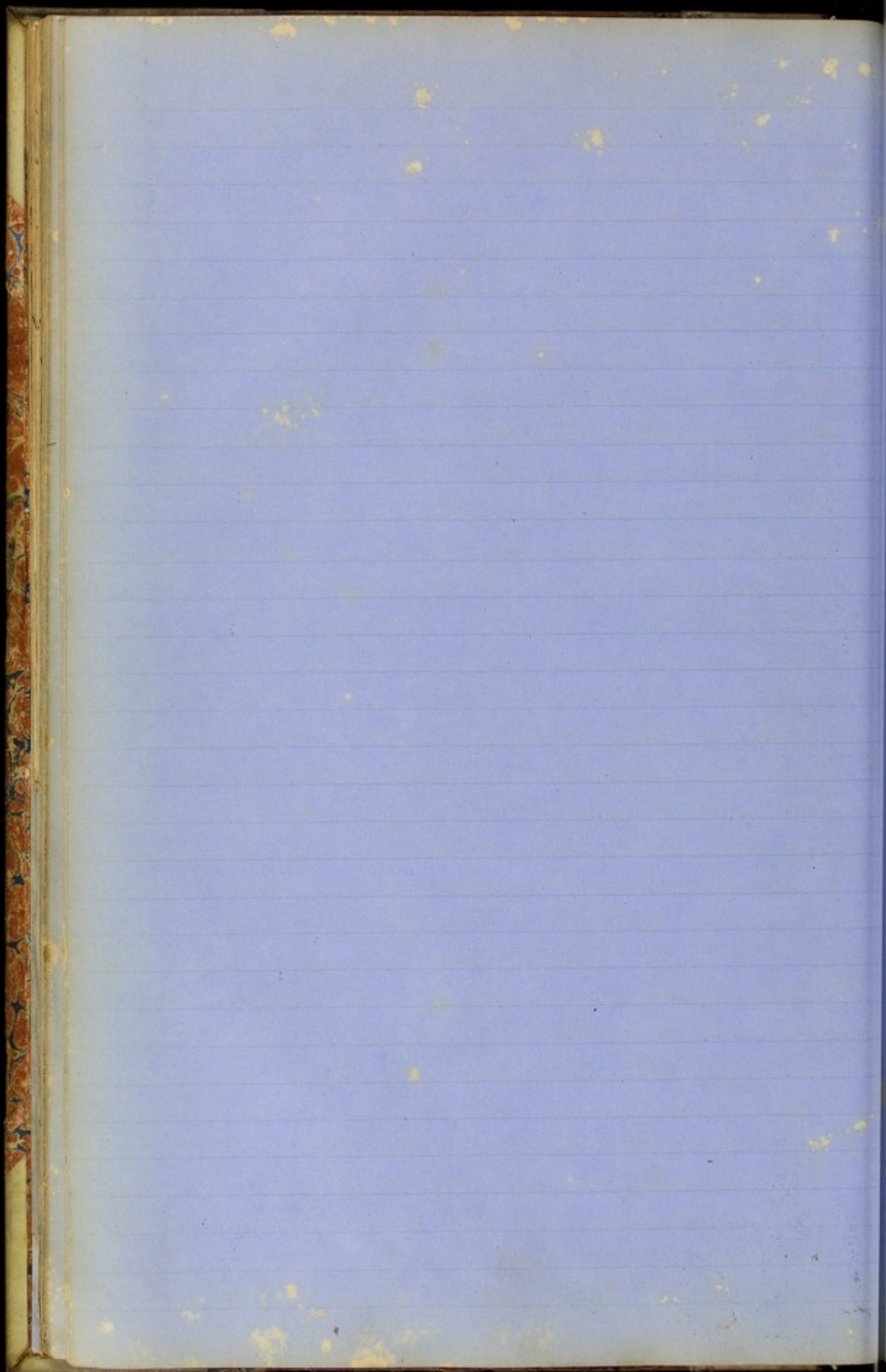
He had for some years been suffering from
an affection of the Lungs which frequently
disabled him from attending to his duties
on the previous day (Sunday) he had a slight
attack of Bronchitis and took expectorant medicine
for it which relieved him sufficiently to
enable him to leave his tent on the following
day & until within a few minutes before he
he sent for me he believed himself much
better, I found him supported on bed with
pillows & suffering severely from Dyspnoea which
had come on very suddenly, His pulse was very
full quick and strong & countenance restless,
on applying the stethoscope to the left side of chest
below clavicle where he complained of pain
and constriction. I found the respiratory murmur
almost imperceptible, the breathing was not distinctly
audible at the same place on the opposite side
but became more perceptible on descending from
the clavicle on the right side but this was not the
case on the left side, A Mustard Plaster was applied
to left side of chest and small doses of Tartar emetic
administered throughout the night & in the morning
after having vomited from the medicine, his breathing
was much more free & he expressed himself greatly
relieved but stated that his bowels had not been
opened for some days Apperment medicine &
an enema were both administered before the bowels

could be moved, two or three moderate stools were thus produced: At night however the dyspnoea returned with greater severity than ever & at 8 P.M. I found him evidently labouring for breath beyond what nature could sustain for any length of time leeches and the Cupping glasses were applied to his chest & about 2 1/2 oz. of blood was abstracted. But the patient found little if any relief, the pulse became weaker and intermitted though still very quick & it was found necessary to administer diffusible stimulants which however only roused for a time without affording permanent benefit & he finally sank at about 2 o'clock P.M. on Tuesday April the 23rd

J. P. Morton

Ass't Surg. U.S.A.

P.M. A strong Muscular man some congestion of the head neck and face, on opening into the left pleural cavity a quantity of air escaped the lung was scarcely perceptible having been forced back to the spinal column by the air which had escaped from the air vesicles on the surface of the organ these vesicles were enlarged crepitated under the finger and readily burst, the air tubes were dilated and contained mucous though at the time of examination their walls were so compressed that but a small amount of matter could be led by them, the right pleura was firmly adherent to its opposing surfaces, both lungs were studded with tubercles the size of a millet seed, the heart occupied a central position immediately behind the sternum, the aortic valves were thin and slightly dilated, liver slightly increased in size and of a nutmeg appearance, vessels of the Omentum engorged with blood.



Abstract of the case of No 3556 P^t Edw^d Kenney,
admitted into Hospital 8th April 1856 with Chronic
Catarrh, Age 22 Years, service 2 years and 2 months
one months service was passed in the Crimea
the remainder in Ireland -

At the date of his admission this Patient
was in a weak and unattenuated condition, he
complained of pain in his chest and of a harassing
cough which distressed him much during the night
his sputa was thick flocculent and purulent, and
of a mucumular form streaks of blood were
often found mingled with his expectations, pulse
small and quick - on examination there was
great falling in of the chest and hollowing of the
supra clavicular regions, there was dulness all
over its surface which was well marked, on the left
side low moist rones were heard on the whole
chest & gurgillment could be discovered
with facility in the upper surface portion
of the right lung accompanied with well defined
pectorology, he had no diarrhoea since his
admission nor did he complain of any abdom-
inal pain, his tongue in the morning was
generally dry and parched, his cheeks were often
suffused with hectic blush, his urine was of a
high colour and deposited a pinkish sediment
his appetite was very capacious, It seems that
man met with an accident in May 1854 while in
Kinsale he broke out of barracks and in making
his escape fell 40 feet he sustained a severe injury
of the knee when he came into hosp^l but he had a fistula
in ano, which discharged a little

The treatment in the expectation of Cud

trovial with Quinine and sedatives
He was supported with wine and extract of
beef but nutritious character.

11 J Woodman
No 39

Abstract of case of P. George Wilson Medical
Staff Corps.

He was admitted into Hospital April the 20th with
common continued fever, which after some time
assumed the typhoid character, about six days ago
a thick crop of Macula made their appearance
his pulse was quick and feeble & continued so up to
the time of his death, the pupils were generally dilated
skin dry. a good deal of delirium, bowels regular,
Treatment, blisters to the head and nape of neck,
Carb of ammonia, & small doses of Calomel. his
breathing became, his breathing became rather difficult
the last two days, but on examining his chest I do
not detect much wrong with his lungs

(Signed) John C. Knapp
Staff Ass't Surgeon

Stomach and skin
been dark colored.

May 2nd

P.M. 6 hours after death =

Body not quite cold, in good condition; Muscles
with plenty subcutaneous fat - surface thickly covered
with small circular purple spots - Large deep purple
discoloration of dependent parts -

Head Brain slightly congested and blood in its vessels
dark colored - a small quantity of serum in ventricle
and at base of brain, but not more than very common
- by existing -

Chest Posterior parts of both lungs somewhat congested
(apparently cadaveric) otherwise healthy slight congestion
of larger bronchial tubes (dark colored) otherwise healthy
a few old adhesions at apex of right lung, Heart and
pericardium healthy -

Abdomen Liver slightly large and somewhat pale
in color, bright yellow bile in Gall bladder, duct pervious

Stomach blown up, with a few bright scarlet
punctiform injections of mucous membrane (but not
softening) at great cul de sack and around the opening
of the pylorus. Duodenum full of liquid matters (tinged
with bile) and air. jejunum in like condition
Towards the lower end of this part of the intestine a
few of the valvula conniventes ^{had} patches of bright
scarlet. Punctiform & arborescent injections but
without any softening of the mucous membrane
Liver for the most part empty (except some
air) and healthy to within 8 inches of the ilio coli
valve, here the entire membrane was stained
of a deep claret red, and seemed softer than
usual this appearance extended into the great gut
for the extent of about a foot & then ceased gradually
rest of great gut quite healthy but whole of it
much distended with flatus and containing
dark bilious liquid matters - Pancreas appeared
healthy - Spleen slightly larger and softer than
usual, a small tumor attached to left lobe
of liver and adherent to spleen and diaphragm
Kidneys slightly congested -

Camp Balaclava

4th May 1856

Yunker Joshua Gurtidge A Troop 12 H Artillery
aged 29 years was admitted into Hospital on the
16th of April 1856 complaining of loss of appetite
nausea, rigors - heat of surface of the body -
slight headache - a furred tongue - Pulse frequent
great thirst bowels confined: frequent shivering
fits in the course of the 24 hours, - He continued much
in the same state up to the 4th day after his
admission, when he complained of a very
bitter taste in his mouth & total loss of
appetite - great debility, - uneasiness and
slight fulness about the region of the stomach
had no pain in the abdomen even on pressure
the Uvula conjunctiva of the eye of a dark
yellow colour, also the whole surface of the body
of the same dark colour; complained very
much of nausea bowels obstinately confined:
urine very high coloured: continued much in
the same state - gradually sinking up to the
period of his death, This man has been very delicate
since his first arrival in the Crimea in June
1855 - had a slight attack of cholera in July last
and has attended Hospital frequently with
alternate attacks of Diarrhoea and obstinate consti-
-pation - also frequent shivering fits

Sign J. M. Clifford

Asst Surg^r R. H. A.

P.M. shows after death, surface dusky yellow, as
were also the conjunctiva - Body slightly emaciated
- Head not examined = about 3 ounces of yellowish chlo-

serum in each of the pleural cavities - Lungs healthy unless that the posterior parts were slightly congested but this probably was cadaveric - about 4 oz of yellowish clear serum in the Pericardium Heart healthy -

Abdomen The Peritoneum contained about a quart of yellowish clear serum with occasional small shreds of lymph floating in it - The membrane itself presented the characteristics of chronic peritonitis of some standing thus on the anterior superior surface of the liver was a large patch of yellowish lymph, and on the corresponding abdominal surface a similar sized patch, the omentum was thickened, many of the convolutions of the small intestines were firmly glued together, and the entire membrane wanted the usual glistening appearance - In taking out the small intestines the mesentery was found to be very much thickened & indurated and most of its glands enlarged: on cutting into it an irregular abscess of about the size of a goose egg was opened this contained well formed pus and had various prolongations in the mesentery like the fingers of a glove, one of the largest of these passed upwards for about 3 inches and another long sinus which admitted the forefinger downwards to behind the Caput Coccyi Coli - It could not be made out that the mesenteric glands were enlarged by the deposit of any peculiar matter the enlargement rather appeared due to common inflammation - The stomach was healthy as well as the small intestines except that their mucous surface throughout the latter appeared thin, the proct. intestine appeared to be slightly diminished in size and its mucous coat was also very thin throughout

behind the caecum the veins before
noted again expanded into an irregular cavity
which might have contained a lens etc. The walls of
this were composed mostly of glued together peritoneum
and the vermiform appendage was engaged in them
and perforated as was also the caecum itself -
as far as could be ascertained here perforations
had taken place from without inwards towards the
mucous surface - The mucous membrane of caecum
appeared as if torn, not ulcerated - about $\frac{1}{4}$ the
diameter of the appendage however had been destroyed
by ulceration on the mucous surface of the gut - The
great gut contained bilious looking feculent matter
mixed unmistakably with feces - Pancreas healthy
Kidneys slightly large & flabby otherwise healthy
Spleen somewhat larger than usual and slightly soft
The liver contained numerous small abscesses &
small bile cysts throughout its entire substance
The largest of these was near the the upper & anterior surface
under the patch of lymph above noted and might
have contained a large follicle - On careful examination
it appeared that there were purulent deposits in the
hepatic & portal veins probably the former or small
abscesses the result of such deposit - The hepatic ducts
in many places were engaged with liquid bile so as
to form small bile cysts - Both the ducts and the
veins appeared to have the coats thickened by a deposit
of lymph on their external surfaces or between the
coats, the liver lying between the several small abscesses
& bile cysts to be coarser than usual - The gall bladder
was filled with very thin & watery light yellow colored
bilious matter, plenty of which was also found in the small
intestines - It is to be regretted that there is no

microscope at the disposal of the board whereby the
substance of the liver - the blood in the portal &
hepatic veins, vena cava & heart might have
been examined - The blood which flowed from
the heart and great vessels coagulated on standing,

Abstract of the Case of Tho. McDonald Steward of
the Steam Transport Imperatrice -

Was admitted in hospital on the 25th of January
with gangrene of both feet -

As far as the history of his case could be discovered
he had been suffering from a severe attack of fever
and while convalescing incautiously slept without
sufficient covering thus exposing himself to the effects
of the severe cold of the season which produced frost-bite

A line of demarcation took place and the left
foot was removed by the line of Chopart's operation,
the right one above the malleoli in both cases merely
cutting through the bones or tendons but not interfering
with the granulating surface, the stumps appeared
to do well at first but bed sores & such an effort came
on that the bow on the system accompanied
by loss of appetite caused him to sink on the 5th
of May

Liquid Chamberlain John Hatchell

Acting Asst Surgeon

Genl Hoepf Kalaclava

May 6th 1856

P.H.H. Body in an extremely wasted state, deep
sloughs extending to the bone over right tibia
and about 4 inches square, the right foot apparently
removed by the sloughing process the left also
wanting the right leg contained much fluid in the
cellular tissue fluid was also effused under the
cuticle giving the limb a scalded appearance, the
muscles were pale and scarcely to be distinguished
from the enveloping tissues, thorax short pale and small
right pleura absent the adhesions being of some duration
Lungs normal but partaking of the same bloodless

character as the Heart.

Abdomen Liver slightly large in other respects normal, Kidneys bloodless intestines contained a small quantity of mucus and for their coats pale except those near the spine which were slightly reddened the effect probably of position,

On examining more carefully the bones in the immediate vicinity of disease their texture was found soft and pale, again the want of a microscope was felt as the state of the bone corpuscles would have been an object worthy of note

Abstract of the Case of No 2486 P. Genl Cornwall 41st
Regt who died in the General Hospital Balaklava on the
10th of May 1856.

The above named man was admitted into
this hospital on the 8th of May.

On admission he was very irritable and
restless, and affected with various mental illusions -
Pulse frequent soft & small Tongue moist & covered
with a brownish fur Pupils slightly contracted - hands
somewhat tremulous.

On the morning of the 9th he seemed a little
calmer but towards evening restlessness and irritability increased
mental delusions became more constant, Patient evinced
considerable apprehension of some impending danger
Pulse became more frequent hands more tremulous - There
was no disposition to sleep during the night -

On the morning of the 10th the pulse still
continued very frequent - Pupils somewhat dilated, Patient
occasionally making violent struggles attended with copious
perspirations feet & hands cold and clammy, Stomach
extremely irritable: These symptoms continued to increase
until evening when a calm came on death occurring
immediately afterwards -

The treatment consisted in the Administration of bark
Cathartics - Morphine - moderate quantities of brandy - Calomel
& Camphor - application of blisters -

Signed W Hamilton M.D.
A.A.S.

Autopsy seven hours after death

Body warm and large, back of the neck discoloured
probably from the blood in the superficial vessels gravitated
after death -

Brain: Arachnoid & Pia Mater much congested, the

blood being dark colored and fluid, Brain substance
not congested to the same extent as its membranes

Lymph sparingly effused over the surface of
both hemispheres, the ventricles contained about
two drachms of clear serum in each -

Larynx & Trachea, mucous membrane congested and
coated with a viscid mucus.

Lungs Posterior inferior portion of right lung much
congested remaining portion presented a normal aspect
with the exception of an undue quantity of mucus
in its tubes, ^{and some congested} the left lung in every respect normal
Probably the greater portion of this congestion was
post mortem.

Heart & Pericardium on being opened into
showed trace of old inflammatory action by the deposit
of lymph which had for the most part been removed
what remained was firm, smooth and presented an
organized appearance, fluid to a small extent and
of a clear straw colour was also found in the cavity of
this membrane, some fat was deposited on the surface
of the heart, the lining membrane of this organ was
normal.

Abdomen Stomach mucous membrane congested
the vessels presenting a beautiful arborescent appearance
the contents of this cavity in other respects normal

10th May 1855

Case of G. & S. Duncan McKay, of No 1 Company
9 Batt Royal Artillery

He had been three years in the service, was 22 years
of age, by trade a labourer, and a Scotchman.

He was admitted into Hospital on January the 29th 1856. He
then complained of great weakness, loss of appetite; costive
bowels, pain about the stomach and liver and palpitation of the
heart upon the slightest motion. The liver was found to be enlarged
and the tenderness increased by pressure & there was considerable
oedema of the lower extremities. In fact he had all the
symptoms of chronic hepatitis. He had also slight cough,
with quick hurried breathing -

On examining his chest there was found dulcness
on percussion in both supra claviclar regions, but especially
the right - and a long respiratory murmur was heard this
was also more audible on the right side. The heart's action was
irregular but no abnormal sound could be heard. His cough
yielded in a few days to counter irritants and expectorants,
while at the same time he was being treated for the affection
of the liver & for which latter he was alone treated for two
months & with apparently favourable results, as he was slowly
regaining his strength, and the dyspeptic symptoms, & enlargement
of the liver, were considerably less.

At the beginning of April the short dry cough returned
and he had profuse night sweats, and he soon became greatly
emaciated - had the quick hurried breathing as at his first
admission, & profuse mucous purulent expectoration. He
continued in this state with little change until the 4th of May, when
an attack of Pneumonia of the right lung supervened, & rapidly
ran through its several stages, profuse suppuration soon
took place, under which his remaining strength soon yielded.

He died the morning at 7-45 (May 12th 1856)

Treatment on admission counter irritants and expectorants

for the cough - For the Hepatitis small doses of Colic
with Mercury and Louse powder. Mixture with Senna
& soda & the Mineral acids - Nitro-Muriatic & Smit
Zinci &c

For the Plethoric Cod Liver Oil combined with Iron
Counter irritants blisters Stimulants & expectorant
Branchy and Wine as often as he could take them.

His diet was plain nourishing.

This man had suffered from an affection of the
heart, history for above two years. 15 Months since he was
in Atholme Hospital for what he called Inflammation of
the Heart

Sir George Hayward
M.D. M.S. L.S.

12th May

P.P. Body emaciated left side of chest slightly more
prominent than right marks of Plethoria in the latter situated
Heart Pericardium contained about 1 1/2 pints of bloody serum
the membrane was much thickened by a deposit of lymph
evidently of long standing the surface in some parts being
smooth and the lymph absorbed while in others it presented
a rough firm exterior heart itself about the usual size
although on first view it gave the idea of being enlarged this was
from the amount of abnormal deposit on its surface the interior
presented a normal aspect.

Lungs minutely studded with tubercles of small size and
for the most part in a crude state probably the left contained a
greater number than the right which contained a vomica in the
anterior portion of the upper lobe filled with a thin dark coloured
purulent matter and containing a few shreds of blood intermixed
Pleura on the right side the opposing surfaces were adherent
above and at its front part while on the left no intimate was the
connection ~~through~~ how its whole extent that the lung yielded

with the endeavour to detach its covering, ~~both~~

Abdomen. Tubercles were distributed throughout the entire of this cavity of small size and a sleek white colour, the Mesentery was firmly attached to the anterior wall of the abdomen in front and the adjacent parts, while the convolutions of the intestines were firmly agglutinated to one another. Liver slightly enlarged & of a nutmeg colour this organ was more intimately attached to the surrounding parts than were the intestines. Kidneys enlarged and congested and contained a few tubercles. On opening the small intestine ulcers of the size of a sixpence were found with edges rough and ^{irregular} congested this ulceration was confined almost exclusively to the lower part of the intestine and the spots at considerable intervals

Case of Lt. & J. John Green No 8 Compy, 9th
Royal Artillery -

He was 25 years of age, 5 Years service, by Trade a
Bleacher, and an Englishman.

He was admitted into Hospital February the 9th
for Chronic Rheumatism of the Right foot, and of from
which he had suffered a good deal during the winter,
but without applying for Medical assistance. He was
naturally of a weak and spare habit of body - but at
the time of his admission he was much reduced and
emaciated, He was treated for Rheumatism until the
beginning of April at which time he had lost all Rheumat
pains, but was much weakened by frequent attacks of
Diarrhoea, accompanied with obstinate & distressing
vomiting, His Diarrhoea now assumed a chronic form
the pain attending it being chiefly confined to the
stomach & upper part of the bowels, This state of things
continued (with occasional relief) in spite of remedies
until his death, which took place at 9-30 a.m. May
the 12th 1856.

Four days before his death he complained of
Pain in the course of the Abdominal Aorta & for the
first time a strong pulsation was felt & was also visible
through the abdominal parietes, and a small tumor
the size of a Walnut was also felt & upon applying
the stethoscope a distinct & buzzing sound was heard
almost like that heard in Aneurism, This sound
was not so perceptible on the second day, and on the
third it was gone altogether - but the strong pulsation
was felt, though the heart's action was very feeble
and irregular -

Treatment. For the Rheumatism sulphate of Quinine
Borate of Quinine and Iron. Iodide of Potassium and

Dovers Powder and Stimulating embrocations externally
For Diarrhoea at first small doses of Chalk and
Mercury with Dovers Powder at night, and Chalk and
Opium powder during the day. Then Hydrocyanic Acid
with Carbonate of Soda, Opiate injections Sinapisms
and fomentations to the abdomen, also Sulphate
of Copper, Nitrate of Silver the Mineral Acids with Opium
& Quinine, Chloric and Sulphuric Ether & & Brandy
& Wine given when necessary.

Sign George Hayward
Act. Ass. Surgeon

P.M. Surface bloodless, Body in an extreme of emaciated
condition, Signs pale, Heart rather below the usual size
Abdomen Gall bladder distended with a dark almost
bile coloured fluid of unimpurified character, the
walls of the duct were thickened to such a degree that
the canal was almost obliterated, Liver rather dark
in colour than usual in this respect Normal
Rectum and Colon contained a few small ulcers of
a circular form with elevated edges these ulcerated spots
were of small depth and few in number having considera-
ble intervals between them, a slight retractor suppressed the
lower part of the small intestine as well as the
ulcerated intestine a quantity of mucus was contained
in the large intestine - the principal features
of this case was were the extreme emaciation the
bloodless condition of all the tissues and the ulceration
of the intestine, No tumor in connexion with the
Rectum could be detected, the prostration probably arose
from the low and weak state to which the man
was reduced =

No 4011 P^t Chas^s Lowell S^r G^d was admitted
into the general hospital Balaclava on the 19th of
May 1855 complaining of debility pain in the head
back and legs, having a quick & somewhat feeble
pulse tongue covered with a moist fur, Pulmonary
& Cardiac sounds normal.

He continued somewhat in this state until the
morning of the 21st when he suddenly expired

Signed W^m Hamilton M^d
M^t Res^t Surgeon

P. M. Surface congested particularly about the
throat back of the neck ears and the depending parts
of the body. No emaciation indicated on the contrary,
the body presented a full and muscular aspect.

Thorax Heart about the ordinary size and appearance
when first brought to view, on opening into the left
ventricle a firm fibrous clot completely filled this
cavity sending prolongations into the auricle and
neighbouring vessels, Mitral valves cribriform congested
and much thinned the whole of the lining structure of
this organ was darker than natural but the valves in position

Lungs normal. Larynx contained a quantity of brown mucus

Abdomen Liver to a slight degree enlarged and congested
Brain on the under surface of left cerebral lobe a small
layer existed substance of hairs in the usual state.

Capt. Andrew Anderson B. Troop Royal Horse Artillery
aged 29 years admitted into Hospital 22 May 55 complaining
of great pain and weakness across the loins which he said he
supposed to be the effect of an injury received some years
ago, complained of pain and a sense of heat in the pit
of the stomach, nausea frequent vomiting increased on
the slightest pressure - as soon as he swallowed anything
it was immediately ejected, great pain across his
forehead, stiffness & soreness of the muscles of the back
of his neck, bowels rather confined tongue furred
in the centre, tip and edges red, pulse quick on slight
cough & great debility - he continued much in this state
till the evening of the 26th inst. when he became speechless
& a short time afterwards totally unconscious, he remained
in this state until next day when he expired.

I do not know anything more of the history of this man
as he only came to this Troop a few days previous to his admis-
sion in Hospital. he left S. Troop Hospital and joined the
this Troop on promotion, from all I can learn he
has been a very long time delicate & has been several
times in Hospital.

Signed H Clifford

Asst Surg R. H. A.

Autopsy 18 hours after death.

Body wasted Marks of the scarificator on the right
pectoral region.

Thorax The spleen on the right side was adherent
throughout the adhesions being firm and evidently of long
standing. Lungs posteriorly congested this is a great measure
the effect of position after death, numerous tubercles in
a crude state were scattered throughout the entire substance
of both organs, a worm was present in the upper lobe
of left lung containing thin purulent matter of dark colour.

Heart. bloodless and the valves thin and semitransparent
Abdomen. Stomach, vessels filled with dark
blood & its cavity ^{contained} a small quantity of bilious
looking fluid mixed with mucus. The latter
was also thickly excreted from the living anastomosis
towards the pyloric extremity. The vessels ramified
in an arborescent manner giving to the coats in
this situation a minutely injected appearance, in
some spots blood had been effused in small
quantities.

Kidney. The right contained two or three small
tubercular masses, the Liver also contained
deposits of a similar nature, no lesion or abnormal
appearance could be detected in the lumbar region

May 30 ¹⁸/₅₅

London A
Petitlery
ted into Hospital
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Fornach - name
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- great pain
- stiffness +
- of the back
- rather confined
- center tips

Report on the Case
of Edward Heath
Army Works, Corps
June 3/1866

David A. G. M.
4th June
11 a m

Detailed Medical Report on the case
Edward Heath Army Works Corps.

An English Favier in the Army Works Corps. was admitted into Balaklava General Hospital, on the 30th of May, 1856. He was affected with an increasing cough and expectoration, which commenced about six months ago - Being examined a few hours after admission, he presented the following symptoms: - He was greatly emaciated, respiration short and quick, oppression, face pale, vocane diminished in the anterior and back part of left lung - stronger on the anterior part of the right one - pectoriloquism to be heard in the axilla, - The belly soft and not painful, He was slightly purged.

Treatment, Anodynes, Tonic Cod Liver oil with Anorecting diet and wine were given

David Knorr M.D.
A. A. S.

Corp. Andrew Anderson of
Troop Royal Horse Artillery
aged 29 years admitted into Hospital
on May 56 Complaining of great
Pain & weakness across the Loin
(which he said he supposed to be the
effect of an injury received some
years ago) - ^{Complained of} Pain and a sense of
heat in the pit of the Stomach - nausea
frequent vomiting increased on the
slightest pressure - as soon as
he swallowed anything it was
immediately ejected, great pain
across his forehead - Stiffness &
Soreness of the Muscles of the back
of his neck - Bowels rather Confined
Tongue furred in the Centre tips

Medical Officer Report
on the Case of Tatar
who died in 1874
May the 4th 1886.

Report on the Case of
Tarter who died in 17
Ward May 4th/56.

He was admitted into the Hospital
on Friday last the 2nd of May with
Symptoms of ~~Cerebra~~ Comma continued
Fever having a dry thickly coated
tongue - a small weak & frequent
pulse & dry skin, accompanied
with a great deal of depression
of both the nervous & vascular
systems - Treatment consisted
in administering Febrifuges, Stimulants,
Wine & Oils - but he continued
to get worse & died at 8. p. m.
on Sunday last the 4th of May

H. J. Gray
Act. Surg. Genl.

General Hospital
Balaclava
Monday May 5th/56.

Obseep of mesenteric ^{probably originating in the} glands perforating Caput Cæcum Coli. Absorption of ^{pus} matter
by portal circulation? deposits of pus in hepatic ^{or portal} veins, ^{probably forming} abscess of liver.
Obstruction of gall ducts - Chronic peritonitis - Death

G. & D. Steph. Guttridge. Autopsy 6 hours after death.

Surface dusky yellow, as were also the conjunctiva. Body slightly
emaciated. - Head not examined. - about 3 ounces of yellowish
clear serum in each of the pleural cavities. - Lungs healthy, unless
that the posterior parts were slightly congested but this probably
was cadaveric. - about 4 oz of yellowish clear serum in the
pericardium. - Heart healthy. -

Abdomen. The peritoneum contained about a quart of ^{yellowish} serum for
the most part clear but with occasional small shreds of lymph
floating in it. - the membrane itself presented the characteristics
of chronic peritonitis of some standing time on the anterosuperior
surface of the liver was a large patch of tough yellowish lymph
and on the ^{convex} abdominal surface a ^{slightly larger} large patch of vessels having
a punctiform arrangement. - ~~Below the omentum was~~
thickened ~~and the peritoneum throughout~~ - Many of the
convolutions of the small intestine were firmly glued together.
and the entire membrane wanted the usual glistening appearance.
In taking out the small intestine the mesentery was found
to be very much thickened & indurated and most of the
glands enlarged - on cutting into it an ^{irregular} abscess of about the
size of a goose egg was opened. This contained well formed pus
and had various prolongations ^{in the mesentery} like the fingers of a glove, one
^{of the largest of these} passed upward ~~towards the liver~~ ^{for about 3 inches} however
~~did not reach~~ and another long sinus which admitted the
forefinger passed ^{downward to} behind the Caput Cæcum Coli. - It could
not be made out that the mesenteric glands were enlarged
by the deposit of any peculiar matter, the enlargement rather
appeared due to common inflammation. - The stomach was healthy
as well as the small intestine (their mucous surface) except that
the mucous membrane throughout the latter appeared very thin -
The great intestine appeared to be slightly diminished in calibre
and its mucous coat was also very thin throughout - behind the
Caput Cæcum the sinus above noted again expanded into an
irregular cavity which might have contained a hen's egg. - the walls of
this were composed partly of glued together peritoneum and the vermiform
appendage

was engaged in ~~the~~ ^{them} and perforated as ~~was~~ ^{was also} the Caput Caecum itself - as far as could be ascertained these perforations had taken place from without inwards towards the mucous surface. The mucous ~~surface~~ membrane of Caput caecum appearing as if torn, not ulcerated - about $\frac{1}{2}$ the diameter of the appendage however had been destroyed ^{by ulceration}. No trace of faecal matter was found in the abscess, and no trace of ulceration on the mucous surface of the gut. The great gut contained ~~some~~ ^{some} viscid biliary looking ~~green~~ ^{green} faeculent matter mixed minutely with pus -

Pancreas healthy - Kidneys slightly large & flabby otherwise healthy.

Spleen somewhat larger than usual & slightly soft.

The Liver contained numerous small abscesses ^{& small bile cysts} throughout its entire substance, the largest of these was near the anterior & upper surface under the patch of lymph above noted and might have contained a large filbert. On careful examination it appeared that these were either purulent depots in the hepatic ^{or portal veins} ~~veins~~ probably ^{the former} or small abscess the result of such deposit. - The hepatic ducts in many places were ^{bulged} ~~filled~~ with liquid bile so as to form small bile cysts - both ~~these~~ ^{the ducts} & the veins appeared to have their coats thickened by deposit of lymph on their external surfaces or between the coats. - The ~~intermediate~~ ^{intermediate} substance of the liver ^{lying between the several small abscesses & bile cysts} appeared to be coarser than usual. - The gall bladder was filled with very thin & ^{watery} ~~light~~ light yellow colored biliary matter - plenty of which was also found in the small intestines -

It is to be regretted that there is no microscope at the disposal of the board whereby the substance of the liver - the blood in the ~~hepatic~~ ^{portal & hepatic} veins, vena cava and heart might have been examined. - The blood which flowed from the heart & great vessels coagulated on standing -

J. Matthews

Heart. Bloodless and the valves thin and semitransparent
Abdomen. Stomach, vessels filled with dark
blood & its cavity ^{contained} a small quantity of bilious
looking fluid mixed with mucus. The latter
was also thickly excreted from the living stomach
towards the pyloric extremity. The vessels ramified
in an arborescent manner giving to the coats in
the situation a minutely injected appearance, in
some spots blood had been effused in small
quantities.

Kidneys the right contained two or three small
tubercular masses, the liver also contained
deposits of a similar nature, no lesion or abnormal
appearance could be detected in the lumbar region

May 30th

**A Number of Blank Pages Follow, which have
not been Photographed.**

